

## ABSTRACT

Title of Thesis: CONFRONTING THE POWER OF  
PSYCHIATRY: THE PSYCHIATRIC  
SURVIVORS' MOVEMENT, 1972-1986

Madeleine Marie Parra Allen  
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Thesis Directed By: Professor Robyn L. Muncy  
Department of History

This thesis explores the history of the mental patients' liberation movement in the 1970s-1980s. It shows how psychiatric survivors successfully contested the power and legitimacy of psychiatry via mutual support and self-help; activism as a grassroots social movement; and the creation of alternate conceptions of madness and patient-controlled alternatives to the mental health system. Ex-patients utilized their distinct knowledge to make the personal political, moving beyond the critiques of anti-psychiatrists, to fight psychiatric abuses such as electroshock and forced drugging. It covers the movement's tactics, most successful local and national activism, and cross-movement alliances – especially its anti-incarceration work with the prisoners' rights movement. It offers a nuanced understanding of the tensions that led to the movement's fracturing, and argues that activists adapted by retaining a “tempered liberation focus” that enabled them to work towards change and human

rights within the psychiatric system while remaining true to their original liberatory goals.

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by

Madeleine Marie Parra Allen

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Advisory Committee:  
Professor Robyn Muncy, Chair  
Professor Richard Bell  
Professor Saverio Giovacchini

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*For my family, the Parras and the Allens.*

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## **Tortures**

from an angry woman ex-mental patient  
veteran of shock-prolixin-lithium etc

i've had no allegiance  
to the armies of social control.  
i spoke too openly in high school  
thought too deeply and lived with  
such high-risk being  
that i ended up with electrodes  
strapped to my temples  
and prolixin in my blood.

i've had courage enough  
to do what i must in spite of real fears  
and i pay  
being mental patient-emotionally disturbed-  
labeled- discarded trash.

120 volts of current, thorazine, powerless,  
lithium, stelazine, against  
my will, artane, prolixin,  
yes, doctor, i agree, can i  
get out, mellaril, elavil,  
navane, luminal, blurry  
vision, swollen hands, submit  
enough to still us, shame us, control us.  
i bare a tortured fist, clenched in  
determination and fear.

--rachel diana rose in *Madness Network News* 4, no. 3 (Summer 1977): 1

## **Much Madness is divinest Sense**

Much Madness is divinest Sense -  
To a discerning Eye -  
Much Sense - the starkest Madness -  
'Tis the Majority  
In this, as all, prevail -  
Assent - and you are sane -  
Demur - you're straightway dangerous -  
And handled with a Chain -

--Emily Dickinson

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## INTRODUCTION

*No, anger is not 'nice,' but it's real, it comes from the gut, and not to be angry at being shit upon is being dead – which is exactly what shrinks and their kind want us all to become. That's why they lock us up, drug us, cut into our brains with electricity and with knives if they possibly can – because our anger is POWER, and THEY ARE AFRAID OF US. And anyone who is not angry at what they do to us is as much as our enemy as the shrinks themselves.*

*But anger is exhausting, and being put down for our anger is destructive. What we need is to be able to turn to one another for strength, for support, for understanding. There is a group in Boston called Mental Patients' Liberation Front that does this.*

*-- Judi Chamberlin, 1975.<sup>1</sup>*

In the early 1970s, throughout the U.S. and Canada, small and independent groups of ex-mental patients began organizing for mutual support and to share their common experiences of oppression within psychiatric institutions. Taking cues from other liberation movements of the era, and influenced by anti-psychiatry radicals, these ex-patients began advocating for their rights and speaking out against abuses of the psychiatric system, such as electroshock therapy, involuntary commitment, and forced drugging. These psychiatric survivors or ex-inmates, as activists called themselves, forged a grassroots movement that directly confronted the power of psychiatry. The epigraph above--by one of the movement's most influential leaders, Judi Chamberlin--captures the radical spirit of the patient activists during the early period of the movement.

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<sup>1</sup> Chamberlin letter to Tom, 1975, box 6, folder Conference on Human Rights and Psychiatric Oppression, Third 1975, Judi Chamberlin Papers (MS 768), Special Collections and University Archives, University of Massachusetts Amherst Libraries.

The goal of this thesis is to understand the activism of psychiatric survivors as a social and political movement and to assess how this activism challenged the institutional power of psychiatry. My primary focus is the movement's most radical period, which extended from 1972 to 1986 and not coincidentally coincided with the run of *Madness Network News*, the movement's main publication and radical voice. Because the history of the psychiatric survivor movement is still relatively unknown, my research helps document its trajectory, beginning with the rise of the loosely connected, grassroots movement of local survivor groups, extending through the development of the movement's tactics, alliances, disputes, and most successful activism, and concluding in its eventual fracturing by the mid-1980s.

By analyzing primary source materials such as movement publications and psychiatric survivors' correspondence, I explore how members of the mental patients' liberation movement contested the power and legitimacy of psychiatry in the 1970s and 1980s, and I argue that they did so in three fundamental ways: 1) via mutual support and self-help; 2) via their activism as a social movement; and 3) via the creation of alternate conceptions of madness and patient-controlled alternatives to the mental health system. This thesis examines the movement's internal and external functions, from mutual support to grassroots coalition building, and explains how each focus enabled activists to affect change on the local and national levels. I reveal in this work how ex-patients utilized their distinct experience and knowledge as psychiatric survivors to move beyond the intellectual critiques of anti-psychiatrists and radical professionals to successfully challenge the expertise and medical authority of psychiatrists. The "personal is political" was a core tenet of the psychiatric survivors' movement, and my thesis details how ex-patients embodied this concept as a tactic to challenge the hegemony of psychiatry in a way others could not. I also reveal how ex-patients envisioned themselves as

activists within the context of the other liberation movements of the era, and how the survivors' unique form of oppression and lived-experiences set them apart. I explore the movement's anti-incarceration activism and important connections with the prisoners' rights movement. This project uncovers the ways that survivors' attacks against psychiatry and society at large created a space for alternate conceptions of mental illness, treatment alternatives, and new claims for citizenship rights. Finally, I offer a more nuanced understanding of the tensions and complexities that led to the fracturing of the movement in the mid-1980s than others have. By assessing factors that go beyond radical separatism, fears of co-optation by non-patients, and the rise of a consumerist movement offering "patient choice" in mainstream psychiatric services, this thesis argues that the split did not spell the demise of the movement's original goals. On the contrary, survivors evolved and adapted their activism and advocacy in such a way that they remained true to their roots, retaining a tempered liberation focus in their work for the reform of the mental health system, patient rights, and the creation of patient-run alternative services.

The historiography regarding the psychiatric survivor movement is limited and consists primarily of scholarly publications in the fields of sociology, psychiatry, and social work. Some of this literature simply lumps psychiatric survivor activism in with a more generalized anti-psychiatry movement, and much of it focuses more heavily on the less radical consumer-oriented movement that evolved in the late 1980s. The most comprehensive accounting of the psychiatric survivor movement and its history is Linda Morrison's book, *Talking Back to Psychiatry*. Morrison's book "explores the ways in which movement activists 'talk back' in response to the power, knowledge and expectations of psychiatry, and how this resistant response differs from the internalization of mental patient identity described by Thomas Scheff in *Becoming Mentally Ill*." One chapter provides an overall history of the consumer/survivor/ex-patient (c/s/x)

movement from the 1970s to the early 2000s, while other chapters cover c/s/x identity politics, and the author's personal experiences observing movement activities in the late 1990s and early 2000s. Morrison importantly discusses the long-term tensions between radical and reformist movement groups and the diversity of members' beliefs. My research will build on this significant work by focusing more closely on the tensions among movement members and between patients and non-patient allies in the early years. My work gets at those early conflicts by analyzing newly available sources, including personal correspondence among activists and oral histories.

A more extensive body of literature documents the anti-psychiatry movement of the 1950s and 1960s, and makes some connections between this radical movement of intellectuals and the mental patients' liberation movement itself. However, the leaders of this earlier anti-psychiatry movement did not incorporate the perspectives of the patients themselves in their critiques of the psychiatric system, and still failed to do so during the 1970s. This literature does not speak to the actual experiences and activism of the survivors. My work helps to confirm that anti-psychiatric thought and radical mental health professionals were indeed influential to early ex-patient activists and the formation of their groups, however, I reveal how psychiatric survivors expanded on these ideas and used them as force for their own activism. Historian Norman Dain's article, "Critics and Dissenters: Reflections on 'Anti-Psychiatry' in the United States," attempts to assess the radical psychiatric survivors' movement as a phenomenon distinct from the broader anti-psychiatry movement, however, Dain argues that the ex-patient movement was vitiated in the mid-1980s. Dain's assessment of the movement is largely critical, and although his critiques raise some valid points, his work paints the movement as one-dimensional, missing the broader context and purpose of the movement as a struggle for human rights, and

ignores the achievements of the survivors themselves and the evolution of their thinking. My work responds to this by revealing the complexity and diversity of the movement throughout its radical period and beyond, exploring how psychiatric survivors evolved and adapted to achieve movement goals and survive the fracturing in the mid-1980s.

Dissident mental health workers included feminist psychiatrists and therapists, and anti-psychiatry and feminist critiques of psychiatry overlapped. There again appears to be a paucity of secondary literature connecting either activists in the mainstream women's movement or feminist mental health professionals to the activism of female psychiatric survivors and their groups in the 1970s and 1980s. A vital contribution is the work of historian Emily Thuma, who in her article "Against the 'Prison/Psychiatric State': Anti-violence Feminisms and the Politics of Confinement in the 1970s," makes the connection between the feminist psychiatric survivors, prisoners' rights activists, and grassroots feminists who came together during this period to fight institutional and psychiatric violence. The all-female Coalition to Stop Institutional Violence successfully stopped the opening of a unit for "violent" women at Worcester State Hospital in Massachusetts. I build on this work to show that feminist ex-patients had long conceptualized an understanding of violence against women that went beyond that of the traditional feminist movement. Female psychiatric survivors understood institutional psychiatry and its coercive treatments, such as electroshock and forced drugging, as a form of violence against women.

My research briefly explores the tension between feminist mental health professionals and feminist psychiatric survivors and illuminates why alliances between the feminist movement and the psychiatric survivor movement were uncommon. In this way, I suggest promising avenues for future research.

My thesis reveals furthermore that psychiatric survivors aligned most closely with the prisoners' rights movement during their most radical period and explores the concerns and activism shared by the two movements. Investigating the movement's anti-incarceration work is significant because it highlights how matters of race, institutional psychiatry, and the rising carceral state intersected to uniquely affect people of color during this period. Historian Anne Parsons' work touches on the connections between ex-patient groups, specifically the Alliance for the Liberation of Mental Patients in Pennsylvania, and prisoners' rights organizations fighting inmate abuses at Farview State Hospital during the 1970s. Both Thuma's and Parsons' research importantly detail how the nexus of the increasing biologization of violence, the use of punishment-as-therapy, especially behavior modification techniques, and the legitimacy granted to these institutional treatments and psychiatrists via wider acceptance and utilization of the "medical model" contributed to the rise of the "prison/psychiatric state."<sup>2</sup>

My thesis takes a closer look at this cross-movement activism from the perspective of the ex-patients themselves, and shows how the movement's core goals, especially the creation of patient-controlled alternatives, offered unique forms of resistance to state sanctioned institutional violence. This work connects with a growing area of scholarship in mass imprisonment that necessitates further research. The emerging and interdisciplinary field of carceral studies critically explores topics such as mass incarceration, the expansion of the carceral state, and connections involving race, disability, and gender. Scholars such as Emily Thuma, Anne Parsons, and historian Michael Rembis are importantly offering new ways of assessing the

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<sup>2</sup> Emily Thuma, "Against the 'Prison/Psychiatric State': Anti-violence Feminisms and the Politics of Confinement in the 1970s," *Feminist Formations* 26, no. 2 (2014): 26-51. Anne Parsons, "Re-Institutionalizing America: The Politics of Mental Health and Incarceration, 1945-1985" (PhD diss., University of Illinois at Chicago, 2013).

connections between psychiatric disability, deinstitutionalization, confinement, criminalization, and neoliberal politics.<sup>3</sup>

While psychiatric disabilities have more recently been incorporated within the literature of the disability rights movement and disability studies, discussion of mental illness as disability, especially within the context of mental patient activism, almost always starts with the fight to pass the Americans with Disabilities Act (ADA) in 1990. Additionally, mental illness does not fit in easily with mainstream accounts of the disability rights movement, which has primarily focused on those with physical or “visible” disabilities, including developmental/intellectual impairments.

My thesis focuses on the period well before organizing for the ADA, and clarifies whether ex-patient activists conceptualized themselves as disabled, and if there were attempts at cross-disability activism during this period. While there is a clearer understanding of how activists, such as Judi Chamberlin, built bridges with the disability rights movement later in the ex-patients’ movement, little information exists on potential relationships between the two movements earlier on. This thesis argues that it was not until late in the 1980s and early 1990s that psychiatric survivors embraced the new language of disability rights and began identifying as members of a broader disability rights movement. There had been instances of general cross-movement support between ex-patient and disability rights groups at the grassroots level during the 1970s and 1980s. However, this appears to have existed more in terms of general social movement support and as coalitions working on issues of shared concern, with both groups retaining their identities as distinct social movements. Both movements shared a common fight

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<sup>3</sup> Michael Rembis, “The New Asylums: Madness and Mass Incarceration in the Neoliberal Era,” in *Disability Incarcerated: Imprisonment and Disability in the United States and Canada*, eds. Liat Ben-Moshe, Chris Chapman, and Allison C. Carey (New York: Palgrave Macmillan, 2014), 139-159. Thuma, “Against the ‘Prison/Psychiatric State.’” Parsons, “Re-Institutionalizing America.”

for civil rights and self-determination, but I conclude that psychiatric survivors did not conceptualize themselves as “disabled” in a way that was fundamental to the movement’s identity during this period.

Two recent articles in the history of medicine and anthropology/biopolitics affirm the importance of documenting a more complete history of the psychiatric survivor movement. Historians Alexandra Bacopoulos-Viau and Aude Fauvel argue in their article, “The Patient’s Turn: Roy Porter and Psychiatry’s Tales, Thirty Years On” in the journal *Medical History*, that Roy Porter’s calls for a history of medicine from the bottom up has still not been entirely accomplished by historians of psychiatry. According to the authors, a “history of the patient,” the incorporation of mental patient narratives, and an acknowledgment of their agency in crafting the history of psychiatry is more important than ever. My work responds to this call for a patient-centered history of psychiatry.<sup>4</sup>

An article by anthropologist Gabriella Coleman in the book *Tactical Biopolitics* situates mad liberation activism in a broader biomedical context, and by doing so expands on our understandings of patient activism, psychiatry, and medicine. Coleman discusses how psychiatric survivors’ early challenges to psychiatry were possible due to the radical milieu that promoted a social model of mental illness and psychiatry’s own state of flux. But as psychiatry, and U.S. society more generally, embraced the neurochemical model of mental illness in the 1980s, this threatened the radical politics of the survivor movement and enabled a more reformist “consumer” movement to take over.<sup>5</sup>

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<sup>4</sup> Alexandra Bacopoulos-Viau and Aude Fauvel, “The Patient’s Turn: Roy Porter and Psychiatry’s Tales, Thirty Years On,” *Medical History* 60, no. 1 (2015): 1-18, <https://doi.org/10.1017/mdh.2015.65>.

<sup>5</sup> Gabriella E. Coleman, “The Politics of Rationality: Psychiatric Survivor’s Challenge to Psychiatry,” in *Tactical Biopolitics: Art Activism, and Technoscience*, eds. Beatriz da Costa and Kavita Philip (Cambridge: The MIT Press, 2008), 341-364.



My research builds on Coleman’s work by detailing both the internal and external tensions evident throughout the early years of the movement, which led to the eventual fracturing, but not demise, of the movement. I also explore in more depth how radical activists’ arguments and tactics shifted during the second half of the 1980s, toward, for instance, acknowledgement of the need to incorporate what had long been more “reformist” patient voices in the movement. By more closely analyzing new sources, such as personal correspondence between activists, I show the complexities of these longstanding tensions that movement leaders were aware of well before the changes in psychiatry, treatment, and society by the mid-1980s. I reveal that a shift to less radical politics was ultimately not as difficult for some movement leaders as previously imagined. Judi Chamberlin, for instance, was willing to work with non-patients to achieve movement goals under new auspices. My research assesses these issues and additionally shows how the successes and failures of the survivor movement were dependent on shifts in both society and psychiatry.

My project depends on a range of primary sources. I have conducted original research in archival materials from the psychiatric survivor movement such as *Madness Network News*, which began as a newsletter in San Francisco in 1972 and quickly became the movement’s primary publication, voice, and networking center until it folded in 1986. Other items include interviews and oral histories, personal correspondence, conference materials, and publications from movement leaders and groups, such as *Phoenix Rising: The Voice of the Psychiatrized*.<sup>6</sup> The manuscript collections include recently opened collections at the University of Massachusetts – Amherst, which houses the Judi Chamberlin Papers. Judi Chamberlin was a

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<sup>6</sup> *Phoenix Rising* was a psychiatric survivor journal published by the ex-patient group On Our Own of Toronto. It was published from 1980 through 1990 and reported on the developments of the North American and international mental patients liberation movement.

leader in the movement from its beginning, guiding it through the reformist/consumer split and connecting it with the disability movement and ADA, up until her death in 2010. Chamberlin also authored *On Our Own: Patient Controlled Alternatives to the Mental Health System* in 1978, which became one of the movement's most important and influential texts. I have also analyzed publications from the anti-psychiatry, prisoner rights, feminist, disability rights, and other liberation movements where possible, including *off our backs*, *Radical Therapist*, *State and Mind*, *No More Cages*, *The Disability Rag*, and *Science for the People*.

This research is significant for several reasons. First, it provides an updated and more nuanced accounting of the first two decades of the psychiatric survivor movement than currently exists. It corrects the literature that treats the mental patients' liberation movement as a monolithic, unsuccessful, and fleeting moment, or simply as a less-important subset of the anti-psychiatry movement led by medical professionals and intellectuals. In doing so, my thesis contributes to the historiography of the psychiatric survivor movement and psychiatry itself. It also contributes to our understanding of social movements in the 1960s through the 1980s, demonstrating connections among social movements that historians have not yet fully explored. And, my work constitutes an important addition to the "mad studies" literature. Mad studies is an emerging interdisciplinary field of critical studies originating in Canada with the aim of understanding madness from the perspectives of those that have experienced it. It brings together critical scholarship, activism, theory, and practice, and intersects with fields such as disability studies, to create an alternative discourse to counter the dominance of the biomedical model of mental illness in psychiatry. According to the seminal text in this field, *Mad Matters: A Critical Reader in Canadian Mad Studies* published in 2013, "Mad studies can be defined in

general terms as a project of inquiry, knowledge production, and political action devoted to the critique and transcendence of psy-centered ways of thinking, behaving, relating and being.”<sup>7</sup>

It is important to note that my work focuses heavily on the psychiatric survivors’ movement’s most active and influential leaders and activists. These leaders and activists were predominately white, and were in general considered lower-middle class to middle class broadly construed, since due to the nature of their psychiatric histories many ex-patients struggled with a lack of economic security. Although I have consulted a range of primary sources, it is necessary to acknowledge the limitations inherent in these materials. Much of the available source material about the movement that I had access to is largely representative of the words, beliefs, and actions of the de facto spokespeople, most active organizers, and leaders of the movement. However, the perspectives and opinions of a diverse range of survivors and movement members, including those on the margins of the movement, are still evident. These voices are found in the pages of *Madness Network News*, and in the correspondence of the manuscript collections at UMass Amherst. *Madness Network News* served as my main primary source and is a rich and invaluable resource, but it is not without its limitations. The editorial staff did not print every letter or article it received, and clearly not every ex-patient wrote in or was even aware of the publication. Given the scope of this thesis, my goal has been to show how movement members actively confronted the power of psychiatry while attempting to capture the movement’s diversity of voices and opinions, and the nuanced ways that these survivors resisted psychiatry.

Chapter One provides a brief introduction of the mental patients’ liberation movement, and then discusses the importance of mutual support, self-help, and separatism to the movement.

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<sup>7</sup> Robert Menzies, Brenda A. LeFrançois, and Geoffrey Reaume, “Introducing Mad Studies,” in *Mad Studies: A Critical Reader in Canadian Mad Studies*, eds. Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume (Toronto: Canadian Scholars’ Press Inc., 2013), 13.

This section argues that consciousness raising and mutual support were the tools of movement self-empowerment and self-determination, and just as vital as direct action was to how ex-patients resisted psychiatry. Using their own experiences as ex-mental patients, psychiatric survivors made the personal political in a unique way that challenged the medical authority of psychiatry. Ex-patients moved beyond the anti-psychiatrists and radical professionals and into the realm of personal empowerment, adopting a separatist stance and rejecting non-patients from their conferences and groups; in this way, survivor self-determination became entwined with the contentious issues of separatism and fears of co-optation. *Madness Network News* was the voice of empowerment and resistance for the movement, and gave shape to the movement and its groups. Various forms of mutual support and self-help, including *Madness Network News* as a “decentralized therapeutic space,” remained a core commitment throughout the life of the psychiatric survivors’ movement.

Chapter Two explores national activism against the American Psychiatric Association (APA), and local grassroots activism, such as the campaign to end electroshock therapy in Berkeley, CA. National activism went hand-in-hand with local groups’ grassroots activism and revealed the diversity of tactics activists used to oppose psychiatry. Psychiatric survivors confronted psychiatrists at their annual APA conventions and demanded a seat at the table with the professionals. Ex-patient activists continued to make the personal political through public tribunals at their protests, where they “came out of the shadows and into the streets” to share personal experiences of psychiatric oppression and defiantly question the expertise of psychiatrists. Most movement activism was carried out at the local level, and activists challenged the mental health system in their communities in sustained and successful ways. California Bay Area groups such as the Network Against Psychiatric Assault and the Coalition to

Stop Electroshock waged relentless campaigns against involuntary electroshock, resulting in a temporary ban on electroconvulsive therapy (ECT) in Berkeley in 1982. Survivor activists were successful with coalition building and community organizing tactics that engaged the broader community in the psychiatric struggle. Berkeley's shock ban was unprecedented in mobilizing significant public opposition to psychiatric practice and was a direct blow to the power and legitimacy of psychiatry.

Chapter Three examines psychiatric survivors' alternative ways of conceptualizing and treating mental illness, their cross-movement alliances, and finally, the fracturing of the movement in the mid-1980s. Through their mutual support and activism, ex-patients realized alternative ways of thinking about and treating mental illness. Their alternate conceptions of madness countered the biomedical model of mental illness that patients rejected in favor of a social model that argued that racism, sexism, poverty, and other systems of oppression were the cause of mental distress. A core goal of the movement was the creation of patient-controlled alternatives to the traditional mental health system. By the 1980s, more ex-patient groups began offering alternative services, signaling an important evolution in the movement's work and revealing that ex-patients could challenge the mental health system while working within it to affect change in psychiatric practices and patient rights.

Psychiatric survivor groups strove to make connections with other liberation movements of the era, and their closest alliance was with the prisoners' rights movement. Ex-patient groups like the Network Against Psychiatric Assault aligned with prisoners' rights activists to fight against the abuses of institutional psychiatry, such as forced drugging and behavior modification, from early on. An important example of successful cross-movement grassroots activism was the Mental Patients' Liberation Front's involvement with the Coalition to Stop Institutional Violence

(CSIV) in the Boston area. This all-female coalition brought together grassroots activists in the prisoners' rights, mental patients' liberation, and feminist movements to fight the opening of a unit for "violent" women at Worcester State Hospital in Massachusetts. The activism of the ex-patient members of CSIV reveal that feminist psychiatric survivors had long demanded a broader understanding of what constituted "violence against women." These examples of anti-institution and anti-incarceration activism highlight why ex-patients believed that alternatives to the mental health system were so vital, and reveal important connections between deinstitutionalization, institutional psychiatric abuses, racism and sexism, and the rise of the carceral state. The Coalition was also a unique example of successful activism between ex-patient and non-patient feminists. Female psychiatric survivors felt oppressed by the mentalism of the women's community and feminist therapists. Despite feminist ex-patients' ongoing attempts to reach out to the women's movement with their concerns, tensions remained between the two movements.

A combination of internal and external forces such as the increasing availability of government funding for self-help groups, conflict over whether or not to form a national organization, advancement of the biomedical model of psychiatry, and longstanding tensions within the movement itself led to the fracturing of the psychiatric survivor movement in the mid-1980s. Notably, these ongoing tensions were exacerbated by the movement's own incremental successes, and the increasing motivation of survivors to confront psychiatry in the new milieu through the creation of a national organization and more alternatives. Although this shift did lead to a weakening of the movement's most radical groups and voices--which aimed to abolish psychiatry altogether--it did not spell the end of the movement. On the contrary, ex-patients adapted to meet new challenges while successfully realizing some of the movement's long-standing objectives, such as the creation of patient-controlled alternative services and the

advancement of citizenship rights.<sup>8</sup> These survivors, including many veteran activists, retained what I term a “tempered liberation focus” that enabled them to work towards change within the existing psychiatric system while remaining true to their original liberatory goals.

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<sup>8</sup> My understanding of citizenship rights is informed by psychiatric survivor Judi Chamberlin. For Chamberlin, citizenship rights for the mentally ill included the fundamental rights of personal choice, decision making, and autonomy. Mental patients risked losing these rights when involuntarily committed and labeled as mentally ill. They experienced a loss of basic civil rights and social status, such as the right to refuse medical treatment that is automatically granted to non-patients. Chamberlin believed that “the right of the individual to be free from arbitrary exercise of state power” related to mental patients’ demands to be free from abuse of psychiatric power. Examples of loss of citizenship rights patients face include, involuntary commitment – sometimes indefinitely, the loss of custody rights to children, and discrimination or even barring from certain fields of employment, all due to being diagnosed as mentally ill. See Judi Chamberlin, “Citizenship Rights and Psychiatric Disability,” *Psychiatric Rehabilitation Journal* 21, no. 4 (Spring 1998): 405-408.

## CHAPTER 1: MUTUAL SUPPORT

One of the most significant and empowering aspects of the mental patients' liberation movement was the way these activists confronted the authority, expertise, and power of psychiatric professionals. Challenging the institutional power of psychiatry was accomplished in various ways throughout the first two decades of the movement. And with each type of action, movement members worked to achieve their movement's overarching goals. These goals included an end to involuntary treatment and forced commitment to mental hospitals, citizenship rights for all current and former patients, self-determination and self-help, patient-controlled alternatives to the mental health system, and educating the public about the dangers of electroshock therapy (ECT), psychosurgery, and psychiatric medications.

### Origins

The release of mental patients from mental hospitals and into local communities began in the late 1950s with the increasingly widespread use of new antipsychotic medications such as Thorazine, and grew with the push for deinstitutionalization that was fueled by President John F. Kennedy signing the Community Mental Health Act in 1963.<sup>9</sup> At the same time, post-war psychiatry was facing many cultural, professional, and political critiques.<sup>10</sup> One of psychiatry's harshest critics was the antipsychiatry movement, a movement of radical intellectuals that began

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<sup>9</sup> See H. Richard Lamb, "Deinstitutionalization and Public Policy," in *American Psychiatry After World War II*, eds. Roy Menninger and John Nemiah (Washington, DC: American Psychiatric Press, 2000), 259-276.

<sup>10</sup> See Norman Dain, "Antipsychiatry," in *American Psychiatry After World War II*, eds. Roy Menninger and John Nemiah (Washington, DC: American Psychiatric Press, 2000), 277-298; and Michael Staub, *Madness Is Civilization: When the Diagnosis Was Social, 1948-1980* (Chicago: University of Chicago Press, 2011) for an in-depth discussion of how psychiatry was attacked and responded in the decades after World War II. Note that Dain has a tendency to lump psychiatric survivor activists in with antipsychiatry intellectuals, and his accounting of the ex-patient movement is somewhat biased.



in the 1960s. These antipsychiatry thinkers included Thomas Szasz, R.D. Laing, David Cooper, and Michel Foucault. In the midst of the general radicalism of the late 1960s and early 1970s, some of those recently released from mental institutions began meeting in small groups for support and healing, and to share their experiences within the psychiatric system. The organized mental patient's liberation movement began with the formation of the Insane Liberation Front in Portland, Oregon in 1970, the Mental Patients' Liberation Front in Boston, and the Mental Patients' Liberation Project in New York City in 1971, and with the founding of *Madness Network News* in San Francisco in 1972. Similar groups would continue to coalesce throughout North America, and internationally, during the 1970s and 80s. Many of these ex-patients were inspired by other liberation movements of the era, with some activists and leaders having experience in other social movements and familiarity with leftist ideologies or the radical teachings of anti-psychiatry intellectuals. Through local support and advocacy meetings, which included consciousness raising sessions, psychiatric survivors would come to see the psychiatric inmates' liberation movement as a human rights movement, and theirs as a struggle to demand and secure the civil rights of all mental patients.

The various methods of advocacy and activism used by psychiatric survivor groups and their allies also reveal the diversity of the movement and its goals during this period. Because there was not a national organization for the movement, with the most radical groups vehemently resisting the formation of one until after the reformist turn in 1986, *Madness Network News* and the yearly Annual Conference on Human Rights and Psychiatric Oppression were the lifelines that kept local groups and members connected. The local survivor groups that formed throughout this period varied in size, purpose, and even political stances on certain issues. In general, the larger and more active groups located on the coasts, such as the Network Against

Psychiatric Assault (NAPA) in San Francisco and the Mental Patients' Liberation Front (MPLF) in Boston, were very involved in political activism, such as working to change local mental health ordinances, while also offering support groups. Other ex-patient groups were formed primarily as mutual support groups for those recovering from their experiences within the mental health system and were not always initially interested in or able to participate in direct action or advocacy work. Despite these differences, movement groups were linked through their shared experiences of what they saw as oppression within the mental health system, and their commitment to self-determination and rights for mental patients.

### **The Foundations of Ex-Patient Mutual Support and Empowerment**

The mutual support offered by psychiatric survivor groups was just as critical as activism was to achieving movement goals; the importance of this empowerment model in challenging the legitimacy of psychiatry is often understated. The self-help practices of movement groups were the way ex-patients, often through the same consciousness raising methods used by the women's movement, came to understand their experiences of violation by mental health professionals as rampant abuses of psychiatric power. It was within this context that ex-patients began to formulate their own critiques of the mental health system. They moved beyond the intellectual arguments of the antipsychiatrists and radical therapists and into the realm of personal empowerment and awareness of the distinctive knowledge that came from having experienced psychiatric abuse firsthand. In this way, survivors made the personal political in a manner unique to their movement and directly challenged the medical authority of psychiatric professionals.

As Judi Chamberlin explained, consciousness raising was not therapy, which “has as its goal adjusting the individual to the ‘reality’ of his or her own life.”<sup>11</sup> Instead, in psychiatric survivors’ consciousness raising groups, ex-patients “have discovered that their dissatisfactions with their own lives (and with the ‘treatment’ they got in the hospital) were not ‘symptoms of mental illness’ but were valid perceptions of what was wrong with their lives.”<sup>12</sup> Chamberlin believed that consciousness raising was especially important for ex-patients who had internalized their “sick role” and the self-blame and sense of powerlessness that came with having been labeled and treated as “mentally ill.”<sup>13</sup> Much as it did for those in the women’s movement, mutual-support groups enabled ex-patients to recognize that their allegedly individual problems were in reality collective problems attributable to larger, structural issues in society, such as sexism, racism, or “mentalism.”<sup>14</sup> Fighting mentalism was not isolated to the U.S. movement; Canadian psychiatric survivors also used this terminology and saw the fight against mentalism as a core tenet of their movement.<sup>15</sup>

In these mutual support groups, ex-patients contested both the medical model of mental illness and the expertise of psychiatric professionals. In a similar vein to antipsychiatry thinkers,

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<sup>11</sup> Judi Chamberlin, *On Our Own: Patient Controlled Alternatives to the Mental Health System* (New York: McGraw-Hill, 1978), 65.

<sup>12</sup> Chamberlin, *On Our Own*, 65.

<sup>13</sup> My understanding of the sick role comes from Linda Morrison’s *Talking Back to Psychiatry*. Morrison uses the sociological concepts of Parson’s “sick role” and Thomas Scheff’s “mental patient identity” in her discussion of how psychiatric survivors moved away from these internalized “deviant” identities in the process of empowering themselves.

<sup>14</sup> Mentalism, sane chauvinism, or sanism was defined as “a prejudiced attitude characterized by beliefs in the stereotypes that people who are psychiatrically labelled are somehow inferior, unpredictable, commonly emotionally irrational, irrationally violent, and generally incapable of making prudent, reasonable decisions for themselves.” This definition is found in Bonnie Burstow and Don Weitz, eds. *Shrink Resistant: The Struggle Against Psychiatry in Canada* (Vancouver: New Star Books, 1988), 325. Chamberlin also discusses these concepts in *On Our Own* page 66, and in “The Ex-Patients’ Movement: Where We’ve Been and Where We’re Going” page 325.

<sup>15</sup> See Bonnie Burstow and Don Weitz, eds., *Shrink Resistant*.

radical therapists, and members of the nascent disability rights movement, survivors conceptualized social problems and other factors, rather than a biomedical disease or disability, as the cause of their distress. This also meant a rejection of the medical-based treatments forced on them while under psychiatric care, such as electroshock and anti-psychotic medications. An essential act of regaining power and voice for ex-patients was the purging of the “diagnostic labels” assigned by psychiatric professionals. Ex-patients argued that the psychiatric system as they experienced it was not helpful or therapeutic, but instead harmful and broken. Survivors believed that healing was only possible outside of both the coercive treatments of the asylum and the power imbalances of the professional’s office. Psychiatric survivors used their specialized knowledge as “mental patients” to offer empowerment and humane treatment alternatives without psychiatry through mutual support networks, and patient-controlled services, which will be discussed in chapter three. Healing and self-determination were also found in the advocacy work and political activism of movement groups to be discussed in chapter two.

### **Excluding Professionals, Separatism, and Mutual Support**

Psychiatric survivors questioned the legitimacy of professional expertise when they came together to help each other heal outside of the psychiatric system, and this was most evident in their rejection of professionals from their groups and conferences. As a long-term leader in mental patients’ liberation, Judi Chamberlin believed that one of the guiding principles of the movement was the exclusion of non-patients, especially psychiatric professionals, from ex-patient organizations.<sup>16</sup> This separatism was similar to that imposed by other liberation groups,

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<sup>16</sup> Judi Chamberlin, “The Ex-Patients’ Movement: Where We’ve Been and Where We’re Going,” *Journal of Mind and Behavior* 11, no. 3 (1990): 325; and Judi Chamberlin, “Consciousness-Raising,” *Madness Network News* 3, no. 4 (December 1975): 8. However, Chamberlin was not opposed to working with mental health professionals and

such as the women's movement, and Chamberlin argued that this was necessary for the success of ex-patient consciousness raising groups. The mentalism and sane chauvinism of so many outsiders threatened the possibility of healing offered by separatist groups. As Chamberlin explained in an article in *Madness Network News*, "It is only with the support of our sisters and brothers that many of us first made the step of 'coming out,' revealing ourselves publicly as former mental patients...Coming out is a powerful and difficult experience, possible only with the support of others who have already undergone it."<sup>17</sup>

Chamberlin and other ex-patients, but not all, chose to exclude non-patients from their groups and even from portions of the Annual Conference on Human Rights and Psychiatric Oppression out of concern of co-optation. At the heart of this concern was the belief that ex-patient self-determination and self-definition, the ability of survivors to re-define and re-empower themselves, was only possible outside of the influence of the "experts" or "helping" professionals. Ex-patient activists were also concerned that groups with non-patient members would become less radical in nature, or that the non-patient members would quickly take over leadership roles. However, in the process of challenging abuses of psychiatric power and retaining authority over their own groups, ex-patients also confronted sympathetic professionals and allies, such as the radical therapists that some groups partnered with. Patient self-empowerment became intertwined with the contentious issue of separatism that plagued the movement throughout the 1970s and 80s.

The history of *Madness Network News* (MNN) and its affiliated groups, Network Against Psychiatric Assault (NAPA) and Women Against Psychiatric Assault (WAPA), illustrates the

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other allies that were external to MPLF in achieving the movement's goals. Chamberlin's activism and personal papers do reveal that her overall views on the exclusion of professionals would become a bit less radical over time. Chamberlin came to acknowledge the necessity of working alongside outsiders to achieve some movement goals.

<sup>17</sup> Judi Chamberlin, "Consciousness-Raising," *Madness Network News* 3, no. 4 (December 1975): 8.

complex relationship between ex-patients and radical professionals. *Madness Network News* (MNN), the primary publication of the psychiatric inmates' liberation movement, was the voice and networking center of the U.S. movement. MNN began in 1972 as a local newsletter of the Psychosis Validation Coalition (PVC), a support group of ex-mental patients and radical therapists in San Francisco. Both PVC and MNN were inspired by the efforts of two ex-patients, Tullia Tesauro and Jennifer Gleissner, however, the creators of MNN were a social worker, Sherry Hirsch, and a radical psychiatrist, David Richman.<sup>18</sup> The newsletter would be distributed to the "madness" network and sent for free to patients and staff in mental hospitals. MNN's creators hoped that the newsletter would serve as a Bay Area communications network to foster positive change in the psychiatric system, a clearinghouse for access to the alternative "mental health" network, a source of information on all aspects of madness, and a space for the release of artistic energy through such genres as personal letters and poetry.<sup>19</sup> MNN would quickly become all of this, and much more, for a growing national movement.

The first volume of MNN, especially the first few issues, reads like antipsychiatry publications of the era such as *The Radical Therapist* and *Rough Times*. The influence of antipsychiatry intellectuals, especially R.D. Laing, is very clear, and this remained the case even after ex-patient and outspoken anti-shock activist Leonard Roy Frank joined the staff beginning with the second issue in 1972. Frank's very first article is a glowing review of a talk given by the outspoken antipsychiatrist theorist, Thomas Szasz, at the annual meeting of the American

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<sup>18</sup> Tullia Tesauro and Jennifer Gleissner had held a workshop called "Encountering Psychosis, or Everything You Always Wanted to Know About Madness But Were Afraid to Ask" for therapists after their release from Agnews State Hospital, which inspired the creation of the support group and of MNN. According to MNN co-editor and NAPA co-founder Wade Hudson, Hirsch and Richman were heavily influenced by antipsychiatrist R.D. Laing and this set the early antipsychiatry tone of MNN.

<sup>19</sup> "What is Madness Network News," *Madness Network News* 1, no. 1 (1972): 1.

Association for the Abolition of Involuntary Mental Hospitalization.<sup>20</sup> Although MNN began to print more patient voices and experiences, its early content was in stark contrast to later issues and had a less liberation-inflected tone. An example was an article promoting mental health services offered by Mental Health Recovery, Inc., a private, non-profit organization providing transitional care services in the community, rather than an ex-patient controlled alternative, as written by ex-patient Tullia Tesauro.<sup>21</sup>

It is clear that the staff of *Madness Network News*, and as will be discussed, its most closely associated group, NAPA, were very open to working closely with sympathetic professionals and other non-patients from the start. The voices and perspectives of these non-patients were fairly numerous and consistent in MNN's first two volumes. This dimension of the publication included important columns by psychiatric and legal experts, such as regular columns by "Dr. Caligari" on the dangerous side effects of medications, and on patient rights and the law by the Berkeley-based Center for the Study of Legal Authority and Mental Patient Status.<sup>22</sup> These contributors were eager to speak out on the dangers of psychiatry and how it harmed patients, but the voices and activism of the patients themselves were still lacking. That the content remained geared towards radical professionals is not surprising considering that Hirsch confirmed that MNN was started to protect the rights and dignity of both patients and staff of the mental health system, including those working in alternative and community

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<sup>20</sup> Leonard Roy Frank, "Tom Szasz: Freedom Fighter," *Madness Network News* 1, no. 2 (November 1972): 12.

<sup>21</sup> Tullia Tesauro, *Madness Network News* 1, no. 2 (November 1972): 14.

<sup>22</sup> David Richman was Dr. Caligari for most of MNN's run. Richman also published a booklet, "Dr. Caligari's Psychiatric Drugs," which NAPA would promote and sell, with later editions being collaboratively updated by MNN members; see Don Weitz, "Dr. Caligari's Psychiatric Drugs," *Madness Network News* 7, no. 5 (Winter 1985): 21. LAMP director Bob Roth also published articles concerning psychiatry and the law in antipsychiatry journals such as *Rough Times*, and in other publications such as *Women: A Journal of Liberation* in which he discussed the treatment of women by the psychiatric profession.

treatment centers.<sup>23</sup> In the fifth issue, David Richman recounted how he, Frank, and Hirsch talked with a group of conservators (court-appointed guardians of mental patients), and came away believing that some of the conservators desired to change the system and could be effective change agents for protecting patient rights. Richman also reiterated the belief that everyone touched by the psychiatric system, even conservators and all “workers” in the system were oppressed by it. This position put forward some of the issues that ex-patients would soon object to in the radical professionals’ approach and assessment of psychiatric oppression. It equated the oppression of non-patient and patient; one was voluntary, the other was not, hence the choice of some ex-patients to call themselves ex-inmates and to align themselves with the prisoners’ rights movement. It spoke for the patient and portrayed the non-patient allies as saviors, highlighting the power imbalance between patient and professional. And the most radical psychiatric survivors believed that total abolition of the mental health system was the only option, while the non-patients’ approach often meant working within and reforming the system, rather than dismantling it.

Yet, on a practical level the early contributions of non-patients also revealed how radical non-patient and professional allies understood themselves as effective agents of change in what they also viewed as an oppressive system, of which patient rights were still paramount but not the sole concern. Radical professionals possessed the authority, expertise and respect that those labeled mentally ill did not due to the social stigma and fear associated with mental patients. Even as ex-patients began claiming and using their own form of expertise in their advocacy and activism, it made sense to partner with non-patient professionals to achieve some shared goals.

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<sup>23</sup> See Sherry Hirsch, “Where We Are At,” *Madness Network News* 1, no. 5 (May 1973): 2. Interestingly, the Social Service Employees Union of San Francisco covered the costs of printing early issues, as noted on the back of the November 1972 issue.



Although these alliances were not always contentious, some of the more skeptical ex-patients still cautioned against the danger in replacing one set of professionals with others, such as the lawyers they relied on to win landmark patient rights cases. To be sure, there were benefits to the involvement and early advocacy of these mixed ex-patient and non-patient groups, but survivors' desire for self-determination would soon create tensions within organizations such as MNN.

As *Madness Network News*' readership grew with the second and third volumes, a shift in content became apparent. By the February 1974 issue, Wade Hudson and Leonard Roy Frank had formed the Network Against Psychiatric Assault and the group's demands, goals, and political activism would be regularly covered in the journal. More ex-patient testimonies and perspectives were published, such as Ted Chabasinski's experiences of being institutionalized and given electroshock treatments from the age of six to seventeen.<sup>24</sup> In September 1974, MNN introduced a "Shock Doctor Roster," which was a list of psychiatrists, and their institutional affiliation, who performed shock treatment on patients. There were also more letters from former and current patients, even a few which expressed disagreement with some of the content, such as an article by antipsychiatrist David Cooper.<sup>25</sup> The third volume of *Madness Network News* comprised more ex-patient involvement and took on a more militant and liberation-focused

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<sup>24</sup> See Ted Chabasinski, "The Other Half," *Madness Network News* 2, no. 3 (June 1974): 1. At the time Chabasinski had published this in MNN, he was a member of the newly-formed NAPA. He would become a life-long psychiatric survivor activist and patient rights lawyer, often speaking out against ECT and collaborating with NAPA on their early campaigns to end ECT in the Bay Area. He was married to fellow activist Judi Chamberlin from 1972-1985. Chabasinski has also been involved in other survivor groups, such as MindFreedom International, and continues to advocate for mental patient rights to this day.

<sup>25</sup> See David Cooper, "All Labelling Is Lethal," *Madness Network News* 2, no. 4 (September 1974): 4 for the David Cooper article; *Madness Network News* 2, no. 5 (December 1974): 41 for the responses; and also "A Comment on Alternatives," *Madness Network News* 2, no. 4 (September 1974): 7 for MNN staff commentary about the article written by Wade Hudson. The staff realized that the article would be controversial, noting that even the staff had varying opinions as they were "not a tight-knit cadre with a completely homogenous ideology," but that they found its overall points important; *Madness Network News* 2, no. 4 (September 1974): 7.

slant. Special issues in that volume were titled Psychiatric Inmate Consciousness Raising, Third World Issues, and Women Look at Psychiatry.<sup>26</sup> The staff of MNN drastically changed prior to the release of the October 1976 issue as it became entirely ex-patient controlled, with the exception of one “honorary” non-patient member.<sup>27</sup>

The staff of *Madness Network News* had long wanted to be more engaged in political activism, and ex-patients Wade Hudson and Leonard Roy Frank made that possible when they formed the Network Against Psychiatric Assault in early 1974. The purpose of NAPA was to further “the goals MNN had been striving to achieve through educational means” via political activism centered on NAPA’s three primary demands: the abolition of forced drugging, forced electroshock, and forced psychosurgery.<sup>28</sup> From its inception, NAPA welcomed the participation of all interested parties, including “health workers” and “concerned citizens.” As evident in its ongoing activism, which will be covered in the next chapter, NAPA formed successful alliances with radical professionals and non-patient community groups. That NAPA initially remained more inclusive in its membership and partnerships may certainly explain how it remained one of the movement’s most prolific groups.

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<sup>26</sup> In the editorial statement for the July 1975 issue, the staff, which included more ex-patients, discussed how they had been working on a more collective decision-making process and were making more direct political statements about psychiatry. See “Where We’re At,” *Madness Network News* 3, no. 1 (April 1975): 3.

<sup>27</sup> David Richman, “The Evolution of Madness, Or a Note on Non-Violent Takeover,” *Madness Network News* 4, no. 1 (1976): 2. As a founding non-patient member of MNN, Richman was conflicted about the “takeover,” and stated that the “Madness Network” was never envisioned to consist only of ex-inmates but instead would be a “broader ‘coalition’ of all those who shared common goals such as the abolishment of all forced ‘treatments’ and forced psychiatric incarceration and institutional psychiatry itself.” Yet, he also seemed to reluctantly acknowledge that this signified the importance of the psychiatric survivors’ movement coming into its own. Richman importantly noted that the makeup of the MNN staff had always been fluid, and that the other original members (Hirsch, Wade, and Frank) were at the time busy with other endeavors, such as NAPA activism.

<sup>28</sup> Leonard Roy Frank, ed., preface to *The History of Shock Treatment* (San Francisco: Self-published, 1978): x; and “NAPA,” *Madness Network News* 2, no. 2 (February 1974): 8.

However, MNN- and NAPA-affiliated local group, Women Against Psychiatric Assault (WAPA), had a more contentious history of non-patient involvement. WAPA was started by two feminist half-way house workers and NAPA members in the fall of 1974. The group initially included ex-patients and mental health professionals.<sup>29</sup> Survivor versus professional controversy began when WAPA members were asked to participate in a Women's Mental Health Conference in January 1975. In a letter sent to a Bay Area women's newspaper, *Plexus*, ex-patient and ex-WAPA member Lily Kay explained how she was treated by one of the female mental health professionals and planners of the conference. When Kay asked why psychiatric survivors or other victims of institutional psychiatry were not being included in the conference, the organizer stated that "people like that" would not be interested.<sup>30</sup> The conference attracted new members to WAPA, but they were all mental health professionals; the non-survivors came to dominate the group and began discussing topics that conflicted with the values of the ex-patients. Another ex-patient member of NAPA and WAPA, Arrow, also recounted how the professionals looked down on mental patients, and how they refused to join NAPA activists in both a seminar and a demonstration on anti-shock activism.<sup>31</sup> All of the ex-patients eventually left the group due to their belief that the group had been co-opted, and activity in WAPA slowly petered out.

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<sup>29</sup> See "Women Against Psychiatric Assault (WAPA)," *Madness Network News* 2, no. 5 (December 1974): 33; and Arrow, "Women Against Psychiatric Assault," *off our backs* 12, no. 3 (March 1982): 26-27. Although Arrow states that WAPA was originally started in 1975 by two non-patients, WAPA had been formed and was doing work as an off-shoot of NAPA as late as October 1974. Additionally, there is some evidence in MNN that an ex-patient, Lily Kay, was an active and involved member from the very start, so it is unclear if female ex-patients that were involved in NAPA were also influential in WAPA's formation. What is clear is that co-optation by professionals caused ex-inmates such as Kay to leave WAPA not long after the Women's Mental Health Conference in late January 1975.

<sup>30</sup> Lily Kay, "Letter to Plexus," *Madness Network News* 3, no. 1 (April 1975): 22.

<sup>31</sup> Arrow, "Women Against Psychiatric Assault," *off our backs* 12, no. 3 (March 1982): 26-27.

After the controversial Third Annual Conference on Human Rights and Psychiatric Oppression in July 1975, discussed in more detail below, many ex-patient members of NAPA decided to focus on survivor support and outreach. At this time, Arrow started an independent female ex-patient-only support group in her apartment, and as the group grew and members became involved in activism, they adopted the name WAPA once again. Although the new WAPA originated as strictly psychiatric survivor-only to promote ex-patient empowerment and equality, and to avoid the risk of co-optation, the group eventually decided to open up membership after a successful anti-shock demonstration. This change proved beneficial for WAPA, as new non-survivor member, Josie, became one of the group's most active members and organizers. That the second iteration of WAPA was more focused on mutual support than sustained political activism, may in part explain why it did not last as long as or reach the size of NAPA. However, according to ex-patients such as Arrow, WAPA successfully fulfilled its purpose of supporting women once mired in the mental health system while educating the public on psychiatric violence against women.

The Annual Conference on Human Rights and Psychiatric Oppression provided another place where psychiatric survivors quickly declared their stance on the involvement of non-patients in movement activities. The Annual Conference was the movement's sole national event that brought groups and members together for mutual support, conscious raising, debate and discussion of movement issues and goals, advocacy work, and organized activism. The first annual conference was held in Detroit in June 1973 and originated from the desire of MNN staff and others involved in the movement, including non-patient allies, to come together to discuss the many problems with the psychiatric system. This conference was co-sponsored by a sympathetic psychology professor and was open to any interested party, including professionals.

The second conference, held in Topeka, Kansas over Labor Day weekend 1974, continued with the theme of bringing together ex-patients and allies to work together; however, this conference was sponsored and organized solely by a local survivor group, the Mental Patients Support Committee. A turning point occurred at the Third Annual National Conference on Human Rights and Psychiatric Oppression, which was held in San Francisco in July 1975 and hosted by NAPA. A great deal of controversy surrounded the fact that mental health workers and professionals made up a majority of conference attendees, but more importantly, that these professionals had co-opted the conference and were not genuinely interested in the psychiatric survivors' issues or perspectives. Ex-patient reviews of the conference in the October 1975 issue of *Madness Network News* mentioned that the "hip" professionals who claimed to be allies of the psychiatric inmates' liberation movement may actually have entirely different goals from survivors, and therefore now was the time for ex-patients to organize themselves based on their own experiences of oppression.<sup>32</sup> Although prior to the start of the second Conference it had been decided that all decisions made at each conference must be approved by a vote of ex-patients, survivors present at the third conference still felt a substantial power imbalance due to the attendance of so many professionals, many of whom, they believed, came only to speak but not to hear what the survivors were saying. Fed up with a sense of powerlessness and lacking any control over the workshops, Chamberlin and other ex-inmates decided to carve out their own space partway through the conference. They formed an "Ex-inmates Caucus" and excluded anyone that had not spent time as a patient in a mental institution. It was at this juncture that ex-

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<sup>32</sup> See *Madness Network News* 3, no. 3 (October 1975), especially Judi Chamberlin, "Fighting Psychiatric Oppression" on page 3, and "Women's Caucus Statement to Conference on Human Rights and Psychiatric Oppression" on page 6.

patient activist and conference attendee Arrow proclaimed, “the autonomous North American ex-inmates’ movement was born.”<sup>33</sup>

The tensions in San Francisco were indicative of how strongly many movement members felt about the risk of co-optation by professionals, and of how movement groups differed in their approaches to working with non-patient allies. But more fundamentally, the factionalism and attempts at defining who belonged pointed to disagreements regarding broader movement principles, such as how mental patients’ liberation and its goals were conceptualized. The debate over these issues that had emerged during the conference continued in MNN’s pages. Wade Hudson conceded that the Conference had been poorly structured, and not enough time had been given to ex-patient organizing since NAPA’s goal had been to educate the public. He took issue with those, like Chamberlin, who believed the movement should be run almost exclusively by ex-patients, and with the decision that the first half of next year’s conference would only be open to ex-patients. Hudson argued, “Our movement needs all the strength it can get by fully welcoming all those who want to invest their energy.”<sup>34</sup> But at a deeper level, Hudson also articulated a broader political analysis in which the abuse of psychiatric power was interconnected with systemic institutional oppression and the citizenry’s lack of political and economic power in society. In this context, psychiatry served as a tool of social control that all were oppressed by. Hudson ultimately argued for the need to set aside any distinctions, such as patient versus non-patient, in order for everyone to engage in direct political action against these larger forces before fighting sexism, racism or sane chauvinism. This “leftist” analysis was one

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<sup>33</sup> Arrow, “Women Against Psychiatric Assault,” *off our backs* 12, no. 3 (March 1982): 26-27.

<sup>34</sup> Wade Hudson, “A Comment on the Conference,” *Madness Network News* 3, no. 3 (October 1975): 9. See *Madness Network News* 3, no. 3 (October 1975): 3-9 and 3, no. 4 (December 1975): 22 for other reactions to the conference.

that had at times been elucidated in the earliest issues of MNN, but was most often seen in the pages of antipsychiatry journals. It was not that other movement members, such as Chamberlin, denied the broader societal and political underpinnings to their oppression; on the contrary, one of the goals of ex-patient conscious-raising was to acknowledge the forces behind what made the “personal is political” for survivors. However, they found it paramount to empower themselves and to organize as psychiatric survivors’ with a distinct understanding of their anger and oppression first. The strong influence of radical Bay Area professionals on the staff of MNN and in NAPA, explained why activists like Hudson took a markedly different view on separatism and the type of activism required to confront psychiatry at all levels of society. The disagreements that emerged from the third Annual Conference also exposed the differences in goals and tactics between mental patient liberation groups that focused primarily on mutual support and self-help groups, and those that engaged in ongoing political work. The tensions between these two movement objectives will be more fully discussed in the final chapter.

### ***Madness Network News: A Voice of Empowerment and Resistance***

As the main voice of mental patients’ liberation, *Madness Network News* was an essential element in the growth and success of the national movement during its most radical period. Because MNN was established from nearly the start of the psychiatric survivor movement and ceased publication as the U.S. movement was splintering in the summer of 1986, it provides an unparalleled view of the progression of mental patients’ liberation from multiple perspectives. The publication served as a vital lifeline for the movement and its members in several ways. On a practical level, MNN sustained the loosely connected network of grassroots groups by serving as the central hub of communication and outreach. These independent local ex-inmate groups

were generally opposed to a national organization during the 1970s due to underlying concerns about power imbalances between movement members, resulting in the rejection of any formal leaders or experts. Because of this and constant funding and staffing constraints, groups remained largely isolated from each other. *Madness Network News* did not simply report on the developments of the movement; I argue that MNN actively influenced them, and that the activism and successes of its most closely affiliated groups, NAPA and WAPA, inspired the formation and activism of later groups. But just as importantly, MNN served as a source of psychiatric survivor empowerment and support, in that it was what Alexander Dunst calls a “decentralized therapeutic space,” even for those current and former patients not formally active in the movement.<sup>35</sup> It was within this context that MNN enabled survivors to confront the authority of psychiatric power in ways distinct from, but just as crucial as, direct activism.

*Madness Network News* naturally served as an outlet for activist ex-patients and their allies to share their political analyses of systematic oppression by the therapeutic state, and their consequent calls for action.<sup>36</sup> But personal letters printed in MNN reveal that the publication was just as essential as the local group was for many current and former patients, serving as a crucial support and inspiration for those who may not have been able to, or even wanted to, connect with a group. Publishing the letters of patient and ex-patients, even those that disagreed

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<sup>35</sup> Alexander Dunst, “‘All the Fits That’s News to Print’: Deinstitutionalisation and Anti-Psychiatric Movement Magazines in the United States, 1970–1986,” in *Deinstitutionalisation and After: Post-War Psychiatry in the Western World*, eds. Despo Kritsotaki, Vicky Long, and Matthew Smith (Cham: Palgrave Macmillan, 2016), 58, [https://doi.org/10.1007/978-3-319-45360-6\\_3](https://doi.org/10.1007/978-3-319-45360-6_3).

<sup>36</sup> My understanding of the “Therapeutic State” comes from leading antipsychiatrist Thomas Szasz, who coined the term in his 1963 book *Law, Liberty, and Psychiatry*. Szasz believed that the therapeutic state was “the major implication of psychiatry as an institution of social control.” The therapeutic state is the collaboration between the state/government and the mental health system; it justifies forced therapeutic treatments and incarceration (primarily through adherence to the medical model of mental illness), and supports the increasing over-medicalization/pathologization of everyday behaviors deemed socially unacceptable. See for example, *The Journal of Mind and Behavior*, 11, no. 3/4, Special Issue: Challenging the Therapeutic State: Critical Perspectives on Psychiatry and the Mental Health System, (Summer and Autumn, 1990).



with MNN's content or with movement principles, alongside raw personal testimonies and searing poetry allowed the patients and activists to speak for themselves. From the earliest issues, MNN's staff encouraged those writing in to speak truth to power by allowing MNN to print their names.<sup>37</sup> To be sure, the editors of and contributors to MNN directly understood how exposing personal accounts of oppression and mistreatment by the "therapeutic state" empowered both survivors and the movement. Personal testimonies of abuse and discrimination were interspersed with regular columns devoted to informing patients and their advocates about their rights, the dangers of psychiatric drugs and treatments, and about methods of fighting the psychiatric system.

Through this mix of private experiences, distribution of community news, therapeutic space, and public calls for activism, "the personal is political" was affirmed as a slogan, and more importantly, as a guiding principle embraced by the psychiatric survivor movement.<sup>38</sup> Both ex-patient and non-patient editors of MNN were convinced of the importance of publicly airing these personal stories, and they urged contributors to proudly identify themselves instead of remaining anonymous, despite the stigma and risks of doing so.<sup>39</sup> This act of speaking out as

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<sup>37</sup> Starting with the fifth issue (May 1973) MNN staff stated that "in order to break the myth of mental illness, that it is necessary for people to be honest about who they are and state their name," and MNN policy would be to print all names unless notified otherwise; *Madness Network News* 1, no. 5 (May 1973): 2.

<sup>38</sup> "The personal is political" was popularized as a mantra of the women's liberation movement around the same time that the earliest psychiatric survivor groups were forming. The influence from radical feminism, the women's and other liberation movements is undeniable, though not explicitly stated by MNN staff. Early mental patient liberation leaders and activists had been involved with these other liberation movements. Some strongly self-identified as feminists, and were versed in the radical and leftist ideologies of the era. For example, Chamberlin's analysis and use of consciousness raising was similar to that of the women's movement, and she makes the comparison between the two. Given the commonalities between ideologies and techniques with other liberation movements, it is important to emphasize that due to the survivors' own unique experiences of oppression, concepts such as "the personal is political" were necessarily understood, embodied, and performed in the movement's own ways.

<sup>39</sup> Interestingly, this process of exposing the private was also used by staff of psychiatric institutions that chose to write in with their own experiences of witnessing psychiatric abuse and torture.

survivors, and in essence of making the personal political, was so meaningful because, as activists David Weitz and Bonnie Burstow explained, “Telling our story in our own words together with others who have had a similar experience constitutes speaking true words. It is the liberating response to psychiatric oppression and invalidation. In the current psychiatric system, the power to speak is given exclusively and unjustly to the psychiatrist. [T]he ‘patients’ (psychiatric inmates) are robbed of their words. They have no say about what happens to them, and they are not listened to or believed.”<sup>40</sup> The acts of “speaking the truth of oppression” and “coming out” were of course not limited to MNN; it was powerfully invoked in survivor consciousness raising groups, in the books and anthologies written by ex-patients, and at the public tribunals where survivors gave their personal testimonies. However, for those isolated ex-patients or those still in locked wards, that MNN served as a first step in “coming out,” a link to the national movement, and a source of support as an alternative therapeutic space should not be understated.

As mentioned, *Madness Network News* actively represented “the personal is political” throughout its pages, and promoted this concept as a core tenet of the psychiatric liberation movement. In a unique form of making the personal political, some ex-patients chose to obtain and then publish their hospitalization records in MNN. Just the act of acquiring these psychiatric records, which was not an easy feat at the time due to medical records laws and other barriers, revealed that survivors began to feel empowered to reclaim their experiences, to shed the stigma of having been labeled mentally ill, and to counter the medical authority of psychiatrists. The fight to gain access to these records was an issue that concerned many individual patients and groups of ex-inmates. The topic of access to psychiatric records was covered in articles, letters,

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<sup>40</sup> Bonnie Burstow and Don Weitz, eds., *Shrink Resistant*, 22.

and updates on movement activity and legislation throughout MNN's run, proving how important this was as a mental patients' rights issue. A workshop, "Right to One's Medical Records," was held at the second Annual Conference on Human Rights and Psychiatric Oppression, and a list of demands from attendees of the Fourth Annual Conference in Boston included, "We demand an end to the practice of keeping psychiatric records of patients. Until such time, we demand the right to see our records at any time and to complete confidentiality of our records."<sup>41</sup> A small survivor group, Madness Advocacy and Defense in Teaneck, New Jersey, wrote to MNN that one of their recent projects involved helping each other obtain their records, along with other mutual support activities. A group in West Germany, Irren Offensive (Mad Offensive), made access to patient records a priority, indicating this was not an issue exclusive to North American psychiatric survivors. One of Irren Offensive's members had been fighting to obtain his records for several years; he submitted a letter and declaration of support related to the ongoing legal battle in German court to MNN, which attendees of the Tenth Annual Conference in Toronto unanimously endorsed.<sup>42</sup>

The ability to view restricted files challenged the power that the psychiatrists and their diagnoses and treatments held over mental patients. As mentioned, in these records, psychiatrists and mental health workers were given complete authority to speak about and for the patient while the patient remained silenced. "This verbal disempowerment," as Weitz and Burstow

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<sup>41</sup> Don Weitz, "Ex-Psychiatric Inmates Getting It Together," *Madness Network News* 2, no. 5 (December 1974): 28, and "The Boston Conference," *Madness Network News* 4, no. 1 (October 1976): 1.

<sup>42</sup> See *Madness Network News* 6, no. 2 (Winter 1981): 21 for coverage of Madness Advocacy and Defense, and 6, no. 3 (Summer 1981): 4, and "German Ex-Inmate Fights for Records," 6, no. 6 (Fall/Winter 1982-1983): 6 for coverage of Irren Offensive and ex-patient Peter Lehmann's legal battle for his records. For additional coverage of this issue in MNN, see: 2, no. 5 (December 1974): 31; 3, no. 3 (October 1975): 11 (in a resignation letter to Herrick Hospital from nurses); 4, no. 3 (Summer 1977): 30 (an ex-patient letter to WAPA about her struggle to obtain records); 4, no. 3 (Summer 1977): 13 (updates on legislation pertaining to patients' rights to access records). Coverage was of course not limited to MNN, for example, see David Baker, "Access to Medical Records," *Phoenix Rising* 2, no. 1 (Spring 1981): 9

explained, “is directly related to the psychiatrist’s total control over words which have come to be known as ‘diagnostic labels.’”<sup>43</sup> These psychiatric files remained powerful artifacts of this uneven power dynamic long after patients had left institutions or ended treatment. Accessing these records represented survivors reclaiming their voice and power, including the right to reinterpret and reframe the medicalized narrative of each “patient” as a subject of the therapeutic state. While for some ex-patients it also served a practical purpose in uncovering which treatments they had been subjected to in case of future medical issues. This included the serious risk of tardive dyskinesia that could result from use of antipsychotic drugs.<sup>44</sup> The obtaining or expunging of hospital records was a liberating act of gaining control over medical histories that served as evidence of ex-patients’ experiences as involuntary “inmates” in locked wards and of being subjected to forced treatment; for many, this was a meaningful step in the healing process.

In a defiant act of using private medical records to expose the oppression of psychiatric treatment, Leonard Roy Frank published the “Frank Papers” in *Madness Network News*. Frank had been an involuntary psychiatric inmate in two Northern California mental institutions for eight months beginning in October 1962. During this time, he was subjected to thirty-five insulin coma and thirty-five electroshock treatments against his will. With the help of a lawyer, Frank obtained his hospital records and published them in the December 1974 issue of MNN.<sup>45</sup>

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<sup>43</sup> Bonnie Burstow and Don Weitz, eds., *Shrink Resistant*, 22.

<sup>44</sup> For example, the German ex-patient member of Irren Offensive stated in his letter to MNN that, “I have been fighting...for the right to know what treatments the psychiatrists gave me.” “German Ex-Inmate Fights for Records,” 6, no. 6 (Fall/Winter 1982-1983): 6.

<sup>45</sup> Leonard Roy Frank, “The Frank Papers,” *Madness Network News* 2, no. 5 (1974): 12-17. The published Frank Papers also served as a form of personal testimony that Frank understood himself as a survivor of the psychiatric system rather than merely a victim. Other ex-patients followed Frank in the cathartic and empowering process of obtaining ownership of their psychiatric records, and some even sent them to MNN for publication. See for example the Rice Papers in *Madness Network News* 3, no. 1 (April 1975): 4-8; Jonika Upton, “A Season In Hell,” *Madness Network News* 3, no. 2 (July 1975): 6-8; and the Jay Mahler papers in 7, no. 4 (Fall 1984): 20-22.

These records were proof of the violent, medically questionable, and at times absurd methods used to treat alleged mental illness; for example, the hospital considered the treatments a success when Frank stopped identifying as a vegetarian and agreed to shave off his long beard. The Frank Papers also constituted another form of presenting personal testimony publicly, which movement members used as a tactic in MNN, at public hearings and tribunals, and in their activism and protests. Another method of publicly exposing what the movement saw as torture committed by psychiatrists was through regular “Shock Doctor Roster” and “Lobotomist List” columns in *Madness Network News*.<sup>46</sup> Readers were invited to submit the name and hospital affiliation of doctors that had or were currently administering shock therapy or psychosurgery, which would then be published for all to see on MNN’s pages. These lists were to serve as a warning to fellow patients, and as a method of publicly condemning psychiatrists. *Madness Network News* confronted psychiatry by publishing previously isolated and private sources of ex-patient and ally knowledge; this shared information proved to be both empowering and therapeutic for the psychiatric survivor movement.

### **The Importance of Mutual Support**

As previously mentioned, the psychiatric survivors’ movement struggled with an on-going tension between providing much-needed mutual support for members while also sustaining the energy and motivation for political work. These two distinct foci may be understood as an “internal” focus, that is, members supporting each other with emotional support, consciousness raising groups, assistance with transitioning back into the community,

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<sup>46</sup> See *Madness Network News* 2, no. 4 (September 1974): 19 for the first Shock Roster which would become a regular column due to patient demand, and issue 5, no. 2 (Autumn 1978): 3 for the Lobotomist List.

and an “external” focus, such as organizing protests and sit-ins, lobbying for changes to local patients’ rights laws, passing out patient rights information inside hospitals, demonstrating at APA conferences, conducting anti-shock activism, and establishing drop-in centers and other services for ex-patients. Despite the contrast between these two priorities, each one fundamentally fulfilled the movement’s principles, goals and activities. How group members balanced these two purposes during the movement’s most radical era is evident in the history of NAPA and WAPA. Both groups prioritized mutual support when necessary to achieve specific goals.

For example, when WAPA re-emerged as a patient-controlled group, it began as a leaderless women’s support and consciousness raising group. The group’s first collective projects involved writing and discussing articles about mental patients’ liberation for feminist magazine, *Country Women*, and organizing a consciousness-raising group at a women’s free school.<sup>47</sup> But WAPA did engage in political activism, often joining NAPA in protests, such as the month-long takeover of Governor Jerry Brown’s office, and organizing their own demonstrations, such as protesting the extradition of a Chicana ex-patient. However, it was the several months when a tight-knit group of core members were providing each other with the most support that founding member Arrow considered WAPA’s most successful period.

NAPA was originally founded as a political action group; the tenacious organizing of founding members Leonard Roy Frank and Wade Hudson obscured other work of the organization. The transition to include more survivor-oriented outreach and support in NAPA’s focus became evident right after the contentious Third Annual Conference, where ex-patients

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<sup>47</sup> See Arrow, “Women Against Psychiatric Assault,” *off our backs* 12, no. 3 (March 1982): 26-27. *Country Women* was a “feminist country survival manual and a creative journal” published by rural feminists in Mendocino County during the 1970s. According to Arrow, the magazine found WAPA’s politics too radical, and only published one member’s article.

rallied against the dominance of non-patient professionals both at the conference and within the movement. WAPA member Arrow mentioned that it was after this conference that, “a lot of ex-inmates in NAPA decided to put most of our energy into reaching out to other ex-inmates.”<sup>48</sup> A NAPA consciousness raising group only for ex-patients was formed and began meeting weekly. The organizers believed that, “former psychiatric inmates, who have personally experienced the brutality of psychiatric institutionalization, are the heart of our movement. Through consciousness raising, we share our experiences, ideas and research, helping each other to expand our political consciousness.”<sup>49</sup> As the NAPA ex-patient group continued to meet, organizers hoped that one outcome of this “drop-in rap group” would be a clearer understanding of possible alternatives to the mental health system. Coverage of the group's activities in the summer 1976 issue of MNN included how NAPA was coordinating housing for ex-patients leaving the hospital. NAPA asked those that had space in their homes for ex-inmates to let them know because, “In order to change the psychiatric system, which turns people into zombies, we all have to start taking some responsibility to help each other out.” To be sure, NAPA largely remained focused on political activism even as some members participated in alternative forms of advocacy and support. Members were reaching out to ex-patients using various approaches and starting support-oriented groups, yet an underlying goal certainly was to raise a collective political consciousness for advocacy and activism, an awareness that the personal was indeed political. However, this does not discount the importance of the shift in focus and outreach inspired by the events at the third conference, as it was linked to the movement’s push for self-determination, including the need to exclude non-survivors.

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<sup>48</sup> Arrow, “Women Against Psychiatric Assault,” *off our backs* 12, no. 3 (March 1982): 26.

<sup>49</sup> “NAPA Notes,” *Madness Network News* 3, no. 3 (October 1975): 19.

Conscious raising and other forms of mutual support played an important role during this period of transition. Despite how consciousness-raising may have been used in other liberation movements, it is evident that psychiatric survivors viewed it as a form of support.<sup>50</sup> Judi Chamberlin believed that mutual-support networks of some sort, including consciousness-raising groups where ex-patients helped each other stop internalizing their self-hatred and oppression and to instead focus their anger, were the critical first step towards a political consciousness for organizing. As Chamberlin said, “Consciousness-raising groups are not ‘therapy;’ they are in the truest sense, therapeutic.”<sup>51</sup> It is in this way that mutual support led ex-patients to a growing awareness of their own strength and competence, including the realization of their ability to help one another. Within this context, the push to exclude outsiders was never simply a knee-jerk act of self-preservation, but is best understood as a reaction to the survivors’ realization that there were no real experts besides themselves. From shared experiences as patients of a mental health system which did not help them, came an acknowledgement of their own form of expertise as survivors. These ex-patients rejected non-patient experts and leaders in various ways, but most especially within a therapeutic or support framework.<sup>52</sup> It may have been one thing to work alongside radical professionals during organizing or advocacy work but something else entirely to accept them as authority figures more knowledgeable or more capable than survivors

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<sup>50</sup> Chamberlin states that consciousness-raising, which may not have always been called that by movement members, was understood as a type of mutual support used to achieve specific goals.

<sup>51</sup> Judi Chamberlin, “Consciousness-Raising,” *Madness Network News* 3, no. 4 (December 1975): 8.

<sup>52</sup> This may also explain the movement’s strong opposition to official leaders and experts even within their own ranks, and is related to the rejection of a national organization. “Elitism” within the movement became a progressively more contentious issue. Some movement members were also highly critical of any perceived leaders or spokespeople for the movement, which more prominent activists such as Judi Chamberlin were at times accused of by some. Additionally, the rejection of all forms of authority figures explains why many members, such as Chamberlin, were adamantly against therapy in all guises, including feminist therapy or other forms of “radical” therapy. They simply did not see the need for professionals in the healing process. Concerns over all forms of power-imbalances were one of the primary reasons for the rejection of leaders and experts in both the support and activism functions of the movement.



themselves in understanding their suffering. This further explains why leaders such as Chamberlin argued that the very personal and intimate work of consciousness raising was best accomplished without outsiders.

There was another reason why mutual support in its various forms, including *Madness Network News*' role in providing that as an alternative therapeutic space, remained critical to movement members. In her book, Chamberlin explains how ex-patients faced a "special set of barriers" due to their experiences of "psychological assault" and problems in living for which many ex-patients continued to seek support.<sup>53</sup> Ongoing support within the movement and its groups had profound urgency; this was acutely evident in the poignant tributes in MNN to fellow ex-patients who had taken their own lives. Saralinda Grimes, who identified as a "[partially] deaf, Native American, lesbian feminist" ex-inmate, had been a member of WAPA. She committed suicide after participating in NAPA's and WAPA's month-long sit-in of Governor Jerry Brown's office in July 1976.<sup>54</sup> The following year, Wade Hudson wrote a tribute for Tullia Tesauro, "one of the two spiritual founders of *Madness Network News* and NAPA," who had taken her own life by jumping off of the Golden Gate Bridge.<sup>55</sup> MNN staff members themselves felt the strain of balancing the needs of running the paper along with jobs, activism, and support. Staff found it hard to devote full energy to the paper and mentioned that it was, "brutalizing to

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<sup>53</sup> Chamberlin, *On Our Own*, 64.

<sup>54</sup> For coverage of the sit-in see "Sleep-In At Gov. Brown's Office," *Madness Network News* 4, no. 1 (October 1976): 8-15.

<sup>55</sup> *Madness Network News* 4, no. 3 (Summer 1977): 15. See *Madness Network News* 4, no. 1 (Spring 1977): 3 for the tribute for Saralinda. Other notices of activists who had committed suicide, and letters and articles about the issue of suicide in the movement were printed throughout MNN's run. See for example: 6, no. 2 (Winter 1981): 28; 6, no. 4 (Winter 1981-1982): 2; 6, no. 6 (Fall/Winter 1982-1983): 20; 7, no. 1 (Spring 1983): 31.

read the many horror stories that we consider for publication. Our own pain is very near the surface.”<sup>56</sup>

Mutual support remained a vital function of the movement throughout the 1970s and 1980s. It was pivotal for how mental patients’ liberation formulated its “internal” and “external” forms of resistance to the power of psychiatry. As discussed, for ex-patients to take the first step in acknowledging their oppression, to move away from the sick role and internalized shame from having been labeled mentally ill, to reverse the abuse experienced in a “total institution,” to combat mentalism, and to find their own voice, they needed the support and services provided by other survivors.<sup>57</sup> By supporting each other, groups could move towards the type of goals that best suited them and their members, such as patient-controlled alternatives to the psychiatric system like drop-in centers, which will be discussed in chapter three. In these ways, psychiatric survivor mutual support networks also sustained the movement’s radicalism and political organizing. Consciousness-raising and other forms of mutual support were the tools of movement self-empowerment and self-definition, every bit as necessary as organizing and activism in resisting psychiatry.

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<sup>56</sup> “Where We Are,” *Madness Network News* 4, no. 4 (Fall 1977): 2.

<sup>57</sup> My understanding of total institution refers to Erving Goffman’s concept. A total institution is a closed social system, such as an asylum or prison, which controls all aspects of the inhabitant’s life.

## CHAPTER 2: NATIONAL AND GRASSROOTS ACTIVISM

### National Activism Against the American Psychiatric Association

On a sunny morning in May 1980, demonstrators chanting slogans such as “APA go away, APA go away,” and “Hey, hey, APA, how many people did you kill today?” descended upon the San Francisco Civic Auditorium. The protestors, wearing black shirts that read “Psychiatry Kills” and holding balloons with “Smash the Therapeutic State!” printed on them, had come to confront psychiatrists head on at the annual meeting of the American Psychiatric Association. Outside the Civic Auditorium, psychiatric survivors gave personal testimonies of their treatment within the psychiatric system over a loud speaker, and the group sang “Crazy and Proud” by longtime activist Howie the Harp.<sup>58</sup> Twenty-five activists then broke off from the group of nearly 250 demonstrators, and headed to one of the auditorium’s main entrances and linked arms to form a human chain in an act of non-violent civil disobedience. The ex-inmate activists sat as a human chain blocking access to the auditorium for five hours.<sup>59</sup>

The anti-APA rally was the designated site of activism for attendees of the movement’s Eighth International Conference on Human Rights and Psychiatric Oppression, held on May 2-6, 1980 in Berkeley, California, and hosted by the local group the Coalition Against Forced Treatment (CAFT).<sup>60</sup> The local survivor group hosting each conference selected a site for a day of direct action, which was often related to a cause that the local group had already been

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<sup>58</sup> Lyrics can be found in “Crazy & Proud,” *Madness Network News* 6, no. 1 (Fall 1980): 17.

<sup>59</sup> See *Madness Network News* 6, no. 1 (Fall 1980): 12-17 for coverage of the conference and activism.

<sup>60</sup> For more on the conference see *Madness Network News* 5, no. 6 (Winter 1980): 1 and 6, no. 1 (Fall 1980): 12-17.

protesting.<sup>61</sup> The planned day of demonstrations was a central and empowering component of each year's conference and an important example of how the psychiatric survivor movement used public activism to directly confront psychiatry. The APA protest at the Eighth Annual Conference was unique in that it was the first time movement members had come together to challenge the American Psychiatric Association itself at one of their own conferences. It would not be the last. This example of movement-wide activism went hand in hand with the critical grassroots activism being conducted by independent groups at the local level, which will be discussed later in the chapter, and exemplifies the various tactics used by survivors to challenge psychiatry through direct action.

Psychiatric survivors chose to confront psychiatrists and other mental health professionals on their "own turf" at their professional annual conferences for both symbolic and practical reasons. The human chain at the 1980 APA protest was a pivotal act of civil disobedience for movement members. Longtime ex-patient activists Leonard Roy Frank and Judi Chamberlin both felt that this direct confrontation with psychiatry was the culmination of their involvement in the movement and in resisting psychiatric oppression. This act of resistance to psychiatric oppression was both empowering and therapeutic for the activists. Chamberlin felt it was "deeply satisfying...at coming face to face with the enemy and succeeding in letting them know of our anger and our determination."<sup>62</sup> Frank believed that, "Active nonviolent resistance to psychiatric oppression has now been established as a practical option in our movement."<sup>63</sup>

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<sup>61</sup> See coverage of all thirteen annual conferences in *Madness Network News* (with coverage of later conferences in *Phoenix Rising*) for examples of this activism.

<sup>62</sup> *Madness Network News* 6, no. 1 (Fall 1980): 14.

<sup>63</sup> *Madness Network News* 6, no. 1 (Fall 1980): 13.

Psychiatric survivors used other powerful tactics during the rally to challenge the legitimacy and authority of psychiatry. A primary strategy and goal of the mental patients liberation movement, as discussed in chapter one, was to make the personal political. Activists held a public “Tribunal on Psychiatric Crimes” where ex-patients gave testimony about their personal experiences within institutions. With this act, survivors were coming out of the shadows to reveal private experiences of having been harmed by psychiatric treatment. Protestors then delivered two pre-approved statements, “Survivors of Psychiatric Assault Accuse APA of Crimes Against Humanity” and “Why We Are Here.” The robust local media coverage, arranged by the organizers, and the loud sound system used by activists, helped ensure that their voices would be heard loud and clear. Survivors were overcoming shame and stigma to reclaim their voices and to defiantly speak truth to power. In the process, they shared their own narrative of psychiatric treatment as horrific rather than healing. With loud protest chants, signs that read “psychiatry is torture,” personal confrontations with some psychiatrists, and a righteous anger, psychiatric survivors called out psychiatrists and their treatment of patients with electroshock, forced drugging, restraints and seclusion, physical and sexual abuse, and other mistreatment. As an international activist attending the conference and rally said, the events of the day showed the psychiatrists that “shrinks, we are everywhere...[And that] our message was clear: we’re not gonna take it any more.”<sup>64</sup>

The psychiatric survivors’ movement targeted the APA at their annual conference once again during the Tenth Annual Conference in 1982, which was held in Toronto, Canada. The highlight of the conference’s protest was another human chain and sit-in as an act of civil

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<sup>64</sup> Statement by Jaap Valkhoff of the Dutch group Clientenbond. His review of the conference, and his interactions with psychiatrists during the rally, are covered in *Madness Network News* 6, no. 1 (Fall 1980): 13.

disobedience, but this time protestors were arrested.<sup>65</sup> At this Conference, activists held their public tribunal and press panel presentations in the Council Chambers of Toronto City Hall the day before the APA demonstration. Approximately thirty psychiatric survivors gave testimonies about their personal experiences with psychiatric commitment, forced drugging, electroshock, discrimination in housing and employment, and other aspects of having been a psychiatric patient. The next day, protestors marched in front of the Sheraton Centre Hotel where the APA conference was ongoing, chanting slogans such as “Shrinks have killed. Shrinks have lied. Psychiatry is genocide,” waving protest signs, and handing out leaflets. An oversized cardboard Thorazine needle was used to “attack” patients, who pretended to fall over dead holding signs that said “cured by psychiatry” during guerilla theatre performances.<sup>66</sup>

Activists returned to the Sheraton later that evening, and sixteen protestors linked arms and staged a sit-in inside the hotel’s lobby. They remained silent, allowing their protest signs, such as “Electroshock is torture,” and “In memory of our brothers and sisters killed by psychiatry” to speak for themselves. Longtime activist David Oaks approached the crowd of psychiatrists, including one of the APA’s top officers, who were watching the events unfold, and began questioning them about forced treatment. An activist confronted one of the psychiatrists head on, stated her name, and then recounted her personal history of psychiatric treatment, while others questioned psychiatrists about forced drugging. The silent protestors were then arrested one by one, to the applause of many psychiatrists in the crowd. With these acts of civil disobedience, ex-inmates directly challenged the legitimacy of treatment, attempting to reveal that treatment could be harmful and not always in the best interest of the patient. Survivors

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<sup>65</sup> See *Madness Network News* 6, no. 6 (Fall/Winter 1982-1983): 1-7.

<sup>66</sup> Barbara Quigley, “Impressions,” *Madness Network News* 6, no. 6 (Fall/Winter 1982-1983): 1.

defiantly questioned psychiatrists' expertise and authority by exposing the dangers of treatment, some of which resulted in patient deaths while under psychiatric care.

Psychiatric survivors continued to collectively protest at APA conventions but would do so outside of the movement's annual conferences. Multiple local survivor groups, and unaffiliated ex-inmate activists, came together in May 1983 to protest the APA in New York City. Groups included Project Release of New York, Network Against Psychiatric Assault of Berkeley, Mental Patients' Liberation Front of Boston, and On Our Own of Toronto.<sup>67</sup> The multi-day action highlights how psychiatric survivors used different methods to confront the psychiatrists and retained an unrelenting tenacity to achieve their goals. The demonstrations began with protestors passing out leaflets titled "Psychiatric Violence" at a public forum on the topic of violence held by the APA. Ex-patient activists then made a point of directly posing questions to the panel speakers at the end of the presentation."<sup>68</sup> The next day, protestors marched through mid-town Manhattan to the APA conference site where they protested with signs, chants, and the sharing of personal experiences at an open mic. Judi Chamberlin carried a sign that read, "Out of the shadows and into the streets," which highlighted one of the fundamental reasons the activists continued to protest, hold tribunals, and target the symbolic seat of power of the APA, where "all" psychiatrists could see them and be put on notice.<sup>69</sup>

As with other movement demonstrations and as an important component of survivor activism, a tribunal was held so that survivors could publicly share how psychiatry had harmed them. Especially significant was that this tribunal included the mothers of two patients that had recently died while institutionalized at New York's South Beach Psychiatric Center. Each

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<sup>67</sup> See Judi Chamberlin, "Ex-Inmate Actions Against APA," *Madness Network News* 7, no. 3 (Winter 1983-1984): 3.

<sup>68</sup> Chamberlin, *Madness Network News* 7, no. 3 (Winter 1983-1984): 3.

<sup>69</sup> Chamberlin, *Madness Network News* 7, no. 3 (Winter 1983-1984): 3.

mother gave heartbreaking testimony to a group of approximately fifty people, sharing their anger and frustration, and desire to speak out about hidden mistreatment inside the institutions.<sup>70</sup>

The final day of demonstrations against the APA involved an act of civil disobedience centered on one of the movement's primary targets of protest, electroshock therapy. A small group of activists had discovered that the APA would be holding a live demonstration of electroshock treatment at Gracie Square Hospital. The protesters chained themselves to the hospital doors. Although the activists were not able to stop the planned shock treatment, they succeeded in garnering local media coverage to call attention to the issue of area "shock shops" and ECT. On an interesting note, psychiatric survivors also confronted the Radical Caucus of the APA at a forum the Caucus held on the topic "What Are Radical Groups in Psychiatry/Psychology Doing?" The ex-patients clearly felt that the Radical Caucus was not doing enough on issues such as forced treatment. A heated exchange ensued, and the Caucus promised to work more closely with survivor activists at the APA's annual conference in 1984.

The APA demonstrations in Los Angeles the following year retained much of the same format and many of the same goals, with the important exception that survivors finally had a seat at the table with the APA.<sup>71</sup> Most significantly, the APA had agreed to their demands for some level of ex-inmate representation at the annual convention, including a private meeting between APA leadership and the psychiatric survivors. Ex-inmates were provided a literature table inside the convention where they displayed and sold movement materials and publications. It attracted

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<sup>70</sup> See "While the APA is Meeting...Psychiatric Survivors Testify," *Madness Network News* 7, no. 3 (Winter 1983-1984): 4.

<sup>71</sup> Activists from Northern and Southern California, including those affiliated with groups in the Bay Area and L.A. were in attendance. This includes members of MNN and the Coalition for Human Rights in American Psychiatry – see "Where We're At," *Madness Network News* 7, no. 3 (Winter 1983-1984): 2 and Sally Zinman, "Demonstration Against the Psychiatric Association – 1984," *Madness Network News* 7, no. 5 (Winter 1985): 8.



so much attention that a pharmaceutical salesman commented that the movement was “using our material against us.”<sup>72</sup> An official forum titled “Former Psychiatric Inmates Look at Psychiatry” was held where six movement members spoke on topics such as stigma, the damaging effects of ECT and medications, and the self-help movement and its alternatives. A few psychiatrists engaged in debate with the panelists in an open mic session. Activists found the forum to be an inspiration and success, and were pleased by broad media coverage of the event. Yet, it was the private meeting between APA representatives and the ten activists that felt most “historic” in that it was evident that the APA had to take the movement seriously. Although coverage of the meeting in MNN is very brief, it seems the focus was to create an open and ongoing dialogue between the two groups, and for more substantial participation by psychiatric survivors in future APA meetings.<sup>73</sup>

The psychiatric survivors’ ongoing and persistent activism across the country had proven successful in forcing the APA to engage them. Targeting the APA as “the head” of psychiatry was more than a symbolic gesture. There was also the practical goal of ensuring the movement’s voice, as a strong counternarrative to psychiatric hegemony, was heard loud and clear. Survivors had felt it essential to juxtapose their lived experiences to the dominant narrative of psychiatry, which both cast patients as too helpless and sick to have autonomy over the medical interventions forced on them, and denied the damaging side effects these treatments could have. Ex-patients used their private experiences to reveal these harmful truths and injustices to a public

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<sup>72</sup> Zinman, “Demonstration Against,” *Madness Network News* 7, no. 5 (Winter 1985): 8.

<sup>73</sup> See Zinman, *Madness Network News* 7, no. 5 (Winter 1985): 8-9. Unfortunately, coverage of this specific meeting in MNN is very brief. A footnote from the editors of MNN mention that negotiations with the APA were underway for the 1985 meeting to include: a mixed workshop (including a National Alliance for the Mentally Ill representative) titled “In Search of Common Ground,” a debate between ex-inmates and psychiatrists, and an ex-patient only forum covering the harmfulness of the mental health system and self-help alternatives.

that was largely unaware of the pervasiveness or severity of these abuses. The psychiatric system was not working for many patients, and many patients and their advocates, including family members and hospital staff, felt powerless and voiceless, and unable to affect change. As evident in the shock and betrayal expressed in the persistent and powerful public testimonies given, such as those by the mothers of two young victims, much of the public was unaware of what was happening in locked wards. If anything, these protests against the APA were a step toward forcing those in power to contend with these realities, to recognize problems within the mental health system, and to help educate the public on the urgent need for change. And on another very important level, it empowered the survivors, their advocates, and the movement, and gave them the energy to continue fighting across the nation, as a movement, as groups, and as individuals, too.

### **Local Activism**

National activism both empowered and unified the movement, however, most activism was carried out at the local level by independent survivor groups. Local activists challenged psychiatrists and the mental health system in their communities in sustained and successful ways, resulting in tangible victories for the movement and its supporters. The goals and methods of local activism were largely the same as those of activism at each annual conference and against national targets such as the APA; however, coalition building proved to be an important organizing tactic used by some of the most successful local movement groups. As discussed in chapter one, a local group's activism went hand-in-hand with its mutual support role, and this locally focused political work was a sustaining force for the group and its members. Local

activism was an essential part of many, but it should be noted--not all--movement groups.<sup>74</sup> The specific tactics and targets of each group's activism varied, but some fundamental principles unified groups and the movement as a whole. A core principle of the movement was fighting involuntary psychiatric treatment, which included electroshock therapy, psychosurgery such as lobotomies, and forced drugging with psychiatric medications like Thorazine. It was the coercive nature of these treatments, without informed consent, that was the basis of psychiatric survivor concern.

As discussed, anti-shock activism was a central topic of both national and local activism, and on-going coverage of the topic began with *Madness Network News*' third issue. Shock therapy, now known as electroconvulsive therapy (ECT), which involved delivering 70 to 170 volts of electricity across the patients' temples, was a common treatment in mental hospitals and was often administered without patients' consent.<sup>75</sup> The procedure induced seizures in patients and left them with fractures, severe and lasting memory loss, permanent brain damage, and sometimes led to death.<sup>76</sup> Ex-patient activists protested the fact that psychiatrists were deceptive with patients and the public concerning ECT's risks and devastating side effects, and that shock doctors used the procedure without the consent of a significant percentage of hospitalized patients. Electroshock therapy was an especially pivotal issue for the California Bay Area psychiatric survivor groups which, beginning with the Network Against Psychiatric Assault (NAPA), waged an ongoing battle to regulate and ban the use of shock in area institutions. Anti-shock advocacy would be NAPA's, and founding member Leonard Roy Frank's, primary focus

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<sup>74</sup> As evident in MNN, new independent groups sprang up across the country throughout the 1970s and 1980s, but a portion of them stated that their primary objectives were peer support and some advocacy, but not political action.

<sup>75</sup> "Not a Second, It Will Kill!," *Madness Network News* 2, no. 3 (June 1974): 3.

<sup>76</sup> "Not a Second, It Will Kill!," *Madness Network News* 2, no. 3 (June 1974): 3.

for over a decade. Their relentless campaign against shock therapy in the Bay Area was one of their most successful, and exemplified ex-patient activists' evolving use of community organizing techniques as a local grassroots movement.

### **California Bay Area Groups' Anti-Shock Activism**

Carrying an oversized banner that read "Smash The Therapeutic State," NAPA and Women Against Psychiatric Assault (WAPA) members and their supporters marched from San Francisco's Golden Gate Park to the University of California's Langelier Porter Neuropsychiatric Institute. The protestors at the December 1974 rally had come once again to put pressure on Langelier Porter to hold a public debate with NAPA on the hospital's use of electroshock. The confrontation at Langelier Porter against electroshock therapy and forced treatment was typical of the type of activism that members of NAPA and other Bay Area mental patient liberation groups conducted in the 1970s and 1980s.

Not long after its formation, NAPA initiated long-term campaigns against Northern California institutions that used ECT, starting with Langelier Porter Neuropsychiatric Institute (LPNI) in 1974 and then Herrick Memorial Hospital in 1975.<sup>77</sup> NAPA members had been aware for some time that patients were being shocked at LPNI, and for them the issue was personal as some of those who had been institutionalized and shocked there were close friends. NAPA was spurred into action when sympathetic psychiatric professional Dr. John Friedberg was fired from

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<sup>77</sup> For more anti-shock coverage, see "NAPA Notes," *Madness Network News* 3, no. 1 (April 1975): 19; and on the East Bay Coalition Against Shock, see "NAPA Notes," *Madness Network News* 3, no. 2 (July 1975): 16; and on Herrick Hospital nurses' public resignation letters, see "Nurses Say No!!," *Madness Network News* 3, no. 3 (October 1975): 11.

LPNI for speaking out about the harmful side effects of ECT.<sup>78</sup> NAPA likely sensed an ideal opportunity to partner with a radical professional ally in confronting psychiatry, a tactic that NAPA would continue to use as they did not limit their group or activism exclusively to ex-patients. NAPA's first actions in confronting LPNI's head psychiatrist Dr. Ames Fischer in April and May 1974 were direct requests for both information and meetings regarding the use of electroshock at Langley Porter. When Dr. Fischer refused to respond, NAPA planned its first rally at LPNI for May 10. In an effort to inform the public of what was happening inside the locked wards of LPNI, activists handed out flyers to U.C. students and staff that stated in bold letters "U.C. SHOCK DOCTOR CHALLENGED" and outlined Dr. Fischer's policies and NAPA's concerns. Nearly one hundred people attended the protest, along with local media, but no representatives from LPNI responded to the activists' requests for answers. NAPA members and their supporters would not be deterred and continued to challenge the use of ECT at LPNI, demanding to know if Dr. Fischer was obtaining informed consent from patients and informing them of ECT's permanent side effects.

That June, NAPA collected 1,400 signatures from the community in support of its position that Langley Porter should stop using electroshock. Activists presented the signatures to the Acting Director of LPNI, Dr. Leon Epstein, finally having an opportunity to confront one of the institution's psychiatrists. In fact, they then reached an agreement to meet on July 24 to discuss scientific studies on the effects of ECT. Wade Hudson and John Friedberg did meet with Dr. Epstein but were unhappy with the outcome. NAPA continued its campaign for answers on LPNI's use of ECT, even eliciting the backing of Assemblyman Willie Brown. The campaign's

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<sup>78</sup> For more information about the Friedberg case see Leonard Roy Frank, "The Friedberg Case," *Madness Network News* 2, no. 3 (June 1974): 5-7.

momentum continued to build as NAPA garnered the assistance of former LPNI staff, local politicians, and the community. Activists' claims that Dr. Fischer was coercively administering shock therapy were buttressed by testimony from an ex-staff member at LPNI. NAPA increased its efforts to reach out to the broader community and gained the support of twenty-nine representative community organizations such as the Haight-Ashbury Neighborhood Council and the American Humanist Association.<sup>79</sup> NAPA's reason for doing so went beyond simply garnering support for their cause; it was also an attempt to inform and educate the public on an issue that the ex-patient activists themselves had special knowledge of.

During this time, NAPA's Legal Action Committee spearheaded legislation at the state level to regulate forced drugging, psychosurgery, and electroshock. The team of activists and legal professionals had convinced Assemblyman John Vasconcellos to sponsor the legislation, but NAPA's support and enthusiasm for the bill waned as it went through several amendments, and the restrictions on forced treatments weakened. To the activists' surprise, Assembly Bill 4481 passed and was signed by Governor Ronald Reagan to become effective January 1, 1975. However, controversy had surrounded the bill, and it received a great deal of push back from an alarmed psychiatric community. Psychiatrists immediately mounted legal challenges against AB4481, effectively delaying its implementation. Yet, the pending legislation still had significant repercussions within California's psychiatric community, with some institutions deciding to halt all use of ECT until the legal challenges were resolved. Representative Vasconcellos immediately drafted follow-up legislation, AB1032, to address shortcomings of AB4481 and ensure there would still be legislation protecting mental patient rights concerning

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<sup>79</sup> Other organizations included the National Organization for Women and the Inner Sunset Action Committee; see "NAPA Notes," *Madness Network News* 2, no. 5 (December 1974): 32.

forced treatment should it be nullified. Ex-patients activists did not fully support AB1032 as it was an even less restrictive version of AB4481, but felt that its passage was better than nothing at all.<sup>80</sup>

With the assistance of San Francisco Supervisor Quentin Kopp and the San Francisco Mental Health Advisory Board, a public debate with LPNI was finally held on January 20, 1975 at the Department of Public Health.<sup>81</sup> Both sides had an opportunity to present, and LPNI addressed NAPA's questions regarding its policies and practices with ECT. Activists received direct confirmation that their continued actions against the use of shock at Langley Porter likely played a part in the reduction of patients that were shocked there in 1974. Additionally, LPNI admitted to using electroshock on only one patient since the passage of AB4481 in September. NAPA's spokespeople included professional allies such as psychiatrist Lee Coleman and ex-patients recounting their own experiences with ECT. National Organization for Women representative Ollie Mae Bozarth also spoke about the damaging effects of ECT, and how the majority of patients treated with shock were women.<sup>82</sup> NAPA's theatre group, the Proud Paranoids, even had an opportunity to perform a "re-enactment" of shock treatment that involved

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<sup>80</sup> See *Madness Network News* 2, no. 6 (February 1975): 9 for NAPA's perspective. See also "LAMP Notes," *Madness Network News* 3, no. 1 (April 1975): 14 and "NAPA Notes," *Madness Network News* 3, no. 1 (April 1975): 19.

<sup>81</sup> See "NAPA Notes," *Madness Network News* 2, no. 6 (February 1975): 8.

<sup>82</sup> Jennifer Thompson, "Women Shock Patients Talk," *Berkeley Barb*, January 24-30, 1975, 5. Bozarth was head of the Mental Health Task Force of the San Francisco Chapter of NOW. The issue of how many women were treated or threatened with ECT was a topic that many female ex-patient activists, groups like WAPA, and feminist and radical professionals, such as Phyllis Chesler and Bonnie Burstow, discussed. See Phyllis Chesler's book *Women and Madness* and Bonnie Burstow, "Electroshock as a Form of Violence Against Women," *Violence Against Women* 12, no. 4 (2006): 372-392. See also "Women Against Electric Shock Treatment" published by Women's Press Collective. For other works on women and psychiatry, see Bob Roth, "Breaking Through the Looking-Glass," *Women: A Journal of Liberation* 3, no. 3 (1972): 17-19; Dorothy E. Smith and Sara J. David, eds., *Women Look At Psychiatry* (Vancouver: Press Gang Publishers, 1975); and the position paper "Mental Health and Violence Against Women: A Feminist Ex-Inmate Analysis" – available in *Phoenix Rising* 3, no. 3 (Winter 1983): 43-47 and *Madness Network News* 6, no. 6 (Fall/Winter 1982-1983): 7.

the use of an authentic electroshock machine, which caused an uproar amongst attendees. The activists felt that the forum was a resounding success and an “historic event in California...Finally a public agency has challenged the omnipotence and authority of the psychiatric establishment, and demanded an accounting of their practices.”<sup>83</sup>

The importance of having gained an official forum to publicly debate the psychiatrists in front of the community cannot be overstated. Within the movement, psychiatric survivors proudly claimed a unique form of expertise and knowledge from their experiences as patients. Psychiatric survivors evoked this distinct status when they countered the dominant narratives of psychiatry within society. This is why the movement’s tactic of making the personal political, especially in a public venue such as this, served as a powerful force in subverting the authority of psychiatry. In the case of exposing the questionable use of ECT, the activists understood their actions as upholding a responsibility to monitor and hold psychiatrists accountable. NAPA’s justifications for public intervention at LPNI included the belief that as a publicly financed institution situated at the University of California, San Francisco and that served the District 5 area, Langley Porter should be answerable to the community it served.<sup>84</sup> According to the activists, the major concerns with LPNI involved “the public’s right to know; the accountability of public institutions; the involvement of the community in decisions about the use of tax-monies; [and] whether or not so-called professionals should have the sole power to determine how our institutions are run.”<sup>85</sup>

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<sup>83</sup> “NAPA Notes,” *Madness Network News* 2, no. 6 (February 1975): 8. NAPA decided to stop targeting LPNI after the public hearing, as they had been provided with evidence that due to the passage of AB4481, and pending status of AB1032, LPNI had ceased the use of shock until the outcome of the pending legislation was determined. NAPA and other activists would switch their focus to Herrick Memorial Hospital, as Herrick would continue to shock patients despite the pending legislation.

<sup>84</sup> “NAPA Notes,” *Madness Network News* 2, no. 6 (February 1975): 8.

<sup>85</sup> “NAPA Notes,” *Madness Network News* 2, no. 5 (December 1974): 32.



Bay Area psychiatric survivors' longest-running target of anti-shock activism was Berkeley's Herrick Memorial Hospital. NAPA members began their campaign against Herrick much as they did with Langley Porter, with protests calling for Herrick, as one of the few institutions in the area still using ECT, to justify its continued use of the controversial treatment. Over fifty protestors gathered outside of Berkeley's Herrick Memorial Hospital on the afternoon of March 19, 1975, carrying picket signs that read "STOP SHOCK, PULL THE PLUG," "SHOCK THE SHRINKS," and "SHOCK TREATMENT IS TORTURE, NOT TREATMENT," and demanding that the chief psychiatrist come out to speak with the demonstrators.<sup>86</sup> Herrick responded by issuing a press release that outlined how many patients it treated with ECT including those receiving involuntary treatment, and claimed that no patients had experienced permanent side effects.<sup>87</sup> NAPA refuted Herrick's claims, and was determined to continue to protest against Herrick and other area institutions that were undeterred by the current pending state laws regulating electroshock.<sup>88</sup> A sister group, the East Bay Coalition Against Shock, was formed by some NAPA activists and their supporters to continue the anti-shock campaign against Herrick. Revealing the diversity of ideologies and beliefs among psychiatric survivors even within their own local groups, the East Bay Coalition Against Shock was quick to emphasize how their position differed from NAPA's. While NAPA wanted to eliminate all involuntary treatment, the East Bay Coalition was a bit more radical in wanting to completely

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<sup>86</sup> S. Silver, "Torture Not Treatment," *Berkeley Barb*, March 21-25, 1975, 6.

<sup>87</sup> For more about this specific campaign by NAPA, see "'Shock' Wave Hits Berkeley," *Madness Network News* 3, no. 1 (April 1975): 19.

<sup>88</sup> NAPA again argued that Herrick's use of ECT was an issue of public concern because psychiatric patients treated at the hospital were covered by Medi-Cal, and therefore questioned if public funds should be used for the controversial shock treatments. NAPA also targeted St. Mary's McAuley Neuropsychiatric Institute and St. Francis as they both continued to use ECT and other forced treatment against patients, despite the pending status of AB4481 and AB1032.

abolish shock treatment, as they believed that laws regulating the voluntary use of it were never enough to prevent abuse.<sup>89</sup>

Bay Area anti-shock activists ramped up their local organizing efforts against Herrick in late 1980 and early 1981, including a heavy leafleting and outreach campaign around the hospital. Herrick remained a target as it was the only institution in Berkeley that continued to use shock, sometimes without patients' consent, and shocked more patients than any other hospital in the East Bay.<sup>90</sup> In a significant and unprecedented step in their grassroots organizing, psychiatric survivor activists became involved as an organized force in local electoral politics when they partnered with the left-leaning Berkeley Citizens Action (BCA) party.<sup>91</sup> The BCA adopted a mental health plank that was written by longtime ex-patient activist Ted Chabasinski and supported many of their demands, including an investigation into Herrick's continued use of ECT.<sup>92</sup> Local psychiatric survivor group members were very involved in attempting to get the BCA candidates elected to the city council. BCA and Berkeley City Council member Florence McDonald would be one of the Bay Area's activists' strongest political allies. McDonald attended NAPA's rally at Herrick in November 1981, where she expressed support for the activists' calls for the City Council to ban ECT.<sup>93</sup>

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<sup>89</sup> See "NAPA Notes," *Madness Network News* 3, no. 2 (July 1975): 16. It appears that the more radical members of the East Bay Coalition Against Shock were also advocates for abolishing the entire mental health system.

<sup>90</sup> Jenny Miller, "Demonstrators Demand City Council Act To Halt Herrick Barbarism," *Grassroots – Berkeley's Community Newspaper*, November 11-24, 1981 in Judi Chamberlin Papers (MS 768), Special Collections and University Archives, University of Massachusetts Amherst Libraries.

<sup>91</sup> *Madness Network News* 6, no. 3 (Summer 1981): 6.

<sup>92</sup> Ted Chabasinski, Coalition Against Forced Treatment – Berkeley Task Force – First Meeting – 15 January letter, box 1, folder Ted Chabasinski 1980-1985, Judi Chamberlin Papers (MS 768).

<sup>93</sup> Miller, "Demonstrators Demand City Council Act To Halt Herrick Barbarism," *Grassroots – Berkeley's Community Newspaper*, November 11-24, 1981 in Judi Chamberlin Papers (MS 768).

Ted Chabasinski, who had been institutionalized and received electroshock therapy at the age of six, worked very closely with McDonald and the Berkeley Citizens Action Mental Health Committee. Chabasinski helped lead the Committee's plan of action that initially involved investigating Herrick, but evolved into the important campaign to outlaw shock in the area.<sup>94</sup> In January 1982, Council Member McDonald presented a motion to the Berkeley City Council requesting that they hold a public hearing at Herrick. The motion was rejected by the majority of the Council, although it was supported by all four members of the BCA, including Mayor Eugene Newport. Undeterred, Ted Chabasinski and the Coalition to Stop Electroshock approached the Berkeley Human Relations and Welfare Commission, who agreed to hold a public hearing on April 24. The Coalition was formed in February 1982 by Chabasinski, and consisted of several community groups, including NAPA, the BCA Mental Health Committee, and the Center for Independent Living.<sup>95</sup> A large rally was held at Herrick a week before the public hearing, where protestors chanted, "A burned brain is never the same," and "Shock doctors, shock yourselves."<sup>96</sup> More than forty people testified at the April 24th "Public Hearing on Electroconvulsive Therapy." Only three psychiatrists spoke in favor of the treatment. Anti-shock speakers included ex-patients, social workers, physicians, and former hospital staff such as nurse Judy Carroll, who provided damning evidence on the coerced use of ECT at Herrick.

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<sup>94</sup> See Ted Chabasinski letter to Judi Chamberlin and attached Berkeley Citizens Action letter, 11 December 1981, box 1, folder Ted Chabasinski 1980-1985, Judi Chamberlin Papers (MS 768).

<sup>95</sup> Other organizations included a chapter of the National Organization for Women, Berkeley Support Services, Mental Health Consumer Concerns, the Berkeley Free Clinic, and an animal rights group. Despite the ongoing protests against Herrick, it continued to remain the largest and most frequent provider of shock in the Bay Area, shocking 70 patients a total of 485 times in 1981. Chabasinski had been working on reaching out to other community groups for support with Herrick's increased use of ECT. He was also a member of CAFT and NAPA, but moved on from his work there as he became more involved with the BCA and the official formation of the Coalition. Jenny Miller, "New Coalition Challenges Shock 'Treatment,'" *Madness Network News* 6, no. 5 (Summer 1981): 5; and Coalition to Stop Electroshock press release, 13 April 1982, box 1, folder Ted Chabasinski 1980-1985, Judi Chamberlin Papers (MS 768).

<sup>96</sup> Miller, "New Coalition Challenges Shock 'Treatment,'" *Madness Network News* 6, no. 5 (Summer 1982): 6.

Energized by the success of the hearing, the Coalition to Stop Electroshock moved to get an anti-shock initiative on the ballot for November. In July, organizers began circulating the petition “An Act to Protect the Human Rights of Psychiatric Patients by Prohibiting the Use of Electric Shock Treatment in Berkeley,” and collected over 2,400 signatures in six days, far more than the 1,400 needed to get the measure on the ballot. Measure T would make voluntary or involuntary use of ECT a misdemeanor punishable by up to six months in jail and up to a \$500 fine. By early August, mainstream media outlets across the country had picked up the story of the campaign to ban shock in Berkeley. At this point, the psychiatric establishment was forced to take the possibility of a local ban on ECT seriously, and began an aggressive campaign to get the electorate to vote no on Measure T. The psychiatrists formed the Berkeley Committee for Patient Rights, and framed their argument against the referendum as a matter of patient choice. Despite the psychiatrists having a budget ten times that of the Coalition and the backing of the APA, Measure T passed with 61 percent of Berkeley voters supporting it.

The successful outcome of the Berkeley shock ban was the culmination of eight years of anti-ECT activism in the Bay Area by mental patient liberation groups. Despite activists’ direct influence on state legislative initiatives AB4481 and AB1032, this grassroots campaign successfully turned the issue to the citizenry, and remarkably banned all shock, if only temporarily. It was unprecedented in that mental patient liberation activists were able to successfully mobilize significant citizen opposition to psychiatric practice. Even the act of allowing lay-people to determine the outcome of a “medical” matter was a direct blow to psychiatric power, authority, and expertise. The successful campaign to ban shock exemplifies how ex-patient groups’ grassroots organizing was carried out over time, and how it evolved to affect change at the local level.

Ex-patient activists such as Leonard Roy Frank, Ted Chabasinski, and David Oaks utilized tactics such as coalition building and community organizing that were critical in engaging the broader community in the psychiatric survivor struggle. For example, community outreach was very successful in getting Berkeley citizens to acknowledge, and even challenge, psychiatric abuses that they may have never been previously aware of. Members of the campaign detailed the steps they took as activists and community organizers for other movement activists and readers of MNN.<sup>97</sup> Local psychiatric survivor activists had picked an issue and a strategy that were well suited to their location. As David Oaks explained, the Bay Area was politically active and progressive, and the ballot measure to ban shock was direct, focused on a single topic of concern, and made it easy for the public to take action. The topic of banning shock therapy was also unique enough that it attracted both the public's and the media's attention. Chabasinski and other activists learned how to use the media coverage to their advantage, and the nationwide coverage helped spread information about the mental patients' rights movement. At every demonstration and public debate, activists gained the support of more volunteers, who were then called on to help with various essential tasks, such as leafleting within the community or helping to raise funds.

Activists were very successful in reaching out to different groups within the community and motivating them to support the shock ban. Their outreach in the African American community was especially significant, resulting in more than 80 percent of African Americans voting in support of Measure T.<sup>98</sup> Coalition members put a human face on the ECT issue when they handed out photos of Lynette Miller as they campaigned for signatures and support in

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<sup>97</sup> See *Madness Network News* 7, no. 1 (Spring 1983).

<sup>98</sup> "Organizing Against Shock," *Phoenix Rising* 6, no. 2 (October 1986): 44.

African American neighborhoods and beyond. A few years earlier, activists had demonstrated on behalf of Lynette Miller, a 17-year-old, African American female patient who had died while institutionalized at Napa State Hospital. Miller had been treated with electroshock by Dr. Martin J. Rubinstein, one of NAPA's, WAPA's and other activists' targets for some time.<sup>99</sup> Activists made Miller's story, as a local victim of psychiatric treatment with ECT and drugs, a humanizing and powerful element of their campaign. For example, activist Jeannie Matulis wrote and performed a song titled "Song for Lynette" at various public events and over the radio. On the Sunday before the election, Matulis performed her song at the church that the Miller family still attended, resulting in a standing ovation from the congregation. Leonard Roy Frank was in attendance that morning, and stated that it was "one of the highlights" of his participation in the mental patients' liberation movement.<sup>100</sup>

Although autonomous local psychiatric survivor groups did not have the benefit of a national organization, and were run and generally worked independently of one another, they still realized the need to partner with other sympathetic non-patient professionals, politicians, political groups, and community organizations. The Berkeley shock ban campaign is an example of activists' realization that it was not beneficial nor necessary to work alone; there was strength in numbers when confronting the therapeutic state. As seemed so necessary when exposing psychiatric oppression, their fight was more successful when they came out of the shadows,

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<sup>99</sup> NAPA and WAPA held a demonstration on January 26, 1975 in Oakland against Dr. Rubinstein, who was performing shock on Lynette Miller three times a week at Gladman Memorial Hospital. See WAPA demonstration flyer against electro-shock treatment, box 14, folder WAPA 1976, Judi Chamberlin Papers (MS 768); and Arrow, "WAPA: A History," *Madness Network News* 6, no. 5 (Summer 1982): 12. Miller was treated at various area institutions over a period of fourteen months, and died from cardiac arrest at Napa State Hospital in December 1975. Miller's mother won a default judgment of up to \$7.8 million in a wrongful death suit against Gladman Hospital, but a mistrial was later declared in the suit, and Ms. Miller lost all consecutive appeals. For more information on Lynette Miller, see Jenny Miller, "Lynette Miller: Killed by Psychiatry," *Madness Network News* 6, no. 6 (Fall/Winter 1982-1983): 8. Dr. Rubinstein continued to administer shock treatment at Herrick Hospital.

<sup>100</sup> Barbara Quigley, "Berkeley Electorate Bans Shock," *Madness Network News* 7, no. 1 (Spring 1983): 3.

brought the issue to the public, allied with others, and adopted many of the organizing principles and practices of other grassroots movements of the era. While California mental patient liberation activists spearheaded many important actions, the shock ban was so successful because of their alliances not just within the Coalition to Stop Electroshock but also in the broader community. The California groups, such as NAPA, were also always very open to working with non-patient allies in support of a common cause. The reality was that these ex-patient activists did need the support of others beyond even the radical professionals attracted to their cause. That support reduced the stigma and suspicion that survivors faced from institutions and some sectors of the public. It provided them with credibility, strength, and also much needed logistical and mutual support. Electroshock was banned in Berkeley for forty-one days before psychiatrists were able to get a preliminary injunction and overturn the ban in January 1983. Psychiatrists had been caught off guard by the success of Measure T and were determined to fight it. They had the power and resources to do so. But the Bay Area activists, and the broader psychiatric survivor movement, would not be deterred. The Coalition to Stop Electroshock went right back to demonstrating at Herrick once the hospital resumed using ECT. Activists held a large demonstration with an organized act of civil disobedience on March 15, 1983. Empowered by and using lessons learned from the shock campaign, they continued to work with other non-ex-patient community groups in protesting psychiatry. Members of the Livermore Action Group assisted the Coalition with nonviolent resistance at Herrick.<sup>101</sup> The campaign to ban shock also had far-reaching effects outside of the Bay Area. Shock had become a national issue, and other movement groups were inspired to ramp up activism in their communities. The Cincinnati, Ohio

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<sup>101</sup> See *Madness Network News* 7, no. 2 (Summer 1983) for detailed coverage of the Herrick protest. LAG was an anti-nuclear group and had experience with nonviolent civil disobedience actions. They assisted the Coalition with training and organization of the March 15<sup>th</sup> blockade at Herrick. LAG members were also involved in the blockade and demonstration, and were arrested along with Coalition members.

group, People Against Psychiatric Oppression, followed in the East Bay activists' footsteps when they began protesting against ECT in their area.<sup>102</sup> To be sure, the Bay Area groups' enduring campaign against shock highlights how a local psychiatric survivor group initiative could have a nationwide impact on the mental patient rights movement.

The nearly decade-long anti-shock activism in the Bay Area exemplifies psychiatric survivors' dedicated resistance to psychiatric hegemony. Ex-patients asserted their voice and power, making the personal political, and "talking back to psychiatry" as Linda Morrison terms it. Psychiatric survivors spoke truth to power armed with their lived experiences and firsthand knowledge that contradicted institutional psychiatry. For years, psychiatrists had claimed that ECT did not cause lasting side effects such as permanent memory loss. This was loudly disputed by the ex-patients who had received shock and began speaking out about their experiences. A few sympathetic doctors and hospital staff corroborated patients' claims, such as the nurses at Herrick who resigned and broke their silence on what they deemed as patient rights abuses inside institutions.<sup>103</sup> In their unique role as ex-patients, activists felt a responsibility to fight for the civil and human rights of all people that came in contact with the mental health system, and to also serve as a watchdog for psychiatric abuses against those within their communities.<sup>104</sup> Anti-shock activists had learned about the extent to which elderly patients were being shocked at institutions like Herrick. As Leonard Roy Frank stated, "When actively engaged in political

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<sup>102</sup> "People Against Psychiatric Oppression," *Phoenix Rising* 5, no. 1 (February 1985): 51. Canadian ex-patient activists also formed their own long-term campaigns against shock; for more coverage see *Phoenix Rising*.

<sup>103</sup> MNN printed many letters from concerned and sympathetic psychiatric workers and institutional staff throughout its run. Some wanted to lend their moral support and confirm the realness of activists' struggle, while others wanted to know how they could get involved. Some, as the nurses did, realized that they could no longer work for institutions where they witnessed patient rights' violations.

<sup>104</sup> An excellent definition and discussion of the civil and human rights that psychiatric survivors fought for can be found in Judi Chamberlin, "Citizenship Rights and Psychiatric Disability," *Psychiatric Rehabilitation Journal* 21, no. 4 (Spring 1998): 405-408.



work, considerable information comes your way.”<sup>105</sup> Coalition members then brought this information to the community during public debates. Because of this, they won the endorsement of the Berkeley Grey Panthers on Measure T. This experience highlights how ex-patient activists situated themselves as both community organizers and organic experts with a unique responsibility to inform the public on the harmful aspects of psychiatric treatment within the community.

As discussed, an important recurring theme in the psychiatric survivor movement was that the personal is political. By reaching out into the community, activists discovered how many others had been affected by psychiatry. As Ted Chabasinski stated, “People we’d never seen came out of the woodwork to collect signatures for our petition. [A member of the council] took the petition around – his mother had had 250 shock treatments. Another person from the school board whispered in my ear that what we were doing was great. She’d been in the ‘bin’ and hadn’t told anybody.”<sup>106</sup> The activists’ relentless demonstrations, rallies, press conferences, and other public actions over the years helped build a gradual awareness of the issue, helped to educate the community, and challenged oppressive psychiatric practices at the local level.<sup>107</sup> This exemplifies why the local groups were considered the heart of the mental patients’ liberation movement, as this was where most of the movement’s activism was carried out. The national movement, especially because it did not have a central organization, relied on the autonomous groups to do the critical work of advancing movement goals and fighting for mental

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<sup>105</sup> Leonard Roy Frank, “Reflections on the Campaign,” *Madness Network News* 7, no. 1 (Spring 1983): 5.

<sup>106</sup> “Organizing Against Shock,” *Phoenix Rising* 6, no. 2 (October 1986): 44.

<sup>107</sup> This tenacious activism proved beneficial in cases such as when City Council Member Florence McDonald realized at a Herrick demonstration that the activists had previously attempted to bring the issue to the City Council. Even when the demonstrations did not go the activists’ way, the publicity generated helped to further the fight and bring the issue out of the shadows.

patient rights at the local level. NAPA, The Coalition to Stop Electroshock, and other local ex-patient activists successfully made the personal political at every step in their decade-long fight against shock, and by doing so they built a sustained and successful grassroots campaign that generated tangible change within their community.

### **CHAPTER 3: ALTERNATIVES, CROSS-MOVEMENT ALLIANCES, AND FRACTURING OF THE MOVEMENT**

This chapter examines psychiatric survivors' alternative ways of conceptualizing and treating mental illness, their cross-movement alliances, and finally, the fracturing of the movement in the mid-1980s. Through their mutual support and activism psychiatric survivors realized alternative ways of thinking about and treating mental illness. Their alternate conceptions of madness countered the biomedical model of mental illness that patients rejected in favor of a social model. A core goal of the movement was the creation of patient-controlled alternatives to the traditional psychiatric system. By the 1980s, more ex-patient groups began offering alternative services, signaling an important evolution in the movement's methods of challenging psychiatry.

Psychiatric survivor groups strove to make connections with other liberation movements of the era, and their closest alliance was with the prisoners' rights movement. An important example of successful cross-movement grassroots activism was the Mental Patients' Liberation Front's involvement with the Coalition to Stop Institutional Violence (CSIV) in the Boston area. This all-female coalition brought together grassroots activists in the prisoners' rights, mental patients' liberation, and feminist movements to fight the opening of a unit for "violent" women at Worcester State Hospital in Massachusetts. The activism of the ex-patient members of CSIV reveals that feminist psychiatric survivors had long demanded a broader understanding of what constituted "violence against women" than the feminist community acknowledged.

A combination of internal and external forces such as the increasing availability of government funding, conflict over whether or not to form a national organization, advancement of the biomedical model of psychiatry, and longstanding tensions within the movement itself led

to a split in the psychiatric survivor movement by the mid-1980s. These ongoing tensions were exacerbated by the movement's own incremental successes, and the increasing motivation of survivors to confront psychiatry in the new milieu through the creation of a national organization and more alternatives. Although the split did lead to a weakening of the movement's most radical segment, it did not signify the demise of the movement. On the contrary, ex-patients adapted to meet new challenges while successfully realizing some of the movement's long-standing objectives, such as the creation of patient-controlled alternative services and the advancement of patient rights. These activists retained what I term a "tempered liberation focus" that enabled them to work towards change within the existing psychiatric system while remaining true to their original liberatory goals.

## **I. ALTERNATIVES**

In contesting psychiatry, psychiatric survivors realized alternative ways of thinking about and managing mental illness. Ex-patients argued for alternative conceptions of mental illness that ran counter to the biomedical model that was gaining acceptance within U.S. society. Through their mutual support groups and activism, psychiatric survivors envisioned alternative "services" to the mental health system. A core principle of the movement was the creation of ex-patient controlled alternatives that offered the support, healing, and empowerment that the traditional mental health system did not. These alternative "services" included the movement's local survivor groups and community-wide services such as drop-in centers, crisis centers, and housing. The creation of these alternatives, away from the coercion and stigma of professionals and institutions, was an early goal for many ex-patients. Psychiatric survivors understood the urgent necessity of having these spaces and services available to help ex-patients transition into

the community, and deal with crises and the everyday problems of living that ex-patients faced, especially if they were to avoid ending up back in the institutions. Much like the local ex-patient-only support groups, these alternatives had to exist independently of the traditional mental health system. Local groups and activists were paramount in setting up successful alternative services within their areas, and as the movement progressed, the 1980s saw the successful implementation of some well-known community client-run alternatives.

### **The Biomedical Model versus the Social Model**

Psychiatric survivors, as many radical intellectuals and professionals had, argued for a more complex understanding of “mental illness” than the ones generally circulating in U.S. society. Many ex-patients rejected the concept of mental illness altogether, acknowledging the work of radical anti-psychiatrists like Thomas Szasz, who had written *The Myth of Mental Illness*. They refuted the belief that mental illness was simply a disease with a biological component or solely a medical matter. The traditional mental health system accepted the “medical model of mental illness,” and this model underscored how psychiatrists both conceptualized mental health problems and how they treated patients. The medical model assumed that “emotional and behavioral problems are due to a disease involving the mind, mental illness,” and that the patient must be medically treated in a hospital by medical professionals.<sup>108</sup> Because the “mind is diseased,” the patient is deemed incapable of making

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<sup>108</sup> Sally Zinman, Howie The Harp, Su Budd, eds., *Reaching Across: Mental Health Clients Helping Each Other* (Sacramento: California Network of Mental Health Clients, 1987), 19. It is important to note that some ex-patients did find this model useful in explaining their own mental illness and they personally found medications and other treatments useful for them. As mentioned, freedom of patient choice, whether that included the decision to follow the medical model or not, was an important belief for most of the movement. However, this could still be problematic, especially for more radical groups and members that were utterly anti-psychiatry. As will be discussed, differing ideologies regarding the origin of mental illness and treatment options or use of the traditional mental health system ostracized some patients and ex-patients, and likely contributed to why the survivor

rational decisions, especially about their own medical treatments and therapies, and is subjected to the loss of autonomy and rights as sanctioned by the state through medical and legal doctrine.

Ex-patients argued that their experiences of having been labeled as “mentally ill” did not justify the loss of rights and the coercive and dangerous treatments to which they were subjected.

Psychiatric survivors challenged both the medical authority of psychiatry and the uncontested power of the “therapeutic state”; in doing so, they not only dared society to critically assess the connections between psychiatric oppression and state sanctioned violence, societal problems, and the treatment of society’s most vulnerable citizens but also demanded a reimagining of mental illness and its treatment.

In the movement’s “Declaration of Principles,” ex-patients declared that they “oppose the medical model of ‘mental illness’ because it justifies involuntary psychiatric intervention, including forced drugging,” and “because it dupes the public into seeking or accepting ‘voluntary’ treatment by fostering the notion that fundamental human problems, whether personal or social, can be solved by psychiatric/medical means.”<sup>109</sup> Ex-patients and their advocates noted that although psychiatrists claimed mental illness was a medical diagnosis like any other, the fundamental difference was that mental patients faced the unique experience of loss of civil rights and were subjected to involuntary commitment and forced treatment that did not occur with any other medical diagnosis. The medical model codifies what is “normal” and what is “deviant,” but as radicals and ex-patients argued, these meanings were socially

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movement remained relatively small during its most radical period. This stance may have also been somewhat impractical for those suffering with more debilitating or serious issues, especially when many alternatives did not yet exist.

<sup>109</sup> “Declaration of Principles” as adopted by movement members at the Tenth Annual International Conference on Human Rights and Psychiatric Oppression in May 1982. In Bonnie Burstow and Don Weitz, eds. *Shrink Resistant*, 304; or *Madness Network News* 7, no. 1 (Spring 1983): 19 or *Phoenix Rising* 3, no. 2 (November 1982): 40.

constructed and fluid. For example, homosexuality had been listed as a mental disorder in the APA's Diagnostic and Statistical Manual, and was only removed from the DSM in 1973.<sup>110</sup> For theorists such as Szasz, the medical model underpinned and legitimized the "therapeutic state" and its state-sanctioned social control practices.<sup>111</sup> The labeling of people as mentally ill could be used by those in power for political purposes by, for instance, labeling political dissidents, countercultural activists, and prisoners from minority communities as mentally ill.<sup>112</sup> As will be discussed, psychiatric labeling and treatment were used by the state against outspoken and problematic prisoners in state institutions. Psychiatric survivors and radical psychiatrists often pointed out that psychiatry had remained unable to prove the biological basis for mental illness.

Ex-patients argued instead for the "social/economic/political model" of mental illness. They believed that poverty, racial inequality, sexism, discrimination, and other social ills were the primary causes of mental distress and personal crises for which people ended up interfacing with the mental health system and institutions. As longtime movement activist and psychiatric survivor Howie The Harp explained, "[P]eople's problems are primarily due to the conditions with which they grew up and with which they currently live. Women, poor people, ethnic minorities, gays, the elderly, Viet Nam veterans and the physically disabled are over-represented among mental hospital populations. These are also the groups that suffer the most from oppression, injustice, bigotry, discrimination, and poverty. These are the people most often kept

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<sup>110</sup> For example, see Abram J. Lewis, "'We Are Certain of Our Own Insanity': Antipsychiatry and the Gay Liberation Movement, 1968–1980," *Journal of the History of Sexuality* 25, no. 1 (2016): 83-113.

<sup>111</sup> See for example Ronald Leifer, "Introduction: The Medical Model as the Ideology of the Therapeutic State," *The Journal of Mind and Behavior*, 11, no. 3/4, Special Issue: Challenging the Therapeutic State: Critical Perspectives on Psychiatry and the Mental Health System, (Summer and Autumn, 1990).

<sup>112</sup> For example, see coverage of the controversy and backlash against the proposed Center for the Study and Reduction of Violence at UCLA in *Madness Network News* 2, no. 2 (February 1974): 12-14 and 2, no. 3 (June 1974): 11. Antipsychiatrist Dr. Lee Coleman argued that the proposed "violence center" was a prime example of the expansion of the therapeutic state.

in second class, subservient positions. These and other conditions cause people to have problems. Any living conditions stigmatized by society (e.g., hospitalization in a mental hospital, living on a fixed income, inadequate--or lack of--housing, etc.) will create particularly severe problems. There are numerous studies indicating that emotional problems arise from poverty.”<sup>113</sup> In a similar vein as activists in the nascent disability rights movement, psychiatric survivors rejected the medical model and argued that mental illness or psychiatric disability was socially constructed. And much like the “ableism” that disability activists spoke out against, psychiatric survivors argued that “sanism,” “mentalism,” and “sane chauvinism” led to the discrimination, stigma, and loss of citizenship rights that ex-patients faced within society. The social model of mental illness was empowering for psychiatric survivor activists, much as it was for disability activists.

A more nuanced understanding of “madness” distinct from the medical model was vital for survivors’ advocacy and activism, and for the formation of their groups and alternatives. This conception of mental patients’ experiences also affirmed the movement’s core tenet that the personal is political; rather than seeing their problems and their treatment as private medical matters and personal defects within themselves, they came to a different understanding of the roots of their oppression and could move towards finding solutions for these problems. The non-medical model of mental illness fostered the ability to focus on healing; it focused their anger; and it allowed ex-patients to fight the system and form non-coercive alternatives. It helped some patients break away from the dependency of the traditional mental health system

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<sup>113</sup> Sally Zinman, Howie The Harp, Su Budd, eds., *Reaching Across: Mental Health Clients Helping Each Other*, 20. It is interesting to note that discussion of the social contributors to mental illness, such as poverty and social inequalities, is still relevant today. See for example, Jessica Janze, “Psychotherapy is Less Effective and Less Accessible for Those in Poverty,” *Mad in America*, June 9, 2018, <https://www.madinamerica.com/2018/06/psychotherapy-less-effective-accessible-poverty/>.



and a reliance on psychiatric professionals and medical treatment. This understanding of “mental illness” combined with consciousness-raising and the support of other ex-patients in local groups led to healing for many and the self-confidence to move towards activism and the creation of patient-controlled alternatives.

### **Alternatives to the Traditional Mental Health System**

Ex-patients fundamentally questioned the value and safety of psychiatric institutionalization and treatment, and proposed instead their own survivor-controlled alternatives. Due to their experiences with the traditional mental health system, ex-patients understood themselves to be responsible for providing true alternatives for support and healing. Local, independent ex-patient self-help groups were the first form of patient-controlled alternatives. These mutual support groups, combined with consciousness raising, paved the way for psychiatric survivors to work towards establishing and maintaining viable self-help alternatives to the traditional mental health system within the community. All forms of patient-controlled alternatives were a significant way that survivors chose to reclaim their power from professionals and utilize their distinct experiences and knowledge to meet the immediate needs of ex-patients in ways that the traditional system was not able to. In the process, these patient controlled groups and services eventually challenged the traditional mental health system to recognize the value of self-determination, empowerment, and recovery as viable concepts in psychiatric services and “treatment.”

Judi Chamberlin identified three distinct models of alternatives outside of the traditional mental health system: partnership, supportive, and separatist alternatives. In the partnership model, which Chamberlin felt was not a true alternative, both professionals and non-

professionals worked together, but a clear power imbalance remained between those who gave help and those who received it. Many of the mental health services within the community for patients leaving institutions, such as halfway houses and social clubs, followed this model. Psychiatric survivors took issue with this type of alternative for many of the same reasons they chose to exclude psychiatric professionals from their mutual support groups. In the supportive model, professional interaction was limited to such acts as helping to set up the alternative and secure funding. But in these alternatives, professionals were not involved in the day-to-day operations and decision making and did not attend meetings. The separatist model was the most radical form of alternative and excluded all non-patients completely. This form of alternative was entirely patient-controlled; Project Release, founded by Howie The Harp (Howard Geld) in New York City in 1975, was an early example of this model. Project Release was founded to secure single room occupancy (SRO) tenant rights, as many patients leaving institutions ended up living in SROs in very poor conditions. The group held mutual support meetings, and as it grew, offered use of a community meeting space, produced the “Consumer’s Guide to Psychiatric Medication,” and advocated for other mental patient rights. With grant funding, Project Release founded the nation’s first patient-controlled community center and residence for ex-patients.

Chamberlin and other movement members considered both the separatist and supportive models to be the true patient-controlled alternatives. The main principles of these true alternatives versus the partnership model and more traditional services were that all decisions and actions were voluntary and non-coercive; they did not adhere to the medical model; and therefore, members were viewed as people and equals rather than as diagnoses and labels. They also strove to share power and responsibility among all members and to be as non-hierarchical as

possible. They empowered members to reclaim control over their lives by promoting competency and self-confidence rather than dependency. Over time, the movement's independent self-help groups evolved to provide alternative programs and services such as weekly support meetings, and drop-in, advocacy, and independent living centers that were all survivor-controlled.

Ex-patient Sally Zinman established the Mental Patients Rights Association (later called the Alternatives to Psychiatry Association) as a patient-controlled group in 1977 in Lake Worth, Florida. She had been inspired by her attendance at an Annual Conference, and with the support of others, including a supportive non-patient, reached out to other ex-inmates, forming the group based on the goals of ending forced treatment, creating alternatives, and engaging in political action.<sup>114</sup> The group established a user-controlled drop-in/advocacy center, and then a client-run house with the use of non-governmental funds. Zinman believed that “self-determination is [a] fundamental” aspect of these patient-controlled services. “Our alternatives are not based on any medical model. You are your own expert about your own body and your own mind... We are totally voluntary. People have choice, and that means they can choose to go to the ‘mental health’ center if they choose. We strive to be non-hierarchical, which is difficult... we are so used to being dependent that we have internalized the very hierarchy in the ‘mental health’ system and in society into our own ‘system.’ But the beauty of a horizontal support is incredible. Somebody in a self-help groups has said, ‘It’s the invigorating support of two people reaching across, instead of reaching up or reaching down.’”<sup>115</sup>

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<sup>114</sup> Sally Zinman, Howie The Harp, Su Budd, eds., *Reaching Across: Mental Health Clients Helping Each Other*, 28.

<sup>115</sup> “Panel and Tribunal,” *Phoenix Rising* 4, no. 1 (Summer 1983): 17.

By the mid-1980s, many more autonomous movement groups were providing alternative services within the community for those with psychiatric histories. These types of alternative “self-help” services included mutual support groups, drop-in/community/independent living service centers, independent living programs, client-run housing, and advocacy and activism-focused groups (political action groups).<sup>116</sup> The Ruby Rogers Center, the Oakland Independence Support Center, and On Our Own are examples of the types of alternatives started and run by ex-patients that were successfully implemented by activists during a transitional period of the movement. These alternative services successfully navigated the contested terrain of the period, such as acquiring funding, and staying true to the movement’s long-term goals while adapting to broader changes in psychiatric treatment delivery in the 1980s and 1990s.

Judi Chamberlin cofounded the Ruby Rogers Advocacy and Drop-In Center in Cambridge, Massachusetts with Dr. Daniel Fisher in 1985. Chamberlin, who had been active in MPLF for years, and Fisher, an ex-patient psychiatric professional, formed the Center to address the unmet support needs of patients and ex-patients. Despite being funded by the Massachusetts Department of Mental Health, the Center remained controlled by its members and independent of the traditional mental health system.<sup>117</sup> In 1986, Howie the Harp formed the Oakland Independence Support Center (renamed the Howie Harp Multi-Service Center in 1995). Inspired by the founder’s previous work with survivor housing and independent living programs, the center was run by and for homeless individuals with psychiatric disabilities. This alternative aimed to address various critical ex-patient needs, such as access to affordable and safe housing and the support services to live independently in the community. The Center also served as a

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<sup>116</sup> Sally Zinman, Howie The Harp, Su Budd, eds., *Reaching Across*, 11-12.

<sup>117</sup> Judi Chamberlin, “Rehabilitating Ourselves: The Psychiatric Survivor Movement,” *International Journal of Mental Health* 24, no. 1 (1995): 43.

drop-in to meet the more immediate needs of homeless ex-patients, while helping them to transition to housing. The Baltimore, Maryland survivor group On Our Own established a drop-in center in 1983, and was the first patient-controlled alternative to be established with funding from the Community Support Program at the National Institute of Mental Health.<sup>118</sup>

As the movement progressed through the 1980s, more ex-patient groups began to offer an array of self-help alternative services and programs. Despite facing challenges such as funding and the risks of co-optation by outside funding agents, these groups realized one of the movement's core goals, which was to offer viable alternatives to the traditional mental health system. In doing so, these local groups challenged the power of the psychiatric system while serving the needs of their communities. In tandem with the successful ways they challenged psychiatry through their groups, advocacy, and activism at the national and local levels, ex-patients like Zinman understood that they were capable of successfully providing these self-help alternatives for the psychiatric survivor community because "[ex-patients] are the experts."<sup>119</sup> The creation of community alternatives beyond ex-patient support groups signified an important evolution and continuity to movement members' work both in the way that they challenged the system and hoped to change it. It was the proof needed to show professionals and society that there were other ways of both conceptualizing and treating "mental illness." Creating these alternatives, despite their size or tenure, was profoundly significant. Their creation was a vital, self-affirming aspect of the movement distinct from the internal mutual support role and from their political activism or direct attacks on psychiatry, but just as important in taking a stand and showing what was possible. This challenge to the system was arguably not solely at the local or

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<sup>118</sup> Judi Chamberlin, "Speaking for Ourselves: An Overview of the Ex-Psychiatric Inmates' Movement," *Psychosocial Rehabilitation Journal* 8, no. 2 (October 1984): 63; and <http://www.onourownbaltimore.org/about-us.html>.

<sup>119</sup> Sally Zinman, Howie The Harp, Su Budd, eds., *Reaching Across*, 11.

state level either, but I argue that these alternatives, as a product of the loosely connected network of survivor groups, effectively challenged and subverted the mental health system at the national level. To be sure, survivor-controlled groups and other forms of survivor alternatives faced ongoing challenges and pressure from internal and external factors, such as lack of funding. However, the formation of these non-medical alternatives throughout the course of the movement signified survivors' resolve not only to contest institutional psychiatry, but also to create the types of services they believed they needed. As Zinman stated, "Besides saying what we don't like, we are beginning to create what we want. We are beginning to empower ourselves, because only we can do so."<sup>120</sup>

## II. CROSS-MOVEMENT ALLIANCES

Psychiatric survivor activists and their groups continually strove to form alliances with other movements of the era. This is most evident in their cross-movement activism and coalitions at the local community level. Ex-patients and local groups worked on and off with members of other liberation and rights movements, including prison rights, gay rights, feminist, anti-war, and disability rights movements. The movement's strongest connection was with the prisoners' rights movement.

Cross-movement outreach and collaboration with other social movements were always goals of the mental patients liberation movement, and they were an important workshop topic at the Annual Conferences. Psychiatric survivors believed that "self-determination is the common link between all oppressed groups," and that it was vital to form connections with other

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<sup>120</sup> "Panel and Tribunal," *Phoenix Rising* 4, no. 1 (Summer 1983): 17.

activists.<sup>121</sup> Ex-patient activists acknowledged the difficulties in making these cross-movement alliances, recognizing, for instance, that their own movement had problems with racism and a lack of “third world people” within it. At the 1979 Annual Conference, activists proposed that, “Perhaps more important than trying to bring Third World people into our movement would be to encourage already existing Third World groups to recognize how they are oppressed by psychiatry. In order to bring Third World groups into our struggle we must work to educate them and raise their consciousness.”<sup>122</sup> As mentioned earlier, the psychiatric survivors’ movement did have areas of shared concern with the disability rights movements of the era. There was indeed a mutual awareness of each other’s movements at the local level, and *Madness Network News* did provide some coverage of disability rights issues and activism, with this coverage increasing in later years. Despite this, the two movements largely evolved parallel to each other, with instances of general cross-movement support and coalitions between ex-patient and disability rights groups occurring at the grassroots level during the 1970s and 1980s.<sup>123</sup> Although both movements shared a common struggle for human rights and self-determination, each group retained their identities as distinct social movements. Psychiatric survivors did not conceptualize themselves as “disabled” in a way that was fundamental to the movement’s identity during this period. In general, psychiatric survivors did not adopt the language or identity of disability until the late 1980s and early 1990s.

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<sup>121</sup> Anne Boldt, “Conference Report,” *Madness Network News* 5, no. 5 (Summer/Fall 1979): 7.

<sup>122</sup> Boldt, “Conference Report,” 7. It is not clear if this “stance” was offensive to those in third world groups. Ex-patients activists, who were primarily white, may have come across as dismissive of other movement’s immediate concerns that did not include psychiatric oppression.

<sup>123</sup> For example, disability rights activist CeCe Weeks was arrested along with other demonstrators at the March 15, 1983 anti-shock demonstration at Berkeley’s Herrick Hospital which was organized by the Coalition to Stop Electroshock. See “‘Stop Shock’ Demonstrators Arrested,” *Phoenix Rising* 4, no. 1 (Summer 1983): 40. The Disabled Peoples Liberation Front and Mental Patients Liberation Front out of Boston collaborated and shared a space. See DPLF & MPLF open house flyer, box 7, folder Illinois Alliance for the Mentally Ill 1979-1980, Chamberlin Papers.

## Connections to the Prisoners' Rights Movement

Psychiatric survivors such as Chamberlin believed that “all of us who have been incarcerated – whether in mental ‘hospitals’ or in prisons – have a shared oppression.”<sup>124</sup> That ex-patients felt they had much in common with inmates incarcerated in prisons and prison psychiatric units was evident in the decision of more radical survivors to identify themselves as “ex-inmates.” Activists in the prisoners’ rights and psychiatric survivors’ movements shared concerns about the loss of citizenship rights, physical and sexual abuses inside institutions, the use of seclusion and restraints, forced treatment such as drugging and behavior control methods, and psychiatric-based practices used as methods of control and punishment. There was frequent coverage of prisoner rights issues in *Madness Network News*, and MNN devoted its December 1974 issue to prison psychiatry. The publication also often discussed forced drugging and behavior modification, and covered such incidents as the deaths of female inmates at Hardwick State Prison after they were forcibly drugged.<sup>125</sup> Prisoners continuously wrote to *Madness Network News*. Letters that appealed for help, requested that someone just listen, and relayed disturbing accounts of abuse were printed throughout the publication’s run. Both grassroots movements were aware of each other, and their shared struggle, from early on. This is evident in the level of re-printing of materials in their respective publications. Prisoner rights’ movement

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<sup>124</sup> Judi Chamberlin letter titled “Drugged Prisoners” to *Northwest Passage* 13 no. 4 (July 28 – August 11, 1975): 3, box 17, folder Northwest Passage 1975, Judi Chamberlin Papers (MS 768), Special Collections and University Archives, University of Massachusetts Amherst Libraries. Chamberlin continued, “Everyone who is forced to ingest psychiatric drugs shares the same struggle. It is essential that we do not set up artificial distinction between us.” Chamberlin was responding to a letter regarding the transfer of women from prisons to psychiatric wards. Her comment speaks to the importance of recognizing that the “treatment” occurring in psychiatric prisons and hospitals even under the guise of legitimate medical treatment was still forced and, in her view, constituted torture. Chamberlin insisted further that there was no distinction between the inmates sent there directly and those transferred there as a form of punishment.

<sup>125</sup> See “Forced Drugging at Hardwick,” *Madness Network News* 6, no. 2 (Winter 1981): 30. See also the MNN issue on prison psychiatry 2, no. 5 (December 1974), which offers in-depth coverage of prison behavior modification.



journals such as *No More Cages*, *The Kite*, and *NEPA News* often re-printed MNN's articles.<sup>126</sup>

The editorial staff of *No More Cages*, a women's prison newsletter published by Women Free Women in Prison, believed that the newsletter could be used to "explore the parallels between prisons and other institutions used to lock people up, and to build the dialogue between the prison movement and the anti-psychiatry movement."<sup>127</sup> *Through the Looking Glass* wrote to let MNN readers know that they would be printing an issue on psychiatric prisons.<sup>128</sup>

Groups like the Network Against Psychiatric Assault (NAPA) began working with prisoner rights' groups early in their local activism. In 1974 they were part of a coalition, The Committee Against Mandatory Outpatient Treatment, fighting against mandatory outpatient treatment legislation for prisoners, forced behavior modification at Vacaville Medical Facility – "a Psychiatric Concentration Camp," and shock therapy at Langley Porter.<sup>129</sup> The coalition, which included the Prisoners Union and the Vacaville Prison Project, planned a rally on the theme of "Stop the Therapeutic State – the use of Psychiatric Technology as a Tool of Repression."<sup>130</sup> NAPA also received the support of prison reform activist and leader of the

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<sup>126</sup> *NEPA News: The Voice of New England Prisoners' Association Prisoners, Ex-Prisoners & Supporters* was published by the New England Prisoners' Association of Franconia, New Hampshire. *The Kite: Anti-Prison News Journal* held by the Spirit of Revolt – Archives of Dissent (at the Glasgow Mitchell Library) online archives at <http://spiritofrevolt.info/> and the issue of *The Kite* can be found at <https://archive.org/details/TheKite>.

<sup>127</sup> "Statement of Purpose," *No More Cages* 3, no. 1 (Nov/Dec 1981): 1. Women Free Women In Prison was based out of Brooklyn, New York. The editorial collective of *No More Cages* would "not publish material...that reflects society's bigotry against victims of psychiatric oppression." Subscriptions to the newsletter were free to prisoners and psychiatric inmates. It should also be noted that the WFWIP collective believed that women in prison generally did not receive the support of the women's movement, and that this form of "violence against women" received little attention from feminists.

<sup>128</sup> *Madness Network News* 6, no. 2 (Winter 1981): 27. *Through the Looking Glass* was a newsletter that focused on women and children in prisons and was based out of Seattle, Washington.

<sup>129</sup> "NAPA Notes," *Madness Network News* 2, no. 4 (September 1974): 10. Assembly Bill 4200 (May 1974); the mandatory outpatient and aftercare treatment appears to have applied to those inmates labeled as "criminally insane," mentally disordered sex offenders, and mentally disordered jail inmates.

<sup>130</sup> "NAPA Notes," *Madness Network News* 2, no. 4 (September 1974): 10.

United Prisoners Union, Wilbur “Popeye” Jackson, during their December 1974 protest against the use of electroshock at Langely Porter. Jackson acknowledged that prisoners faced threats of ECT and lobotomies and that prison inmates were sent from Vacaville Prison to Langley Porter for psychosurgery. "The diminished capacity of people leaving prison is really something," Jackson stated. "My roommate, Jerry Garcia, took shock treatment for four years. Like many prisoners, he couldn't even cross the street by himself when he got out."<sup>131</sup>

The Philadelphia-based Alliance for the Liberation of Mental Patients (ALMP) was very active in fighting for the rights of inmates at the Farview State Hospital for the Criminally Insane in Waymart, Pennsylvania. Farview came under investigation again in 1976 after journalists at the *Philadelphia Inquirer* exposed patient deaths and abuses at the institution, and Governor Milton Shapp formed a Task Force on Maximum Security Psychiatric Care in response. Members of ALMP, which included former inmates of Farview, believed abuses were still occurring at the hospital and would continue unless the institution was immediately closed down. ALMP argued that the Task Force could not reform a history of inmate mistreatment and would not solve the larger issue of the “basic oppression that lies at the heart of the psychiatric/prison system.”<sup>132</sup> In July 1977, hoping to expose the truth to the public and garner support for Farview’s closure, ALMP published *The Farview Papers*, a previously classified report issued by the Pennsylvania Department of Justice in 1975 that documented the beatings, deaths, and other abuses against inmates at Farview.<sup>133</sup> The introduction of the publication explains how

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<sup>131</sup> “100 Volts To The Brain,” *Berkeley Barb*, December 6-12, 1974, 7.

<sup>132</sup> Alliance for the Liberation of Mental Patients Introductory Statement (Farview Intro), page 4, box 1, folder ALMP 1976-1982, Judi Chamberlin Papers (MS 768).

<sup>133</sup> Alliance for the Liberation of Mental Patients, *The Farview Papers: The Confidential Investigation by the Pennsylvania Department of Justice into Threats, Beatings, Illegal Contraband, and Deaths at Farview State Hospital*, Waymart, Pennsylvania (Philadelphia: Alliance for the Liberation of Mental Patients, 1977).

survivor groups such as ALMP understood the relationship between the two movements: “The connections between the struggles of prisoners and ‘mental patients’ are perhaps nowhere more apparent than in the cases of institutions such as Farview State Hospital. People adjudged ‘criminal’ become the targets of moral contempt and the physical and psychological degradation of prison. Those diagnosed ‘mentally ill’ become the unwilling recipients of a condescending, paternalistic ‘sympathy’ or ‘concern’ on the part of mental health professionals, who incarcerate them in mental institutions and subject them to psychiatric ‘treatments.’ More often than not, the latter procedures are unquestioningly accepted as medical ones...However, the reality of the situation is that a ‘mental hospital’ is much closer in form and function to a prison than to a general hospital... [Individuals labelled] as both ‘criminal’ and ‘insane’ [experience] the combined oppressiveness of the prison and psychiatric systems.... The contempt on the part...of society towards those held to be morally inferior and those declared to be mentally inferior stems from a common root.”<sup>134</sup> ALMP then held public demonstrations against the Task Force, and appealed to the state to be granted access to Farview as independent observers to monitor the wards for abuses and to speak with inmates.<sup>135</sup>

Activists in ALMP also spoke out against the racist structure of Farview, noting, for instance, that although the majority of inmates were black, only two members of the staff were. Of additional concern was the fact that Farview was located in a predominately white rural county, in which the local population relied on the jobs the institution provided.<sup>136</sup> ALMP’s

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<sup>134</sup> Alliance for the Liberation of Mental Patients Introductory Statement (Farview Intro), page 1, Chamberlin Papers (MS 768).

<sup>135</sup> See “Movement Notes,” *Madness Network News* 4, no. 4 (Fall 1977): 11; Alliance for the Liberation of Mental Patients letter, 25 October 1977, box 1, folder ALMP 1976-1982, Judi Chamberlin Papers (MS 768); and Bob Harris to James R. Adams letter, 18 February 1978, box 1, folder ALMP 1976-1982, Judi Chamberlin Papers (MS 768).

<sup>136</sup> Local prison reform activists were also concerned with how entrenched Farview was within the local community and feared the local backlash against attempts to close the institution and that overall, there would be

activism coincided with the work of other social justice groups that importantly highlighted how matters of race, institutional psychiatry, and the rising carceral state intersected to uniquely affect minorities during this period. Anne Parsons notes how prisoners' rights groups in the 1970s, such as the Prisoners' Defense Coalition, used imagery of black men being lobotomized in their campaigns against coercive psychiatry and behavior modification in prisons and mental hospitals.<sup>137</sup> Psychiatric survivors had long spoken out on issues like behavior modification programs, and although the movement struggled with its own problems of diversity, it would seem that this was an area of shared concern where ex-patient activists aligned with activists of color.<sup>138</sup> As evident in the survivor movement's coverage and support of prisoners' rights issues, ex-patients recognized the double oppression that blacks and other minority groups faced from institutional psychiatry. This analysis circled back to the ex-patients' belief that structural racism and other social problems caused vulnerable groups within society, such as women, people of color, and the disabled, to be at a greater risk of psychiatric labeling and coercive treatment by the state. ALMP explained in the Farview Papers that, "We are taught to view the residents of such institutions as 'criminally insane' – i.e. a dangerous, irrational, and unpredictable species of subhumans – rather than [as] fellow human beings suffering from the effects of racism, sexism, and economic exploitation."<sup>139</sup> Societal attitudes, such as mentalism, towards psychiatric

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little positive change. Ultimately, Farview Hospital was not closed down; see Anne Parsons, "Re-Institutionalizing America: The Politics of Mental Health and Incarceration, 1945-1985" (PhD diss., University of Illinois at Chicago, 2013) for an explanation of the state's predominately economic-based reasons for not doing so.

<sup>137</sup> Parsons, "Re-Institutionalizing America," 177.

<sup>138</sup> Parsons briefly notes that ALMP's newsletters and flyers can be found in the Prisoners' Rights Council's, a Philadelphia based prisoners' rights organization lead by ex-inmates, archives, suggesting at the least, ex-patient activists' attempts to reach out to these non-survivor groups. These potential cross-movement alliances are an area in need of further research and exploration, and are especially important to understanding activists and ex-patients of color experiences of psychiatric oppression during this period.

<sup>139</sup> Alliance for the Liberation of Mental Patients Introductory Statement (Farview Intro), page 2, Judi Chamberlin Papers (MS 768).

inmates was a significant reason why an institution like Farview could not simply be reformed in the eyes of activists. Broad societal change was essential to prevent the abuses that occurred at Farview, yet the Governor bowed to pressure from the local community in Waymart, and Farview was never shut down.<sup>140</sup>

### **The Coalition to Stop Institutional Violence**

An important example of successful cross-movement grassroots activism was the Mental Patients' Liberation Front's (MPLF) involvement with the Coalition to Stop Institutional Violence (CSIV) in the Boston area. This all-female coalition brought together grassroots activists in the prisoners' rights, mental patients' liberation, and feminist movements to fight the opening of a unit for "violent" women at Worcester State Hospital in Massachusetts in 1976. The Special Consultation and Treatment Program for Women was to be implemented in a new maximum-security ward of the Worcester Hospital, which was already under investigation for abusing mental patients. Women from state prisons and mental hospitals with "severe mental illness [and] a recent and repeated history of behaviors harmful to themselves or others and for whom all attempts at treatment in existing facilities have failed" would be eligible to be transferred to the unit.<sup>141</sup> Activists within CSIV argued that the unit was an example of the oppressive use of institutional psychiatry against women and were alarmed by the proposed "treatments" such as behavior modification techniques like electroshock and forced drugging, and the use of individual "adjustment" or isolation cells.

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<sup>140</sup> Parsons, "Re-Institutionalizing America," 172. Farview State Hospital still exists today, and is now known as State Correctional Institution – Waymart, and is under the control of the Pennsylvania Department of Corrections.

<sup>141</sup> CSIV, "The Worcester Ward: Violence Against Women," *Science for the People* 10, no. 6 (November/December 1978): 9.

“Violence” centers such as the Worcester unit were spaces created at the nexus of the increasing medicalization of deviancy, the use of punishment-as-therapy through behavior modification techniques, and the legitimacy granted to these institutional treatments and psychiatrists by wide acceptance of the “medical model.” As Emily Thuma explains, “at stake for reformers and radicals alike was the propensity for corrections officials to enlist biomedical knowledge and practice in the service of quelling dissent and eroding constitutional safeguards for prisoner’s rights.”<sup>142</sup> Members of CSIV objected to how the term “violent” women would be defined by prison psychiatrists and staff, and were “afraid that women in mental institutions and women in prisons who don’t fit the standard, accepted feminine behavior, who may become angry at the way they’re treated, will just get shipped off.”<sup>143</sup> Anti-psychiatrists and survivor activists had long spoken out against the profession’s increasing “biologization of violence” and attempts to pathologize urban unrest and protest with terms such as “protest psychosis” used to label African American activists.<sup>144</sup> The psychiatric labeling and forced treatment of politically active and troublesome inmates was a legitimate concern for activists of the era, as its use “not only stigmatized women who rebelled as being mentally ill, but also perpetuated further

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<sup>142</sup> Emily Thuma, “Against the ‘Prison/Psychiatric State’: Anti-violence Feminisms and the Politics of Confinement in the 1970s,” *Feminist Formations* 26, no. 2 (2014): 31-32.

<sup>143</sup> “Massachusetts Groups Oppose New Program for Violent Women,” *Liberation News Service* #855, March 18, 1977, 11.

<sup>144</sup> Thuma, “Against the ‘Prison/Psychiatric State,’” 32; and Michael Staub, *Madness Is Civilization: When the Diagnosis Was Social, 1948-1980* (Chicago: University of Chicago Press, 2011): 168. See also Jonathan M. Metzler, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009) for in-depth coverage of the topic. Psychiatrists during the 1960s and 70s had also criticized young radicals and white student protesters as “sick” and in need of psychiatric help. Psychiatric survivors also experienced this demeaning treatment by psychiatrists attempting to dismiss their activism and demands for civil rights and social change. An example is how during the APA protests in 1980, some psychiatrists taunted the ex-patient protesters during the sit-in, see *Madness Network News* 6, no. 6 (Fall/Winter 1982-1983): 3-4. For more on these topics see: *Madness Network News* 2, no. 2 (February 1974): 12-14 for how anti-psychiatry and prison justice activists came together to try and stop the Center for the Study and Reduction of Violence at UCLA in early 1974 and 2, no. 3 (June 1974): 11; 3, no. 5 (March 1976): 9; 3, no. 6 (Summer 1976): 26; and 3, no. 2 (July 1975): 1. See also the issue on prison psychiatry 2, no. 5 (December 1974).

psychological and physical abuse through forced medication.”<sup>145</sup> Activist and scholar Angela Davis witnessed the segregation and over-drugging of female inmates during her incarceration in the early 1970s. As Davis recounted, “When I tried to understand why a person arrested on political charges would be implicitly labeled ‘emotionally or psychologically disturbed,’ the most accessible frame of reference at the time was the well-publicized use of psychiatric institutions to punish political dissidents in other parts of the world. The fact that I was being similarly treated demonstrated...that the United States...also engaged in punishment practices that conflated political resistance with psychological disorders. I learned that many women in the main population were thoroughly familiar with the psychotropic medication regimes, [and] that many women...were on the same drugs I had refused in the psych unit. I assumed I was somewhat knowledgeable about prison conditions [but] I was entirely unaware of the structural conflation of deviant and disabled women.”<sup>146</sup> Psychiatric labeling and forced treatment used as a form of punishment and control were indicative of the degradation and violence of institutional psychiatry, and confirmed many ex-patient activists’ concerns regarding the unquestioned power and authority vested in psychiatric treatment increasingly based on the medical model. As CSIV activists stated, “there have never been clear lines between who can be labeled a ‘criminal’ and who can become labeled a ‘crazy’; both ‘correctional and psychiatric prisons’ share an objective of ‘individual adjustment or pacification’ to the existing social order.”<sup>147</sup>

CSIV used public demonstrations, community education and outreach, legal and legislative work, and advocacy for alternative services outside of the conventional mental health

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<sup>145</sup> Thuma, “Against the ‘Prison/Psychiatric State,’” 33.

<sup>146</sup> Angela Y. Davis, foreword to *Disability Incarcerated: Imprisonment and Disability in the United States and Canada*, eds. Liat Ben-Moshe, Chris Chapman, and Allison C. Carey (New York: Palgrave Macmillan, 2014), vii.

<sup>147</sup> Thuma, “Against the ‘Prison/Psychiatric State,’” 38.

system to put a stop to the Worcester unit.<sup>148</sup> The advocacy for and creation of alternatives was an important focus for activists who wanted to end the abuses inside institutions. As with other liberation-focused movement projects, such as the creation of feminist-controlled women's health clinics and rape crisis centers, survivors understood the necessity of establishing services under their own control that were independent of traditional and state-controlled ones. MPLF member Judi Chamberlin provided testimony arguing for alternative services for incarcerated women instead of another "treatment" institution at a Certificate of Need Hearing for the Worcester unit in March 1978. Chamberlin testified that, "Women currently incarcerated in the state's institutions (whether 'hospitals' or prisons) are subjected to massive dehumanization, deprivation, and frustration. These conditions lead to anger, and that anger may lead to confrontations. This anger is legitimate; transforming it into a 'symptom' of a treatable 'mental illness' absolves the state from looking at its own responsibility for causing the very 'condition' which is now seeks to 'treat.' ...Placing people in institutions removes what little control they may still retain over their own lives. Inside the institution...the inmate is at the bottom of a hierarchy of power and status...completely dependent on the staff for her physical needs. In a so-called 'treatment' institution, she is dependent upon them for her emotional needs...The problem is always presumed to lie within the inmate – in the institution she will be 'helped' to deal with it. But what if the institution is the problem?"<sup>149</sup> CSIV's activism was ultimately successful, and the proposed Worcester women's unit was removed from the state budget. However, MPLF's work to end institutional violence and create client-controlled alternatives did not stop there. As a core goal of the mental patients' liberation movement, activists like

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<sup>148</sup> CSIV, "The Worcester Ward: Violence Against Women," 10.

<sup>149</sup> Judi Chamberlin Testimony – Certificate of Need Hearing page 2, 8 March 1978, box 10, folder CSIV - Worcester Unit for Violent Women 1978, Judi Chamberlin Papers (MS 768).



Chamberlin actively worked inside and outside of coalitions to make these alternative services a reality for their communities.

### **Tensions with the Feminist Movement**

The CSIV coalition was also a critical example of how psychiatric survivors aligned with feminists sympathetic to their cause, despite the ongoing issues that feminist ex-patients had with the broader women's movement. As Emily Thuma has explained, grassroots feminists' anti-incarceration activism "produced an epistemology of violence against women that contested liberal feminist demands for more aggressive criminalization of rape and battering that were increasingly met by a growing carceral state."<sup>150</sup> Feminist survivors' anti-incarceration advocacy was only one area of divergence with the feminist movement; a much larger area of contested terrain existed between the women's movement's and female ex-patients' definitions of violence against women and women's oppression. Specifically, feminist ex-patients continually called out non-patient feminists for their sanism and mentalism, their failure to directly recognize psychiatric abuse as a feminist issue, and their refusal to partner with survivors in their activism against psychiatric oppression.

Ex-patients also criticized feminist radical psychiatrists and therapists, most notably psychologist Phyllis Chesler, author of *Women and Madness*. Feminist ex-patients such as Chamberlin strongly opposed most feminist therapy, claiming that this modality was no different from traditional psychiatry in how it treated female patients. Psychiatric survivors took issue with how feminist therapists accepted the medical model of mental illness and condoned forced commitment and treatment when necessary. "Treating women's emotions as illness," ex-patients

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<sup>150</sup> Thuma, "Against the 'Prison/Psychiatric State,'" 27.

believed, was a “direct contradiction to the central tenet of feminism, i.e., that the personal is political.”<sup>151</sup> Ex-patients argued that a clear power imbalance remained between therapist and patient, which was evident in their use of labels such as “mental illness” and “psychotic” to describe female patients in crisis. Ex-patients also believed that feminist therapists silenced their patients by attempting to speak for them as “experts,” when in reality psychiatric survivors were the true experts on psychiatric oppression.

Female ex-patients called out the women’s movement and feminist therapists throughout MNN’s run and in feminist publications, such as *off our backs* and *Plexus*.<sup>152</sup> In an article published in the feminist news journal *off our backs*, titled “Psychiatric Torture – The Struggle Feminists Ignore,” WAPA member Keta Rose stated that, “As an ex-psychiatric prisoner, I feel overwhelmingly oppressed within the feminist movement.”<sup>153</sup> Tensions with the feminist community were also discussed at women’s workshops held at the Annual Conferences. At the “Women and Madness” workshop at the sixth Conference, feminist ex-patients agreed that the women’s movement was not open to supporting ex-patient activism, and that survivors often felt discriminated against by women’s organizations.<sup>154</sup>

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<sup>151</sup> “Mental Health and Violence Against Women: A Feminist Ex-Inmate Analysis,” *Phoenix Rising*, 3, no. 3 (Winter 1983): 43.

<sup>152</sup> See Rose, “Feminist Therapy Challenged,” *Madness Network News* 7, no. 4 (Fall 1984): 14. For other examples see “California Feminism: A Cultural Shock,” *Madness Network News* 5, no. 2 (Autumn 1978): 6; “Letters,” *Madness Network News* 5, no. 5 (Summer/Fall 1979): 3, 100; and “Feminists Do It Again,” *Madness Network News* 7, no. 1 (Spring 1983): 14; “Conference vs. Psychiatric Oppression,” *off our backs* 6, no. 6 (September 1976): 24-25; and “Lunatics’ Unite,” *off our backs* 11, no. 9 (October 1981): 29. For a debate about feminist therapy see *Madness Network News* 2, no. 6 (February 1975): 16-17. See also “Mental Health and Violence Against Women: A Feminist Ex-Inmate Analysis” in *Phoenix Rising*.

<sup>153</sup> Keta Rose, “Psychiatric Torture – The Struggle Feminists Ignore,” *off our backs* 12, no. 3 (March 1982): 27.

<sup>154</sup> See Anne Boldt, “Report on the Conference,” *Madness Network News* 5, no. 1 (Summer 1978): 6. Other major topics of discussion at the workshop included sexism within the psychiatric survivor movement, and the need for women’s ex-patient groups.

The difficulties experienced by feminist ex-patients in the Denver-based group, Women's Psychiatric Inmate Liberation Front (WPILF), exemplify the reasons why many female psychiatric survivors felt at odds with the broader feminist community. The small all-female group agreed to host the Twelfth Annual Conference in 1984. WPILF encountered resistance when they reached out to the women's and gay/lesbian communities, and the left, to inform them of the Conference and ex-patient issues. WPILF clashed with members of the feminist news journal *Big Momma Rag* when they brought up issues of psychiatric assault and oppression; the ex-patients were told that "our rage against psychiatric oppression and feminist therapy was 'inappropriate.'"<sup>155</sup> Members also disagreed with the feminist support group, Rape Awareness and Assistance Program (RAAP) over the referral of rape survivors for psychiatric evaluation and institutionalization. According to WPILF, members of RAAP refused to take a stand against female survivors of rape, incest, and battering being institutionalized, and were unwilling to acknowledge that rape occurs in those institutions all the time.<sup>156</sup> At the conference, female ex-patient attendees came together to speak out about how they "felt oppressed by normals within the feminist movement."<sup>157</sup> An attendee stated that, "As a whole, feminist normals refuse to take a position against methods of control, ECT, forced drugging, and medical incarceration, of behavior they find undesirable. Sadly, women land in cages through the direct efforts of feminist 'sisters.' Furthermore, since feminist therapy has reached the position of dogma, and is now beyond criticism, violence against us by feminist therapists is either silenced or considered appropriate professional behavior."<sup>158</sup>

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<sup>155</sup> "Problems in Organizing the Conference," *Madness Network News* 7, no. 4 (Fall 1984): 39.

<sup>156</sup> "Problems in Organizing the Conference," 39.

<sup>157</sup> Della Dubay, "Building Alliances," *Madness Network News* 7, no. 5 (Winter 1985): 3.

<sup>158</sup> Dubay, "Building Alliances," 3.

Despite feminist ex-patients' attempts to reach out to the women's movement with their concerns, survivors like Chamberlin felt that "the feminist movement just didn't seem to get it. There are an awful lot of therapists in the movement, and when you talk to women who identify as feminists, and you mention that you're involved with mental health issues, they always mention Phyllis Chesler's book *Women and Madness*. But Phyllis Chesler's a psychologist, and it's a book in which somebody else talks for us. And this comes from a movement that says that women should speak for themselves, but somehow they think it's okay that a psychologist should talk for women who are 'mentally ill' and getting locked up. She gets it so wrong in that book, and it really hurts me when that's considered a feminist classic."<sup>159</sup>

Psychiatric survivors instead formulated their own feminist analyses and believed they could rely on each other, rather than feminist therapists, to find healing. A group of feminist ex-patients presented the position paper, "Mental Health and Violence Against Women: A Feminist Ex-Inmate Analysis," at the movement's Tenth Annual Conference in 1982. These survivors stated, "[We] met to discuss alternatives to the mental health system in dealing with issues of violence against women. As female ex-inmates we have concerns such as rape, battery, expression of anger, that need to be addressed from our particular perspective. As feminist survivors of psychiatry and violence, we have formulated an analysis which has not been articulated by either the women's movement or the anti-psychiatry movement."<sup>160</sup>

Members of the Coalition to Stop Institutional Violence deemed the Worcester unit and its treatments as a form of state sanctioned violence against women. This response to the

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<sup>159</sup> Leah Harris, "Interview with Judi Chamberlin," *off our backs* 33, no. 7/8 (July/August 2003): 43-44.

<sup>160</sup> "Mental Health and Violence Against Women: A Feminist Ex-Inmate Analysis," *Phoenix Rising*, 3. By anti-psychiatry movement, these ex-patients meant radical professionals and writers, such as feminist therapist Phyllis Chesler.

Worcester unit exemplified the ways that some activist women felt they were harmed by psychiatry, and the coalition was unique in its alliance between ex-patient and non-patient feminists against psychiatric abuse of women. Through their activism and advocacy, and in their mutual support groups, female psychiatric survivors had long demanded broader understandings of violence against women and women's oppression. As Judi Chamberlin explained, "A woman mental patient, in [the feminist analysis], is oppressed because she is a woman, and not because she is a mental patient. She is oppressed because she is a *woman* who has been defined as 'mentally ill.' The development of a mental patients' liberation ideology will allow a more complete understanding of the specific oppression of *mental patients* – both women and men – by psychiatry. Women patients are doubly oppressed; both as women and as mental patients."<sup>161</sup>

The psychiatric survivors' movement saw itself as integrally related to other social movements of the 1970s and 1980s, however, it was most closely connected to the prison rights movement and some grassroots feminists at the local level. The movement's anti-incarceration activism was some of its most important cross-movement work, and this history is a promising area for further exploration. Female ex-patients made attempts to align with the women's movement, and many self-identified as feminists. However, because of ongoing ideological differences and tensions with the women's community, ex-patients adopted their own identities and conceptions of psychiatric survivor "feminism." In these cross-movement alliances, regardless of how difficult or strained, the survivors' movement reached broader communities with its analyses and sometimes achieved important victories for its agenda.

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<sup>161</sup> Judi Chamberlin, "Women's Oppression & Psychiatric Oppression," in *Women Look At Psychiatry*, eds. Dorothy E. Smith and Sara J. David (Vancouver: Press Gang Publishers, 1975), 39.

### **III. FRACTURING OF THE MOVEMENT**

A confluence of factors was responsible for a major schism in the psychiatric survivors' movement and the decline of the movement's most radical segment in the mid-1980s. This included a combination of internal and external forces such as the increasing availability of government funding for self-help groups, conflict over whether or not to form a national organization, advancement of the biomedical model of psychiatry, and longstanding tensions within the movement itself. To be sure, this shift did lead to a weakening of the movement's most radical groups and voices. However, it would be inaccurate to say that this signaled the end of psychiatric survivors' or their groups' commitment to the movement's core goals. On the contrary, movement members evolved to meet new challenges while successfully realizing some of the movement's long-standing objectives, such as the creation of alternative services and the advancement of citizenship rights. Most scholars who have written about this period of the movement, especially within the context of the broader anti-psychiatry movement, such as Norman Dain, generally describe this as the declension or demise of the movement. However, this major shift in the movement was dependent on a more complex set of interconnected factors external and internal to the movement than many scholars acknowledge, and the repercussions for movement members and their groups were more nuanced. The most important result of the permanent fracturing of the movement in the mid-1980s was that psychiatric survivors, many of them veteran movement activists, retained a tempered liberation focus in their advocacy and activism that enabled them to successfully realize several core movement goals in the emerging consumer/reformist milieu, most importantly the creation of patient-controlled alternative services.

In June 1985, over four hundred psychiatric survivors, other “mental health consumers,” and their professional advocates attended the Alternatives ’85 conference in Baltimore, Maryland. This “first national consumer conference” was funded through the National Institute of Mental Health’s (NIMH) Community Support Program and hosted by the independent ex-patient group On Our Own of Baltimore. Attendees and speakers included many longtime movement activists and leaders, including Judi Chamberlin, Joe Rogers, Leonard Roy Frank, Su Budd, and Sally Zinman. Although the Alternatives conference was held a mere two months before the movement’s Annual Conference, the Baltimore conference had two main areas of focus: creation of client-run alternatives to the traditional mental health system, and more importantly, discussion of the formation of a national organization.<sup>162</sup> The conference was arguably a success in many ways as, “Alternatives ’85 laid the foundation for a national movement including moderates and not-so-moderate participants.”<sup>163</sup> However, it also signified the breaking point for the movement over many long-term and irreconcilable issues.

The matter of whether or not the mental patients’ liberation movement should form a national organization had been an ongoing topic of debate; the desire to unify the separate groups into a national movement had been discussed at the Second Annual Conference in 1974.<sup>164</sup> The pros and cons of doing so were continually debated in *Madness Network News*, at conferences, and between activists for years, but the movement had resisted serious attempts to form one until the mid-1980s. This critical issue and several others came to a head at the movement’s thirteenth and final Annual Conference in August 1985. At that conference the most urgent areas of

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<sup>162</sup> Alternatives ’85 conference flyer, box 4, folder Conference: Alternatives ’85, Judi Chamberlin Papers (MS 768).

<sup>163</sup> *Conference Report: First National Consumer Conference* (Baltimore: On Our Own Center of Baltimore, March 1987), 20.

<sup>164</sup> See “National Conference on Human Rights and Psychiatric Oppression,” *Madness Network News* 2, no. 4 (September 1974): 17.

concern were the acceptance of government money with its threat of co-optation, and the creation of a national organization. These issues had divided participants in the movement from the beginning. The movement had long seemed to pride itself on its status as a diverse and loose network of grassroots groups, where each group retained its independence not only from the traditional mental health system, but from any sort of national organizing body that might dictate the politics and practices of group members. This non-hierarchical, leaderless and “democratic” format was generally how members also attempted to structure their local groups. I believe that this loose structure and lack of a national organizing body allowed groups to retain their diversity and belied the major differences that eventually led to the permanent fracturing of the movement. Co-optation by professionals, reformists, and the mental health system were legitimate concerns of both radical and more moderate ex-patients. By the nature of their experiences with the abuse of psychiatric power and the stigma and discrimination they faced from society, ex-patients were sensitive to the powerful influence of outsiders in their movement.

As previously discussed, ex-patients had legitimate reasons for taking a separatist stance, but this separatist impulse both varied amongst groups and individuals, reflecting the diversity of the movement, and importantly evolved as the movement progressed. In the initial stages of the movement, ex-patients worked closely with outsiders, such as the radical professionals that often assisted with the formation of their groups. In what Chamberlin regarded as the second phase of the movement, the movement adopted a “separatist trend” in which ex-patients “have a right to our own organization, our own conferences, to develop our own theory, our own ideology, our own practice.”<sup>165</sup> In what could be considered the third phase, ex-patients began reaching out and partnering with outsiders and professionals, including parts of the traditional mental health

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<sup>165</sup> “Panel and Tribunal,” *Phoenix Rising* 4, no. 1 (Summer 1983): 18.



system. The movement's separatism was critical for mutual-support, self-determination, and the establishment of patient-controlled alternatives; it also underpinned the movement's liberation focus.

However, this stance created strife and practical problems for the movement. The most critical of these were the ostracizing of sympathetic outsiders whose support the movement could benefit from, and the fundamental tension between abolishing the mental health system versus working within it to affect change. The question of allowing professionals and other non-patients into survivor groups and alternatives remained an ongoing concern through all phases of the movement. Sympathetic institutional employees and other staff members within the mental health system often reached out to both MNN and local groups, wanting to get involved. Even some separatist groups realized the potential benefits of reaching out to these non-patients, and found ways to do so without compromising their beliefs or independence. One example was the Mental Patients' Liberation Front's (MPLF) "Friends of MPLF" group, which held bi-monthly meetings for mental health workers, students, and ex-patient members to discuss areas of cooperation. As Chamberlin, who was a member of MPLF, stated, "There are an awful lot of dissatisfied workers, who really want to help people, who don't understand why they are so frustrated and so unable to help, and who, if we don't help them to articulate their feelings, will get totally sucked in to the psychiatric view of things. We've got some good people in the group, and there's also a steady flow through of well-meaning liberals who come to only one meeting (which is better than having them hang around)."<sup>166</sup> The inclusion of non-patient advocates could be successfully mediated without major risks of co-optation in these cases, but as more

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<sup>166</sup> Judi Chamberlin letter to Ted Chabasinski, 30 August 1979, box 1, folder Ted Chabasinski 1977-1979, Judi Chamberlin Papers (MS 768).

survivors moved into the arena of alternative services for the community and the acceptance of new forms of funding, the stakes became much higher.

All modern liberation movements have struggled with the issue of revolutionary versus reformist social change, and the psychiatric survivors' movement was no different in this regard. The most radical psychiatric survivors took an abolitionist approach to fighting the therapeutic state and psychiatric oppression. Many of these radicals had adopted a Marxist view of the problems inherent in the psychiatric system, and to varying degrees believed that only wholesale social change and working to dismantle the mental health system and its practices would achieve the movement's goals. How exactly this would be carried out of course varied amongst groups and individuals.<sup>167</sup> These beliefs also informed radical survivors' strong objections to the movement accepting government funding, working within the traditional psychiatric system, and "watering down our politics to increase our numbers."<sup>168</sup> For these more radical members it did not make sense to become part of the very system they were fighting against by working with the government or taking its money. To do so was not only dangerous, but ran counter to the movement's original principles and spirit. As the editorial staff of the Fall 1985 issue of MNN explained, "When we chant '2, 4, 6, 8, smash the psychiatric state,' we are talking about smashing the state. Psychiatry is social control and an important tool in the state's arsenal....We do not see the US government or its various agencies (NIMH, etc.) as benevolently handing out money to worthwhile causes. Rather, we see this as part of an overall plan of state repression to

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<sup>167</sup> It is important to note that not all radicals were against finding ways to partner with psychiatric professionals or to work for change within the system on their own terms. An example would be Leonard Roy Frank's and Wade Hudson's (both formerly of NAPA, MNN, and other California groups) work with the Bay Area Committee for Alternatives to Psychiatry (BACAP) in the early 1980s.

<sup>168</sup> "Where We're At," *Madness Network News* 8, no. 1 (Fall 1985): 2.

do away with all opposition.”<sup>169</sup> However, more “moderate” ex-patients, such as Judi Chamberlin, came to believe in the necessity of working within the system on various levels to achieve movement goals, especially the creation of patient-controlled alternatives to mainstream psychiatric care. It was during the “third phase” of the movement, when these activists began reaching out to professionals and accepting opportunities to work through traditional and mainstream channels that long-standing fears of co-optation intensified within the movement. These ex-patient activists like Chamberlin believed, “To me separatism has always meant...that we go off to develop ourselves in the way we choose. It has never meant to me that we refuse to talk with anybody who isn’t an ex-inmate. And for me, that’s been a rather negative aspect of separatism in that some people seem to feel that anytime you talk to somebody who isn’t another ex-inmate, you’re somehow compromising yourself...I think it’s very, very important that as a movement, we make our voices heard to the larger community – whether it’s the left community or the women’s community...also to the wider society as well as the psychiatric community.”<sup>170</sup>

The movement had evolved to a point where the impulse in some ex-patient groups was to push toward realization of long-term goals, most notably the formation of patient-controlled alternatives outside of the traditional mental health system. This drive coincided with mainstream psychiatry’s and the mental health system’s exploration of new ways to capture the rising “consumer” trend in psychiatric services, and the availability of new funding sources from state and federal governments to do so. Scholars such as Gabriella Coleman have posited that the attacks on the survivor movement, especially its most radical segment, during this period came from a convergence of the ascent of biopsychiatry and the neoliberal vein of consumer

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<sup>169</sup> “Where We’re At,” *Madness Network News* 8, no. 1 (Fall 1985): 2.

<sup>170</sup> “Panel and Tribunal,” *Phoenix Rising* 4, no. 1 (Summer 1983): 18.

choice in healthcare, coupled with the irrelevance of radical anti-psychiatry sentiment and decreasing radicalism in general. To be sure, both the rise of “consumerism” and the wide acceptance of biological psychiatry and medication in psychiatric models of care challenged the radicalism of the survivor movement. These factors in tandem with offers from mental health officials for ex-patients to finally “have a seat at the table,” and new sources of funding for their conferences and alternatives posed the risk of co-optation. At the very least, these forces threatened a dampening of the movement’s most radical voices. However, it was not simply that the radical segment of the movement was facing waning relevance in the new milieu; I argue that it was the movement’s own incremental successes and visibility, and the increasing motivation of activist survivors to continue to challenge psychiatry in this changing landscape through the creation of a national organization and more alternatives that caused longstanding tensions within the movement to reach a breaking point.

The acceptance of government resources and the move to establish a national organization highlighted the controversies between movement members and groups on the issues of separatism, co-optation, and group autonomy. Movement groups had long depended on MNN and the Annual Conferences as their primary modes of movement-wide communication and organizing. But some ex-patients complained of the impracticality of trying to conduct movement business once a year at conferences that were already plagued with organizational difficulties.<sup>171</sup> In 1984 a national teleconference was established with NIMH’s Community Support Program funding for ex-patient members to discuss movement matters. Although movement members at the Twelfth Annual Conference had adopted this as an official means of

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<sup>171</sup> Disadvantages of the conference included the fact that they were generally fairly small, as not all movement members could afford to attend. They were also very loosely organized and often plagued with disruptions and other matters. Despite this, they were an energizing and essential aspect of the movement, but not the most practical for sustained movement-wide organizing.

communication, more radical ex-patients argued that it had become a powerful decision-making body and was an attempt at co-optation by NIMH.<sup>172</sup> Formal discussion of a national organization and the selection of movement spokespeople began in these monthly teleconferences; ex-patients who were not part of these discussions were rightly concerned about major movement issues being decided by a select few, rather than at the grassroots level. Attendees of the Baltimore Alternatives '85 conference came to a quick "consensus" to form a national organization and select a national steering committee, despite a great deal of controversy at the conference. Some argued that the importance of the movement's Annual Conference, where much of the radical strain of the movement convened, was being dismissed. After much disagreement it was decided that the upcoming Annual Conference could select up to fifty percent of the steering committee members. By the time movement members gathered in Vermont for the Thirteenth Annual Conference in August 1985, tensions were running high, and survivors had taken sides over the issues of the national organization and co-optation. Two petitions were submitted to the conference; one opposed any further action be taken on starting a national organization until the Fourteenth Annual Conference, instead calling for more discussion between movement members, and signed by thirty-seven people. The other was in favor of supporting the national organization, stating that it would not be funded with "psychiatric money," and that involvement at this stage was crucial for all viewpoints to be heard; it was signed by twenty-one survivors.<sup>173</sup> A vote was taken on whether or not the Annual Conference would elect fifty percent of the delegates to the national steering committee. The

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<sup>172</sup> See Lenny Lapon, "Co-optation and Democracy," *Madness Network News* 7, no. 5 (Winter 1985): 6; Judi Chamberlin, "Cooptation and Democracy: Another View," *Madness Network News* 7, no. 6 (Summer 1985): 18; and Sue Doell, "Statement to the Annual Conference," *Madness Network News* 8, no. 1 (Fall 1985): 10.

<sup>173</sup> "Petitions to the Conference," *Madness Network News* 8, no. 1 (Fall 1985): 10.

result was that the Vermont conference would not do so; nor would it support the new organization. This vote effectively excluded many radical voices from being represented in the emerging national organization and movement.

The less radical ex-patients optimistically supported forming a national organization, although they did acknowledge the concerns of dissenting members, and despite the fact that the process had not been carried out democratically and muted the most radical ex-patients. The impetus had been building for some time among certain survivors who desired more structure and resources to advance movement goals. The most pressing reasons for doing so addressed long-term practical issues and dissatisfaction with the movement, including increased visibility and coordinated organizing on national issues and activism. The movement had long been beset by relatively small membership numbers despite the many “millions” of patients and ex-patients they could be reaching. It also lacked diversity, and was plagued by what one feminist theorist has called “the tyranny of structurelessness” and the inability to effectively represent itself to the media. A national organization would situate the psychiatric survivors’ movement to better confront new challenges, such as national non-patient groups like the National Alliance for the Mentally Ill (NAMI), as an organized force.<sup>174</sup> For example, there had been an ongoing dialogue between Judi Chamberlin and NAMI regarding the psychiatric survivors movement “as the legitimate voice of ex-patients,” and the movement’s rejection of NAMI’s attempts to speak for

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<sup>174</sup> NAMI (now called the National Alliance on Mental Illness) was formed in 1979 as a support network for parents and relatives of adult children diagnosed with mental illness. It quickly became a national lobbying organization advocating on behalf of mental patients and their caregivers. The psychiatric survivor movement saw NAMI as a threat, and claimed that NAMI members spoke for mental patients and advocated for forced treatment and involuntary commitment. For a discussion of the rise of NAMI’s influence see Athena McLean’s “The Mental Health Consumers/Survivors Movement in the United States,” Philip R. Beard’s “The Consumer Movement,” Linda Joy Morrison’s *Talking Back to Psychiatry*, Michael Staub’s *Madness Is Civilization*, Gabriella Coleman’s “The Politics of Rationality,” and Alexander Dunst’s *Madness in Cold War America*.

it, such as through a NAMI “client council.”<sup>175</sup> It appears that the lack of a national organization made it increasingly difficult for the movement to represent the voices of survivors on a national level. It is clear that veteran activists were positioning themselves to more effectively confront psychiatry in a way they had not been able to before. A national organization, increased government funding, and alliances with outsiders were ways they believed they could achieve this, in spite of the inevitable compromises some activists would have to make. The fundamental differences and strains between abolitionist and “reformist” ex-patients could no longer be glossed over if the movement was to succeed in this period.

A history of internal issues within the movement and between movement members also exacerbated the factionalism during this period. These controversies included the tension between energy spent on the mutual support versus the political work functions of the movement, whether or not to work with other movements and on issues outside of psychiatric abuse, and radicals’ attacks on other movement members. In a column titled “Where Do We Go From Here,” *Madness Network News* invited movement members to discuss these ongoing issues as early as 1978.<sup>176</sup> Because movement groups struggled with how to give each other much needed support when so much was taken out by activism and advocacy work, some ex-patients believed that movement energies should be internally focused on each other first. This sentiment tied in to some survivors’ belief that it was not necessary to focus so heavily on forming a national organization, expanding the movement, having elected movement spokespeople, or even forming alternative services if groups could not sustain themselves and provide mutual support

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<sup>175</sup> Judi Chamberlin letter to James Howe, 18 June 1985, box 4, folder Conference: Alternatives ’85 1985-1986, Judi Chamberlin Papers (MS 768), and *Madness Network News* 5, no. 6 (Winter 1980): 5.

<sup>176</sup> See *Madness Network News* 5, no. 1 (Summer 1978): 15 for the first column.

for each other.<sup>177</sup> These concerns were evident at the Annual Conferences, where workshops such as “Politics and Support” were held to discuss the matter. An attendee of the Sixth Annual Conference in 1978 stated that “there was a division between the people that wanted the conference to be all support and the ones that wanted it to be all political.”<sup>178</sup> During a “madwomen’s workshop” at the same conference, a female ex-patient who was in distress over a past experience of rape was told by another female attendee that “this isn’t a therapy group, we came here to discuss political ideas.”<sup>179</sup> Less politically active or outspoken ex-patients felt their voices were not being heard and their opinions dismissed. A female member of Project Release in New York expressed her frustration at feeling alienated within the movement, stating that, “lack of assertiveness does not mean a lack of political astuteness or capability. We’ve all been politicized in this particular way as psychiatric inmates; we are all spokespeople.”<sup>180</sup>

Some psychiatric survivors took issue with how some of the most active veteran members became de facto spokespeople and leaders for the movement. These members, such as Judi Chamberlin, were criticized for attempting to represent all of the movement, for “selling out” such as by taking payment for movement work, and for working with the “enemy.” Chamberlin had to respond to accusations from radical veteran activists, including close friends such as Ted Chabasinski, because of an increase in her work with psychiatric professionals, bureaucrats, and other outsiders after publishing her book.<sup>181</sup> The more radical ex-patients also

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<sup>177</sup> See for example Dianne Walker, “If I Don’t Do It, Who Will?” *Madness Network News* 5, no. 6 (Winter 1980): 12.

<sup>178</sup> Jordan Hess, “Looking Back...And Looking Ahead,” *Madness Network News* 5, no. 1 (Summer 1978): 15.

<sup>179</sup> Arrow, “Confusion and Connection in Philadelphia,” *Madness Network News* 5, no. 1 (Summer 1978): 14.

<sup>180</sup> Joyce Kasinsky, “Anti-Elitism at the Philadelphia Conference,” *MNN* 5, no. 2 (Autumn 1978): 16.

<sup>181</sup> See Chamberlin’s correspondence with Tanya Temkin in box 4, folder Tanya Temkin 1978-1979; and Chabasinski letter to Chamberlin, 4 February 1979, box 4, folder Ted Chabasinski 1977-1979, Judi Chamberlin Papers (MS 768).



openly criticized new movement members who were moderate or conservative in their views. For example, two new ex-patient attendees at the 1981 Annual Conference in Cleveland, Ohio were verbally attacked by radical members. The ex-patients, one who was a patient-advocate with NIMH and the other employed at a legal aid office, were accused of being “sellouts.”<sup>182</sup> Chamberlin found this distressing because “our unity as ex-inmates is the important thing, and...we should welcome all ex-inmates, even when they don’t agree with us (yet), rather than drive them away and back ‘toward’ the liberal mental health workers. The only ‘qualifications’ one should need to get involved in the movement are that one is an ex-inmate (or outmate) and is angry, at some level, at what psychiatry did. If we drive away people who are confused, whose anger is mixed with dependency or acceptance towards the shrinks, we are hurting our own sisters and brothers in the name of some kind of phony political purity.”<sup>183</sup>

This incident also highlights the fact that as the movement progressed, an influx of new patients or “consumers” became aware of the movement and its local groups. Not all of these ex-patients were radical or even anti-psychiatry, nor had all of them experienced institutionalization or coercive treatments like electroshock. New local groups forming in areas such as the Midwest were at times more “conservative” and did not yet share all of the psychiatric survivor movement’s ideology; Chamberlin felt that these groups still needed the movement’s support and encouragement. Survivor groups in the business of creating alternatives understood that many ex-patients were still dependent on the psychiatric system in

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<sup>182</sup> Judi Chamberlin letter to Don and Carla, 3 September 1981, box 4, folder Don Weitz 1976-1996, Judi Chamberlin Papers. The attacked ex-patients did not think that their group would return to future conferences. For more on the tensions between the new members and radicals at the conference, see MNN 6, no. 4 (Winter 1981-1982): 15-16.

<sup>183</sup> Judi Chamberlin letter to Bob Harris, 3 December 1981, box 1, folder ALMP 1976-1982, Judi Chamberlin Papers (MS 768).

some way, and that others voluntarily chose to be part of it to some degree. This was an essential reason that these ex-patients chose to build alternatives versus taking an abolitionist approach. “When you think of the thousands of people still suffering, you can’t just talk about abolishing the system. You have to use every strategy you can to change it,” ex-patient activist Jay Mahler explained.<sup>184</sup>

It was indicative of the deep tensions and ideological differences between movement members that the opportunity to form a national organization resulted in the formation of not one, but two, separate national groups, with a third group forming later. The rejection of all forced treatment had always been a core tenet of the movement. In some ways the goal itself remained imperfect; some activists believed it did not go far enough in protecting patients and preferred to abolish harmful psychiatric treatment, such as electroshock therapy. But aspiring to fight all coercive treatment administered without informed consent was an acceptable compromise to many, and one that ostensibly allowed for patient “choice.”<sup>185</sup> The National Mental Health Consumers Association (NMHCA), led by Joe Rogers, was the first national organization to form at the time of the split. But survivors such as Judi Chamberlin took immediate issue with its “conservative” approach, most notably that the group did not reject forced treatment or the medical model of mental illness. Judi Chamberlin, Rae Unzicker, Wendy

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<sup>184</sup> Brian McKinnon, “The Movement: Issues, Problems and Hope in California,” *Phoenix Rising* 6, no. 2 (October 1986): 8. Note that, as evident in some letters of disagreement in MNN, the existence of non-radical and non-anti-psychiatry ex-patients that were aware of the movement but objected to its (and/or MNN’s) radical ideology and politics, such as the view that all psychiatric medications were harmful, was not a new occurrence. However, it is likely the increased consumer funding and movement outreach brought more of these non-radical ex-patients to local movement groups during this period.

<sup>185</sup> The rejection of all involuntary treatment was also an easier “sell” to society when fighting against abuses such as electroshock. The public would be more receptive to removing coercion and safeguarding informed patient consent over laws deemed as advocating against “medical” treatment, or worse, against patient (“consumer”) choice for those patients that wanted or benefited from treatment. Some critics have described the movement’s “freedom of choice” rhetoric as their adoption of principles of “Szaszian libertarianism.”

Kapp, George Ebert, and other “moderate” ex-patients formed the National Alliance of Mental Patients (NAMP, later changed to the National Association of Psychiatric Survivors), which took a firm stand against coercive treatment. The radicals later formed the Network to Abolish Psychiatry (NAP) which was against the “reformism” of the other groups, rejected government funding, and was committed to abolishing psychiatry.<sup>186</sup>

The fracturing of the movement has obscured the continued work of psychiatric survivors to achieve the movement’s longstanding goals. Activists such as Chamberlin, Howie the Harp, Sally Zinman, and Jay Mahler understood the risks of having to work alongside the current mental health system to create change. These activists had to walk a fine line between radicalism and reformism, and they developed a tempered liberation focus in their work that enabled them to adapt to the consumer/reformist-turn while retaining their voices as psychiatric survivors.

To be sure, the most radical elements of the movement were left behind, and some longtime activists, such as Leonard Roy Frank, largely departed the national movement at this juncture. These more radical and separatist activists’ voices were not entirely quelled, but they were indeed marginalized from the new direction the broader movement was taking, entering into what Linda Morrison describes as an “abeyance.”<sup>187</sup> Contributing to the declension of the radicals’ relevance and activism was the demise of *Madness Network News* in 1986; it was a major loss for much of the Marxist and radical anti-psychiatry ideology that the early movement

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<sup>186</sup> See “First Gathering of the Network to Abolish Psychiatry,” *Madness Network News* 8, no. 3 (Summer 1986): 8; “National Organizations,” *Madness Network News* 8, no. 2 (Spring 1986): 18; and Brian McKinnon, “The Movement: Issues, Problems and Hope in California,” *Phoenix Rising* 6, no. 2 (October 1986): 6-10. That the NMHCA would not take a stand against forced treatment confirmed radicals’ fears that a national organization would not take a firm stand on core issues of psychiatric abuse, and would be too conservative and non-political.

<sup>187</sup> Linda Morrison, *Talking Back to Psychiatry: The Psychiatric Consumer/Survivor/Ex-Patient Movement* (New York: Routledge, 2005), 109.

had been built on. And activists such as Chamberlin both acknowledged and lamented the fact that there would be a moderating of some of the movement's direct action and most confrontational attacks against the psychiatric system. Yet, even when partnering with mental health professionals, Chamberlin always demanded that it be as equals, and that ex-patients must be allowed to retain their voice and dignity when cooperating with professionals.

The ex-patients who remained in the broader movement were attempting to leverage their past successes and the new opportunities to achieve movement goals not by abolishing the system, but by building alternatives to it. With the evolution of ex-patient self-help groups and alternative services in the 1980s, these veteran activists continued to evolve and offered alternatives to psychiatry while staying true to many of the fundamental principles of the mental patients' liberation movement. These survivors took movement principles and practices and attempted to make them work within a broader system to affect change; they retained a grassroots and local group focus while also organizing on a more mainstream and national scale. They stayed true to grassroots organizing as local groups continued to work with their communities and states to create alternative services that challenged the medical model and forced treatment. And with attempts at a national organization, albeit with two separate groups, they advocated for patient rights and self-determination at a national level. This evolution also meant the important work of partnering with other social change movements on the national scene; most significantly, Chamberlin and Rae Unzicker partnered with disability activist Justin Dart and adopted the language of the disability rights movement to fight for the citizenship rights of psychiatric survivors.

The advocacy and tempered activism of these "moderate" ex-patients aimed to sustain a counter-narrative to a progressively more powerful therapeutic state. Patient-controlled

alternatives, alternate ways of conceptualizing mental illness, and novel ways of identifying as “patients” were the countermeasures to the entrenchment of biological psychiatry and psychopharmaceuticals, and the rise of organized pro-forced treatment groups like NAMI. Those continuing to fight included new groups like The Coalition for Alternatives in Mental Health, which was committed to the “establishment of genuine alternatives to the present mental health system, where people in distress can go to find real help,” through their patient-run drop-in center in Berkeley.<sup>188</sup> Sally Zinman, a leader in the Coalition, had experienced the evolution of the movement from its beginnings in radical anti-psychiatry and direct action to the shift toward offering real alternatives that challenged psychiatry. Zinman believed “a lot has been done through direct action, but ‘so little has been done in terms of the alternatives...alternatives are the manifestation of the political ends of the movement.’”<sup>189</sup> Even moderate activists insisted that it was essential for psychiatric survivors to retain their voices and liberation roots to combat forces attempting to co-opt the movement’s successes and strategies. Threats of co-optation came from bureaucrats and service providers calling for “better treatment” instead of “the right to be free of *all* unwanted labels, treatments, and procedures.”<sup>190</sup> Ex-patients continued to confront the psychiatric establishment by retaining their voices as survivors of psychiatric oppression and by continuing to situate themselves as the true experts with the authority to help a broader constituency of current and former patients. They pushed these alternatives into their communities, and in doing so advanced the concepts of self-help, self-determination,

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<sup>188</sup> McKinnon, “The Movement: Issues, Problems and Hope in California,” 9.

<sup>189</sup> McKinnon, “The Movement: Issues, Problems and Hope in California,” 9.

<sup>190</sup> Chamberlin, introduction to *On Our Own*, xiv.

empowerment, and recovery.<sup>191</sup> As ex-patient Jay Mahler proclaimed in early 1986, “I’m not going to be co-opted. I’m not going to forget what psychiatry did to me.”<sup>192</sup>

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<sup>191</sup> The empowerment and recovery models would take hold within the broader mental health system in the late 1980s and 1990s. These new ways of conceptualizing mental illness and treatment were empowering to patients, as they realized that mental illness did not mean a lifetime of dependency or disability.

<sup>192</sup> McKinnon, “The Movement: Issues, Problems and Hope in California,” 10. Mahler was a survivor of electroshock treatment and a veteran ex-patient activist. He founded the California Network of Mental Health Clients in 1983, and Mental Health Consumer Concerns.

## CONCLUSION

*We've got to keep fighting – for all those people who can't be here, because they're locked up. For the people who are stuck in day programs, who know if they try to do something that goes against the rules, they might find themselves living in the street. For all those people who aren't here – because they're dead. They died in seclusion rooms and they died of broken hearts, and they died from drugs. We're here for all of them, in the United States and in every country of the world, and we demand nothing less than our rights and our freedom, and we won't stop fighting until we win.*

*-- Judi Chamberlin, speaking at the May 18, 2003 American Psychiatric Association protest in San Francisco, California.<sup>193</sup>*

On May 6, 2018, psychiatric survivors and their supporters protested against the American Psychiatric Association's annual meeting in New York City. Using the hashtags #FirstDoNoHarm and #ProtestAPA2018, ex-patient activists were demonstrating to draw awareness to the harm that psychiatry has caused to people in the mental health system.<sup>194</sup> Standing outside of the Javitz Center with banners and signs reading “Nothing About Us Without Us,” “Mad Pride,” and “Human Rights, Know Them, Demand Them, Defend Them,” activists spoke out against forced treatment, the dominance of the biomedical model of mental illness, and psychiatric oppression. Psychiatric survivors have continued to organize, protest, advocate for and create alternatives, and demand patient rights well into the twenty-first century. Today's activists have the same concerns and demands as the generation of activists in the 1970s and 1980s did. In many ways not enough has changed, as much of society unquestioningly accepts the pervasiveness of psychiatry in our lives, and ex-patients and their advocates are still trying to

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<sup>193</sup> Leah Harris, “Protest at the APA: Women Psychiatric Survivors Speak Out,” *off our backs* 33, no. 7/8 (July-August 2003): 53.

<sup>194</sup> See the 2018 Protest the APA website at <https://protestapa.com/> for archival video of the livestreamed protest, and for video interviews with professionals, such as author Robert Whitaker, and psychiatric survivors.

secure their human rights as they challenge the power of psychiatry. The resistance and spirit of the psychiatric survivor movement that originated in the 1970s continues on today.

As evident in the quote above, Judi Chamberlin continued to call for sustained activism to fight for the rights of psychiatric consumers, survivors, and ex-patients in the c/s/x movement until her death in 2010. Activists such as Chamberlin helped the movement retain what I term a “tempered liberation focus” through the challenges of its fracturing, and loss of its most radical members, during the mid-1980s. I believe that Chamberlin is an ideal example of how this tempered liberation focus was embodied by the remaining movement members and how it was distinct from co-optation, and even from “reformism.” To be sure, Chamberlin and other activists saw the necessity of moderating their radicalism when working within the system, but they still retained the liberation ideology and human rights focus at the core of the movement. These goals were achieved with the creation of patient-controlled alternative services that were independent of the traditional mental health system and based on fundamental movement philosophies such as freedom from forced treatment practices. Chamberlin and other ex-patients strove to provide new solutions and services that countered the biomedical model of mental illness and treatment, while still working within and alongside the psychiatric system to affect change. I believe that under different circumstances activists like Chamberlin would have instead opted to radically change, if not abolish, the traditional mental health system that they viewed as so harmful and flawed. However, as leaders and activists in other liberation movements often did, these psychiatric survivors acknowledged what they saw as the



inevitability of working within traditional systems and channels to continue fighting to achieve the goals of mental patients' liberation.<sup>195</sup>

Through their activism, support groups, and the creation of alternative services, ex-patients countered the powerful negative stereotypes of what a mental patient should be inside and outside of the asylums. Although ex-patients were influenced by anti-psychiatrists and supported by radical professionals, they broke away and found their own voices and power. Through the formation of their own groups, and utilizing their distinct shared experiences of psychiatric oppression, ex-patients came to understand themselves as their own experts with the knowledge and ability to speak for themselves and against the abuses of the mental health system. Through the movement's core tenet of "the personal is political," ex-patients boldly confronted psychiatry through their mutual support groups, their publications, and their activism. Psychiatric survivors challenged the legitimacy and expertise of psychiatrists through their national and local activism and through long-term campaigns against coercive treatment, such as electroshock therapy. With the conviction of their own expertise as ex-patients, survivor activists demanded that psychiatrists be held accountable to their communities and answer for what they deemed psychiatric oppression and mistreatment. In this process, local groups learned

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<sup>195</sup> It should be noted that Chamberlin was unique in that she was one of the few relatively "radical" veteran movement leaders to interface with professionals and the system from fairly early in her activism, especially after the publication of her book *On Our Own* helped make her a de facto spokesperson for the movement. Chamberlin appeared to maintain some reservations about some areas of this work with outsiders and the traditional mental health system, such as questioning the long-term efficacy of the Ruby Rogers Center to create radical change for survivors (see Judi Chamberlin's interview with Darby Penny from November 7, 2002 at <http://www.community-consortium.org/project-oh.htm> interview with Darby). But even to the end she never wavered on her belief in the importance of patients themselves continuing to fight for their rights and lives. Chamberlin still believed in sustained activism (and regretted the decline in direct action by the mid-80s). She continued to acknowledge the importance of separatism, defending its role in the movement, and also admitted that partnership with outsiders remained just as necessary.

vital grassroots organizing tactics, formed strong coalitions of community groups, and garnered the support of their communities and other liberation movement activists.

The creation of patient-controlled alternatives and alternate conceptions of what constituted madness or mental illness were fundamental ways in which the movement challenged the therapeutic state and the dominance of the medical model of mental illness. This alternative understanding of psychiatric distress and disability, based on the belief that repressive structural phenomenon such as racism and sexism underpinned patients' reasons for ending up in the mental health system, was fundamental to the movement's mutual support, activism, and the creation of its alternative services. This social understanding of psychic pain was not only empowering for patients, but it also affirmed the movement's belief that the personal is political. This more nuanced analysis of mental illness was vital to understanding the problems that ex-patients shared with other oppressed peoples. As a result, psychiatric survivor groups supported and aligned with other liberation movements at the local level, most notably the prisoners' rights movement. Survivor groups such as the Network Against Psychiatric Assault, the Alliance for the Liberation of Mental Patients, and the Mental Patients' Liberation Front engaged in anti-incarceration activism, and spoke out against psychiatric abuses, such as behavior modification and forced drugging, inside prisons. This cross-movement activism revealed to a broader audience the power and pervasiveness of institutional psychiatry, and why client-controlled alternatives to the traditional mental health system were urgently needed.

The progression of the movement through the 1970s and into the 1980s saw ex-patient groups advancing and achieving many of the movement's core goals, especially the formation of mutual support groups and patient-controlled resources such as drop-in centers and housing. By 1985, these successes, coupled with the push to create a national organization, ignited

longstanding tensions and ideological disagreements within the movement, and together with external factors, such as new forms of government funding, led to the permanent fracturing of the movement. This schism highlighted the diversity of the movement and its groups. While the most radical voices were largely marginalized, especially after the demise of *Madness Network News* in 1986, the remaining members, including veteran psychiatric survivor activists, adapted and evolved to advance movement objectives after the shift.

Despite the split, the psychiatric survivors' movement achieved important goals as a social movement devoted to human rights. Even still, many of the activists' concerns and critiques are just as relevant today. Perhaps the most obvious point of continuity is to be found in the emergent field of carceral studies. A more nuanced understanding of the psychiatric survivors' movement's history can help inform this important new area of scholarship. Indeed, scholars such as Michael Rembis and Anne Parsons are calling for new ways of understanding the rise of mass incarceration through the lens of deinstitutionalization and psychiatric disability. Transinstitutionalization, the movement of mental patients from the asylum to another institution, most notably the prison system, remains a concern of psychiatric survivors that have spoken out against the hegemony of the therapeutic state and the prison/psychiatric state. This history suggests modes of analysis and methods for creating material change in the massive and expanding carceral state.

The topic of institutionalizing and incarcerating the "mentally ill" remains just as controversial and pertinent today. In light of recent mass shootings in the U.S., there have been calls by some, including President Trump, to bring back the mental asylums of the past.<sup>196</sup> The

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<sup>196</sup> For more on this issue see for example: Anne Parsons, Michael Rembis, and Liat Ben-Moshe, "Reviving the Asylum Is Not the Answer to Gun Violence," Truthout, March 23, 2018, <https://truthout.org/articles/reviving-the-asylum-is-not-the-answer-to-gun-violence/>; Benedict Carey, "Trump Wants More Asylums — and Some

rhetoric of the violent and dangerous mentally ill is not new, nor are demands for their confinement and forced treatment inside institutions. These renewed calls for a return to the asylum to address longstanding problems of “mental illness” within society show why an awareness of psychiatric survivor history is essential.

In 1998, academic and activist Peter Beresford importantly wrote about the urgency of survivors reclaiming their history, “If mental health users/survivors are to take charge of our future, then we must also regain control of our past. That past, at both individual and collective levels, has largely been appropriated, denied, controlled and reinterpreted by other powerful interests—notably medical professionals, the state, politicians, charitable organizations and the media. This has been destructive to all our futures. In recent years, the survivors’ movement has begun to challenge this rewriting of our history.”<sup>197</sup> The history of mental patients’ liberation activism in the late twentieth century still remains largely unknown. Part of this lacuna stems from general misconceptions reiterated by mainstream narratives of the history of mental patients and their status in society, including their struggle for rights and the politics of deinstitutionalization. Most accounts of patient rights have been about the right to treatment and advancements in psychiatric care options; accounts of the struggle for the right to question or even reject that “care” are absent.

Popular representations of psychiatric hospitals and treatments of the past still include films such as *One Flew Over the Cuckoo’s Nest*, and with it comes the misconception that the

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Psychiatrists Agree,” New York Times, March 5, 2018, <https://www.nytimes.com/2018/03/05/health/mental-illness-asylums.html>; and Rebecca Morin, “Trump Calls For Reviving Mental Institutions,” Politico, February 26, 2018, <https://www.politico.com/story/2018/02/26/trump-mental-institutions-424689>.

<sup>197</sup> Peter Beresford, “Past Tense: Peter Beresford on the Need for a Survivor-Controlled Museum of Madness,” Originally published in Open Mind May/June 1998, Survivors History, <http://studymore.org.uk/mpuhist.htm#> or National Empowerment Center, <https://power2u.org/peter-beresford-on-the-need-for-a-survivor-controlled-museum-of-madness/>.

closing of the of asylums meant the end of psychiatric abuse and the necessity of the ongoing struggle for patient rights. Although many admit that a return to these “snake pits” is unacceptable, the history of why deinstitutionalization occurred and how it failed to be properly funded and implemented is largely misunderstood. The complex history and politics of deinstitutionalization have at times been hijacked by paternalistic psychiatric professionals and politicians, such as Dr. E. Fuller Torrey. Anti-psychiatrists and those advocating for the civil rights of patients have instead been blamed for the rise of the homeless “mentally ill,” and other effects of failed policies and drastic cuts to social services, such as the Reagan administration’s cuts to Social Security Disability Insurance in the early 1980s.

Patients’ voices and experiences have long been missing from the historical narratives of these events. The long history of the mental patient experience and insane asylums, such as the Trans-Allegheny Lunatic Asylum (TALA) in West Virginia, have in many ways been exploited to appease our morbid curiosity or reduced to tourist attractions.<sup>198</sup> When these histories are presented at places such as TALA the “experience of thousands of inmates is reduced to a handful of indecipherable photographs posed in hospital wards and grounds, and select biographies of the famous and curious few.”<sup>199</sup> As I observed at TALA, the story of institutional psychiatry is offered as one of unfortunate mistreatments relegated to the past, which have ostensibly been ameliorated by the progress and success of today’s treatments, such as modern psychotropics and outpatient care. There is a lack of public awareness or acceptance that abuses

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<sup>198</sup> I visited the Trans-Allegheny Lunatic Asylum in Weston, WV in October 2016 (the asylum was later named the Weston State Hospital, and then changed back when it became a tourist attraction). The hospital was in operation from 1864 to 1994. The Asylum does provide exhibits on the history of the institution, patient experiences, and psychiatric treatments like lobotomy; it also offers more current information on mental illness. Daily heritage tours are offered along with paranormal activity tours. Events at the Asylum include a haunted house, the “Hospital of Horrors,” and zombie paint ball.

<sup>199</sup> Beresford, “Past Tense,” <http://studymore.org.uk/mpuhist.htm>.

of psychiatric power persist today; the ongoing struggle for patient rights and autonomy, and broader connections to social issues, such as activists' challenges to the growing carceral state, are lost.

Psychiatric survivors' critiques of the traditional psychiatric system are now more relevant than ever. The Centers for Disease Control and Prevention (CDC) released a report in June 2018 revealing that U.S. suicide rates have been increasing over the past two decades.<sup>200</sup> Lead CDC researcher Deborah Stone explained, "Suicide in this country really is a problem that is impacted by so many factors. It's not just a mental health concern. There are many different circumstances and factors that contribute to suicide. And so that's one of the things that this study really shows us. It points to the need for a comprehensive approach to prevention."<sup>201</sup> The June 2018 issue, "Social Inequalities and Psychological Care," of the *Counselling and Psychotherapy Research* journal explores how social inequality and poverty affect mental health. Psychologist Jaime Delgado writes, "Today, people living in poverty are still more likely to experience mental health problems, and are less likely to access therapy, and when they do so they are less likely to recover from depression and anxiety problems. The research...indicates that a chronic lack of money can be damaging to people's health and wellbeing – something which currently isn't widely acknowledged by policy makers and mental healthcare providers."<sup>202</sup> These findings support the psychosocial model of "mental illness" that ex-patients and anti-psychiatrists had continually advocated for. Psychiatric survivors understood the complexity of

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<sup>200</sup> "Suicide Rates Rising Across the U.S.," Centers for Disease Control and Prevention, June 7, 2018, <https://www.cdc.gov/media/releases/2018/p0607-suicide-prevention.html>.

<sup>201</sup> Nell Greenfieldboyce, "CDC: U.S. Suicide Rates Have Climbed Dramatically," NPR, June 7, 2018, <https://www.npr.org/sections/health-shots/2018/06/07/617897261/cdc-u-s-suicide-rates-have-climbed-dramatically>.

<sup>202</sup> Jessica Janze, "Psychotherapy is Less Effective and Less Accessible for Those in Poverty," Mad in America, June 9, 2018, <https://www.madinamerica.com/2018/06/psychotherapy-less-effective-accessible-poverty/>.

what constitutes "mental health" and well-being in society, and how social, economic, and political oppression are significant contributors to mental distress. Ex-patient activists have long argued that mental health issues are not simply personal medical problems, but that society itself needs to confront and fix problems such as growing inequality and the systematic oppression of vulnerable populations before we can have any real impact on treating mental health. It is not an individual problem, it is a societal problem. It is not the domain of psychiatrists, but of everyone. The personal *is* political. Today's activists, such as the survivors present at the 2018 APA protest in New York City, continue to inform these discussions on reform of the mental health system, and are critical to making connections between issues such as police brutality and violence against transgender people and psychiatric injustice. These voices are needed now more than ever.

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