

Lecture 10 – Mad Pride and Neurodiversity

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Rights for Those Diagnosed w/ Mental Illness?

- “Mentally incapacitated” denied right to vote until 1988 in Canada.
- From late 1800s, “idiots” and “lunatics” prohibited from entering Canada for fear of degeneracy and dependency.
 - Until 1967, *Canada Immigration Act* listed people with mental illness in “undesirable” category of potential immigrants.
 - Mental disorder as basis for deportation (e.g. autism).
- Eugenics movement
 - Marriage and reproductive rights limited, forced sterilization.
- Institutionalization may threaten property rights, treatment choices.
- Recent years have seen increased organization to challenge marginalization...

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Mad Movement

- Challenges biomedical model, pushes for rights of *mad* individuals.
 - Psychiatric systems are clinician centered, not person-centered.
 - DSM, categorization.
 - Methods of treatment.
 - Use of restraints, seclusion, forced hospitalization.
- Push for *peer-led* alternative to psychiatric system.
 - Help people minimize interaction with official psychiatric system.
- Face particular challenges because of dominance of biomedical idea, notion that mentally ill are inherently unreasonable.

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Elizabeth Parsons Packard (mid 19th c.)

- Minister's wife, institutionalized for liberal religious views without court or psych evaluation because she was a married woman.
- Freed after three year long legal challenge to demonstrate sanity, lost home & custody of children.
- Anti-Insane Asylum Society
 - Two major critiques:
 - False pathologization of "strange" ideas and behaviour. Having an uncommon point of view, no matter how absurd in others' eyes, was no reason for institutionalization.
 - Argued against dehumanization of people within system.
- Set tone for mad movement: using courts, criticizing diagnostic system, revealing abuses.

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1970s

- Built on late 1960s/early 1970s challenges to dominant governing systems, institutions, and ideas.
- Ex-patients revealed abuses.
 - Cut out of decision making process over treatment, physically isolated, punished via “treatments,” sedated into submission.
- Link up w/anti-psychiatry movement -> psychiatry inherently violent.

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Emergence of Survivors

- Leonard Roy Frank
 - “An extraordinarily conventional” college graduate and real estate salesman. Transformed via Ghandi.
 - Forcibly confined after parents’ intervention, symptoms: “not working, growing a beard, becoming a vegetarian, strong beliefs, negativism.”
 - Received 35 ECTs and 50 insulin coma treatments in 9 months. Persistent vegetarianism and beard growing cited as reasons to continue treatment. After “surrender,” he was released.
 - Network Against Psychiatric Assault
 - Like others (Insane Liberation Front, Mental Patients’ Liberation Project, etc.), advocated for hospitalized people, fought sectioning, anti-ECT, protests APA, creates community publications, offers public education.
- Survivors of the system, not the disorder.

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10th Annual International Conference on Human Rights and Psychiatric Oppression (Toronto, 1982)

- We oppose involuntary psychiatric intervention including civil commitment and the administration of psychiatric procedures ("treatments") by force or coercion or without informed consent.
- We believe that people should have the right to live in any manner or lifestyle they choose.
- We oppose the psychiatric system because it is inherently tyrannical.
- We believe that the psychiatric system cannot be reformed but must be abolished.
- We oppose forced psychiatric procedures because they are at best quackery and at worst tortures, which cause severe and permanent harm to the total being of people subjected to them.
- We oppose the psychiatric system because it feeds on the poor and powerless, the elderly, women, children, sexual minorities, people of colour and ethnic groups.
- We oppose the medical model of "mental illness" 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.
- We intend to make these words real and will not rest until we do.

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Mad Pride

- Cultural festival, street parade, protest.
- Celebrates mad identities, confronts shame, reclaims language, builds community.
- Bed Push

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Shift from Survivors to Consumers?

- Integration with medical system has seen some decrease in vitriol.
- Less opposed to psychiatry generally, more concerned with dominance of biomedical approach.
 - Over-prescription of expensive drugs, side effects, and dependency. Not anti-drug, but pro-choice & alternatives.
 - Ignores broader contextual issues, such as social determinants and culture.
- Push for recovery, rather than “cure.”
- Coopted by medical sphere?

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Neurodiversity

- Emerged in late 1990s. Rather than medical disease to be cured, autism a natural variant of humanness (like eye colour).
- Autism a really existing thing, an “exclusive club of difference.” Fight for group rights like other disadvantaged minorities.
- Use of internet to build community, celebration of autistic culture.
- Although individuals brains may be wired differently, not pathological. Attempts to “cure” or prevent autism tantamount to genocide.

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Autism and Identity

- Autism a central aspect of personhood, not people *with* autism, but people who *are* autistic.
 - Are you a person “with femaleness?” Implies negativity and possibility of changing.
- Label may be freeing, providing understanding of personal experience.
- A gift that provides alternative view of the world.
- Michael John Carley: “*I love the way my brain works*, I always have and it's one of the things I can now admit to myself. I like the way I think in terms of numbers. I like the way I visualize things. I like the way most especially that I can bury myself in work that I love to a degree that makes everybody else in the world looks [sic] at me and go, “God! I wish I could do that.” No, I am not changing anything.”
- Aspergia

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Neurodiversity II

- Opposed by many medical and parent groups, like *Cure Autism Now* and *Autism Speaks*, who seek to raise funds to find a “cure.”
 - Accused by neurodiversity advocates of ignoring their voices, demonizing autistics – “I am not a puzzle!”
- Cannot overgeneralize – parental groups exist that use principles of neurodiversity, groups of autistic individuals exist to promote cure. Agree on biological difference.
- Concept of neurodiversity taken up by individuals diagnosed with other mental disorders.

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ABA

- Uses systematic instruction to teach new skills, principles of behaviouralism (punishment, rewards, modelling) to shape behaviours. Time consuming and costly.
- For parents, most successful treatment in encouraging children to complete tasks, maintain eye contact, improve overall sociability.
- For neurodiversity advocates, ABA a form of repression, discouraging individuals' natural methods of communication. Akin to "training seals."
- Pitched court battles between parents and neurodiversity movement over ABA's availability.

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Institute for the Study of Neurotypical Persons

- "Neurotypical syndrome is a neurobiological disorder characterized by preoccupation with social concerns, delusions of superiority, and obsession with conformity."
- NTs "often assume that their experience of the world is either the only one, or the only correct one...they are often intolerant of seemingly minor differences in others."
- "There is no known cure for Neurotypical Syndrome. However, many NTs have learned to compensate for their disabilities and interact normally with autistic persons."

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Not Mere Destigmatization

- For many within mad and neurodiversity movements, the aim is not merely a de-stigmatization of mental illness, but a radical rethink of how society conceptualizes and responds to difference.
 - Demedicalization – this isn't necessarily illness.
 - Rethinking "homogenization."
 - Active challenge to conceptual norms.
- Compare to mainstream de-stigmatization campaigns.

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Successes of Mad Activism and Neurodiversity

- Increasing consumer agency in treatment (When to be treated? With what?), how institutions are run.
- Increase in support for peer-led alternatives to medical system.
- Involvement of consumers in policy discussions – no longer so many decisions made without any input. "Nothing About Us Without Us."
- Acknowledgment of past crimes, abuses, injustices.

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Conclusions

- Mad and neurodiversity activism challenge dominant framework that understands mental disorder (or madness) as an inherently negative disease that requires medical intervention.
- Generally accept that difference is real, although may not agree on whether that difference is biologically driven.
- Diversity within mad and neurodiversity activism, as well as within “cure” movements.
- Fundamental questions raised regarding informed choice, civil rights, and theoretical underpinnings of dominant biomedical approach.

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