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**Introduction**

Inspired by the push for social change in the 1970’s, the psychiatric survivors movement demonstrated its need for society and caused change within a few short months of starting. This essay will provide an overview of the social movement, and give an in-depth analysis of leaders and tactics used by the social movement and whether or not it was success. Lastly, this essay will provide an overview of other contemporary perspectives of the psychiatric survivors movement. Although the peak of the psychiatric survivors movement was during the 1970s, the movement continues today with stronger numbers than ever. The movement helped normalize topics around mental health bridging the gap between those diagnosed with mental illnesses and those who do not suffer. Furthermore, the tactics used by the movement improved laws and practices for mental institutions early on and continues on its mission to enact change.

**Overview**

Throughout history, mental health has been looked down upon and those who suffered from mental health diseases were shunned from society. Anyone who suffered from depression typically was misdiagnosed with schizophrenia, bipolar disorder, or psychosis. Treatment facilities would consist of clinicians who would psychically abuse patients and force drug treatment that would be overmedicated and strapped into chairs for multiple hours a day. Furthermore, patients would receive shock therapy as an attempt to cure homosexuality or Down’s syndrome. Towards the end of the civil rights movement in the late 1960s, the psychiatric survivors movement gained its momentum to change laws, treatments, and public policies on treatment for mental health illnesses. The top goals of the movement are to stop forced treatment of psychiatric intervention, stopping electroshock, psychosurgery, confinement, and other abusive forms of psychiatric treatment, and end the stigma surrounding mental health and those who live with mental illnesses. At the beginning of the movement, most of the members were former mental health patients at facilities around the United States who experiences abuse at a mental health hospital, but as the movement grew those who suffered from mental health issues or who had loved ones who have suffered began to join to express dissatisfaction with how people are treated with mental health issues.

Howard Geld and Judi Chamberlin were the main founders of the social movement since both of them were forced to psychiatric treatment where they witnessed and experienced abuse at a young age. Not much is known about Howard’s past life other than being institutionalized in mental hospitals for years in Oregon. Howard started his own movement in Oregon which ultimately failed so he moved to New York and started his new organization with Jodi Chamberlin. After suffering a miscarriage, Jodi became severely depressed which later she was misdiagnosed with schizophrenia. New York State forced her into treatment for five months which gave her the courage to write a book after being released about the horrors that went on in the facility. Once the book was published it became the center for the movement and what inspired non-psychiatric patients to join. Chamberlin soon became the co-founder of the Mental Patients Liberation Front (MPLF) which also became the head organization for the social movement itself. Once the movement died in the 1980s, Jodi and a former member of MPL, David Oaks now known as MindFreedom International, is David Oaks. During his years at Harvard University, like Jodi and Howard, he was forced into psychiatric treatment five times for being diagnosed as schizophrenic and bipolar. Upon his release, he wanted to change the psychiatric system due to his time spent in solitary confinement and forced psychiatric drugging. He kept the psychiatric movement progressing until 2012 when he stepped down as President for MindFreedom International after becoming paralyzed. The movement began receiving media attention once the Mental Patients Liberation Front (MPLF) protested in front of the oldest public hospital in the United States, Bellevue Hospital. Within weeks of the first protest, MPLF started talking on radio shows to promote their cause. Once more radio stations spread the movement’s message, members of MPLF started developing chapters in other states like California and Washington. The movement exists today and organizations have been founded around the world to spread awareness on mental health.

**Leadership**

Recently married Judith Chamberlin went to her doctor’s office due to not being able to cope with her depression after suffering a miscarriage. Following the advice given from her doctor, the twenty-one year old voluntarily signed off paperwork that day in 1966 to be committed to a psychiatric facility, thinking “oh a hospital's a place where you get help” (Shapiro, 2010). As an in-patient at the facility, the hospital doctors diagnosed Judi with schizophrenia forcing her to be committed to a psychiatric ward in upstate New York where she stayed for five months. Medication she was given clouded her past memories and she watched abuse happen to patients who resisted forced psychiatric treatment. Upon her release, Judi moved to Vancouver, to be with others who also suffered from forced psychiatric treatment. The group worked with grant money provided by the canadian government in order to find treatment that work based on individual needs rather than treatment based on generalized assumptions of mental illnesses (Shapiro, 2010). In 1971, Judi moved to Boston to join the Mental Patients Liberation Front (MPLF) where she also spent her time with the Center for Psychiatric Rehabilitation at Boston University (Alchetron, 2018). In 1978, Chamberlin’s book, On Our Own: Patient Controlled Alternatives to the Mental Health System, was published and became the foundation for the psychiatric survivors movement. Her book coined the termed mentalism and she began to call her movements within the psychiatric survivors, “mad pride” events. Her activism and her book’s popularity then led her to co-found the Ruby Rogers Advocacy and Drop-in Centers which was a “self-help center run by and for people who have received psychiatric services” (Demick & Andreoletti, 2012). The drop-in center focused on educating psychiatric patients their rights as well helping those diagnosed with mental illnesses find the correct medication or treatment options that are available within the area of the drop-in center. Later on, Judi founded the Education of the National Empowerment Center; an organization run by former psychiatric patients that provided tools, information, and support to those involved in the United states psychiatric system. David Oaks, a member of MPLF addressed later in this essay, recalls Judi Chamberlin as “ just [a] really warm, community organizer” (Shapiro, 2010). Chamberlin began focusing her activism to congress publishing in 2000, *Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves* which was a federal report that Chamberlin helped write for the National Council on Disability. In addition to the many boards and organizations Chamberlin was a part of, she became a chairman of the World Network of Users and Survivors of Psychiatry (WNUSP), an international organization focused on fixing the psychiatric system (Alchetron, 2018). Judi Chamberlin used her own experience in a New York state psychiatric ward to advocate for those who have survived the psychiatric system and for those who were still forced into treatment against their will. Through creating organizations, Judi developed resources and led protests around the New England area of the United States, bringing awareness to not only the public about the mistreatment of psychiatric patients, but also pushed her message through into psychiatric hospitals to current patients. She believed in the “ability to have some say in your own treatment was a key part of making that treatment work” and demanded equal rights for psychiatric survivors. Moreover, On Our Own was able to identify with a major portion of psychiatric survivors, feeling that it “became a manifesto for other patients. But it influenced lots of people in the mental health establishment, too” (Shapiro, 2010). Her leadership in all organizations she either founded or was directly involved showed her passion and resilience in the message she stood behind. Judi Chamberlin was a model social movements leader continuing her efforts until the day she died on January 10, 2010.

David Oaks started experiencing emotional problems and college induced stressors when he attended Harvard University on a full scholarship in 1973. Seeking treatment so he could continue his studies, psychiatrists diagnosed David as psychotic, schizophrenic, bi-polar, and depressed and forced David into psychiatric treatment at McLean Hospital in Massachusetts. While institutionalized, Oaks “survived solitary confinement, involuntary psychiatric drug injections, weeks deprived of my liberty, and other degradations” (Maisel, 2016). He was told by his psychiatrist that he would need to be on drug treatment for the rest of his life. Throughout his next three years in college David was institutionalized five times and upon his last forced treatment he vowed to make a change. He joined the Mental Patient Liberation Front in 1976 and wrote his senior paper on his experiences being involved with the organization and his time hospitalized (MindFreedom, 2001). Oak’ activism in 1982, led him to band electroshock therapy with the help of other activists at Berkeley College. Unfortunately a few months after the ban was in place it was overturned in court, but the message it stood for helped the movement grow its numbers. After a few more years of volunteering his time for MPLF, David Oaks founded one of the largest platforms for the psychiatric survivors movement in 1986, MindFreedom International. The nonprofit organization, which is still run today, aids grassroots groups around the world in order to fight for human rights for those labeled with mental disorders or illnesses. Originally, the organization was a newsletter called *Dendron*, and it grew to administrate peaceful protests in New York City which David facilitated himself. The government became more aware of the movement and allowed grants to be given in support of Oaks’ efforts. David Oaks has “dominated the debate for a long time” and had a major impact on how the psychiatric system is run today (Barrett, 2007). Using his platform from MindFreedom International, he has had the privilege of supporting others in the United States, Canada, South America, and Europe. He has proven himself that drugs are not a cure-all treatment since his last dosage was in 1977, defying what the psychiatrist told him during the last year of forced psychiatric treatment. In spite of the overturn in electroshock therapy, David brought to the public eye how patients in mental hospitals and facilities are treated for refusing to take medication or as a clinical treatment for mental illnesses. His autobiography is written on his company’s website describe the ways that Oaks recovered: “social activism, self-help, peer support, nature/wilderness, survivor-run groups, spirituality, meditation, diet, exercise, family/friends” (MindFreedom, 2001). Oaks stepped down as MindFreedom International’s executive director after falling off a ladder becoming paralyzed in 2012. MindFreedom International continues on his legacy with a new director and the same mission.

**Tactics**

The psychiatric survivors movement used protests later known as “mad pride events”, news publications, and conferences to broadcast the movements' message and goals around the United States and globally to other countries like England and Australia. Although parts of the movement died in the late 70s and the 1980s, major components of the movement would not exist today without the push during the beginning of the survivors movement.

Founded in 1796, Bellevue Hospital was the first public hospital in the United States. It became famous in New York for its psychiatric treatment using shock therapy and forcing treatment on patients. Bellevue became the first target of protests for the psychiatric survivors movement. In 1970, Judi Chamberlin and other members of the movement gathered in front of the hospital giving out the Patients’ Bill of Right to “people going in to visit, and ask them to bring it into their relatives” so they could spread their message (Pelka, 2012, p. 286). The Bellevue demonstration gave traction to the movement, which led to discussion inside the hospitals with current patients and the “Greater Boston Legal Services to develop a lawsuit to try to improve conditions in the hospital” (Pelka, 2012, p. 289). Spreading awareness of patients’ rights to those institutionalized empowered those patients to fight for the freedom they deserved. In 1993, the protest morphed into “mad pride” where protesters would wheel around gurneys in the streets to provoke conversation about mental health and mental health treatments. Although the movement had numbers, they needed a way to communicate their message and new ways to organize mad pride events across the nation, so the movement developed *Madness Network Newspaper.*

*Madness Network Newspaper* began publishing as a newsletter in 1972 then turned into a quarterly published newspaper discussing the progress and reporting for the Mental Patient Liberation Front. It published personal experiences from those who were abused at mental institutions and political analysis on current events during its time as a publication. On page 148 of *Madness Network News* Issue #1 featured a “Declaration of Independence for Mental Patients” which listed twenty grievances; “19. You change a human being, born under God, in a free country, into vegetables and robots” (Kolocotronis, 1974). Another excerpt from the newspaper featured an interview with Bruce Ennis, a staff attorney for the New York Civil Liberties Union. Bruce Ennis was quoted saying “Institutionalization is probably anti-therapeutic and on a long-term basis is definitely so. The process trains people to be dependent...” (Frank, 1974, p. 166). One of the last articles presented in the paper was detailed explanations of how the movement wanted to change with psychiatric treatment. It specified the legal steps the organization needed in order for institutionalized patients to gain rights while in treatment facilities. Furthermore, the article writes about what patients can do now for a way to be released for forced treatment, “simply having a lawyer who is willing to fight for you is often enough to make the hospital back down and release you” (Roth, 1974, p. 169). Although the paper shared personal experiences of survivors and the direction the movement was pursuing, it ultimately failed after eight issues when it didn’t have enough donations or subscribers to offset the costs of publishing and distribution.

The movement needed a way to organize on a more international level since these problems were not limited to the United States so during the year of 1973, fifty ex-psychiatric patients formed a conference at the University of Detroit to discuss policy changes and tactics so that the psychiatric survivors movement would gain momentum and a bigger following. Held annually through 1985, the Conference of Human Rights and Psychiatric Oppression dissolved and the National Alliance of Mental Illness (NAMI) proceeded over and conferences are still held today with celebrity advocates in attendance. Originally, the conference was open to any individual or advocate until 1976 when attendees became limited to ex-psychiatric patients or current psychiatric patients (Russ, 2017). In 1982, the activists attending the conference adopted principles based on common beliefs among the group consisting of: “[the opposition of] involuntary psychiatric intervention because it is an unethical and unconstitutional denial of freedom, due process and the right to he left alone” and “the psychiatric system because it is frighteningly similar to the Inquisition, chattel slavery and the Nazi concentration camps” (MindFreedom, 2018).

Combining the efforts from protests, *Madness News Network*, and the conferences, the psychiatric survivors movement showed numbers and told their message around the world causing governments and hospitals to look at the treatment of those forced into psychiatric facilities. The movement failed to have a consistent outlet for organization and propaganda purposes, but continued to make a difference regardless.

**Ideal Artifact**

*Madness News Network* was a major platform that the psychiatric survivors movement used in order to give information to those involved in the movement as well as those who wanted to cause change for those who have suffered forced psychiatric treatment in mental institutions. *Moving: Sketches of a Patchwork for Change*, an article in the *Madness News Network*, sets stepping stones on how to enact change that could help institutionalized patients. Written by Robert Roth, director of Legal Authority and Mental Patient Status (LAMPS), developed this group in order to help psychiatric patients understand their rights and find lawyers to help free these patients from forced treatment in the San Francisco Bay area.

First, Roth establishes how one can be committed and their legal rights as a committed patient; although each state is different, typically paperwork has “emergency” provisions that allow the hospital to commit a patient with few or no “formalities” (Roth, 1974, p. 169). Despite the fact that the accused person of the mental illness has general rights to defend himself against forced commitment, Roth writes that mental institutions may choose to ignore the will of the patients due to the position they are in. Through LAMP, Robert offers the readers resources that the legal group has created in order to organize the rights that mental patients should have. Furthermore, he offers direct action on how to be involved with the movement, “begin informing yourself and neighbors of what your local commitment statue is doing to people” adding further, “you should look into commitment procedures, and to in-hospital rights provisions, both on the books and in practice” (Roth, 1974, p. 169). From this portion of the article, Roth educates those who have been committed by addressing the rights they should , but also addresses people who have not been committed by offering direct action on how to enact change for those suffering in mental facilities. He then quotes one worker at a detention facility who was asked if people who were committed ever ask for lawyers, she states “yes, but of course, they’re agitated,” and when pressed further by these patients to have legal representation, she replies “we prefer to say that we ‘weigh’ the request” (p. 169). By adding the injustices by mental hospital workers he shows those reading who have not been affected by institutionalization the atrocities happening within the psychiatric system they once believed were helping people. Additionally, using a small narrative from the worker communicates a persuasive need for change due to the health care worker ignoring the legal rights for patients.

The article begins as education tool for the injustices in the mental health system, but Roth changes tone mid-article when he argues for the system to be looked at more critically and for research to be done on how the system discriminates on sex, age, race, socioeconomic status, lifestyle, and philosophical beliefs (p. 170), stating “contrary to popular belief, [commitment] is not a ‘medical’ process, but rather a legal and a political one” (p. 170). Again, Roth reaches out to the audience for direct action by asking if anyone has done any form of research based on his argument about discrimination within the mental health system and for said persons to send their work to LAMP, so the work would be available for others to read. In addition, he provides LAMPS address and asks those to write to the legal group if they are looking to read any research that has been done on the mental health system in which the group would reply with work available. His advocacy for more research shows the need of academic scholars within the psychiatric system. Without research and scholarly articles, the movement lacks credible sources that are needed to push the movement to a serious level. Furthermore, in this section of the paper, he is still addressing a wide demographic audience which helped the psychiatric survivors movement push for more action, although when the movement first began, it only welcomed ex-mental patient members.

Lastly, Roth addresses groups within the social movement and how they are executing change. Roth lists legal, educational, or publicity groups around the United State and provides descriptions for each of the groups’ main focus. For example, Robert Roth provides The Center for the Study of Psychiatry, a nonprofit research and educational institution that “examines the impact of psychiatric theory and practice upon freedom, political liberty, and moral and spiritual conception of humanity” (p.170). Additionally, Roth details about how the organization is addressing the problems with psycho-surgery and other problematic treatment. Moreover, Roth presents tips for those who are looking for aid outside the United States and how LAMP will aid in providing groups that are in Australia, England, and other parts of Europe. In concluding his article, he ends with this encouraging statement, “Check them out [organizations listed]-- there’s room for you in this process” (p. 171).

Overall, Robert Roth’s message is compelling and his ability to communicate the exact problems within the mental health system in a clear and concise way gives the audience the ability if they so choose to, to cause change within their local environment. His direct action requests do not overwhelm the reader nor provide the gruesome details that may turn off some readers who are new to the movement. By giving organizations other than his own, it shows that the movement is not confined to the San Francisco Bay area, but also the midwest, east coast, and most importantly, how the movement reached internationally. He keeps the audience’s attention in the beginning by providing the first steps into understanding what is happening to forced institutionalized patients and the ways to help those incarcerated. Roth moves into an argumentative format, stating why there needs to be more research in the mental health system, then he asks the audience to aid in his request. The groups and descriptions of each group Roth contributed to his article gave the audience options to enact regardless of their location. In conclusion, Roth’s article contributed in an effective way to the psychiatric survivor movement through clear, concise direct action and educational understandings on why change within the mental health system is needed.

**Contemporary Perspectives**

Scholars have used narratives to form analyses on a wide range of different topics throughout history. The mental health patients provided their own narratives by their “‘personal’ voice... formulated in dialogical relation to wider public and collective movements” (Crossley & Crossley, 2001). One academic scholar, Alexandra Adame (2014), used the movement to explore relationships between psychiatric survivors and mental health professionals and the collaboration in order to find better treatment options for those in psychiatric facilities. Lastly, Nick Crossley analyzed how the psychiatric survivors movement in the United States influenced the movement in the United Kingdom by seeking to understand “the processes whereby particular techniques of protest are selected from societal ‘repertoires of contention’ (Crossley, 2002).

**Conclusion**

The psychiatric survivors movement proved its importance in the world of social movement by changing laws and psychiatric practices within mental hospitals and facilities. Judi Chamberlin’s book gave the movement fundamentals it needed to reach a wide audience while David Oak’s organization, MindFreedom International, provided a long term platform to keep pushing the movement forward. Furthermore, *Madness News Network*, mad pride events, and conferences gave the crucial initial steps that the psychiatric survivors movement needed. Given that the movement is still strong today, the movement can only be categorized as successful. Lastly,

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