

'RANT'ing Out the Devil

Community Traumatization & Human Transformation

An Outsider Philosophy



by Kathleen M. Hill

'One million people commit suicide every year'
The World Health Organization

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PREFACE

Abusive Self-Helping Professionals who offend do so by using cognitive distortions to meet personal needs, wants and desires, to protect themselves from aversive self-awareness, and to overcome internal inhibitions against coercively engaging consumers of services into re-traumatizing activity. These offenders carefully groom their victims by systematically separating them from their families and peers, and socializing them into a life-style of extreme solitude found otherwise only on 'death row'. Offenders justify the abuse by making excuses and redefining their actions as empathy and mutuality. Throughout the process, offenders exploit the power imbalance inherent in all human service professional, provider-consumer relationships.

"With abuse, you suffer loss of soul, loss of self and loss of meaning" K.W.
(Survivor) from Community Retraumatization <http://www.annafoundation.org/CR.html> "Person memoirs are a kind of protest literature, like slave narratives or witness testimonies." Gail A. Hornstein

For us systemic help and support is an exacerbation of past suffering, by an extenuation of that pain into our present. Abuse in therapy dissociates the exposed, humiliated victim's ideology of spiritual inviolability and sacredness of personal humanity, while enhancing the fantasy of merger with an idealized savior. The betrayal to healing that is offered in psychological assault is an ultimate act of perverted intimacy. The victim's outrage preserves the veracity of our unconscionable and incomprehensible betrayals. For the victim, mental 'health' professionals are neither safe nor credible anymore! (Based on Sam Vaknin's "Psychology of Torture" a chapter of "Malignant Self Love - Narcissism Revisited" (Narcissus Publications, 2003) <http://www.narcissistic-abuse.com/torturepsychology.html>

DEDICATION

If I am being euphoric,
I am clearly joyous:
I am NOT manic.

If I imagine a more potent self,
I am being self-determining:
I am NOT psychotic.

If I am sorrowing and sleep a lot,
I am plainly grieving:
I am NOT oppressed.

If I don't involve myself with people,
I am prudent with forethought:
I am NOT phobic.

If I am expressive of my opinions,
I am patently assertive:
I am NOT aggressive.

If I don't like something and state it,
I am without guile:
I am NOT difficult.

If I am tempestuous,
I am manifestly angry:
I am NOT dangerous.

If I show an exaggerated response,
I am evidently sensitive:
I am NOT out-of-control.

If I am as reclusive as a hermit,
I am taking care of myself:
I am NOT isolating myself.

If I enjoy being extroverted,
I am unmistakably at ease with others:
I am NOT being inappropriate.

If I am working long hours,
I am obviously involved with my work:
I am NOT obsessive-compulsive.

If I express irritation with someone,
I am timeworn by selfsame:
I am NOT withdrawn and avoiding.

If I prefer to hold counsel with myself,
I am cautiously self-protective:
I am NOT paranoid.

For all of the above reasons,
I do NOT require drugs.
And neither do you!

Katie Hill, August 2004 (NISA) <http://www.nisa.on.ca/>

Background: <http://psychrights.org/Drugs/AllenJonesTMAPJanuary20.pdf>

Stop the Violence: **TEEN SCREEN**

<http://www.psychsearch.net/teenscreen.html>

Nemesis: Daughter of Night; Daughter of Moral Conscience

Originally an abstraction of righteous indignation against evil, in Greek mythology this idea was personified as the winged goddess of retributive justice, righteous anger, divine vengeance, and usually a victorious rival. She inflicted the justice of the gods on the proud and those who flaunted the law avenging those who were wronged. Her anger is directed toward human transgressions of the natural, right order of things and the hubris behind it. Nemesis pursues the insolent and the wicked with inflexible vengeance. Her cult is thought to have originated from Smyrna. She is also considered to have been the mother of Helene after impregnation during her rape by Zeus. Based on <http://www.theoi.com>

Debwewin is an eastern Ojibwa word which translates into “truth” in English, but which literally means “speaking from the heart”. Truth is one of the Seven Grandfather Teachings of the Anishinabek people. To me 'speaking from the heart' is 'feeling-thought' or 'reason' vs. logic. Truth is accuracy in holistic understanding that implies fairness i.e. balance in context.

Universal Rationalism: Insanity in its various forms is now universally admitted to be a Disease ... and therefore to be viewed in the same light and treated on the same principles as those which regulate medical practice in other branches ... and the more rational *idea* prevails... James F. Duncan, **1875** President’s Address, Journal of Mental Science 21, 316

“*Change and healing* comes not so much from abstract intellect as from embodied experience.” (Necessity of Madness & Unproductivity by John Breeding) *What Is A Rant?* Rants are pain forms of communicating experienced knowledge. A rant is like life's poetry set to lyric. Rants speak of participatory learning in anguish, despair, torment, and outrage BUT the listener is half-way through reading before we wake up to the educating of what is being communicated. Rants carry us along waves of feeling-thought--to reason—peaking the extremes of aversive emotion--without turning away!

“*Psychology*, whose righteous task it is to free man (humanity) to grow in wisdom and experience sacred pleasure has increasingly sought instead to subdue him (us) to efficient social routines. To implement the goals of the state it serves through control of the apparatus of conditioning, psychology has become more and more a science of social control. Through the administration of a value system based upon *reward and punishment*, it has served to curb man's (our) impulse toward freedom and pleasure. The major technical problem is: how to keep the rat from freaking out in the conditioning cage. Timothy Leary, 1973” (Parenthesis mine)

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AUTHOR'S NOTE

The target of what concerns me in this book is not clarification of who and what I am, but who and what *we* are. Considering the diversity of humanity - it's an impossible, but do-able effort.

My purpose in writing is to clarify what is meant, but rarely said, in our speaking.

I write with holistic thought patterns, because it is how I think! I became c/s/x and anti-psychiatry in celebration of my understanding of the age-old saying, 'We are greater than the sum of our parts'. Human consciousness is the indefinable, non-physical, yet existent thing, that is a product of, but yet greater than the sum of our parts. It therefore follows that human consciousness is - in and of itself - spirituality.

Technically, I research into a part and then apply discovery to the whole, evolving environmental concepts and principles that define and characterize an understanding of the whole. Psychiatry labels this uncommon human attribute as a primary 'mental illness' characteristic of Asperger's Syndrome (list of characteristic differences). Perhaps, this is because psychiatry's socio-political purpose is to prevent us from evolving beyond socio-politically-correct logic, into feeling-thought or reasoning. Perhaps, this is because psychiatry is a department of Human Rights Issue, which is an objective science that can only be applied to aspect of the physical world. Psychiatry therefore, has no other purpose than self-enrichment and greed is the root of all evil. In her article Hope at Midnight, Rebecca Solnit Eduardo Galeano restated to us what Carlos Quijano said "Sins against hope are the only sins beyond forgiveness and redemption." (MoJo December 24, 2004 Hope in the Dark By Rebecca Solnit)

I cannot write an advert suitable for superficial reading. I must clarify the issues involved within a narrow subject (such as the dedication poem), but within the diversity of human felt-experience, such that the critical reader, both professional and experienced peer, may experience my personally-defined understanding of what is on *our* table for discussion, rather than the stereotypical lack for appreciation many will bring with them, a product of indoctrinated thought. The most difficult bit is evolving this self-same depth of understanding within myself - then to verbalize my clarification to the interested reader. i.e. Through the action of self-discovery within a single well-defined topic, evolve clarification to encompass the holism of humanity's daily felt-experience of living.

Why should we try to perform this task of evolving an understanding of the whole via an understanding of a single part (in this case, the socio-political-financial power structure of the 'mental health' industrial hang-up)? Because, that conscious whole - is our commonality, hence that conscious whole is our basis for co-operative endeavor. Clearly, with our natural world a mirror for our socio-political collapse, we need to devise mechanisms for the creation of partnerships, whose ulterior motivation, hence conflicts-of-interest become the binding ethic for peer review and positive action, rather than peer conflict and our destruction. F. Scott Fitzgerald said, "The test of a first-rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function. One should, for example, be able to see that things are hopeless and yet be determined to make them otherwise."

To anyone who may find this book to be replete with inappropriate, senseless 'rant'ings that cannot be helpful to anyone, I suggest that you have been thoroughly indoctrinated by the deceptive practices of state/corporate, or corporatism, or the 'company line', whether you are provider or consumer or potential provider/consumer of established mental 'health' services. As

such one's true desire, based in personal need for self-aggrandizement, is to censure anyone who does not speak the 'party line'. Such people usually hold up the welfare of others as their reasoning for harsh criticism. They speak out of 'care' and 'concern' for those of us less fortunate than they. Clearly such people have not themselves suffered the pain and anguish from community traumatization/victimization, productive of Psychosocial Disability, of which the established Mental 'health' Industry is a primary abuser. There is no therapeutic jurisprudence in a pill!

While denying our stories of diverse systemic tragedy as anomalous, the self-serving--rebuttle our personal histories as anecdotal rhetoric's. In the process they demand 'for us'— more of the same, which they patrilineally define as 'for our own good'. With their deafness, we are made mute! Their urgent request, on our behalf, is that even more tax-payer dollars be spent by societal systems to further our entrapment as 'helpless' captives of state power for continued punishing, but profitable, corporate 'punishments'. Their urgent request is for 'care' that is unsupported by clinical studies, while calling this 'our' only hope. Outside of the psychiatric consumer-survivor movement there is little acknowledgment of the human need to live free from the emotional distress of community invasion of privacy, misrepresentation, threats, intimidation, coercion, and force. There is little acceptance of the community fraud, civil conspiracy, cruel, reckless endangerment, and disregard of the health of innocent victims placed under state's control, as substrate for corporate racketeering. There is no self-affirming redress in a pill!

"They that can give up essential liberty to obtain a little temporary safety deserve neither liberty nor safety." (Benjamin Franklin) I did not know that by signing myself into a mental 'health' institution, as a function of 'help-seeking', that I was giving up essential liberty to obtain a little temporary refuge from community traumatization. Instead of obtaining refugee status, I was to become a dependent captive, a consequence of exploitation and profiteering and at a time when I was most vulnerable.

To be subject to psychological collapse is to, temporarily, seal off one's mind from further tragic incursion. The mind is thought to be the seat of perception, self-consciousness, thinking, believing, remembering, feeling, hoping, desiring, willing, compassion, shame, guilt, assertiveness, creativity, altruism, judging, analyzing, evaluating, and reasoning. It never occurred to me to seek redress for a diversity of loss--in a pill. I believe that my refusal to take the drugs pushed onto me in the institution gave credence to the staff's aggression. Some people can't take rejection! Love me: Love my pills!

The title, 'RANT'ing OUT the Devil evolved out of the manner in which the book was written. While living as a helpless, trapped victim of the welfare system (2003), a direct consequence of the assaultiveness of the Mental 'health' Industry (1994), and its ongoing callous indifference to its victimization of me, I registered with numerous internet support groups and created a couple of mine own. I began my research into the true status of the established Mental 'health' Industry, specifically the intimate liaison between psychiatry, clinical psychology, and corporate pharma. Some of my email 'rants' I saved and edited into the creation of a journal (2003). A personal website became the archival repository of it all. In 2004, I began the editing of the website into the creation of this book. Throughout the year 2003, my purpose was self-help by self-education, while helping others through the process of empathy-streaming. There is no empathy in a pill!

Empathy is the social sharing of deep emotional pain of knowledgeable experiences with supportive peers. Empathetic discourse is the self-soothing cry of betrayal that follows the powerlessness of our mindful consciousness having been made the meat upon which others have

fed. Ancillary to empathy-streaming, I was processing retrieval of self-identity, my personal sense of self. As I reached out to enfold my present reality, I began to acknowledge my, not wholly incapacitated, potential for a future. We are motivated and energized by having a life's purpose, a goal toward which we can strive. Striving for that goal is an end of itself, a meaning and value, or its own reward. With the recovery of a personal sense of self, a life's goal will present itself. Self-actualization is the process of achieving fulfillment, the progress of achieving one's human potential. The established Mental 'health' Industry seeks our demise by its denial of our self-determination. There is no humanity in a pill!

Our email 'RANT'ings are a needful step toward self-acceptance of that which will be forever denied, as the past can never be re-lived. 'RANT'ing OUT the Devil of past victimization is a needful act of self-actualization toward acceptance of that which is available to us in the present, engendering hope for the future. Tragedy by human agency, sometimes severe can never be recovered from, the 'company line'. There is no discovery in a pill!

I do know that there can be a resolution to tragic past incidences. We can begin to find our place in the culture, hence our own redress for community traumatization by seeking redress for similar wrongs borne by others through providing empathetic peer support and advocacy suitable to their needs. There can be no redress for our debilitating injuries other than that achieved intra-personally, because there is no law for the impoverished to access, in order to protect their civil rights of personhood. The only amends and reparations will be those we give to ourselves. There is no affirming comfort in a pill!

This book has been censored (by law) to protect the perps from embarrassment. For example, "British draconian *libel law makes it a crime to print a true story if the facts could harm the reputation of a person or company*". Poppy Strikes Gold, April 2003 by Greg Palast from The Best Democracy Money Can Buy <http://www.gregpalast.com/detail.cfm?artid=207&row=1>

In summary, those who would delimit our 'rant'ings seek to prevent our primary avenue to resolution for unhealed wounds, effectively preventing many of us from finding place within the system, at any level. Their purpose is to disable our capacity for diplomatic communications in promotion of social change, that will invariably alter the system's coercive formulae and reduce their profit-sharing of the spoils of our community victimization. The purpose of a supportive group of individuals is to share suffering with others whose knowledge is based in common life's experiences. The expression of our pain leaves psychic heartsease for healing to nurture itself through a dialogue of self-affirming communication. Exclusionary laws of censure are founded by those whose inappropriateness is to delimit my appropriateness, because their appropriate is a profit-making oppressive control over me. There is no freedom in a pill!

"The gist of my current view is that feelings are the expression of human flourishing or human distress, as they occur in mind and body...Feelings can be and often are revelations of the state of life within the entire organism... Life being a high-wire act, most feelings are expressions of the struggle for balance, ideas of the exquisite adjustments and corrections without which ... the whole ... collapses. ... The investigation of how thoughts trigger emotions and of how bodily emotions become the kind of thoughts we call feelings provides a privileged view into mind and body, the overtly disparate manifestations of a single and seamlessly interwoven human organism." Antonio R. Damasio, Looking for Spinoza: Joy, Sorrow, and the Feeling Brain, Chapter 1

<http://www.harcourtbooks.com/bookcatalogs/bookpage.asp?isbn=0151005575&option=excerpt>

The NFI (New Freedom Initiative) plan "doesn't have the Orwellian goal of drugging the populace for a political purpose; it's the Orwellian goal of drugging the populace for an economic purpose." Allen Jones, Law Project for Psychiatric Rights <http://psychrights.org/> "Imagine the whole environmental movement funded by the oil industry." David Oaks, Director of MindFreedom <http://www.mindfreedom.org/> Bush plans to screen whole US population for mental illness. Jeanne Lenzer <http://bmj.bmjournals.com/cgi/content/full/328/7454/1458> For those who do not believe, Illinois has already adopted this racketeering 'strategy'. <http://www.illinoisleader.com/news/newsview.asp?c=17748> <http://illinoisleader.com/news/newsview.asp?c=17852>

The language of academia is the communication of dissent for those who are not indoctrinated by it. The 'isms' is the societal approved mechanism of divide and conquer. There is no equality in a pill!

Foundational knowledge, that is our moral and spiritual value is effectively framed by a method of establishing a sympathetic mutuality, wherein respect equates to influence, such that the successful seeker of experienced support is being influenced by principled judgment. The seeker both respects and is respected by the one whose moral values model the reasoning of choice. The power in choice is the gift of happiness (or as Dr. Breeding might say, "the gift of delight", which he likens to heaven) in appreciation for individual progress of self-actualization within community, a process of self-direction in education. Choice directly equates to self-governance, self-control, self-rule and self-determination i.e. the desirability for power-over one's personal self. The societal issue seems to be that people do not understand that all of these principles are based upon the concept of self-reliance, i.e. of individual responsibility and accountability for oneself, one's actions and the product of same. People deceive themselves into thinking that the terms mean – hedonism or mayhem or inherently amoral, of being without conscience, mindfulness, or compassion. Such people have been/are being instrumentally coerced into a code of conduct by dependant authoritarianism masking love, where suffering in fear and enforced, functional self-interest, guilt and anxiety is misconstrued as respect. There is no self-worth in a pill!

Kathleen (Katie) M. Hill, B.Sc. Biology

Founder **DS-n-SP-CAF™**

CHAPTER 1 - INTRODUCTION

Definition & Characterization of Psychological Functionality in Adversity-I (DCPF-A-I)

A Working Definition of Dominant Cultural Fear, Animosity, Denial & Individual/Group Psychosocial Disability: Based on: Anecdotal Experience & Abuse Citations for NMHA Bell, April, 2001 Organized by Sylvia Caras, PhD <http://www.peoplewho.org/abuse/>

The social perspective (childhood/childlike - innocence and/or lack of empowerment) creates the 'symbolic voice' as expressions of incomprehensible events/incidents in one's life experience (ex. horror, repugnance, terror, despair, rage), which evolves into principles of feeling or 'mind verse' that are our acculturated thoughts in adversity or adverse feeling thought and the antithesis of acculturated thought.

Psychosocial disability may be understood as a handicap of cultural perception of abuse by human agency (acculturated reality) and individual conceptualization (aversive acculturated reality) of human violence, as an adverse side effect of negative elements of acculturation (cryptic cultural norms of behavior, the productive seed) and the overwhelming intensity of resultant psychosocial tragedy (recognition to cryptic cultural norms of human behavior, or recognition to the germ cell of abusive behavior).

The individual in the process of victimization perceives emotionally and conceptualizes or feels the tragedy of the action, the acculturated norms, based upon the expressive elements (emotions). During crises, the individual is being triggered into reconceptualization of the acculturated norms of human behavior in the present time, in accordance with their life-experienced understanding of its elemental relationship to the principles involved in their former tragedy by human agency.

People with psychosocial disability are not over-reacting to norms in their environment, but sensibly reacting in aversive dissent to the norms in their environment. The disability/handicap may then be understood as society's lack of recognition for its inner conflicts (negative, cryptic attributes of the cultural norms) resulting in victim-blaming; and the individual's knowledgeable emotional understanding, a perceptive feeling the harm of these societal conflicts, which are being analyzed at the cognitive level where feeling thought or reason is processed. It is a feeling thought or mindful memory that has been experientially learned at the sensory level, but not sufficiently intellectually formulated to be processed into the symbolic communication of speech. Hence, a psychosocial disability, that is a product of tragedy by human agency is a kind of symbolic voice, a product of human transformation, and a communication of the need for cultural change.

The individual is reconceptualizing the norms of human behavior (the acculturated human) in accordance with their intimate, experienced knowledge of the product of said behavior. The norms of expected human behavior (what society says it does—the denial) and the norms that are/have been lived by the individual (what society does—the seed), having been shocked (psychologically) into a consciousness-raising state of spiritual understanding (the germ cell) through sensory perception (emotion, feeling) initiating a process of redefinition of self-identity or sense of self or actualization.

For example, betrayal of trust within intimacy is one primary trigger for the severely debilitating 'flashback' (vivid feeling-memory experiences) (vivid feeling-memory experiences) of psychosocial disability, due to tragic incidences by human agency. The corruption of trust ethic represents an expression of the same psychic injury at the elemental, definitional level, but appears different

(characteristically) due to perceptions in the viewer, such as age, form, degree, and duration of violence of tragic incident(s), etcetera. Therefore, the innate genetic make-up that IS humanity results in the varying characteristics of our respective handicaps in a socially conscious milieu, and not our imbalanced, brain chemistry, and not our overly sensitized, autonomic nervous systems. It is spiritual social knowledge processed at the mind verse dialogue of symbolic voice and accessed through pain and suffering as experienced victims of human violence or tragic injury by human agency.

In each case, the personally felt tragedy in traumatic memory is being accessed, lived in, and lived through, not as an issue of our heightened arousal, but as an issue of our enhanced consciousness of the acculturated human. Mindful memory brings our spiritual perception or feeling thought or reasoning to the defining elements of assault, which can now be distinguished as the natural product of the normal behaviors of appropriately, acculturated people. It is the indoctrinated standards of human behavior, that creates and maintains the community abuses, sometimes severe. Our socially acceptable effect the intense adversity of the individual and our punishing displacement in a technologically evolved culture. The clear (and often sudden) understanding of a complex social situation expressed as the 'psychosis', 'flashback' (vivid feeling-memory experiences) (frequently more real than the present) +/-or dissociative episode (extreme state of mind) is a pattern of perceptiveness to duress. Whereby grasping the inner nature of the social situation intuitively, the emotional response (feeling with) notifies the intellect (feeling thought) to self-protect, while being further threatened or victimized (endangerment in the present) by the appearance of aberrant social patterns during normal interpersonal interactions. Socially acceptable, a natural product of a psychosocial disability can be likened to an instantaneous pain response to sunlight after learning of ozone depletion (as an aberration of deviant human activity).

Both the socialized individual and group social patterns can be better understood in the expressiveness of the individual and community activity in adversity (the crisis), a spiritually natural, social connection to tragedy that is 'self-protective', such that the individual/group, rightfully has a heightened consciousness for danger. The psychosocial disability is a direct result of our inability to be productive, within the culturally accepted expectations of the dominant social order or acculturated convention (the disability/handicap), hence the individual's/group's banishment of and from society creating their reclusive behavior.

Also, the ostracism of the individual/group by society is a natural, social perception of human differences (acculturated reality) that is self-protective. The expressive elements of imaginative fear, hate, and denial creating a conceptualization, feeling the heightened consciousness for danger (aversive acculturated reality) of disability within the group as an adverse side effect of negative elements of acculturation (cryptic cultural norms of behavior, the productive seed) and the overwhelming intensity of resultant psychosocial tragedy (recognition to cryptic cultural norms of human behavior, or recognition to the germ cell of human conflict).

The victimized individual/group is both a natural expression of acculturated group nonconformity and a facilitator for change or dissent from the norms of acculturated group dysfunctionality. All social change dictated by reason, conscience, and a natural sense of what is fair to all is, by consensus, considered to be a destabilization of the idealized standards of a social order based in a vertical power differential. The power of a few individuals within a population exercises a perverted control over the many based in the power of commanding authority. The command of authority inspires fear for reprisals through deficiency of self-empowerment rather than the power of respectable influence, a vehicle of self-determination, inspiring esteem for guidance through the benefit of self-

empowerment.

Wherever the acculturated basis for interpersonal interactions is one of individual/group conflict--competition governs. The few, deemed by consensus to be the strong, in recognition for their biological superior state, exercises power as coercive control over the many, deemed by general consent to be the weak, in recognition for their biological inferior state. The primary societal goal is to be supportive of the vertical stratification of hierarchy, upheld to be biologically innate rather than acquired through merited behavior or knowledgeable influence, reinforced by individual/group self-identity (status/prestige), and recompensed through remunerations or rewards of territory/finances. Hence, the degree of individual/community aspiration for care and concern, with a respect for social (peer/familial/community) supports acquired through democratization based on ethics of cooperative, merited behavior and knowledgeable influence, reinforced by individual/group self-identity (status/prestige) in recognition of the biology of social equality, and recompensed through reinforcements of both material goods and shared interests (territory/finances) through a self-sustaining provisioning of self (systemic, community, familial) vs. myself.

Systemic Control: Psychiatric Repression

Severe psychosocial distress is an enduring intellectual, emotional, and spiritual deprivation. Sadistic abuse is the deliberate, calculated cruelty of coercive control. The individual's emotions are of intense suffering (grief, terror, horror, rage, and anguish). The person is cognitively and physically overwhelmed accompanied by a feeling of spiritual despair. The circumstances of the tragic event commonly include experiences of: abuse of power, betrayal of trust, entrapment, absence of control, helplessness, pain, confusion, violations of safety, and tremendous loss. The intrusion of the past into the present (memories, 'flashback' (vivid feeling-memory experiences), nightmares, or overwhelming, intense emotional states), or re-experiencing elements of the incidence(s), is the key to many of the psychological characteristics that result from tragic experiences by human agency.

Because of the spiritual chaos felt through the vehicle of re-experiencing, one becomes satiated and can no longer feel, effectively numb to the intensity of positive emotions or spiritual death lived between intensely emotional dissociative episodes, which the established Mental 'health' Industry 'diagnosis' as Oppression. Because the facilitator of intense negative emotions is for example, an intimate 'betrayal of trust' inherent in diverse systemic abuses triggering P.T.S.D., one's capacity for feeling trust is also overwhelmed. Because trust is a basic element of or vehicle for feeling love (an intense positive emotion) the individual is left with its knowledge, but not its action, hence the hollowness of relationships that lack fulfillment.

The established Mental 'health' Industry 'diagnoses' this internalized hollowness Oppression. We are therefore led into a cultural 'psychosis' or the imaginative, albeit fallacious belief that love or the primary action of spiritual fulfillment can be found in a pill and reprimanded or punished (victim blaming) for the pill's inability to fill us with purpose that is born of meaning and value obtained in an intensely positive affect. Strictly, in this sense and to this degree then, Oppression is a cultural blasphemy ('psychosis') for the vehicle of Oppression is the satiation of feeling tenderness of affect that is intrinsic to spiritual ego and purpose. In this unique context then, the individual feels irate unhappiness due to our despair over others aversive, acculturated loss of ability to feel respectful empathy (feeling with us) towards another, thereby becoming a societal misfit. Concomitantly, we absorb their denied self-recriminations for this spirit-loss, a learned behavior through our acculturated indoctrination. The dissenting behavior (psychosocial disability) that stems from our inconsistency is considered a symptom of our mental 'illness' rather than our inability to

accept the dominant cultural definition and characterization for our life experience that, in turn, personifies the cultural aberrancy or cultural pathology.

The rules have changed but the weaponry remains the same. The dominant culture via the established Mental 'health' Industry indoctrinates us into fallacious belief systems based in genetic inferiority. The cultural 'psychosis' (blasphemy) is that, despair over an inability to feel love (in the aforementioned example) and their denied self-recriminations for spirit-loss can be cured (conversion) by for example, lectures in the training of improved 'life-skills' (inferior intellect), ECT and drugs for our 'chemical-imbalance' (inferior, hence over-wrought when not under-wrought, i.e. effeminate (unstable, hence imaginative emotions/state of mind). Once again, we are victimized for their inability to fill us with false purpose. Whereas, the religious people at the local shelter invite us to sing hallelujah with them as a vehicle to cure (conversion) our 'broken heart', whereas Buddhism teaches us that, "(T) o be mindful is to witness the spirit of who I am," akin to the teachings of First Nations People(s).

The 'Mental illness' in Mental 'health'

As in Discontinuation Syndrome / Drug Withdrawal!

It actually took an all-day effort to concentrate sufficiently to write the draft of this essay and another to re-write it to completion. My mind is filled with obsessive thoughts mostly centered onto entrapment into community retraumatizations/revictimizations. I have been cut off, of 'all' relationships in the public domain in consequence of P.T.S.D. "The past is not dead. It's not even the past." William Faulkner

I find myself dissociating at the slightest interpersonal provocation. I trust no one--face-to-face. I cannot bear to be touched nor even be physically close to another. Although I cannot speak without anguish, I can write-out my feeling-thoughts in an effort to vent, that which is causing the outrage, rather than venting the rage. Writing in a journal is an expression of 'feeling thought' and as such no different from painting or sculpting. It takes no focused concentration, nor logical processing of thought, nor the capacity to remember what one has read nor the capacity to learn new information. All of which has been virtually lost to P.T.S.D. and enduring dissociative amnesic responses to stress or distress under duress. Painting is poetry which is seen and not heard, and poetry is a painting which is heard but not seen. Leonardo da Vinci

Vaslav Nijinsky (nicknamed 'The God of the Dance') equates feeling to mean, "*an intuitive perception, the ability to understand something—a person, a situation—by merging with it emotionally. Such understanding, which in his mind can be akin to a spiritual experience, is seldom achieved deliberately, and never by means of what he calls "thinking" or "intellect".* Nijinsky regards thinking with some contempt, as the antithesis of feeling: a purely cerebral and almost artificial activity, which never penetrates beneath the surface of things. "*Thinking" and "intellect" must not, however, be confused with "reason",* which Nijinsky sees as a faculty emanating from God and not subservient to logic." The Diary of Vaslav Nijinsky: Unexpurgated Ed., edited by Joan Acocella and translated by Kyril FitzLyon. Psychiatry called Nijinsky schizophrenic and mildly energetic and incarcerated him for years.

<http://thinks.com/cgi-bin/books/books.pl/item-0374526850/shop.htm>

"Madness is purely a disease of the brain. The physician is now the responsible guardian of the lunatic, and must ever remain so." 1858 edition of the 'British Journal of Mental Science' (formerly the British Asylum Journal, latterly the British Journal of Psychiatry). Psychiatry has always assertively published its hypotheses without empirical evidence in support of its theorems (beliefs). This lack of accountability creates an environment ripe for corruption and fraud at every level.

"If we value personal freedom and dignity, we should, in confronting the moral dilemmas of biology, genetics, and Human Rights Issue, insist that the expert's allegiance to the agents and values he (s/he) serves be made explicit and that the power inherent in his (their) specialized knowledge and skill not be accepted as justification for his (their) exercising specific controls over those lacking such knowledge and skill." Szasz (Parenthesis mine)

<http://www.iatrogenic.org/library/moralphysician.html>

Psychiatric consumer-survivors exist at varying stages of healing, so those who have found 'helpful' helpers may want to place these 'rantings' to the side, out of their sense of loyalty. They might feel such essays to be offensive to the individuals whom they believe are truly helpful to them. In addition, the rantings may trigger emotions of conflicting cognitive duress that, as consumer-survivors, they have just nicely brought under control. These 'rantings' are not about denigrating all professional helpers. Like anyone who dissents against the bigotry of the 'isms', these essays are not aimed at anyone--personally, but at the key underlying problems of the system, a knowledge of which has been gained through personal experience. "(t)he so-called epidemic of mental illness is a self-fulfilling prophecy created by Institutional Mental Health. It is an artifact of the set of uniform and limited expectations maintained about individuals who have been psychiatrically labeled - and an artifact of mental health workers' expectations about their own ability to genuinely help individuals who act in socially deviant ways." Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris Seth Farber Network Against Coercive Psychiatry **<http://www.academyanalyticarts.org/farber.html>**

The culture is bigoted and therefore we are all corrupted with this pathology, the 'mental illness': It is the belief system, the bigotry, which is the 'mental illness', the cultural psychosocial disability, i.e. the community expression of emotional distress, disturbing behavior, or unusual thoughts or perceptions. Vince Boehm said, "So far we've proven the bio-Medical Model (Socio-Political Model) is nothing more than ideology. This ideology is based on the concept of the Big Lie. If the population hears the same message over and over again, with apparent authority, even if it is a lie, it will soon be accepted by the people as undisputed truth. This is why the gospel of 'chemical imbalances' and 'biologically based brain diseases' are so accepted. When this is applied to a commercial endeavor it becomes very dangerous. When you factor in human corporate greed we have real problems." Day 19 Comments of the three remaining hunger strikers. **<http://www.mindfreedom.org/mindfreedom/hungerstrike1.shtml>**

Those in the Self-Helping Professions need to receive specialized training to help them overcome misconceptions of their rearing, education, and training (acculturation and indoctrination), that many are unaware they possess. And for which, many more are vociferously and callously indifferent. For example, an Oprah show on racism back in the early 90's raised awareness of the fact that when I purchased women's nylons in the color 'nude' (my favorite color). I was buying into racism, as only a blue-eyed, blonde woman would consider beige to be a nude color. She was not pointing the finger at anyone 'personally' as a bigot, but she did cause me to become aware that I had absorbed bigotry by living in a bigoted culture. In just such a manner, it is therefore incumbent upon the consumer-survivors of the services of the Self-Helping

Professionals to point out the ways and means that their bigotry is doing us irreparable harm, while thwarting us in our attempts to self-advancement, and self-empowerment. My 'rant' is therefore pointing out the harms done to me (and to others like myself) by people, many of whom I have no doubt, do not wish me ill will, but have nevertheless done me severe damage, which is ongoing. "The hunger strikers asked the APA for the 'evidence base' that justifies ... the authority granted psychiatrists, as medical doctors, to force psychoactive drugs or electro-convulsive punishment upon unwilling individuals, or to incarcerate persons who may or may not have committed criminal acts? For, clearly, it is solely on the basis of trust in the claim that their professional acts and advice are founded on medical science that society grants psychiatrists such extraordinary authority."

<http://www.mindfreedom.org/mindfreedom/hungerstrike1.shtml>

The bigotry of 'us' and 'them' is definitely a part of the reality of the mental 'health' professional to the degree that many 'trauma survivors' remind them of themselves. We cannot be psychologically separated from their personal experiences of 'self'. Their personal fear causes them to become defensive, hence their propensity to aberrant, offensive and insightful behavior. They then dictate a character assassination into their medical reports, as maligning our character is preferable, in principle, than to acceptance of our psychosocial disability (NIMBY). Secondly, the unethical paternalism of care that is found to be a rank ethic of mental 'health' professionals is resented by us. Worse still, we state this fact clearly, concisely, precisely and pointedly scorn its source.

The problem with our assertive, defensive, verbal rebuttals is that the bigotry that we are fighting against is the academic instruction (lack of instruction actually) that the professionals were indoctrinated into in order to become mental 'health' professionals. The bigotry of 'mental illness' that results in victim-blaming, scape-goating, and paternalistic care (authoritarian, restrictive, punishing) stems from a lack of academic acceptance of the existence of trauma as an inducement to psychosocial disability (the 'mental illness'), a lack of acceptance that is frequently severe. As consumer-survivors of their care, we are therefore sitting in judgment of that care and finding it holistically insufficient and detrimental to our needs. Hence the professionals invariably feel diverse negative thoughts and feelings, in retribution towards us, rather than recognizing and assisting in our self-assertion, a core principle of self-determination.

In cognitive behavioral 'therapy', it is our behavior that must be 'attacked' with strong, immediate, uncooperative/uncommunicative, punishing measures (that are deemed fair by the punisher, who is considered by the system to be the sole authority, and to assault us while we are in acute phases of instability called crisis. It is considered our 'bad attitude' and 'poor character development' that is publicly revealing itself. This must be restrained and retrained into an acceptable range of normality. With such measures, the 'carrot' is frequently deemed the lack of the 'stick'. These measures result in community retraumatization/revictimization and a weakening of our endurance to resist imposed iatrogenic mental 'illness', our 'disease' progression. Cognitive behavior'ism', and its' concomitant drugging of our symptomatology, is doomed to fail by further exacerbation of our illness. The elements of the technique being employed are the same elements that created the psychological distress in the first place (community trauma of assorted tyranny of human behavior -- child abuse, spousal abuse, psychiatric abuses, welfare systemic abuses, etcetera), all in the name of 'help' by a 'care-giver' and 'for our own good', paternalistic authority. Righteous intentions do not guarantee righteousness. "A punishment that has now become standard practice is pressuring "mental persons" to take Mind-Control Drugs that are known to cause serious neurological damage when used for more than a brief period of time

(Hreggin, 1983); psychiatrists typically encourage long-term dependence on these drugs.” Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris Seth Farber Network Against Coercive Psychiatry <http://www.academyanalyticarts.org/farber.html>

John Breeding stated (Necessity of Madness & Unproductivity, Chapter 6 Conditioning: Advanced) that, “We are thoroughly conditioned into a cosmology of separateness. Dante described a theology which translates into shame-based child-rearing. Descartes described a science of objectivity which translates into isolation and consensual madness.” In mental ‘health’, I am criminalized, pre-crime. Cognitive behavior’ism’ stems from Descartes Dualism Theorem (an insensible distortion of human reality wherein intellect and body exist and act in consort, while emotions and spirituality are discounted as superfluous). Cognitive behavior’ism’ persistently refuses to understand the underlying element of tragedy. Trauma-survivors are therefore being consistently subjected to creative mechanisms that seek to enforce our adaptation to the norm. The thought (or lack thereof) being, that if we would only behave normally we would be normal--hence coercive, aversive therapy, directly and indirectly applied, to force our behavior into the subjectively labeled range of normality (pre-trauma). Instead of the professional and the consumer working as associates in partnership to advance healing, we find ourselves in enemy encampments competitively trying to outmaneuver each other. There is no co-operation in this equation. We are locked into the assaultive schemata that gave birth to our traumas, sometimes severe. “These categories are absurd unless one accepts the premise that Institutional Mental ‘Health’ constitutes an absolute standard by which all else is to be judged. That is to say it implies that the society we live in is an ideal, or at least that no improvement is possible. If on the other hand, a process of cultural evolution is taking place then the standards of any generation must be regarded with skepticism... The relevant lesson from anthropology teaches that adaptive and creative cultures existed (and exist) in which individuals normally exhibit the kinds of behaviors that Institutional Mental ‘Health’ views as univocal signs of psychopathology when they are manifested in our culture”. Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris Seth Farber Network Against Coercive Psychiatry <http://www.academyanalyticarts.org/farber.html>

The psychiatric consumer-survivor demand for peer supportive counseling within the Mental ‘health’ Industry is becoming acceptable, given lip-service. I would prefer that it be 'trained'. For example, I took the peer support 'crisis' counseling course (empathy-streaming) in Prince George, BC and have found it of inestimable value to me personally and know that it would be a welcome adjunct to counseling. I also think that the training that I received while in the States to enable me to become a more productive worker for people with intellectual disability was very beneficial, as high quality, interpersonal skills training. These courses restated that which is already known from childhood, having learned the principles as a victim of community abuses. Equality is not the dynamic of paternalism (dominance and subordination), based in the correctness of behavioral intervention and modification and founded in the dehumanization of systematic punishment and reward theory. Help is founded in equality that promotes co-operative guidance by an associate -- not a coercive commandant nor a manipulative format for taking advantage of another, and never a lie nor a deceit nor condescension, nor the attribution of shame, guilt and self-blame, a product of contempt.

There is ‘paranoia’ against people 'leeching' off the system. For this reason, victim blaming is the norm amongst the public and the professionals, alike. I have read many web pages on the Internet that refer to mental ‘health’ terminology to define our trauma symptomatology that is purely the victim-blaming of an onlooker's view to behavior that is outside the norms of acceptability. What cannot be seen does not exist: What is not within personal experiences does

not exist. The public actually believes that living at 75% below the poverty line (welfare) or 30% below the poverty line (disability) is highly desirable and people 'en masse' would do this rather than work. Only concerted educational efforts by the 'helpful' professionals and community victims, alike, will change this attitude.

I am a 'pawn' being abused in promotion of others' ulterior motivation. What angers the most is to be victimized by the Self-Helping Professionals' unreasonable disinclination towards enabling their consumers to be well informed about their situation, so that we may make reasoning choices. To be subject to their support is to be consistently retraumatized by their persistence in exerting a control over us that is avidly resisted as a victim of child, youth, spouse, and psychiatric consumer-survivor, now welfare victim. In consequence of their disdain for our right of self-governance, we are robbed of our civil rights of personhood within the human service system. Their choices for us are rarely realistic in our circumstances, but it can be readily seen how they would be beneficial for them in their circumstances. A strong support person as a community advocate is a mandatory requirement to sidestepping the wall of callous indifference, blind neglect, and creative obstruction that a consumer must survive while 'help seeking' within the health and human service system. I have virtually given up 'trying' to communicate with the systemic workers (both private and public) on my own behalf, nor respecting anything that is stated by the community of professional workers as bearing any relationship to the truth.

What we take as evident signs of "mental illnesses" can be interpreted in an altogether different way, which would lead to an entirely different dialogue. In a society that values smooth operations above all else, it seems natural to interpret crises as symptoms (socio-political crimes) of "mental illnesses." Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris
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Sensory Perception and Metaphoric Understanding

There is a peer support group called Hearing Voices Network that started in the U.K. and now has worldwide affiliates. I mention this because many of the members hear voices and do not and/or never did seek help from the mental 'health' establishment for their presumed 'malady'. If these voices do not represent harm to the hearer or anyone else then their disturbance is mainly in their perception as abnormal (false), the norm being accepted as true. American acculturation has taught people to seek 'help' from the established Mental 'health' Industry, wherein the medical 'model' for psychiatry states that all psychological differences are a pathology. The purpose of 'help-seeking' then is to rid us of our aberrant 'illness'. People are labeled psychotic (dangerously sick) and initiate overt or covert, coercive medical 'punishments' (punishments) to 'make' us 'well' (so we no longer hear voices), to become the 'same as' the average person.

The fact that one hears voices coming from the lamp does not mean that one's intellect is impaired (though for some reason we treat people labeled with 'psychosis' (extreme state of mind) like they're intellectually 'defective'). Hearing voices coming from a lamp is considered psychotic because lamps cannot talk, so the person is hearing something when no sound can be made (a false occurrence). Because the hearer of voices is the only one who can hear and see, by witness-experienced evidence, the incident is considered to be fallacious. The cultural falsehood is the fictitious belief that anyone who is perceptually out-of-sync from the 'accepted' norm (us) is an endangerment. As society maintains this delusive belief, disputed by all scientific evidence to the contrary, and does so without cognitive impairment, then by definition the culture is psychotic.

Because mental 'health' relies on subjective experience to label people 'Mad' (disapproved of) or 'well' (approved of), the perception of those believed to be 'brainwell' (considered favorable) takes precedence over the objection of those who are conceived to be brainsick (considered unfavorable). Some people may disagree with anyone calling them brainsick, as it is NOT their voices and visions which hinder their quality of life. Because the purpose of mental 'health punishments' are to 'make' people 'brainwell' (the same as us who do not hear voices) one's refusal to accept 'punishments' for said 'psychosis' (extreme state of mind) could result in forced 'punishment' even where there is no danger of harm to self or others (aggression, assaultive punishments).

The established Mental 'health' Industry now philosophizes a differentiation between voices coming from outside one's braincase (such as coming from a lamp, labeled 'psychosis') and voices coming from inside one's braincase (such as coming from one's mind, labeled D.I.D., formerly M.P.D.). At one and the same time, psychiatrists deny the existence of the mind by attributing all brainsick to be 'chemical imbalances', a neurological disorder of a 'defective' organ (specifically the brain). Because psychiatrists are not intellectually damaged, but adhere to indoctrinated beliefs, stating falsehoods as scientifically true when all scientific proofs are to the contrary, by definition psychiatry's meme is psychotic, that is self-sustaining in its financial rewards.

In keeping with altered state-of-consciousness, the use of metaphor de-constructs and de-activates the category of mental 'person' as one who is suffering from a neurobiological disorder (illness). The person hearing and seeing accepts the truth (purpose, meaning and value) of the adaptive experience as a form of spiritual communication or understanding (reasoning) in terms of autobiographical history and social circumstances. It is therefore not a brainsick that requires the attention of anyone in order to resolve itself. It is an intra-personal, natural process of adaptation to one's position in the personally relevant social context. Unfortunately, the person suffering overwhelming mental and emotional crisis is removed from the public domain as something fit to be regulated by the culture through the social control agency of psychiatry. The process of mindful understanding is not an element to be labeled false by a standardized social construct. It is real, therefore true for the person perceiving it. Perhaps recognition and acknowledgment of this form of spiritual maturation led to the development of disciplines such as yoga or meditation, to teach a person how to turn their mind inward for reflection or feeling thought and to use the self-knowledge gained (spiritual maturation) in diverse ways.

My experienced definition for 'psychology of traumatic injury of human origin' may be understood as an aspect of pain filtering, that is a combination of self-protective psychic reflex, preceded by adverse psychic intuition, based on experiential learning to the present-day environment and social elements therein. For example, psychosocial disability i.e. severe psychological distress is frequently due to an enhanced consciousness and appreciation for an ephemeral level of norms of behavior, the seed encasing within it the productive element, that is the germ cell of assaultive behavior. Our perceptions represent what a given stimulus has typically signified in the past, rather than simply representing what is presently 'out there.' Exacerbation of one's psychosocial disability (inability to function within the culture and the degree thereof) can be viewed as the intensification of one's sympathetic nervous system (fight or flight) coupled with emotion and cognition, or the feeling intellect due to experienced learning during development and maturation, which has now been coupled with evolutionary self-protective responses.

In practical terms of life-skills, this is why so many of us live in solitude, especially during a state of crisis as well as to avoid further states of crisis. Theoretically, we have created an intimate, spiritual, and biological life-skills system. We express a reflex response to the accumulation of possibilities

that a given stimulus has turned out to be in our experience. We participate in an orchestrated effort to maintain psychological stability or remove ourselves (as prey) from further perpetration. Experiential learning has taught us that socialization equates to self-harm. Presently, Bio-violent Psychiatry (medical 'model' of neurobiological disorders) understands this self-protective, adaptive response to personally relevant social context as a 'symptom' of our 'brainsick' necessitating coercive biological intervention, ex. drugs. Therefore, all professionally controlled, human service programs are in disregard of the quality of our alternatives and disrespect of our rights of humanity. Hence, professional efforts are orchestrated to 'reprogramming' (mind control) or to obtain our submission to socialization to meet the socially demanded construct of behavioral norms of 'ideal' acculturation, regardless of the social situation. Such behavior modification disregards both the psychic pain of the social experience to the individual (ex. Transitional Period, dissociative episode, 'flashback' (vivid feeling-memory experiences), etcetera), as well as the concomitant medical expenses, at the least. It also neglects to apply itself to therapeutic, community supportiveness benefiting the individual by offering genuine kindness and practical help with life situations.

Coercion (both direct and indirect) is the bloody way to a vegetative state. Corporatism is Fascism, wherein the tools of oppression have changed but the rule of weaponry stays the same! Stereotyping is one weaponry of repression. Its rule is bigotry! The weaponry maligns the individual through discount, demean, and debasement that is the denigration, negation and nullification of a group of individuals. Stereotypical labeling personifying personhood says nothing about the individual and everything about the 'objectification' of group denigration, that has been chosen to besmirch individual humanity, because the group is deemed to have none.

Interpersonal and intrapersonal communications attune us to alter. No one is perfect for oneself,
let alone for anyone else.

An extremely important aspect of mental 'health' is a direct result of the professionals' power to dictate norms based upon academic certification in the dominant culture perspective, which goes beyond gender in its negative potential to perpetrate harm. An acknowledgment of the diversity of humanity necessitates a strictly limited narrowing of the field of knowledge to that which it best understands, at least to the degree that those who have been analyzed may be able to recognize themselves in the product. Our disdain for and dissent from its subjective stereotyping is professionally recognized and treated as a form of cultural terrorism or mental 'illness'.

CHAPTER 2 - Method

Community Traumatization/Victimization The Silence Is Deafening

I was living in the Research Triangle Park (R.T.P.) area of NC. In 1994, I discovered myself to be in severe, psychological distress, with extensive amnesia. I did not know to hide the incidence of incest in my personal history, not realizing that to write the word 'incest' on a hospital admittance form would place me at very high risk for mental 'health' (community) assault. I learned from my personal experiences (1994 - 2002), with psychiatric 'support' (Raleigh, Chapel Hill, Boone, and Winston-Salem, NC, and Thunder Bay, ON). I now know that there is little to nil possibility of receiving mental 'health' support in the future. There is nil hope for mental 'health' support in the future, having been overwhelmed by a severe state of psychological distress (due to tragedy by human agency resulting in psychic shock or intense psychic suffering), and then while in said state of shock been further assaulted by mental 'health' practitioners, thereby made socially nonfunctional in the private and public domain. A prerequisite for receiving mental 'health' support for life's experiences in the present and a direct product of psychiatric assault is to deny one's reality. One must demonstrate a requisite willingness to be willing to hide from reality, whitewash criminal behavior in the mental 'health' professional community, and point the finger of blame for one's present lack of productive capacity in the private and public domains at incidences that took place in the nuclear family decades previously (in my case over four decades previously). This is today's mental 'health' version of 'victim-blaming.' It is true for me in 2004 just as it was true for me in 1994.

Date of Mental 'health' Industry Assault: First Week September '94

Place of Mental 'health' Industry Assault: Institutional Mental 'Health', Raleigh, North Carolina

Individual Perpetrators of Mental 'health' Industry Assault: Clinical Psychologist, Chapel Hill, NC and Psychiatrist, Raleigh, NC

Others assisting w/assault: staff

Forum for Community Retraumatization: Public Place

Witnesses to Assault: staff, consumers of clinical services

Citizenship of Victim: Canadian

Social-Economic Class of Victim (at time of assault): Upper Middle Class

Social-Economic Class of Victim (present day): Welfare recipient appealing denial of Ontario Disability Support Program

Deist/Non-Deist: Non-Deist

Color of Victim: White

Cultural Affiliation of Victim: W. European-Metis Descent, Matriarchy, and Canadian

Gender of Victim: Female

Age of Victim (at time of assault): 46 years old

Entry Level of Victim: Signed Self into Clinic

Presenting Characteristics at Time of Community Retraumatization: Severe Psychological Distress, Extensive Amnesia w/knowledge of close personal information

Physiological Condition of Victim at Time of Community Retraumatization: Recuperating from long-standing (undiagnosed due to prejudice against perimenopausal women) physical illness involving the sympathetic nervous system (mental & emotional stability)

Education: Last semester at university

Other (Associated Distress): Spousal Abuse

Victim's Complaint(s) at time of Admittance into Mental 'health' Industry: Anxiety over Dysfunctional Familial Situation

Unable to return to school

Victim's 'help-seeking' Motives for Admittance into Clinic:

A) Hoped to find "Sanctuary/Refuge" in order to obtain the "peace/solitude" away from familial duress with which to cope with overwhelming distress of being unable to provide supportive aid to family members. Cannot describe what familial distress is due to extensive amnesia with close personal information

B) Victim Characterizes Dysfunctional Familial Matters As:

a) States spouse as aberrant but can access no further information. b) Son has been dismissed from university for the second time, severe weight gain and directionless c) Daughter's priorities jeopardizing present, personal 'health' and future potential. d) Self - Unable to complete four credits at University to graduate. Does not consider loss of semester important.

C) Physical, Mental, and Emotional Exhaustion with history of severely oppressed state (semi-catatonic state), extensive prior to admission and episodic for ~6 months prior to admission

D) Severe Startle Response

E) Result of Stress Test: Below Norm (Note: if victim had not been attending University at the time, she would have ranked '0' on the stress test.

Victim's Behavior before Mental 'health' Assault: Appropriately polite: Amenable to system (rules and staff): Interacts appropriately with others: Seeks solitude, not participating in discussion groups.

Victim's Behavior immediately after assaultive behavior of mental 'health' professionals began: assertive, curt, dismissive, refuses to accept 'help', refuses to take medications (Lithium) for 'bipolar disorder', tried to sign self out and was disallowed, spontaneous age regressions during aggressive/assaultive interrogations, unable to relate to consumers and environment, lacks continuous memory of daily events, lacks continuous memory (moment to moment) during interrogations, exhibits intense outrage at doctors' 'coercive grilling', states the doctors are doing her irreparable harm and states verbal directions for them to stop, states interrogation is life-threatening (i.e. will destabilize life-long mental/emotional supports, hence destroy her mind)

Condition of victim while signing self out: almost total amnesia for weeklong stay in clinic with no improvement upon amnesia at time of admission

Forms of Assault Victim Endured at Clinic:

Physical, sexual, mental, and emotional

Emotions Victim Endured at Time of Assault:

Helplessness, horror, terror, despair, rage, outrage, and entrapment

Victim's 'Diagnoses':

A) 1994: Clinical Psychologist 'diagnosed' M.P.D. and Psychiatrist 'diagnosed' Bipolar Disorder recommending a prescription for a Lithium drug specific for those with a thyroid condition.

B) Trauma Specialist, TX, March/2000; Diagnosis: Chronic PTSD/Dissociative Amnesia (note: 'flashback' (vivid feeling-memory experiences) Content solely pertains to assaults by staff at Institutional Mental 'Health', Raleigh, NC occurring during one week stay September '94) 'Diagnosis' by Trauma Specialist was based on dissociative testing and diagnostic interview.

C) Psychiatrist, Institutional Mental 'Health', ON, September 2002; Diagnosis: Adjustment Disorder R/O P.T.S.D., Dissociative Disorder not considered. Trauma Specialist's report is dismissed out of hand. P.T.S.D. is ruled out, as consumer does not express hyper vigilance. Is considered a liar based upon negative presumptions of poor character development, possessing ulterior motives for 'help' seeking. Celexa is prescribed, based on its medical preference for use with individuals with P.T.S.D., which has been ruled out, in deference for a 'diagnosis' of Malingerer.

Reason for conscious decision stating incest on admittance paperwork, September 1994:

(1) Didn't know that it would lead to assault in a mental 'health' clinic by mental 'health' professionals in 1994.

(2) Believed the commercialized propaganda of media that is wholly respectful of and without reservation for the dominant culture's institutional Mental 'health' Industry 'support', most especially as it pertains to survivors of incest.

(3) Naiveté: Lacked knowledge of mental 'health' establishment abuses, which would generate a capacity for self-protectiveness by consumers when accessing mental 'health' services.

(4) Overly respectful of the professionals' ability to function on the job without conflicts-of-interest and indoctrinated systemic prejudices, both academic and personal.

Self-Knowledge Gained in Hindsight via years of painful unproductivity: Spousal Sexual Assault involving spouse taking part of man having sex with victim as child (pubescent in age).

a) This manner of sexual intimacy initiated: 1992/1993 (when victim transferred from part-time to full-time studies at university)

b) Sexual intimacy with spouse stopped: 6 months before admittance

Spousal Knowledge of Incest in Wife's Youth? Yes

Spousal Knowledge of Incest Initiated: 1968 w/reminders when victim believed it was necessary

Why Does Victim Believe Spousal Assault took the Sexual format that it did: Upper/Middle Management Level, Corporate Executive (International) could not accept wife obtaining a University Degree (low self-esteem). All other pressures to remove her from University had failed. Spousal rage at what he deemed a kind of mutiny against his presumed, vertical, hierarchical, familial status, and power required that his wife be punished (for returning to school full time). He chose the most painful punishment he could think of, which was also capable of providing the greatest pleasure for him. He did so without regard for her diminishing physical 'health' due to long-standing, un-diagnosed, physiological illness and during her slow recuperation.

When did victim remember the events leading up to her admittance into Institutional Mental 'Health'? Did not and still do not remember. I pieced it together during the spring of 1997, at the peak of pressures to go to divorce court, from a time line and extraneous information surrounding the period, 1992-1994.

Duration of incest in childhood/youth: puberty to 16 years of age. (Approximately)

Degree of Narrative Memory of Incest: Partial, ~12 memories involving nuclear family until 18 years of age. Put together they provide an outline of sexual assault from puberty to 16 years of age. (*Note: until 2004 - ongoing traumatization by psychiatric assault (psychic shock) via P.T.S.D. and continued extensive amnesia with close personal information i.e. loss of life's memories)

Degree of 'flashback' (vivid feeling-memory experiences) Memory of Incest: None

When did memories surface? Maintained until 1994, then lost and partially retrieved in the last year (+/-). Recovery of life's experiential memories is presently ongoing.

Degree of 'flashback' (vivid feeling-memory experiences) Memory of Spousal Abuse: None

Any legal action taken concerning child/youth incidence of incest? No

Will victim take legal action over incidence of child/youth incidence of incest? No.

If No--Why Not? Familial/Systemic Dynamics

Any legal action taken concerning incidence of spousal sexual assault? No.

If No--Why Not? Familial/Systemic Dynamics

Any legal action taken concerning incidence of Mental 'health' Industry assault? No

If No--Why Not? It took over six years for narrative memory to begin to surface. Memory attained during 'flashback' (vivid feeling-memory experiences)/dissociative episodes lasting ~one to three weeks were quickly forgotten, each time, as I emerged from the dissociative state. As a legal immigrant in the states, I could not access the welfare system (I was by then, bankrupt in consequence of my inability to maintain employment and educational aspirations due to psychological instability created by psychiatric assault.). As a Canadian Citizen living in Canada, I am disallowed legal aid for a civil suit. I am allowed legal aid for a criminal suit. I believe that if it should ever come to fruition - I would not be able to prove my case in criminal court.

Why did Consumer of Mental 'health' Services construct this web site (since deleted in favor of this book)? I believe our stories are important because they outline the various assaultive mechanisms used against us without a regard for any systemic 'penalty' or amends, and reparations, because of who and what we are. Bigotry makes it possible! Bigotry makes it right! The Corporate controlled established Mental 'health' Industry, maintained through liaison with State, is a 'hallmark', and its practitioners are 'personifications', of the wholly destructive bigotry within the dominant culture which condones assaultive experimentation on us, commercially propagandized as 'therapeutic punishments'. As an orchestrated attempt to defraud the public, the Mental 'health' Industry modeling of psychosocial disability as disease are purposefully designed to obfuscate the facts surrounding individual and group dysfunctionality (lack of productivity or membership in the workforce), in turn providing legal sanction to hegemony or aberrant societal maintenance of a dominance hierarchy or social order. Such malfeasance is a form of internecine profiteering.

Anecdotal Rhetoric: The Reality

An Open Letter to: 'MY' Self-Helping Professional

My single-minded, supportive 'help' is a needful thing that is without a regard for your shattered humanity. My professional empathy will sit as sole authority in denigrating judgment without a respect for my willful exacerbation of your debased suffering (mentally, emotionally, physically, spiritually, and socially). With comedic condescension, my nullifying neglect of you will remake your invalidated psyche as codependent on me, so that you can never again achieve purposeful self-reliance. In an atmosphere of negating denial, my statistical stereotypes will force you into fulfilling my imaginative flux of shame and self-doubt, while my unacknowledged victimization of you will incite you into demeaning self-blame, outraged hurt and shocked confusion, so that you cannot think clearly or positively. My contemptuous intimidation and unrecognized threats will make you mistrust all authority, especially your discounted right to self-rule. My deceitful manipulation will make you feel guilty and remorseful for things that have been done to you in the past that you will never be able to let go of. My disallowing you virtually no input into the decision-making process to surmount the ruination of your broken spirit, for your own good, will make you anxiety-ridden and panic-stricken toward your estranged world for the way it is and the way you are, a dissociative lacking in self-identity. My ego-centric narcissism will make you yearn for my self-centered, selfish, paternalistic 'care', while for private, personal gain I will drive you into acute psychological distress and crisis, for which I will then admit you onto psych ward. My blocking of all your avenues for self-advancement will make you feel like the justly punished for self-injurious behavior. My disinclination to make available to you, my professional time, and skill will seem like a self-perpetration of harm. My contemptuous ridicule will watch as you slowly go nonfunctional, alienated, isolated, in extreme psychic solitude, driven to despair as you come to understand that there is no help for you - the unworthy - from anywhere.

For after you have lost all self-definition to inferior progression, you can still depend on my imaginative suspicion to condemn, take advantage of, and coerce you into living a horror nightmare. My parasitical fear, animosity, and cannibalistic denial will never forsake you until the meat of your annihilated self-image has been gleaned from your bones.

Without a consideration for you, I want you to feel the way it feels to be the despoiled, self-involved indifferent. My extinction of your self-perception will make of you a re-programmed, trapped spirit, and a self-characterizing 'ghost-of-me.'

"When we treat someone as a person we are treating that person as our equal, human like ourselves. When we treat someone as an object we are acting as a predator and seeing that person as prey." Rowe, Dorothy PhD, 2000; p.433 <http://www.mind-in-manchester.org.uk/>

Institutional mental 'health' and human service sector, representing the dominant culture, is contrived to deconstruct hope: to fragment our spirit, and to collapse our will. To do this, the Self-Helping Professionals must contravene all mindful initiative, the antithesis of person-directed support. By exploiting our weaknesses, they seek to negate all signs of individual substance. The true purpose of the Self-Helping Professional is to obliterate the uniqueness that is our determination in favor of the emptiness of an amalgam, whose purpose can be engineered, at whim, in compliance with the resolve of the social affluent and elite. *"There is NO science to Psychiatry: There is ONLY abuse, greed, graft, misappropriation, pretended authority, and betrayal"*. <http://www.cchr.org/> Citizens Commission on Human Rights

The 'health and human service' system is supported by an affluent system of Self-Helping Professionals mired in conflicts of self-interest, that is condoned by society. Many of us suffer from the consequences of psychiatric assault, sometimes severe, a key element in support of diverse community (re)traumatization, sometimes severe. Therefore, it does not begin nor end with the assaultive behavior of the academically certified, hence indoctrinated mental 'health' professional. It is ongoing, spanning years, sometimes decades and - in my experience - supported through the complicity of each Self-Helping Professional in remunerative service to the system. Martin Luther King, Jr. wrote from the Birmingham City Jail, "We shall have to repent in this generation not merely for the vitriolic words and actions of the bad people, but for the appalling silence of the good people."

Margaret Sanger alluded to the social principles of established religion and affluent professionalism, in their position as state guardians, when she said, "Contraceptive information was so suppressed by clergy-influenced, physician-accepted laws that it was a criminal offense to send it through the mail. Yet the educated had access to such information and could use subterfuge to buy "French" products, which were really condoms and other barrier methods, and "feminine hygiene" products, which were really spermicides." Gloria Steinem (The Time 100, 1998)
<http://www.time.com/time/time100/leaders/index.html>

<http://www.time.com/time/time100/leaders/profile/sanger.html>

Psychology of Abuse in Therapy: Retraumatizing the Victim

There is one place in which one's privacy, integrity and inviolability are guaranteed--one's mind. The abuser by assuming the position of the sole authority invades, debases, and desecrates this haven. The perpetrator does so deliberately and with criminal intent, for the purpose of, reprogramming the victim into psychological regression through traumatic indoctrination by coercively manipulating the normal rules of communication. Abuse in therapy fomented an all-pervasive instability of spiritual affect and frequently results in irreversible psychological effect. The psychiatric consumer-survivor's insecurity of mind compels the victim's identity to fragment, while our ideals and principles shatter. Our riven mind becomes an accomplice of the perpetrator's intimidation, a denigrated, negated spirit trapped in endless ruminations.

Abuse in therapy fosters a humiliating, degrading co-dependency of the abused on the abuser. The resultant dehumanization, as the subject undergoes psychic regression, is deemed to ensue not from the perpetrator, but from the victim's invalidated psyche. Dissociation increases with lack of cohesive self-identity in a disrupted, devalued life-style, degraded physical appearance, and debased relations with others as strobing memories publicly and privately assault and flash in our disaffirmed mind.

Abuse in therapy nullifies the sense of self and is therefore the equivalent of spirit death. The social death in the material world, of family, employment, status, and possessions accompany the psychiatric consumer-survivor's loss of spiritual endurance as we become alienated, societal outcasts, unable to relate to and bond with others resulting in physical isolation and extreme psychic solitude.

Abuse in therapy dissociates the exposed, humiliated victim's ideology of spiritual inviolability and sacredness of personal humanity, while enhancing the fantasy of merger with an idealized savior. The betrayal to healing that is offered in psychological assault is an ultimate act of perverted intimacy. The victim's outrage preserves the veracity of our unconscionable and incomprehensible experiences. For the victim, mental 'health' professionals are neither safe nor credible anymore! (Based on Sam Vaknin's "Psychology of Torture" a chapter of "Malignant Self Love - Narcissism Revisited" (Narcissus Publications, 2003) <http://www.narcissistic-abuse.com/torturepsychology.html>)

"The 'mentally ill' are, in other words, fundamentally unworthy. One need only consult any standard psychiatric text or The Diagnostic and Statistical Manual of Mental Disorders (any edition) and examine the metaphors that are used to describe the psyche (the Greek word for soul) of an individual who is defined as a person: 'damaged ego', 'deeply-rooted pathology', 'basic fault', etc. It is useful to remember that terms such as psyche or ego do not refer to an actual corporeal body. Rather they are metaphors that attempt to convey something about the core, the essence of a person's being." Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris Seth Farber Network Against Coercive Psychiatry <http://www.academyanalyticarts.org/farber.html>

The pathological predation of psychiatry, indeed the Mental 'health' Industry, fully supported by the human service sector, epitomizes the leprotic malaise inherent in the infrastructure of civilization, while personifying its necrotic decay within the bodies of its victims, whose mindful energies are consumed by iatrogenic, psychosocial disability. According to a survey by P.O.P.A.N. - The Prevention of Professional Abuse Network "Persons abused by social care workers or 'health' staff are so traumatized by the breach of trust that many develop mental 'health' problems" (Community Care, 1999). <http://www.popan.org>

Support Group: PsychBusters (From the Purpose page <http://groups.msn.com/psychbusters>) "Through Psychiatry's stigmatizing labels, easy-seizure commitment laws and often brutal depersonalizing "punishments" thousands needlessly fall into a coercive psychiatric system which denies the most basic of human rights. Respect is given for Human Rights Issue, practiced as Human Rights Issue, in a spirit of honest and ethical endeavor, and with due consideration to primacy of the person's needs and health. However, there is every argument with the seduction and contamination of Human Rights Issue by psychiatrists whose totally unscientific and fraudulent contributions threaten to pervert, not only the position, honor,

humanity, and value of Human Rights Issue, but to wreck the lives of millions of persons who simply come looking for help.”

Psychosocial Disability: A Community Traumatization

Early Childhood Abuse vs. Mental ‘health’ Victimization

‘Elements’ of Traumatic Experiences or Tragic Life Events

- 1) Erratic abuse of power
- 2) Unknown and unknowable
- 3) Entrapment
- 4) Sexually violated
- 5) Isolated
- 6) Blamed and shamed
- 7) Absence of Control
- 8) Unprotected
- 9) Violations of safety
- 10) Threatened
- 11) Discredited
- 12) Crazy-making (pain, confusion)
- 13) Betrayal of trust
- 14) Helplessness
- 15) Grief and loss
- 16) Spiritual chaos

‘Elements’ of Traumatic Experiences or Tragic Life Events based on:

- 1) Personal Experiences
- 2) Walking on Eggshells: Abused Women's Experiences of Ontario's Welfare System, Final Report of Research Findings from the Woman and Abuse Welfare Research Project April 5, 2004
Academics: Janet Mosher, Patricia Evans, Margaret Little <http://dawn.thot.net/abuse.html>
- 3) Early Childhood Trauma Experience and Common Mental Health Institutional Practices
<http://www.annafoundation.org/chart.html>

Common Human Reactions to Forms of Tragic Life Experiences

Shock, Fear, Disavowal and Disbelief

Sense of Injustice, Cruelty and Impotence

Loss of Freedom (autonomy and self-determination) experienced as a willful, unjust and a deliberate political act against the integrity of one's selfhood or as an attack on the Spirit/Soul

Existential Search for Meaning

(Amidst contradictions and confrontations with systemic corruption and coercive control)

Abandonment and Isolation (without expectable protection or help)

Loss of Self, Identity and Dignity

The Journey of Endurance

(struggle for physiological and psychological survival)

PTSD and Other Psychiatric Dysfunctions

Common Human Reactions to Forms of Tragic Life Experiences based on: Wrongful Imprisonment and PTSD, The Innocence Project

<http://www.pbs.org/wgbh/pages/frontline/shows/burden/view/>

<http://www.pbs.org/wgbh/pages/frontline/shows/burden/cameras/memo.html> (published May 1, 2003) A Perpetual Battle of the Mind: Oct. 31, 2002, memo to FRONTLINE, psychologist John Wilson

'Mental illness' does NOT exist, as it is defined by psychiatry and clinical psychology! Psychiatry is biological research into things non-biological with organic 'fixes' for things non-organic, presently paid for by corporate pharma and our tax-dollar. In the 21stC psychiatry continues to pursue self-validation by voting for the inclusion of new diseases for incorporation into the DSM (Diagnostic & Statistical Manual of Mental 'health'). Empirical science has NOT proven the existence of ANY serious mental 'illness'. The populace is fraudulently being drugged, ECT'd, and lobotomized on the basis of theorem and hypothesis. "Ignorance is an evil weed, which dictators may cultivate among their dupes, but which no democracy can afford among its citizens." William H. Beveridge, 1944 The above examples represent several subpopulations of people at risk for Psychosocial Disability, a direct result of chronic community victimization and revictimization. The established mental 'health' industry would like to expand its civil war of attrition over property (an individual's value as personhood vs. corporatism).

Naming a thing is not the same thing as knowing a thing!

"It is a perversion of art to look upon science as the true naming and knowing and upon art as a traffic in emotions. Both science and art discover being, and neither may patronize the other." [p. 137] "Naming and Being" by Walker Percy in Signposts in a Strange Land edited by P. Samway. by Thomas M. Newland

http://www.phys.lsu.edu/students/dhall/NWR/UT/Naming_and_Being.html

The concept of human capacity as a measurable attribute, discernible by objective science applied to consciousness, is a patronizing hubris that discriminates among different kinds of being, favoring the simplicity of subjective naming that is cognitive knowing over emotional and intuitive knowing, the spiritual elements of consciousness that cannot be subjected to empirical science or even defined.

"As a shrill, leftist rhetorician, how am I expected to ply my trade so long as reality keeps hijacking the most hysterical reaches of available hyperbole?"

http://www.rabble.ca/modest_proposal.shtml?x=36235 by Charles Demers January 11, 2005
Rabble News

Nature's Covenant

Experience of Truth As Power in the Reciprocity of Life and Death

Based on: Hunting and the Quest for Power: The James Bay Cree and White men in the 20th Century by Harvey A. Feit (A Chapter in Native Peoples: The Canadian Experience, (2nd ed. 1995), edited by R. Bruce Morrison and C. Roderick Wilson and published by McClland & Stewart. <http://arcticcircle.uconn.edu/HistoryCulture/Cree/Feit1/feit1.html>

The organic principle of integrity is reciprocity that informs ecological relations which implies mutual respect for the needs, wants and desires of self within other, involving ongoing consensual

rights and obligations, and thereby the communal sharing of resources in order to continue efficiently, abundantly, and reliably producing an holistic state of existing in reality.

In an Ecological, Cultural 'Reasoning' (economic, social, and moral) quest for power is a metaphor for integrity, the conceptualization (meanings, values) of the mindful (with feeling thought). Quest for power is the self-defining, communal, and consensual, as seen in the actions of Indigenous Hunters. Power is a spiritual relationship in thought and action among many beings in which potentiality based in principles of community, responsible autonomy, and reciprocity becomes actuality.

David Suzuki stated, "The Native Mind tends to view wisdom and environmental ethics as discernible in the very structure and organization of the natural world rather than as the lofty product of human reason far removed from nature. The Native Mind tends to view the universe as the dynamic interplay of elusive and ever-changing natural forces, not as a vast array of static physical object. It tends to see the entire natural world as somehow alive and animated by a single, unifying life force, whatever its local Native name. It does not reduce the universe to progressively smaller conceptual bits and pieces. It tends to view time as circular (or as a coil-like fusion of circle and line), as characterized by natural cycles that sustain all life, and as facing humankind with recurrent moral crises-rather than as an unwavering linear escalator of "human progress". It tends to accept without undue anxiety the probability that nature will always possess unfathomable mysteries. It does not presume that the cosmos is completely decipherable to the rational human mind. It tends to view human thought, feelings, and communication as inextricably intertwined with events and processes in the universe rather than as apart from them. Indeed, words themselves are considered spiritually potent, generative, and somehow engaged in the continuum of the cosmos, not neutral and disengaged from it. The vocabulary of Native knowledge is inherently gentle and accommodating toward nature rather than aggressive and manipulative. The Native Mind tends to emphasize celebration of and participation in the orderly designs of nature instead of rationally "dissecting" the world. It tends to honor, as its most esteemed elders, those individuals who have experienced a profound and compassionate reconciliation of outer- and inner-directed knowledge, rather than virtually anyone who has made material achievement or simply survived to chronological old age. It tends to reveal a profound sense of empathy and kinship with other forms of life, rather than a sense of separateness from them or superiority over them. Each species is seen as richly endowed with its own singular array of gifts and powers, rather than as somehow, pathetically limited compared with human beings. Finally, it tends to view the proper human relationship with nature as a continuous dialogue (that is, a two-way, horizontal communication between Homo sapiens and other elements of the cosmos) rather than as a monologue (a one-way, vertical imperative)."

In a Corporatist Cultural 'Logic' quest for power is a metaphor for despotism. Quest for power is the conceptualization of the self-interested, the patrilineal defining consumerism, individualism and conflict, as seen in the actions of Corporate/State. Power is the political domination by force and threat over other. Control over other to attain and maintain the individual, national, and global as a business enterprise. Control over other, by ownership of resources (privatization, deregulation, smaller government and unfettered free trade), results in acts of conspiracy and piracy, tyranny and destruction, always leading to consistent and ubiquitous human rights abuses and consequent subversive reactions. Corporatism is systematic destabilization and systematic undermining of democratic values (individual, national, and international) or self-governance attained through self-determination, an actualization of full human potential based on right of self-

identity. Corporatism is a ceaseless infliction of pain on a passive, unresisting body, Mother Earth (air, water, soil, and all life upon it), a suppurating endurance resisting a military-industrial hang-up and the wealthy commercial elite.

“By perpetuating the idea that certain kinds of deviant behavior are signs of ontological deficiency Institutional Mental Health perpetuates and aggrandizes its own power; it impedes the cultural evolution and democratization of society by creating and sustaining the polarities of Mental Health and mental illness, Truth and error, the experts who possess objective scientific knowledge and their charges, ‘the mentally ill’.” Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris Seth Farber Network Against Coercive Psychiatry <http://www.academyanalyticarts.org/farber.html>

In both the Ecological Cultural Reasoning and the Corporatist Cultural Logic, the communal reasoning of quest for power is a hierarchy of leaders with concepts of power dependent on the activities of the direct participants in consort with an integrated chain of leaders and helpers acting together. In both cases, the goal of the good life is to exhibit one's competence, to participate in power and to be respected by others.

In Ecological Cultural Reasoning, the subtle, holistic, or democratic perspective of the concept of power that is reciprocal respect for those whose self-definition is mindful (feeling thought), communal and consensual, has several ecological meanings: a process of seeking; a process of fulfillment; an expression of need, want and desire; a continuous process of growth and maturation (self-actualization). Independent, responsible action is conceived of as a spiritual expression. The attainment of power is purposefully achieved upon entering into reciprocity. Hang-up and moral relationships are conceptualized as gifts received and obligations incurred, both inter and intra personally, and based in mutuality. This system provides a means with which people can fulfill their rights and responsibilities thereby contributing to the conditions necessary for mutual survival.

The concept of a gift indicates that power is not solely the result of the knowledge, will, and action of an individual. The most important reasons for the gifting lie in the capability of intelligent thought and social action relationships of the givers and the receivers. Their shared reciprocity or giving of power are events of communication that convey information about intentions through adaptation of one's self to what one learns from and knows about the other. One's “global perspective is therefore volitional, habitual, but also capricious, because many phenomena must act in concert for events to occur”. Hang-up inter and intra personal relationships “constantly confirmed by everyday experience is a metaphor for personal action applied to a hang-up, but understandable world of intelligent order in the promotion of efficiency, abundance, and reliability of resources”.

The power is a coincidence between an internal state of being—the psychosocial—and the actualization of the positive social milieu. For this reason, *power is not an individual possession, but a participatory gifting*. Psychosocial power of truth, analogous to gifts, with many givers, can only be actualized by sensitively interpreting and responding to the communications and actions of the other beings in one's environ, an ongoing process involving a delicate and dynamic balance of health and well-being, reciprocally contributing to the survival of other. Harvey A. Feit states, “The aim of life is the perpetuation of an ordered, meaningful, and bountiful world. This aim includes those now alive and those yet to be born. The social universe thus extends beyond the human world, beyond the temporal frame of an individual human life.” The exercise of authority in stewardship implies “*a willingness to exercise self-control and participation in a community of responsibility*”, thus an obligation to protect and share the resources within an historical chain of responsible authority. *The stewards use their knowledge to direct human consumption of the*

*resources by suggestion and by influence. The responsibility of each **consumer** is assumed, and each is given respect and autonomy in the exercise of personal authority or self-rule.*

The earth is the head of God.

God is fire in my head.

My pulse is an earthquake.

I am an earthquake.

(Vaslav Nijinsky, 1917)

“Pagels (1988) has documented that St. Augustine radically revised Christian thought with his innovative interpretation of the myth of the Fall. Whereas Christians before Augustine had used this myth to illustrate to their contemporaries the danger of freedom, Augustine claimed that human beings had totally lost their capacity for free will as a result of Adam’s original sin...By insisting that humanity, ravaged by sin, now lies helplessly in need of outside intervention, Augustine’s theory could not only validate secular power but justify as well the imposition of church authority - by force if necessary - as essential for human salvation” (p. 125)...Whereas Institutional Christianity impressed upon individuals the sense that they were helplessly damaged as a result of original sin, Institutional Mental ‘health’ now impresses upon individuals that they are helplessly ‘mentally ill’ as a result of “bad” child-rearing or “bad” genes.” Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris Seth Farber Network Against Coercive Psychiatry <http://www.academyanalyticarts.org/farber.html>

DS-n-SP-CAF™ supports Szasz: Psychiatric Protection Order for the 'battered' mental person as it recognizes, acknowledges, and seeks to protect our integrity as a human 'being' against despotism. The Psychiatric Protection Order seeks to enable us to escape further personal terrorist acts of conspiracy, piracy, tyranny, and destruction of our humanity, as a result of community destabilization and systematic undermining of democratic values of self-governance through self-determination based on right of self-identity, wherein the Mental 'health' Industry is a mirror of the corporatist society as a whole. Jerry Bass, said we all needed to challenge ... the Dominant Psychiatric Paradigm (DPP) "A given in mainstream psychiatry is that the doctor knows better than the person. Persons are relegated to passive recipients of drugs by psychiatrists manipulated, lied to, abused, experimented on, rendered powerless, treated as object rather than subject whose feelings and experiences are disrespected and ignored." <http://www.mindfreedom.org/>

In ‘The Moral Physician’ Szasz wrote in opposition to dogma, by challenging the liaison of psychiatry and government that has become denigratingly entrenched within every cultural system. Szasz theorized that the national infrastructure of state, science, and government have become intricately entwined, each with the other, producing what Szasz called "the therapeutic state." He argues that this medico-legal hybrid represents the greatest threat to personal empowerment. Because without personal responsibility there can be no quality of liberty, hence no free society.

“It is typically a crisis that inaugurates the dialogue between Institutional Mental Health and psychiatrically labeled individuals. An individual in crisis goes to Institutional Mental Health for help. His or her sense of identity is in question. The psycho diagnostic procedure is the ritual in which Institutional Mental Health reaffirms its own identity and confers a new identity on the being in distress. Because the psychiatrist or psychologist making the diagnosis acts under the extraordinarily powerful authority of Human Rights Issue and science, and because the individual in crisis is in a particularly impressionable state, this ritual is an effective force in stabilizing the identity of the two parties...Institutional Mental Health examines the individual in crisis - the crisis

is immediately assumed to be a symptom of some kind of 'mental illness' - interprets the signs and then re-christens the individual: 'You are a schizophrenic,' or "You have a bipolar disorder," or "You are severely mentally ill." The crisis is now resolved, the individual is reborn, he or she now knows who he or she really is. All further interactions will take place within the parameters established in the diagnostic procedure in which the roles are ascribed, and in which the identities are clarified." Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris Seth Farber Network Against Coercive Psychiatry
<http://www.academyanalyticarts.org/farber.html>

Another way to understand fascism is as a kind of colonization. A simple definition of "colonization" is that it takes people's stories away, and assigns them supportive roles in stories that empower others at their expense. David Loehr (Unitarian minister in Austin, Texas): Living Under Fascism – A Sermon (www.cyberjournal.org/)

An Open Letter to My Daughter

I am working hard at becoming psychologically stable. I am in the process of re-entering the public domain and extending my participation into the private domain, outside of the restrictive parameters of a recluse's environment. I am not yet able to do this in an interpersonal way, as witnessed by an inability to maintain regular daily activities, not centered onto the world domain of the computer. Feels like, I am on the threshold of 'recovery of self' and the computer has been a primary aid in the struggle for 'recovery of self-identity'.

I am enrolling in the local First Nations Holistic Healing Center. Tried to meditate regularly, but when I most need its healing properties psychological dissonance interferes with its positive attributes. An alternative offered at the Holistic Healing Centrex is 'Tai Chi'. I am hoping that concentrating on the minimalist movement will allow my mind to focus and thereby enable me to clear my head of the debilitating extraneous. I also hope to reduce an addiction to tobacco with its use. I have noticed that tobacco is a mechanism enabling me to remain--still, while in perpetual psychological conflict, i.e. to enhance my ability to focus and concentrate.

I was in spiritual conflict before the birth of my first child. I was terrified of the responsibility of mother-hood. I had no idea how to rear a child without recourse to the punishment-reward abusiveness that is endemic to the dominant culture, a corruption represented in all its systemic endeavors. The concept of punishment and reward is faulty, poor quality parenting regardless of whether physical punishment is used (which is condoned, hence mandated). The need to strike a child is proof that there is something wrong that is extraneous to the child. It is the belief in 'original sin' that dictates such adult behavior and its systemic mirror the belief in biologically based superiority. Original sin was invented by one of the first Christian Holy Roman Emperors as a mechanism of social control, thereby cementing his power resulting in stability of his rule, generating personal profit. It quickly followed that self-determining women were forced to give up preaching the gospel in the public domain.

Parental emphasis on the child's psychological (mental, emotional) and spiritual development is based in the belief systems of 'child born full of goodness' or 'child born full of sin'. Before the spread of European culture worldwide during the colonialist era, the majority of the human race believed as Confucius believed - that people are born 'full of goodness'. Out of love for self within other, the parental role is that of nurturance to the child's growth and development in the learning of life-skills or socially acceptable behavior based in actualization of full human potential.

Inculcating within the child the principles of self-determination and assisted decision-making is a quality parenting skill in support of community integration based in equality. The parental role is that of a guide in the skill of achieving mindfulness in all that the child does. To be mindful, the child must be allowed to 'remain' independent of thought in action to be self-determining, hence self-governing, today and one day at a time. The parental role becomes that of a teacher in how to think oneself through life experiences, wherein one's personal needs, wants and desires are never isolated from the society of others. Punishment and reward is a system whereby the child learns to respect out of fear, hence to obey with a regard for compliance to authority or mute, robotic mindlessness. The child learns first to become an object of parental control, hence a future 'pawn' of systemic control, to collude against self in the promotion of other's self-aggrandizement.

In summary, to accept the belief system of victim blaming is to accept, that the child is born full of sin. To accept the belief of one's innate sinfulness is to accept for oneself the shame and guilt of biological inferiority (bigotry) of the weak to the strong, the powerless to the powerful, the disabled to the enabled, and the red, yellow, brown, black to the white. It is to accept the belief in the biological inferiority of the female to the male, the illiterate to the professional, the poor to the rich, the matriarch to the patriarch, and the renters to the owners. In summary, it is to accept for oneself the biological inferiority of the difference to the sameness. To accept the concept of patriarchy is to accept for oneself that right is might to be found in the biological superiority of a 1% elite in praise of patrilineal principles of individualism, consumerism, and conflict. The genocidal horrors of yesterday's colonialism, from which we have not yet recovered, is ongoing in today's Corporatism fueled by the domination of the elite's patrilineal control over the acculturation of the populace to collude against self by holding with disdain and contempt the integrity of the community, based in maternal care of that which is ecological, consensual and spiritual. To accept the concept of patriarchy is to accept for oneself the inherent weakness of allegiances to the nuclear family out of fear for the spiritual strengths in the allegiances to the communal integrity of the extended family.

When I took World History II with Professor Mayevskia at A.S.U., Boone, NC in the spring of '97 I did two book reports. One report was on *The Carnal Prayer Mat* by Li Yu (failed Confucian scholar, husband to 50 women, father of many, and pornographer, 17thC China, Renaissance Era). A philosophical analysis by the translator was placed at the back of the book. The analyst spoke of the pit (knowledge) within the succulent juice of the fruit (self-pleasuring). Li Yu (as with Chaucer, 14thC England) wrote an educational book for the populace, who in reading for pleasure would absorb its concepts and principles. The book was a story of the violence men perpetrate against women, as represented by the militarism of the terms used to denote the physiology of gender. The book was a story of violence against men, as represented by the learned self-mutilation of the masculine gender. The book was a story of acculturated self-deceit, as needful in the expression of love between genders. The book was a story about the right of suicidal sacrifice by the female gender, as necessary to cleanse the extended familial, hence community shame and guilt of patriarchal god-like rule. The book was a story about the decadent malaise found in society wherever women are deemed the intellectual equal of men, as educated women possess the invested power to demand equality of civil-rights (self-determination, self-governance). The book was a story about decadent social advancements of equality threatening the eventual overthrow of patriarchy in favor of matriarchy (self-control, self-rule, self-governance).

The second book was about Confucius philosophy and its' shaping of the history of China. For example, I learned that episodically (3 or 4 times) the Chinese chose Legalism as governance. Each time central rule became militaristic and elitist, as initially represented in its educational system. This sadism necessitated a peoples' revolution and the reinstatement of Confucianism as

a mechanism of centrality of power in the governance of its peoples. I discovered that Confucius was a man for his time, millennia ahead of his time. I also learned that episodically there was a movement to make him a god and his philosophy a dogma. Gratefully he was not! As a result each time I read his words I could translate 'gentlemen' into 'gentle people' and 'gentleman' into 'gentle person', while the 3 duties of women I pushed off the desk into the waste bin. What does it say about our culture that the instant we self-identify with gentle person and gentle people that we become filled with fear of repression by oppression of other over self. Who is this other that we fear to such a degree? Where does this repression by oppression that we know so well, come from?

The 17thC Renaissance Era that gave birth to Li Yu was many centuries after Confucius developed his philosophy of life and social living. It was an era wherein women whose living was that of a decorative ornamental were educated as Confucius scholars, as well as in both artistic and useful trades, as an enhancement of their salability or pleasure in their possession. The ire of Li Yu was created out of a recognition that in some areas of China women whose purpose was to be sequestered wives were receiving similar education, due to the "weak permissiveness of their elite fathers", and thereby threatening the stability of the belief of the biological superiority of male over female (core principle of patriarchy). Alternatively, as I have so often said, the self-defining 'man' as both genders, all age groups throughout human evolutionary time--so there is no reason to say 'people', as everyone understands it. We need to recognize where our fear of oppression by repression 'lies'.

It was during this timeframe that a lower echelon prostitute enhanced her personal finances and thereby stabilized her personal future by inventing 'foot-binding', a commercialized fad, which as you know, spread throughout China into the present era. There are still women with such anecdotal knowledge. In all its various forms, the task of mutilating the bodies of our daughters has always been women's' work. Without the mutilation they will be unfit for the private and public domains. A mother's act of self-mutilation is therefore symbolic of her personal allegiance to the patrilineal concept of man and her love for her daughter. My refusal to collude with the enemy, to do as I am told, to comply with patriarchal dictates is indicative of my self-parenting skills, my belief in my heritage, my love of self within other, which has nothing to do with my hate. Although clearly it placed you straight into the line-of-fire!

While working as a Corrections Officer at C.C.A., Medium Security Men's Prison, Spruce Pine, NC in the fall of '99, I broke a company rule and spoke with one of the inmates. He was a young Cherokee man who was looking out for the best interests of a fellow inmate, who was one of the 13% prison population of people with an intellectual disability. Traditionally, the Cherokee are a Matriarchy in adversity subsuming through genocide, decimation, impoverishment, disease, and cultural destruction into the dominant monoculture, that is patriarchy. I showed respect for his heritage by remarking on the recognition, by the dominant monoculture, that Cherokee men are considered to 'have been' the finest of warriors. At the time, the Chief of the Cherokee was still Man killer (female) who had greatly improved the quality of life for her people, much as Queen Elizabeth First exhibited maternal care for her people. His joke in rebuttal noted the difficulty inherent in living with such a woman. I remarked, "It takes the finest of warriors to live with one (a matriarch)". Further, I added that, "It don't matter whether the Matriarchy is a strong one or a weak one - it still takes a warrior to live with one and the stronger the matriarch the finer the warrior". It is unfortunate that the dominant culture persists in consistently acculturating our sons into cowardice as a primary control mechanism of disdain and contempt for 'all' things feminine giving vent in hatred for the simplistic intelligence of a matriarch.

Have you heard that all the Matriarchies were extinguished during the era of European colonialism? Obviously one can never exterminate Matriarchy, as each generation of women reinvents its principles. In a repressive era, she writes in her diary and letters, while in a Renaissance Era in a book to be published for reading by the general populace. The illiterate and the barely literate, like granny and mum tell their knowledge in the speaking. The fact that our books are rarely to be found in our public libraries is indicative of our cultural, developmental phase. The fact that such books can be found in the women's department of our Universities and in Women's bookstores is indicative of our culture's Renaissance phase. In praise of Mr. Tim Berners-Lee (inventor of the www), we now also have the Internet. "Tim wanted it to be free, open and global (and) has fought to ensure the Web is never privately owned". (Day the wwworld changed forever." Emma Trimly; The Sun 16/8/00 <http://www.mentalmagazine.co.uk/index.htm#tim>

It is important to note what social changes transpired in the last 1/2 of the 20thC in our respective societies. For example, to relate these changes to the Corporatist Movement as we enter into the 21stC, as exemplified in the person of Emperor Bush, the Fundamentalist Christian who has been described as a corporate amalgam masquerading as human. State, Religion and Big Business has renewed the Colonialist expansion of terror against the self-determining sovereignty of Indigenous Peoples worldwide. Its continuance at home is exemplified in the use of the human service sector as agents for the body politic in elitism, with its stick beating on our sisters and their children (half of whom are our sons), which patriarchy self-defines as 'war of the sexes' <http://dawn.thot.net/abuse.html>. Clearly, the adherence to patriarchy is the self-accepted desirability of 'last standing man', who thereby self-proclaims as 'ruler of the world', 'the richest man in the world' now decertified, and without masculine peerage to contest his right of ownership. May all our ghosts bow down in proclamation to 'the second coming'!

Cannot remember a time when I was not an Atheist, although reared in the Fundamentalist Baptist Church. Granny was one of the none-too-bright who intellectually wanted only what was best for me, but was without the capacity to feel love for me. I forgave her as a child and since then times too numerous to count. I do not feel hate for her self-mutilation of her daughter: I feel resentment for her willful repression in oppression when it was unnecessary to perform, to allow life and an appropriate living. It is not her fault that she pursued this form of parenting. Granny colluded in submission with the dominant, out of fear for its painful domination and did as authority told her, with compliance to their right of judgment. She thereby reaped the personal rewards. Granny is a patriarch in a female form. I love her and hope that you do the same. The fact that we are estranged does not alter the fact that, when her age makes her incompetence recognizable to others: I will take care of her. Taking for granted of course that I am still alive, which thanks to my upbringing is debatable; coupled with the fact that my psychological instability has left me impoverished living off the public 'dole', directly due to my inability to maintain employment in the public domain.

My granny and your great-granny (who self-identified as matriarch) and whom I barely remember, felt a lot like me--only in her case illiterate. She also underwent a psychological collapse. She went into a state of (what I refer to as) semi-catatonia, which from personal experience is a state wherein the mind closes down and all is blank, as one enters into a state of self-healing or a filtering out of that which cannot be mentally encompassed in the present time. I awoke from this state with memory encompassing only close, personal information. The Mental 'health' Industry calls this state-of-being, wherein the individual is completely isolated from their environment and their mind is a blank, Clinical Oppression, or when 'it' wakes up while under attack 'it' is patrilineally defined as energetic, hence the identifier of Bipolar. If there is incest in their personal

history, a diagnosis of M.P.D. may adversely impact against them. If she fights the assaults against her and to the degree she does, Chronic P.T.S.D. (in my case also Dissociative Amnesia) is a by-product. Last year I was called an Adjustment Disorder and Malingerer. This year I was called a Personality Disorder. I have forgotten what else: There is a list, already! I have only had three psychiatric assessments. "Today, psychologists have a favorite word and that word is 'maladjusted.' The salvation of the world lies in the hands of the creatively maladjusted." Rev. Martin Luther King, Jr.

As a direct result of her mental collapse your great-granny was incarcerated into a mental institution where she undoubtedly received punishing 'punishments', depending upon her behavior (fear of authority in her anxiety for her family), such as E.C.T., ice-baths, 4 - 5 point restraints, chaining to immovable object, etcetera. Your great-granny's children were placed in foster care. I have no idea why, as your great-grandpa's brother was a neighbor, respected within the community, with a wife and children of his own. There were also other relatives living in the area. What precipitated your illiterate, great-granny's mental collapse was your great-grandpa's act of leaving her with four children to support. At that time, there was no systemic mechanism to obtain child support (Grandpa, one of the first auto mechanics, never did send a cent home.) and virtually no social service support, other than to take her children. I have no idea what that time was like for your granny as she has never spoken about it. She was maybe 3 years of age at the time.

After mental 'health' 'punishments' or 'care', your great-granny was never again quite right in the head. When 'triggered' she would become verbally abusive - to the men. In hindsight I would say that, as a child I misconstrued everything my granny said as hatred of men, most especially her 'x', quickly followed by her son, backed up by her sons-in-law, but not her grandsons. I remember her teaching me to learn to enjoy eating thickly-sliced, heavily-battered onion, lightly peppered sandwiches, because as a girl I would need to have a cast-iron stomach; while my brother (your Uncle Rog) ate peanut butter with home-Made jam or jelly. I also remember that, like me, your great-granny was frequently lacking in hygienic self-care such that she would be unemployable today, which would in turn have Made her a chronic user of institutional mental 'health' services. Nevertheless, she was a primary caregiver to her grandchildren - she never once raised a hand to any of us (nine). Why is it inappropriate to lock the children out of the house while a woman is working, but it is perfectly acceptable to strike them? Why does it speak ill of 'her' and symptomatic of her 'illness' that she can throw flour, water (milk when there is any), egg, and sugar and homemade preserves together to bake pies and cakes to feed her children, when there is no other food available? Granny always wore 'bloomer' underwear for which she had a special attachment.

I will always regret that I lost contact with memory of granny when I underwent psychological collapse in '94. In consequence I accessed the mental 'health' establishment, as the commercialized propaganda of the dominant cultural ethic stemming from the corporate-controlled Mental 'health' Industry, direct us to do. As a result of the psychosocial disability that stems from the brutalizing incidence of psychiatric abuse ('94), I only just remembered granny today, December 2003.

"Full human predictability is impossible in principle (p. 149). A willingness to accept human unpredictability, to encourage "unanticipated behavior" would spell the end of the disease model with its emphasis on diagnostic classifications and prognoses. The failure of this model (in human terms) is demonstrated by the draconian measures Institutional Mental Health has relied upon to maintain order, ostensibly to protect persons from their illnesses...The...social control agent...task

is to stabilize people for the community, thus he seeks to reduce unpredictability. He wants problem people to behave in respectable ways, like others in the community so that no one is angry by them. It is not change and new behavior that he seeks, but rather stability and no complaints from citizens. (pp. 54-55)” Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris Seth Farber Network Against Coercive Psychiatry <http://www.academyanalyticarts.org/farber.html>

I pertained to the philosophy of Women’s’ Lip from the early 60’s. I then called myself a Feminist while explaining that I preferred Women’s’ Lip - right up until yesterday (January 15, 2004). Now, I call myself (with inner pride) a matriarch, because I believe that I have mistressed the essential, spiritual essence of a Matriarchy. I have nothing against the word Feminist, so long as it is understood that the patriarchal, establishmentarian media labeled us this way, no doubt because when they say the word Feminist they invariably add the f---ing word first. It was in hearing this that I continued to call myself Women’s’ Lip in deference to the fact that everything that I say and do is considered back-lip, such that man feels like back-handing my face, but instead usually defers to another form of punishment. Also, it dad said it to me—often! For example, just as the spousal abuse at the end of my marriage can be metaphorically likened to that of placing a gun to my head, the behavior of the professionals in the Mental ‘health’ Industry (which I naively accessed out of righteous fear for Social (Human) Services Industry), can be likened to pulling the trigger. A trigger, which they insisted was ‘therapeutic’ and ‘for my own good’. *Patrilineal care is the antithesis of person-directed support.* “It should be noted that contrary to a common misconception, it has not been established that ‘genetic defect’ cause ‘mental illnesses’ or ‘biochemical imbalances’. The most that has been established is that certain individuals have a genetic predisposition to have certain experiences (usually precipitated by a crisis) that violate particular norms and that are ‘diagnosed’ as severe mental ‘illnesses’ (see the critical survey by Cohen and Cohen, 1986). The outcome of the predisposition obviously depends upon a hang-up of social, cultural and environmental factors.” Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris Seth Farber Network Against Coercive Psychiatry <http://www.academyanalyticarts.org/farber.html>

On the 26th of January 2003, I have an appointment with a psychiatrist for a reassessment, a necessity to obtain disability funding, in recognition of psychological effected un-productivity in the areas of employment and education in the public domain. When asked why the assessment is required, I will state that, "I require an honest assessment stating my degree of dysfunctionality in the public domain and not a word more". What this means is: I refuse to be labeled with a genetically-predisposed, biological brain disorder ‘mental illness’ as defined and characterized by the pseudo science of biopsychiatrists and which, as there is no cure (conversion), a presumption of a life-long un-productivity or the doomed, crippled product (individual and group) of poorly constructed genetic make-up. The implanting of such a label ‘into’ me is a mechanism of character assassination that needs to discount, demean, debase, denigrate, negate and nullify my personal endeavors in all that I say and do (past, present and future). In summary, victim blaming is the patrilineally, mandated agency of the dominant culture for sanitizing history, both personal and group with survival as the ‘carrot’. *“The intractability that Institutional Mental Health finds among ‘the severely mentally ill’ is an artifact of its own practices.”* Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris Seth Farber Network Against Coercive Psychiatry <http://www.academyanalyticarts.org/farber.html>

For over a century, psychiatry has modeled itself and its theorems after the physiological medical field. Its professionals expound at length on its ideology like they were based in fact, while refusing to accept the complete failure of scientific research into this area to obtain even a single

evidential research study to provide a factual basis for their medicalized 'modeling' of psychosocial disability, by D.S.M. or Demeaning Characterizations for Behavior in Adversity (DCBA). In this manner, the Mental 'health' Industry as a cultural agent of coercive control (both direct and indirect), seeks to expand its umbrella of societal de-politicization of human suffering. By labeling legitimate reactions as diseases, labeling and pathologizing difference/dissent, and race and class connections; thereby exerting a controlling influence over all in favor of the 'idealized', societally accepted norms of behavior based in sameness, in service to the elite and for financial gain of same.

If unable to obtain this simplistic form of honesty, then I will be forced to remain on welfare subsidy upon which I am presently enjoying a 4 months disability exemption of six months duration. After which the system will seek to force me to sign a Participation Agreement (everybody works) pledging weekly volunteer work in lieu of my inability to function in employment, 'in order to' maintain my welfare subsidy (which is 23% less than it was a decade ago and 75% below the poverty line). My 'failure' to achieve a working relationship with the welfare system from December 2001 until September 2002, followed by my 'refusal' to try and achieve a working relationship with same from September 2002 until September 2003 leaves me with no doubt that my life will be foreshortened and the tax-payer will pick up the medical tab. As a former taxpayer, I resent the gross waste in expenditure. As a matriarch, I resent the gross waste of humanity. "As long as people continue to grant experts the power to define them as 'mentally ill,' as ontologically defective, there will be perpetuated a dialectic of domination and dependency. As Szasz (1987) has argued there can be no viable democracy without faith in the individual's capacity to make his or her own choices about issues concerning his or her welfare - even if these lead to 'mistakes.' In short, *defining individuals as mentally 'ill' threatens the foundation of democracy.*" Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris Seth Farber Network Against Coercive Psychiatry <http://www.academyanalyticarts.org/farber.html>

"Sometimes revolution is just a reimposition of sanity." (He Was A Man: Tuesday, January 18, 2005) <http://www.mykeru.com/>

W O L F

Coercion (both direct and indirect) is the bloody way to a vegetative state. Corporatism is Fascism wherein the tools have changed, but the weaponry remains the same. Inter-personal and intra-personal communications attune us to alter. The wolf is a totem symbol of the nurturing power of communal integrity and maternal care (ecological and consensual). Its ongoing decimation is a colonialist symbol of the bigoted destruction *against* self-empowerment (self-centered within 'other' nurturing self), that is manifest destiny and a symptom of the fear that is patrilineal. Patriarchy equates to a vertical, differential of power wherein the strong dominate the weak, an enhancement to individualism, consumerism and conflict, patrilineally self-defined as 'democratic', maintained by the individual, hence community belief in biological superiority. Avaricious refusal to respect the environment is indicative of cowardice to awaken a nightmare, safeguarding the dominant culture's ethic based in punishment and reward, a corrupt egocentricity. Fear to recognize self in groups - exemplified in the individual as indivisible - prevents one from analyzing the cannibalistic aberrancy in the cultural expression of self-empowerment (the self-centered within 'I' feeding off self), safeguarding Social/Cultural Darwinism. When the past is an unacknowledged template for our growth in the present, there can be no maturation into the future. As a result, today is a shadow of yesterday imprisoning tomorrow.

Moral Judgments

I have heard that "if a child is hit it can have long-term effect on 'sensitive' children". This statement shows to me that the individual making it lacks understanding of basic precepts of human behavior. Punishment and reward as a form of behavioral control, that is misconstrued to be a means of guidance, has long-lasting affect/effect on us 'all'. The same ethic of punishment and reward mandates that the guardians use physical punishment. The common belief is that if it (punishment as in hitting, striking or in other words assault) is not overdone then there is no harm.

Every system in the culture mirrors patrilineal family values. Anecdotally, every system that I have experiential knowledge of uses force (coercion both direct and indirect) as a mechanism for social control. I have found that billions of dollars are being poured into a 'health' and Social (Human) Service Industry, which invents programs of social control mirroring the family values of punishment and reward, just as our respective governments seek to govern in this way, both at home and abroad. We are therefore 'all' objectified. Those of us who must access any aspect of the system become a victim of its 'idealized' family values. The professional assumes the role of authoritarian parent model. The consumer of services as obstreperous child model, as with children in reality, is now subjectively criminalized in accordance with the stereotyping assigned, a direct result of victim-blaming for their present status of help-seeker. Our existence, as user of the system, qualifies us for punishment but with reward in the offing--when we no longer require their 'help', synonymous with a child's symbolic growth and maturation into adulthood.

It is for this reason that human service money is wasted, as it does not promote change and improved well being, hence improved functionality. Those of us who are dysfunctional from this form of upbringing, upon objectification by the system, live a life of continued punishment for existence. These punishments serve only to exacerbate learned 'triggered' response patterns based in inherent survivalism. As the abuses against us are defined by the system as 'help' and 'support' their mechanisms are not analyzed for the punishments that they are, which Pavlov found worked so well with dogs and rats.

The conformists or assimilates, who did not have an excess of such behavior modification in their childhood, tend to function well in a society based upon the 'chain-of-command' and upholders of the 'faith'. The nonconformists or traditionalists, who got an excessive amount of behavior modification in their formative years, tend to rebel, finding no place in the pathological regimentation of the militaristic, legalistic culture, hence becoming dysfunctional, a victim of ongoing punishments for their inability to 'perform' and frequently classed as the 'mentally ill', an obvious societal refusal to recognize psychosocial disability. While others in this group tend to become mirrors of their abuse, similar to those in the first group - only more so - and frequently do well in the culture, because they are actually its ideal product.

I liken the Mental 'health' Industry as an arm of the systemic octopus. Once subjected to the 'enabling' mechanisms of the human service system, the dysfunctional will become more and not less disabled in the public domain, which carries over into our capacity to function in the private domain of interpersonal relationships, i.e. with family and friends. For example, if you felt the extreme, intense emotions generated while being assaulted - at this moment - how would you interact with your family and neighbors? You would be abusive - of course! As the human service system of Self-Helping Professionals expands, so do the statistics of familial abuses.

The holistic, affective abusiveness of each arm of the system becomes a little easier to understand if one breaks down the 'elements' of abuses, sometimes severe into their negative

affect (Physical, sexual, psychological (intellectual, emotional) of say child abuses). One then looks at any systemic mechanisms of support, for example, mental 'health' 'help' or social service 'support' and analyzes the constituent elements of policies and procedures. One will find the effect on the individual to be very much the same. In this way, one can understand how the systemic arm of the system is abusing the adult abuse survivor, in the present, as they were in the familial system in the past. *For us systemic help and support is an exacerbation of past suffering, by an extenuation of that pain into our present.* For example, *Walking on Eggshells: Abused Women's Experiences of Ontario's Welfare System* <http://dawn.thot.net/abuse.html> (group example) and *Retraumatizing the Victim* by Ann Jennings, Ph.D. <http://www.sidran.org/anna.html> (individual example)

It is not the past that we are necessarily disabled from but the coercion that we are subjected to in the present, because the past is in this way ongoing as we continue to live its abusive elements. This same analogous understanding, based upon individuals, can be applied to groups of individuals (multi-culturalism). An investigation might show that people have diverse reasons for aberrant behavior and are behaving quite normally considering their conditions. Absolutely everything institutional (hence systemic) is based upon punishment and reward with punishment swift, strict, and fair from the perspective of the punisher, presumed 'honorable and correct'. Once authoritarianism is allowed to function unchecked, the absence of punishment becomes the reward.

By inquiring into the reasoning for self-harm and suicides we may discover that diagnosing a biological brain disorder and medicating for it will do nothing of value and cost the necessary dollars in concrete preventive measures. Firstly, we have to stop calling criminals the 'mentally ill' in recognition of criminals as being 'normal'. We have to stop deluding ourselves that all negative forms of human behavior are products of 'mental illness' instead of our innate humanity and begin to critique the social and political cultural elements that is the pathology, so that we can make supportive community changes instead of yet another repressive effect on affect that serves the purpose of denial of people(s)' psychosocial reality.

Mindful Memory and Human Transformation

"Everything can be taken from a person but one thing: the last of the human freedoms -- to choose one's attitude in any given set of circumstances, to choose one's own way." Viktor Frankl (1905-1997)

Those of us who suffered severe psychological distress from community traumatization, thereby being subjected to tragic injury by human agency, familial and/or otherwise during our childhood, frequently have problems answering 'investigative' questions into our distant past.

Some of us cannot remember the period, but usually maintain a few memorial incidences during that stage of life. For example, until psychiatric assault in '94, I had just over a dozen memories of my nuclear family spanning the first 18 years of life. Due to the ongoing shocks of P.T.S.D. for incidents taking place in '94 (Mental 'health' Institution, Raleigh, NC), accompanied by extensive amnesia with close personal information, I no longer possess these memories.

Adult survivors of child abuse may become very analytical when asked about pertinent topics, such as physical/sexual abuse, because of the emotional alienation we share for that specific time in our lives. We struggle with word definitions and relativity in the social/political system. Our

answers become convoluted and not so clearly defined and characterized, as our counterparts (who escaped said abuses) are able to state with assertive direction. Our psychic confusion is our inherent difficulty in assigning blame. For many of us there is no distinction between night and day, as our personal perspective has been irretrievably redefined globally into dusk and dawn. Which is not a bad thing! It is a form of spiritual maturation. "Imagine a wisdom which understands that the inherent nature of human beings is that we are loving, cooperative, zestful, completely connected with each other and with all of life". John Breeding, *The Necessity of Madness*

The *Diary of Vaslav Nijinsky: Unexpurgated Ed.*, edited by Joan Acocella and translated by Kyril FitzLyon relates that, (For him) "Such understanding, which in his mind can be akin to a spiritual experience, is seldom achieved deliberately, and never by means of what he calls "thinking" or "intellect"... Instead, "reason" was understood by Nijinsky "as a faculty emanating from God and not subservient to logic."

It should not surprise anyone that such significant events would be forgotten. The mechanism is similar for 'generalized amnesia', i.e. an extensive dissociative amnesia with close personal information -- by either name this has been known to occur throughout the 20thC. The populace without question accepts the incidence of shocked memory loss, by car accident victims.

The clue here is the use of the term 'significant events'. The incidence of significance is a cultural perception sharply delineating right from wrong and us from them, wherein blame is assigned onto the them (individual perpetrator) and expunged from the us (systemic perpetrator). For we all possess membership in the amalgam that perpetrates community traumatization. Which may be why adult survivors of familial child abuses become confused and discourse at length on explanations over simplistic statements and questions in the perspective of those whose upbringing is the accepted norm for all children?

Unfortunately, to not remember every conceivable detail of every occurrence (correct and with exactitude) is accepted as proof of invalidation of incidence of fallacious memory. There is a considerable literature on the concept of "healthy denial" or 'selective memory' or 'strategic memory', wherein people repress difficult and painful memories until they are ready (if ever) to deal with them. Selective amnesia occurs for 'healthy, self-protective reasons that augments our personal well-being and group affiliations, hence an enhancement to our functionality or productivity in both the private and public domains. I term such 'healthy denial 'mindful memory' as it stems from our humanity's innate capacity for understanding, in turn engendering cultural (systemic) change.

Unfortunately, the Mental 'health' Industry is both repressive and punishing in its assaultiveness. To reveal one's childhood experiences to a mental 'health' specialist can be synonymous with making oneself a 'target' for psychoanalytic forms of psychiatric abuses or mind control experimentation. Depending upon the subject's psychic fragility at the time of said psychiatric abuses the aforementioned assaultive, psychoanalytic mechanisms used in the uncovering of memory can cause irreparable harms, thereby wounding the consumer's/user's psychosocial stability for years into the indeterminate future, with concomitant reduction in quality of life and comorbid with reduction to their psychological stability and physiological 'health'.

Mindful memory or human transformation in the face of coercion (both direct and indirect) and tragedy by human agency is a very healing attribute of human nature's psychological coping mechanisms. Mindful memory is not generalized amnesia. Mindful memory in no way reduces the quality of life for neither the individual nor anyone that they associate with, but on the contrary, it is an enhancement to the character of one's present life. Adult survivors can remember the

'knowledge of abuse' without the emotional elements and thereby pursue active productivity, including expressing select interpersonal life-skills, such as parenting skills.

These positive character attributes suffer adversely, when we are subjected to intense psychosocial distress of diverse community retraumatization/revictimization, sometimes severe. Ongoing, diverse social/political, systemic abuses in the present--exacerbates the otherwise 'healthy' dissociative response mechanisms of 'mindful' memory, such that the individual may become psychologically dysfunctional. The assaultive system under the guise of the mental 'health' code of biological disorders (D.S.M.-IV) then labels us with a diversity of genetic Madness. "If you tell a lie big enough and keep repeating it, people will eventually come to believe it." Joseph Goebbels, Hitler's Minister of Propaganda "...The principal difference between medical and Human Problems is this: medical diseases are discovered, generally through scientific research. But psychiatric "diseases" are invented - that is, they are fabricated out of thin air by committees...The normativity of all of this - the fact that psychiatric diagnoses are judgment, taste, opinion, and name-calling, and nothing more - is hidden behind a dense barrage of impenetrable pseudoscientific babble...There are no chemical imbalances, and there are no drugs which correct these nonexistent imbalances. The public's belief in these things is due to the perpetration of a massive fraud...(I)t should be recognized that psychiatric drugs are not different in kind from other psychotropic drugs - specifically, the compounds that are outlawed and deprecated as "drugs of abuse." Origins of Bio-violent Psychiatry, There Are No "Chemical Imbalances" Eaton T. Fores <http://www.academyanalyticarts.org/fores.html>

For example, turning such adults into societal pariahs i.e. abused-- abusing descriptions, negates the systemic abuses to which they are presently being subjected to and for which they require supportiveness. Victim blaming serves the purpose of denial for a population that needs to adhere to the 'ideal society' scenarios, hence blind to inequality and the ongoing community retraumatization perpetrated against the seeming weak (patrilineally defined as inferior). Those members of the psychiatric and psychological professions, who cannot accept the previously mentioned, will be prone to 'academic pursuits' of obtaining forceful advantage of consumers/users of their services. Hence, by using coercively manipulative means to obtain detailed autobiographical history of the 'subject', the victim is forced to accept 'help', ostensibly for the abused's own good. The professional imperative, the well being of others (the good of those family members and others presumed to have been consequently abused by the abused, now presumed abuser), is patrilineally defined as 'for the good of society'. Irreparable harm may be perpetrated onto anyone within a stoning's throw to safeguard corrupt community denial.

The 'furor' over the repressed memory issue is a backlash against cultural equality, most notably gender and ethnic politics, wherein the combatants (the mental 'health' and human service systems) remove their gloves when they join into the fray, such that social justice and scientific inquiry hits the surreal plane. The sufferers of this academic pursuit for personal gain (witch hunt) are the children, youths and adults (both genders), as well as anyone within a stoning throw. It serves the purpose of cleansing the faulty, cultural ideal values from guilt by locating a single perpetrator (scapegoat). It is driven by community fear.

For example, Lot's sexual abuse of his two daughters, impregnating them both (on the same night) as a result of their lasciviously getting him too drunk to know what he was doing, without impinging upon his capacity to function sexually and thereby reducing his potency? Based on divine right-of-rule, he had the god-given and culturally mandated right to satisfy his 'need'. Being as his wife had long-since turned to salt (retribution for her empathy) and his 2 'Lolita-style'

daughters were without the opportunity to fulfill their sole purpose in life, that being procreation -- he did them the favor of making their life worthwhile.

Alternatively, "I was too drunk to know what I was doing". "They got me drunk: It was only once" "I was without a valid sexual companion". "Their 'innate' licentiousness asked for it." "I did them a favor in bringing purpose to their lives". Or what many would call the characteristic attributes of a pedophile/rapist or what I call patriarchal, patrilineal, Victorian, Freudian, chauvinistic 'excuses' for the aberrant exercise of power-over and outright blurred vision in recognizing self--akin to Freud's penis envy theorem, which utterly misses the power differential inherent to gender politics and the bigoted stereotyping of gender.

"...(P)lacing crime and poverty in the domain of Human Rights Issue would be a mistake. What about the varieties of human consciousness - the thoughts, feelings, moods, perceptions, memories, and emotional tones that make up our mental lives?...Does expertise in anatomy, physiology, surgery, and pharmacology - collectively, the body of Human Rights Issue - confer a special expertise regarding these sorts of troubles, and a special socially acceptable into addressing them?...Does it therefore follow that emotional, social, and cognitive problems are appropriately addressed by physicians? Origins of Bio-violent Psychiatry: There Are No "Chemical Imbalances" Eaton T. Fores <http://www.academyanalyticarts.org/fores.html>

The victim is blamed for all the harms of someone else, which they fail to control for, that someone else's, good, by virtue of their 'witchery'. This is to be expected in a culture that makes the word Feminist a symbol of 'evil'. Such as the quote: radical, man-hating, male-bashing, lesbian, feminist bitch (Penthouse '92, with accompanying caption equally humorous) is not just culturally condoned: It is mandated. "Paradoxical Parental Loyalty" is the cultural misperception of a values system that mandates the simplification of interpersonal relationships. The cultural misperception is the lack of dominant cultural comprehension for the understanding of self as group, exemplified with the individual as indivisible from the group or self-centered within other (humanity). Dominant cultural misunderstanding does not negate the individual's spiritual understanding of the complexities of being human. The young, like the adult are acculturated into community abuses based in bigoted fabrications of stereotypical gender roles in support of the domination of culturally espoused social politics, thereby continuing the dysfunctionality against self through enhanced internal and external turmoil. Interpersonal and intrapersonal communications attune us to alter.

"Two advocates of lithium (Dyson and Mendelson, 1968) have described its effect as follows: "It's as if (persons') 'intensity of living' dial had been turned down a few notches. Things do not seem so very important or imperative; there is greater acceptance of everyday life as it is rather than as one might want it to be; their spouses report a much more peaceful existence" (p. 545)...The social control agent is not interested in exploring the idea that such "biochemical imbalances" might have adaptive value for the evolution of society, as Laing suggested about Heresy, Nonconformity 25 years ago. Rather he or she mobilizes all his or her resources to make sure "energetic depressives" accept life as it is "rather than as one might want it to be."

The true unfortunate occurrence here is that some deluded women spend hundreds of 'thou' on a psychoanalyst over the space of years, likely non/dysfunctional for much of that time-frame, and in great anguish, despair, and fear while reliving it all or 'reintegrating' from the initial destructive values of the European-Descended, patriarchal community. It would be far more cost-effective for them to go to their local women's bookshop or the women's section of their local university to find

books on the essays, speeches, autobiographies, history and fiction of women - backed up with women's peer support. Such women need to find personal validation in order to excise from themselves the absorbed acculturated cognitive dissonance that is victim blaming. Scape-goating reinforces the culturally preferred version of events, which has come to be regarded as 'truth' in denial of self, centered in other. "No other medical specialty is underwritten by the drug industry to a degree even vaguely approaching that of psychiatry. And with each new drug brought to market for some condition, the list of types of consciousness that are deprecated as "mental illness" grows". Origins of Bio-violent Psychiatry: There Are No "Chemical Imbalances" Eaton T. Fores <http://www.academyanalyticarts.org/fores.html>

It is the distortion to our personal life's living reality that is the primary source of our suffering! To be mindful is to witness the spirit of who I am. "The danger of the past was that men (people) became slaves. The danger of the future is that men (people) may become robots." Erich Fromm (Parenthesis mine)

Asylum, Haven, Refuge, Sanctuary

I once saw a picture on the Internet of a vanquished Afghan woman (reared by the Taliban and living in a war zone) holding her pre-school daughter in her arms. She wanted someone to help her: She wanted to go to an insane asylum, because she could no longer cope: She said, "I think I am going crazy!" Although our situations were different, her statement, a direct quote of mine, reminded me of myself back in '94.

I thought that I was doing the 'right' thing, hence what was best for my family by signing myself onto psych ward. I did not understand that my cry for 'help' was a direct consequence of absorbing corporate sponsored, state controlled established Mental 'health' Industry propaganda. Instead, I considered my act of 'help-seeking' to be the correct form of escape from untenable emotional distress in the short-term and as such, a renewal of spiritual strength and endurance, a necessity to my psychological well-being, hence supportive of family and community. My purpose in short-term 'help-seeking' while in psychic crisis (psychological collapse) was to gain admittance into an asylum, a haven, a refuge, a sanctuary and to become again fully functional. I viewed my action of 'help-seeking' to be a protest and dissent to overwhelming mental and emotional distress resulting in loss of functionality. It was the first time and the last time that I sought 'help' for my psychological well-being from the established Mental 'health' Industry, whose ulterior motives based in conflict-of-interest discount any person-directed support based in principles of self-determination and assisted decision-making.

The operative ethic in the term 'mental health institution' is asylum, which I thought meant haven, refuge, sanctuary. In googling psychiatric consumer-survivor and in joining peer support groups on the Internet, I have discovered that I am not alone in my past adverse experiences in an established Mental 'health' Industry based upon the pseudo science of bio psychiatry, the antithesis of person-directed support. My present fears concern the potential abuses, sometimes severe of future others who will fall victim to misleading, commercial propaganda into the false beliefs of psychiatry. In bio psychiatry personhood is not understood in terms of autobiographical history and social/political circumstances. There is no mind for healing and recovery in psychiatry. Instead individuals suffering from psychosocial disability, emotional distress, disturbing behaviour (protest reaction) and unusual thoughts or perceptions receive medical intervention for neurobiological disorders (mental 'illness') rather than to recognize and acknowledge their

behavior as adaptive to their personally relevant social context. Clearly, there need be no escape in an 'idealized' society! Obviously, the fault lies within the biology of the individual!

For 8 years, I harbored the outraged wounds of their betrayal, so intense that it drove from memory the knowns of personal, familial history, child sexual abuse (incest), spousal abuse, as well as over 2 decades in memory of my children and spousal relationships. In researching the history of the Mental 'health' Industry and the academic foundations for its existence, I have found that it is not and never was their professional intention to be supportive of its citizenry as asylum, haven, refuge, and sanctuary from overwhelming personal tragedy or person-directed support based in principles of self-determination and assisted decision-making. Their purpose as guardians of society is as it has always been, to intervene and remove us (society's wounded victims) from the general population and to punish us into mute, robotic acceptance of the established order of the 'idealized' society. "Through strong, painful impressions we capture the person's attention, accustom him to unconditional obedience, and indelibly imprint in his heart the feeling of necessity. The will of his superior must be such a firm, immutable law for him that he will no more resist it than he would rebel against the elements." Johann Christian Reil, creator of the word Psychiatry, 1810

The pragmatic and dogmatic application of the Medical Model (Socio-Political Model) in bio psychiatry and psychotherapy (interrogation) is a nefarious betrayal of public trust in its corruption of Human Rights Issue as a cure (conversion) for societal 'ills'. I do not believe that I am 'sick in-the-head'; while I recognize that, I have been driven into psychological non-functionality by a tragic, orchestrated attempt to defraud the public trust. Psychosocial disability does not exist as it is defined by the mental 'health' establishment, i.e. as a 'mental illness' inherent to the individual. By definition, it is the establishment and its adherents who hold false beliefs while maintaining cognitive capacity, who are the victims of a 'psychosis'. It is their predatory objectification of us (prey) that creates our out-of-bounds behaviorism's. By learning to view our experiences as metaphor for incomprehensible reality we begin the journey of healing, a reaffirmation of our stolen self-identity, our sense of self. "In view of the primitive simplicity of their minds, they (the masses) more easily fall victim to a big lie than to a little one, since they themselves lie in little things, but would be ashamed of lies that were too big." Adolph Hitler. Mein Kampf, Vol.1, Ch. 10, 1924 tr. Ralph Manheim, 1943

Within each of us, there is the power of shaman: Between each of us, there is the support of shaman. The therapeutic tools of healing for the handicap of psychological debilitation due to tragic soul-injury (spirit-death) are therefore diverse. *The facilitation of person-directed support lies within the consumers/users, x-patients of psychiatric services and the general population, and enfolded in the principles of self-determination and assisted decision-making, as proven by R. D. Laing and Loren R. Mosher. The definition and characterization safeguarding the civil rights of the population of people with disability, which includes those individuals 'deemed' to be subject to 'mental illness', does not lie within the scope of the providers of psychiatric services whose academic prestige is best served in aiding us to help ourselves. "If you are sitting with your boot on somebody's neck, you are going to hate him (/her) because that's the only way you can justify what you're doing" (Chomsky, 1992). (Parenthesis mine)*

Healing self-help is an existential journey into both myself (intrapersonal) and self (interpersonal), hence a spiritual maturation, a dynamic process of actualization. It begins with the denial of the prejudicial beliefs of 'us and them'. Once begun, self-psychology is a journey that only death can end. In accordance with the established mental 'health' definition of the term 'recovery', there can be none. For, metaphorically, with every step we take forward we leave the self that was, further

behind. Maturation is a progression of endless renewal: self-recognition, self-acceptance, and self-generation through self-creation. Self-determination is the progress of actualization or the process of fulfilling our full human potential.

"In the world of modern psychiatry, claims can become truth, hopes can become achievements, and propaganda is taken as science." (Peter Breggin, Toxic Psychiatry) The mental 'health' establishment chose to 'model' physical Human Rights Issue in denial of the reality of 'mind', thereby 'creating' an ever-thickening smoke screen of Socio-Political Issues for the behavioral expressions of the human personality in dissent to both physiological and psychological, social/political duress. It is a weapons system masquerading as therapeutic means, that purports to explain the person's dysfunctional productivity within the culture, as an elemental thing that is biologically innate to the individual. The tools have changed but the weaponry remains the same.

CHAPTER 3 - RESULTS

Anti-Psychiatry Activism

Coercion (both direct and indirect) is the bloody way to a vegetative state. Corporatism supremacy is Fascism, wherein the tools have changed, but the weaponry remains the same. Inter-personal and intra-personal communications attune us to alter.

The wolf is a totem symbol of the nurturing power of communal integrity and maternal care (ecological and consensual). Its ongoing decimation is a colonialist symbol of the bigoted destruction against self-empowerment (self-centered within 'other' nurturing self), that is manifest destiny and a symptom of the fear that is patrilineal. Patriarchy equates to a vertical, differential of power wherein the strong dominate the weak, an enhancement to individualism, consumerism and conflict, patrilineally self-defined as 'democratic', maintained by the individual, hence systemic belief in biological superiority. Avaricious refusal to respect the environment is indicative of cowardice to awaken a nightmare, safeguarding the dominant culture's ethic based in punishment and reward, a corrupt egocentricity. Fear to recognize self in group(s) exemplified in the individual as indivisible prevents one from analyzing the cannibalistic aberrancy in the cultural expression of self-empowerment (the self-centered within 'I' feeding off self), safeguarding Social/Cultural Darwinism. When the past is an unacknowledged template for our growth in the present, there can be no maturation into the future. As a result, today is a shadow of yesterday imprisoning tomorrow.

POEM of Blood and Anger: http://www.truthout.org/docs_04/061104A.shtml

“Was written by an embittered second lieutenant who asks not to be named...”

Poems of Blood and Anger By Nicholas D. Kristof The New York Times Wednesday 09 June 2004

Knock the dust off your boots, my boy,
It's time to ride again.
The frontier has gone restless now
And we must crush this rebellion
These people understand only violence,
So let's give it to 'em now.
We'll ride 'em down like Cherokee;
We'll trample 'em like Pueblo.
These savages are ruthless;
They understand no law.
So, we'll pick up our Peacemakers,
And shoot 'em like Choctaw
Rally round the flag, my boy,
And grab your rifle, too.
The Red Man's turned Brown, my boy,
And there's a lot of peacemaking to do.

Bio Psychiatry and 'Brain' Scans

It seems reprehensible--how the bio psychiatric community of professionals seats brain scans as scientific proofs until one remembers Descartes Dualism theory promoting intellect alone as

producing reasoning, which became the academic 'law of belief' written in granite. For example, Behaviorists theorize the mind as an amalgam for a directed set of behaviors. Because it is/has been accepted that our humanity is the genetically defined brain, which forms rationality, brain scans can be accepted as solid evidence for irrationality. Recognition of the mind/brain/body scenario (proven in neuroscience lab for a decade now) shines light of reason onto brain scan fallacious nature. The biology of reason is inseparable from its dependence upon emotions and feelings. (Descartes' Error : Emotion, Reason, and the Human Brain by Antonio R. Damasio) <http://www.amazon.com/exec/obidos/tg/detail/-/0380726475/102-3508508-1294558?v=glance>

"It is the theory that decides what we can observe." Albert Einstein

Brain Scans have medical validity for physiological abnormalities. It therefore has prestige, which has been applied successfully to bio psychiatry where there is no physical abnormality, but it is presumed to be there--if not structure then chemistry. As there are no physical 'knowns', it is impossible to distinguish whether what is seen in the brain scans is the cause or the effect of the phenomenon under study or even if the effect is related to previously mentioned phenomenon, as the knowns are still unknown. E. T. Fores (There Are No "Chemical Imbalances") noted, "that everything from playing music to asking the person to think about a particular thing will radically alter PET and SPECT images of the brain?"

Feeling thoughts have chemical structure and concentration. Moment to moment our brain chemistry changes dramatically and with it brain scans. The nuances are beyond counting in a single human let alone groups of individuals, hence the irreproducibility of such studies. Our emotions and feelings are discounted in bio psychiatry of brain imaging studies, because spirituality (mind) is not accepted as having a valid bearing on the subject matter of established mental 'health'. Personhood in terms of autobiographical history and social circumstances is still radical psychology. Perhaps when neuroscience has proven the existence of Spinoza's intuitive understanding of feeling thought, consistently and repetitively, for another decade it will begin to become acceptable? At such a time, we will leave the brain scans to the magician act with slight-of-hand.

"Now, we medicalize this persistent social problem of person-against-person violence by looking at the individual perpetrator and the individual victim. The focus on the individual leaves unexamined the community and family factors. It's time for intervention and prevention at the community level." Sylvia Caras, Ph.D. (It's Time to Stop Permitting Abuse) <http://www.peoplewho.org/readingroom/preventabuse.htm#N 11>

The profiteering meme of dominant culture is academically certified mental 'health' professionals indoctrination into Descartes: Behavioral Psychology is based upon it. They refuse to give up neurobiological answers for psychosocial disability resulting in dysfunctional productivity, i.e. emotional distress, internal protest, and unusual perceptions giving rise to disturbing behavior as an adaptive response in a social context. Bio psychiatric principles have been their career and in fact it foots their bills, hence all the tools cum weaponry in psychiatry, including drugs.

Dominant culture considers emotions and feelings to be impolite, at best and the fomenter for mutually ruinous conflict, while denying the fertile productive element -- the social order. The appropriate expression of emotions is denied vociferously by the men of these cultures as emasculate (i.e. feminine) and therefore the person, as well as the behavior, is considered to possess a disdainful, contemptible weakness that cannot be trusted (imaginative). Hence, due to the social, political, cultural infrastructure of empowerment and belief systems, the criteria for

categorizing individuals in any brain scan study are nebulous to the point of arbitrary. Eaton Fores (There Are No "Chemical Imbalances") states, (T) he idea that brain imaging studies prove that the wildly divergent phenomena that are grouped under the label 'mental illness' are brain diseases doesn't need to be torn to shreds: It is essentially nonsensical in the first place."

[In cases of enuresis, i.e., bedwetting] I apply usually [in the region of the boy's sexual organ] a tolerably strong current for one to two minutes; at the close, a wire electrode is introduced about two centimeters into the urethra - in girls I apply "small" sponge electrode between the labia close to the meatus urethrae - and the faradic current passed for one to two minutes with such a strength that a distinct, somewhat painful sensation is produced. WILHELM ERB Handbook of Electrotherapy, 1881 in Thomas S. Szasz The Myth of Psychotherapy 6.1, 1978
<http://www.wildestcolts.com/parenting/parenting.html>

VITAL ACTION: Help Say NO!! Refuse Mandatory Mental Health Screening
A DECLARATION OF REFUSAL TO COMPLY WITH ANY NEW FREEDOM COMMISSION MANDATE FOR UNIVERSAL MENTAL HEALTH SCREENING OF CHILDREN IN THE SCHOOLS
<http://www.ablechild.org/declaration%20of%20refusal.aspx>

Cannon Fodder

The Germans found an early use for ECT. By applying it against soldiers undergoing psychic shock, they could turn the 'malingerers' back into what dad used to call 'cannon-fodder' for the elite and their affluent guardians (professionalism). Dad's theorems derived from the blue-collar, union solidarity philosophy is readily applicable to many life's situations including his denial of the rights of women to hold membership in the union, based upon the inappropriateness, hence undesirability of their possessing the employment that gave them place in the union. This gender-based attitude drove the marketplace "Guilds" in the 14th C until the women no longer had place, whereupon the Napoleonic Code nullified rights of female ownership, followed by the 'void zone' of the Victorian Era, following through the reawakening and consciousness-raising, steady advancement of gender politics, gaining momentum throughout the 20th C into the present.

A positive side effect of the benefits of gender politics is the questioning of the lack of willingness on the part of the majority of the psychiatric professional community to (truly) ask the question why, in reference to psychosocial disability producing dysfunctional productivity. The issue of technique is of primary importance. The malfeasance of psychiatry designates committee votes to provide biological answers without first inquiring into the question of why? To discover the answer to the question of why one needs to ask another question - for whose purpose.

The purpose of the DSM is to label without scientific inquiry and thereby enable punishments of those with characteristics of psychic disability, hence worker un-productivity, in much the same way as the Germans found that ECT punishment sent the 'malingerers' back to the front lines. The same purpose is served, as with the 14thC Guilds and the Napoleonic Code, to recreate a Victorian Era of mute, robotic silence of a subpopulation to their ostracism and disempowerment.

In any authoritarian regime, questioning meets with dismissiveness at best and forms of punishment at worst. To be without a regard for is to be without a respect for--other. Assertive questioning by the objectified subject of authority, whose views are taken as expert and definitive, is perceived as a sign of weakness on the part of the authority and a sign of aggressive rebellion

on the part of the objectified subject. It is considered the duty and responsibility of the authority to re-educate the subject, into the right way or norms of behavior. To be lacking in the norms of behavior is to express a resistance to or outright refusal to be obedient to one's predation by domination. To be dutifully compliant to predation is to possess the requisite degree of compliance expressed in submissive behaviors even when such collusion is clearly detrimental to self. *"Mankind (Humanity) is at its best when it is most free. This will be clear if we grasp the principle of liberty. We must recall that the basic principle of liberty is freedom of choice, which saying many have on their lips but few in their minds."* D. Alighieri

There is no need to ask why on the part of the authority as self protective behavior is proof of lack of acquiescence on the part of the object, i.e. proof of their 'rebellion', which must be eliminated. It is therefore not necessary to delve into the brutality of personal violations for the ends (compliance) justify the punishing means. A tub of eels, ice baths/wraps, insulin coma, ECT, drugs - if needs be - the resultant adverse effect/affect (psychic & physical injury) solve the problem. Torture is a tremendous tool to bring whole populations under the societally accepted control of a few.

The 1994 Convention Against Torture recognized that torture is the "consciously trying to take away people's identities; the breaking down of the human spirit". The goal of breaking down people's will is to make them faceless, take away their culture, their religion, and their identities. It further defines torture as "the commission of an act intended to inflict ... severe mental pain or suffering upon another person within (one's) custody or physical control". The Convention defined "severe mental pain or suffering as meaning the prolonged mental harm caused by or resulting from ... the administration or application, or threatened administration or application, of mind-altering substances or other procedures calculated to disrupt profoundly the senses or the personality". http://www.truthout.org/docs_04/061104C.shtml

Metaphorically, we have crossed the threshold and entered the 'void zone' of Corporatism (pharmaceuticals as profiteering agents for infrastructure stability or social control). There are diverse unknowns at present to carry the metaphor further. Perhaps we will enter a reawakening period and molecular and genetic research into mental 'health', funded by Corporate Pharma, will lose ground due to its own inability to curb its predation upon the citizenry in its perpetration of greed for self-aggrandizement. Perhaps we will continue onto a corporate period of militarized population control via pharmaceutical weaponry, eugenics.

For example, T. S. Szasz states that, "At present former psychiatric persons, even when legally competent, have no means to defend themselves from such a contingency. (Being committed (sectioned) and treated against their will--a personal violation—a "psychiatric abuse)." At present, there is no legal means to fight being 'forcibly incarcerated' into a Mental 'health' Institution as a result of a directive issued by care authorities (ex. psychiatrist) and carried out by a police force (if the individual resists their loss of freedom). Further that this directive can be lodged by any citizen who deems that there is just cause for one's incarceration. Individuals being forcibly detained have no legal means to prevent their incarceration until 'after' they have been 'detained' and perhaps been given 'punishment(s)'. They are in an 'institution' that is part of a system that has proven itself incapable of respecting one's civil rights, but is quite capable of using extreme measures called 'punishments' (punishments), such that there is no equal outside of the Criminal Justice System?

Case Study/Clinical History

Community Retraumatization/Revictimization: This is when the victim is retraumatized via being triggered to live through tragedy by human agency, ex. 'flashback' (vivid feeling-memory experiences). These tragedies span years when the victims are unable to access help for their psychological distress, while being forced into dereliction due to their inability to function appropriately in the public domain (at the very least). It is traumatizing as there is formerly and concurrently little or no memory of the incident. The 'flashback' (vivid feeling-memory experiences) episodes are as real as the present, while overwhelming the present. In the profound, state-of-being the victim's behavior IS the 'flashback' (vivid feeling-memory experiences) with little, if any, visual or auditory associations to the present during the 'flashback' (vivid feeling-memory experiences). The victim's perceptions are solely those of one being victimized by human agency (maim, maul, mangle, rapine), regardless of the situation.

Once triggered these adverse emotions can span weeks. In consequence of profound debilitation, the victim will exercise coping skills or self-soothing skills. For example, self-medication (addictions); seek isolation from others (avoid further triggering and their negative behavior that results which is acutely painful); cessation of 'normal' daily activities; show an interest in something new (cognitive escape); or no interest at all (cognitive exhaustion); suicidal-ideation (fantasizing an 'escape route' from psychic suffering). The differences in the label are roughly indicative of the naiveté of the individual, in accordance with age and/or maturation of the victim at the time of onset of the psychological dysfunctionality (child, youth, adult), perceptual severity, and degree of chronicity of trauma, which can be artificially maintained by sadistic governmental policies, for examples see <http://dawn.thot.net/abuse.html>

Systemic abuses or community traumatizations/victimizations, sometimes severe, bear the same elements of power differential, regardless of whether it is familial abuses (child, spouse), mental 'health' abuses, social service abuses, work-related abuses, and etcetera. Whether the perpetrator of abuse is a pedophilic family member, a psychiatrist, an intimate partner, a social worker, or an employer, the behavior (seed) of the perpetrator possesses the same elements (germ cell) of abuse, which the survivor of severe traumatization picks up, associates psychologically (both intellectually and emotionally), and is triggered by into intensely self-destructive emotions. As a result of the ensuing loss of control over self (powerlessness), we can no longer inter-relate with the human race accept on a superficial level. We therefore seek to avoid the public domain at all costs, which is misconstrued by the established 'health and human service' system as a symptom of a biological brainsick, i.e. 'brain chemistry imbalance' due to faulty genetic make-up (systemic eugenics practice of victim-blaming for the purpose of scape-goating). *"The hypothetical disturbances of neurochemical function that are said to underlie 'mental illness' are just that: hypothetical...Every mode of thinking, feeling and perceiving has an associated neurochemistry. Is it being suggested that certain thoughts, feelings, and perceptions are - literally, and not metaphorically, as Szasz forces us to insist - 'sick'."* Eaton T. Fores in There are no "Chemical Imbalances" @ www.academyanalyticarts.org/fores.html

Up until severe traumatization in 1994 (age 46), I was able to maintain just over a dozen memories involving nuclear family and child abuse, including incest (biological father). The Dissociative (selective) Amnesia was neither a psychosocial disability nor a mental disorder (brain disease), as it enabled productivity in both the private and public domains without concomitant debilitation. Although episodically, capacity to obtain and maintain human potential was reduced, sometimes severely due to psychological distress stemming from circumstances in the present.

At the age of 46, as a direct result of internal systemic stressors (long-term and undiagnosed physiological illness of a perimenopausal woman), as well as concomitant external systemic stressors (sociological--familial and career, including spousal abuse), I underwent a form of psychological collapse, extensive amnesia with access to close personal information. Psychological collapse was actually preceded the previous year by a physiological collapse. In September '94, 'help-seeking' resulted in a psychological brutalizing experience within the Mental 'health' Industry. This terrorizing experience, in turn, exacerbated the otherwise healthy dissociative amnesia, which is ongoing into the present, comorbid for P.T.S.D. for initiating incidence, both perceptual (visual and auditory) and emotional.

What should have been a temporary reduction in psychological functioning, hence productivity (physical 'health' having been stabilized) became an ongoing psychological dysfunctionality in the private and public domains (employment & education) involving what the mental 'health industry' calls Chronic PTSD/Dissociative Amnesia. This involves persistent re-experiencing of the tragic event, avoidance of stimuli associated with the tragedy, emotional numbing, and symptoms (socio-political crimes) of increased arousal which includes inability to concentrate with loss of memory retrieval. The re-experiencing of the traumatic event(s) is actually a 'living through' chronic retraumatization, i.e. amnesia is peace, while memory is trauma, a living reality IN the present. It is this aspect which causes the profound debilitation during social interactions.

After nine years of help seeking within the mental 'health' and human service community to address psychological dysfunctionality, psychological instability has progressed through stages of mild, medium, severe and profound states of un-productivity. For seven years, I lived financially independent with persistent unemployment, concomitant with financial distress, while similarly proving an inability to maintain educational aspirations. For two years, I have lived on the public welfare system. I have found that the present welfare system is just as debilitating (traumatizing) in its use of coercive means to enforce employment in the public domain as my trying to work independently in the public domain, while falling further into personal debt via utilization of charge cards when between employment.

Since January 1999, I have recognized numerous areas of untapped employment for people, such as myself. This employment requires us to liaison in the public domain while working in the private domain. Society stands firmly against such behavior, such that there is virtually no effort to create avenues for us to be self-sustaining through employment in the private domain. I have a personal history of a 'workaholic' who has not been allowed to achieve and maintain full employment due to lack of cultural interest.

Symptoms (socio-political crimes) during Severe Phases of Psychic Duress

- Hyper-arousal involving extreme emotional distress
(Anxiety-ridden anguish, panic-ridden outrage)
- Behavioral difficulties (verbal aggression during 'flashback' (vivid feeling-memory experiences)
- Dissociation (cognitive fragmentation)
- Dissociative memory i.e. 'flashback' (vivid feeling-memory experiences)
- (dissociation by association to Institutional Mental 'health' Industry traumatizations)
- Concentration/Memory deficits
- Alteration in extensive amnesia
- Overwhelming cognitive ruminations with visual and auditory expressions
- Disorganized sleeping or insomnia
- Addictive behaviors
(Smoking-up to 4 x 200 gm/month w/excessive periods of activity ex. work)

- Disorganized eating (days with little or no food)
- Social fear
- Suicidal-ideation
- *Total cessation of daily activities*

Empathy-Streaming

While in crisis (spring 2000), I was 'kicked out' of the women's', homeless shelter in Prince George, B.C., Canada, due to my refusal to file a personal bankruptcy, which was impossible anyway as there is no mechanism by which anyone can file bankruptcy on foreign debt and all my debt was American. Unfortunately, Social (Human) Services Industry pays for our space at the shelters and lack of my compliance to their dictates resulted in their denial of my funding, thereby forcing me onto the streets. Totalitarian abusiveness is patrilineal conflict resolution, which generally serves to quell rebellion to its dictatorial rule.

During this time I was suicidal and so decided to do the 'self-help' thing. I enrolled in the course for the local Crisis Line. It is called The Prince George Volunteer Peer Crisis Line. I was told that, statistically speaking, people die for want of empathy and that the Crisis Lines were instrumental in reducing the suicide rate in B.C. The other crisis line in British Columbia is professional (Vancouver). There was also a Prince George Volunteer Teen Peer Crisis Line. The course was the same whether for adult or youth. The people (adult or youth) working the lines approximately five hours per month is what Made it distinctive for adult or teen.

At no time did we offer an alternative way of looking at the world. Our position was NOT that of an instructor. The people seeking empathy are very well informed as to their life's crisis and its' shattering of their world. They are not looking for an opinion. They are not questioning, but telling. The answers, to the degree that any exist, are within themselves to be arrived at in the speaking of the inner world and landscape of the individual's personal life experiences. Empathy streaming then can be viewed as an aid for those who find themselves living in isolated aloneness, alienated from the familial, hence unable to connect and communicate their misery. It is a shared event where only one person is talking of their sorrow, repugnance, and emptiness of betrayal, rage, and hurt. Empathy streaming is sharing one's pain! The role of the peer councilor is that of empathetic witness within the autobiographical event.

So many people seem to think that 'love' is a needful thing to be given to them or that they can take from another as they will. They are unappreciative of the disparity between the terms take and receive. Some people act as if they have only so much of this emotional element, so they must measure it out carefully or be left feeling barren. Clearly, they do not understand 'how' it continually buds; blossoms and bears fruit to form seed and rejuvenates self. People who have received so much are so barren and have so little faith in their innate capacity for the production of personal well-being or self-nurturance? They do not understand that the hoped-for return in kind is an internal process.

Many people enter the Self-Helping Professions as a result of love for humanity and so a desire to help others in difficulties, i.e. a personal expression of their capacity for nurturance, thereby responding to and advancing other's humanity which for such people is a self-rewarding and wholesome pursuit in keeping with their profession and its professed ideology. It is unfortunate that the system based in a patriarchal morality of competition, hence perpetual conflict on a vertical hierarchy of power-over, based in individualism, attempts to prevent them from pursuing their careers in an appropriate fashion. The militaristic, legalistic cultural system is rather

punishing for such individuals. The men might be called effeminate 'wimps' and the women might be likened to 'masochists'. Such people have difficulties fitting into a system that reviles their very humanity, which in fact is the most suitable for their careers and for interpersonal relationships, in general. As Roger Dangerfield would say, "I don't get no respect." This can be grueling in some situations.

In summary: To 'nurture' is to 'love' and to be 'loved', both inter and intra personally. It is for this reason that Erik Erikson is correct in his stages of growth and maturation being attainable at any time in one's life and not at a designated year and in a single, prescribed order (Freudian). It is also *why 'giving' is of equal quality to 'receiving'*. It is the emotional feeling that is felt in either case that is self-generating, hence cannot be used up like solutes in solution in a specified concentration.

Perhaps one day U of T will do a research study and their brain scans will find the 'glow' center in the brain to prove its efficacy. The problem is that the professionals frequently mix up the terms 'sympathy' and 'empathy'. There is only so much sympathy that one can give a person, beyond which one undergoes emotional desertification. Receiving sympathy is a form of cognitive abuse that is physically felt in a negative way. The primary element of sympathy is pity, which is generally considered to be felt as a gross negative. Empathy on the other hand is always a positive element in all ways (physically, mentally, emotionally, spiritually), regardless of whether its positive element is physically or psychologically felt to be a positive or a negative.

Child abuse can result in three broadly defined dissociative coping mechanisms:

1) The child/adolescent - who may not - have a dissociative amnesic reaction to abuse and therefore remember it all. It is expected that they would then have a host of sociological problems. In essence, their whole lives may be destroyed by their early experiences. This would be greatly enhanced if they were unable to escape ongoing community retraumatizations/revictimizations. The 'flashback' (vivid feeling-memory experiences) re-experiencing (a direct/indirect result of subjection to abusiveness in the present) has a capacity to overwhelm the individual's persona such that they can become the personas of the trauma emotions.

2) Some may have dissociation so extensive that they forget it all. This 'repressed memory that is total' has been associated, by some, with a high risk environ for the next generation as the adult does not remember enough of their own experiences to self-protect.

3) Some may dissociate extensively such that they know of their assaults intellectually, but not emotionally, maintaining only a few distinct memories from which they are emotionally/spiritually distanced. Although their childhood/youth may have been destroyed, their lives as adults can be unmarred. Given an appropriate environment, they may flourish and live the 'norms' for adults of their culture and situation.

The erroneous belief system that states child/youth dissociation becomes a permanent feature of the adult's persona is frequently a distortion of reality, see 1), 2), 3) stated previously. It follows the theory of 'sameness' for all, propagated by mental 'health', and denies that systemic abuses in the adult's present life can result in their psychological collapse. This false belief denies that tragedy by human agency can overwhelm an adult's life when subjected to the discrepancies of the 'isms'. This belief system propagandizes the eradication of community abuse by the criminalization of the individual perps without change in the acculturation that created the perpetration.

It is this false belief concerning dissociation that allows those who believe in it to be assaultive in their therapy (more fittingly called mind control experimentation). The erroneous belief is based on the assumption that to 'break-up' the individual's psyche - to regress and fragment the distressed and fragile psyches of adult survivors of child abuse is always a therapeutic endeavor. The 'injured' come to them, traumatically wounded and seeking 'help' while they are in a state of crisis (intense internal emotional conflict and turmoil) for the frequently varied community retraumatizations/revictimizations that are occurring in the present, sometimes decades into their adulthood and having nothing or only an indirect association with their formative years. False beliefs of psychiatry involving the processes of dissociation enable the otherwise illegitimate and aggressive manipulation and assaultive taking advantage of an extremely fragile psyche. Today's victims are suffering from severe shock and intense emotional pain and suffering from distresses in the present for today's tragic duress by human agency, which is now falsely 'linked' to their past personal tragedies, thereby nullifying the community retraumatization against them – today - via the perpetration of another assault. "Psychiatry is probably the single most destructive force that has affected the American society within the last 50 years." Dr. Thomas Szasz, Professor of Psychiatry Emeritus

The bigotry of sameness that dismisses today's tragedy of systemic abuses/assaults in favor of mandating events of yesteryear as the instigator for the individual's problems in productivity (financial independence or employment) is amongst other 'isms' extremely - classist, sexist and racist. Because people's psyche, like our bodies, are capable of only so much endurance the persistent systemic abuses/assaults against us, if not addressed nor escaped from, may eventually break us physically +/- psychologically. It is this imaginative fear, hate, and denial encased within and protected by psychiatry that aids and abets social control. In this manner, psychiatry perpetuates community retraumatizations/revictimizations, as affluent guardians protecting the elite (who cannot be defined by the 'isms'). "When coping with the social problems caused by a lack of cohesion and social justice, there is a tendency to see new services as the answer, but in fact *it is essential that the main causes of problems be confronted at a policy level which affect the well-being of the whole population.*" (11) Richard Wilkinson, *Unhealthy societies The afflictions of inequality*, quoted in the Newsletter of the Finnish Assoc. for Mental Health, 2000 (Sylvia Caras, PhD: *It's Time to Stop Permitting Abuse*) http://www.peoplewho.org/readingroom/preventabuse.htm#N_11

Adherence to the 'theorems' that are approved of by the elite and affluent directing the varying sub-systems of culture, such as institutional mental 'health', commands the recognition and punishment of 'individuals' as perpetrators of abuse instead of identifying the community traumatization that objectified the victim (and perp). The individuals bear the full responsibility and the system escapes to continue its abusiveness unchecked. "*Ignoring the upstream perpetrators while shaming the individual victim is off the mark. The shame belongs to society.*" Sylvia Caras, Ph.D. *Volunteering for Change* <http://www.peoplewho.org/abuse.html>

For example, Prison reforms need to reflect that the majority of people that are housed this way (away from society, which is the punishment) do not require further ongoing punishment, regardless of what the 'that' is. We need to recognize the psychiatric myth, that horrific crimes are an aberration of insanity rather than a form of societal hygiene, self-cleansing bigotry. "Without evidence of brain pathology no basis exists to call emotional distress, disturbing behavior, or unusual thoughts or perceptions "neurobiological disorders". This and similar terms negate the sufferer's distress as reaction, protest, or adaptation to his/her position in the personally relevant social context. *A person is understood in terms of personal history and social circumstances. A neurobiological disorder is understood differently. The choice of labels is of great consequence.*"

(Reply to A.P.A. by Scientific Panel of the 'Fast for Freedom', Dec/03)
<http://www.mindfreedom.org/mindfreedom/final>

CHAPTER 4 – Discussion

Redefining Our Terms

When discussing civil rights, or the lack thereof, for people with psychosocial disability, i.e. people with psychological (mental and emotional) distress from the ill effect/affect of tragedy by human agency, the traumatizing element; I feel subjected to the same irritability, as from the average male when women's issues are being discussed. Perhaps, this is likely for the same reasons as the men have for taking women's issues personally, becoming defensive. Like I am addressing them personally as an abuser who willfully assaults or one who is callously indifferent to systemic assaults. People know that there are groups of people who have few to nil civil rights and they generally agree to agree that this is NOT as it should be, but they don't want anything to change (acculturated immorality) for fear that they will lose something in the resultant alteration of status. *The language of civil rights is the language of bigotry. The imaginative fear that equitability encompassing the terms, 'their' or 'other' or them' will somehow reduce the status of 'our' or 'we' or 'us'.*

The fallacious belief is that if someone gains, then someone else must lose. Because the culture is based on a hierarchy of dominance and subordination of power over (territory, status/prestige and the finances to back it up), people protect their superiority (civil rights or power) as being biologically innate to their being, the bigotry of the 'isms'. They translate everything to the immediacy of the 'life-boat' theory of a life-and-death struggle. In summary, they believe that civil rights exist in a pre-ordained concentration like solutes in solution, hence they seek to enhance or at least maintain 'our' solubility, even though it means at the expense of 'other'. How come people take it for granted that we are all sitting in a lifeboat that is marooned in the middle of the ocean, instead of anchored at the shoreline or (more accurately) motoring at high speed to the mid-Atlantic?

'Shock' is frequently expressed as 'emotional numbing' and 'depersonalization', and is defined as such by Bio-violent Psychiatry, while dismissing the pre-requisite tragedy that created the 'shocked' state. In psychiatry the traumatized subject (person), therefore needs to be drugged out of their emotional numbing and depersonalization. In extreme cases--electroshock may be used. This is the mechanism by which psychiatry expect to bring the 'aberrant behavior' (for no good reason) to within the boundaries of the societal norm--for individuals who have not been assaulted by said tragedies or who are antisocial (lacking in empathy or emotional capacity to feel for self and others).

The traumatized person cannot be appropriately treated for psychic shock (psychic pain and suffering), as tragedy is not considered by institutional mental 'health' practitioners to be conducive of generating a 'mental illness' (psychosocial disability). In denial of Spinoza and in accordance with Descartes' 'theorem' of dualism (brain/body), emotions are dismissed as being inconsequential in reasoning behavior, i.e. 'effeminate attributes'. Therefore, people exhibiting extreme emotions are imaginative (effeminate) people or 'sick' people (non-masculine or emasculated). The punishment therefore seeks to reduce or eliminate their 'pathetic' or 'denigrated' feminine (emotional) expressions (weakness in genetic make-up) via various punishments called 'punishments'. In other words to 'knock' some sense into them (who are not us, so it is ok), to toughen them up (to be just like us), to enable them (not us) to re-obtain their 'composure' (lacking in emotional expression for their tragic situation), to become just like us, who lack empathy for their (social, political, financial) situation. Because their loss is our gain malfeasance directly equates to an individual and societal reaffirmation of the social hierarchy,

wherein there are those who 'have' (enjoy) civil rights and those who do not 'have' (not enjoy) civil rights, which is as it should be. Hence, they (not us) have nothing to 'complain' (be emotional) about, regardless of their circumstances (degree and form of tragedy).

By psychiatric redefinition, the victim of tragedy by human agency becomes the 'mentally ill'. The victim of community (re)traumatization is now deemed subject to cognitive deficiency due to their innate, biologically-induced, behavioral derangement from the norm, the 'mental illness'. The victim suffering from severe, psychosocial distress is thereby punished for their culturally unacceptable, hence reprehensible behavior, which in turn results in their obtaining a chronic dysfunctionality due to ongoing community retraumatization/revictimization. The victim with psychosocial disability, a product of societal disorder or community (re)traumatization, is made to function as objectified agent of stability in maintenance of the societal order, actually disorder, through the primary agency of psychiatry. As a result, our psychosocial disability is an iatrogenic or physician-created disability, by definition.

By emphasizing the words 'mental' and 'illness', psychiatry has redefined the victim of tragedy by human agency as the 'cognitive-deficient' or the 'cognitively-deranged' through the mechanisms of fear, hate, and denial of emotional elements of tragedy and the power-over differential based in societally accepted bigotries. The emotional expressions of the victims' humanity, resulting from intensified emotions over situational tragedy, becomes their symptomatology, a medical term for their biological disorder. Which in turn requires medical punishment (punishment for severe emotionality or innately human rebellion to systemic abuses, sometimes severe).

As Pavlov (Behaviorist Theory) discovered--that which is innate to a biological system can be 'unlearned' (warped and corrupted) via appropriately applied 'punishments', sometimes severe. By re-labeling the victims of societally accepted power-over differentials (the 'isms), psychiatry has succeeded in defacing the victims through character assassinations, such that they are then relegated (segregated by bigotry) to the perimeters of their culture (made societally non-viable) where they can do 'us' no harm (culturally impotent). Psychiatry is thus a primary agent for social control by disabling its victims rather than enabling them to seek changes within the culture (too busy 'help-seeking' within the dominant cultural Mental 'health' Industry) to reduce the numbers of victims of its systemic abuses, sometimes severe.

In summary, the language needs to change, to recognize the reality of 'power differential' and acknowledge the 'bigotry' that underlies and supports the diverse systemic abuses, sometimes severe upon those who have succumbed to or been overwhelmed by psychosocial disability. The iatrogenic (physician-generated and labeled neurobiological disorder) 'mental illness' is a self-actualizing mechanism of paternalism to segregate the weak (emotional) from the strong (unemotional), who are unaffected by such tragedies and also usually not the subject of said tragedies. It should be noted that the antisocial personality (without empathy) are also unaffected by, and perpetrators of, systemic abuses, sometimes severe. These extremely egocentric individuals are actively rewarded by society with the successful attainment of territory, hierarchy, and power with the finances to back it up.

The labels applied to 'mental illness' are actually a denial of the horror of the tragedy (mental/emotional elements) that has resulted in the individual being traumatized (cognitive expressions). The symptomatology (emotionally generated behaviors) expressing the horror of tragic incidences are labeled as THE 'mental illness'. To safeguard the norms of society there exists a cultural 'need' for the 'help-seeking' individual to willingly place themselves into an institutional (incarcerated, no civil rights) environment in solidarity for and in support of the

punitive measures as 'punishments', that will be used to bring the individual's out-of-bounds behavior to within the 'norm' for an individual pre-tragedy.

Difference is not dominance: It just works that way. (McKinnon)

Incarceration is basic to Classical Criminological Theorem of the human condition (mechanization of biology is to be without emotion), which states that punishments should be: swift, severe, and fair (in accordance with the perspective of the perpetrator of the punishments). Hence, reward is the lack of punishment for the individual who accepts their denial of civil rights (dehumanization). "Prison is designed to break everyone's spirit and destroy one's resolve. To do this, the authorities attempt to exploit every weakness, demolish every initiative, negate all signs of individuality, all with the idea of stamping out that spark that makes each of us human and each of us who we are." Nelson Mandela

Today--drugs are used in place of lobotomies and straightjackets and isolation rooms--to support and aid the 'sick' individual out of their 'affect' (emotions). The purpose of the drugs is to numb cognitive (intellectual and emotional) capacities and potential, i.e. put one into a stupor, hence acquiescent and submissive to ongoing punishments of the system, considered a positive side-effect. Any other negative/adverse side effect of the drugs is also drugged. The cocktail of drugs' side effect, as well as the side effect of the individual drugs are diverse and can be extensive. Frequently, long lasting physiological and psychological debilitation results. The drugs (both physiologically and psychologically addictive) are also frequently euphoric, hence their use as street drugs--illegal marketplace.

"The U.S. Department of Agriculture had used some phenothiazines (the family of compounds that includes chlorpromazine) in the 1930s to kill insect and swine parasites. In the following decade, the chemicals "were found to sharply limit locomotor activity in mammals, but without putting them to sleep. Rats that had learned to climb ropes in order to avoid painful electric shocks could no longer perform this escape task when administered phenothiazines." Intrigued by these findings, *researchers in France had used chlorpromazine as an anesthetic adjunct for surgery persons and then on energetic persons, who became like zombies under the influence of the drug. The first North American psychiatrist to test it noted with approval that chlorpromazine might "prove to be a pharmacological substitute for lobotomy"*. Robert Whitaker--Mad in America: Bad Science, Bad Human Rights Issue, and the Enduring Mistreatment of the Mentally Ill

The pharmaceutical companies and the established, institutional mental 'health' community have Made/are making billions by acculturating the populace into believing that if they suffer from an emotional imbalance (norms for a tragic situation) their brain chemistry is therefore imbalanced. There is no need to understand what a balanced brain chemistry is as the emotionality of the victim is proof of their brain being 'imbalanced'. The victims of emotional excess are taught that they must therefore seek out (perform 'help-seeking') a mental 'health' practitioner (the academically indoctrinated) to prescribe a drug to 're' balance their brain chemistry, to be in sync with the 'norm' for a 'balanced brain chemistry' (an unknown state that is untestable). Psychiatry's liaison, as an agent of the Mental 'health' Industry and Corporate Pharma, is therefore no different than 'phrenology' in its efforts to reduce and segregate those of us who have been subjected to, hence object of, systemic abuses, sometimes severe. Psychiatric purpose is to delimit us and thereby prevent us from rebellious actions that would result in societal change, as this would result in an alteration of civil rights attainment by the victims of systemic abuses, sometimes severe.

Rome creates a desert and calls it peace. (Tacitus)

The knowledge that the purpose and function of psychoactive drugs is to imbalance brain chemistry in its capacity to alter mind or mood (intellectual and emotional instability), frequently leaving the brain's architecture permanently altered is heavily propagandized to be a good thing by the racketeering pharmaceutical companies and their psychiatrist agents who profit by the legal sale of said drugs. At the same time, psychiatric diagnosis for brain diseases, that do not exist based in scientific study, actively marginalize those of us who take the drugs. The victims of psychiatry are thereby Made derelict or societally impotent, unable to seek redress or at least societally unacceptable alteration for systemic abuses, sometimes severe.

We are also told not to worry about side effect, because the people using the drugs (either directly or indirectly coerced into doing so) are the 'mentally ill' (aberrant, emotionally deranged, expendable people) and anyway, in time the drugs will be improved. In other words, this group of people is the 'test rabbit amalgam' for the profiteering pharmaceutical and psychiatric community who gain material benefit by the sensational commercialization of 'mental illness'.

"We must be the changes we wish to see in the world." Mahatma Gandhi

Diann'a Loper, electroshock survivor and activist for a ban on ECT.

"This is a crime against the spirit. This is a rape against the soul."

"TERROR acts powerfully upon the body, through the medium of the mind, and should be employed in the cure of madness. FEAR accompanied with PAIN and a sense of SHAME, has sometimes cured this disease. Bartholin speaks in high terms of what he calls "flagellation" in certain diseases." (Benjamin Rush, the "father" of modern psychiatry, whose image today emblazons the official seal of the American Psychiatric Association) (1) <http://www.wildestcolts.com/mentalhealth/shock.html>

"The terms "spiritual emergence" and "suppression of psychosis" emphasize very different alternatives." John Breeding, The Necessity of Madness & Unproductivity

Psychiatry Is a Pseudo Science and a Criminal Fraud

In his commentary, 'Against Biologic Psychiatry', David Kaiser, M.D. stated that, "(T) he creation and expansion of the Diagnostic and Statistical Manual of Psychiatry (D.S.M.) has resulted in, "the defining and shaping of a vast industry of research designed to validate the existing diagnostic categories and to find ways to lessen symptoms (socio-political crimes), which basically has meant biologic research ... What is left completely out, of course, are any notions that our psychic ills are a reflection of cultural pathology ... ('current or past violence, traumatic loss, loss of power or control over their lives and the effect of cultural fragmentation, isolation and impoverishment') ... This is despite the fact that modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single 'mental illness' ... There has thus been a triple partnership created between this new psychiatry, drug companies and managed care, each part supporting and reinforcing the other in the pursuit of profits and legitimacy." Psychiatric Times December 1996 Vol. XIII Issue 12 <http://www.psychiatrictimes.com/p961242.html>

Recently, I wrote to the FDA in support of petition #2003P-0555 and in accordance with the information supplied in the petition filed by the Committee for Truth in Psychiatry on December 10, 2003, which asks the FDA to maintain the ECT device in Class III. CTIP states that people like myself who have been trapped by the Mental 'health' Industry, as a result of psychological distress through tragedy by human agency, have been under renewed threat to 'health' and well-being since April 2003 when the FDA is "again seriously considering giving ECT the government stamp of approval as a safe punishment."

The petition states that, "(T) he FDA has convened an internal committee to conduct yet another selective 'literature review'. The published literature is predominantly written by doctors with financial ties to the companies that make the devices, or who themselves own the companies. If the F.D.A. reclassifies the E.C.T. device, it will be the first medical device ever deemed safe by the U.S. government on the basis of a selective literature review, without any safety testing, and in the absence of any safety evidence from the manufacturers ... But for the first time in decades, no one at the FDA has responded to or even acknowledged repeated public inquiries about the E.C.T. device, including those asking for the names of those on the ECT committee."

The petition also explained to me that, "Dr. Laura Fochtmann took over Fink's seat on the American Psychiatric Association's rabidly pro-shock Task Force on ECT, and is the director of ECT at Stony Brook University Hospital in New York...Fochtmann was hired as an 'independent consultant' to the FDA's Neurological Devices Panel."

In support of the campaign petition to the FDA filed by the Committee for Truth in Psychiatry, December 10, 2003, which asks the F.D.A. to maintain the E.C.T. device in Class III. The petition assures us that, "(I) n support of this petition, CTIP includes several hundred pages of valid scientific evidence on the safety and efficacy (or lack thereof) of ECT. These include medical journal articles and studies conducted by the likes of Britain's Institute of Psychiatry (the equivalent of NIMH)."

Szasz: Psychiatric Protection Order is a necessary defense for the victims, as stated by David Kaiser, "from the ongoing experimentation of the bio psychiatric Mental 'health' Industry in its fraudulent efforts to validate itself, which necessarily results in furthering the re- victimization of the already battered". The Psychiatric Protection Order is a valid legal document. It seeks to provide civil armament for the otherwise defenseless individual to be 'non compliant' with psychiatric 'punishment' that goes beyond the realms of 'punishment' onto the surreal plane of 'torture' called 'therapeutic' instead of criminal (medical malpractice with mensre or malfeasance). In essence, the Psychiatric Protection Order offers the individual a defense against psychiatric abuse, which has been Made legal through the societally accepted mechanism of patrilineal power over, hence control over victims held in its custody under the auspices of 'care'. The Psychiatric Protection Order provides the victims of psychiatry a necessary legal defense. As stated by David Kaiser of, "current or past violence, traumatic loss, loss of power or control over their lives and the effect of cultural fragmentation, isolation and impoverishment" from the ongoing experimentation of the bio psychiatric Mental 'health' Industry in its fraudulent efforts to validate itself, which necessarily results in furthering the re-victimization of the already battered.

In his article in the British Medical Journal, called 'Psychiatric Protection Order for the "Battered Mental Person"', Thomas Szasz Made several summary points in his proposal to the British Medical Journal. <http://bmj.bmjournals.com/cgi/content/full/327/7429/1449?Eaf>

1) Many psychiatric persons are denied the right to refuse punishing punishment

- 2) "Psychiatric wills" are recognized by courts only when they are used to authorize punishment, not when they are used to reject the possibility of punishment.
- 3) Like protection orders that protect wives from abusive husbands, psychiatric protection orders would protect persons from coercive psychiatric 'interventions'.

In accordance with the aforementioned first point--It was because I was unable to refuse psychiatric punishment that I have an iatrogenic handicap, which makes financial independence impossible at the present time and thereby requires me to seek disability funding. Welfare funding places me in a position of being 'married' to the dominant culture's institutional mental 'health' and human service system which has abused me in the past and has been mandated, with the legal right, to arbitrarily abuse me in the future, at personal whim and under the auspices of safeguarding myself and the community, due to the popular belief of psychiatry as a science. Psychiatric theorems are dogmas, that is doctrines or code of beliefs accepted by the adherents as authoritative and proclaimed by the community of mental 'health' professionals to be true, without valid proofs.

In accordance with the aforementioned second point--I am incapable of setting up a 'prenuptial agreement' to disallow the systemic abusive intervention, but only to stipulate in what manner the institutional Mental 'health' Industry has a right to abuse me and thereby worsen my iatrogenic dysfunctionality (public/private domain) even further.

In accordance with the aforementioned third point--The populace erroneously believes that bio psychiatry is a science rather than hypothesis. In reality, educated guesswork and conjecture is the creative foundation for therapeutic diagnoses and interventions. It is because the populace does not recognize that the established Mental 'health' Industry is based on committee opinion rather than evidence, that my social empowerment is that of a woman or child at the turn of the 20thC. I am without civil rights of personhood and therefore subject to personal violation dependant on the good graces of others to respect my humanity (self-determination) as they deem fit. Recognition of the holism of humanity (mind, brain, body, and spirituality) goes largely unrecognized in Westernized culture.

"Before I entered an insane asylum and learned its hidden life from the standpoint of the person, I had not supposed that the inmates were outlaws, in the sense that the law did not protect them in any of their inalienable rights." Elizabeth Packard (1816-1897)

The Battered Mental Person - A Different Perspective

Reading religious fanaticism expressed in their (psychiatrists') personal 'righteousness' causes such psychic pain, that it threatens psychological stability. Our stories of being damaged by them are called 'rhetoric' and 'anecdotal'. One cannot converse with a religious fanatic on concrete matters of human destruction caused by adherence to their belief systems, based in their dogmatic judgments of ever-greater need for coercion. Like the abusive parent who can't see the bruises, lacerations and broken bones, but persists in further punishments until the child is 'still', psychiatry propagates and propagandizes the need for more and not less of its practices.

There is no stigma of 'mental illness': There is bigotry (imaginative fear, hate, and denial) of people with psychosocial disability. This bigotry is most noticeable in the community of mental 'health' professionals themselves, and can be found in their antisocial behavior towards those they exercise their power over. One cannot expose their criminally fraudulent practices to them as

they are self-serving, enraptured by their academics, which provides them with god-like control over others. They do not have to scare people into being coerced into being controlled by them. They have the full complicity of the human service system policies and procedures and the laws of the land to promote their callous indifference at best and their malfeasance at worse. For example, just as it took 28 years for women to be recognized in the American constitution as having rights to protect, and for much the same reasoning, the rights of the population of people deemed to be 'mentally ill' will be a long, long time coming. (Women's' Page, www.truthout.org "Been A Long, Long, Time Coming").

A most heart wrenching, real-life story - Walter by Mira is an example.

<http://www.angelfire.com/wv/geoall/walter6.htm> As I and so very many others have discovered-- there is no medical malpractice in psychiatry regardless of how 'unethical' their behavior, let alone the necessary 'criminal negligence' that so very, very many ought to be charged with and imprisoned by. Both professionals and populace alike, as anomalous rhetoric's, dismiss our anecdotal personal histories. At the same time follow-up by the Criminal Justice system is not entertained. The media is all but mute, when not itself propagating the bigotry of 'mental illness'. There is no accountability in psychiatry: There is no responsibility in psychiatry. Psychiatry is outside of law and its practices fully supported by the community who have never been objectified by them.

Dr. Koenigsberg (Dying and Killing for Nations: the Psychology of War and Genocide, Solomon Asch Center of the University of Pennsylvania, Lecture) stated that, "*We can begin to understand the history of the last century when we are able to acknowledge that the national norm can be pathology-- that profound sickness may be inherent in the structures of civilization.*"

<http://csf.colorado.edu/forums/isafp/2004/msg00011.html>

The meme in the predation of psychiatry, indeed the established Mental 'health' Industry, fully supported by the human service sector, epitomizes the lepotic malaise inherent in the structures of civilization, while personifying its necrotic decay within the bodies of its victims, whose mindful energies are consumed by iatrogenic brain injury.

Emperor's New Clothes Syndrome

Corporate pharmacy, with the supportive intimacy of the media and the medical establishment, has promoted a lie and the majority of the populace believes it: So now it is the truth. In the field of Human Rights Issue, the use of poison is in small doses, the purpose being NOT to duplicate the ailment of for example, snakebite, viral disease, and cardiac arrest. In all such circumstances, the toxic substance is not meant to duplicate an injury or disease as a form of therapeutic punishment. They are therefore rightfully called 'medication', a curative help that is an antidote to generate a physiological state of wellness.

A Professor of Aberrant Psychology once stated that, ice-wraps (wet towels cooled in a refrigerator) were in use in the 1970's. Hypothermia will naturally calm someone down. In other words, pre-death we go into a state of shock. Perhaps the degree of hypothermia was solely reliant on the degree of punishment that the provider believed the victim required to make her less personally offensive to him. For example, to be verbally assertive is to be disrespectful of his authority, which is clearly an aggressive act requiring punishment? Both the punishment and its degree based in the authority of the provider and their subjective report of mood and behavior of right and wrong.

Both historically and up to the present time, in the pseudo science of bio psychiatry, a similar administration of toxins, such as snake-venom for example, would be used in a sufficiently high dose to cause the 'person' to lapse into coma, cardiac arrest, or paralysis of the central nervous system. At the very least, the victim would suffer the after effect/ affect of psychic injury or shock as a 'medicament' or 'therapeutic punishment' for aberrant behavior (a non-physiological state deemed illness by social and political consensus of what constitutes a subjective report of mood and behavior of social acceptance). It is for this reason that the 'medication' becomes a 'punishment' and although seeming successful in the short-term, a result of brain injury affect (such as 'ice-wraps' inducing hypothermia producing a calming or 'stillness') will over the long-term cause crippling. Sometimes a crippling (brain injury) is caused in the short-term, as well. I expect this is due mostly to faulty mechanism (tool) and over zealotness of the provider (weapon), which is wholly based on the degree of offensiveness with which the provider, hence society, views the object of their personal 'power'.

Psychopathy (psyche or soul, the vital principle being the mind and (pathy or disease) is defined as a 'mental disease' rather than a psychosocial disability. Therefore, 'psychosis' (extreme state of mind) is a disease of the mind, a functional mental disorder (biological), that is also one unattended with evident organic changes? But, because soul is the spiritual, rational, and immortal part in us, it is the all of us. Therefore, 'pathogenesis or soul regeneration or healing the spirit comes about through an internal mechanism. The vehicle for both the abnormal behavior'isms's and the healing being individual personal existence and not our brain chemistry.

Spiritual healing can metaphorically be a spiritual death and rebirth! Antidotally, an individual placed under intense duress can undergo the natural self-defensive action, wherein the mind is almost completely blanked-out (can encompass no more) and the Mental 'health' Industry refers to as a severe Oppression. Anecdotaly, this state of being is a natural state of spiritual self-healing from which one may awake with only close personal information. A haven, a refuge, a sanctuary would encompass the healing environment for the individual to reacquaint myself with self i.e. complete the psychic healing process (psychogenesis). Again, antidotally, if this same individual naively avails herself of the established Mental 'health' Industry (personal experience) or is coerced into said assaultive system (granny's experience) – the psychically injured can 'pop out of it' while under attack - just as a sick animal will defend itself when attacked - thereby requiring calming down for what would otherwise be called a Oppression, but is now psychiatrically re-labeled 'energetic'. Holistic 'behavior' (hence personhood) is therefore 'summed' as 'Bipolar'. Bipolar is by subjective report of mood and behavior and no testable evidence deemed to be a neurobiological disorder requiring biological 'intervention' (medical), such as toxic drugs, institutionalization, and ECT.

The supposition is that the academically certified (indoctrinated) mental 'health' professionals who adhere to the use of drugs as a cure (conversion) or at least its biological basis as a mechanism to hold in abeyance a psychosocial disability, is a form of hitherto unrecognized "psychosis" in both the professionals and in the cultural system as a whole. If one accepts that said professionals are not being otherwise rewarded for doing so, it naturally follows. This supposition, of unrecognized 'psychosis', is based upon the already extensively researched throughout the 20thC fallacious evidence for genetic brain disorder, hence, its offshoot of metabolic chemical imbalance. While at the same time this false belief is held by those whose education ought to have provided them with the knowledge tool to appreciate the falsehood in the evidence as the technical efficiency of their cognitive abilities remains unhindered.

Approximately half of the population that takes the psychotropic drugs will receive benefit. Of those who benefit approximately eight out of ten are placebo responders. Because pharmaceutical dollars are frequently used to research into the efficacy of psychotropic drugs, the research trials are weighted to create a positive, correct result.

The bio psychiatrists do not speak out, en masse, stating clearly that the resultant efficacy of psychotropic drugs is consistently found to be a combination of placebo factor, research (experimental) error, and fraud. Instead they continue to prescribe them based on the knowledge that regardless of why the drugs have efficacy in a population they nevertheless do and therefore they feel the need to reduce the suffering by prescribing psychotropic 'meds'. As a natural outcrop of the Hippocratic oath they feel the need to prescribe for the sake of the consumer/user, who believes in its efficacy hence positive affect resulting in a positive side-effect. In the promotion of the good, psychiatrists frequently ignore the possible harms (negative and/or adverse side effect) of pharmaceutical 'punishments', and thereby patrilineally fail to inform the consumer.

If the bio psychiatrists were to, en masse, educate the populace about the reality of pharmaceuticals for use in psychological disability, the placebo factor would dissipate and they would be unable to come to the aid of sufferers who are now unbelievers in the efficacy of 'Medical Model (Socio-Political Model)ing' punishment for psychosocial disability. These sufferers would then seek help elsewhere! As the psychiatric system presently is spending almost all funding to maintain and expand itself there is very little, in the name of help and support, for individuals to obtain in their respective, technologically advanced cultures. They would thereby be left to their own defenses with the knowledge that it was they that were curing self all along, anyway.

Consciousness raising, by both the victims and the community of mental 'health' professionals, through the agency of informed consent could result in the demise of the hegemony of the established Mental 'health' Industry as a major societal establishment for social control. Recognition of the need for informed consent would free society to undergo flux, while its populace, with a rejuvenated perception of psychological debilitation, re-aligns itself to suit the necessity of supportive coping to take place. A furtherance of the displacement of the prestigious, mental 'health' establishment would necessarily result. "Indifference to evil is more insidious than evil itself. It is a silent justification affording evil acceptability in society." Abraham Joshua Herschel, Jewish Philosopher

Eugenics of Productivity

(Criminals, Workers, & the Mentally 'Ill')

Dr. Richard Koenigsberg wrote, "By calling persons who refused to subordinate personal interests to the interest of society "incurables" Hitler was suggesting that those who did not wish to belong to the community were suffering from a disease. This idea lay at the heart of Nazi ideology: that anyone who did not believe in Hitler, the man or his movement, did not wish to devote his or her life to the nation, was 'sick'. The 'disease within the body of the people' to which Hitler so often referred symbolized, we may suggest, precisely the wish to separate from the national community. It was this desire to be separate that the Nazis aspired to eradicate." (The Logic of the Holocaust: Why the Nazis Killed the Jews; Dr. Koenigsberg, Library of Social Sciences)

For a society, framed upon beliefs propagandized by the Psychiatric, Pharmaceutical, Corporate, and State Hang-up (PPCS Hang-up), the mentally 'ill' become the 'other'. Thus, the 'mentally ill' become the amalgam upon whom are projected the society's imaginative doubts, fears, animosity and denial (bigotry). The mentally 'ill' are the exact opposite of what a proper 'worker' or 'worker to be' should be. Their expressions of dissent from ongoing community retraumatization/revictimization, by the most expedient authoritarian measures, is pathologized as the unnatural opposite of the natural order in a perceived 'idealized' society. "Great spirits have always found violent opposition from mediocrities. The latter cannot understand it when (one) a man does not thoughtlessly submit to hereditary prejudices but honestly and courageously uses (one's) his intelligence." Albert Einstein (Parenthesis mine)

Hobbit Science

Some of the most tragic wounds in life are both willingly and unwillingly accepted at the time. Regardless of how it came about, the most damaging wounds to one's psychic stability is the injury that one is subjected to by direct human agency. There are a diversity of experiences encompassed by tragedies of human agency, many of which we chose, such as war, for which we have a conflict in our participatory role both in general and specific incidences. An editorial in the Bismarck Star newspaper, the day after the massacre of unarmed Sioux families by the US army at Wounded Knee, South Dakota, 1890 stated, "The Pioneer has before declared that our only safety depends upon the total extermination of the Indians. Having wronged them for centuries, we had better, in order to protect our civilization, follow it up by one more wrong and wipe these untamed and untamable creatures from the face of the earth." (The Truth Commission into Genocide in Canada; Hidden from History – Canadian Holocaust) <http://canadiangenocide.nativeweb.org/>

We know that the descendants of First Nations People(s) that share our citizenship today come from stories of devastation, genocidal annihilation and debasement that has continued unabated into the present time. We know that when the Mental 'health' Industry, representing the dominance of our mono cultural perspective treats their dysfunctionality as only a familial or individual problem, in the absence of these stories, a form of victim-blaming is perpetrated. Scape-goating continues the colonialist's predominate values of individual, secular, consumerist, and conflict into our present. These are also patriarchal values based in competition by a division of power stemming from our societal adherence to the patrilineal dictates of a vertical hierarchy exemplified in man. This does not mean that the dominant culture, like its pioneers, are a peoples that are never communal, spiritual, ecological or consensual, but that these incriminating attributes of the culture are held in disdain and contempt as effeminate, denigratingly weak, and superfluous when not dynamically opposed to the common good. In such a system the dominant and dominating acculturated values ascribes such behaviorisms' as resistance and defiance to their deformational sameness. Both refusal and inability to become self-characterized by the mono culture must be restricted and punished for the common good, i.e. to engender collusion in attrition against self (centered in dominant group) by scape-goating through systemic punishments of ostracism, character assassination and ongoing, exacerbation of personal and micro cultural integrity.

For example, the main problem at times of 'flashback' (vivid feeling-memory experiences) and accompanying dissociative episodes (alienation from the external into self) is the inability of obtaining respect for my need from others for the necessary internal communication that is happening, but that they cannot see taking place. This lack of respect for one's need to be

occupied within self, in an intra-personal communication, occurs, because it is difficult to relay the occurrences to people. I have to behave (to the best of my ability), as though this form of inner dialogue (considered a symptom of 'mental illness' by modelling behavioral difference into a medical abstraction for disease) is not happening. We are born human and therefore it is our birthright to possess self-governance. For some of us, our life's experiences are like forces of reckoning impacting against our right of self-actualization, presently and in the indeterminate future, from which we naturally seek an escape. For this reason, I find refuge in solitude.

Scientific American article called Neurochemistry: Taming Stress
<http://scientificamerican.com/article.cfm?ArticleID=00083A00-318C-1F30-9AD380A84189F2D7&pageNumber=1&catID=2>

As clearly evidenced in the above article, biochemistry discovers a protein in the brain, researches into its 3-dimensional structure and locates the region of primary concentration. *Metaphorically, biochemists research into human nature by excavating the basement of the house of soul. Straightaway, the pharmaceutical industry moves into the excavation with a new drug to alter the chemical balance of the brain, which it then propagandizes as a medicament and an appropriate standard of living.*

We now have twice as many basements to live in as we did a decade ago. Some people live in these habitations and find them desirable. They have the right to do this and I do not discount their being correct for them and their needs as they and only they have a right to decide for themselves. I live on the third floor and maintain the right to expect that some of the mental 'health' funding be diverted to alternative peer methodologies more appropriate to holistic humanity. Before I purposefully swallow or inject a toxic chemical (All drugs are toxic) that crosses the blood/brain barrier, that has been proven to reduce cognition (or more pointedly causes intellectual dumbing and emotional numbing), I will require more than a hypothesis and a price tag even when desperation foils common-sense.

On a BBC (U.K.) radio programme "All in the Mind" (2003) a leading psychologist, Dr. Raj Persaud Made note of statistics that show black people are 18 times more likely to be diagnosed with Heresy, Nonconformity. This indicates that social/political and financial factors are dominating psychiatric diagnosis and not science. The patrilineal power structure of the Mental 'health' Industry, a power differential based on a financially supported vertical hierarchy, is a chain of command with the provider of services as agent for the pharmaceutical companies perched at the top of the food chain and the user of services as profitable food source. This systemically unacknowledged, bio, psychiatric, pseudo science is due to unrecognized abuse of both legal and moral power inherent to paternalism, values based in competition and conflict, exacerbated by the fact that 'mental illness' is not, in any biological sense, a sickness.

Kiwi Tamasese wrote, *"Remember their times of resistance, make note of the time and their actions of defiance. Give voice to their histories of resistance: Note their continuation of their history of defiance. Know that a scream, be it silent or loud, is an act of refusal to collude with house arrest."* (Interface of gender and culture)

<http://psychology.waikato.ac.nz/mpru/pubs/C&Ps/1993cje/tamasese.htm>

There is no recognition of the bullish intrusiveness of an aberrant culture that totally lacks respect for anything that is different, both within and without its own culture, because it modeled itself upon social-Darwinism centuries before Darwin lived, not that the Darwinian theory of evolution provides any basis for social Darwinism. Like Bio-violent Psychiatry, social Darwinian theory has

NO basis in scientific fact. "It is chilling to think that the same people who persecuted the wise women and men of Europe, the midwives and healers, then crossed the oceans to Africa and the Americas, and tortured and enslaved, raped and impoverished, and eradicated the peaceful, Christ-like people they found. In addition, the blueprint from which they worked, and still work, was the Bible. <http://www.echonyc.com/~onissues/welcome.htm>
On The Issues Online: The Progressive Woman's Quarterly

Investigating Just How Real – Reality Is

If we were to tell the group of people with the least degree of educational background, the illiterate and barely literate, that the tragedies in their lives are a result of their faulty, genetic make-up, hence brain chemical imbalances due to natural selection; overwhelmingly they would laugh us out of the room for being illogical, unreasonable, and nonsensical. The more educated the populace gets the greater its belief in technology to solve - everything - and the farther we are removed from the natural world of which we and our human experiences are a part. We look to academically-certified and indoctrinated mental 'health' professionals to cure (conversion) our overwhelming mental and emotional crisis instead of seeking the internal conscious mechanism for psychogenesis found in self and each other.

The illiterate and near illiterate would recognize in us the false doctrine that we preach and quickly suspect us of manipulating them for profit. If we were to state that they do not need social, political, and financial supports to enable them to cope and eradicate the ongoing systemic duress causing them familial and community distress, by perpetuating tragedy in their present lives, but instead told them to empathetic heal from ongoing systemic abuses/assaults--with a pill.

The more educated a population, the more readily it gets 'suckered-in' by the established system of academia synonymous with indoctrination, hence societal control of which the Mental 'health' Industry is a major guardian for the corporate elite and professional affluent. In fact, that is why the institution was created in the first place. We are psychologically, at the elemental level of principle and concept, bound to our past tragedies as elements of individual personal existence, such that we can never escape the psychology of abuse, sometimes severe, so long as we continue to suffer from ongoing, community retraumatization in the present.

In consideration of the MRI Scan: PET and SPECT (There Are No "Chemical Imbalances" E.T. Fores <http://www.academyanalyticarts.org/fores.html>

"There are so many fallacies in the 'argument from brain imaging studies'...it is difficult to decide where to begin criticizing it. Should one start with the experimental details, such as the near-universal irreproducibility of such studies? Or should one begin with the larger problems, such as the impossibility of distinguishing whether what is seen in the scans is the cause or the effect of the phenomenon in question--the assumption being--that it is related to said phenomenon at all? Perhaps the fact that the criteria for categorizing the subject in the first place are so nebulous as to be nearly arbitrary might be a good place to begin. Or should one discuss the fact that everything from playing music to asking the subject to think about a particular thing will radically alter PET and SPECT images of the brain?"

The culture is unwilling to recognize the ramifications of tragedy by human agency impacting against peoples' well-being. That people are subjected to psychologically disabling tragedy by human agency in their lives, by virtue of their citizenship in our respective 'ideal' societies. We prefer to label them as 'biologically sick' and 'incarcerate' them into institutions (criminalization for

weakness) where we subject them to 'punishments' (punishing 'cure (conversion)s' for their physiological aberrancy), thereby remove (ostracize) them from the general population (social sphere), which finds their behaviour'isms' strange, weird, different, and therefore a 'threat' to the prevailing 'social order'. Community traumatizations, such as child/women abuses are a social issue of empowerment, but the bio psychiatrists' preposterous answer to tragic personal violation, is to medically intervene, to subjectively 'diagnose' and treat the presumed neurobiological disorder with physiological punishments, pathologizing the individual's humanity. The psychiatrists then persist in an effort to offset the person's faulty genetic make-up, to 'model' the punishment for spiritual loss of personhood and self-identity, 'as if' it were a medical problem.

Malingerer: Last year, I was diagnosed with this disorder based in a personal, character flaw. It means that the individual is lying with mensre, i.e. criminal intent and therefore possesses self-serving ulterior motives for 'help-seeking'. Mental 'health' as a system of social control finally (about time it only took 8 years) became self-evident. Furthermore, the psychiatric profession became holistically suspect and with it, by association, the medical profession.

I was recently told that I could attend 'out-person' programs at the facility where the psychiatrist diagnosed me with lying and having ulterior motives for help seeking. I replied that they have no programs that would in any way be beneficial to me as all programs will clearly have been created out of contempt by the administration (without consumer/user input into their creation), based in 'character assassination' of the consumers/users of services. Hence, participation in these programs would invariably do us harm. The unwillingness of the person advocate and the chief of psychiatry to correct the 'anomalous' situation validated my belief in their inability to be of positive value to anyone. Clearly all 'programs' that the professionals create in this facility will have self-interest at its core reasoning, i.e. their need to maintain salary and benefits package, coupled with a personal need to exert a controlling influence over others, thereby denying self-empowerment of the 'persons'. I do not exist to provide them with a substrate for self-advancement. Not only do I not exist so that the professionals can parasitize me as their prey object for their personal benefit, neither do I exist so that the system can continue to take from the tax-payer the dollars that would be better spent into alternatives to the Mental 'health' Industry that would be beneficial to me and others like me.

"In the first half of this century the popular psychiatric 'punishments' included: bleeding mental persons to the point of syncope, poisoning them with cyanide, inducing comas with insulin, performing lobotomies and freezing them into a state of nearly fatal coma by packing them in ice...(Most writers agree that the reliance on ECT is increasing. This is reflected also by the promotional campaign that APA has been leading to convince the population that ECT in its improved version is safe and harmless.) A punishment that has now become standard practice is pressuring 'mental persons' to take Mind-Control Drugs that are known to cause serious neurological damage when used for more than a brief period of time (Breggin, 1983); psychiatrists typically encourage long-term dependence on these drugs". (Institutional Mental 'health' and Social Control: The Ravages of Epistemological Hubris, Seth Farber, Network Against Coercive Psychiatry www.academyanalyticarts.org/farber.html)

In other words the 'tools have changed but the weaponry remains the same: Punishments (punishments) for nonconformity (dissent) to force (social control) to promote sublimation to systemic abuses, sometimes severe. By self-educating into the history of the institutional Mental 'health' Industry and its' historical place in the culture, one is able to gain an affirmation for one's personal experiences with the irreparable harms that it has caused and is causing. I found

historical research to be 'step one' in overcoming the present tragic situation in one's life, while encompassing the tragic losses in one's past within a conscious self.

Hope is the daily creation of life in the living. I recognize how reprehensible the psychiatrist was and the system is to 'diagnose' me with mensre, a criminal intent or possessing self-serving ulterior motives, when clearly it is I who have been and am still being victimized by them, and for just these reasons. It may be necessary to accept defeat to them in all things, but self-governance. Contrary to popular belief due to the maligning of the established Mental 'health' Industry, adult survivors of child abuse, sometimes severe do not have to 'give-up' what they learned through tragedy by human agency in their formative years. The demand to exercise self-will/self-determination in the actualization of full human potential by the practice of self-empowerment is frequently a result of the dictates learned through the hard lessons of tragic injury in formative years. For this reason, I have escaped the worst that the psychiatric professionals in the Mental 'health' Industry would have perpetrated over the past nine years or from the time that I first accessed it and fell victim to psychiatric assault in the form of mind control experimentation in fulfillment of their personal 'academic pursuit'?

Education in the form of consciousness-raising, to promote self-determination of the individual in supportive empowerment of their group affiliation as consumers/users of the established Mental 'health' Industry, is a primary step to improving upon the mental 'health' establishment. In the process of self-education, we need to educate the populace, ditto in reasoning. Educating the professionals to 'accept' our values system will not be beneficial without this. In both examples, we need to appreciate those professionals within the system that achieved and are achieving 'enlightenment' as to the true purposes of their field of endeavor and have persistently taken a stand (some for decades) advocating its incongruities and abuses, sometimes severe. We need to recognize that to do this they must accept professional ostracism and its consequent financial losses, at the least. As a result, we must restrain ourselves from using all-encompassing terms when speaking to the system so as not to alienate our professional friends who are among the staunchest advocates against the system.

In this way, 'the force' for change will come from the pressure against the system by the professionals who work in it, by the intelligent people in the community who are willing to give up their bigotry against us as they come to recognize that it is based on ignorance of the facts. The populace will realize that the system has acculturated them into false beliefs in support of a coercive system based upon sameness. The change is a cultural change in perception of 'other'. For example, in the article Institutional Mental Health and Social Control: The Ravages of Epistemological Hubris <http://www.academyanalyticarts.org/farber.html> wherein Farber states, "It should be noted that contrary to a common misconception, it has not been established that 'genetic defect' cause 'mental illnesses' or 'biochemical imbalances'. *The most that has been established is that certain individuals have a genetic predisposition to have certain experiences (usually precipitated by a crisis) that violate particular norms and that are 'diagnosed' as severe 'mental illnesses' (see the critical survey by Cohen and Cohen, 1986). The outcome of the predisposition obviously depends upon a hang-up of social, cultural and environmental factors.*"

Who will take the mental 'health' professionals' place? With perceptual change--we all will. The aforementioned article by Seth Farber states, "It is clear that culture may value and make socially available even highly unstable human types...Those who function inadequately in any society are not those with certain fixed "abnormal" traits, but may well be those whose responses have received no support in the institutions of their culture. The weakness of these aberrant is in great measure illusory. It springs not from the fact that they are lacking in necessary vigor, but that they

are individuals whose native responses are not reaffirmed by society. They are as Sapir phrases it, 'alienated from an impossible world'".

It is incumbent upon us to re-enter our respective societies, just as those who travel to foreign lands to be educated, should return to their own countries (whenever, wherever possible) out of a sense of loyalty to their 'group affiliation'. Similarly, each of us who are able to overcome our psychosocial disability, and to the degree that we are able to do so, having gained the self-knowledge of nullifying personal experiences within the Mental 'health' Industry, it is our duty to participate in peer-run group affiliations, to enhance the healing of our still dysfunctional peers and ourselves. It should also be recognized that without our input many more people who are presently fully functional would invariably fall victim to the establishmentarian, parasitic malaise of present-day professional support and corporatist funded research (eugenics).

In childhood, I intuited that which was directly causing great personal pain was not the perpetration of harm by individuals, but a 'systemic ill', that was being impacted indirectly against me. Self knowledge instructs us to learn 'patience for others' who lack the capacity to appreciate the error of their ways, believing themselves to be hurting as an 'instruction' to correct one into becoming 'appropriate', so that we may 'fit-in' to the demands placed upon us today, in training for their false perception of our futures. "There are forms of alienation that are relatively strange to statistically 'normal' forms of alienation. The 'normally' alienated person, by reason of the fact that he (one) acts more or less like everyone else, is taken to be sane. Other forms of alienation that are out of step with the prevailing state of alienation are those that are labeled by the 'normal' majority (monoculture) as bad or Mad...The condition of alienation, of being asleep, of being unconscious, of being out of one's mind, is the condition of the normal man (individual)...Society highly values its normal man (person). It educates children to lose themselves and to become absurd, and thus to be normal." R. D. Laing (parentheses mine)

The family that (inadvertently) inculcated the dynamics of self-governance, self-empowerment, self-will, self-direction, self-determination, self-rule did not ever see themselves as directly forcing the self-concept of a slave onto their offspring, for their personal self-fulfillment, self-aggrandizement, self-gain. They believed it beneficial for their child to acquiesce, to sublimate, to comply, to yield, and to lose self. Thereby to instruct the child to willingly live for the benefit of other whom represents unconditional power over them, to collude with power against self. In this way, they did not create the hate that the Mental 'health' Industry insists that adult survivors 'all' possess, but they did create the environment for a Feminist ideology to grow and to mature into an advocate for social change.

Travel broadens the mind. (Dr. Who)

Resistance is futile. (Hitchhikers' Guide to the Galaxy)

Laissez-Faire - Corporatism Unfettered Is Fascism

"Slavery is the legal fiction that a person is property.

The corporation is the legal fiction that property is a person."

Putting Corporations on the Couch

By Ted Nace (Gangs of America), Dragonfly Review. Posted June 11, 2004

The war at home is being fought against the Homeless (i.e. the mentally ill, veterans, poorly-educated, survivors of child/women assault, geriatric, unemployed). In case that leaves anybody

out the War at Home extends directly to the Veterans, Schools, and Families, Elderly & Unemployed human service, departments and agencies. All those who get angry about it and suffer emotional distress, disturbing behavior, or unusual thoughts or perceptions, a natural human product of all that social and political duress, the established Mental 'health' Industry's rules of forcible containment and forcible 'punishments' into mental institutions and the community have been and are being re-written to patrilineally take care of us. The family divided is sundered apart...

Grade 8 Logic: Problem-Solving:

Ask the questions: who, what, when, where, how and why

Feminist Philosophy: If you want to know why - Ask: For whose purpose?

By taking the executives from the upper echelons of Corporate Industry and placing them into the very government agencies that set the rules that stand in the way of unbridled laissez-faire (rape of the natural and social environment), the rules that underpin the important bills that the various departments were set up to administrate are undermined such that these departments are thereby Made impotent. Air, water, earth, and the animals that roam freely upon it (in old English - the commons - sacred public trust) have now been Made wide-open for 'gutting'. All those who get angry about it and suffer emotional distress, disturbing behavior, or unusual thoughts or perceptions, a natural human product of all that social and political duress, the Criminal Justice rules of forcible containment into imprisoning institutions and forcible 'punishments' have been and are being rewritten, ex. Patriot Act, to patrilineally take care of us. The family divided is sundered apart...

"While free markets tend to democratize a society, unfettered capitalism leads invariably to corporate control of government ... in 1863, in the depths of the Civil War, Abraham Lincoln lamented, 'I have the Confederacy before me and the bankers behind me, and I fear the bankers most.' Franklin Roosevelt echoed that sentiment when he warned that 'the liberty of a democracy is not safe if the people tolerate the growth of private power to a point where it becomes stronger than their democratic state itself. That, in its essence, is fascism--ownership of government by an individual, by a group or by any controlling power.' ... 'Benito Mussolini's inside view of this process led him to complain, "fascism should really be called 'corporatism.'" Crimes Against Nature; By Robert F. Kennedy Jr., Rolling Stone. http://truthout.org/docs_03/112103C.shtml

"Corporatism came about as a direct result of U.S. businesses using the Fourteenth Amendment to the U.S. Constitution -- designed to protect blacks in the U.S. South after the Civil War -- to proclaim that Corporations should be treated as 'persons'". As a result, today the people(s) are trapped in a web of Corporate-fascist regimes, i.e. between the "power of Corporate-developed Consumerism and Corporate-suppressed information". Corporations with the rights and responsibilities of a 'legal person', its owners and shareholders not liable for its actions behave as antisocial, i.e. without empathy or conscience, inherently amoral, callous and deceitful. While with its actions not bound by personal shame and guilt it acculturates us with propaganda expressing qualities of empathy, caring and altruism. Based on Gangs of America: The Rise of Corporate Power and the Disabling of Democracy by Ted Nace <http://www.gangsofamerica.com/read.html>

For example, in '94 I underwent psychological collapse and lost life's memories or sense of self. Believing in the propaganda of Corporate Mental 'health', I accessed services in a state of induced shock and extensive amnesia, and received therapeutic 'punishments' (actually psychiatric assault) as an unwilling victim of mind control experimentation. I then lost a decade of

living to retraumatization by 'flashback' (vivid feeling-memory experiences) to mental 'health' services, comorbid for and exacerbated by dissociative episodes!

Today, I am very busy working hard at 'healing', i.e. recovery of personal 'self-identity', which begins with the retrieval of autobiographical history to rediscover my personal sense of self, to recapture psychological stability, to regain holism, to once again become a functioning person. I now realize that I fell victim to and have been fighting an individualistic war based in the property rights of Psych-Survivors over their self-identity vs. the intellectual property rights of the Psychiatric Industry (Psychiatrists & Pharmaceuticals) over me. I will not be the substrate for their profiteering.

The retrieval of my self-identity represents my resistance to the Mental 'health' Industry efforts at patenting me as a life form. Their efforts at placing their 'diagnostic' label 'into' me represent their intellectual property right over my biological resources. Szasz's Psychiatric Protection Order provides the individual with the legal mechanism to prohibit Corporate Pharma regimes, with Psychiatry and State as intimate liaisons. Human diversity is not a category of private property: Corporate biopiracy of our humanity must be stopped.

In my recent researches into the Mental 'health' Industry, I found that yesterday's destructive force of Church/State warring against our peoples, a product of greed that held some peoples in disdain and contempt, i.e. as less than human, has been supplanted with today's Church/State/Corporatism, a product of greed that holds all life in disdain and contempt. I discovered that yesterday's 'paper-clip' is today's 'global eugenics'. It doesn't matter what the subject is, always there are Corporate Directors legally bound to make decisions in favor of Corporate financial gain, regardless of consequences to humanity, and legally freed of all personal liability for the destruction of humanity while doing so. Without conscience--the new Mengeles for a new age!

We are in a global war of attrition! Air, water, soil and all life sustained by it are under assault by Corporatism. As the First Nations Peoples through their kidnapped children had a choice throughout most of the 20thC, we each have a choice to make in the 21stC. Corporatism commands that we must choose sides! Are we Assimilates or are we Traditionalists? The Assimilates will do nothing until called upon to submit, at which point they will collude with Corporate against the long-term destruction of self (centered within other), while reaping the personal self-rewards in the present. The Traditionalists will refuse to collude with Corporate and submit to the short-term demotion of self (centered within I) out of recognition that it will not end until all life is lost. We all need to lend our individual strength to State, to endure against the Corporate Sunami whose predation threatens all life in its wake. The People(s) must have the right to self-determination, to actualization of full human potential. "If war is the worst enemy of development, healthy and balanced development is the best form of conflict prevention." Kofi Annan U.N. Secretary General 1999

There is no biological evidence or tests that prove the existence of ANY "mental illnesses" that psychiatrists refer to as "neuro-biological illnesses" or "chemical imbalances". Why would it be considered sound judgment and constitutionally legal to incarcerate people against their will who have NO criminal conviction in a court of law?

"Corporate capitalists do not want free markets, they want dependable profits, and their surest route is to crush competition by controlling government. The rise of fascism across Europe in the 1930s...In Spain, Germany and Italy, industrialists allied themselves with right-wing leaders who

used the provocation of terrorist attacks, continual wars, and invocations of patriotism and homeland security to tame the press, muzzle criticism by opponents and turn government over to corporate control. Those governments tapped industrial executives to run ministries and poured government money into corporate coffers with lucrative contracts to prosecute wars and build infrastructure. They encouraged friendly corporations to swallow media outlets, and they enriched the wealthiest classes, privatized the commons and pared down constitutional rights, creating short-term prosperity through pollution-based profits and constant wars. Benito Mussolini's inside view of this process led him to complain that "fascism should really be called 'corporatism.'" Crimes Against Nature By Robert F. Kennedy Jr. Rolling Stone Wednesday 19 November 2003 http://truthout.org/docs_03/112103C.shtml

Latrogenic 'mental illness': Psychiatric Consumer-Survivor of Mind Control Experimentation

"Only those who will risk going too far can possibly find out how far one can go." (T. S. Eliot)

Clinical Psychologist (Chapel Hill, NC) and Psychiatrist (Raleigh, NC) knew that how far they could go was solely up to their personal discretion, even in a public forum (Institutional Mental 'Health', Raleigh, NC). It began with their disdain and contempt, without a regard for/respect for-humanity!

The first day that I met Psychiatrist, he conducted a physical with a nurse in attendance. Blood pressure had been taken and blood had been drawn for testing several hours earlier that morning. I sat on the end of the examining table and was told to lie back with my legs hanging over the end while the nurse on my left and Dr. M on my right proceeded, in unison, to unzip my jean shorts and pull them down for an abdominal exam. After their combined unclinical examination, I was told to sit up. The nurse walked in front of me, taking several strides (from right to left) with both hand palms up, stating 'Aids,' while she Made facial contact with me. Dr. M (whose back was to me as he was facing the counter turned towards the nurse (to his left) and while looking at her, without looking at me, nodded his head in agreement and repeated her statement, "Aids". They both then turned away from me to face the counter, side by side. With his back to me, Dr. M stated that he was making out a prescription for me. He then turned (to his right) and without looking at me, while striding beside me, nodding his head toward the door, so that I could see his right cheek, told me, "Take your meds", as he continued towards the door. I had asked him, "What meds?" when his back was to me and quickly repeated this question a couple more times as he continued to walk out the door. Just before the door closing, he repeated his command, "Take your meds", the nurse asked me, "Aren't you angry?" "About what"? I said. "About the Aids," she said. I repeated that I wanted to know what the meds were for, and what they would do for me and what they would do against me (I couldn't think of the word, negative or adverse side effect).

I had signed myself into the clinic in a 'semi-catatonic' (I have no idea what the correct clinical term for this form of psychological shock is) state for over a week previously and had been phasing in and out of that state for ~6 months. I did not care whether the clinical term for my psychological state at the time was acute P.T.S.D., or mental collapse, or psychic shock, or mental spiritual breakthrough. I did not care what the clinical definition was for the range of behaviors associated with the aforementioned state of systemic shock, whether generalized amnesia or extensive dissociative amnesia with close personal information. I do care that the 'assessment' of my state-of-being, without a deference for my humanity, provided the license (academic certification) to mental 'health' practitioners to conduct themselves in such an unclinical manner as to perpetrate the greatest degree of harm, which they called 'therapy' and patrilineally

assigned to me as being 'for my own good'. I had written the word 'incest' on my admittance forms. I do not have, nor have I ever had Aids. More importantly, I am not Aids. I did not have a Dissociative Disorder. I did have a potential for a Psychosocial Disability when subjected to ongoing psychological duress, due to my extreme nonfunctional state at the time, comorbid for abusive life experiences going back into my childhood, spanning decades. Dr. M would proceed to conduct aggressive interrogations seeking detailed corroboration of various suspected life experiences, later...

In the afternoon, I was given the M.M.P.I. to complete. I did not remember much about the morning; except that I would not be taking any meds until someone discussed them intelligently with me. I was however, outraged! I rewrote the M.M.P.I., as far as it was grammatically incorrect due to extreme gender bigotry. The following day I was subjected to an interrogation by Clinical Psychologist.

As he had asked me to do, I followed Dr. N into the counseling room (which was called the 'quiet room'). Dr. N sat with his back to the door, his briefcase laying flat on the table and to his right. I sat opposite him facing the door. I know his name because the other consumers of services told me his name. He looked at me and said, "Fag". I said, "What"? He repeated himself, saying, and "Fag". I immediately stood up and began to search my jean pockets for my cigarettes. He asked me, "What are you doing"? I apologized to him stating, "I don't have my cigarettes on me. I must have left them in the smoking room. I can go and get them if you like". He stated, "You know what I mean", and repeated himself, "Fag", while looking me straight in the face. I was now sitting down and in a state of barely controlled, raging, outrage! I then proceeded to give him a lecture on the meaning of the word - fag, i.e. stemming from the British term faggot, used to denote kindling for a fire and that the slang term fag was commonly used for cigarette. I personally had used that term as a teenager (Canadian). I stopped using it sometime in high school (I was now 46 years old.), as it had become a horrifically, derogatory form of slang for people who were homosexual. Dr. N proceeded...and for the first time in my life, I would undergo age regressions. From then onward memory of my stay in institutional mental 'health' would become known to me in 'flashback' (vivid feeling-memory experiences) and dissociative episodes, while memories from pre-1994 would take the better part of a decade to begin to resurface.

Psychological manipulation while taking advantage of my mental and emotionally weakened state would quickly advance through levels of intimidation, coercion, and force. I had signed myself into Institutional Mental 'health' having undergone mental collapse due to severe psychological and physiological distress (a shocked state) and characteristic amnesia with close personal information. The staff would continue with their aggressive theatrical, corroborative interrogations for validation and detailed accounting of my childhood/youth/adulthood, which would eventually include physical and sexual assault during role-playing skits designed to destroy my resistance to mind control, to deconstruct self-will, or to alter cognition, perspective, and personality into compliance to their authority. By extrapolation their goal was to instill a spiritual defeat of self-governance, to become an ideal subordinate to all domination, to gain membership in the happy, faceless amalgam. "All those moments will be lost in time, like tears in the rain." Blade Runner

I would become one of the chronically, severely 'mentally ill' (psychosocial disability) unable to function socially in neither the personal nor the public domains of family, employment, and education due to extensive amnesia and intense 'flashback' (vivid feeling-memory experiences) and dissociative episodes, living through incidences at Institutional Mental 'Health', Raleigh, NC. I would leave Institutional Mental 'Health' with virtually no memory of what had been perpetrated against me. I would undergo, first auditory, then visual, and then living through 'flashback' (vivid

feeling-memory experiences) (up to present) with concomitant dissociative episodes lasting from one to three weeks for the next 8 1/2 years (until the present). What I remember of my experiences - I remember, because I lived through them several times in 'flashback' (vivid feeling-memory experiences)/dissociative episodes. It took over six years of 'flashback' (vivid feeling-memory experiences) before I began to retrieve narrative memory (outside of 'flashback' (vivid feeling-memory experiences) and dissociative episodes), which is ongoing. My mind cannot let go of the incomprehensible: They knew what they were doing! They understood the damage that was being done to me! The injury was their 'therapeutic' purpose. I was not allowed to leave until their 'scam' for my mental and emotional devastation was completed to their satisfaction (mind control experimentation).

In March 2000, I was diagnosed by Trauma Specialist, Richardson, TX with Chronic P.T.S.D. and Dissociative Amnesia. All 'flashback' (vivid feeling-memory experiences)/dissociative episodes are a product of the intellectual, emotional, and spiritual 'mauling' that I endured while in 'crisis' by Psychiatrist, Raleigh, NC and Clinical Psychologist, Chapel Hill, NC and their assistants during a single week (September 1994) at Institutional Mental 'Health', Raleigh, NC.

Professional integrity is the cornerstone of credibility. The common ethic of any professional mental 'health' worker, such as a psychiatrist or psychologist, would be to seek the truth and to provide a fair and comprehensive assessment of the mental 'health' issues involved. Therefore, a psychiatrist should be thorough, honest, independent, and avoid conflicts of interest. Critically important elements where State and Corporate Pharma intimacy has freely manipulated the Mental 'health' Industry for political and financial purposes and vice versa.

Torturers are trained to generate the interior defeat of a person. Abuse in therapy is not the act of "a few bad apples", but that of human beings who have been converted into instruments of the system of economic exploitation and oppression. Condemning a few of them is not going to stop the nightmare. These are not anomalous events. The 1994 Convention Against Torture recognized that the goal of breaking down people's will is to make them faceless, take away their culture, their religion, and their identities. The Convention defined "severe mental pain or suffering as meaning the prolonged mental harm caused by or resulting from ... the administration or application, or threatened administration or application, of mind-altering substances or other procedures calculated to disrupt profoundly the senses or the personality". "The available evidence suggests that resistance is sapped principally by psychological rather than physical pressures," A CIA handbook on coercive interrogation methods, produced 40 years ago during the Vietnam War advised." Iraq Tactics Have Long History with U.S. Interrogators by Walter Pincus, Washington Post, Sunday 13 June 2004 www.truthout.org/

Washington, D.C. - 3.22.01 | When re-introducing the Equal Rights Amendment (ERA), legislation that first passed the House of Representatives in 1972 Congresswoman McCollum stated, "I was a college student in 1972, and it was inconceivable to me that something so basic as equal rights under the law was not a part of our Constitution. It's simply unbelievable to think that nearly thirty years later, as a Member of Congress, I'm still having to advocate to have those same, simple words that mean so much, added to our Constitution." The language of the ERA reads: "Equality of rights under the law shall not be denied or abridged by the United States or by any State on account of sex. The Congress shall have the power to enforce, by appropriate legislation, the provisions of this article. This Amendment shall take affect two years after the date of affirmation." Congresswoman Betty McCollum Re-introduces the Equal Rights Amendment "Been, a long, long time comin..." <http://www.truthout.org/women.htm>
http://truthout.org/docs_01/0023_McCollum.ERA.htm

Socially Acceptable: A Toxic Shock Syndrome

The population of individuals deemed to be with brain 'disease', called the 'mentally ill' by the general public and the population of people with 'mental illness' by the community of Self-Helping Professionals, have been and still are being treated as a faceless and mindless amalgam deserving extreme punishment and permanent incapacitation. This unfair depiction has historically led to significant decreases in civil liberties, an enhancement to our psychosocial disability issues.

I am just now coming to recognize that a goodly amount of my outrage for psychiatric betrayals has been out of remorse for self and fear for others who will become mired in the Mental 'health' Industry trap, as well as despairing for those who went before us. Such as, the skid-row bum with his war medals and the babbling bag lady sexually assaulted since childhood. We are symbolic of the expendability of all members of society and therefore the bigotry against us serves to ostracize us from the whole to keep cultural recognition of self at bay, thereby curtailing democratic actualization.

I used to think that rage was hate: I was wrong: It has much value as a tool for maturation. Outrage is a driving force for knowledge. By self-educating via the Internet through peer support groups and researching instructional psychiatric consumer-survivor web sites, and without realizing it, I began the journey of self-healing: self-recognition, self-acceptance, self-regeneration, and self-recreation. It is an existential or spiritual journey supported by a community of peers for the purpose of self-renewal in the recovery of our stolen identity, our annihilated sense of self.

I first accessed mental 'health' services at a time of psychic pain, anguish, and suffering (called crisis by the system). The accumulation of tragic life-events and the aberrancy of being subjected to a single tragedy (spousal abuse), being physiologically ill (metabolic disorder of the sympathetic nervous system), as well as parental distress and career stress caused me to acquiesce into a non-functional state, my psychic endurance broken. Instead of haven, refuge, sanctuary, and 'asylum', I found denigrating attack, fragmenting psyche as a therapeutic 'punishment'. I was finally allowed to leave irreparably damaged, because the systemic tools for healing the mind are as they have always been--punishing weaponry advancing financially-remunerative, academic pursuit through coercive experimental procedures. What I had imagined in my naiveté to be a body of knowledge with an application of scientific understanding and a healing art was and still is a body of willful, self-serving ignorance and a life destructive force resulting in iatrogenic (mental) illness.

I had been subject to a kind of semi-catatonic (shocked) state for over a week and had been phasing in and out of this shocked state for ~6 months. I was labeled bipolar as I did not maintain oppressed passivity, i.e. shocked, but did quickly become defensive when attacked. In the Mental 'health' Industry assertiveness in one's self-defense while under attack by professionals equates to energetic aggression, especially in a woman, now labeled 'the mentally ill' by virtue of her admission into the system for, the purpose of, 'help' seeking. I may or may not have been labeled with 'psychosis' (extreme state of mind). I was commanded to take Zyprexa (anti-psychotic) or Celexa (anti-depressant), a command I refused. My anxiety at the time was so great as to cause extensive amnesia with only close personal information.

The 'Emperor's New Clothes Syndrome' is encompassed in the question: How come mental 'health' practitioners label shock brought on by spiritual suffering and resulting in amnesia as Oppression, and assertiveness in one's self-defense as 'psychosis' or mania? As medical

professionals the psychiatrists, psychologists, and psychiatric nurses ought to know better. They are well informed as to medical procedure based on the fragility of shock victims. I know this because I took First Aid! The tragic injury that we are distressed from is one or the accumulation of tragic life-event(s), i.e. the distress from long-term +/- immediate duresses that has assaulted our self-identity. Psychic shock is a force from within the psyche or an internalized conflict, rather than a blow to the skull by a physical object. The signs of spiritual wounding are in our disturbed behaviorisms' and perceptions rather than in the damage from an assaultive injury to tissue.

I fantasize a different Mental 'health' Industry where a crisis house is staffed by survivor counselors, where healing really does take place in an atmosphere of safety and empathetic caring, where women leave feeling refreshed and empowered after gaining socially acceptable into their mental 'health' issues. We used to have such places in Ontario beginning over a ¼ C ago. Then Social (Human) Services Industry took over and although the accommodation is very nice and I highly recommend that women avail themselves of the services, it is with the knowledge that there is no longer time for the workers, now professionals, to participate in healing mechanisms of self-help and self-support. Again, the establishment has forced the professionally educated into a position of power over--patrilineally defined as 'for our own good'. They call themselves Women's Crisis Shelters but the establishment has turned them into Women's Homeless Shelters. There is a difference!

I have found a cathartic release for my personal history through journaling. My memories had become a long day's night from which I was unable to escape, while lost in intensely dissonant emotions (anguish, panic, outrage, fear, despair) being triggered asunder. When I initially started writing of my experiences, I had to remember the last (at that time) 7 years in order to file for disability (Otherwise my personal input would have been a blank). I had no understanding of myself at the time, or of what my difficulties were and how these difficulties were associated with my problems in functioning within the public/private domains. In other words, I was unable to explain why I was applying for disability, providing examples in explanation as to how I had come to such a predicament.

I used my resume and with a month's constant effort managed to remember (painfully, while walking on the surreal plane, mildly dissociated), a representative memory of what had occurred, psychologically, with each loss of employment and educational endeavor. The following year I managed to obtain an archaic computer that was not supposed to be able to function on the Internet. I enrolled in peer Internet support groups and accidentally struck-up a daily Internet exchange with a pen pal. In these daily Internet efforts I did not discuss myself (initially) so much as to provide peer support (empathy-streaming). Pearl Bailey said, "There is a way to look at the past. Do not hide from it. It will not catch you if you don't repeat it." There is more than one way to look at one's past, to analyze it, to find meaning and value in its teachings, and to discover an applicable purpose in our having lived it.

Empathy may be something one gives in support of others, but always one is unwittingly and indirectly accessing one's own pain. In doing so, I discovered memory without the volatility of abreactive 'flashback' (vivid feeling-memory experiences) (extremely debilitating in every way conceivable). Although mildly dissociated when writing like this, I found I did not lose myself in the dissociative experience, but was somehow refreshed. To my knowledge, there is only one web site that offers pen pals on the Internet, Gift from Within (www.giftfromwithin.org). There is a necessary \$5/one time payment U.S. to join. Why will public medical fund expensive, high-risk drugs, but not such a cheap alternative to drugs? I have not, do not take drugs for my biopsychiatrically-labelled "mental illness", preferring non-toxic, cheap alternatives to work with my

psychosocial issues. Alternatives do not result in cognitive reduction, incapacitate my intellect, nor numb my emotions, necessary prerequisites for any coping skill, and therefore will not maintain a psychosocial disability.

Being a caregiver has been my life! Being cut-off from this avenue of expression was a form of repression for me, a void filled by Internet contacts. I decided that I wanted to keep some of my mails as they intimately expressed me. At the same time, I began the construction of my web site via a yahoo freebie. The first page was my philosophy page. Until recently I would spend anywhere from 4 to 24 hours/day, frequently 7 days/week working at these avenues of self-expression. I liken the whole experience to that of someone painting survivor art. I have gained back my memory of the last, now 9 years. I also have over 100 journal entries. I rarely recognize myself in what I write. There are few details pertinent to me, the writing being representational of socially acceptable gained through a maturation process of understanding during the recovery of the spiritual essence of self, lost to tragedy by human agency. As with my web site, what I write shows where my interests lie, a needful recovery process to regain functionality for one who suffers from amnesia and a necessary element in the recovery of self-identity to re-obtain psychological stability. I seek the answers to who and what I am and am learning the language of my self-expression.

I also completed a business plan. This too was cathartic (P.A.R.O. - Nor' West Ontario, Women's Self-Employment Program), as I reviewed (without memory, other than my resume and emotional sense of self during dissociative episodes) what sorts of alternatives might have been helpful in the preceding 8 years. Of course, Social (Human) Services Industry thought that I was doing this for reasons other than therapeutic. My resistance to satisfying their mandates caused me to be in crisis (including suicidal) perhaps 50% of the time. My first couple of business plans, written while taking the training program, was what I could have done a decade ago. Although the program lasted 3 months, I kept my biz plan going until recently when I finally focused it into a mold that I can visualize myself doing in the indeterminate future.

These alternatives have one thing in common. Like Art, they create a public persona for that which is an internal and unreachable aspect of self. In doing so they create an emotional calm where there was unknown turmoil directly triggering holistic unproductivity. This confession is done in an indirect manner where I am slightly removed from what would otherwise create extremes of conflicting emotion, dissociation, 'flashback' (vivid feeling-memory experiences), insomnia, disorganized eating, inability for stable, interpersonal communication, etcetera. It comes out of oneself--naturally-rather than imposed and geared to suit someone else's personal social, political, and time-frame agenda. It is one's own intellectual, academic and acculturated concept of what is required. This 'intra-personal' communication is therefore a healing experience, rather than a re-traumatization. *The re-traumatizing theorem based in the 'no pain, no gain' maxim of directed psychotherapy (interrogation) is an escalation of one's dysfunctionality due to a psychic ingraining or hard-wiring, by habitual modeling of the debilitation resulting in the out-of-bounds behaviors, during the re-experiencing of severe emotional distress while being placed under psychological attack.*

Lately I have begun to lose interest in the last decade, which I believe is a good signal. Like I am slowly turning my back on a personally, horrific experience spanning almost a decade, that has been 'grappled' with, clarified, understood and can now be let go of. I feel the need to move on and to leave the past, as the past or to become active rather than reactive. My outrage, fear, anxiety, panic is no longer something that is an erratic, yet imminent expression of self that stems from personal pain and anguish. I feel an alienation from that part of self rather than owned by it. I

am not so afraid to talk to someone (most of the time), out of fear for being triggered into an overwhelming, personally felt, disgraceful state-of-being. I also recognize that my present welfare, disability exemption has provided me with a respite space to escape the psychological war zone, that left me consistently being triggered into an ever-reduced state of physiological and psychological debilitation, which continued to worsen with each year as my physical and cognitive well being became drained of its endurance. Such that I found myself 'becoming the personas' of 'flashback' (vivid feeling-memory experiences) experiences, alienated from the person I am, my characteristic ideology, values exhibited in public behavior no longer recognizable to me as me (annihilated sense of self).

I do feel intense bitterness towards a stereotyped 'single' image of mental 'health' as that dictated by a dominant (and dominating), mono cultural, academically-certified establishment. The dominant culture denigrates the host of alternatives that people have found helpful (and say so) in favor of oppressing, repression by pharmaceuticals (public) and psychoanalysis (private). Both of which many people do not find helpful and say so. It is a system that denies the reality of our human need to feel our daily lives, the good and the bad experiences. In doing so, it denies our human capacity to absorb our existence as an integral part of self (spirituality). The dominant system is so obviously enraptured within its academic elitism (prestige) and cultural affiliations (status). Established mental 'health' is so clearly aligned with social control in its upholding a vertical hierarchical system of 'isms' rather than undermining it (power over). The Mental 'health' Industry redefines the psychosocial issues of human behavior as 'mental illness', a product of faulty genetic make-up intrinsic to the individual and hence innate to their 'group' affiliation (providing the finances to back it all up).

The following link for "A Doctor's Toxic Shock" by Nanette Gartrell <http://www.nytimes.com/2004/01/04/magazine/04LIVES.html> is well worth reading. A "psychiatrist in practice for 27 years" failed to recognize herself having anxiety and Oppression (suffering from grief and loss for the death of loved ones and the fatal illness of a close friend). She immediately went for the pill bottle. She suffered adverse side effect. She was undeterred and continued the drugs. Her 'learned' peer group was of no help. She researched in academic journals and the Internet looking to see herself in their listings of adverse side effect, but to no avail. She talked to a peer user of the drug who was able to recognize and acknowledge similar experiences with the drug ("His symptoms (socio-political crimes) were similar to mine. He said it was like coming off a coke high, that he would choose grief any day..."). She found a journal entry that stated that some people's genetics could not cope with the drug. She tapered off the drug and has not been oppressed since! So she thinks that she has learned her lesson. "After taking bupropion, I describe potential side effect to my persons in much greater detail...If a person complains of symptoms (socio-political crimes) similar to mine, I switch meds immediately. In the past, I would have encouraged the person to stick it out, anticipating that most side effect would eventually pass."

There is NO empathetic solace in a pill! Where is the psychological comprehension of perception, learning, and reasoning gained in this story? This aforementioned psychiatrist makes me want to join a Native Healing Circle and to participate in a Cleansing Ceremony so that I can rid myself of the systemically-mandated, 'psychic stain' of the dominant culture, corrupted by patrilineal ego-centricity, fueling disdain and contempt for *personhood*.

Truth and Reconciliation: Amends & Reparations

Stigma means that one is marked by, say a pimple on one's nose. The stigma of 'mental illness' is actually the bigotry or imaginative fear, hate and denial for 'other' who symbolizes the expendability of the self in 'us'.

I think that one way to approach the divide of the bigotry of 'us' and 'them' is to name self. I am not severely 'mentally ill': I have a psychosocial disability. The debilitation is such that I am no longer able to function in the public domain of employment and education. I live alone. As in the public domain, I am unable to function within the domain of interpersonal relationships. In summary, my psychosocial handicap involves an inability to socialize in the promotion of interpersonal interactions, both public and private domains, due to an inability to cognitively cope with the conflicts that arise out of said associations. This is because lived experiences have been a social war zone of community (re)traumatizations/(re)victimizations, sometimes severe. I have suffered various defeats leaving me incapacitated to continue the fight for full human potential based in principles of self-governance, self-control, self-will, self-determination, self-empowerment, or self-actualization 'in the company of other'. The war zone today is as it has always been, my civil right to self-identity or sense of self. In my aloneness I possess all of the above, unquestioned as to my rights of self-ownership, self-possession of mind.

I have hope of a collaborative effort between professional and peer in the Mental 'health' Industry. As with other disenfranchised groups, we are renaming self as individuals and as a disempowered group of diverse peoples. Our voices will be heard, as our respective cultures are able to accept the horror of systemic abuses and the attitude that is the foundation of the system, of which the established Mental 'health' Industry is a guardian in the promotion of servile compliance to commercially sponsored harms against self and peer.

Those of us with psychosocial disability issues, cursed as the 'mentally ill', are the most disempowered group of our respective cultures. Because we represent its most damaged citizenry, we are metaphorically considered the 'rotten apple' in the barrel (presumed to be 'the' systemic depravity rather than its product). The general population is blissfully unaware of all, as I once was. It therefore follows that "truth and reconciliation" will naturally occur as we each of us express remorse for our own former complicity in systemic abuses, sometimes severe. Amends and reparations can occur, when we each recognize self as both perp and victim. The way to safeguarding the holistic civil rights of the population of people with disability is in community commitment to the values of self-acceptance and self-determination. Truth and reconciliation is therefore respect for the inherent legal capacity that is the quality of personhood not established by conditioning or learning, which is what is meant by the acceptance of the intrinsic worth and dignity of every human being.

Resistance to Change: Self-Defeating Behavior

The need by the professional establishment in the Mental 'health' Industry is a self-protective refusal to admit defeat of the 'available tools at hand' (drugs, E.C.T., forcible confinement, and even lobotomy). To admit defeat by biopsychiatrists is to accept professional impotence in the face of suffering and without available alternatives in place 'for psychiatric professionals' to function in employment, a direct consequence of their resistance to change.

I think the adherents to Bio-violent Psychiatry believe that further research will promote better efficacy of their failed toolkit, which the consumers/users call weaponry. They neglect to appreciate that their system is flawed at the most elemental level, its foundation. They persist in the belief of renovating the house. The bio psychiatrists betray reason, that they will never have the deities' potential to comprehend consciousness sufficiently well enough to 'regulate' the mechanisms of mind in any supportive, positive role. The sole value of this research therefore, is to enhance social control and power over an identified sub-population based on their inferior genetic make-up, an obfuscation of the social reality. The community of mental 'health' professionals and the established Mental 'health' Industry are remunerated with status and financial gain, as guardians for the affluent who fund their education, their research, their employment, and their benefits package, i.e. their livelihood and the commercial basis for their status and prestige within the community.

People resist change even while it opens up new doors for personal opportunity and consequent growth and maturation. To the degree that our culture is a corporatist culture, the government's role is no longer to prevent force or fraud from disrupting the autonomous operation of the free market, but to further the advancement of corporate-developed consumerism and corporate-suppressed information. The governmental system is therefore supportive of the established Mental 'health' Industry, which has been and is being under funded by corporate pharmaceutical companies. State has become an arm of corporatism, which with the complicity of our respective governments seeks to expand, not to contract its power by social control over the population. Shere Hite: Report on the Family (circa 1990) Made note of the fact that, as we are reared in an authoritarian family we accept and expect authoritarian rule by government. As we are reared in a totalitarian family, we accept and expect totalitarian rule by government. *We cannot vote for a national democracy without being reared by a democratic family. Alternatively, familial dynamics is a mirror of the government.*

The alternatives to the present Mental 'health' Industry are non-clinical. Back in the 70's Women's Crisis Shelters were created with charitable and government funding. Since then Social (Human) Services Industry has taken over, staffed them with 2-year, 4-year and masters degrees. Now we have very expensive, stultifyingly regulated Women's Homeless Shelters, where the workers have no time for the crises of its inhabitants. As a result of the ethic of elitism or professionalism, there are no peer councilors provided. So now, we have to reinvent the peer-run, considerably cheaper, and minimally regulated Women's Crisis Shelters--our true asylum, haven, refuge, and sanctuary. The professionals are needful. The problem is that (see above example) their academics express social indoctrination of dominance and their salaries bring in the establishment, the control over, the power over, the senseless regulation to protect their liability and the abuses inherent in any relationship with a power differential based in a vertical hierarchy for personal gain. We lose what we started with, peer counseling or the empathy gained through knowledgeable experiences shared with a peer, no longer in crisis.

Collaboration or co-operation of peers working with and not of, by, for is based upon the mutual respect of colleagues. Therefore, we need to fully understand our 'myths of professionalism', whenever we enter into the social sphere, to avoid submission to the vertical hierarchy that results with their participation. The natural kinship of professionals is closer to the governing elite, better remunerated by them, than the people for which they provide services. The problem then is to overcome the societal stratification of class and the prejudices that we all have about hierarchy, authority, and democratic values and knowledge.

As I see it, the general population has been reared in authoritarian (patriarchal) families. In general, the population accepts the myths of professionalism and the resultant vertical class stratification. In consequence, the populace expects and accepts their compliant placement in the hierarchy (even demand it). A major force for rebellion to iatrogenic disability comes from those of us who suffered from the aberration of power-over, i.e. the totalitarianism of the Mental 'health' Industry, a mirror of governance within our tragic birth families. The duress generated by social issues has caused the distress that results in our behaviourisms' presently called 'mentally ill', instead of psychosocial disability, by the establishment.

Community Traumatization/Victimization - An Example

Productive of Psychosocial Disability

"Love and violence, properly speaking, are polar opposites. Love lets the other be, but with affection and concern. Violence attempts to constrain the other's freedom, to force him (her) to act in the way we desire, but with ultimate lack of concern, with indifference to the other's own existence or destiny...We are effectively destroying ourselves by violence masquerading as love."
R. D. Laing (Parentheses mine)

Excerpt from Report: Walking on Eggshells Abused Women's Experiences of Ontario's Welfare System

Key Findings

1. Benefit levels are wholly inadequate to meet real costs of rent, food, accommodation, transportation and other living expenses.
2. Women are staying in or returning to abusive relationships because of inadequate welfare rates.
3. Women are not supported in their desire and efforts to become employed.
4. Women are required to pursue child support in situations that put their safety at risk.
5. Abusive partners use the threat of welfare fraud charges to control and intimidate women.
6. Critical information about benefits, rules and entitlements are not disclosed to women.
7. The vague, hang-up definitions of 'spouse' and 'same-sex partner' make women wary of forming new relationships.
8. Women find their experiences on welfare to be similar to their experiences of abuse.

Dawn Ontario Disabled Women's Network Ontario

<http://dawn.thot.net/abuse.html>

<http://dawn.thot.net/walking-on-eggshells.htm>

Final Report of Research Findings from the Woman and Abuse Welfare Research Project April 5, 2004

Trauma Therapy: Iatrogenic 'Disease' Progression

August 30, 1994: I signed myself into Institutional Mental 'Health', Raleigh, NC in extreme psychological distress possessing memory for close personal information. I was 46 years of age. On the admittance form, I checked off over a dozen serious mental 'health' issues and accidentally checked the suicide blank. I neglected to erase this error as to be in a positive state

of being for the previous dozen issues were, in my mind, to be in a suicide state. I would later explain this to Clinical Psychologist, Chapel Hill, NC and Psychiatrist, Raleigh, NC when it became clear that they would not allow me to leave the institution, and thereby escape the obvious harm to me from their 'therapeutic' endeavors. This check for suicide was stated by them to be the clinical excuse for holding me at the clinic. I also wrote on the form, that I was an adult survivor of incest, spanning several years and initiating at puberty. Incest history was one of the several 'life's' issues indirectly involved with the state of my present mental 'health' issues (1994). I understood this, albeit without memory of incidence of spousal abuse leading up to my admittance into the clinic.

September 7, 1994: I was allowed to sign myself out of Institutional Mental 'Health'. I had almost no memory of my one week stay and the 'help' that had been provided to me by the mental 'health' staff. Over the next 8 1/2 years via 'flashback' (vivid feeling-memory experiences) and concomitant dissociative episodes (lasting hours, days, weeks), I would relive elements of my stay at Institutional Mental 'Health'. I would relive in public 'flashback' (vivid feeling-memory experiences) frequently involving age regressions (that had first appeared while trapped within Institutional Mental 'health' and while I was being forced to endure assaults by staff, which they called 'therapy'). In consequent dissociative episodes lasting through weeks of solitude, I would relive staff forcing me to participate in theatrical role-playing skits. Their superficial purpose was validation/corroboratorion of abuses (in detail), including elements of CSA that I had always been amnesiac for (if in fact they ever occurred), as well as elements of child/youth/adult abuses that I was amnesiac for upon admittance, but had otherwise known to be true/or not throughout my life. I would be punched and slapped for noncompliance. I would relive their terrifying assertions of abuses that I had perpetrated against my family, both physical and sexual and at a time when I was extensively amnesiac because of severe psychological distress. Over the next, almost a decade there would be times that the shock of the incomprehensible, insensible behavior of professional 'help' would even drive out memory of my children. In time, I would learn what the term 'disease-progression' means in mental 'health'. What had begun, as auditory 'flashback' (vivid feeling-memory experiences) would become visual and auditory 'flashback' (vivid feeling-memory experiences), and dissociative episodes. Would become a participatory reliving of the past during 'flashback' (vivid feeling-memory experiences) and dissociative episodes, would become a sympathetic response pattern, a reliving of the past loosely applied to the present when interacting with others during 'flashback' (vivid feeling-memory experiences) and dissociative episodes, would become an integrated part of self as a learned, reactive, unproductive behaviorism. What my spouse had abusively begun, with disdain and contempt for my personhood, would evolve with Clinical Psychologist's and Psychiatrist's support for spousal abuse, through denigrating and coercive means, to negate and nullify my personhood. Their therapeutic mechanisms followed a brutish, cult-like machination to unleash a shocked dissociative, hypnotic state (without clinical hypnosis), wherein age regressions can be readily accessed and maintained via ongoing assaultive efforts to corroborate and validate confusing, negative, and aversive' presumptive dictations of an individual's life's experiences, ideologies, and cultural affiliations. The greatest harm to my present and future life's potential has been their success in assassination, annihilation of my self-identity resulting in total loss of productivity in the public domain and estrangement from my family in the private domain, an intense alienation from others.

Initially, I learned to be emotionally numb, making a concerted effort not to feel of/by/for anything as the 'flashback' (vivid feeling-memory experiences) seemed to be triggered by a sensitive reactivity involving emotions. In time, emotionally-numb would become a natural part of my being as would living in solitary confinement (in an effort to maintain this state of 'well-being') become my primary means of maintaining holism of self. While in public and interacting with others, my

instability shows resulting in loss of employment, educational goals, and sending me into debilitating physiologically and psychologically, unhealthy, dissociative episodes. My family has disowned me because of my unaccountable behavior commingled with their belief, that I refused help when it was 'offered' to me at Institutional Mental 'Health'? My present severe 'mental illness' (psychosocial disability) is therefore my own fault, an ideology they get from the mass media that insists that mental 'health' support exists. I have come to realize that the cultural belief in the positive benefits of the established Mental 'health' Industry, most especially for adult, survivors of incest borders on religious zealotry. Even familial loved-ones will refuse to hear a disparaging word spoken against its professionals. I was born into a civil war zone of community traumatization/victimization: I have grown old living in a system of community retraumatization/revictimization: Naturally I have a psychosocial disability.

I signed myself into Institutional Mental 'health' August 30, 1994. I was in severe distress with extensive amnesia because of the psychological impact of a culmination of life's experiences involving tragedies by human agency, for example spousal abuse and medical negligence when working with perimenopausal females, and various other social/political life's stressors. I did not have a chronic 'mental illness'. I still do not! I did not have a 'dissociative disorder'. I still do not! Instead of finding refuge, I was severely and willfully retraumatized by staff and at a time when I had already undergone mental collapse with extensive amnesia. My psychosocial disability is a direct result.

Integrity and Wounds of Deception and Betrayal

One can spend a lifetime in obligation to others and then when one needs someone to accept the obligation of noticing one's existence, one may find that it is too much to ask. There is no reciprocal action even at its most basic interpersonal level. Realizing this filled me up with emptiness!

My being was left hollow where there had always been a kinship other and for me that was all of my being. This is the essential, spiritual understanding of being human, wherein self equates to group as exemplified in the individual as indivisible, the familial. I do not think that the hurt felt where my existence is unrecognized by familial loved ones means that I did not love unconditionally or don't know how. I do not think that noticing the existence of someone who has been instrumental in one's life to be a reciprocal nurturing action. I think that it is the essence of human integrity. When my children became independent adults, my presence in their daily lives was no longer appropriate. What does that say about our acculturated children? How does one teach the young to feel the obligation to notice that which does not directly impinge upon the self, centered in 'I'?

In the progress of self-education over the last 9 months, involving social infrastructure, I derived an enhanced understanding of the constructs of dominant culture's, established Mental 'health' Industry and by extension inferred various other cultural systems. I gained progressive socially acceptable into psychosocial disability, that which society refers to as a 'mental illness'. Upon realizing the degree of cultural 'bigotry' or the fraud of 'character assassination' that exists for those of us most damaged by the aberrancy of cultural domination, I began to evolve a new language to define and characterize my psychological, spiritual, and cultural alienation, the debilitating effect/affect of having suffered various tragic incidences. With each community (re)victimization and resultant cultural alienation for extended periods, is created a spiritual product of severe psychological and spiritual distress,.

Our humanity is encapsulated not just in our bodies and brains (our physical self), but also in our

minds and spirit. My 'weakness' stems from living in a cultural Madness and my inability to function in the public domain is due to a societal 'mental illness', a cultural social pathology. An individual's 'mental illness' diagnosis is character assassination for profit. The chief profiteers of victim-blaming are biopsychiatrists, corporate pharma, and their hired support groups, such as the APA and NAMI, aided by the callous indifference of the human service sector and its agents, such as the AMA and Social (Human) Services Industry; all of which are products of the domination by a European-style, patrilineal mono-culture, sustained by scape-goating.

Blood quantum is based upon the dehumanizing, racial theorem of blood-lineage defining one's personhood. A structural form, the 'flesh', does not encompass my humanity. Self-identity is the spiritual essence of one's being; a holism of acculturated self, clearly encompassing life's experiences, which in turn frames one's psychic perceptions of reality and without which life is illusory. Assimilation? I dreamed myself and I am still dreaming.

In 1896, the head of the Board of Indian Commissioners said, "To bring the Indian out of savagery and into citizenship we must make him (them) more intelligently selfish. A desire for property . . . is needed to get the Indian out of the blanket and into trousers - and trousers with a pocket in them, and with a pocket that aches to be filled with dollars." (Parenthesis mine)

The need for amends and reparations is to enable the truth to be told. An honest analysis of the past will allow us to understand the what, why and how of community retraumatization/revictimization against the individual and populace. Without remorse, we continuously fall victim to systemic predation, which is ongoing and worldwide. For example, after 9 years (in the decade of celebration of Indigenous Peoples) the U.N. was stalled at creating a 'civil rights' charter. There was a problem with placing the terms 'Indigenous Peoples' and 'self-determining' in the same sentence. This is because state and corporate interests know that some self-determining peoples still possess much to exploit.

For example, last night I read an email about the recent arrest in S.E. Asia of a pedophile who over several years molested and raped and sold for same, the children at his orphanage (an old theme in Canada, U.S., and Australia). These children belong to the Indigenous, Okha Hill People of the country and were removed after the death of one or both parents, in denial of the right of the extended families to care for them. Therefore, the dominant culture, based in an adherence to the ideals of nuclear family, is still kidnapping children to be severely damaged by it. In fact, this is common in the region in an effort to destroy all aspect of the Okha Hill People of Malaysia, thereby extricating them from the land and its resources where they presently reside. Corporate Mental 'health' Industry would like to implant itself, worldwide, so that it can continue to redefine the human products of wanton destruction as possessing a genetic predisposition to biological inferiority (brain chemical imbalance), and thereby earn future dollars by supporting further punishments for existence, called 'punishments' when it isn't called 'care'.

"Without evidence of brain pathology no basis exists to call emotional distress, disturbing behavior, or unusual thoughts or perceptions "neurobiological disorders". This and similar terms negate the sufferer's distress as reaction, protest, or adaptation to his/her position in the personally relevant social context. A person is understood in terms of personal history and social circumstances. A neurobiological disorder is understood differently. The choice of labels is of great consequence." (Reply to A.P.A. by Scientific Panel of the 'Fast for Freedom', Dec/03)
<http://www.mindfreedom.org/mindfreedom/final>

There are many ways of 'making amends' and many ways of 'making reparations'. First Nations People(s) want self-determination. Self-governance is the only viable mechanism by which an individual, or people, may obtain freedom from ongoing systemic assault, providing access to decency of housing, medical care, and education. The demand for civil liberties is the demand for right of one's actualization. The demand is for the fulfillment of one's human potential, while accessing support for the survivors of civil rights desertification, many of whom are non-functional in the public domain, hence socially impoverished and being subjected to a dominate mono-cultural system that does not recognize tragedy as an element of dysfunctionality. The demand is to escape objectified subjection to systemic support by institutionalized bigotry. Unless we are able to look at our past to understand the what, how and why--we will continue to have it lived out by its victims in the aberrant policies and procedures of the various systemic arms of social control, of which mental 'health' is one and criminal justice is another.

Bad Premise

The following is excerpted from, *The Necessity of Madness and Unproductivity: Psychiatric Oppression or Human Transformation* by John Breeding, Ph.D.
<http://www.wildestcolts.com/john/Madness.html>

"The Worldview of Bio-violent Psychiatry: The mindset of psychiatry is guided by a very specific set of assumptions which flow from the pseudo medical 'model' of Bio-violent Psychiatry ... The basic assumptions of Bio-violent Psychiatry are as follows:

- 1) Adjustment to society is good.
- 2) Failure to adjust is the result of 'mental illness'.
- 3) 'Mental illness' is a medical disease.
- 4) 'Mental illness' is the result of biological and/or genetic defect.
- 5) 'Mental illness' is chronic, progressive, or incurable.
- 6) 'Mental illness' can (and must) be controlled primarily by drugs. Secondarily, for serious 'mental illness', it must be controlled by electroshock.
- 7) People with 'mental illness' are imaginative, often unable to make responsible decisions for themselves; therefore, coercion is necessary and justified..."

Institutional psychiatric labels for psychosocial disability --"They're myths and lies, pseudo-medical labels that fraudulently pathologize dissident conduct and spiritual or mystical experiences as "mental disorders"... "Like the Malleus Maleficarum, an official-church manual used during The Inquisition to identify and burn heretics and witches, the DSM is psychiatry's manual of moral judgments, character assassinations and swearwords masquerading as Socio-Political Issues. The D.S.M. labels are used to target, forcibly treat, lock up, and get rid of people who appear crazy, Mad, or different from most of us. Once psychiatrists label you "mentally ill", "psychotic", or "schizophrenic" (today's heretics and witches), you are targeted for forced drugging, electroshock, hi-risk experiments, incarceration, and homelessness - sometimes death. Psychiatric diagnoses are NOT neutral or value-free!" Don Weitz; Call Me Antipsychiatry Activist-Not "Consumer", Activist since 1974
<http://www.Madnation.cc/essays/weitz2.htm>

Once psychologically broken and disabled due to the predation of the psychiatric, socio-political system, it is necessary to obtain certification of same (a psychiatric 'medical diagnostic assessment') from an M.D. or Ph.D. specializing in mental 'health' in order to obtain disability

funding as a result of one's inability to maintain employment or to sustain compensable productivity, i.e. to be independently, financially viable. The M.D. must be a psychiatrist (publicly funded) or a Ph.D. psychologist (privately funded) if one hopes to prove one's case. In either case, one will be labeled with a biological 'illness' based on the pseudo science of DSM labeling, a result of biopsychiatric 'belief' in faulty genetics as explanation (punishment) for socially unacceptable productivity. The purpose of disability adjudication is strictly to assess the individual's capacity to function in the work force (employment, hence financial independence). There are several criteria of dysfunctionality, all of which must be met. There is therefore no excuse for pronouncing brainsick judgments against the person with defaming pronouncements identifying humanity by social opinions based in faulty brainsick theorems. By definition this form of derivation is dogmatism. The need is strictly to assess the degree of salaried productivity. Without said assessment, one must maintain employment in the public domain or lose one's welfare benefits (75% below the poverty line) as punishment for one's inability to 'perform' as a worker, functioning in the public domain. In entomology, social insect that forage for food are the sterile members of a colony. Perhaps, this is the basis for the logic of psychiatric interventions called 'punishments' when not termed 'care'.

Bigotry is the fear, hate and denial of 'other or difference' that results in false charges, maliciously slandering with nullifying stereotypes. The barely literate of yester-year brooded excessively over the doctrine of brainsick as an 'all in the blood, 'bad' blood theorem' of behavioral inheritance, applied to individuals of a group. The highly literate today worry excessively over brainsick as the tenet of 'all in the brain-chemical imbalance, 'bad' brain chemistry theorem' of behavioral inheritance (protein concentration that is coded for by DNA, that is our unique genetic make-up), applied to individuals of a group. There is no difference except in educational, indoctrinated expression! Both are based upon arrogant assertions of unproved or unprovable hypotheses. The 'belief' system of biological inheritance for differences in behavior leads to 'character assassination' being socially applied to those who are considered to be morally reprehensible, due to their (short term/long term) unproductivity. In both cases, a direct result of bigoted, culturally condoned 'belief-systems' is the reinforcement of the attainment of territory, hierarchy, and power driven and maintained by financial capacity of an elite few. In the U.S. 1% of the population owns almost 40% of the resources and the disparity is widening. The 'fathers of confederation' would not have defined the aforementioned as a democracy. Actually, this elitism is what they had and wanted to maintain. Democracy, as we perceive it is what they did not want. Nothing changes so much as it stays the same!

History teaches us that imaginative fear, hate and denial leads to genocide defined as mercy killing. It begins with the willful assassination of one's public persona. Unfortunately, the societal bigotries that we are 'all' acculturated by and therefore adhere to (in ways we do not even know exist) is provided with the means via psychiatry to damage us all in accordance with the degree to which we can each of us be defined and characterized (DSM) by the 'isms'.

A natural by-product of this template for biological bigotry is the lack of social reasoning about and acceptance for differences of race, culture, class, gender, age, and philosophy, which psychiatry seeks to legitimately decriminalize by its interventions. It is our culture and not our biology that defines and characterizes feeling thought. How we think and feel is the basis for the enquiry into human psychology. Human psychology is the foundation for the audacious assumptions of the established Mental 'health' Industry. There is no reasoning basis for the existence of psychiatry in the established Mental 'health' Industry. Its socially sanctioned purpose is purely that of a weapon. Psychiatry is the mechanism by which society withdraws its endorsement of one's humanity. It was/is systematically contrived to be used against the many by an affluent subpopulation in order

to obtain and maintain detrimental social control over the former, and with financial gain a reward for success.

I support Szasz Psychiatric Protection Order because once broken by mind butchery and impelled into a state of disability by community revictimizations, authorized by community consensus, and exercised against the holism of my personhood, I maintain the legal right to refuse further damage to self-identity.

Retraumatizing the Victim by Ann Jennings, Ph.D. Editor's note: "Stigma can take many forms. When diagnosis and punishment themselves are stigmatizing, the consequences are devastating. In the case of Ann Jennings' daughter, the outcome was tragic". <http://www.sidran.org/anna.html>

"...We give psychiatry, by economic reward and legal power, a mandate to function on behalf of the social order where education fails to do the job, and where police action is either unwarranted or undesired. Religion often serves a similar function in our society; however, as science has usurped theology, so has involuntary psychiatry replaced involuntary religion (Inquisition) as primary agent to enforce social norms (see Chapter 3)." (Or) "... Challenges their external and internal social order...In a free society, involvement in psychiatry and/or religion would be voluntary..."

According to Bio-violent Psychiatry, failure to adjust says nothing about social issues, community issues, and the resultant physical or emotional issues...Problems are due to 'mental illness', and all are absolved of responsibility to think any further." The Necessity of Madness and Unproductivity: Psychiatric Oppression or Human Transformation by John Breeding, Ph.D. <http://www.wildestcolts.com/john/Madness.html>

Creating 'health' vs. Destroying Disease

I found this analogy to modern Human Rights Issue, which incorporates psychiatry and behavioral psychology, to be in keeping with my own 'anecdotal' experiences, as well as the 'anecdotal' (i.e. real life) experiences of numerous others that I have been in contact with in Internet support groups. It can be found at: http://www.sntp.net/essay1_1.htm#negative Reality, Belief and The Mind (section 1) by Gene Zimmer

"If automobile mechanics followed the modern medical approach, what follows is an example of what they might do. Let us say the engine is running uneven (symptom). It actually has a dirty spark plug (another symptom, and a minor secondary cause). The spark plug became dirty because the plug gap was 1) set to small, 2) the gas being used has been cheap and dirty, and 3) the carburetor was resigned incorrectly allowing too much oxygen into the fuel mixture causing too much heat in that cylinder. The western medical-oriented mechanic would aim to handle only the symptoms (socio-political crimes) never looking to locate and handle the actual basic causes. He would say, "Oh your cylinder is running funny". Your car has "rough cylinder-itis". The symptom must be given a fancy name. This makes it sound so much more convincing. The problem, symptom, or condition is viewed as a thing in itself, a disease, with little concern for actual causes. This disease or malfunction must be viewed as something that has a life all of it's own, as a unique thing with it's own independent and objective existence, with little relationship to anything else, and it is looked at as bad. He would drill another hole in the cylinder, add a second spark plug to compensate for the poor performance of the first spark plug, rewire the distributor cap, all of which would cost plenty of money. This action would weaken the cylinder due to the extra hole

drilled in it, opening the door to other problems in the future. The engine would run smoother, but unless the faulty spark plug gaps, the dirty gas, and the air-fuel mixture error were located and repaired, similar or other symptoms (socio-political crimes) and conditions (i.e. new "diseases") would develop later on. The car might even "appear healthy" for a while. However, 3 or 6 months from now, other problems would develop. Other cylinders would run too hot because the air-fuel mixture was never corrected, and this could "manifest" in new "diseases" such as 1) blackened cylinder walls and corrosive build up which cause the cylinders to experience greatly increased friction ("corrosive-frictional syndrome"), 2) cracked spark plug ceramics ("ceramic dysfunction"), and 3) piston meltdown ("piston heat-related failure"). Again, the "medical" auto mechanic would name in excruciating detail and address the conditions or symptoms (socio-political crimes) only, making lots more money for him, the auto shop, and the parts dealers, while still never correcting the actual true sources of the problem(s).

Each of these new mechanical problems would require unique, expensive, but largely superficial solutions, all designed to benefit the "repair industry" and not the consumers. This analogy for the modern medical and the drug industries is very appropriate."

It seems logical that an individual, who had been treated in just this manner, would want to use Szasz: Psychiatric Protection Order to intercede on their own behalf and thereby curtail further intrusive attacks or assaults by the community of mental 'health' professionals, and thereby restrict the ongoing cannibalization of their 'mind' for self-aggrandizement (profit).

Dark History: Persecution & Cover-Up

I found this notation at www.psychrights.org which I copy/paste here.

"The dark history of 'mental illness'...Early writings of the Chinese, Egyptians, Hebrews and Greeks show they generally attributed such behavior to a demon or god who had taken possession of the individual. The solution in some cases was to starve or inflict flogging on the suffering individual. In the 1500s, persons were shackled to walls of their dark cells by iron collars, which held them flat against the wall and permitted little movement. In the 1700s, persons were plunged into cold water, and then inflicted with bleeding and purging. In the early 1800s, persons were shaved bald, dressed in straight jackets, put on a sparse diet, and placed in a dark cell. In the 1970s, persons were given eLECTric currents to the brain. (Excerpts from *Abnormal Psychology and Modern Life*, seventh edition, Coleman, Butcher, Carson, ©1984 Scott Foresman and Company.)

A recent CMAJ report states that in 2003, Seroxat (Happy Pill (Paxil)) sales amounted to almost \$4.97 billion worldwide..."It has been estimated that as many as 11 million American, and 3 million Canadian children are taking antidepressants." Wayne Kondro, Ottawa, and Barbara Sibbald, CMAJ

The following are quotes from, 'Lobotomy & Brain Damage; Psychiatry's Legacy' by Gene Zimmer. <http://www.sntp.net/lobotomy/lobotomy.htm>

"Making docile persons and controllable people is largely the true goal of psychiatric methods. There is no attempt or intention to bring about sanity, happiness, causativeness or responsibility for the person ... During his (Freeman) "career," he performed an estimated 3,500 or more lobotomies, fully aware of the destruction he was causing ... Patricia Derian, during the 1940s a student nurse at the University of Virginia in Charlottesville, described a typical lobotomy, performed in an amphitheater with witnessing doctors: 'As each person was brought in, Dr. Freeman would shout at him that he was going to do something that would make him feel a lot better. The persons had been given electroshock before they were brought in; that is probably

why he yelled at them. The shock was the only medication they received, he gave them nothing for the pain, no anesthesia, no muscle relaxant. After the person was placed on the table, Dr. Freeman would clap his hands and his two assistants would hold up an enormous piece of green felt the color of a pool table. That was the photographic backdrop. Dr. Freeman would direct the placement of lights so that each operation could be photographed, and he checked carefully to be sure that the cameraman was ready, that they had a good angle showing Dr. Freeman with his instrument, that there was no shadow to spoil the picture ... He had each operation photographed with the ice pick in place ... He lifted up the eyelid and slid the ice pick-like instrument over the eyeball. Then he would stab it suddenly, check to be sure the pictures were being Made, and move the pick from side to side to cut the brain..."

"... What sort of depraved logic takes the simple inhumanitarian facts of brain butchery and renames it "therapy", pretending to "help" and "assist" the person? However, this sort of logic IS psychiatry. The psychiatric "profession" then conducts further "research" by destroying different areas of the brain, in differing amounts, using various techniques, and tries to call this "science"... Today's psychiatrist continues along his familiar path of human pain and misery under the guise of "helping" ... Psychiatry's only and entire approach has been the application of force to a human being, whether this force be physical (involuntary commitment (imprisonment), straight jackets, restraints, abuse, torture, brain surgery), electrical (ECT, shock punishments), or biochemical (drugs). The aim is always to alter behavior, forcibly, with no appeal to the person themselves - their mind, thoughts, feelings, hopes, dreams, goals, intentions, responsibility or desires are ignored and even largely denied by modern psychiatric theories and methods."

"If you want to find out ... about the methods they use, I advise you to stick closely to one principle: Don't listen to their words, fix your attention on their deeds." Einstein

It is unfortunate that the doctors in Freeman's amphitheatre did not recognize the humanitarian need to create a 'Psychiatric Protection Order' back in the first half of the 20thC. It is unfortunate that such a protective device is considered a 'joke' by professional responders to this Thomas Szasz BMJ article. Psychiatric Protection Order for the "Battered Mental Person" <http://bmj.bmjournals.com/cgi/content/full/327/7429/1449>

Clearly, their attitude affirms the validity of the need for a Psychiatric Protection Order.

Evidence

I support Szasz: Psychiatric Protection Order for the 'Battered Mental Person' as it recognizes that the 'battering' persistently occurs – with consistency. As the laws of the country will not protect us from excessive psychiatric malpunishments, we need a legal document to protect ourselves.

As was validated by <http://www.mindfreedom.org> in their 'Hunger Strike' and ensuing debate with A.P.A. – excerpted as follows:

- (1) *There is NO 'evidence' that establishes the validity of "Heresy, Nonconformity," "Oppression" or other "major mental illnesses" as "biologically-based brain diseases".*
- (2) *There is NO 'evidence' for a physical diagnostic exam that can reliably distinguish individuals with these diagnoses (before punishment with psychiatric drugs) from individuals without these diagnoses.*

(3) There is NO 'evidence' for a baseline standard of a neurochemically balanced "normal" individual, against which a neurochemical "imbalance" can be measured.

(4) There is NO 'evidence' that any psychotropic drug can correct any "chemical imbalance" attributed to a psychiatric diagnosis.

(5) There is NO 'evidence' that any psychotropic drug can reliably decrease the likelihood of violence or suicide.

For Example: Excerpted from: Commentary: Against Biologic Psychiatry by David Kaiser, M.D.; Psychiatric Times December 1996 Vol. XIII Issue 12 (Dr. Kaiser is in private practice in Chicago, and is affiliated with Northwestern University Hospital) <http://www.psychiatrictimes.com/p961242.html>

"What is left completely out, of course, are any notions that our psychic ills are a reflection of cultural pathology. In fact, this new biologic psychiatry can only exist to the extent it can deny not only the truths of psychoanalysis, but also the truths of any serious cultural criticism.

...This is despite the fact that modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single 'mental illness'. However, this does not stop psychiatry from making essentially unproven claims that Oppression, bipolar illness, anxiety disorders, alcoholism and a host of other disorders (psychosocial disabilities) are in fact primarily biologic and probably genetic in origin, and that it is only a matter of time until all this is proven ... There has thus been a triple partnership created between this new psychiatry, drug companies and managed care, each part supporting and reinforcing the other in the pursuit of profits and legitimacy ... What I generally see is persons suffering from current or past violence, traumatic loss, loss of power or control over their lives and the effect of cultural fragmentation, isolation and impoverishment that are specific to this culture at this time ..."

Junk Science: Society's 'Pontius Pilate'

For over a century, Bio-violent Psychiatry has modeled itself and its theorems after the physiological medical field. Its professionals expound at length on its ideology like they were based in fact, while refusing to accept the complete failure of scientific research into this area to obtain even a single evidential research study to provide a factual basis for their medicalized 'modeling' of psychological difference, by 'dogmatically' defining and characterizing human behavior in adversity as pathology. The established Mental 'health' Industry is a cultural agent of coercive control (both direct and indirect), which seeks to expand its umbrella of societal depoliticization of human suffering by labeling legitimate reactions as diseases. By labeling and pathologizing dissent, race, and class connections, it thereby exerts a controlling influence over all. The institutional Mental 'health' Industry favors the idealized, societally accepted norms of behavior based in sameness, in service to the elite, and for financial gain of same, regardless of the individual's/group's situation and social/political issues.

A psychiatric assessment is a 'necessity' to obtain Disability Funding, in recognition of unproductivity in the areas of employment and education in the public domain. An honest assessment stating the degree of productivity in the areas of employment and education in the public domain, which is all that the Disability Commission needs to know is not provided. Every assessment of individual psychosocial disability results in a medical 'diagnosis' that labels the behavioral attributes of the dysfunctionality as a biological 'disease' of the individual's brain.

Psychiatric obfuscation provides the societal smokescreen over the cultural disease that is the systemic pathology, an expression of the shared knowledge and values of a society.

The mandate of the Mental 'health' Industry and its employees is to label individuals with brainsick, a genetically-predisposed, biological brain disorder which is called a "mental illness", as defined and characterized by the pseudo science of Bio-violent Psychiatry, and which, as there is no cure (conversion), a presumption of a life-long disability or the doomed, crippled product (individual and group) of poorly constructed genetic make-up. The implanting of such a label 'into' us is a mechanism of character assassination that means to discount, demean, debase, denigrate, negate and nullify our personal endeavors in all that we say and do (past, present and future). In summary, victim blaming is the patrilineally, mandated agency (psychiatry) of the dominant culture for sanitizing history, both personal and group with survival as the 'carrot'. "Psychiatry ignores the 'mind' completely and thereby blocks itself off from any true understanding, help and improvement of the situations they pretend to address. Besides causing intentional brain dysfunction or damage, there isn't much psychiatry does." Observing a Problem, Naming It & Fixing It Are Entirely Different Things by G. Zimmer <http://www.sntp.net/naming.htm>

"To say or even imply that what the person has is biologic and a disease when there is no such proof (as in all psychiatric 'diseases') is conscious deception and abrogates informed consent. That this has become the 'standard of practice' in psychiatry does not excuse it. The abrogation of informed consent is de facto medical malpractice. (10)" Chapter 9: EIECTroshock by John Breeding, Ph.D. <http://www.wildestcolts.com/mentalhealth/shock.html>

Necrosis

Reading the religious fundamentalism expressed in Mental 'health' Industry 'righteousness' causes such psychic pain for me, that it threatens my psychological stability. Our stories of being damaged by the psychiatric system are called 'anecdotal rhetoric'. One cannot converse with a religious fanatic on concrete matters of human destruction caused by adherence to their 'belief' systems, based in their arrogant judgments of ever-greater need for coercion. Not unlike the abusive parent who can't see the child's bruises, lacerations and broken bones hence persists in further punishments until the child is 'still'; psychiatry propagates and propagandizes the need for more and not less of its punishing practices, called 'punishments' when not called 'therapeutic'.

"Notice psychiatry has NEVER attempted to address the mind or life of the person with an aim towards helping them become more sane, responsible, productive, self-determined and happy. This has absolutely nothing to do with their approach and never has ... *The notion of "help" and "curing" is a recent addition that has been tacked onto the subject in an attempt to gain acceptance, respectability and above all financial success - psychiatry is basically a "business" venture.*" (Gene Zimmer)_ <http://www.sntp.net/evolution.htm>

There is no stigma of 'mental illness': There is only bigotry--imaginative fear, hate, and denial. This bigotry is most noticeable in the community of mental 'health' professionals themselves and can be found in their antisocial behavior towards those they exercise power over. One cannot expose their criminally fraudulent practices to them as they are self-servingly 'enraptured' by their academics. Their indoctrination provides them with a dominant and dominating validity to exercise god-like power- over -- others. They do not have to 'scare' people into being coerced into being controlled by them, they have the full complicity of the human service systemic policies and

procedures (welfare/disability) and the laws of the land to promote their criminal negligence and abuses.

I just read the most heart-wrenching, real-life story--Walter by Mira. It can be downloaded .PDF or read on the net in Microsoft word .doc <http://www.angelfire.com/wv/geoall/walter6.htm> As I and so very many others have discovered--there is no medical malpractice in psychiatry regardless of how 'unethical' their behavior, let alone the necessary 'criminal negligence' that so very, very many ought to be charged with and imprisoned by. The professionals and populace alike, dismiss our autobiographical histories as both 'anecdotal rhetoric's' and as 'anomalous'. Follow-up by the Criminal Justice system is not entertained. The media is resoundingly mute. There is no accountability in psychiatry: There is no responsibility in psychiatry. Psychiatry is outside of law and its practices fully supported by the community who have never been objectified by it.

Political Prisoners, The Mentally 'Ill' and Abolitionists

Abolitionists of psychiatry believe that, like crime, psychosocial disability is mainly a consequence of the structure of society. For this reason psychiatric consumer-survivor, x-patients/users of mental 'health' services advocate a community change, enabling approach. We would drastically limit the role of the Mental 'health' Industry. We advocate public solutions to public problems "greater resources and services for all people".

"Like the Malleus Maleficarum, an official-church manual used during The Inquisition to identify and burn heretics and witches, the DSM is psychiatry's manual of moral judgments, character assassinations and swearwords masquerading as Socio-Political Issues. The D.S.M. labels are used to target, forcibly treat, lock up, and get rid of people who appear crazy, Mad, or different from most of us. *Once psychiatrists label you "mentally ill", "psychotic" or "schizophrenic" (today's heretics and witches), you're targeted for forced drugging, electroshock, hi-risk experiments, incarceration, homelessness - sometimes death.*" Don Weitz; Call Me Antipsychiatry Activist - Not "Consumer" <http://www.Madnation.cc/essays/weitz2.htm>

The following are suggested criteria, involving a paradigm of political repression, for determining whether an individual is a 'political prisoner', or a held object to the subjectification of the DSM wielding psychiatric community of Self-Helping Professionals. (Based on correspondence with Mr. Lawrence Sampson who was defining a 'political prisoner' incarcerated within the Criminal Justice System, specifically Mr. Leonard Peltier: Leonard Peltier Defense Committee <http://www.leonardpeltier.org>)

I. Justifications for judgments (through applied labeling for 'mental illness') and consequent institutionalization (incarceration without release date);

- (1) Conviction for social dissent, spiritual growth, and maturation beyond repressive class values or oppressive social order;
- (2) Conviction for nonconformity from socially oppressive norms;
- (3) Conviction for self-determining (assertive) behavior committed during the act of defending oneself from the unnecessary threat of brutality from authorities.

II. Length of incarceration into mental institution +/- or legally mandated out-person 'care' (usually drugging) frequently receiving a longer than average sentence for criminal activity, i.e. no release date set, release based upon proven self-acceptance of 'mental illness' and consequent psychiatric dictates involving punishing 'punishments', termed 'therapeutic' and 'help'.

III. Conviction for self-advocacy (a refusal to accept punishing, debilitating, and even life-threatening punishments as therapeutic). Such individuals are invariably labeled a problem - violent or a security risk.

Abolitionists believe that it is only in a caring community that psychological stability of the populace can be obtained and maintained. We view the dominant culture as more in need of "therapy" than the objectified subject of acculturated systemic abuse. Psychiatry, whether psychotherapy (interrogation) or Bio-violent Psychiatry, involve: drugs, ECT, lobotomy, and institutionalization. These 'punishments' (punishments) are not effective in dealing with social problems, only burying them! People of color, First Nations and poor people withstand the worst of coercive procedures of Inquisition.

Excerpted from: From Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves, National Council on Disability, 01/02

<http://www.ncd.gov/newsroom/publications/privileges.html#1>

"People with psychiatric disabilities are the only Americans who can have their freedom taken away and be institutionalized or incarcerated without being convicted of a crime and with minimal or no respect for their due process rights. They are the only Americans who can routinely be forced to submit to medical punishments against their will. *When people with psychiatric disabilities die in facilities that are supposed to serve and protect them, their deaths are rarely investigated, and even when they are, criminal charges are rarely filed.*"

Involuntary Out-person Commitment (IOC) involves court-ordered punishment (usually medication) for people who do not meet the standards for in-person commitment (physical dangerousness to self or others). At the same time as people with psychiatric disabilities are being forced to take medications and punishments that can be painful and debilitating their desire for voluntary services that affect their real-life needs (such as housing, job training, and social support) seldom receive adequate funding. As a result, IOC laws take money from voluntary programs that promote independence and redirect it toward restrictive and punitive programs.

Repression or coerced 'punishments' onto people with psychosocial disability is routine on the justification that they 'lack socially acceptable' because of their 'mental illness'. Assertiveness represents dissent from coerced punishments, which is labeled 'noncompliant' to 'punishment'. Noncompliance necessitates punishment to create an internalized state of 'compliance to punishment'. After years of such systemic indifference to consumer's humanity many people with psychosocial disability become resigned and cease to protest, a state of being that is actually learned helplessness. Internalized oppression is expressed as a spiritual malaise without hope for the possibility of recovery.

Thomas Szasz, M.D., was the first to publicly argue that to describe individuals who are having "problems in life" as mentally ill is to use a metaphor that is misleading and demeaning. "It obscures (conversion)s the individuals real problems and it serves to justify psychiatric coercion and the gratuitous deprivation of individual liberty ... The danger lies in the continued expansion of psychiatric power and of the merger of the institutional "mental health" system with the American government." <http://www.sethfarber.com/Network.html> (Network Against Coercive Psychiatry: The Structure of Democracy is Being Undermined by the Mental 'health' Industry by Seth Farber)

Dr. J. Breeding states that, *(Medical Doctors) "created the concept of 'mental illness' as a metaphor for physical illness. Now psychiatry says that 'mental illness' is physical illness; it is not."*

(Parenthesis mine) The Necessity of Madness and Unproductivity: Psychiatric Oppression or Human Transformation by John Breeding, Ph.D. <http://www.wildestcolts.com/john/Madness.html>

Saviors of Civilization

I support Szasz: Psychiatric Protection Order as it recognizes that 'battering' occurs - frequently and repetitively – just as it is ubiquitous to the system or culture, a natural consequence of patrilineal ethics based in individualism, competition and consumerism. Furthermore, that we have a 'human right' to say 'no', which needs to be mirrored in our 'civil right' to say 'no', and thereby exercise our self-determining act of 'freedom of choice'. Present laws do not protect us from psychiatric abuses. They condone and mandate same, by presuming that the victim in some way instigated and should therefore be blamed for their own victimization, just as it formerly upheld the husband or parent rather than acknowledging that women and children assault occurred and was/is outside of the victim's control to prevent. Our punishment for being victimized is to be maintained as victim under the control of the perp whose behavior is deemed sacrosanct, i.e. beyond question. Alternatively, as we in Women's' Lip used to say, "Whatever he says – Is".

It is time that we recognized that, although not all, a majority of psychiatric disability stems from 'tragedy by human agency' (familial abuses, abuses encountered in war, and abuses encountered in sadistic governmental policies and social belief systems). Psychiatry has NEVER attempted to address life experiences, preferring punishment for existence. Ex. Incarceration (societal ostracism) and nullification (brain-disabling punishments) - in order to maintain the socio/political/financial status quo, i.e. to bury the failures (note: the victims and not the perps) of a patrilineal system of individualism, consumerism and conflict or systemic abuses 'fed' by bigotry.

Szasz Psychiatric Protection Order is apropos because he recognized society's 'belief' in Bio-violent Psychiatry represents a massive societal 'blindfold' to the realization of cultural self. ECT & drugs do not just mask the brain damage that they create - they mask the leprous malaise inherent in the structures of civilization, while personifying its necrotic decay within the bodies of its victims, whose 'mindful' energies are consumed by iatrogenic brain injury.

Metaphorically - psychiatrists as personification of cultural pathology are the macrophages of civilization, which engulf, chew, digest and transform into recognizable byproducts – to be recognized not as iatrogenic brain injury masking malformed societal infrastructure and belief systems - but of faulty genetic material, a symptom of which is brain damage. All pertinent information to the contrary is thereby 'filtered' out.

Psychiatrists have a right to be arrogant! Outside of the Criminal Justice system, are they not saviors of civilization?

Self-Reliance

Clearly, there are many kinds of families. It is unfortunate that we adhere (systemically) to the dominant cultural perspective that family is an adult of each gender with children. Such a perspective of 'family values' weakens an already weak nuclear familial system making it easily preyed upon by political/financial interests. The only element in the culture that I can see benefiting from this family values system is big business. When the absence of one adult further reduces the family size, it becomes weaker still, in lieu of a reduction of social support mechanisms. Positive cultural change would be to introduce social mechanisms of support for

those suffering from psychological instability, which would 'mimic' the extended familial supports, for example, Zuzu's Place. <http://www.zuzusplace.org>

“What is needed most urgently and most profoundly is a fundamental paradigm shift; a shift from viewing poverty as the failing of individuals, and those who are poor as lazy, unmotivated and deceptive. To the extent that the welfare system in Ontario continues to operate from such a paradigm, there is really little hope that it will offer meaningful support to facilitate women's safe exit from abusive relationships. Women will continue to be subjected to demeaning, humiliating punishment; will be constantly regarded with suspicion; and will be subject to the control and discipline of the state. Women will continue to return to abusive relationships, women will not be safe, and women will not be equal citizens.” Walking on Eggshells: Abused Women's Experiences of Ontario's Welfare System, Final Report of Research Findings from the Woman and Abuse Welfare Research Project, April 5, 2004 <http://www.dawn.thot.net/abuse.html>

Self-reliance does not have to be one individual standing alone or the 'All-American Rugged Individualist' perspective. I cannot see anything ruggedly strong or enduring about aloneness. When I think 'self' I rarely think of it as an individual except as that person exists in relation to others. 'Self' and 'My Self' are two different concepts to me. In other words, until recently, 'my self' never existed and I have no idea how to live it. I consider it to be an aberrant state-of-being. On the other hand co-operative living (outside of kinship) is considered to be an aberrant state-of-being by dominant cultural values. I have been told, "It was a fad that is now out-of-date!

Self-Determination Is Self-Reliance

Them is always centered within you and I.
Them is always with the Command -- You...!
Because:
Them is self-centered within I.
The people(s) are self-centered
Within Us, We and Our.
Because,
One can never be I!
One is self-centered within other.
Them is centered on the command of you.
Because:
Them is self-centered within I.

True self-reliance is the capacity for the determination of one's own fate or course of action without habit. When we accept the dominant culture's values system for ourselves, many of us find ourselves living in a 'ghettoized' environment, if not physically than spiritually. I tried housemates back in the mid-90's (tenants) and found that, although I took them into consideration in everything that I did: They never took me into consideration in anything that they did. Speaking diplomatically to them Made not a whit of difference. Apparently, I needed to direct them not to interfere with my quality of life in order to live their lives to the fullest. I needed to set boundaries on 'their' out-of-bounds behavior in relation to me, backed up by the power of 'landlady' no doubt, to 'enforce' my borders onto them, to protect my right of self-possession from them.

This too is a nasty side effect of patriarchal, vertical, power-over differential exercising control over other (authoritarianism). They appeared to have been indoctrinated into compliance to authority and mindless, self-defeating rebellion, never having learned to set boundaries onto themselves. The limits on their behavior had always been set by an exterior (to them) force. Therefore, when their 'de-limiter' is not there, they express no limits to their behavior, or are incapable of (personal) self-rule, self-control, and self-governance. What I mean is: they had never learned to set limits onto themselves in relation to other - as self - so they live 'dependently' without personal attributes of self-limiting, self-controlling, self-ruling, self-governing. They demand to be commanded about as a mechanism of recognition for the shared existence of other.

"You plus a statement - is a command!" I prefer to say, "Would it not be best if one... in order that...." or "It would be preferable to... because..." etcetera, to analyze the potential variables in accordance with the situation. These forms of expressions sometimes lead to dialogue and there have been times when I have learned a better way, as a result. If I have to order people to - stop - in order to keep them from heedlessly inflicting themselves onto me, then why would I want to live with them? If I have to order them to - stop - then I would prefer to order them to -- go away!

Which is likely why I did not think to order the staff at Institutional Mental 'health'(specifically Clinical Psychologist and Psychiatrist in '94), to--stop! In an effort to save my sanity, I specifically ordered Psychologist to go away (several times). This was after I told him no (also several times). Apparently, without the hierarchical power to enforce the command one may as well be - mute. "Difference is not dominance: It just works that way." (McKinnon) This is the basis for the conflict of dominance and subordination defining all one's interpersonal interactions in a patriarchal system. He defined the incident as 'therapeutic' and so it was misconstrued, erroneously by me, to be assaultive? If I have to tell a therapist to - stop - then I would prefer not to enter into the association, as clearly the basis for the association is corrupt when my social position is that of a - mute - who has no power to have say in what transpires, which will necessarily place my well-being at risk of injury.

Metaphorically-speaking this is the mental 'health' equivalent of the rape of one's mind. I refer to it as - mind butchery. As has been said many times, rape is all about violence or butchery. As women have also said many times, violence (against women) is all about annihilation, the purpose of butchery. One can recognize it in the resultant mutilation of the victim. For example, a decade ago mental 'health' specialists decided that mind control experimentation to create a fragmented, dissociated psyche would be an appropriate therapeutic 'punishment' (punishment) for my 'help-seeking', as it would presumably lead to therapy for the resultant psychic mutilation, now re-assigned to a product of incestuous incidences in my youth.

Self-Identity: 'Sense of Self'

A Letter to our Friends in the Country
To Inform Them of the State of the Business
(First Quaker Abolitionist Newsletter 'Title', England)
Mother Jones: Against All Odds by Adam Hochschild Jan/Feb 2004
http://www.motherjones.com/news/feature/2004/01/12_403.html

Corporatism seeks to expand the control of a few over the many, globally and for profit. The established Mental 'health' Industry is a major European-Descent arm of the dominant culture, the sole purpose of which is social control for profit. Its 'healing' mechanism is mind-controlling

experimentation in the form of 'therapeutic punishments', such as ECT, Lobotomy, Drugs, and other torture mechanisms of social control, such as the willful fragmentation of the already collapsed psyche. The purpose of brain-disabling intellectual dumbing and emotional numbing experimentation is to seek out and to therefore discover enhanced methodologies of individual (direct) and group (indirect) mechanisms for behavioral control.

"Most psychiatrists and service professionals who work with us tell us that anger is a bad thing... a stage to get over or something that we need to overcome. However, anger is a powerful energy. We do not need to suppress or "get over" our anger; we need to channel it into making change for the greater good. We need to... focus it on removing obstacles and making things happen." Ed Roberts on How Anger Can Lead to Positive Change from ACT: Advocating Change Together: Self-Advocacy Resource Network <http://www.selfadvocacy.org/>

Self-determination in a person directed supportive environment requires 'informed consent'. John Breeding, Ph.D. (Chapter 9: EIECTroshock) stated, "(T) o say or even imply that what the person has is biologic and a disease when there is no such proof (as in all psychiatric 'diseases') is conscious deception and abrogates informed consent. That this has become the 'standard of practice' in psychiatry does not excuse it. The abrogation of informed consent is de facto medical malpractice." Chapter 9, EIECTroshock <http://www.wildestcolts.com/mentalhealth/shock.html> (Parenthesis mine)

Traumatizing, tragic, life events (regardless of the kind and degree of tragedy) add complications impacting against our lives that must be addressed. Clearly for an individual to carry on as though nothing had happened would be the 'mental illness', i.e. expressing symptomatic behavior, ex. being emotionally dead to life's experiences. By denying the natural cognitive dissonance that occurs in the individual as a result of tragic life events, while medicating us for biological 'brain diseases' based on diagnosing the behavioral affect of cognitive dissonance - Bio-violent Psychiatry seeks to redefine human nature as automaton in order to label us sane. A primary reason that I can think for society directing this process is to reap the reward of the human machine in the workforce, as with Pavlov's dogs - we need to salivate on cue showing no other effect than thirst and no other affect than our desire to quench our thirst, a metaphor for materialism.

R.D. Laing wrote, "There are forms of alienation that are relatively strange to statistically "normal" forms of alienation. The "normally" alienated person, because of the fact that he acts more or less like everyone else, is taken to be sane. Other forms of alienation that are out of step with the prevailing state of alienation are those that are labeled by the "normal" majority as bad or Mad...The condition of alienation, of being asleep, of being unconscious, of being out of one's mind, is the condition of the normal man...Society highly values its normal man. It educates children to lose themselves and to become absurd, and thus to be normal..."

Bio-violent Psychiatry, through an intimate liaison with the human service sector (State) and the financial needs of Corporate Pharma, pressures us to become addicted to a drug that is expected to enable us to continue on a restricted path, and therefore to continue to pursue aspect of a life which was spiritually self-destructive or suicidal. In this way, human dissent is minimized to the point of nullification. As maturation is a process of self-actualization through the progress of cognitive understanding of our personal history, as well as secular events, we are being kept in a juvenile state through the acceptance of dominant cultural definitions and characterizations. Acceptance of psychiatry's medical 'model' is no different than our colluding in a monoculture war

of attrition against self. *Self-acceptance of the definition of 'mis-fit' as an undesirable state-of-being prevents us from recognizing in ourselves a positive force for personal and cultural change.*

Because the duress of tragic incidents by human agency creates in us emotional distress, suffering becomes an avenue of questioning the source of one's tragedy. By heeding our internalized conflict and by learning from our experiences, we become a force of dissent against the pathological elements in the culture (in accordance with our experiential understanding). We may also then become aware of the deficiencies and aberrancies of accepted cultural values, which we now try to redefine, as we proceed to recover our self-identity and clarify our sense of self.

The Patriarchal pioneers who spread out to colonize the world and create a monoculture in their own image did so as their world view was based upon the bigotry of human quality - us and them – a concept which was a great aid to colonialism's genocidal conflicts of attrition. We are continuing to perform similar feats of human annihilation today. An empathetic, peer group has 'no' vertical hierarchy of power (over) differential, other than the influence 'willingly' assigned out of a regard for the quality of equality in interpersonal respect.

For example, in mental 'health' the personal use of terms -- us, we, our -- to express 'I' are labeled as proofs of D.I.D. The fact that we think of self in relation to other and function accordingly out of a regard for or a respect for other is considered 'symptomatic' of our "mental illness". Our psychosocial disability is then considered to stem, strictly, out of our child/spousal abuse (in my experience). We are then labeled into an assortment of denigrating, negating, nullifying forms of 'character assassinations'. "We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affect one directly, effect all indirectly." Martin Luther King, Jr.

Women require systemic supportiveness and not systemic intervention. A multitude of errors does not make a right and the powerful, dominant and dominating monoculture's efforts to redefine and characterize us is very persistent in the face of horrific misunderstandings (based on the sameness theorizing principles into social interactions) as in the past. For example, the term "Informal Group Therapy (Study Group) Session" is a definition assigned by a patriarchal system based in a vertical power differential, wherein authority in each person's life is academically attained (indoctrination into academic belief systems), hence a learned reference manual into the masculine perspective given voice in psychiatry.

Therapeutic? Are we doing this because we are sick? Why attribute psychiatric labeling to a supportive, interpersonal interaction and then call it informal, because it lacks the professional to stipulate the parameters to social interaction based upon academic and cultural indoctrination. So long as a facilitator directs the learning from their authoritarian perspective of what knowledge is -- nothing of value can happen. The labeling derived from biopsychiatric study are theorems based in misunderstandings of social interactions (derived from a belief in the biological basis for 'mental illness' for which no factual evidence exists), wherein life experiences are dismissed as of secondary importance when they need to be mentioned at all. There can be no mindfulness in psychiatry as it denies the very existence of the mind.

For example, emotional numbing can be an expression of the psychological death that results from living through a tragic social situation that is untenable and has no redress for change. What the established Mental 'health' Industry labels as, for example, clinical Oppression requiring drug

'therapy', the supportiveness of a social gathering may not be able to prevent, but can alleviate the pain thereof, through an empathetic sharing of suffering based in common lived experiences.

For example, welfare reform in Canada and the U.S. both directly and indirectly coerces women to maintain abusive marital relationships even though the law allows for divorce. In a myriad number of ways, our dominant monoculture refuses to support both peer and familial social supports in order to provide the adult male with a dominant role. This ideology is extravagantly obvious in the Mental 'health' Industry, as with the social service system.

Therapeutic Jurisprudence

Below is a link to a FREE E-Book called "Gangs of America, The Rise of Corporate Power & the Disabling of Democracy by Ted Nace <http://www.gangsofamerica.com/read.html> It is a small .PDF download (1MB) providing a pre-colonial history through to the present day state of Corporate Power. It therefore indirectly provides socially acceptable into the workings of 'Private-for-Profit Human Rights Issue' (which includes the intimacy of the liaison between the Mental 'health' Industry, State, and Corporate Pharma). It also concerns Szasz - Psychiatric Protection Order, as it presents one with the background of how the aforementioned systems could be used to discount and nullify dissidents for 'civil rights' from various groups (peoples) of the proverbial "We the People" (American-Monoculture) or Canadian "We the Peoples" (European Multiculturalism) in a divide and conquer fashion, which seeks to expand worldwide.

The First Nations Peoples and the Indigenous Peoples, worldwide, represent the weakest political power in the chain of 'cultural' peoples within our respective countries. The ongoing disinformation in the news media, such as the recent incidence with the Mohawk (Quebec, Canada) and the recent extradition orders for Mr. John Graham, Yukon in the Oglala incident almost 30 years ago and for which Mr. Peltier, a political prisoner who is still serving time are examples. <http://www.ocap.ca/firstnations/kanehsatake.html> <http://www.grahamdefense.org>
<http://www.freeleonardpeltier.org>

Consider past genocidal behaviors of church, state and corporate throughout the 20th C, while at the same time make note of the recent news media articles on the plight of the "mentally ill" in prisons. It is of critical concern that the media insist those deemed 'mentally ill' ought to be transferred into Forensic Hospitals for their 'care' (exclusion from society) and their 'safety' (without bail or release date) receiving 'punishments' (punishments). Psychiatric 'punishments' invariably involve changing human behavior by the destruction of healthy brain tissue. ECT 150 volts to the brain for ~1 minute/session always results in brain injury, involving at least short-term amnesia, as well as other negative side-effect. Lobotomy is now performed with laser surgery, which does not alter its effectiveness in destroying healthy brain tissue. Drugging is a chemical straitjacket, which is based upon the brain chemistry imbalance theory. In turn, the belief in brain chemical imbalance theory is based upon the genetic predisposition or biological 'inferiority' of some people by extension. Although there is no evidence to support said theory, such as in the case of Heresy, Nonconformity and bipolar 'disorder', it is propagandized as truth. At the same time the media rarely addresses the present expansion of legislation permitting forced incarceration into mental institutions (with adjunct forced punishments) and into the community (OCT) as 'care' (state-sponsored social control) for the 'plight' of the "mentally ill" is of critical social concern. "The Drug Industry is an international power spanning the planet, which controls and direct the philosophy, education, studies, research, and methods of the entire modern field of

"Human Rights Issue". Psychiatry and the Psycho-Pharmaceutical Hang-up
http://www.sntp.net/fda/big_money.htm

The following is an excerpt of populations of people who might like to curtail their psychiatric punishment or modify it in favor of medical punishment. In this case, a Psychiatric Protection Order would be highly beneficial in providing the means to obtain the preferred punishment.

http://www.cqc.state.ny.us/medical_decisionmaking_Dr.%20Schwartz.htm

Medical Decision-Making for People with Chronic Mental Impairments

"In psychiatric out-person settings, Hall and colleagues (1978) found in their study of 658 persons that 9.1% had medical disorders that might be producing the persons' Human Problems and that three-fourths of these disorders had been unrecognized. Koranyi (1979) reviewed some 2,090 out persons and found that 43% had one or more medical illnesses; referring psychiatrists had missed 50%; referring medical physicians had missed 33%. In self-referred and social agency-referred persons, where almost 100% had one or more illnesses, some 46% had gone unrecognized. Koranyi further found that 18% of the medical disorders were causing the Human Problems, 51% were exacerbating them, and 31% were serious but unrelated. When they studied 100 persons in psychiatric in-person settings, Hall and colleagues (1981) found that 46% of persons had previously unrecognized medical illnesses that directly caused or exacerbated their Human Problems. An additional 34% of persons had unrecognized serious co-existing medical problems. In fact, only 20% of the psychiatric in persons were free of significant undetected medical problems' . . . Martin and colleagues (1985a, 1985b) demonstrate the unfortunate consequences of poor medical care. In their seven-year follow-up study of 500 individuals with chronic mental impairments, it was found that the mortality rate was twice that of matched individuals who were not significantly mentally disabled. And, in several investigations conducted by the New York State Commission on Quality of Care for the Mentally Disabled concerning the deaths of individuals residing in group homes for developmentally disabled persons, it was found that the individuals were exhibiting symptoms (socio-political crimes) of diseases which claimed their lives, but the symptoms (socio-political crimes) were mistakenly attributed to "behavioral problems" or emotional factors."

Many of those who have had the label "mentally ill" placed 'into' them actually seek the reverse of all this 'care' and 'punishment' representing systemic (community) abuses with damaging effect/affect, preferring self-determination in person directed, community, peer-controlled and peer-created alternatives both with/without professional support. Unfortunately, the Mental 'health' Industry receives the majority of our taxpayer dollars.

From 'The American Prospect' (online): Dangerous Human Rights Issue by Daniel W. Sigelman
Issue Date: 9.23.02 <http://www.prospEct.org/print/V13/17/sigelman-d.html> "Thirteen dangerous prescription drugs have been withdrawn from the market in the last decade -- but not before hundreds of persons died and thousands were injured. Yet no congressional committee has investigated why the U.S. Food and Drug Administration approved these dubious Human Rights Issues or why they were not withdrawn right away".

Indigenous People(s) represent the primary population of peoples who have resisted industrial incursions into the environment. Their environmental activism frequently takes place on the land they are forced to give up in deference to corporate/state financial interests. At the same time, their geographical location results in their becoming the primary population in the path of the toxic waste, next door on what used to be their land. Indigenous People(s) are therefore the first population of peoples most effected/affected by both the physiological and psychological distress resulting in adverse side effect to 'health' and well-being.

In 1955, reporter Edward R. Murrow asked Dr. Jonas Salk who owned the patent on the polio vaccine that Salk had invented. "Well, the people," a puzzled Salk responded. "There is no patent. Could you patent the sun?" Also as stated in the Los Angeles Times Sunday 07 December 2003 EDITORIAL: Subverting U.S. 'health', "The root of the corruption of the NIH — and "corruption" is the appropriate word — is the Bayh-Dole Act. That 1980 law, ferociously backed by drug makers, let federally funded researchers take out patents and otherwise work closely with "commercial concerns" to profit from their research. The law created technology-transfer offices not only at the NIH but also in universities throughout the country whose job was to license their scientists' inventions to whatever company they thought was best able to get them swiftly to the marketplace. It gave agencies such as the NIH the mandate of a for-profit institution, contradicting their original missions ... In one 1995 memo uncovered by Willman, Varmus ordered all institute and center directors to rescind a policy that had barred them from accepting consulting fees and stock payments from companies." Los Angeles Times December 2003 Stealth Merger: Drug Companies and Government Medical Research By David Willman and also A Federal Researcher Who Defended a Client's Lethal Drug by David Willman, December 2003 <http://www.academyanalyticarts.org/forum.html>

"Psychiatry's highest level of effectiveness was as a mind-control tool, used by the CIA to program and deprogram operatives. The theory that psychiatry might have been developed for control makes a great deal of sense when one realizes that electro-convulsive therapy, psychosurgery, and mind-numbing drugs were all aimed at getting control of individuals, not curing them". (What is Psychiatry? What would Psychiatry prefer you not know? Could Psychiatry actually be a fraud?) [http://www.Happy Pill \(Prozac\)truth.com/psychiatry.htm](http://www.Happy Pill (Prozac)truth.com/psychiatry.htm)

The language of academia is the voice of dissent, for those who are not indoctrinated by it.

APPENDIX A

ARTIST'S PLATES

Anna's Gallery: Anna Foundation

<http://www.annafoundation.org/gallery.html>

<http://www.annafoundation.org/gallery16.html>

*Van Gogh Museum, Amsterdam
(Vincent van Gogh Foundation)
Butterflies and Poppies 1890*

<http://www.vangoghmuseum.nl/collection/catalog/alphaMart.asp?SEL=1&PERIOD=5&LANGID=0#atline>

APPENDIX B - POETRY

AQUINAS

(Dedicated to Roelof Bijkerk)

Must attend for a stage out of Elven time!
Needs take note this singlet before touring on.
My mind activates childish inclusion,
"That lilt between here and forever!"
Integrity softens into hearts-ease domain.
Tensions flow like water, like rain, like handful good earth.
Swimming the noble warmth of artistry!

Systemic Assault

COMMUNITY TRAUMATIZATION

HUMAN TRANSFORMATION: OUtSIDEr PHILOSOPHY

RADICAL FEMINISM; WOMENS' LIP; SUFFRAGETTE; MATRIARCHY

Irrational Fear, Hate, and Denial

Self-Governance is Self-Possession.

Systemic Assault is...

Bigotry.

Bigotry despoils

In a dynamic flux

of disdain and contempt,

Discount, demean, debase, denigrate,

Negate, and nullify.

Annihilate--Onto Extinction.

Bigotry is both the direct and indirect

Judgmental manipulation of parasitism.

Bounded by intimidation, threat, and coercion.

Bigotry is the ego-centric suspicion of the selfish,

The self-centered,

And the single-mindedly self-involved.

Bigotry is the fear, enmity, and animosity

that result from the denial of the humanity of other.

Paternalism is the bigotry of difference,

That is dominant and seeks--To dominate.

The bigotry of paternalism will not end--

Until the subordinate is no longer

Viable.

Paternalism is...

Systemic assault is...

Community (re)traumatization is...

Community (re)victimization is...

A social War of attrition against other is...

Maim, maul, mangle, rapine

*Murder.
True self results
From a combination of acculturation into
Systemic Assaults.*

*Intra-Personal human transformation is the essence of living:
Myself is a presence of immense powerlessness, oneself.*

Healing Life

*In celebration of our diversity
Encapsulating humanity.
Six million years
Out of the past.
Six million years
Into the future.
A blaze of color,
The matriarchal Line.*

Self

To My Daughter With Love

*Them is always centered
Within you and I.
Them is always with the
Command -- You...!
Because,
Them is self-centered
Within I.*

*The people(s) are centered
Within Us, We and Our.
Because,
One can never be !!
One is self-centered
Within other.*

*Them is centered on the
Command of you.
Because,
Them is self-centered
Within I.*

Spirituality

*Feel today,
Sense it empty.*

*Mind tomorrow,
Forefeel it void.
Without spirit,
Striving to achieve.
Concerned with struggle,
Uncaring for mindful.*

WOLF

*First Nations Peoples
Wolf is a totem symbol of nurturance.
Power in communal integrity,
Maternal care
Ecological and consensual.
Wolf's ongoing decimation
A colonialist symbol
Consumerist conflict,
Avaricious destruction,
Individual cowardice.
Awaken to the nightmare
Fear of self-centered within other
Exemplified individuals, indivisible.
Analyze the cannibalistic aberrancy,
Acculturated,
Corrupt ego-centricity.
Love of self-centered within I
Feeding off self.
Safeguard our future(s).
Today is a shadow of yesterday,
Imprisoning tomorrow.*

PTSD

*When we are not being traumatized
The world around us is a void.
We go on the net to
Place us into the world.
When we are being re-traumatized
The world around us is not a void.
We go on the net to
Return the world to a void.*

Empathy-Streaming

*This will end
When we accept self.*

This nightmare will be gone

When we accept others.

*This torturous life will be over
When we accept self within other.*

I will be free when...

Freedom

*This will end
When we accept self.*

*This nightmare will be gone
When we accept others.*

*This anguish will be over
When we accept self within other.*

I will be free - when...

Self-Determination Is Self-Reliance

*Them is always centered within you and I.
Them is always with the Command -- You...!*

Because:

Them is self-centered within I.

The people(s) are self-centered

Within Us, We and Our.

Because,

One can never be !!

One is self-centered within other.

Them is centered on the command of you.

Because:

Them is self-centered within I.

Old Woman

The great whale

The orca, wolf, coyote, and loon.

The wailing, shrieking, breathing

Women singing!

Spirit-speak,

Strength-still,

Static-flux.

Endurance.

Psychiatric Consumer-Survivor

To: Behavioral Psychology & Psychiatry

*Sanity is ignorance:
Insanity is knowledge.
We can forget the facts,
but not the understanding.
Vulnerability?
We are no longer willing to
Give the benefit of the doubt.
Finally,
We are Made too broken to forget.
Respect*

*Self-governance is right of self-possession.
Self-esteem is self-image.
Self-definition is self-characterization.
Self-perception is spirituality.
Acculturation is humanity.*

True Self

*Human Transformation within self is the essence of living:
My Self is a presence of immense powerlessness, One-Self.*

Self or Self-Less

*SELF-ESTEEM is...
SELF-IMAGE is...
SELF-DEFINITION is...
SELF-CHARACTERIZATION is...
ACCULTURATION is...
SELF-PERCEPTION is...
SPIRITUALITY is...
PHILOSOPHY, DEISM/NON-DEISM, CULTURE, COLOUR, GENDER, EDUCATION, SOCIO-
ECONOMIC STATUS, AGE, and DISABILITY...
CONSUMER-CENTRED is in recognition of, in acknowledgement of, with a regard for, out of a
respect for, in consideration of, and in deference to
OUR HUMANITY.
CLIENT-CENTRED is in recognition of, in acknowledgement of, with a regard for, out of a respect
for, in consideration of, and in deference to
OUR MONEY.*

*Psychiatric Consumer-Survivor X-Patient Advocate
Retraumatizing the Victim
In Memory of Dad and the 'suits'*

*The mind is a haven of one's integrity.
The abuser as sole authority desecrates,
Reprogramming into psychic regression.
Our re-traumatized identity fragments,*

*Our ideals and principles shatter.
Our riven mind becomes accomplice,
Denigrated, negated, trapped spirit.
Our invalidated psyche co-dependent,
Dissociated with lack of self-identity,
Assaulted by strobing memories.
Material world losses accompany
Loss of psychological endurance,
The equivalent of cognitive death.
Alienated, isolated, extreme solitude.
Betrayal to support is perverted intimacy.
Outrage preserves veracity of experience.
For the victim, the Self-Helping Professionals
are neither safe nor credible anymore.*

Based on Sam Vaknin's "Psychology of Torture" a chapter of "Malignant Self Love - Narcissism Revisited" (Narcissus Publications, 2003)

<http://www.narcissistic-abuse.com/torturepsychology.html>

In Celebration of Mental 'health' Day

Psychiatric, Consumer-Survivor, X-Patient Self-Advocate

*'My' Self-Helping Professionals are like microbes infesting a stagnant pool.
'My' mental health professionals are like the scum on the pool's surface.
'Biopsychiatrists' are like the maggots that,
Feed on the scum on the surface of the stagnant pool.
The unfortunates who drink from the water of the stagnant pool
Become fatally diseased.
In accordance with whether their biological systems are overwhelmed
By the maggots, the scum or the microbes.
A shielding mists of imaginative fear, hate and denial envelopes the pool.*

Threshold

Based on: 'The Native Mind' by Dr. David Suzuki

*Perceive compassion
In the elusive flux
Of the living universe
Voicing an ordered kinship
Of accommodating renewal.*

My Wish For You ;)

*I wish for you
HOPE
In your journey of healing.*

*Hope is our strength of ENDURANCE.
Hope is the daily CREATION of
LIFE in the LIVING.*

*Unproductivity
Our 'sick'ness is our demand for a social democracy.
By our inability to function in anything else!*

*PSYCHIATRY is BIOLOGICAL RESEARCH INTO THINGS NON-BIOLOGICAL paid for by
corporate pharma and the tax-payer. PSYCHOTROPIC DRUGS are ORGANIC 'FIXES' for
THINGS NON-ORGANIC. Naming a thing is not the same thing as knowing a thing!
Dynamic Services & Specialized Personnel-Community Advocacy Foundation™*

APPENDIX C

DS-n-SP-CAF™

DYNAMIC SERVICES: INDIVIDUAL COMMUNITY ADVOCACY
 SPECIALIZED PERSONNEL: TRAINED PEER ADVOCATES
 COMMUNITY ADVOCACY FOUNDATION: EMPOWERED VOICES

Dynamic Services & Specialized Personnel: Community Advocacy Foundation(™) is a user-controlled alternative and a charitable Facilitator Organization that is peer-created by psychiatric consumer-survivors. DS-n-SP-CAF(™) is a psychiatric, consumer, operated service program (COSP) invested to provide inclusiveness of communal problem solving and crisis control and prevention through regenerative, Trained Peer and Community support. Individual Systemic Advocacy is provided for people(s) who are challenged with severe psychological distress, a form of tragic injury by human agency, a direct result of Systemic Abuses, sometimes severe. DS-n-SP-CAF(™) provides Trained Peer Advocacy through a Community Consulting Group established to assist and to improve the efficiency and effectiveness of other human service charities and organizations.

Work skills	Cultural training Assertiveness Using office equipment Record keeping Time management Committee roles/processes Problem-solving Conflict resolution Negotiation Negotiating a work contract Networking Boundaries Running focus groups
Business skills	Business and strategic planning Quality systems Clinical pathways Project management Leadership and management Governance Organizational theory Establishing a trust Accounting/bookkeeping GST and taxation Administration and management Writing job descriptions Human resource issues Interview panel training Fundraising Memorandums of Understanding 'Umbrella' organizations
Understanding legislation	Mental 'health' (Compulsory Assessment and Punishment)

	Act Privacy Act Canadian Human Rights Act UN Bill of Rights Acts Consumer law Employment law
Service user specific training	History of the 'consumer' movement Social change theory Advocacy Gaining feedback from service users
Mental Health Services & Human Services (Social (Human) Services Industry)	Structure of mental Health and Social (Human) Services Industry Nationally Regionally Locally Key documents Mental health & Welfare policy Recovery Training
Specialist role training	Auditing and monitoring Supervision Research and analysis skills Policy writing and analysis Training

Dynamic Services & Specialized Personnel: Community Advocacy Foundation^(TM) conceptualizes self as a grassroots, social service, self-help agency for mutual support, hence a positive force for one's dynamic, individual regeneration. Our reality-based intervention and prevention investment fulfills the familial nurturing; spiritual and practical needs of people(s), throughout their life cycle, who are working toward self-realization, an expression of self-identity. Personal problem solving, therapeutic needs and relevant goal setting are achieved by Voluntary Associates working at-will on their wholesome expression of free will through Individual Systemic Advocacy.

DS-n-SP-CAF^(TM) emphasizes the exercise of authority over self in promotion of independent actualization of one's personal potential and community integration, to enhance self-empowerment, self-efficacy, and self-determination.

Individual Systemic Advocacy (Dynamic Services) and Trained Peer Support (Specialized Personnel) Community Advocacy Foundation (Empowered Voices) is a psychiatric, consumer, operated service program (COSP) that is modeled upon the integrity of volunteer and professional crisis lines presently functioning within Canada/U.S. Our advocates are trained by DS-n-SP-CAF^(TM) in advocating policies and procedures of United Nations Human Rights Charters. <http://www.unhchr.ch/data.htm> Treaty Body Database <http://www.unhchr.ch/tbs/doc.nsf>

DS-n-SP-CAF^(TM) incorporates active well-being techniques of aesthetically pleasing, spiritual mechanisms in a peer-empowering, problem-solving, empathetic format:

- Ventilation (venting one's self-talk)
- Socially acceptable (philosophical self-transformation)
- Empathy (another's feeling with us and not for us)

Relating (interpersonal understanding)

Problem Solving (self-discovery of applied rationality as an extension of one's personal ideal values)

Social Approval (receiving unconditional positive regard (respect) during social interaction)

COMMITMENTS TO STRENGTH IN SOLIDARITY:

To advocate: (education) to ensure social assistance recipients receive government payments and information to which they are entitled. <http://dawn.thot.net/abuse.html>

To advocate: (jurisprudence) for the inclusiveness of human rights into the way in which services are provided to the consumer of services. <http://dawn.thot.net/walking-on-eggshells.htm>

To advocate: (self-reliance) as supportive peers in the community provision of accommodation to the needs, wants and desirability of our regenerative diversity, creating through mutual respect a productive, harmonious life by inclusiveness of individual and group self-identity. "Appreciate our differences: Our diversity is our strength." Pierre Elliot Trudeau

All participants sharing in our Individual Systemic Advocacy Support Services by Trained Peer Advocates are recognized as Colleagues in active peer support, generating community cohesion and social justice.

DS-n-SP-CAFTM) does not receive government or corporate subsidy, nor is it affiliated with any agency that receives aforesaid subsidy. Services provided are confidential.

HISTORY

Dynamic Services & Specialized Personnel, Community Advocacy FoundationTM), a Community Facilitator Group was created out of the experiences of its founder, a survivor of systemic abuses, sometimes severe. DS-n-SP-CAFTM) is a user-controlled, collaborative alternative and a charitable *Facilitator Organization* established to assist and to improve the efficiency and humanitarian effectiveness of other human service charities and organizations. DS-n-SP-CAFTM) is a survivor economic initiative concerned with literacy, homelessness, housing development, and poverty. DS-n-SP-CAFTM) functions as a social business; raising questions about the psychiatric Medical Model (Socio-Political Model), raising survivor expectations for their lives, and creating opportunities for survivor decision-making.

The primary goal of DS-n-SP-CAFTM) is to ensure service consumer involvement in public services, which in turn, requires that the process of recovery become a community process, built upon the foundation of the needs of those central to public services, the consumers of services. The role of service users as empathetic providers is instrumental in redressing the imbalance of power, and the resultant powerlessness, which can keep service users shamed, blamed and helpless.

DS-n-SP-CAFTM) (Provider of Individual Advocacy) Functions as an external independent contractor to consumers of the 'health' and 'human service sector' providing mindful support, advice and meditative intervention for individuals to ensure their service, recovery, and community support needs are met. This can include assistance to make complaints or raise concerns regarding service provision. The role of its consumer representatives or advocates is to ensure that the individual's needs and wants are voiced and addressed by providing service user advice and perspective to human services management. The advantage of this model is the appropriateness of DS-n-SP-CAFTM) external and objective contractual arrangement from the

service provider, thus eliminating the possible conflict of interests arising from expressing views that challenge or differ from the human service sector, in fulfilling the needs of the users of DS-n-SP-CAF™ services. DS-n-SP-CAF™ serves to ensure that service users within the region have a role and a voice, as well as access to information regarding regional and national policy, issues, and initiatives.

DS-n-SP-CAF™ Role developed out of the consciousness raising experiences of its founder, a proponent of affirmative action. The goal of DS-n-SP-CAF™ is the empowering of people to formulate, voice and achieve their individual needs, wants, and desires through the encouragement of increased representation of minority-group members, by their increased participation in self-affirming, societal activities. Because the population group of service users of public-sponsored services have many similar characteristics to other social movements and minority groups (e.g. women, ethnic minorities) developing and strengthening individual advocacy services was considered, by DS-n-SP-CAF™ founder, to be a positive method of redressing both the societal disadvantages experienced and social stigma and discrimination issues encountered. Individual advocacy services is deemed to be a further development of systemic advocacy in its strengthening of local, regional and national initiatives.

PHILOSOPHY: Community (Re)Traumatizations/(Re)Victimizations and Human Transformation: An OUTsideR Philosophy @ <http://www.geocities.com/wolfdeck2003/146.html>
DS-n-SP-CAF™ User-Controlled Services: based upon A Working Definition of Self-Determination by Judi Chamberlin <http://www.bu.edu/cpr/catalog/articles/1997/abstracts1997.html#chamberlin>

ORGANIZATION: DS-n-SP-CAF™ User-Controlled Services: based upon a Federal Study by Sally Clay
http://akmhweb.org/ncarticles/federal_study_finds_common_ingre.htm

DS-n-SP-CAF™ is a psychiatric, consumer, operated service program (COSP) providing a fidelity measure not available within the dominant culture's traditional health and human services alone. Organizational elements fall under the categories of Structure, Belief Systems, and Process.

(1) Structure:

Staff consists primarily of hired consumers who decide all policies and procedures in an environment of safety free from threat of commitment, character assassination, or unwanted punishment, but with reasonable accommodation for handicap.

(2) Belief Systems:

Based within the three principles of self-empowerment:

Peer Principle: mentoring (support and teaching by shared experiences and values, characterized by reciprocity, mutuality, acceptance and respect or empathetic sharing) based upon personal witnessing, hence crisis prevention.

Helper's Principle: basic to the principle of empowerment (wherein the basis for recovery involves a personal sense of self in strength and efficacy, with self-direction and control over one's life), is the knowledge that working for the recovery of others facilitates personal recovery.

Holistic Recovery encases 'health'-generating values of consciousness-raising: creativity and humor, choice, recovery, acceptance and respect for diversity, and spiritual growth.

(3) Process is based on the peer and helper principles being used in a public forum, thus becoming an effective means of eliminating community prejudice.

Based on a Service User Workforce Development Report prepared for the Mental Health Commission (New Zealand) by Chris Hansen (Strengthening Our Foundations: The role and

workforce development requirements of service-users in the mental health workforce). Chris is a fellow member of WNUSP <http://www.wnusp.org/>

Support resources and reasonable accommodations

Job Coaching: DS-n-SP-CAF™ considers internal supervision via independent peer support to be 'vital' for the professional and personal development and safety of its workers. Job coaching in the form of group peer support, mentoring, and buddy system are mechanisms accessed for staff orientation for as long as is needed to aid in job skills acquisition. Mentoring occurs internally within DS-n-SP-CAF™ and externally with a peer in the same or a similar role in a similar or parallel organization. This mentoring provides the best of both training and supervision, ensuring hands-on experiential learning.

Strength-based Training Needs Assessment is conducted for all new staff against their unique job descriptions, in order to assess pre-requisite skills sets in the areas of communication skills, conflict resolution skills, knowing one's civil-rights, recognizing and dealing with role strain, knowing ourselves-boundary setting). It is also important to acknowledge the strengths inherent in each person employed, particularly when employment has required the courage to admit publicly to an experience of 'mental illness', which for many has been the negative experience that has primarily defined their identity for some time. Skill deficits need to be identified in the context of the acknowledgement of a whole persona with concomitant strengths and abilities.

DS-n-SP-CAF™ is a participant in the development of a 'training framework' and 'training needs assessment tool' for service-user run organizations.

A training needs assessment tool will serve to identify individual training needs, so that skill development packages can be tailored to the individual.

Suggested training areas excerpted from a Service User Workforce Development Report prepared for the Mental Health Commission (New Zealand) by Chris Hansen (Strengthening Our Foundations: The role and workforce development requirements of service-users in the mental health workforce) are as follows:

DS-n-SP-CAF™ Organizational Training Needs (excerpted from a Service User Workforce Development Report prepared for the Mental Health Commission (New Zealand) by Chris Hansen (Strengthening Our Foundations: The role and workforce development requirements of service-users in the mental health workforce). A template training package for DS-n-SP-CAF™ and its umbrella organizations involving training areas such as:

A training-needs assessment tool and training package for service user organizations and their umbrella organizations including:

Establishing a working inter-organizational relationship

Policy writing and analysis

Business, strategic and annual plans

Budgeting/accounting/bookkeeping

Filing contractual reports

Record-keeping

Writing job descriptions

Employment processes

Understanding governance, management and their specific accountabilities

Career pathways development for service users at all levels of health and human service planning, implementation and delivery. DS-n-SP-CAF™ as a user-controlled agency employs mental health service users in all roles and at all levels of management.

DS-n-SP-CAF™ as an advocacy and legal service agency employs both mental health service users and non-service users, therefore stigma and discrimination issues need to be addressed.

Stigma and discrimination experiences can be broadly divided into three categories:

Inequity

Penalization based on assumptions

Labeling and Boundary Issues

There is strong endorsement of existing education programmes.

For example:

2. Recovery and job retention training
3. Strengths-based training
4. Like Minds Like Mine Project stigma and discrimination awareness training.

'Recovery plan' in this context is used in much the same way as 'advance directives' and psychiatric protection order--an opportunity for an employee to state such details as:

Preference of service (or not) for mental health care

Choice of punishments (or refusal of punishments)

Preferred actions to be taken by others

Who to be involved in care and punishment

What works

What does not etc.

Information on 'reasonable accommodations' for people with experience of psychosocial disability, and their implementation.

DS-n-SP-CAF™ intends to provide a role-model to the communities it serves. Organizational policy and service quality guidelines for countering stigma and discrimination are developed specifically to counter the prejudices, that have been found within the institutional mental health and human service sectors funded by our tax dollars. DS-n-SP-CAF™ adheres to the belief that, the way to safeguard the holistic civil rights of the population of people with disability is in community commitment to the values of self-acceptance and self-determination, and therefore respect for the inherent legal capacity that is the innate quality of personhood not established by conditioning or learning, which is what is meant by the acceptance of the intrinsic worth and dignity of every human being.

"Ignorance is an evil weed, which dictators may cultivate among their dupes, but which no democracy can afford among its citizens."

William H. Beveridge, 1944

DS-n-SP-CAF™ MOTTO: *"Individuality is an illusion created by skin." Einstein*

APPENDIX D

RESUME (Kathleen [Katie] M. Hill (1994-2003))

September 7, 1994: I signed myself out of Institutional Mental 'Health' and returned home. I had three memories of my one-week stay in the clinic. Within a month, I sought family counseling, was told that my situation was too complicated and received a referral to a psychiatrist. I saw this clinician 3 times, once with my spouse and twice by myself. She wanted me to sit sideways and talk to the wall. She would ask me questions and mid-sentence she would tell me to 'stop' and ask another question. Sometimes she'd let me speak a whole sentence, while she - nodding her head, ineffectually hiding a smirk of dismay, knowledgeably agreed with the air space to her right. At the end of session she would stand, silently gazing out the window before walking to her desk and announcing the end of session. I decided not to spend \$150/hr. on a clown.

Mid-Fall: I began to hear voices in my head, which I realized, were memories of the clinic, but could not remember being at the clinic. My daughter verified this for me. I tried to initiate an employment interview, but was unable to attend. Most of the fall, I sat on the sofa. I ate infrequently. I slept where I sat when I was too tired to sit up any longer. I was anxiety-ridden with the imperative (voices from Institutional Mental 'Health'), that I remember my life especially where my children were concerned, as I was being told that I had left them subject to abuse and/or had abused them myself (none of which is true, but at the time I was amnesiac for life's experiences and would remain so until just recently). Thanksgiving, Christmas, and New Years came and went. My spouse instigated a transfer of employment a week after I returned home from Institutional Mental 'Health'. I tried to initiate marriage counseling with him although I knew not what for, but as he had no interest, we decided upon a divorce. He spent most of the fall and winter '94/'95 in Europe and finally moved to Europe in the spring of '95.

April '95: I moved to Boone, NC. While packing for the move from Chapel Hill, NC to Boone, I found my hospital bracelet and re-remembered that I had signed myself into Institutional Mental 'Health' but could remember nothing of my one-week stay there. I know that the move was instigated by the voices speaking to me, but I cannot at this time state exactly how I know this. I began to smoke excessively once the auditory 'flashback' (vivid feeling-memory experiences) started. I continued to have auditory memory 'flashback' (vivid feeling-memory experiences) throughout the summer.

Summer '95: R.H.A., Wildcat Road and V.O.C.A. Corp., both in Boone, NC 28607: Habilitation Technician supportive of Group Home Care for individuals with mild through profound mental and physical disabilities. I slept well, was unaware of dreams and rarely free of memory recall of Institutional Mental 'Health' incidences via voices in my head, accept at work when they subsided but did not leave. I drank to excess a couple of times to (put my head to sleep). During this summer, I cooked one meal, eating snack foods offered at work. The memory flashes were diffuse but recognizably having to do with sessions with the mental 'health' specialists when I had been driven into various age-regressed states, as a direct result of their coercive interrogations, while I was amnesiac for life's experiences after being traumatized by spousal abuse during a physiological illness.

Summer '95 I had my first abreactive 'flashback' (vivid feeling-memory experiences) in public and thereby making a public spectacle of myself. When the Director (R.H.A., Boone, NC) laid me off, I became angry, dissociated (losing almost full awareness of the present) and heard myself making statements some of which I recognized as having been spoken to me by the 'therapist' in session at

Institutional Mental 'Health'. I next worked part-time in fast-food (Hardees) and full-time V.O.C.A. Corp.,

Boone, NC. I left within a month each time. The 'flashback' (vivid feeling-memory experiences) persisted. I returned to work in fast food, as the work was physically demanding, but freed my mind to perform memory recall (again 1 week in Institutional Mental 'Health'), i.e. I could not escape the voices.

September '95 - December '96: Wendy's, Boone, NC, 28607: I gave up fighting it, trying to get away from the audio 'flashback' (vivid feeling-memory experiences). I actively interacted with the voices in my mind. I rarely spoke nor interacted with people in my present reality. I was emotionally numb, making a concerted effort not to feel of/by/for anything as the 'flashback' (vivid feeling-memory experiences) seemed to be triggered by a sensitive reactivity involving emotions. During Fall '95, I obtained a 'therapist' but cancelled out of fear that I would be labeled and medicated for Heresy, Nonconformity or multiple personality disorder.

December '95: Samaritan's Purse, Boone, NC 28607: I worked temporary service at data entry (approximately 3 days) Virtually the whole of my time there was a 'flashback' (vivid feeling-memory experiences) in the sense that I was reliving a theatrical skit performed at Institutional Mental 'Health' with Clinical Psychologist, NC.
Xmas '95: I cut my hair, shaving it close to the scalp.

January/February '96: Lost - mostly due to episodic 'flashback' (vivid feeling-memory experiences) and dissociative episodes.

March '96: Shoney's Restaurant, Boone, NC: I obtained work as a waitress but had great difficulty doing the job. I could not focus and concentrate on what I was doing in the present. After a month, I gave up trying to work. During the spring, I took in tenants to augment spousal support and first began to fall into debt.

May '96 I began working as a stonemason helper, which lasted the summer. The 'flashback' (vivid feeling-memory experiences) occurrences became more focused and well defined (visual, auditory and as always when I was awake, being triggered by and loosely applied to events in the present). At this time, I once again believed the past was over and I could build a future in the present, i.e. outside of the 'flashback' (vivid feeling-memory experiences)/dissociative episodes I had no memory of Institutional Mental 'Health' Clinic. Although I continued to have 'flashback' (vivid feeling-memory experiences) incidences, my functionality was roughly normal with bouts of non-functionality (days/weeks). I lived and worked in two worlds, the one in my mind and the one in which I interacted with others. I continued to smoke with bouts of excessive smoking in accordance with my ability to function (1 pack/day when functional and up to 4 packs/day when nonfunctional).

September '96: Lowes Foods, Boone, NC, 28607: I obtained work as third shift cashier. I purposefully worked third shift as I recognized that I could not be with people. I had become fearful of human contact, and the 'flashback' (vivid feeling-memory experiences) that their presence triggered and the concomitant days/weeks of dissociation. I suffered an inability to function properly in the presence of others (the 'flashback' (vivid feeling-memory experiences) that could result from interaction with others and the debilitating effect of the 'flashback' (vivid feeling-memory experiences) episodes, throwing me into bouts of dissociative, memory recall). When I was unable to function, I coped with heavy smoking, physical immobility, lack of concern for food, sleep, and personal/household hygiene, lasting approximately two weeks at a time. The tremendous effort it

took to get myself active again had left me wanting to avoid people at all costs (phobic-like fear). During these periods, I could not stop this mind activity anymore than I could start it.

December '96: Appalachian State University, Boone, NC. I quit Lowes Foods to return to school. I had renewed hope for academics, as I had finally been able to concentrate and focus sufficiently (First time since September '94), to read a book. I was looking forward to the challenge and pleasure of academics. As always, outside of the 'flashback' (vivid feeling-memory experiences) and dissociative episodes I had no memory of my experiences at Institutional Mental 'Health' and the sessional assaults against me by the professional staff at the clinic. That Christmas I wrote a letter to my husband with copies to a variety of people. This letter had several quotes in it from the abusive session at Institutional Mental 'Health' involving statements to me while undergoing age regressions resulting from the assaultive interrogations by Clinical Psychologist and Psychiatrist, and their assistants at Institutional Mental 'Health'. I had a terrible time getting started at school (an anxiety-ridden, chatter-box, voice in my head), but once in the groove I was able to rid myself of it (and the memory of it) and to work normally until Easter break. I ate daily in the cafeteria (a hot meal). I slept well. Daily, I went to school and came home to study. During Easter Break, I worked on a term paper. When the time came to hand in my term paper, I instead turned in a ridiculously ludicrous letter that had been dictated to me by Psychiatrist at Institutional Mental 'Health', while I had been in an hypnotic state (situationally self-imposed due to emotional pain, comorbid with age regression). The Professor of Aberrant Psychology suggested that I sign myself into a mental 'health' institution. I had no private 'health' care and as a Canadian Citizen no access to Social (Human) Services Industry support (Welfare Reform '96). Just before the end of the semester, I lost it totally and failed to return after a serious, public 'flashback' (vivid feeling-memory experiences) at Psych Services, ASU, and Boone, NC.

May '97: From Psych Services (ASU) I self-referred to New River Mental 'health', Boone, NC, which refused to help me. The reason that I was given was that I was too complicated. Perhaps this was because of another 'flashback' (vivid feeling-memory experiences) which occurred in the councilor's office (again I Made statements spoken to me in session at Institutional Mental 'Health', while being 'grilled' for life's experiences during amnesia for same, by the Doctors and their assistants, and similar to the incident with the Director of Services at R.H.A., July '95).

May '97, I went to my daughter's graduation (Raleigh, NC). Otherwise, I did not leave the house, being stuck in a dissociative (shocked) daze - reliving elements of my one-week stay at Institutional Mental 'Health' and the unconscionable punishment that I received in session with Psychologist and Psychiatrist. My behavior was out-of-bounds in public at my daughter's graduation. This is the reason for my lack of attendance at her wedding, September 2000. As has happened many times before and since, my behavior was the result of reliving that which I had been intimidated into being a participant in during the psychiatric session(s) at Institutional Mental 'Health'. Although I had abreacted this 'flashback' (vivid feeling-memory experiences) memory before attending the graduation, it was so far out of sense with my character that I went never thinking I would actually behave so badly. Although I did not know of any direct threat to my daughter's wedding, I refused to risk spoiling the occasion by my presence. Everyone was relieved to hear this!

June '97: I began to purposefully exert control over my thoughts, emotions, and behavior while in the public domain - monitoring myself constantly, escaping interactions with people. I deepened my avoidance of emotions while trying to maintain a non-committal, uninvolved calm, to live in the moment, separate, extraneous to my environment and the people around me. I became anxiously aware of my senses (perception) because of ignoring 'flashback' (vivid feeling-memory experiences) knowledge and its negative product in the hope of avoiding such occurrences in the

future. In fact, this has worked, but I rarely obtain foresight in the form of 'flashback' (vivid feeling-memory experiences), memory recall to Institutional Mental 'Health' and the staff's assaultive, aberrant behavior against my personhood. I am usually in the public situation when the 'flashback' (vivid feeling-memory experiences) occurs and invariably I am reliving my coerced participation in a theatrical, role-playing skit created by Clinical staff at Institutional Mental 'Health' ('94). The memory recall is not a complete incident memory but only snap-shot bits that are loosely applied to the present via emotional linkage. The out-of-bounds emotion stems from the emotions engendered by the 'therapist' at Institutional Mental 'Health'. Outrage, fear, and despair are the most serious emotions resulting in the worst public spectacles.

September '97 I moved to Winston-Salem, NC to return to school (Winston-Salem State University). I recognized that I had been directed to go there and enroll in their Medical Technician program at Institutional Mental 'Health' Clinic by Dr. M ('flashback' (vivid feeling-memory experiences)), and still did so, knowing that I love the academics but hate the labs. I lived for school, attending during the day and studying at night. I spoke to no one unless spoken to. I monitored myself constantly when in public. Once again, my grades were initially poor as a direct result of an inability to focus ('flashback' (vivid feeling-memory experiences) and dissociative episodes). The act of concentration would be channeled into memory recall (voices in my head and sometimes visuals). I had to fight to stay on topic. I left the Med. Tech. Program just shy of midterms in the following spring semester as a direct result of a major abreactive 'flashback' (vivid feeling-memory experiences), which I lived-out after a lab in Blood Bank. I raged, making another public spectacle out of myself. Once again, each time another tried to converse with me during the 'flashback' (vivid feeling-memory experiences) episode, I was set off into further verbal raging. In private and alone the 'flashback' (vivid feeling-memory experiences) are self-contained and remain in my head. In public the interactions with others demand attention and the emotion out of the past (fighting against the obvious harm being done to me by Psychologist and Psychiatrist and their assistants at Institutional Mental 'Health'), is supplanted onto the present and misdirected onto the people who are interacting with me. Trying to stop it only enhances the internalized conflict, intensifying emotions making the interpersonal interactions more self-denigrating and outwardly, frequently, more verbally aggressive. At the time, I thought I had a knife in my hands. In desperation to stop myself, I kept stabbing at myself. After the serious loss of control and my latest failure to self-monitor my behavior, I spent the better part of March '98 in my apartment working through memory recall (dissociative episode lasting another ~two weeks). For two days before going to a psychiatrist end of March '98, I was anxiety-ridden. Then while dressing for the appointment, I had a 'flashback' (vivid feeling-memory experiences) to Institutional Mental 'Health' session in which Psychiatrist related a fantasy to me of going to 'therapy' dressed in a suit, behaving appropriately, initially. Later I age regress and am sitting with my legs up and my widow's girdle, G-string, nylons showing. In '94, I did not know what a widow's girdle was and had never worn the underwear. I had this 'flashback' (vivid feeling-memory experiences) while trying on this form of garment newly arrived from Victoria's Secrets to match the suit from Victoria's Secrets hanging in the closet. I wore my coveralls, T-shirt, and boots to the interview. The clothing, as with all the clothing I purchased in the last 7 years (perhaps \$1000s of dollars worth), is long since given away or been sold at consignment. I rarely if ever wore any of it. Again, as with so much that I have done in the last 7 years, clothes purchases came about as a directive while in a hypnotic state at Institutional Mental 'Health'. The clinical staff had insisted that I had a Multiple Personality Disorder and that I needed to purchase a lot of clothing as a result.

March '97: The psychiatrist at Baptist Hospital, Winston-Salem, NC offered no help for my condition. When I explained the 'flashback' (vivid feeling-memory experiences)ing to Institutional Mental 'Health', as witnessed at W.S.S.U., he became clownishly, condescending. He informed me that \$80,000 C.D. was insufficient monetary reward for 'therapy'. Once again, as there was no help for

my condition from the psychiatric community, there was nothing to do but carry on as though there was nothing wrong. I purchased a town home, spent the summer renovating and working as an independent, newspaper carrier for Winston-Salem Journal. I enrolled again at W.S.S.U., this time in Sociology Concentration Social Work Program.

September '98: Winston-Salem State U. My student internship was split between Catholic Social (Human) Services Industry and Family Advocacy Foundation. My interview with the Director of C.S.S. resulted in another 'flashback' (vivid feeling-memory experiences), but he hired me anyway. Throughout the semester, I was subject to 'flashback' (vivid feeling-memory experiences)/dissociative episodes. Several times recognizable age regressions were relived in class during 'flashback' (vivid feeling-memory experiences). It was during my time at W.S.S.U. that I began to relive the emotional attributes of the 'flashback' (vivid feeling-memory experiences) rather than just visualizing, hearing the memory. What I had been seeing, hearing as an onlooker and theatrical skits that I had been forced to participate in at Institutional Mental 'Health' and seeing/hearing in my head during memory recall ('flashback' (vivid feeling-memory experiences)/dissociative episodes) was obviously evidenced in the reality of others by their behavior in their reactions to me during 'flashback' (vivid feeling-memory experiences).

January '99 I returned to school only to have another public incident involving a 'flashback' (vivid feeling-memory experiences). The effort to control my anger brought on the 'flashback' (vivid feeling-memory experiences) which in turn caused me to become enraged which caused me to see flashes of memory concurrent to the one I was seeing and hearing and reliving as a participant, while functioning in the present. I went home and tried to retrieve the memory out-of-reach. It took ~2 weeks whereupon I returned to school and quit. The memory that I retrieved was that of Clinical Psychologist sexually molesting an age regression (another theatrical, role-playing skit). I did not know I was capable of such outrage. Again, as previously, after weeks of effort in memory recall (dissociative episode) I quickly forgot the incident. When I spoke to the sociology professor to drop out of school, I had very little clear memory of the incident at school and none of the incident memory retrieved from Institutional Mental 'Health'. I returned home after quitting the semester. Someone telephoned to obtain my purchase (\$1500.) of Internet--something? I gave him my M.B.N.A. charge # which at the time had a zero balance and \$10,000 credit potential. I went to work on the Internet trying to find work that would allow me to live in solitary confinement while working to support myself. Medical Transcription was a possibility (I have a B.Sc. Biology), but I could not find work on the Internet or at a local agency. I registered approximately one hundred and fifty domain names on the Internet. I purchased several thousand dollars worth of domain names (Made-up out of my head).

April '98: I registered with 8 local temporary services - Secretarial, but could not obtain full employment.

May '98: I spoke to a moving agent pertinent to returning to Canada and had another volatile 'flashback' (vivid feeling-memory experiences), this time to Clinical Psychologist shooting me in another theatrical, role-playing skit, while I was in an aged-regressed state. It took a moment to figure out that I was alive as these skits are real for the individual who is in an age-regressed state i.e. hypnotic state.

July '99: Boone, NC: Access, Inc. (Behavior Interventionist with Developmentally Disabled Individuals): P/T employ: I also enrolled at Mayland College (Criminal Justice) in an effort to obtain employment at the local prison.

October '99: Corrections Corporation of America, Spruce Pine, NC. I had applied at the prison the previous May, but had lost the possible position because of abreacting the memory (again), during the job interview of Clinical Psychologist sexually molesting an age regression. Dr. N had set-up a staged scene with an age regression. Onlookers might consider it therefore, harmless. The problem is - the consumer in a hypnotic, age-regressed state (~6 years) believes it to be reality. October '99 I obtained employment at C.C.A., medium-security, and men's prison. The \$9.95/Hour would allow me to financially support myself. I moved my belongings out of storage in Winston-Salem in December '99 and rented a place outside of Spruce Pine, NC in a quiet, rural setting. I lost the job just before Christmas. Daily events continued to trigger memory recall throughout my stay at the prison. For example, during an emergency procedure I recalled a skit performed at Institutional Mental 'Health', which was similar to the procedure in reality. I saw the 'flashback' (vivid feeling-memory experiences) slightly to the side of the present. I expect the main reason I lost the job was that the interviewer (an instructor during a self-defense class) had remembered me from the interview (previous May) when my behavior had gone out-of-bounds for the circumstances while reliving - again - the 'flashback' (vivid feeling-memory experiences) to an age regression being set-up to participate in a sexual molestation skit with Dr. N. Also while in a training class of ~20 people I age regressed to a pre-school aged characterization of self. After I lost the job at the prison I tried to obtain reinstatement for over 2 months. Once again, I had lost memory outside of the 'flashback' (vivid feeling-memory experiences) and dissociative episode. I gave up on reinstatement after failing to obtain legal help. I took my belongings (representing about \$10 thou worth of belongings to Boone, NC for sale at a flea auction.

March 2000: I went to Dallas TX to take dissociative tests for my disability (Trauma Specialist, Richardson, TX

April 2000: A.W.A.C. Homeless Shelter, Prince George, BC. I tried to access Social (Human) Services Industry but could not as I refused to file personal bankruptcy. At A.W.A.C., in public, I relived age regressions that were in the Institutional Mental 'Health' sessions with Clinical Psychologist and Psychiatrist. I was forced to leave A.W.A.C. after 6 weeks, as I could not obtain help from Social (Human) Services Industry unless I filed for personal bankruptcy, which in reality is impossible to do on foreign debt. All my debt was American. Social (Human) Services Industry considered filing bankruptcy to be the necessary step for consumers to prove indigence.

June 2000: Crisis Line Training, Prince George, BC: I spent July sitting in a bed in a boarding house trying to remember the memories I had remembered in 'flashback' (vivid feeling-memory experiences) and dissociative episodes and that had caused so much destruction in my life as a result of doing so. I had new 'flashback' (vivid feeling-memory experiences) while remembering the sexual molestation of an age regression in a theatrical, role-playing skit set-up by Psychologist and being punched and slapped during other theatrical, role-playing skits in which I had expressed 'non-compliance' for 'therapy', as well as some other 'flashback' (vivid feeling-memory experiences).

August 2000: I returned to the states to learn to drive big rig (transport) and work my way out of debt.

September 2000: I arrived in Winston-Salem, NC. I slept on the floor for a couple of weeks, missed my daughter's wedding, sold a couple of appliances still remaining in the town home and tried to move to Florida, advertised for work in a Florida newspaper.

October 2000: Specialized Services and Personnel. I lost this job and had another serious abreaction concerning the Institutional Mental 'Health' session at the same time with the Director of Services just before Xmas 2000.

January & February 2001: Christian Care of Winston-Salem and Kelly Home Services of Winston-Salem. I worked f/t a C.C. of W.S. and p/t at Kelly Home Services fulfilling the duties of nursing aid/assistant.

March 29, 2001: I graduated Thoroughbred Truck Driving School. They had no interest in finding me work stating that I was mentally unstable.

May 2001: F.F.E./American Eagle, Dallas, TX: I found employment as a trainee (18-wheeler), but lost this upon graduation, after 3 months training with the company (July 25, 2001). I had dissociated, while under intense duress, in a telephone conversation with the driver supervisor and the trainee supervisor expressing myself as three different age regressions (2 women and a child). I asked the school to find me work (in accordance with the lifetime guarantee offered at orientation). I looked for work in trucking on my own behalf while traveling around the U.S.

August 2001: I finally realized that because of my expressions of mental instability I would not find work as a big rig commercial driver. Without this employment, I could not get out of debt. There was no longer any reason to remain in the U.S. I returned to Canada to file bankruptcy.

September 5, 2001: I stopped traveling in Ontario, Canada. I went to a Homeless Shelter and accessed Social (Human) Services Industry.

October 1, 2001 moved to the Women's Shelter (2 months). I initiated membership into the Women's Entrepreneurial Program in September, while living in a homeless shelter, as well as applying for Social (Human) Services Industry subsidy and an Ontario Medical Card. In November 2001, I was able to fill prescriptions. It was during my stay at the shelter that it was suggested to me that I initiate a Disability application.

October 1, 2001: I enrolled in Women's Self-Employment course. This association was to become a primary social support for me in the following years. I lived three months in homeless shelters before being placed on welfare. At the Women's Shelter, I remembered several anecdotes of my life during childhood, youth, and several memories of my own children as children (none of which over the last 7 years I had any memory of). I remember almost nothing of my 27-year relationship with my husband and little of the family. For example, I have no memory of sex. I know about the mechanics of the acts, but am unable to personalize it into memory. It is because of my failures in both education and employment that I am on Social (Human) Services Industry and with no financial resources of any kind. I had signed myself into Institutional Mental 'Health', August 30, 1994 in a severe state of psychological distress and amnesia, possessing little more than personal identifying memory. I signed myself out of Institutional Mental 'Health' (when I was allowed to do so 1 week later) with only a couple of memories spanning my 1-week stay in the clinic. In memory, my life virtually began at Institutional Mental 'Health': In impact on my present and future potential, my life ended at Institutional Mental 'Health'. When I underwent psychological collapse in reaction to physiological ill 'health', concomitant with career stressors, and familial anxiety and duress (spousal abuse), I was at very high risk of a chronic psychological dysfunctionality in the public domains of employment and education. In an acute phase of psychological distress, I signed myself into a mental 'health' institution. I was seeking 'sanctuary' or a 'refuge', professional support. Instead, I underwent attack by the mental 'health' staff (Dr. N and Dr. M and their assistants), which cared only for corroboration of statements on my admittance form and not at all for neither my presenting condition nor the life's problems that had driven me to enter into a mental institution. They ignored the obvious harm to me that would result by their persistence (over my objections) seeking validation of life's experiences using aberrant, coercive, assaultive psychological means while I was amnesiac for same. Why they believed this to be 'therapeutic' would be a question to ask of them.

December 2001: I went onto welfare assistance. The training program (Women's Entrepreneurship) that I had begun as a self-help resource (September 2001), was immediately turned into a 'Participation Agreement'. I was administratively and effectively placed into the 'Mandatory Employment Program' at a time when I was exempt from said participation and remain so. My Community Start-Up cheque was sent to the shopkeeper. Due to my alienated state, I was unable to chose furniture pertinent to a move out of Crisis Housing and merely obtained the price listing. Hence, the shop-owner (cheque in her possession) directed me to the basement whereupon I (and the tax-payer) paid full price for Salvation Army rejects. Due to harassment of Social (Human) Services Industry (I did not have the necessary cash to pay for Hydro (electric and heat) and due to the ongoing need for transportation (funding curtailed twice since) this furniture has since been slowly sold off at ~10% of what I (and the tax-payer) paid for it. The sofa and coffee table that remain are not saleable. I have slept 10 months on said sofa.

January 2002: I obtained a bursary to return to school. I hoped that I would be able to obtain a computer and fulfill the necessary requirements for Distance Ed. at Lakehead U.

February 2002: My Disability application was filed. In March, I received my first Mandatory 'summons' to appear at Social (Human) Services Industry pertinent to fulfillment of this Participation Agreement. I handed in that which I had accomplished in the training program. I was unable to fully participate in the training program wherever interpersonal associations were involved and never did complete the business plan. It still sits on the shelf: I have forgotten its elements. Due to disability, I have no capacity to work it through to fruition. At this meeting, I was directed to bring a letter from my Doctor outlining my 'health' care. I was asked for this letter several times, the last time being July 2003. Without this letter Social (Human) Services Industry regards me as fit to fulfill the requirements of the 'Mandatory Employment Program' and hence, subject to the penalties (punishments) for my non-compliance to said program.

Until September 2003, Social (Human) Services Industry had never given credence to my disability application signed by my doctor (at the local Health Centre), accept for a six-month period (December 2002 - June 2003) after a legal aid lawyer sent them a letter. Legally, I am expected to submit a monthly financial card and attend a yearly financial review. The Health Centre does not submit letters of recommendation outlining medical dysfunctionality in employment for which I am appreciative. They did submit the Disability application. It is legally recognized that information pertinent to my 'health' is 'confidential'. Until such time as the social workers at Social (Human) Services Industry obtain medical certification - the state of my 'health' will remain confidential and privileged information.

June 2002: My welfare benefits were curtailed due to 'lack of information', 'lack of work history' (first time). At the requisite Mandatory Meeting (mid-month), the financial aid worker stated that I would not be allowed to obtain disability and therefore, "You might as well get used to it."

August/September 2002: I was dropped from the welfare roles twice. In desperation, I had enrolled in a course of study at Lakehead University even though I knew that by doing so I would be Made nonfunctional. I knew that I would not be able to complete the work assignments and likely default on the semester. I knew this from experiences over a 7-year period (enrolled in 5 Universities and Colleges to receive 2 completed semesters). I had not been able to obtain a computer through other associations, which would enable me to function in Distance Ed. I was unable to perform the requisite inter-personal functioning in the public domain to obtain the necessary funding for the business plan. I underwent acute P.T.S.D. 'flashback' (vivid feeling-

memory experiences) and dissociative episodes during the first class followed by 2 weeks of total cessation of daily activities. I failed to attend a Social (Human) Services Industry mandatory meeting and was dismissed from the welfare roles, again. I Made another appointment and while still severely distressed I underwent another exacerbation of illness during the meeting followed by another week of dissociation with accompanying total cessation of daily activities. 'flashback' (vivid feeling-memory experiences) (public and private) and concomitant episodes of dissociative response patterns have been ongoing since September 1994. Accessing Social (Human) Services Industry and filing for disability has resulted in an enhancement of such experiences, such that I arrived in T-Bay severely dysfunctional due to a psychosocial disability and am now profoundly disabled by same, i.e. unproductivity is more frequent and hence more acutely debilitating, resulting in increased frequency of decreased functionality in both the public and private domains.

September 2002: I visited another psychiatrist to obtain an assessment for disability and to obtain support for my situation with welfare. As in 1994, my presenting condition and my presenting life's problems had no value. She refused to have any discussion pertinent to Social (Human) Services Industry or Disability. She stated that her purpose was to take down demographics information. What was important was corroboration and validation. I did not have legal documents as proof of any statements that I might make and therefore my 'help-seeking' motives were suspect, as written in my psychiatric report. The psychiatric interview with the Trauma Specialist, Richardson, TX based on DSM-IV recommendations for both interview and testing procedures for traumatic injury was also dismissed. Psychiatric 'diagnosis' is Adjustment Disorder/Malingerer. I was in a state of panic-ridden outrage at her refusal to help me with Social (Human) Services Industry, at their debilitating harassments, my rage at self over my inability to comply with their Mandatory Employment program, and my need for psychiatric support for a disability application. I expected to be cut from the welfare roles (again) in the near future.

Mid-November 2002: In desperation to keep my benefits I had obtained a 14 year old computer and a \$40 packet of information and membership into 'coupon processing' employment. I purchased a small dog for its therapeutic support due to lack of it in the professional community-at-large. In discussing this with my lawyer, she informed me that I was 'exempt' from Social (Human) Services Industry Mandatory Employment Program, had been so since applying for disability, and would remain so until the Social Benefits Tribunal had Made a decision on my case. It's unfortunate that the social service workers and psychiatrist could not have been so forthcoming with information. The hearing date was set for June 2003. Without informing me of the repercussions of her actions and without taking steps to correct ensuing repercussions of her actions she wrote to Social (Human) Services Industry and notified them of my 'exemption status' from the Mandatory Employment Program. My bus pass was therefore cut off. The lawyer quickly read the medical report from the psychiatrist. I told her to throw it into the garbage where it belongs as it represented gross negligence in its 'antiquated misdiagnosis'. (This was exactly the same 'diagnoses' that the Nam Vets received, which in turn was productive of various criminal activities, such as homelessness, suicide and homicide). After I left, she filed it with Disability (Social Benefits Tribunal) having performed her obligation to discuss it with me.

December 1st 2002: Without warning, my bus pass was cut off. After 2 weeks, a partial bus pass was provided for me due to the advocacy of my Housing Support Worker. I am housed as a result of the 'Housing for the Severely Mentally Ill Who Are Homeless Project' or HIP-2. Because I live mid-way between city services, I cannot access the three food banks and two soup kitchens on foot, nor much else. I was once again suicidal (for most of the month). Once again, I spent every cent I had on cigarettes at Mike's Mart. I was unable to make the bus trip to obtain tobacco. I am grateful that I am

not an alcoholic or drug addict. I walked Kelly and worked on getting my old computer to function (self-soothing activity). Approximately 2 1/2 weeks into the month, I bathed, brushed my teeth, and changed my clothes. I ate some bread in the first half of the month and went to the soup kitchen in the second half of the month. This is normal for me in acute states (~50% of my life while on public assistance).

December 2003: I kept the yearly, Financial Review, Mandatory appointment with Social (Human) Services Industry. In discussing my aspirations ('help-seeking') to turn my computer into a source of employment in the private domain, I was notified by the financial aid worker that they ignored people on disability exemption.

January 2003: I wrote Supervisor at Social (Human) Services Industry outlining my complaints and demanding a letter of introduction (some support) to aid me in obtaining work via a weekly liaison in the public domain, while performing the work in the private domain. I had been offered a job as Research Assistant for Children and Family Services (extensively on the computer) and wanted to speak with them concerning the viability of my performing a weekly liaison and the actual work to take place in my home. The required 5 day workweek @ three hours/day was impossible. I received no reply.

February 2003 - May 2003: With NO 'sense' from Social (Human) Services Industry and not a penny in my pocket, I created volunteer work (in the private domain) making use of the internet.

- 1) I became hostess to two Peer Support Groups for Trauma Survivors.
<http://groups.yahoo.com/group/AbuseinTherapy>
<http://groups.yahoo.com/group/RetraumatizingtheVictim>
- 2) Although I initially joined 8 support groups (including 3 suicide groups), http://groups.yahoo.com/group/Dissociation_PostTraumaticStress I kept this group out of recognition that my psychosocial disability had undergone further entrenchment, labeled 'disease'-progression (from mild, medium, and severe over a 7 year period to profound over the 2 years I have been on public assistance). Entrenchment is due to the ongoing retraumatization of Social (Human) Services Industry and the ongoing combined negligence of the mental 'health' and legal professional's 'care', concomitant with the refusal of the Self-Helping Professional community to be involved with and hence prevent Social (Human) Services Industry harassments of the consumer, myself. I believe that they fear for their agency 'funding' source and 'personal' ostracism (unemployment)? In December 2003 I dropped out of the two support groups that I created.
- 3) For its therapeutic value (Art Therapy) I began constructing a website, wherein my personal Autobiography, Journal, Resume, and my efforts at Literature are self-explanatory of my disability, its creation, and the reasoning behind the ongoing 'disease'-progression, which is applicable to myself and to other consumer-survivors of tragedy by human agency, sometimes severe and Made chronic as a result of community retraumatizations.
- 4) I redefined my business plan and published it to the Internet at this website. DS-n-SP-CAF™ outlines the purpose, meaning, and value of an example user-controlled social service plan enabling employment for myself, and in time, others who like me are unable to function in the public domain. This business plan allows me to liaison in the public domain in order to obtain the data required to work in the private domain. To perform this employment I require the 'rule-book' used by Social (Human) Services Industry and access to legal counsel. The Foundation was to be my welfare cheque in the present and my disability cheque in the future. In other words, it is volunteer work - paid for out of my pocket. DS-n-SP-CAF™ is all about mental 'health', as it was created out of social issues involving the extreme emotional distress of being objectified by 'community retraumatizations' (community terrorism),

a chronic trigger (chronic duress) of mental 'illness' (psychosocial disability issues).

June 2003: I was unable to attend the Disability Hearing due to the extreme exacerbation of my psychological instability. After 2 weeks of anxiety-ridden anguish and with 2 weeks to survive until the disability hearing, I had no choice but to give up or submit to being drugged into a stupor or suicide. Approximately mid-June, I received notice from Social (Human) Services Industry that my bus pass was cut off, effective July 1st, 2003. The Social Benefits Tribunal ruled that the hearing was 'adjourned' until an indeterminate time in the future. This provides me with an opportunity to obtain appropriate medical/legal representation to promote my case for disability, as soon as I can obtain the psychological stability to pursue obtaining it. The local psychiatric hospital, which is the only 'public-pay' form of mental 'health', refuse to make an appointment, and the legal aid clinic used formerly is the only public, legal counsel to pursue disability, I have little hope of obtaining any medical or legal support to promote my disability case.

July 2003: I received notice that I was to attend a Mandatory meeting at Social (Human) Services Industry. They required a letter from my doctor outlining the state of my 'health' pertinent to my signaturing a new Participation Agreement, whereupon my bus pass would be released. Failure to attend said meeting would, as always, result in my welfare benefits being cut-off at the first of the following month (August 1st, 2003). I refused to attend said meeting. July 30th I received news that my welfare benefits (but not my bus pass) had been reinstated, but that I would have to make a Mandatory interview at Social (Human) Services Industry (set for August 18th) or else be punished by having my welfare benefits cut on September 1st. I received notice that the owner of my apartment would like to move back into the rental and so I must move before the end of September 2003. I, once again, refused to work with Social (Human) Services Industry.

September 1, 2003: Welfare Benefits received August 28, 2003.

September 24, 2003: Hearing for Ontario Disability - lost due to psychiatric report stating that I had an Adjustment disorder comorbid for Malingerer. Legal Aid Lawyer, Legal Clinic sent this report to the Disability Commission. Also against my expressed advise, my lawyer did not consider it necessary to do anything else to promote my case. This lawyer did not attend the disability hearing, as expected due to my refusal to work with her. I received an exemption from Participation Agreements with Social (Human) Services Industry. I moved to be close to the shelter so that I may eat on a regular basis.

Re-traumatization in the form of Chronic P.T.S.D./Dissociative Amnesia means being subject to living through 'flashback' (vivid feeling-memory experiences) comorbid for hyperarousal involving concomitant dissociative episodes, lasting days and sometimes weeks. Dissociative episodes (involving partial or total cessation of daily activities) occur concomitant with being triggered into 'flashback' (vivid feeling-memory experiences) episodes by association. The associated tragedy by human agency always is that of psychiatric assault (Clinical Psychologist and Psychiatrist at Mental 'health', Raleigh, N.C., September '94). These episodes of exacerbation to tragedy by human agency, occurring while in the public and private domains, have encompassed approximately half of my life during which I have been on public assistance. It is a direct result of the intense psychological duress of inter-relating with the community of Self-Helping Professionals. Crisis is artificially created as a product of harassments by Social (Human) Services Industry in order to force those of us with psychosocial disability to work in the public domain. Negating my ability to obtain mental 'health' and legal support and representation for my disability claim, which could now (DSM-IV) be described as Dissociative Disorder/Chronic PTSD, or a profound state of psychosocial disability. Instability and dysfunctionality resulting in

unproductivity seems to be an added punishment which Social (Human) Services Industry considers conducive to my obtaining employment.

Drug Therapy (i.e. being turned into a 'legal' drug addict and subjected to both physiologically and psychologically debilitating, negative and/or aversive side-effect, with ever-increasing dosages over the long-term is considered conducive to forcing the disabled to work (even if it is only a few hours volunteer/month - always in the public domain). Coercion to function in the public domain takes the form of curtailing welfare benefits and transportation benefits. Without welfare benefits I must return to being homeless. Without transportation, I can access almost nothing in the community including food (until I was able to move close to the shelter, September 2003). I eat once/day at best (mostly starch and sugar and over a 2-year period). Due to the ongoing harassments, I have been forced to skip meals on a regular basis (both due to being driven into acute phases and lack of funding).

I still have the forms given to me September 2002 by my financial aid worker. Social (Human) Services Industry requires that our volunteer work be documented with a daily activities chart, a completed medical form by one's doctor outlining both physical and psychological impairments (which Psychiatrist refused to fill out, in keeping with her refusal to have anything to do with Welfare and Disability), and a daily work chart signed weekly by one's supervisor (to be handed in on a monthly due date or have one's benefits curtailed). I have never failed to hand in my monthly financial review card or to attend my yearly financial review in December. A partial (10-trip) bus pass, I am told by Social (Human) Services Industry, is all that is allowed for one to seek medical/legal punishment and support, which they nevertheless cut off in June 2003. A full bus pass is reserved for those who are employed and must travel to work, at least three times per week. Without a bus pass, I am being prevented from obtaining medical/legal support an added penalty of refusal to comply with Social (Human) Services Industry Mandatory Program, while I AM EXEMPT from said program.

Suicidal ideation has become my companion. We do not live together but we visit.

What is my experience of psychosocial disability due to tragedy by human agency? This is when the victim is retraumatized via being triggered to live through tragedy by human agency in 'flashback' (vivid feeling-memory experiences). These tragedies span years when the victims are unable to access help for their psychosocial disability issues, while being forced into dereliction due to their inability to function appropriately in the public domain (at the very least). It is traumatizing as there is formerly and concurrently little or no memory of the incident and it is as real as the present, while overwhelming the present. In the profound, state-of-being the victim's behavior IS the 'flashback' (vivid feeling-memory experiences) with little, if any, visual or auditory associations during the 'flashback' (vivid feeling-memory experiences) to the present. The victim's perceptions are solely those of one being attacked, regardless of the situation.

Once triggered these emotions can span weeks during which times the victim will exercise coping skills or self-soothing skills. I experience, self-medication (addictions), seek isolation from others (avoid further triggering and the negative behavior that results which is acutely painful), cessation of 'normal' daily activities, show an interest in something new or no interest at all, suicidal-ideation (fantasizing an 'escape route' from the psychic pain), a consequence of profound debilitation. The differences in the various 'diagnoses' are roughly indicative of the age of the victim at the time of onset of the psychosocial disability (child, youth, adult) which correlates with their perception of the 'flashback' (vivid feeling-memory experiences) experiences, most especially indicative as to

the manner in which the element of time is understood.

Systemic abuses or community retraumatizations, sometimes severe, bear the same elements of power differential, regardless of whether it is familial systemic abuses (child, spouse), Mental 'health' Industry abuses, social service systemic abuses, work force systemic abuses, and etcetera. Whether the perpetrator of abuse is a pedophile, a psychiatrist, a Social (Human) Services Industry worker, or an employer--the behavior of the perpetrator possesses the same elements of abuse, which the survivor of severe tragedy by human agency picks up, associates and is triggered by. As a result, we can no longer inter-relate with the human race accept on a superficial level. We therefore seek to avoid the public domain at all costs.

In summary: I arrived in Ontario in possession of a suitcase with summer clothes (September 5, 2001) and \$20,000 in personal debt due to dysfunctionality in the workforce. In the previous two years, I had spent more time being unemployed than employed, while living off charge cards. At this time, I had a resume outlining an inability to maintain work and educational efforts in the public domain spanning seven years.

1) The 'first thing' that I did was to access Social (Human) Services Industry. I had never accessed Unemployment Insurance, as I had never managed to sustain work for more than three months over the previous 7 years. The Women's' Shelter was my 5th Crisis Housing. I also lived out of my car (campgrounds/rest stops) and hotels. I was told to leave both homeless shelters in BC, as I refused to file personal bankruptcy and Social (Human) Services Industry refused to help me otherwise (Crisis Housing is paid for by Social (Human) Services Industry). Social (Human) Services Industry has never enabled me to seek mental 'health' support for my disability nor employment that I was capable of, but has coercively maintained ongoing attacks against my well-being to work in the public domain, thereby severely decreasing my ability to function (now and in the future). More importantly, the 'health' and 'human service' sector Made no effort to corroborate my difficulties, but wasted no time in criminalizing me for presumed 'malingerer' status.

2) The 'second thing' that I did was to start looking for work and mailing out resumes (force-of-habit). I then decided to try something else! I am still working on the 'something else' without support from the community of Self-Helping Professionals (outside of housing support and the health clinic's efforts on my behalf in filing for disability), but while receiving punishments from same which are ongoing involving lack of food, safety, security and basic medical attention. In accordance with Classical Criminological Theorem, the eighth Amendment (U.S.) was denied to me.

For all the above reasons:

- 1) I will never sign a Participation Agreement with Social (Human) Services Industry (again).
- 2) I will never attend a Mandatory Meeting with Social (Human) Services Industry (again) outside of the necessary financial card (monthly) and the necessary Financial Review (yearly).
- 3) I will never provide them with a letter or filled form outlining my medical care from a doctor. (40% of the population of T-Bay do NOT have a doctor and cannot obtain punishment or representation for Disability).
- 4) I will never work (volunteer or otherwise) under the auspices of Social (Human) Services Industry
- 5) I will continue to submit my monthly financial review card as is required.
- 6) I will continue to attend my yearly financial review as is required.

SEE "THAT BLOGGING THING" FOR UPDATES

page

REFERENCES

'Health & Human Services' – 2003

Grateful acknowledgement to the diverse supportiveness received in the creation of this book, a project of self-affirmation in my journey of recovery of my self-identity or 'sense' of self.

Grateful Acknowledgement to the Survivor Artists who brought depth of visual expression to my meaning, as I evolved and adapted to my Psychosocial Disability

The Natural World
Recovering my sense of self

Please visit LINKS Page @
<http://www.geocities.com/wolfdeck2003/ref.html>

ABSTRACT

'RANT'ing OUT the Devil

Community Traumatization & Human Transformation: An OUTSideR Philosophy

Personal Journal 2003 by Kathleen (Katie) M. Hill

Abusive Self-Helping Professionals who offend do so by using cognitive distortions to meet personal needs, wants and desires, to protect themselves from aversive self-awareness, and overcome internal inhibitions against coercively engaging consumers of services into re-traumatizing activity. These offenders carefully groom their victims by systematically separating them from their families and peers, and socializing them into a life-style of extreme solitude found otherwise only on 'death row'. Offenders justify the abuse by making excuses and redefining their actions as empathy and mutuality. Throughout the process, offenders exploit the power imbalance inherent in all human service professional, provider-consumer relationships.

A project of DS-n-SP-CAF™

Kathleen (Katie) M. Hill, B.Sc. Biology

Founder of DS-n-SP-CAF™

Celtic Fable – Academic Pursuit

Once upon a time, there was a mature, female rabbit. Episodically, in her youth she had been the subject of and subjected to various psychosocial life stressors and duress. Nevertheless, she had matured into a 'healthy', sleek, female rabbit expressing robust, good cheer and high competence and skill in the nurturance of her family. As she entered into her middle years, she fell victim to a common rabbit disease resulting in extended physiological poor health. This, when coupled with her espoused buck's hostility toward her aspirations in the public domain Made it very difficult for her to attend to the career essentials of rabbitry life, which added tremendously to her distress. Seeing her weakness the buck that she was cohabiting with became aggressive with her due in no small part to his belief that weakness is akin to wickedness, a commonly held theorem in the rabbitry world. Her buck's aggression resulted in reopening the wounds of her youth, thereby leaving her both physiologically and psychologically exhausted. At the same time, her offspring appeared to be unable to productively leave the nest, not at all, as one would expect with her fine tutelage. I forgot to mention, in consequence of her experiences early in life, she naturally saw the fallacy in the generally accepted policies and practices of familial nurturance, considered socio-politically appropriate by the common mass of rabbitry.

In consequence of community traumatization or her aberrant upbringing, she was, as always, without familial supports. Her buck's assaultive behavior (community retraumatization) and in consideration of his innate animosity towards her career aspirations and his intense fear of her physical ill 'health' created a dire need for her to leave the familial nest, after almost a quarter century of friendly cohabitation. *"Friendship is more tragic than love. It lasts longer"*. (Oscar Wilde) As a result of community bigotry, ostracism and isolationist policies (a natural backlash to her psychosocial socially acceptable into familial matters), she had no peers with whom to seek out support. In summary, she found herself in a nonsustaining, revictimizing position. It was at this time that she heard through the rabbitry grapevine about a garden with sustenance aplenty. Immediately she went to seek it out...

Upon arriving at the prescribed location, the rabbit was aghast to discover that the garden did not exist! Unbeknownst to the female rabbit, the rabbitry grapevine was replete with corporate

propaganda, the explicit purpose of which was to further the proponents' financial self-interest. The naive, female rabbit did not know that once a rabbit entered into the grounds that purportedly held the garden, she would never be heard from again. This is because, historically, the voice of truth in dissent must invariably be silenced in the rabbitry kingdom. No sooner had the rabbit entered the grounds than she discovered herself caged and roughly handled by bigoted hands. Apparently, female rabbits with her personal heritage had become the number one topic of conversation in the academic world of the staff. They were very interested in advancing their self-knowledge for the pleasure it would afford them at the next cocktail party, not to mention academic discussions at luncheon with their colleagues.

Now, for decades researchers had been placing caustic fluid drops into rabbits' eyes and failing to publish the results. On the other hand, a few researchers had discovered the nasty side effect of this despicable practice fueling debate as to the origination of blindness in rabbits, due to severe retinal damage. Due to politico-financial sensitivities and considerations, these researchers were proponents of the 'traumatic experiences in rabbitry youth theorem' (TERY Theorem), leading to chronic blindness in female rabbits, considered to be an advancement in 'health'. In fact, they had a great deal of research with high statistical associations to prove their theorem. In deference to these researchers, it needs to be said, that as a direct result of their work, spurred on by Feminist ideology, some social changes had taken place in an effort to alleviate traumatic experiences in rabbitry youth, representing major advancements in social democracy, in turn resulting in a reduction in community traumatization.

Unfortunately, none of the staff at this facility had ever had the personal pleasure of entering into the debate, experientially. The rabbit was female, a foreigner, had the requisite type and tragedy in its biographical history, and was presently in a dissociated state of severe psychological distress, comorbid for extensive amnesia. It was their considerate opinion, that she would be an excellent object upon which the staff could extend their personal knowledge by 'trauma experimentation'. So - the next day it was decided to test the prevailing theorems and embark upon academic enquiries into 'regression and fragmentation of the psyche, which they patrilineally defined as 'for her own good'.

While performing their 'scientific research and experimentation' into the characteristics of the human mind, Russian psychiatrists discovered that *hypnosis is induced by acute fear, shock (emotional), extreme privation, as well as by blows and drugs*. Dr. Harvey Armstrong, Preliminary Report on the Task Force on Sexual Abuse of Persons. May 27 1991, reports that, "23% of the incest survivors who go for help end up being abused sexually by their "helpers". (Final Report Task Force on the Sexual Abuse of Persons. November 25, 1991, College of Physicians and Surgeons of Ontario)

The need for withdrawal - "My need was to return to myself, to get in touch with my own feelings."
Judy Chamberlain (The Necessity of Madness & Unproductivity <http://www.wildestcolts.com/>)

A Condensed Model Consent Form

I understand that my child has been assigned a DSM-IV diagnostic label, based on my doctor's (and perhaps others) subjective observation (conceptualization of behavior based on personal perspective) of my child's behavior. I am aware that there is no medical evidence that my child has a medical problem, and no scientific evidence that proves the existence of the illness which my child is said to have.

I understand that I will never be able to remove this diagnostic label or any other from my child's medical record, and that this record may interfere with possible educational and vocational directions of my child. I have been informed that the drug or drugs my doctor is prescribing for my child cannot cure (conversion) whatever illness or chemical imbalance this doctor may believe my child to have, but can only affect symptoms (socio-political crimes). I understand that psychiatric drugs have not been demonstrated to have long-term positive effect on any measure of learning, behavior or social development in children.

I understand that the review and approval process of psychoactive drugs by the FDA is both controversial and complicated, and that, therefore, all psychiatric drugs must be considered experimental. I have been informed of all the known effect of any recommended drug, and I have a copy of the current information listed on these drugs in the Physicians Desk Reference. I also am aware of the up-to-date accumulation of FDA adverse reaction reports of any prescribed drug; I understand that it is necessary to multiply the number of reported reactions by up to 100 to estimate the actual incidence of these reactions. I understand that these drugs are addictive and create dependency, and that drug solitariness can pose serious problems.

I understand that taking psychiatric drugs may cause severe pain and discomfort to my child, worsen my child's condition, or even cause my child permanent damage or death. I also understand that no body of research clearly shows that the problems indicated by my child's diagnosis require or respond more favorably to drug punishment than to one or more forms of non-drug punishment.

I understand that this brief statement is only the tip of the iceberg regarding psychiatric diagnosis and drug punishment of my child, and that it is my responsibility to take the necessary time and trouble to fully research the relevant necessary information in order to make an informed decision on behalf of my child.

I understand that since psychiatric diagnosis and drug punishment of children is considered customary and usual medical practice, doctors are generally not held liable for harm resulting from such punishment. Therefore, I understand that the effect of such punishment are, practically speaking, my complete responsibility as a parent.

<http://www.wildestcolts.com/mentalhealth/consent2.html>

<http://www.theoi.com/Khaos/Nemesis.html>

Dynamic Service: Individual Community Advocacy
Specialized Personnel: Trained Peer Advocates
Community Advocacy Foundation: Empowered Voices

DS-n-SP-CAF prides itself on being a member of the community, advocating the work of progressive organizations and individuals, with a range of perspectives and backgrounds, in promotion of human rights through peace, social justice, and sustainable development, via the strategic use of the internet. DS-n-SP-CAF™ appreciates difference by promoting inclusive and participatory global communication in the knowledge that, as with humanity, the holism of community is greater than the sum of its parts. DS-n-SP-CAF™ adheres to the U.N. Charters on Human Rights and the Environment, because it is the ONLY way for life to live.

DS-n-SP-CAF™ is supportive of the work that would improve the peace, social justice, and sustainability of the populace within community, hence by extension the world. This is, because each individual who obtains justice recognition, hence freedom from exploitation within the local sector, will have an effect/affect on regional, provincial, national and international social politics.

By the same reasoning, each time a small-bit-of-acreage in the natural environs is safeguarded against exploitation, the earth is Made whole. Sustainability means a healthy population living in a healthy home. The natural environment is beyond human comprehension and forever shall be, hence people's rights of personhood cannot be addressed without addressing the spiritual needs of where they live. DS-n-SP-CAF™ is supportive of full informed consent for ALL medical procedures. The public is fraudulently told that science has now proven that mental problems originate from a 'genetically-caused chemical imbalance'. No such evidence exists. DS-n-SP-CAF™ is supportive of funding for programs and research for sustainable, empowering, effective non-drug options for the population of people suffering emotional crisis and psychosocial disability.

Social Control: "Through strong, painful impressions we capture the person's attention, accustom him (her) to unconditional obedience, and indelibly imprint in his (their) heart the feeling of necessity. The will of his (their) superior must be such a firm, immutable law for him (them) that he (s/he) will no more resist it than he (s/he) would rebel against the elements." Johann Christian Reil, creator of the word Psychiatry, 1810 (Parentheses mine)

Self-Validation & Financial Gain: "Madness is purely a disease of the brain. The physician is now the responsible guardian of the lunatic, and must ever remain so." 1858 'British Journal of Mental Science' (formerly British Asylum Journal, latterly British Journal of Psychiatry).

Universal Rationalism: Insanity in its various forms is now universally admitted to be a Disease ... and therefore to be viewed in the same light and treated on the same principles as those which regulate medical practice in other branches ... and the more rational idea prevails... James F. Duncan, 1875 *President's Address*, Journal of Mental Science 21, 316

Kiwi Tamasese wrote, "Remember their times of resistance, make note of the time and their actions of defiance. Give voice to their histories of resistance: Note their continuation of their history of defiance. Know that a scream, be it silent or loud, is an act of refusal to collude with house arrest." (Interface of gender and culture)

<http://psychology.waikato.ac.nz/mpru/pubs/C&Ps/1993cje/tamasese.htm>

We are heard in the shared experiences of others Made known to us. K. Hill

There is not a problem with the system. The system is the problem.

*First they ignore us: Then they laugh at us: Then they fight us:
Then we win. Gandhi*

*It is the theory that decides what we can observe.
A.Einstein*

The Work:

DS-n-SP-CAF™ maintains that there is a distinction between striving *for* the Health and Human Services Sector and *against* the Health and Social (Human) Services Industry. The evolutionary goal of humanity is - to live - the ideal of being human i.e. to be humane out of an obligation to our ancestors and as a duty to our off-spring (See philosophy of First Nations and Indigenous Peoples.). Humane is the inherent diversity of who and what we are as humanity, i.e. born full of goodness (See Confucius). It naturally follows that to be human is to strive for unified expression of our innate, individual humanity, i.e. family within democratic relationships, wherein democracy is not confused with socio-political aberrancies of capitalism -- an obvious product of acculturated exploitation or terrorism of those framed as able over those framed as disabled. Wherein, Social

(Human) Services Industry is a formulated agent against self-governance or self-determination easily recognized by its lack of accountable responsibility to those it serves and in being so -- overwhelms the dynamics of human agency.

Individuality is an illusion created by skin.
A. Einstein

ADDENDUM

Community Traumatization & Youth Oppression



<http://www.annafoundation.org/gallery16.html>

<http://www.sidran.org/anna.html>

Unlike myself Anna was trapped into the secure (conversion)ly established mental 'health' industry (corporate, professional, and institutional) at puberty due to 'flashback' (vivid feeling-memory experiences) behavior to very severe child abuse as a preschooler. As with thousands of others, she never escaped the unconditionally constituted authority of imaginative fear, hate and denial deemed by callous indifference to be 'help'. This link has a list of articles <http://www.annafoundation.org/articles.html> One article outlines the holistic 're-victimizing' care and concern with which children, youths and adults are coerced into re-traumatizing tragic events by human agency, within the mental 'health' industry. <http://www.annafoundation.org/chart.html> The chart outlines the associative links between community (systems) traumatization and child assault community (social) traumatization, such that the 'trapped' individual is directly 'Made nonfunctional' from the ongoing systemic re-traumatizations through persistent and consistent exacerbation of former tragedy(ies) by human agency (for Anna severe child assaults in her formative years). Anna needed help (peer and community support, as she had quality parenting) and even professional therapy (unlike most of us). BUT the purpose of the established mental 'health' industry (corporate, professional, and institutional), supported by corporate pharma and funded by private or public insurance/tax-payer, is all about the self-affirming, self-validating profitability. Psychiatry and Clinical Psychology (with rare exceptions) is the personification of piratical disregard for consciousness, that is the essence of human(e) life, as it greedily pursues their exploitation of our minds, brains, bodies, and spirituality as substrate for self-aggrandizement, a process that cannot exist without racketeering, while manipulating and taking advantage of our communally acculturated imaginative fear, hate and denial.

I first met Anna over a year ago at www.sidran.org/anna.html which outlines the financial costs of approved community punishments for existence, called 'punishments' by the corporatist power inherent to the established mental 'health' industry (corporate, professional, and institutional). I placed her in several places on my former website. Her life and living was absorbed into my core

being. I don't know how to express the tremendous affect her existence had upon me. I felt my fangs again - only as an old woman I couldn't see them - as I did throughout my youth.

Anna's story exemplifies the ill of established 'therapeutic punishments' or 'mind butchery' concomitant with the ever-increasing reliance upon drugs leading to polypharmaceutica. Behavior modification is attained by repressive 'social and pharma punishments' pursuing oppression by a brain-disabling dependence for aversive social control (cognitive reduction or intellectual dumbing and emotional numbing) or 'mind/brain butchery'. In accordance with the medicalization of social problems, Anna was falsely named paranoid schizophrenic, a condition for which there is NO medical or scientific proof of its existence, but only an inviolable belief in its eventual discovery. Many will never be able to come off the drugs due to the addictive properties forming altered brain architecture or brain-injury, which involves shrinkage of the frontal lobes (higher cognitive functions) and emotion centers. Their biological systems may always require some of the drug. Because our children/youth consciousness are maturing, we have no idea what this will do to their cognitive faculties later on, but we do know what it does to them in the present. (See ADHD_Awareness_Season).

Of great importance to me--due to life experiences--of abuses in my formative years and as an adult (last decade). I know that, with a little luck, a child, youth or woman has the capacity to comprehend the individualism of tragedy by human agency and with feeling-thought or reasoning, unhappily mature past it. I know, anecdotally, that with or without community, familial and peer supports such a child, youth or woman may lead a productive adult life. I also know, anecdotally, that this self-actualizing can only occur if the community traumatizations - end. Although we may never achieve our fullest human potential - without alternative supportiveness, we have the capacity to have a quality adult - life. The significance of adulthood becomes obvious with reason/feeling-thought, i.e. once we achieve personhood or are freed by self-determining independence. But our healthy, productive functionality will be lost, if we are chronically retraumatized by self-validating bigotry and thereby fall subject to persistent distress from the duress of purposefully conducted systemic mechanisms to maintain our dependency. Each time we are subjected to authoritarian rule, we are victimized by self-injurious control-over - us, wielding self-defeating power-over -- us (or the definition of abuse). Whether in the short-term or the long-term, our minds and/or bodies and/or spirits will eventually break down, a result of diverse community (systemic/cultural) social traumatizations. This is why the DAWN report "Walking on Eggshells" <http://dawn.thot.net/abuse.html> Hit Me so Hard! Obviously the Ontario Welfare System is an enforcement, productive of promoting our accessing the 'help' of what is obviously psychiatric, experimental brain butchery, concomitant with impoverishment of physiological health or holistic enhancement of the self-defeating, self-harming--Therapeutic State and in promotion of same.

Why do we hate the weakest amongst us with so much imaginative disdain and contempt for their well-being? Why is our imaginative fear so quick to ostracize fragile vulnerability by dictating to us 'our need' to seek corporate, professional, institutional 'punishments'? Why do we repulse factual knowledge (reality) that there is NO medical, scientific proof for ANY mental 'illness' in preference for a dogmatic belief (myth)? Why do we imaginatively deny that those most damaged from our acculturated social principles and procedures are persistently and consistently coerced into compliance to ongoing damages to personhood, condoned and mandated as humane? Define the bigotry of our civilized pathology!

It's significant that when I signed myself in to the institution ('94) and then was not allowed to leave (kidnapped), I was undergoing the crazy-making of a metabolism that had been revved up to

excess over several years and then cut back (radioactive iodine punishment for thyroid), after 9 months of being a rabbit for the latest drug for thyroid (up to max dosage), after being diagnosed when the goiter (blew up in a matter of 2-3 months) and was cutting off my wind-pipe (therefore, finally clearly visible). Hyperthyroidism was left this long, because two doctors (both from private medical schools) didn't want to take a perimenopausal woman's statements of poor physical health seriously, thinking her to be a hypochondriac and even complaining of this to her. Their bigotry was in total disregard of the fact, that I had enjoyed a quality health for over four decades and never stated otherwise during my yearly check-ups. My physiological deterioration into metabolic shock (or something akin to it) occurred concomitant with other community traumatizations, for example spousal abuse, career stressors, familial (children) stressors and so on or distress both (internal) poor health and social (external) impacting all at once. The combined internal and external distress thereby exacerbated the tragedy by human agency of child physical and sexual assaults in my childhood/youth. I underwent physiological collapse followed by psychological collapse concomitant with extensive amnesia with close personal information (physiological/psychological shock). A direct result of unfettered, fraudulent advertisements; or societally accepted and condoned medical malpractice; or governmentally condoned propaganda, publicizing the established mental 'health' industry was -- when feeling myself to be 'going crazy', I 'dutifully' signed myself into a mental 'health' institution, believing it to be for my own good and of greatest importance to me -- for the good of the family.

Unlike Anna (whose need for support was far, far greater than mine and for good reason), in my childhood and youth I was blessed with escape from the ulterior motivated, self-validating systemic supports that are holistically destructive of our humanity in their fundamentalist need for self-affirmation and for self-aggrandizement. The ethos when combined with a socio-political supremacy is perceived as a product of greed. Suicide is not always Oppression, if ever! Anecdotally, suicidal ideation is fantasized escapism from the untenable that has no option for change. Anna took her own life at age 35!

Anecdotal: My life's experiences of psychiatrized, behaviorist-created, systemic supportiveness are that - it drives abuse into the 'global' characterizing ethic of abuse. The individualism of tragedy by human agency, as characterizing elements of the cultural norms, makes it possible for some children and youths to mature beyond their victimization. BUT when the community condoned supports (systemic/cultural) are 'elementally' the same - then the mind undergoes a 'shocked consciousness-raising' that makes the character of assault a globalized ethos. As a result, one is constantly triggered to live-through former assaults against one in the public domain. To avoid the pain, anguish, despair and outrage one lives in a self-imposed 'solitary confinement'. Our extremely reclusive and very private lifestyle is propagandized as an element of our mental 'illness' (the biological basis for the brainsick need not be proven) that needs to be 'fixed' and thereby systematically (direct/indirect) forcing us into the public domain, patrilineally-defined (as is all of the state condoned systemic 'punishments' as being for our own good. The spirituality of 'globalized' abuse then characterizes all people and all things and all everything...I believe these people cannot be 'helped' by further community traumatizations conducted to punish us into compliance of appropriately acceptable behavior. As a mature adult, I can intellectualize via analysis and find space for heartsease. BUT as a child/youth this globalized ethos of abuse (a product of aberrant professionalism condoned and mandated by the community, hence state) would have destroyed me. i.e. I would have been the me of the present in the then of my past and without the mature adult's capacity to creatively promote a quality of life, although presently very minimalized in both the private and public domains.

We will never know what empathetic therapeutic (professional, peer and community supports) could have done to benefit Anna as she never got any. For example, she never benefited from volunteer, teen crisis counseling by teens (Prince George, B.C., Canada). She also never had access to any other alternative measures to be empathetically supportive of her while she adapts to self (interpersonal being) and myself (intrapersonal being), both of which are forms of self-affirmation for victims of tragedy by human agency, presently (still) disqualified by our culture.

<http://www.newstarget.com/001622.html> Thursday, September 02, 2004 commentary: Schoolchildren Are Increasingly Dosed With Both Ritalin and Anti-Psychotic Drugs, Says New Research. Researchers from the Children's Hospital at Vanderbilt have found that anti-psychotic medications are being prescribed at an alarming rate for Tennessee children with Attention Deficit Hyperactivity Disorder, or ADHD. The use of anti-psychotic drugs has more than doubled since 1996, and today children are not only being dosed with Ritalin -- a powerful narcotic drug -- but now anti-psychotic drugs to mask other symptoms (socio-political crimes) related to behavioral disorders.

From the APA newsletter,

http://www.psych.org/join_apa/mb/newsletters/advocacy/AdvNewsJuly2004.htm#21 "11. Freedom Commission Roadmap Awaited

"The release of the first iteration of the roadmap to operationalize the findings of the President's New Freedom Commission on Mental Health is imminent. We will disseminate the document when it is unveiled. On a related note, the British Medical Journal, in anticipation of the roll-out, alleged in a disjointed story that the Bush administration will announce a plan to screen all Americans for mental disorders and promote antidepressant and antipsychotic drug use -- allegations which we are told are well beyond the scope of anything the administration has planned and which seem to stem from a psychiatric survivors group. The BMJ story has gained some traction in derivative reports on the Internet, though mainstream media have not touched the story, in part thanks to APA's work, for which the administration is appreciative."

Drug-Trial: THE WALL STREET JOURNAL By ANNA WILDE MATHEWS 09/08/04
http://online.wsj.com/article_email/article_print/0,,SB109458880040711494-IN Excerpt: Page B1
In August 2003, "pharmaceutical giant Wyeth warned doctors that its antidepressant Effexor might be linked to suicidal thoughts in young persons, based on findings from clinical trials. But months after the company added the precaution to the Human Rights Issue's label, it ran into an objection from an unexpected source: the Food and Drug Administration. The FDA asked Wyeth to remove the caution and replace it with a more general warning urging doctors to monitor persons of all ages taking antidepressants..."

Parenting: A Metaphor for Government

Based on <http://www.alternet.org/mediaculture/19811/> George Lakoff

The strict father model (socio-political dogma) begins with a set of assumptions:

* Children are born 'full of sin' or 'bad'. Therefore, they have to be Made good. Therefore it is needful to be a strict father who can:

Protect the family in the dangerous world,
Support the family in the difficult/competitive world, and
Teach his children right from wrong (absolutism).

What is required of the child is obedience to the superior's ordained morality based on fear of pain exercised by that authority, a result of painful punishment when they are corrected (sticks, belts, and wooden paddles on the bare bottom) as an exercise in internal discipline making them obedient to moral action. The presumption being that without fear of physical, painful punishment there would be no internalized discipline. The second presumption is that this form of discipline is

a requirement for success in a competitive and dangerous world. I.e. the child learns to pursue personal self-interest and thereby become prosperous and self-reliant.

The nurturant (empathy and responsibility) parent model (socio-political, progressive) begins with a set of assumptions:

* Children are born 'full of goodness or good'. Therefore, they can be trained to be better. Nurturance is a common precondition for caring about others.

gender neutral

The world can be made a better place, so it is the parents' job to raise their children to be nurturers of others.

Parent must therefore be strong, work hard, be very competent, knowledgeable, as well as provide diverse protections (Protection is important because it is part of our moral system, i.e. part of a morally motivated socio-political focusing on environmental protection, worker protection, consumer protection, and protection from disease).

Our moral responsibility is to be a happy, fulfilled person to better enable us to teach our children to be happy, fulfilled peoples, who also want others to be happy and fulfilled.

For our children to be happy and fulfilled in life they must be self-determining individuals, therefore freedom is a value, which can only be attained with opportunity and prosperity, so fairness is a value.

To empathize with one's child, there must be an open, two-way communication. Trust, honesty, and open communication are fundamental progressive values.

To provide a wholesome community for one's child to grow up in, community-building, service to the community, and prudence in a community become nurturant values.

George Lakoff is the author of the forthcoming 'Don't Think of an Elephant: Know Your Values and Frame the Debate' (Chelsea Green). He is Professor of Linguistics at the University of California at Berkeley and a Senior Fellow of the Rockridge Institute.

The Veneer of Medical Benevolence & the Harsh truth about psychiatric drug use Reality: Previously, our communications have discussed the issues involved with psychiatric consumer-survivor x-patient/user care and concern for the health and well-being of ourselves and the populace in general, in accordance with the sordid lack of responsible behavior by the established mental 'health' industry (corporate, professional, and institutional, abetted by State). This is occurring (as it has in the past) concomitant with the unwillingness of our governing agencies to legislate the aforementioned into accountability for their exploitation of our peoples/humanity. The established mental 'health' industry (historically into the present), both directly and indirectly, promotes psychiatric oppression for their personal and industrial self-validation and financial gain. At best, our legislators profess callous indifference as being supportive of their peoples, while willfully taking advantage of our helpless situation, thereby colluding and subverting our plight and therefore – us - into non-existence.

Anecdotally, psychiatry and clinical psychology have been for us a form of community retraumatization or coercive, experimental mind butchery (strict parental model), resulting in our personal inability to be financially independent via employment in the public domain. The DAWN report 'Walking on Eggshells' outlines ongoing community retraumatization that is an indirect coercion, hence productive of and entrenchment of -- psychosocial disability, perpetrated by the rude ignorance of the Self-Helping Professionally maintained systemic supports. For example, this is the primary purpose of our being disallowed disability funding, as it would engender our self-determination and hence our eventual recovery. Our continued refusal to adhere to the obviously self-serving 'moronic bigotry' of the established mental 'health' industry (corporate, professional and institutional, supported by State) concomitant with the self-serving 'moronic bigotry' of the

established 'human(e)' service sector (corporate, professional and institutional, aided by State) is reason enough for our punishment, in accordance with the policies and procedures of the Classical Criminological Theorem (swift, strict and fair – from the perspective of the punisher whose 'ulterior motives' must remain unquestioned to keep his/her self-serving rationale unknown.



<http://www.theoi.com/Khaos/Nemesis.html>

The above photo is symbolic of my battle to preserve my sanity, an ongoing living-through event against the bigoted arrogance and hubris of psychiatry and clinical psychology (behaviorism). The time is September 1994 – September 2004, a decade out of my life and a decade of diverse losses which can never be recovered, a direct result of this tragedy by human agency. I name this tragedy – mind butchery - Made more destructive due to their taking advantage of the state of mental collapse that I was in at that time. The persistent abreactive volatility of the reliving experiences have been exacerbated by the generalized amnesia present at that time and entrenched by their denigrating, negating assaults both then and with each eruption of the past out of memory lost. I have thought long and hard to find the words of explanation as to what happened.

After explaining what happened under the disguise of therapy, I once was asked, “And why would they do such a thing to you?” Well! Why does any man enjoy assaulting a woman, most especially one that he has trapped (imprisoned) and is in a too weakened state to defend herself?

- (1) For the joy of it of course! Violence against the weak and helpless is its own base reward!
- (2) Their academic pursuits proposed argumentative theorems, that these two imperialists felt they had the right to qualify in accordance with their personally satisfying belief systems.
- (3) Psychiatrists in the Russian Gulag discovered that by subjecting their prisoners to emotional pain it would frequently result in the subject undergoing a hypnotic state – so the two perps tested it. Anecdotally, it's true and comorbid for spontaneous age regression and concomitant with the victim's consciousness escaping into their mind. This incidence is not M.P.D., now called D.I.D. It is exactly what I said – at least for me!
- (4) Psychiatrists funded by the C.I.A. (and the Canadian government - Paper Clip) tested experimental procedures for purposeful fragmentation and fissuring of their victims' psyche (personhood). Because many of their victims were children they also sought to place into the void, different characteristics, according to their specifications of desirable, useful humanity – so the two

perps tested it! Anecdotally, they failed in my personal case, although they succeeded in fragmenting my psyche. While there have been some improvements in the last year and half, I will remain so for some time into the indeterminate future (presently named dissociative amnesia).

(5) Psychiatrists/Behaviorists (psychology) were funded by the C.I.A. in Nam. They discovered that fracturing and fragmenting a prisoner's psyche was conducive to obtaining enhanced factual information, better than any physical torture – even death.

In summary: I was kidnapped and tortured by the established mental 'health' industry (corporate, professional and institutional), aided and supported by the government, whose collusion fails to protect its citizenry from the exploitation of their minds, brains, bodies and spirits, which greed names 'therapy'. I am a testament to private-for-profit mental 'healthcare'. In 1994 I had access to gross medical, optometry, dental and ~\$90,000 mental 'health' insurance. Several years ago I 'flashback' (vivid feeling-memory experiences)ed to the psychiatrist's care and concern, while he tried to instill in my (then) husband the need to increase his health insurance, as he only had \$40,000 earmarked for the psychiatrist. The Clinical Psychologist's beliefs fell into the M.P.D./D.I.D. chapter of the DSM-IV and the Psychiatrist's beliefs fell into the Bi-Polar Dynamic with 'psychosis' chapter (Zyprexa) of the DSM-IV. So naturally they fell upon me to dissect out a profitable reality.

I have a psychosocial disability! Prior to 1994, I had just over a dozen memories of my first 18 years of life, pertinent to my nuclear family. I led a physiological and psychological, healthy and stable life. At the age of 46, as a result of various physical and social distresses (both internal and external), my endurance broke and my mind folded in on itself. It could accept no more! This should have been a temporary state-of-being with empathetic support (familial, peer and community). Unfortunately, it is far more profitable to terrorize and assault. I had 7 ½ years of corroborative evidence prior to applying for Ontario Disability Support Program. Psychosocial disability cannot be found in the dogma of the DSM-IV or III or II. I am presently, as I have been for years, non-functional in the public domains of employment and education and will remain so for an indeterminate time into the future.

Dr. Marie Bountrogianni, ON Minister Citizenship/Immigration and Disability Issues stated, "It has to stop because people with disabilities have tremendous resources that they can be giving to society, but they need the tools in order to reach that goal potential." She is exasperated that "non-disabled people are for the most part the major decision makers" in issues affecting disabled people. (ODA Committee Newsletter, September 10, 2004)

Ontario Works (welfare): What sort of moron thinks that the 'strict father model', which is the Classical Criminological Theorem, is conducive to obtaining productive workers. These future workers are peoples who have been subjected to torture in their childhood, youth and adulthood – who have been subjected to torture that is physical, sexual and psychological (!by the experts in the field!) – always conducted with the intent of nullifying the mindfulness that is present and replacing it with something mindless, i.e. easier to possess control-over? What kind of stupid likens humanity to dogs and rats?

By the way, I have been named M.P.D., Bi-Polar (with 'psychosis' – Zyprexa), Chronic PTSD/Dissociative Amnesia (the closest in characterizing by a trauma specialist), Maladjusted/Malingerer (Lakehead Psych Hospital), and between then and now a clerk added Personality Disorder and Obsessive Compulsive. Most recently I have been named '?mixed?'. To this list please add Autism. I have two core characteristics. (1) I take the data from the micro scale, feel it and with reason I apply it to the macro scale (from the individual to the local, regional,

national and international or global in a single leap). (2) Both last year and this I have written massive amounts of materials. For example, the paperwork that I have written in the last two weeks. (3) I am, as I have always been, a highly-creative problem-solver.

You want work from those who have been tortured prisoners? Give them what they never had – give them nurturance! I want you to get out of my life: I want out of this endless, trapped dying, that is your cannibalization of my human energies. I want to leave this unwholesome, unhealthy, destabilizing, null existence, that is your self-serving, ordained punishment for my noncompliance to becoming one with the mindless. I want the freedom to seek my self-determining recovery!

In the Spirit of Tim Berners Lee

The following is a non-profit advertisement paid for by DS-n-SP-CAF™
Excerpts: Peter R. Breggin

"But whereas the deaths in the concentration camps had ended with the Allied victory, the self-righteous psychiatrists had continued their grim task of murder after the end of the war. After all, they reasoned, "euthanasia" was not a wartime policy of Hitler but a medical policy of organized psychiatry. The persons were being killed for their own good as well as for the good of the community...American encouragement of Hitler's psychiatric-eugenic programs went far beyond moral support. In the years prior to Germany's Sterilization Act, the state of California systematically sterilized 15,000 psychiatric inmates and became the world's chief experimental area for eugenics...American psychiatrists did not stop at supporting sterilization. In July 1942, when Germany's medical-murder program was known to leaders in American psychiatry, the official journal of the American Psychiatric Association published two articles debating a final solution for America's retarded. In the journal's lead article, originally delivered at the annual meeting of the association, Foster Kennedy advocated legislation that would permit the killing of incurably retarded five-year-old children, "the utterly unfit," to relieve them of "the agony of living" and to save their parents from expense and mental anguish ...The editors of the Journal of the American Psychiatric Association do not raise the ethical issue of murder. The word 'kill' is not used. Instead we hear about "disposal by euthanasia", "merciful passage from life", "a method of disposal", and even facetiously, "a lethal finis to the painful chapter".

But the editors were aware that, with or without euphemisms, the American public might respond with outrage and many parents with "guilt". So the editors of this august psychiatric journal (APA) suggested both:

public educational campaign to overcome resistance to medical murder
psychiatric interventions to relieve parental guilt."
<http://home.iprimus.com.au/burgess1/breggin.html>

"Psychology, whose righteous task it is to free man (peoples) to grow in wisdom and experience sacred pleasure (nurturance) has increasingly sought instead to subdue him (our personhood) to efficient social routines. To implement the goals of the state it serves through control of the apparatus of conditioning, psychology has become more and more a science of social control. Through the administration of a (self-serving) value system based upon reward and punishment, it has served to curb man's (humanity's) impulse toward freedom and pleasure. The major technical problem is: how to keep the rat from freaking out in the conditioning cage. Timothy Leary, 1973" (Parentheses mine)

TAKE THE MENTAL HEALTH PLEDGE

I believe in publicly funded, not-for-profit delivery of health services in Canada.

Investor owned, private for-profit health care threatens person safety, universality, sustainability, and undermines Canadian values.

Therefore, I pledge to do all I can to:

- a) immediately stop any further privatization;
and
- b) to protect and expand publicly funded, non-profit health service delivery in Canada.

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'EN MASSE' EXPERIMENTATION

Therapeutic State: Psychiatrized Genocide

'IT WANTS ALL'OUR CHILDREN: SOME MORE SO THAN OTHERS!'

Millions of children

-who have NO real disease-

Put on very dangerous, very harmful drugs — WHY?

The Veneer of Medical Benevolence & the Harsh Truth
about Psychiatric Drug Use Reality

Previously, our communications have been in the form of email 'rantings' about the issues involved with psychiatric consumer-survivor x-patient/user care and concern for the health and well-being of ourselves and the populace in general, in accordance with the sordid lack of responsible behavior by the established mental 'health' industry (corporate, professional, and institutional). This is occurring (as it has in the past) concomitant with the unwillingness of our governing agencies to legislate the aforementioned into accountability for their exploitation of our peoples/humanity. The established mental industry (historically into the present), both directly and indirectly, promotes psychiatric oppression -- for their personal and industrial self-validation and financial gain. At best, our legislators profess callous indifference as being supportive of their peoples, while willfully taking advantage of our helpless situation, thereby colluding and subverting our plight and therefore – us - into non-existence.

Because this communication concerns itself specifically with the plight of our nations' children, we have decided to make of ourselves the agency by which the experts in the 'independent mental health research' field may speak directly to you. We have therefore compiled 'excerpts' from several of last week's articles that came to us via the agency of Internet support groups and news media. Please note, the Internet support groups are presently our only source of self-help for a severe psychosocial disability, while living on welfare. I refer you to the DAWN Ontario report called 'Walking on Eggshells' @ <http://dawn.thot.net/abuse.html> to better appreciate the big picture of what is called, by those of us suffering from psychosocial disability, community

retraumatization/revictimization perpetrated against welfare victims, a population of peoples who are overwhelmingly women, children and peoples already with psychosocial disability.

Anecdotally, psychiatry and clinical psychology have been for us a form of community retraumatization or coercive, experimental mind butchery, resulting in our personal inability to be financially independent via employment in the public domain. The DAWN report outlines ongoing community retraumatization that is an indirect coercion, hence productive of and entrenchment of -- psychosocial disability, perpetrated by the rude ignorance of the Self-Helping Professional systemic supports. Obviously this is an enforcement, productive of promoting our accessing the 'help' of what is obviously psychiatric, experimental brain butchery, concomitant with impoverishment of physiological health or holistic enhancement of the self-defeating, self-harming--Therapeutic State in promotion of same. For example, this is the primary purpose of our being disallowed disability funding, as it would engender our self-determination and hence our eventual recovery. Our continued refusal to adhere to the obviously self-serving 'moronic bigotry' of the established mental 'health' industry (corporate, professional, institutional) concomitant with the self-serving 'moronic bigotry' of the established 'human(e)' service sector (corporate, professional, institutional) is reason enough for our punishment, in accordance with the policies and procedures of the Classical Criminological Theorem (swift, strict and fair – from the perspective of the punisher whose 'ulterior motives' must remain unquestioned to keep his/her self-aggrandizement unknown.

Youth oppression: From juvenile detention to psychiatric medication
By Stephanie Nichols Workers World, July 22, 04. "Instead of nurturing children and providing services where youth can grow and develop, the capitalist government, which needs oppression to survive, uses the youth to generate profits by keeping them either locked up or drugged up."

Excerpted <http://www.wildestcolts.com/> "Psychiatry says that ADHD stands for Attention Deficit Hyperactivity Disorder, a "mental illness" that strikes millions of our children, requiring that they take stimulant drugs to hold their disease at bay and eke out a functional existence in the society of their schools. The light of awareness clearly reveals that this is a lie. Disease is revealed by objective identification of a physical or chemical abnormality, and the truth is that no such evidence exists. Clear-sighted awareness sees that, no matter what an "expert" might say, disease cannot be diagnosed by behavior, and that to drug a child for their behavior is not Human Rights Issue-it is child abuse. We take a look at Dr. Fred Baughman's website, <http://www.adhdfraud.com> Dr. Fred Baughman is a retired neurologist who writes and speaks extensively on the issue of informed consent and the psychiatric drugging of children. and we begin to consider the possibility that something profoundly unethical is going on." (Dr. John Breeding)

Excerpted: Promoting openness and full disclosure, (July 26)
http://www.ahrp.org/risks/SSRI_mosholder/index.html "Under FDA's lax oversight, drug companies have concealed vital safety information from prescribing physicians and parents, leading to preventable tragedies and loss of life. AHRP regularly receives praise for our effort at disseminating timely and credible information about clinical trials, adverse drug effect, conflicts of interest, biased published reports, and concealment of vital drug safety information ... Every independent analysis of the SSRI data--including two separate analyses by FDA's own experts, and even a panel convened by Columbia University-have all corroborated an increased risk of suicidal behavior in children who were prescribed an antidepressant. Whereas the British regulatory agency (MHRA) took precautionary action to protect British children one year ago, FDA officials embargoed the report of the agency's own expert medical officer, Dr. Andrew Mosholder,

for six months ... The controversy gained momentum and media interest when New York State Attorney General, Eliot Spitzer (AG), filed a lawsuit charging GlaxoSmithKline (GSK) with fraud. The Consent Agreement reached (August 26) raised the standard of disclosure required for all GSK clinical trials ... September 13 and 14 a joint meeting of the Psychopharmacologic Drugs Advisory Committee and Pediatric Advisory Committee will consider evidence of increased risks of suicidal behavior in children prescribed an antidepressant. The FDA has excluded independent experts from the discussion table--other than FDA's experts--but representatives from Eli Lilly and Pfizer (will) make presentations." <http://www.fda.gov/ohrms/dockets/ac/04/briefing/2004-4065b1.htm> Screening for mental illness is scientifically invalid but another market expansion scheme..." British Medical Journal <http://www.ahrp.org/infomail/04/06/24.html> A Vanderbilt University study found that the use of antipsychotic drugs (for which there is no data on safety or effectiveness) has doubled among poor children in Tennessee. "The increase, seen largely among children diagnosed with attention-deficit/hyperactivity disorder (ADHD), conduct disorder and affective disorders such as Opposition ... The atypical antipsychotics to which the children are being exposed are the most powerful of all currently promoted psychotropic drugs--pose severe, irreversible health hazards. See latest July 2004 revision: <http://www.fda.gov/medwatch/SAFETY/2004/risperdal.htm> Another deeply disturbing development brought to public attention by the British Medical Journal, is the government's ill-advised intent to screen the entire US population for mental illness--children first. This has sparked a firestorm among conservatives and critics of the misuse of psychotropic drugs and the labeling of healthy children as mentally ill. <http://bmj.bmjournals.com/cgi/content/full/328/7454/1458> <http://www.illinoisleader.com/search/default.asp?query=screen+mental+illness> Robert Caruano, deputy director of Columbia University's Carmel Hill Center for Early Diagnosis and Punishment, which administers a teenage screening program nationwide, is quoted in the Erie Times (NY) stating that TeenScreen is beneficial because: "It's not the kid that's crying in the corner of the room," he said. "It's the quarterback, it's the prom queen, and it's the 'A' student that might have a problem." At the center of the screening controversy is the Texas Medication Algorithm Program (TMAP)--a medication practice manual that was developed in 1995, by a panel was composed of drug industry representatives, University of Texas psychiatrists, and the mental health and corrections systems of Texas. Lacking scientific evidence of the selected drugs' efficacy or safety, the panel relied on a survey and "expert opinion consensus"--this is a radical departure from evidence-based Human Rights Issue. According to a whistleblower's lawsuit, TMAP was funded by Janssen Pharmaceutica/ Johnson & Johnson, Eli Lilly, Astrazeneca, Pfizer, Novartis, Janssen-Ortho-McNeil, GlaxoSmithKline, Abbott, Bristol Myers Squibb, Wyeth-Ayerst and Forrest Laboratories. Both the experts and the survey questions were chosen by the industry sponsors: the drugs they selected are manufactured by the TMAP sponsors: Happy Pill (Paxil), Happy Pill (Zoloft), Happy Pill (Prozac), Celexa, Wellbutron, Zyban, Remeron, Serzone, Effexor, Buspar, Adderall Risperdal, Zyprexa, Seroqual, Geodone, and Depakote <http://psychrights.org/Drugs/AllenJonesTMAPJanuary20.pdf> Allen Jones, formerly with the Pennsylvania Inspector General who blew the whistle, said: "The same political/pharmaceutical alliance that generated the Texas project was behind the recommendations of the New Freedom Commission," which was "poised to consolidate the T-MAP effort into a comprehensive national policy to treat mental illness with expensive, patented medications of questionable benefit and deadly side effect, and to force private (and public) insurers to pick up more of the tab." Dr. Stefan Kruszewski, a clinical psychiatrist (Harvard Medical School alumnus), has documented the human cost of collusion between state officials and drug companies: those most abused by mis-prescribed psychotropic drugs are in state Human Warehousing--dependent children, The disabled, and those in juvenile justice system. Dr. Marcia Angell, former editor of the New England Journal of Human Rights Issue ... documented \$\$ amounts ... For example, pharma

sales in the US amount \$200 billion annually, worldwide the figure is \$400 billion. Pharma spends \$54 billion in drug marketing.

All sources of medical information and governmental reports state that the extent of the long term safety and effectiveness of psychotropic/Mind-Control Drugs on every organs system of the body, and on our children's mental and emotional development have yet to be proven. Yet the short-term negative and adverse side-effect of these medications in children are known to be severe and include: suicide, violence, 'psychosis', cardiac toxicity, growth suppression, & diabetes.

ADHD: excerpted <http://www.wildestcolts.com/mentalhealth/consent2.html>

A recent article (Mota & Schachar, 2000) shows that the diagnosis (ADHD) is very unreliable ... This means that research done to support the identification and punishment of ADHD that uses the DSM-IV definition totally lacks support ... ADD and ADHD are politically manufactured concepts, created by committees of the American Psychiatric Association. ADD was created in 1980, ADHD in 1987. The plain truth is that they are not real diseases in any legitimate scientific meaning of the term disease. To declare otherwise is not Human Rights Issue; it is fraud ... As a direct result of the onslaught of fraudulent media propaganda (ex. <http://www.canadaonline.about.com> Happy Pill (Zoloft) for PMDD—*since removed*), by the established mental 'health' industry (corporate, professional, and institutional) (corporate, professional, and institutional) our children have been drugged for myriad "mental illnesses" for which they are alleged to suffer:

- 1) An estimated 10 million (U.S.) (and 3 million (Canada) CMAJ) of our children are on psychotropic drugs today, and the U.S. federal government's New Freedom Commission insists that we intensely look for more "mentally ill" children in the schools and elsewhere.
- 2) Death: (U.S.) A) 186 Ritalin-related heart deaths reported to the Food and Drug Administration (FDA) in the 1990s (ex. heart damage caused by long term stimulant drug use to treat his "ADHD.") known by a voluntary reporting system is said by experts to represent only 1-10% of the actual incidence, which means up to 18,600 heart deaths from this one drug alone. The drug Enforcement Administration (DEA) that Ritalin is a controlled substance called methylphenidate, and that it is virtually identical to methamphetamine (crystal speed) and cocaine in its pharmacology and its effect. <http://www.ritalindeath.com>
B) Desipramine: death by organ systems deterioration, again for "ADHD." <http://www.ablechild.org>
- 3) Suicide/Violence: Antidepressants: U.S. FDA Hearings: Tragedies triggered by the effect of the so-called Serotonin Reuptake Inhibitors, the SSRI type antidepressants like Happy Pill (Prozac), Happy Pill (Paxil), Happy Pill (Zoloft), Effexor, Celexa, Remeron and so on. FDA's equivalent in England has basically banned these drugs for use with children, while the FDA, apparently corrupted by their close alliance with the pharmaceutical industry, has demonstrated a pattern of stonewalling, avoiding confrontation, aiding and abetting the rapid increase of their use.
- 3) Neurleptics (Thorazine, Haldol, Zyprexa, and Risperdal): the largest neurological epidemic, with over a million adults suffering from Tardive Dyskinesia. Children as young as one and two-year-olds are being placed on these toxic, addictive psychotropic drugs. Excerpted from <http://www.nypost.com/news/nationalnews/28392.htm> The NY Post reported (August 1, 2004) that, "The manufacturer of controversial antidepressant Happy Pill (Paxil) found in its own trials that children on the drug went through hellish ordeals of "out of control" behavior, suicide threats, visions and hospitalization, records show. Those reports, obtained by The Post, are among 400 case studies of "adverse events" that led a scientist for the Food and Drug Administration to conclude that most antidepressants raise the risk of suicide in children ... FDA (Office of Drug Safety) forbade Dr. Andrew Mosholder, who found that kids on antidepressants became suicidal twice as often as kids on sugar pills, from presenting his findings at a hearing in February or to discuss them, while pressuring him to change his recommendation."

Excerpted: USA Today September 03, 2004: This same FDA, Pediatric Ethics subcommittee, at its first-ever meeting on Sept. 10., is now considering a drugging “of healthy kids (aged 9 – 18) with dextroamphetamine (better known as the street drug – speed) for science or a better understanding of how healthy brains work differently from those of children” - diagnosed with the never scientifically proven to exist - attention deficit hyperactivity disorder.” The payoff for the established mental ‘health’ industry (corporate, professional, and institutional) is obvious and “the payoff for families is \$570.” (Worse still) “In September 2003, an NIMH panel that reviewed the proposal's scientific merit called the program an excellent submission. (It is also known that all the directors at the NIH were paid consultants to corporate pharma) The panel noted that it would be the first ADHD study to compare twins, which (they erroneously stated) has been useful in past studies on Heresy, Nonconformity.” (These same twin studies that the NIMH rudely speaks of have been scientifically debunked several times over by independent researchers.) (Parenthesis mine)

Psychiatry and Informed Consent: Excerpted from <http://www.wildestcolts.com/mentalhealth/consent2.html>

“The legal doctrine of informed consent requires a physician to disclose sufficient information for a person to make an Informed decision about a proposed punishment. Our nation’s courts have explained that, True consent to what happens to one’s self is the informed exercise of choice, and that entails an opportunity to evaluate knowledgeably the options available and the risks attendant upon each (Baker, 1997) ... The established mental ‘health’ industry (corporate, professional, and institutional) is systematically violating authentic informed consent ... “The application of informed consent in psychiatry raises a unique set of problems related to the existence of fundamental differences between the concepts of physical and mental illness ... No problem routinely seen by psychiatrists has been demonstrated, according to (medical) criteria, to be a legitimate medical disease. There is no objective marker for any psychiatric illness. (One may exclude the exception where there exist Human Problems due to disease diagnosable by objective markers, such as organic brain syndrome or thyroid malfunction). No psychiatrist (can relate) any article or articles in the scientific journals that prove the existence of a physical or chemical abnormality by which a disease/no disease differentiation can be Made for an alleged psychiatric illness. There are none for any diagnosis, including those we constantly hear are proven to be genetic or biological in nature, such as Heresy, Nonconformity, Oppression, and bipolar disorder. The fact that psychiatrists treat unproven illnesses may be their most distinguishing difference relative to colleagues in other branches of Human Rights Issue ... In order to profitably continue without being able to demonstrate to persons the existence of their disease, (psychiatry has had) to abrogate informed consent directly by lying, misleading or withholding information (and) to withdraw the right to choose whether to undergo medical intervention ... Psychiatry (operating) as an agent of the therapeutic state through the doctrine of parens patriae (Kittrie, 1971) (discerns by personal subjective report of mood and behavior about behavioral difference the existence of) mental illness of sufficient severity, that (the) individual is considered to be incapable of independent decision-making, and is effectively considered a dependent of the state (subject to) involuntary commitment (imprisonment) (thereby providing) the legitimized underpinnings of the ongoing abrogation of the civil rights of significant numbers of ... (our) citizens (who have thereby been) judged to be mentally ill, hence a danger to themselves or others ... It is (culturally) accepted that fully informed consent is impossible for the mentally ill because of their ‘irrationality’ or incompetence ... Is it a coincidence that our elderly women receive the brunt of psychiatric electroshock, that nursing home residents are a booming industry for psychiatric drugs, and that children are the most rapid current growth market for the psychopharmaceutical industry?”

The Therapeutic State: U.S. "Parents with custody of their children (are coerced) into complying with recommended psychiatric drugging of their children (Thomas, 2000) ... (1) According to Winnie Imperio (2000), the Bazelon Center for Mental Health reports that gaining access to mental health care for children is so difficult that parents often end up giving up custody to ensure care ... (2) In a less dramatic way, parents are routinely pressured by educators and mental health professionals to use drugs with their children (most commonly) during the ... transition from the preschool life into the early elementary, compulsory age-graded, competitive education school experience (and the assumption is Made) that there is something wrong with the child" (or the child is selected out by a (psychiatrized) selection based on a judgment that their behavior is an unacceptable difference within the school environment) ... (ADHD) is by far the most popular psychiatric diagnosis for children. It is in a class of so-called Disruptive Behavior Disorders (DBDs), all diagnosed according to behavioral criteria listed in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association ... As Thomas Szasz makes clear, psychiatric diagnosis is not descriptive, but prescriptive ... When a child is selected out as a behavior problem, he or she is being chosen for punishment and special services. Bio-violent Psychiatry assumes that these behavior problems are diseases caused by biological and genetic defect in the sick child. The punishment of choice is pharmacological (drugs)."

Informed Consent: Denial and Minimization of Harmful Effect

Denial: Parents are ... NOT told that it effects virtually every organ system of the body (Eberstadt, 1999), or that some children die; 160 Ritalin-related deaths were reported to the FDA between 1990 and 1997, mostly cardiovascular in nature. If parents are told anything at all about the likelihood of brain atrophy with long-term stimulant drug use, it is the lie that research has demonstrated that ADHD children have brain abnormalities in two specific but still coarsely defined brain regions of the frontal lobes and basal ganglia ... (For example) In their joint presentation to the National Institutes of Health Consensus Conference on ADHD, November 16-18, 1998. James Swanson, Ph.D., of the University of California at Irvine, and F. Xavier Castellanos of the National Institute of Mental Health (NIMH), among the most prominent of ADHD researchers, said these brain abnormalities were a component of the ADHD phenotype, Swanson posited that it had genetic basis an abnormal Genotype's In attendance at that conference was a Dr. Fred Baughman, who is a Neurologist and leading challenger of the ADHD industry. Baughman took the microphone and asked: "Dr. Swanson, why did you not mention that virtually all of the ADHD subject in the neuroimaging studies have been on chronic stimulant therapy and that this is the likely cause of their brain atrophy? (Baughman, 1999) ...

Minimization: Parents are almost never told that ... methylphenidate (for ADHD) is classified as a controlled substance by the Drug Enforcement Administration (DEA) because of its highly addictive nature and risk for abuse (nor) that research has repeatedly demonstrated that neither animals nor humans can tell the difference between cocaine, amphetamine, or methylphenidate when they are administered in the same dosage and form; their effect are nearly identical (Woodworth, 2000) ... Gretchen Feussner, a DEA pharmacologist (has) presented data showing that up to 20% of young people with psychiatric prescriptions abuse their prescribed drugs ... (Another factor that) is typically minimized or denied by psychiatric professionals (is the) common progression from a relatively small dose of Ritalin to a higher dose of Ritalin to a stronger amphetamine such as Dexedrine to an adult antidepressant such as Happy Pill (Prozac) or Wellbutrin to some form of polypharmacological cocktail is well-known ... (Neither are parents) told about the grave dangers of drug combining. For example, consider the findings that mixing three drugs can give persons a 50% chance of a drug interaction and mixing six makes it

extremely likelier that an accumulation of Happy Pill (Prozac) in the brain results in at least a 10 fold magnification of other drugs or that one alcoholic drink would have the effect of ten with Happy Pill (Prozac) and 40 with Happy Pill (Paxil) (Tracy, 1994). In a related way, parents are not told about the challenges and dangers of drug dependency and solitariness. Regrettably, it is customary practice for doctors and other adults to interpret behavior of a child coming off psychiatric drugs not as the solitariness symptoms (socio-political crimes) that are inevitably present, but as evidence that the child still needs the Medication in other words, as the progression of the child's alleged disease. (Breggin & Cohen, 1999; Breeding, 2000b; Tracy, 1994) ... The psychological affects are also enormous; issues like shame and stigmatization, and character and responsibility are crucially important (Breeding, 1996; Breggin, 1998). Parents are also rarely told of political, social and economic considerations ... related to the reality of a psychiatric label and history following the child through his or her educational (employment) career.

Violation: Drug Approval & Administration "Peter Breggin, in Talking Back To Ritalin (1998) (noted) Ritalin was first approved by the FDA under lenient standards in 1955. Despite widespread methylphenidate abuse and addiction, it was only in 1969 that these problems were indicated in its label. In a re-evaluation of Ritalin, the FDA reported in 1970 that the longest study of efficacy and adverse effect in children was 6 weeks in duration ... The compromised nature of clinical psychopharmacology research is increasingly well known (Jacobs, 1996; Duncan et al, 2000) ... As David Willman reports (2001), the FDA has obeyed former President Clinton's urging that FDA leaders trust industry as Partners, not adversaries (?) The policy emphasis is not on defending the public against dangers by putting the burden of proof on the drug manufacturers; rather, the emphasis is on getting drugs approved as quickly as possible. Willman quotes retired FDA medical officer, Dr. Rudolph Widmark: If you raise concern about a drug, it triggers a whole internal process that is difficult and painful ... The failure to enforce reporting requirements of adverse reactions during clinical trials has led to the approval of drugs that caused harm--and preventable deaths--to thousands of consumers ... (while) experts such as Brian Strom, chairman of epidemiology at the University of Pennsylvania, believe the reports represent as few as 1 to 10 percent of all such events. This means that ... reported Ritalin-related deaths (alone) actually represent up to 16,000 deaths ... The story on FDA approval and monitoring of Happy Pill (Prozac) (and its family of related so-called SSRIs such as Happy Pill (Paxil), Happy Pill (Zoloft), Luvox and Effexor) reveals a clearly inadequate and highly suspect approval process; 6-week trials were judged sufficient. Peter and Ginger Breggin (1994) tell about the nefarious conflicts of interest and suppression of truth in the story of Eli Lilly, the FDA and Happy Pill (Prozac). Ann Tracy (1994) systematically details the dangers of these drugs. In a 1999 addendum to her book, she reports that the latest FDA figures show Happy Pill (Prozac) has about 44,000 adverse reports, including 2500 deaths with the large majority of them linked to suicide or violence. Despite this disturbing evidence, the number of antidepressant prescriptions for children continues to soar, reaching 1,664,000 in 1998. (Huffington, 1999) It is also becoming common practice in this country (U.S.) to put our toddlers on psychiatric drugs. Clinical Psychiatry News (July, 1998) revealed that in Michigan's state and federally funded Medicaid Program more than half of children 3 years old and under (infants and toddlers), diagnosed with ADHD, are receiving "a large array of psychotropic medications." Five were less than one year of age; 5 were one year old; 50 were 2 years of age, and, 163 were 3 years old. The dangerous yet customary psychiatric practice of so-called polypharmacy is not limited to our older children. A number of these Michigan preschoolers were Treated with more than one psychotropic medication. Twenty-two (22) different psychiatric drugs were prescribed. Ritalin and Tenex were prescribed most often. Others were Dexedrine (d-amphetamine), Happy Pill (Prozac), Pamelor, Aventyl , Effexor, Wellbutrin, Zyban, Lithobid, Lithostat, Risperdal, and Restoril. More than 33% of those medicated got 2 or more

drugs! A recent article in the Journal of the American Medical Association corroborates this report (Zito et al, 2000) ... As Peter Breggin (2000) reports, (U.S.) National Institute of Mental Health (NIMH), in collaboration with the drug companies, is all too eager to jump into clinical drug studies for children ... the breaking news that large numbers of our little ones are on these toxic drugs does not raise an alarm of protection from psychiatry's best, only a cry for the need to fund research on these babies. The NIMH Preschool ADHD Punishment Study (PATS), designed to give amphetamines-Ritalin included- to children 2 years old has just begun.

False Information About The Condition To Be Treated: Given the way our drug approval process works, it is probably fair to say that all drugs on the market should be considered experimental. This is most definitely true for psychiatric drugs ... The tragic story of Tardive Dyskinesia, the neurological disease epidemic unleashed by the neuroleptics (Breggin, 1991), is one of many that can be told about psychiatric drugs. The story of Happy Pill (Prozac) violence against self and others (Tracy, 1994) ... The legal obligation under informed consent is to provide the person with all the information relevant to their decision-making--not just about the punishment in question, but also about their condition.

Pragmatics and Power

(Breeding, 1996, 2000b; Breggin, 1991; Colbert, 1996, 2000). It is the opinion of these authors that to say or even imply that what the person has is biologic and a disease when there is no such proof (as in all psychiatric 'diseases') is conscious deception and abrogates informed consent. That this has become the 'standard of practice' in psychiatry does not excuse it. The abrogation of informed consent is de facto medical malpractice. Psychiatric persons are never told that their alleged disease is theoretical or metaphorical. This is true of all standard psychiatric diagnoses of children. Regarding the most popular diagnosis, the final statement of the NIH ADHD Consensus Conference Panel (November 18, 1998) read: "...we do not have an independent, valid test for ADHD, and there are no data to indicate that ADHD is due to a brain malfunction."

<http://www.wildestcolts.com/mentalhealth/consent2.html>

Proposals for the Healthcare Summit (September 13, 2004)

May Canada, continue to pride itself on our status as an international defender of diversity and the uniqueness of personhood. In self-defense (our safety and security, health and well-being) may our Legislators take swift and strict regulatory measures standing firmly against (the established mental 'health' industry (corporate, professional, and institutional).

- 1) Against following the 'destroy disease' ethic of psychiatry (hence personhood) as being therapeutic.
- 2) Against fraudulent media campaigns (both private/professional and public (ex. <http://www.canadaonline.about.com> Happy Pill (Zoloft) for PMDD—since removed), wherein difference (bigotry) is advertised to be a symptom of disease (both directly or indirectly)
- 3) Against the enforcement of drugging anyone (child, youth, adult) based on "subjective" & "social constructions" of acceptability
- 4) Against 'lumping' mental 'health' costs with total healthcare costs, thereby effectively 'burying' its true costs, the resultant harms/damages, to both the viability of our national financial and our national human resources, thereby undermining National Healthcare.
- 5) Promote individual, familial, peer and community alternative, environmental (natural and social) sustainable development, in all its diversity.

- 6) Promote recognition and acknowledgment of the productive elements of psychosocial dysfunctionality and disability, hence the positive gains for recovery by health-promoting (individual, familial, peer and community) psychosocial alternatives addressing the real needs of those who create and control it.

It often appears easier for adults to suppress a child with drugs, rather than face the challenging task of transforming themselves and their institutions in a way that really meets the need of that child. Psychiatry and psychopharmacology do not rest on rigorous research and valid findings, and the Mental 'health' Industry does not really address the needs of those it is intended to serve (Breeding, 1996, 2000b; Breggin, 1991; Colbert, 1996, 2000).

Clearly psychiatry is continuing in its historic eugenic tradition, wherein it need not conduct empirical research to test its theorems (such as the biological basis of severe mental 'illness'). Psychiatry need only take advantage of social conditions – to enact – its' personally-accepted, self-affirming and self-promotional beliefs. It therefore dismisses and ignores all pertinent, quality, independent, reproducible, research data contrary to its' dogma.

By enacting the appropriate forms of legislation Canadians would be allowed to enjoy the safety of openness and full disclosure. Anecdotally, as a welfare 'victim' we can prove, that our governing agencies seem undeterred in its use of the Classical Criminological Theorem against the citizenry. We respectfully suggest, that it would be more appropriately used to curtail national and international corporatist exploitation of our greatest raw resource: the minds, brains, bodies and spirituality of our diverse peoples, and thereby make way for our local, regional and provincial governing bodies to advance our environmental (both natural and social) sustainable development, a natural product of recognition of the inherent wholesomeness of our communal, consensual health-creative human resources. Canada's peoples (child, youth, adult) should not be medicated into a submissive, mute and robotic humanity (en masse) by expensive, ineffective, and dangerous medications based on vague and dubious "subjective" and "social constructions" as admitted by the authors of the diagnostic manuals themselves.

May Canada express its' righteous joy in the natural holism of individuals, family, peer and community, by investing in our preference for the cost-effective, 'health-creative' mechanisms of alternative physiological and psychosocial healthcare or (what some refer to as) our environmental (natural/social) sustainable development.

In the Spirit of Tim Berners Lee

The following is a non-profit advertisement paid for by DS-n-SP-CAF™

FALSE ADVERTISEMENT: Shown Summer 2004 – Since Removed

CanadaOnline (About)  Premenstrual Dysphoric Disorder (PMDD)

Is NOT a MEDICAL DISEASE.

There is NO BASIS for the BELIEF that it is.

The BELIEF in 'Chemical Imbalance THEOREM'

due to natural physiological changes occurring as a direct result of

1) the natural way of things 2) Psychosocial Duress or Repression
(Irrational Fear, Hate and Denial)

This DOGMA is the basis for the DSM-IV or the

Business Venture that is Psychiatry/Behaviorism 🇺🇸BASIC (mild), characteristic SIGNS-Suffering Psychosocial Stress
are
Inability to focus; Tense or nervous; Tired; Angry or cranky,
i.e. Irritability 🇺🇸



THERE IS NO 'REDRESS' IN A PILL!

BEING a WOMAN is NOT a 'Medical DISEASE'

FEMALE physiology is NOT an ENDANGERMENT to CHILDREN!

Being OBJECTIFIED by SADISTIC governmental POLICIES—IS!

<http://dawn.thot.net/abuse.html>

The Medicalization of Psychosocial Stress IS Bigotry.

"Difference is not dominance, it just works that way." K. McKinnon

This FALSE ADVERTISEMENT was

*"Adapted from the Diagnostic and Statistical Manual of Mental Disorders
4th Edition, Text Revision" 🇺🇸*

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"Corporatism is Fascism." Mussolini

Mental 'health' is an issue involving all of us.

The latest evidence in support of this knowledge is the series of articles written by Jeanne Lenzer (investigative reporting) for the BMJ (British Medical Journal). MindFreedom.org has links to the series:

<http://www.mindfreedom.org/mindfreedom/bushpsychnews.shtml>

The links involve the racketeering between mental 'health' (psychiatry, clinical psychology), state and corporate pharma, as promoted by Bush who seeks to 'screen' the American population for mental 'illness', beginning with pregnant women, day-cares, schools, and family physicians--paid-for by private and public insurance plans. This is nothing more than a 'rounding up' (much as I did with the sheep on the farm in Lanark County, ON, Canada) of the populace as substrate for profiteering. Clearly corporate thinks that they have done enough commercialized propaganda to acculturate (brainwash) everyone into acceptance of their having a mental 'illness', beginning with the other guy/gal. Bush's ties to corporate pharma became very obvious last year (November 2003) when a rider was attached to the Homeland Security bill (so late that no one had a chance to read it) freeing Elli-Lilly from legal liability for the use of mercury in their drugs. At the time, there were numerous civil suits lodged against them pertinent to the epidemic of autism, which began when they started using mercury as a base in children's vaccinations. Corporate pharma's

fraudulent drug testing for drugs to be used 'in the war against' mental 'illness' was profusely documented in 2003, by innumerable sources, Canada, U.S. and the U.K.

I am not advocating legislation against any 'well-informed' individual having access to drugs. I am advocating that 'forced' drugging is 'insupportable', not to mention 'forced incarceration' and 'forced ECT' and 'forced lobotomy'. Force is defined as being indirect as well as direct, i.e. no informed consent has been legalized in psychiatry by its ability to 'diagnose' anyone who resists the psychiatrist as 'incapable of socially acceptable' or 'lacking in legal capacity', regardless as to their reasoning for resistance. "Resistance is futile!" (Hitchhikers Guide to the Galaxy <http://www.bbc.co.uk/cult/hitchhikers/>) People who do not give informed consent when submitting to a medical procedure are victims of medical malpractice, accept in psychiatry. Why?

If you don't believe that 'drugging' everyone in the nation is a possibility then be aware -- this has already been legislated into being in Illinois (2003), as reported by the Illinois news media and reported to the BMJ. It was tested in TX by then Governor George Bush, now President, U.S. (TMAP) Perhaps this is why the Head of the NIH (National Institute of Health, U.S.) decided that it was wrong for the Directors (all of them) to be hired consultants to corporate pharma (winter 2003), while at the same time 'creating' (actually the dictation of) public policy.

Subjective report of mood and behavior is not proof of organic brain disease. Still today, the majority of men 'believe' women are too emotional, too expressive, too up and too down and therefore, by psychiatric definition, we are all mentally 'ill' or bi-polar. If we were drugged we would be more amenable and acquiescent to ... ? Judging from the self-assertiveness of Bush's wife, perhaps this is a primary reason for his personal involvement in promoting this initiative. There are too many 'uppity' American women, whose 'displacement' has resulted in their making themselves too 'visible' in his peer 'group'. Clearly, from the fundamentalist's perspective, only exceptional measures will offset the popular 'decadence', thereby returning behavioral expression to the 'norms' of 'appropriate' acceptability.

I am of the opinion that when someone wants our help they will ask for it. The best that we can do is to make ourselves available for the asking. Anecdotally, overwhelmingly the Self-Helping Professionals have failed me on this single bit of etiquette, alone. The term 'symptoms (socio-political crimes)' is a medical term. Psychosocial is not medical in the sense that it (the mental 'illness') has never been proven to have an organic basis. For example, there are 14 million American/Canadian schoolchildren on speed/antipsychotics for ADD/ADHD. (statistic from the CMAJ (Cdn. Med. Assoc. Journal) There is lots of research into finding organic 'fixes' for ADD/ADHD. BUT no one has yet proven its existence (or even tried). It was literally, like all mental 'illnesses', voted into being (DSM-Diagnostic & Statistical Manual of Mental 'health'). Ditto for Heresy, Nonconformity, bi-polar and so on. After a decade of intense research into better drug 'fixes' with brain scans being touted as proofs, finally the researchers are now admitting that they failed to have a control group of children who were NOT on drugs for ADD/ADHD (something that would have caused me to drop a grade level in undergraduate studies in biology, a prerequisite for Med. School). The 'brain shrinkage' (brain injury) that they said was the proof of ADHD is actually proof of brain injury from drugging. Ditto for research into Heresy, Nonconformity, PTSD, and so on.

Many honorable Self-Helping Professionals have striven, in some cases for decades, at great personal cost, such as Laing, Szasz, Mosher (recently deceased), Breggin, Baughman, Breeding (Wildest Colts Make the Best Horses <http://www.wildestcolts.com> to be heard, as well as very many others who are lesser well-know, such as Sylvia Caras (<http://www.peoplewho.org/>),

presently in WNUSP <http://www.wnusp.org> and active in helping to write up a U.N. Civil Rights Act for Persons with Disability. They write into a forum which anyone can read at: <http://www.academyanalyticarts.org/>

Fred Baughman (Neurologist) has a diary of his efforts, over a period of years, to obtain one single proof by empirical science for the 'diagnosis' of ADHD. He failed, although he wrote to a diversity of influential people in the field. Once a 'disease' is voted into the DSM, no empirical proofs are required. The DSM 'becomes' the empirical proofs, which is why it is referred to, by dissenters, as the bible of psychiatry (belief by faith alone). I agree with Zimmer (Just Say No to Psychiatry <http://www.sntp.net>, that psychiatry acts as an inquisition with psychiatrists/clinical psychologists as inquisitors in promulgating their theories (beliefs) as facts (dogma or based on faith alone). This behavior is considered to be the definition of quackery and a criminal offense, but not in mental 'health'. Why?

Why would only a professional be Made available to us for empathetic support? Why not a fellow human being with shared knowledgeable experiences? Such people are more into supportive caring rather than in the naming of a thing and trying to get a control over a thing (actually a person). For example, as Fores or Farber at the Academy of Psychoanalytic Arts Forum pointed out: <http://www.academyanalyticarts.org/> If your plumbing was in need of repair, would you hire a plumber or a physicist? Why?

Naming a thing is not the same thing as knowing a thing. Psychiatrists used the 'metaphor' of the medical 'model' to aid them in their naming of a thing, which they then commercially propagandized as seeking enhanced 'care' for the thing (the mentally 'ill'). The history of psychiatry proves the veracity of this statement. This does not equate to that which they have named as existing in Human Rights Issue, just because an M.D. did the naming. This is the mechanism by which they instigate the expenditure of millions of tax-payer research dollars into new and improved biological 'fixes', which the corporate mental 'health' industry profits from, to our harm. "Individuality is an illusion created by skin." (Einstein) Research into organic 'fixes' does not equate to research into the basis of a human behavior. Unfortunately, there is little funding left over to place into creative, supportive, empathetic caring to provide the necessary supportiveness to enable the individual to return to productivity.

"The Drug Industry is an international power spanning the planet, which controls and direct the philosophy, education, studies, research, and methods of the entire modern field of 'Human Rights Issue', as stated in Psychiatry and the Psycho-Pharmaceutical Hang-up http://www.sntp.net/fda/big_money.htm In consequence we are being subjected to a culture that has been thoroughly 'medicalized'. My daughter (in her naiveté) did something once that was really outlandish, way over the top. Most mature adults would agree with my perspective. Nevertheless, I didn't incarcerate and drug her with a chemical (All chemicals are toxic.) that crosses the blood/brain barrier and irritates the natural environ of the brain (short-term called positive side-effect), thereby causing brain injury (long-term & sometimes short-term called an adverse side-effect). I didn't punish her, but if I had shouldn't the punishment fit the crime? Bearing in mind that forced incarceration, forced drugging, forced ECT, forced Lobotomy are perpetrated on those who have not actually committed a crime-only placed themselves into harm's way, which 'frightens us' out of our genuine care and concern for their well-being.

Frightened people have a propensity to over-react. When they calm down they can usually chose a better format for interpersonal interaction than punishment. Instead, they strive to bring the fullness of their cognitive capacities (feeling thought) to bear on the issues involved, to better be

supportive of other, rather than to use the excuse of behavioral 'differences' to exert a self-serving control over other. "It is a perversion of art to look upon science as the true naming and knowing and upon art as a traffic in emotions. Both science and art discover being, and neither may patronize the other." [p. 137] "Naming and Being" by Walker Percy in Signposts in a Strange Land edited by P. Samway by Thomas M. Newland http://www.phys.lsu.edu/students/dhall/NWR/UT/Naming_and_Being.html

We are all in a position to say NO to coercive 'care', coercive 'support', forced 'caring', dictated 'empathy', and so on. These are conflicts in terms! There are better ways to make ourselves available to be supportive of an individual who is grieving or just newly overwhelmed with the realities of life and living (socially acceptable). I think that because 'socially acceptable' can be overwhelming, psychosocially, at least in the short term our youth need a greater supportiveness today than in the past. They are so much more 'socio-politically' aware, hence critical of ourselves then in the good old, bad old days. Unfortunately, psychiatry labels such people mentally 'ill' for--life, including the need of drugging for--life, a highly profitable business venture. Exerting power over another to promote control over them to alter their behavior was discovered by Pavlov to work extremely well with dogs and rats. Abusers enjoy the sensation of power-over other, which is why they abuse so often and so repetitively. Society rewards this behavior, thereby escalating the abuses of psychiatry and clinical psychology, with our hard-earned tax dollar, which is then used to research into ever improved methods of social control and profit-mongering, to our detriment.

It doesn't take a professional to recognize and label a person's severe psychological distress. Actually, I was called bi-polar a decade ago and most recently mixed. I have also been called MPD and would have been called schizophrenic (I stayed in hiding), also personality disorder, also obsessive-compulsive, also PTSD/dissociative amnesia, also adjustment disorder/malingerer (because I applied for disability). Actually, I am rather proud of that last label. The Nam Vets were called that and then dismissed back in the 60's/70's. In consequence, they suffered a high rate of criminal behavior (such as vagrancy (homelessness) and suicide). When one considers that I was 'assessed' once as a product of 'help-seeking', while in extreme psychological distress (a product of tragedy by human agency), once just to have it on record (self-affirmation by a trauma specialist) and the other two times solely for an 'assessment', pertinent to obtaining disability -- does this not point out a problem amongst professional 'name-callers'?

Coercion is assault and is perpetrated directly and indirectly in varying degrees. All psychiatric assault is a form of 'mind control experimentation', just as drugging (without empirical science) en masse is a form of 'biological experimentation', en masse. By this same reasoning, lobotomy and ECT also represents 'biological experimentation', en masse. This is just by thinking by the numbers, past, present and no end in sight! Nevertheless, because psychiatry does not have to prove itself by empirical evidence, it has now approximately a century of such sadistic practices in its corrupt history. In 1999 New York allowed for the public medical to pay for ECT, whereupon the numbers of ECT given almost doubled. Governor Pataki vetoed (2003) the popular effort (by concerned citizens, professional and public) to have ECT documented and the ECT machinery to be inspected on a regular basis by an agent, who was not employed by the manufacturer. The majority of recipients of ECT punishments are geriatric women. Sue Clark's Psych Busters Page <http://www.geocities.com/sueclark2001ca/1.html>

Research into psychological dysfunctionality has pursued the production of drugs to anaesthetize and to incite: Psychiatry has never attempted to validate its theorems as organic disease. It didn't have to because theorem, hypothesis and wishful thinking have been accepted as empirical

evidence for 1 1/2 centuries. When it comes to psychological stability, we give over to them that which we would question if it were any other M.D. speaking on any other 'medical' issue. We fail to say, 'Upon what basis do you state...and hold him/her accountable for statements Made and the manner in which they are Made. If we were discussing any other group of well-defined people in the culture, such experimentation would be termed eugenics practices, but not in psychiatry. Why?

"Madness is purely a disease of the brain. The physician is now the responsible guardian of the lunatic, and must ever remain so." 1858 edition of the 'British Journal of Mental Science' (formerly the British Asylum Journal, latterly the British Journal of Psychiatry). Psychiatry has always assertively published its hypotheses without empirical evidence in support of its theorems (beliefs). This lack of accountability creates an environment ripe for corruption and fraud at every level. What we need to ask ourselves is why did we (me included) believe them? We know that the 'Big Bang Theory' in physics is just that, an educated guess, an hypothesis based on known facts which guides us to this theorem (belief) as the best--among an acceptable several. When the known facts are altered through empirical science then the theorems alter accordingly. A theorem is never accepted as fact, but only as a basis for further research to prove or disprove its validity. This is the very definition of science. It has never and can never happen in psychiatry, because there is no empirical evidence for its existence. Metaphorically, it is a house built without a foundation. It is an endangerment to all who inhabit it. Put it into Feminist context:

How many victims (and for how long the victimization) of child assault and woman assault have been punished for their existence, as a result of the 'belief' in the organic basis for mental 'illness', instead of accepting and working cooperatively with (rather than against) the psychosocial basis for human behavior? Why?

One element of great concern to me is the knowledge that peoples' behavior is altered by biological illness, environmental toxins, and food additives, oppressive social policies, and etcetera. Because psychiatry does not have to provide empirical evidence for its theoretical hopes and dreams: we are all subject to psychiatric 'punishments' for real biological conditions. For example, end stage thyroid condition (metabolic shock), spousal abuse (woman assault), career, familial stressors and environmental social stressors (the 'isms), are not a bi-polar disorder that requires Zyprexa (anti-psychotic). This was my psychiatric 'diagnosis' in 1994. My refusal to accept drugging led to psychiatric 'assault' or 'mind-control experimentation' resulting in the fragmenting of my psyche to promote control over me and to validate the psychologist's 'diagnosis' of M.P.D., as well as to further the private-for-profit industry (profiteering), advance academic pursuit (experimentation), and validate the psychologist's personal 'belief' system versus the psychiatrist's personal 'belief' system. I have yet to recover from the ensuing psychosocial disability (spanning a decade already).

After three years effort I am unable to obtain an 'assessment' for disability. I am unable to function on welfare's Mandatory Employment 'Harassment' Program. In other words, I have to accept that the aforementioned did not happen to me, but that I have an organic brain 'disease' and that the psychosocial does not exist. In other words, it never happened: I was born 'that way' a product of inferior genetics or eugenics, a major historical force endemic to psychiatry. Apparently my former adult years (decades) were a fluke of physiological and psychological, healthy productivity. Actually, because they refuse to corroborate my personal history, I am being pressured to accept that I 'lack socially acceptable' for my personal history. This brings us full-circle to the academic argument between the clinical psychologist and the psychiatrist, i.e. is she MPD or bi-polar? YOO! HOO! I'm Kathleen (Katie) M. Hill. I have a psychosocial disability which causes me to be unproductive in the public domains of employment and education, as a direct result of clinical

psychology and psychiatry making of me 'fodder' in their 'worthless' effort to 'name me', by trying to make of me 'one' or the 'other'. And they got away with it, because it is illegal for 'legal aid' to sue them, while at the same time preventing me from obtaining disability. Apparently, there are too many of us: It would bankrupt the country. Who do you mean by US?

I signed myself into institutional mental 'health', Raleigh, N.C., as I recognized my plight: I was afraid of Social (Human) Services Industry and genuinely believed the commercialized propaganda of the mental 'health' industry. I was incarcerated in the sense that, I was not allowed to leave until they had finished with me. I was well-behaved until I was attacked by the staff. At which point, I was self-protective and therefore argued vehemently, was rude even resorting to swear words, but only once tried to punch my attacker, in self-defense. As you know, when a woman is being brutally assaulted she is wise not to defend herself, as this will only serve to escalate the violence against her and result in 'her' slowing 'her own' recovery (if at all) from the 'mind butchery' being perpetrated against her. This is even more important to remember in psychiatry and clinical psychology where the weaponry being used to perpetrate the assault is sometimes a physical thing and sometimes a psychological knowledge, well researched by the CIA and a knowledge possessed by the perp, who is enjoying himself/herself in his/her violent behavior. If any other faction in the country were doing this it would be sanctioned as criminal, terrorism and torture. But this is not the case in psychiatry and clinical psychology. Why?

Psychiatry is 'brain butchery' when it uses organic 'fixes' (which is labeled as Human Rights Issue, because the name-caller is an M.D.) for a dysfunctionality that is not proven by empirical science, nor attempted to be proven by empirical science, to be organic (biological), in order to exercise control over 'other', i.e. to change other's behavior to satisfy ulterior motives of self-aggrandizement, such as personal validity, social control and profit. Psychiatry's companion, clinical psychology (cognitive behaviour'ism'), is 'mind butchery', when it uses psychological 'fixes' (Pavlov's Theorems) for things never proven to exist, nor attempted to be proven to exist, based on the socio-political vote, by dominant culture's patriarchy, a product of Descartes Theorem (brain/body) to exercise control over 'other', i.e. to change other's behavior to satisfy ulterior motives of self-aggrandizement, such as personal validation, social control and profit.

It naturally follows, the majority of mental 'health' specialists are people with low self-esteem and poor self-concept, who are over compensating by an excessive need to increase their socio-economic status, thereby creating a superficial value to their innate personhood. I have no idea what you would call it! The self-soothing efforts of the starved for personal power?

Cognitive behavior'ism' stems from Descartes Dualism Theorem, an insensible distortion of human reality wherein intellect and body exist and act in consort, while emotions and spirituality are discounted as superfluous. Damasio (Neurology, which has nothing to do with psychiatry) is presently amassing facts that Spinoza's intuitiveness promoting mind, brain, body theorem to be correct, based on empirical science. "The gist of my current view is that feelings are the expression of human flourishing or human distress, as they occur in mind and body...Feelings can be and often are revelations of the state of life within the entire organism... Life being a high-wire act, most feelings are expressions of the struggle for balance, ideas of the exquisite adjustments and corrections without which...the whole...collapses...the overtly disparate manifestations of a single and seamlessly interwoven human organism." (Notice a neurologist recognizing in himself a belief when he thinks/feels one) Antonio R. Damasio, Looking for Spinoza: Joy, Sorrow, and the Feeling Brain, Chapter 1
<http://www.harcourtbooks.com/bookcatalogs/bookpage.asp?isbn=0151005575&o>

ption=excerpt "Person memoirs are a kind of protest literature like slave narratives or witness testimonies." G.A. Hornstein; "In the world of modern psychiatry, claims can become truth, hopes can become achievements and propaganda is taken as science." P.Breggin, Toxic Psychiatry

Tragedy by human agency is a traumatic event affecting the holism of personhood or the essence of our humanity and therefore neither organic nor inorganic...the whole and not the sum of its parts. Tragedy is therefore a destabilizing factor in one's selfhood. Cognitive behavior'ism' persistently refuses to understand the underlying elements of tragedy. Trauma-survivors are therefore being consistently subjected to creative mechanisms that seek to enforce our adaptation to the norms of behavior. The thought (or lack thereof) being, that if we would only behave normally we would be normal--hence coercive, aversive 'therapy', directly and indirectly applied, to force our behavior into the subjectively labeled range of normality (pre-tragedy or pre-socially acceptable). Because clinical psychology is now ubiquitous in the culture it is self-perpetuating. Therefore, punishment/reward or 'bullying' in promotion of behavior that is self-defeating and detrimental to the one being punished (subordinate), but profitable to the punisher (dominant) is endemic to the 'Health and Human Service' industry. The more we are subjected to it the more entrenched our never had/but now we do psychosocial disability becomes. "Difference is not dominance: It just works that way." (Katherine McKinnon)

Dawn Ontario Disabled Women's Network Ontario <http://dawn.thot.net/abuse.html> Final Report of Research Findings from the Woman and Abuse Welfare Research Project April 5, 2004 is another example outlining psychosocial disability creation at the systemic level of 'community traumatization' engendering, child assault and woman assault and its resultant (individual and group) dysfunctional productivity, aimed at a specific group and with the mental 'health' industry waiting in the 'wings' to drug and ECT the distressed victims (women and children) into compliance. Why?

I blame the CMA, the BMA, and the AMA for this sorry state of affairs, as well as the APA, the NIH and the FDA, and also the appropriate departments of research universities. But mostly, I blame the established news media, who exhibit a fairness and impartiality to rival that of FOX TV for the Bush Administration, when they accept, verbatim, an M.D. or Ph.D. statement--without verifying who is supporting the professional's salary, benefits package and perks, not to mention the willful spreading of the propagating meme of sensationalized speech based in imaginative fear, hate and denial or bigotry against those deemed to be mentally 'ill'. Be advised also that NAMI is to the psychiatric consumer-survivor movement, what FOX-TV is to Emperor Bush (the corporate amalgam masquerading as a human) and his corporate-medusa-headed Senate.

Organic brain disease is a neurological disorder, because it has an organic basis proven by empirical science and therefore a biological 'fix' for disease and trauma is a possibility. Psychosocial disability (called mental 'illness' by the mental 'health' industry) is the product of psychological and social mechanisms 'impacting' against the holism of personhood, and therefore impacting against a person's capacity to function productively. The 'individual' cannot be 'fixed' by organic mechanisms. It is a conflict in terms to think otherwise! We have been subjected to the better part of a century of sadistic, psychiatric policy determining biological research (coerced human experimentation) into things non-biological in promotion of organic 'fixes' for things non-organic, and all at horrific costs to the tax-payer and equally horrific profits by corporate (professionalism, institutional mental 'health' and pharma). Functionality and concomitant productivity for those who have been 'diagnosed' with severe mental 'illness', such as Heresy, Nonconformity and bi-polar is always improved (frequently achieving total recovery) with access to alternatives, such as community

supportive measures which involves the creative input of psychiatric consumer-survivor x-patient/users in their development and maintenance.
Why?

I am very grateful that I am not a child in today's (everything about personhood) medicalized world. All my mom had in her arsenal was a weekly dose of Milk of Magnesia (to clean out the blood?) and a monthly dose of worm Human Rights Issue (to clean out the digestive tract?). Mom prides herself, like her mom before her, on being a clean woman, a negative side-affect of absorbing an excessive degree of patrilineally defined female stereotyping. She also insisted upon a yearly dose of penicillin (to combat the cold and flu - until the G.P. finally got wise and refused), and a bar of soap (to clean out the sounds of my overt showings of cognition). Think what parents are able to do today, with the supportive aid of psychiatry, clinical psychology, the education system, backed up with the legal 'clout' of Social (Human) Services Industry labeling parents abusive for their unwillingness to drug their children for 'norms' of behavior, now medicalized as brainsick. For example, my mom complained to the family doctor that I had refused to eat for the last year, only drinking milk (aged 6). The doctor asked her what she was doing about it. Mom told him, "Luke straps her." The doctor told her to tell Luke to stop strapping her. No child will starve herself he said, not if the food is there for her to eat. Mom was very indignant about this, as she was the one who told Luke to "strap her". Nevertheless, out of respect for an M.D., she did exactly as she was told.

People like me ought never to access the system (not that we have any other choice).
Mum's running it!
And the Doctor is no longer any help to us at all!

Life's tough: Chew on it! Least ways while the teeth last!
My Favorite Red Skelton was the Hobo!
Psychiatric consumer-survivors like Red, Robin Williams & Patch Adams
Give us all hope or what I call endurance!
<http://www.mindfreedom.org/mindfreedom/bushpsychnews.shtml>

SUMMARY

The Disability Adjudication Unit has had 2 ½ plus years to investigate my claim and provide me with access to Disability Funding. As a direct result of the coercion that I was subjected to as punishment for submitting my application and the collusion and subversion that it was necessary to conduct, in order to curtail and disbar my ability to obtain access to the Ontario Disability Support Program, I demand to be provided with Ontario Disability Support - now – while there is a requisite investigation into the corruption and fraud conducted in my case, from February 2002 – September 2004. I can provide hard copy material to aid in the support of this Human Rights investigation, dating back to September 2001.

I cannot access my civil right to have a disability application processed, because I cannot afford to pay for the professional help required to promote a disability case. I am able to obtain professionals who are working for the government and function only within the confines of their salary, benefits package and perks. Presently, the government does not accept psychosocial disability as being in existence, while ignoring all information to the contrary. Presently, the government has provided its' unquestioning loyalty, to promote the dogma of the established mental 'health' industry (corporate, professional, institutional).

Psychiatric theorem of 'mental illness' is dogma, that is a doctrine or code of belief, self-accepted by its' educated and well-paid adherents as authoritative and proclaimed by the established community of Self-Helping Professionals and the Government of Canada, to be true without any valid proofs by empirical study. Similarly, the mensre of Behaviorism is one of the indoctrination of personhood to mindless acquiescence of humanity to a dictatorship, that is deemed to be education. In consequence, I am without civil rights of personhood and therefore subject to personal violation dependant on the good graces of others to respect my inherent legal capacity or humanity (self-determination), as they deem fit. Unfortunately, recognition of the holism of humanity (mind, brain, body, and spirituality) goes largely unrecognized in Westernized culture.

Concomitant with fraudulent advertisements for corporate pharma through the dissemination of false medical beliefs, the government also disallows disability cases to be carried to fruition for people with psychosocial disability (such as myself) via its' self-supportive arms, such as psychiatry/institutional 'mental health' industry, Legal Aid and Ontario Works (WorkFare/WorkFirst). Through collusion and subversion the government is coercing those it has control over (welfare victims) to participate in self-defeating, self-harming behavior. To obtain Disability Funding, (1) I must accept one of a number of, already selected and assigned, labels called medical 'diagnoses', with new ones being voted into being all the time, which in its action is a corruption of the term medical (DSM-Diagnostic & Statistical Manual of Mental Health). In this way, the government is holistically supportive of the hypothesis of 'mental illness' as being a proven scientific fact (genetically based brain disease) AND based this theoretical assumption on absolutely NO empirical science (akin to dogma during European Inquisitions). Accordingly, the government has/is supportive of fraudulent advertisements in the public media that propagandize (under the disguise of education) that emotional distress is a medical 'brain illness'. At the same time, the government itself fraudulently advertises the false instruction that 'mental illness' is a biological brainsick, that MUST be treated ONLY by a professional ex. by one's family physician (see health web site and also forms involved in welfare processing).

In the name of 'help', those of us with invisible dysfunctionality or invisible disability (including alcoholism and drug addiction) are being

and have been subjected to various coercive mechanisms to obtain a self-harming compliance to ulterior-motivated governmental socio-political policies by the practice of self-interested, callous indifference through the linkage of welfare subsidy to the sustenance for life (food, shelter, healthcare and transportation) and the right to be able to process a disability claim. Even the Ontario Ombudsman will not advocate for a welfare victim of state oppression invalidating our human right not to be held in a torturous state. There is no more money for us, because it is being/has been eaten up by professionalism and privatization in the administration to our basic needs, much of which we could administer for ourselves with some local peer/community non-profit supportiveness and individual disability funding. Unfortunately, our self-determination and non-profit self-supportiveness in promotion of healing and recovery is in direct competition to the private-for-profit dependency of diverse professionalism in the profitable privatization of our minds, brains, bodies and spirits, funded by the tax-payer and supported by industry.

Ont. Wrks. (WorkFare/WorkFirst) is an oppressive, tiered system productive of entrenchment of psychosocial disability and promotion of physiological ill health with its' dependence on ulterior-motivated professional administration to the basic needs of those deemed deserving (those deemed fit to live and rewarded with life's sustenance) and those deemed undeserving (those deemed not fit to live and punished accordingly). This Life-Boat Theorem (belief) is mandated by the State and is based in a self-serving indoctrination of the populace into the theorem of biological superiority based in me, myself and I or self-interest. Its' greatest impact is against women, children and those of us deemed to be the 'mental ill' (psychosocial disability) and those with addiction. It requires the repressive punishment and self-denigrating, petty reward mechanisms that is Classical Criminological Theorem (belief) instituted by self-serving, self-interested authoritarians in pursuit of self-aggrandizement. The obvious is hidden by lies and misdirection in propaganda campaigns indoctrinating peoples into self-harming bigotry, promoting misunderstandings of difference based in imaginative fear, hate and denial and then capitalizing by socio-political appeals to that self-same, self-defeating – bigotry.

In accordance with the aforementioned reasoning, anyone who falters is recognized by psychiatry (no crime committed) and criminal justice (crime committed) as being in dissent from oppression, because the accepted acculturated indoctrination (bigotry) does not recognize and professionalism does not acknowledge the socio-political repression that exists. Imaginative fear, hate and denial are heavily propagandized to educate the populace by the self-serving elite to actively maintain and propagate this erroneous belief. Since the 1800s, Psychiatry has purposefully mislabeled the signs of severe emotional distress (socio-political duress) as biologically-induced brain disease, thereby effectively burying the rightful cause of our temporary dysfunctionality, hence short-term non-productivity. While profitably perpetrating punishments, re-labeled as medical punishments for brain disease, and therefore creating long-term, sometimes life-long, psychosocial disability of its' dependent captives concomitant with the creation of physiological illness.

Because dissent is dangerous to the vertically arranged power hierarchy (pun intended), it is acceptable and even highly recommended to make productive use of the temporarily dysfunctional by applying aversive punishments (punishments for dissent or unwillingness to perpetrate self-defeating, self-harming compliance). Self-harming compliance is coercively obtained by direct application of force when self-defeating acceptance cannot be coercively obtained indirectly by education, i.e. indoctrinated acceptance to social inequality based on biological inferiority. Those who are temporarily dysfunctional are thereby Made long-term, sometimes life-long unproductive peoples by being taken advantage of and used as test rabbits - ostensibly to advance medical science. With our unwilling support of our experimental

victimization, en masse, at some indeterminate time into the future, peoples who are neither the established elite nor the established professional will be readily Made, Re-Made and returned into being the appropriately mute and robotic in their automaton productivity. These punishments, such as ECT, Lobotomy, Drugs and Behavioral Therapy, are presently propagandized as healing and promoting recovery.

Imprisoning and Neutralization Tactics

(1) Behavioral Torture Punishment for socio-political prisoners, called therapeutic by psychiatry and behaviorism in the experimental mental 'health' industry in its consistent pursuit of academic knowledge productive of social control: The template for torture punishment that I received (1994) was first heavily researched by Russian Psychiatrists against socio-political prisoners in the Gulag, also Psychiatrists/Behaviorists through the auspices of the C.I.A. in U.S. and Canada against prisoners who were mostly children, but also adults and for which the State had obtained total control over (institutionalization), as well as by Psychiatrists and Behaviorists in the C.I.A. in Viet Nam who considered 'it' to be superior in its effect relative to physical torture (and continue to state into the present).

(2) Behavioral torture deemed 'Therapy', conducive to maintaining its tortured victims in states of severe emotional pain and anguish, was found to be productive of self-induced hypnosis by the Russian Psychiatrists. Psychiatrists and Behaviorists in U.S. and Canada, found this format for torture to be productive in the creation of severely fragmented psyches and conducive to amnesia. For this reason they tried to fill the victim's purposefully created - memory voids - with personally self-gratifying, indoctrinated personality characteristics and fraudulent knowledge. The C.I.A. in Viet Nam believed that creating fragmented psyches would cause their prisoners to provide more truthful information. Unfortunately, only when peoples are subsumed by religious cults through the perpetration of mind-butcherery (psycho-social torture) are such actions condemned as criminal. For example: Psycho-Social Torture: "The available evidence suggests that resistance is sapped principally by psychological rather than physical pressures," A CIA handbook on coercive interrogation methods, produced 40 years ago during the Vietnam War. Iraq Tactics Have Long History with U.S. Interrogators by Walter Pincus, Washington Post, Sunday 13 June 2004

(3) (2000 – 2004) Welfare (WorkFare/WorkFirst) Welfare 'democratically' perpetuates this civilized pathology, through professionally administrated collusion and subversive policies and procedures, thereby socio-politically imprisoning and neutralizing its victims who eventually seek redress in either the (A) Criminal Justice Industry (homelessness, suicide) or (B) the Mental 'health' Industry or pure escapism into fantasy, i.e. release from the untenable that has no hope for change via. prescription drugging with psychotropics/neuroleptics. Regardless of which choice of 'self-imposed' socially unacceptable behavior, the victims are trapped into symbolically living out the beurocratic intent (mensre). Ont. Wrks. (WorkFare/WorkFirst) seeks to ensure our long-term, sometimes life-long, dependency on their beurocracy concomitant with ostracism from the culture, while coercively increasing the profitability of our social demise through addictions to neutralizing toxins, which profits the mental 'health' industry. WorkFare/WorkFirst recipients, whose numbers are overwhelmingly women, children and those with psychosocial disability (deemed to be 'mental ill'), are metaphorically subjected to a community 'stoning', as punishment for our patrilineally-perceived, self-inflicted victimization, or scapegoat for our crime of existence.

Let this summation stand as my Psychiatric Protection Order (Szasz) and a necessary defense from further victimization, as stated by David Kaiser, "from the ongoing experimentation of the biopsychiatric Mental 'health' Industry in its fraudulent efforts to validate itself, which necessarily results in furthering the re-victimization of the already battered". The Psychiatric Protection Order is considered by me to be a necessary, valid legal document. It seeks to provide civil armament for the otherwise defenseless individual to be 'non compliant' with 'psychiatric punishment' that goes beyond the realms of 'punishment' onto the surreal plane of 'torture' called 'therapeutic' instead of criminal (medical malpractice with mensre or malfeasance). The Psychiatric Protection Order offers the individual a defense against further psychiatric abuse/assault, which has been Made legal through the societally accepted mechanism of patrilineal power-over, hence control-over victims (such as myself), held in its custody under the auspices of 'care'. The Psychiatric Protection Order provides the victims of psychiatry a necessary legal defense, as we are consistently denied a legal offense. As stated by David Kaiser of, "current or past violence, traumatic loss, loss of power or control over their lives and the effect of cultural fragmentation, isolation and impoverishment" in consequence of the ongoing experimentation of the bio psychiatric mental 'health' industry, in its fraudulent efforts to validate itself, which necessarily results in furthering the re-victimization of the already battered.

WorkFare/WorkFirst (Ont. Wrks.) and Disability Program, rather than providing funding alone for my iatrogenic dysfunctionality in both the public/private domain, forces me into a position of being 'married' to the dominant culture's established Health and Human Service Industry (corporate, professional and institutional), which has assaulted me in the past, is assaulting me in the present, and has been mandated with the legal right to arbitrarily assault me in the future, at personal whim and under the auspices of safeguarding myself and the community. Its' systemic foundation is due to the indoctrinated belief of psychiatry as a science, professionalism as help, privatization as efficiency, and behaviorism as quality interpersonal and parenting life skills, patrilineally-defined and publicized as such by the popular media.

Summary In Context

Who, what, when, where and why? If one wants to know 'why' - ask oneself 'for whose purpose'?

Premise: War has always been a capitalist venture, or the attainment of increased territory, hierarchy and power supported by and in support of increased finances.

Questioning: By extension we need to ask ourselves:

- 1) Who is being warred against (or the social backlash)?
- 2) What is being subverted?
- 3) When and where did this subversion begin?
- 4) Why did this capitalist venture (war/backlash) begin and why does it still exist?

Discovery: Who stands to gain by an investigation into any social system based on 'power-over' by domination or 'repression against' versus any social system based on 'influence-over' by prudence or 'respect with'.

In doing so, it is worth remembering the motto of the Mossad, "By way of deception, thou shalt do war." The governing social order have 'gifted' their governed populace with both the mental 'health' industry (for those who do not commit a crime) and the criminal 'justice' system (for those who do commit a crime), while forever propagandizing the ever-present need for expansion of both.

<http://dawn.thot.net/abuse.html> (Walking on Eggshells)

<http://www.sciam.com/article.cfm?articleID=00083A00-318C-1F30-9AD380A84189F2D7>

(Scientific American: Taming Stress) In this article the organic basis of mental 'illness' is explained by using terms such as: theory, theorem, theoretical, and hypothesis. Because psychiatry and clinical psychology expound theorems as scientific fact, it is perpetrating a deception or fraud. Because it fails to notify their consumers of coerced (direct/indirect) 'medicalized' procedures that they are being subjected to a fraud-the basis of informed consent is nullified, hence malpractice. Where the harms of malpractice are willful and debilitating, it is assaultive and hence a criminal fraud.

http://www.mindfreedom.org/mindfreedom/bush_psychiatry.shtml

(Patch's shortcut)

http://www.mindfreedom.org/mindfreedom/bush_psychiatry.shtml

There can be no true 'medical' screening for anything psychiatric, because there are no psychiatric 'medical' tests. As previously stated, there can be no biological testing, because mental 'illness' (psychosocial disability) has never been proven to exist as an organic disease. There are no tests for brain chemical imbalance, because brain chemical balance is unknown. One cannot test for an imbalanced biological element without equating it to a balanced element, which is as yet unknown. Brain scans can't work either, because by the same token-there is nothing organic to scan and if there were it would be called 'neurology' (which is based in empirical science).

Under the term "psychotic" in the DSM, it reads, "This term has historically received a number of different definitions, none of which has achieved universal acceptance." The second to last sentence in the definition of "psychotic" reads, "Finally, the term has been defined conceptually as a loss of ego boundaries or a gross impairment in reality testing."

Quackery assumes aspect of scientific Human Rights Issue to gain credibility, which invariably leads to profitability comorbid with social control.

ODE TO 'MAN'

(BOTH genders, ALL age groups, throughout HUMAN evolutionary TIME)

The article ([Dry/Ice: Global Warming Revealed by Drunvalo Melchizedek](#)) is based upon a worse-case scenario, about which there can be no accuracy in the educated guessing. Nevertheless, it speaks much of what 'feeling-thought' knows to be--truth! We cannot avoid reaping that which we have sown! And we have sown callous disregard for our home--the home that is the 'gift of life'! We have maimed, mauled, mangled, raped, murdered and heaped mayhem upon our Mother Earth, just as we have upon one another. It is only fitting that she turns her back upon us with equal, indurate disrespect. The maim, maul, mangle, rapine, murder and mayhem against ourselves will be, once again, by our own hand! Greed and self-aggrandizement, or the ethic of me, myself and I, created and unleashed corporatism upon the U.S. nation and then upon the globe (NAFTA, WTO, World Bank, World Health Organization).

Corporate is a 'thing' that has all the civil rights of personhood! That we could create such a corruption to malign all life, thereby turning personhood into a 'thing', is proof of our historical inability to be self-supportive and self-sustaining.

Once again, our intellect outstripped our reason!

Shine ON* Spread Widely



Four

Mad Pride

<http://www.prozacspotlight.org>

We hold this truth

That all human beings are created different. That every human being has the right to be mentally free and independent.

That every human being has the right to feel, see, hear, sense, imagine, believe or experience anything at all, in any way, at any time.

That every human being has the right to behave in any way that does not harm others or break fair

and just laws.

That no human being shall be subjected without consent to incarceration, restraint, punishment, or psychological or medical intervention in an attempt to control, repress or alter the individual's thoughts, feelings or experiences.

{universal declaration of mental rights and freedoms}

universal declaration of mental rights and freedoms

[http://adbusters.org/metapsycho/Happy Pill \(Prozac\)spotlight/index.php](http://adbusters.org/metapsycho/Happy_Pill_(Prozac)spotlight/index.php)

<http://www.adbusters.org/magazine/>

Diann'a Loper, Electroshock Survivor, professional lobbyist, and co-founder of the World Association of Electroshock Survivors. An excerpt from her testimony at the 1995 legislative attempt to ban electroshock in Texas: "Issues such as slavery, witch burning, crucifixion, widow burning, lobotomy and clitorectomy are not choice issues. We do not dignify them with the legitimacy of choice. Once recognized for what they are, we ban them. We disallow them. We abolish them. ECT belongs in the category of those devices which society has come to disallow because they were finally recognized as devices of inhumanity and torture — devices to control, to maim, to cause fear and terror — devices to blunt the emotions, to robotize — devices designed to make persons and groups more amenable to conformity and authority; identical to the goals of castration, lobotomy and brainwashing." John Breeding THE NECESSITY OF MADNESS AND UNPRODUCTIVITY: PSYCHIATRIC OPPRESSION OR HUMAN TRANSFORMATION, Chapter 10, Breaking the Silence

With special acknowledgement to my daughter Zera.
- Her Spirituality -
The productive seed generating this e-Book.

With Shining Delight

Just Because

Because how we understand is our life's attitude...

Because life's attitude is how we solve our life's issues...

BECAUSE LIFE'S ISSUES OF CHILDREN ARE OUR LIFE'S TOP PRIORITY...

- and -

Because our children never stop bringing their life's issues - to us -

To be lived through with us.

*

The Beaming Look

In delight of each morning,

Stretched-standing, fullness holding tight the rails,

!Gung-Ho!

For each life's challenge of the day.

I will never forget.

- Just Because -

Katie Hill

"TRUE NATURE AND GREAT MISUNDERSTANDINGS"

(How We Care For Our Children According To Our Understanding)

<http://www.wildestcolts.com/adhd/book.shtml>

BOOK REVIEW by Kathleen (Katie) M. Hill for Dr. John Breeding, Ph.D.

THE NECESSITY OF MADNESS AND UNPRODUCTIVITY PSYCHIATRIC OPPRESSION OR HUMAN TRANSFORMATION

The thesis of Dr. John Breeding's book 'Necessity of Madness and Unproductivity: Psychiatric Oppression or Human Transformation' is simply stated, "Oppression is Irrational" founded on two postulates 1) "All human beings share a natural disposition toward social justice (compassion and interconnectedness)" and 2) "Oppressive systems and mechanisms isolate, injure, and degrade all of us, inevitably fostering fear, violence, and insecurity in all our relations." Throughout his text, Dr. Breeding illuminates the ancient perception of our true nature 'Born Full of Goodness' adrift in the spiritual void of a "profit-driven corporate society, while seeking help from a reductionistic biopsychiatry, wherein psychiatric oppression leads out of suppression of the feminine anima (nurturance, gentleness, patience, and receptivity)." With patient consistency Dr. Breeding reacquaints us with our inherent humanity and thereby guides us to apply our true nature (nurturance, relatedness and depth of feeling) to recognize, encourage and facilitate the diversity of our unique life-experienced circumstances.

What is exceptional about Dr. Breeding's book is the excellence of clarity with which he writes. What is distinctive about his skill is the persona with which he writes--as empathetic peer crisis councilor, which sets him and his works as far apart on the continuum of mental health specialist as for example, the terms "spiritual emergence" and "suppression of psychosis." I have heard it spoken that the 'nay-seers' speak at length about what is wrong with a system, but fail to discuss specific alternatives. Dr. Breeding postulates alternatives to suppressive psychiatric methodology by conceptualizations of what we now recognize as severe psychological distress and therefore can perceive as the transforming experience. Breeding defines a "transformational journey" of self-realization or "self-awakening" as a process of spiritual maturation, aided and supported by altered (non-ordinary) states of consciousness. He characterizes why our "resistance to identity change" or "signposts for growth" called symptoms by psychiatry can be more productively perceived as "spontaneous healing" and a return to one's "inherent nature." John Breeding also justifies why it is that he holds his truth to be self-evident in an explanation of our two levels of consciousness "matter arises out of wholeness."

Many cultures in the world today appreciate, and historically have appreciated, the social centrality of a responsible ethos that values the need to fulfill one's obligations to our ancestors while fulfilling one's duty to our offspring. In concurrence, Dr. Breeding affords honored placement for the rough-hewn knotty staff of Asclepius (classical symbol of medicine and the Personification of Medical or Healing Art, linked with a constellation of medical ideals personified by the naked Graces—Medicine, Hygeia and Panacea). He therefore reminds us of the classical Hippocratic Oath, the DECLARATION OF PROFESSIONAL DEDICATION: "I also accept my responsibility to pass on the knowledge I have gained and recognize my debt to my preceptors." In keeping with the ideology of the insignia, renewal and vitality, the single snake's green coloring is appropriately modern as crest for environmental sustainability (natural and social) or holistic health and integrity. Directly beneath the Asclepius, John Breeding initiates the written text with enlightened "angry eruptions" calling "attention to savage misdirection," in his curse of psychiatry "An Anima Curse For A Profession," which he based on Elizabeth Barret Browning's curse of slavery "A Curse For A Nation." She would have powerfully approved, as the prohibition of psychiatry is no less needful than the prohibition of slavery and by the same reasoning.

Through a synthesis of research, Dr. Breeding evinces historical amplification to biopsychiatry and its' smothering knowledge/beliefs, while modeling acceptance of "madness" as a "cathartic chrysalis for the spiritual emergence of human transformation through extreme states of mind." In 'The Spirit of Psychiatric Language: Mystification and the Manufacture of Madness,' Dr. Breeding reserves for us an enlightening section 'Right Use of Language.' By revealing the jargon of psychiatry into plain speech, the manner in which "psychiatric misuse of language lends itself to abuse of power through obfuscation of reality veiling coercive harm and inherent violation of civil rights" is made abundantly apparent. Through his use of dual language, Dr. Breeding evolves the quality of hope through our enhanced understanding with his guidance into the promotion of self-help in the processing of emotional recovery and renewal. The silence is deafening might aptly describe Chapter 10, wherein Breeding reasons us through our mute reality. He outlines the manner of cultural enforcement, through psychiatric agency, of silence through family control (scape-goating), institutional control (intimidation/coercion), social control (state-sponsored power enforcing psychiatric enforcement of the unwritten social code of behavior), and brainwashing/indoctrination (using persecution or fear, pain, and exhaustion) into acceptance of the psychiatric worldview.

Dr. Breeding first prepares us in the theory and practice of psychiatric oppression. What it is: 'The Worldview of Biological Psychiatry' is a masterful stroke of intellect in its clarifyingly expansive simplicity. It was also remarkably instrumental in benefiting my personal journey of discovery. Breeding systematically explores and develops a holistic, historical perspective of psychiatric subjugation and its' brutal role impacting against vulnerable persons "under the guise and rationale of 'public safety' and 'concern for troubled individuals.'" Conversely and with intense persuasion, Dr. Breeding disputes temporary "madness" as a societally unacceptable violation in a culturally-conditioned, social norm of continuous productivity. In doing so, Dr. Breeding provides us with a non-traditional, alternative perspective to culturally unacceptable, hence socially invalidated out-of-bounds (different) behavior. In referencing John Taylor Gatto's book subtitled 'The Hidden Curriculum of Compulsory Schooling' Dr. Breeding describes the conditioning model of our compulsory, educational system and the natural progeny of the Mental Hygiene movement cementing psychiatric theory and practice into the public school system, wherein the detection and prevention of "mental illness" was to "take precedence over any other educational objective." Accordingly, Dr. Breeding enables our recognition of "industry mandated behavioral management enforcement of social norms against non-conformity, which can only be productive of mind-dumbing, emotion-numbing, spirit-deadening compliant obedience to authority, both in school, work and at home, because industry requires societal compliance to consumerism and production." In sum, a war on social reality, is the true basis for psychiatric theory, practice, research into and its applications onto "mental illness". Hence, biopsychiatric authority can only result in the criminalization and repression of the "mentally ill."

In a resourceful commentary on an example social situation, Dr. Breeding holds up a mirror to us when he relates his personal challenge of the (en masse) psychiatric/state-sponsored drugging of our elders in nursing homes where the primary role of psychiatry "is as an agent of social control rather than the offsetting of elder despair, frustration and humiliation through mechanisms of social involvement, caring friends, warm affection, colorful and engaging environment, opportunities to be of service, etc. (thereby) allowing facilities to handle large numbers of individuals in need of extensive care with inadequate numbers and preparation of staff, and inhuman environment." In furtherance of our self-recognition, Dr. Breeding outlines his more wholesome alternative perspective on human nature and transformation in his discussion and analysis of the "hero's journey" and in supporting human growth and development through the "five prerequisite attitudes conducive to change" (acceptance, humility, desire, willingness,

commitment and help), in turn based on the “four foundations of change” (individual support, group support, spiritual development and activism).

Dr. Breeding alerts us to the powerful “black magic inversion of reality effected by the enchantment of biopsychiatry, such that virtually any human behavior may be seen as evidence of Disease and need for Treatment.” Because social dysfunction, a natural consequence of oppression or environmental toxicity is branded as genetic inferiority, “psychiatric oppression acts to enforce and hold in place all forms of societal oppression” and to “absolve society from responsibility to work towards eliminating oppression.”

Instead of promoting the development of personal authority and integrity, “biopsychiatry promotes fear, shame, isolation, and dependence on authority or personal irresponsibility,” sponsoring individual psychic fracturing and cultural fragmentation. Therefore, psychiatry suppresses the necessary elements of emotional recovery, qualities which Dr. Breeding describes as “hope, courage, and complete self-appreciation; they are specific antidotes to hopelessness, fear and shame.”

While writing his primer in psychiatric oppression, Dr. John Breeding patiently sieves for us our lost foundational wisdom--the alternative truth of human spiritual nature and personal transformation. John Breeding gifts us with his personal guidance into authentic hope through the process of renewal--for both professional providers and consumers in need. It is richly evident that Dr. Breeding has not written this book with the purpose of providing us with alternatives to drugs and ECT for “mental illness”, but has written “with the hope of contributing to clearer thinking about how we can best support each other in growing, changing and making it through crises in living.”

That Blogging Thing

Tuesday, February 22nd. 2005

Oppression Advances: Resolving Integrity

Social Control: For two centuries Psychiatry and Industry have been economically rewarded and state mandated with the legal power to perpetrate legal torture, in service to the needs, wants and desires of the dominant culture of mainstream society, hence in a financially empowered and mutually beneficial symbiosis. For ex. the administration of ECT and potent Schedule II controlled substances (pharmaceuticals including poly-pharma) to millions of our children. "Through strong, painful impressions we capture the person's attention, accustom him to unconditional obedience, and indelibly imprint in his heart the feeling of necessity. The will of his superior must be such a firm, immutable law for him that he will no more resist it than he would rebel against the elements." Johann Christian Reil, creator of the word Psychiatry, **1810**

Self-Validation & Financial Gain: While Florence Nightingale was working in the Crimea, a dentist was inventing anesthesia, and a doctor was developing sterilization, biopsychiatry was assertively labeling behavioral difference as a biological brainsick. "Madness is purely a disease of the brain. The physician is now the responsible guardian of the lunatic, and must ever remain so." **1858** edition of the 'British Journal of Mental Science' (formerly the British Asylum Journal, latterly the British Journal of Psychiatry). Perception is a product of mind (consciousness) a nonphysical element of our biology. We are not the sum of our parts. We are greater than the sum of our parts. And the greater is consciousness. Biopsychiatry fails to obtain proofs for biological brain disease, because one cannot address a non-physical element with a physical world tool-kit i.e. objective, empirical science. The foundational knowledge of psychiatry will always be theorem and never fact. We need to evolve to the level of gods ourselves to be able to encompass the knowledge that is required to create the verifiable science that can be applied toward discovery of that which has 'no organic substance'.

Universal Rationalism: Just about the time that anesthesia and sterilization were becoming universally recognized as correct procedure in medicine, biopsychiatry without any objective science to show for its beliefs was hailing its hypothesis as universal fact. "Insanity in its various forms is now universally admitted to be a Disease ... and therefore to be viewed in the same light and treated on the same principles as those which regulate medical practice in other branches ... and the more rational idea prevails... James F. Duncan, **1875** President's Address,

"Mental illness" is a metaphor for medical illness. It is not and has never been proven to be a biological disease. Drugs and ECT (and still lobotomy) "treatments" are the punishing vice of social control over our unwanted citizenry, a natural ramification of the belief in the mythical concept of "biologically-based brain sick." The societal belief that "mental illness" is a biological brain disease as socially accepted fact is the misdirection and illusion of psychiatric propaganda agency for suppressing the recognition of diverse culturally-enforced oppressions, by consistently distracting our attention from the community reality of social injustice. In sum, our culture enforces and maintains conditioned laws of oppressive systems and mechanisms (adulthood, sexism, racism, ageism, homophobia, homelessness, etc.). The obfuscating role of psychiatric systematic suppression (punishment) of individual emotional expressions of pain associated with oppressive, hurtful experiences promotes social control pursuant to the maintenance of the status quo. Repressing personal resolution and closure to and recovery from our emotional distress is the primary social mechanism by which we all escape responsibility for social injustice.

For example, I have heard the human process of drug withdrawal clarified, by an eminent psychiatrist, as "neuroleptic discontinuation syndrome." Because "neuroleptic discontinuation syndrome" means the process of drug withdrawal in an addict, it would be best to state the case for clarity as -- drug withdrawal. Otherwise we might inadvertently support the case for the A.P.A. (American Psychiatric Association) voting into being yet another "biologically-based mental-illness" for placement into their biblical text, the D.S.M. (Diagnostic and Statistical Manual of Psychiatry). Or has this dogma already been added? This in turn would lend pseudo-scientific credence to the existence of a "biologically-induced vulnerability to relapse", which would then become a sub-category of the above-mentioned irascible "mental illness". Furthermore, to call drug withdrawal a "discontinuation syndrome" is yet another example of what Dr. John Breeding (Necessity of Madness & Unproductivity: Psychiatric Oppression or Human Transformation, Chipmunka Publishing) considers to be the transference of a "core state of shame and fear from theological rhetoric to a denatured objectivity." By the same token, it is not relevant to state that we need more evidence from longer-term controlled studies to assess the possibility that psychiatric patients function better in the long-term without psychotropic drugs, when what is desperately required is an honest acknowledgment, by learned professionals in the hire of the mental health industry, of the appropriate studies that have already been performed over a period of decades. This recognition would naturally lead to an honest assessment of the Health and Human Service industry in general and the theory, practice and research applications of psychiatry in particular.

Humanity, that is our moral and spiritual value is effectively framed by a method of establishing a sympathetic mutuality, wherein respect equates to influence, such that the successful seeker of experiential wisdom is being influenced by principled judgment. The seeker both respects and is respected by the one whose moral values model the reasoning of choice. The power in choice is the gift of happiness (or as Dr. John Breeding might say, "the gift of delight", which he likens to heaven) in appreciation for individual progress of self-realization within community, a process of self-direction in education. Choice directly equates to self-governance, self-control, self-rule, and self-determination i.e. the desirability for power-over one's personal self. The societal issue seems to be that people do not understand that all of these principles are based upon the concept of self-reliance, i.e. of individual responsibility and accountability for oneself. People deceive themselves into thinking that the terms mean hedonism or mayhem or inherently amoral, of being without conscience, mindfulness, or empathy. Furthermore they falsely believe that the sense of self-reliance begins and ends in economics. Such people have been/are being

instrumentally coerced into a code of conduct by dependant authoritarianism masking love, where suffering in fear and enforced, functional self-interest, guilt and anxiety is misconstrued as respect. There is no self-worth in a pill!

In the book of Matthew, Christ proclaims that true Christians are recognized "by their fruit." So what "fruit" does our Ontario Legislature have to show for their faith? The McGuinty government continues to financially support custodial, institutional care for our children and for our elders. In a resourceful commentary on an example social situation, Dr. Breeding (The Necessity of Madness and Unproductivity: Psychiatric Oppression or Human Transformation, Chipmunka Publishing) holds up - a mirror to us - when he relates his personal challenge of the psychiatric, state-sponsored drugging of our elders in nursing homes where the primary role of psychiatry "is as an agent of social control rather than the offsetting of elder despair, frustration and humiliation (thereby) allowing facilities to handle large numbers of individuals in need of extensive care with inadequate numbers and preparation of staff, and inhuman environment ... The drugs suppress emotional sensitivity and responsiveness, dulling the hurt, lessening "difficult" reactivity, thereby making patients more acquiescent and compliant with authority." "Mental illness" is a metaphor for medical illness. Contrary to ubiquitous social belief, psychosocial disability has never been proven to be a biological disease. In the States, the average age for which people receive ECT (electroshock) is 65 (the age when Medicaid kicks in) and the overwhelming majority of ECTs are performed on women, uniquely targeting elderly women in institutional state-sponsored care.

For any culture (or individual) to change, we must first recognize that something is wrong with our thinking, a transformational process of maturation. Toronto Star reporter Linda McQuaig wrote, "It's interesting to note that in medieval times, merchants determined to make large profits — were seen as anti-social, even repulsive." Without an honest investigation into the foundational knowledge that has been buried by psychiatry for two centuries, the passion that drives the arguments for full disclosure and transparency will be corrupted, as Dr. John Breeding stated, "into the service of sales for false hope cloaking the stick of displaced fears, masking lies of our shallowness, stuck on tremendous power, but empty of creativity." A civil war impacting against the social reality of the 'isms', the true basis for psychiatric theory, practice, research into and its applications onto "mental illness" can only result in the criminalization and repression of the "mentally ill."

From the very beginning of hierarchical civilization, myths and conditioning have been used to subjugate. Nevertheless, belief in anything, no matter how strongly held and no matter by how many believers, has ever been a scientifically proven fact. No genetic marker has ever been found for ANY serious "mental illness". As a professional science biopsychiatry is a stunning exemplar in its ability to feed on the chicken without first having hatched the egg. Dr. Fred Baughman, Neurologist explains, "For a disease to exist there must be a tangible, objective physical abnormality that can be determined by a test ... Disingenuous comparisons between physical and mental illness and medicine are simply part of psychiatry's orchestrated but fraudulent public relations and marketing campaign." Dr. John Breeding (The Necessity of Madness & Unproductivity: Psychiatric Oppression or Human Transformation, Chipmunka Publishing) explained that, because during stress-filled times "comfort becomes more important than truth (and) "shame-filled individuals cannot bear the burden of responsible self-examination (it is) so much safer and easier to be enchanted by the illusion that individuals suffer, not in direct proportion to societal oppression and irrationality, but because they have a disease ... Psychiatry cannot bear exposure; the public cannot bear exposure of psychiatry" which exists in cultural servitude as "the cloak that hides a thing."

What solidifies my mind into mute nonresponsiveness is the presumptive ease with which mental health professionals devise use of false assumptions to create artificial analysis, thereby finding fault for behavioral difference (thought/emotion), by centering their research within the individual (victim-blaming) with little recognition as to fault exterior to the individual and then only as an aside with little significance (scape-goating). In their seeming science-based rhetoric there is a rarely mentioned effort to discern the relationships between the intra-psychic and the inter-psychic. Even in the world of make-believe, eluding to 'sorcerer-speak' would naturally result in an honest assessment of profitable, oppressive, socio-political factors supported by and in support of eminent financial factors. Clearly, the overwhelming power-over the individual by these psychosocial factors is based in community traumatizations that denature individual psyches driving the victims temporarily dys/nonfunctional, hence subject to and subject of a psychosocial disability.

Suppressing inherent human expression is the purpose for which biopsychiatry (psychiatry/behavioral psychology) was created. Therefore finding fault within the individual is a must needs basic to any 'hired help' subjective judgment with mandatory attention to the 'company line.' Unfortunately, the staging of the debate creates an argumentative 'turf' for those of us who are working to enhance the quality of mental health services. Our purpose is to break the industrial-strength bonding to the exploitation of our humanity by economic power into something more akin to a humane effort promoting supportive community caring. But to 'bite into' the debate is to become as trapped as the victim into a defensive criticism based on individualism, thereby disabling our discourse's effort to achieve holism in community vitality.

Human transformation is preceded by a compelling, intuitive perception, which may be likened to sensing an unwholesome stench, a very powerful, pervading notification of there being 'something wrong' both intra and inter personally. The concomitant demand on our attention pursuant to decisive action is internalized holistically as a chronic, generalized psychological distress. The intuition of a foresighted, omnipresent aberrancy (or the whiff of that which is putrid) is responsible for our temporary 'state of madness,' which the mental health industry seeks to quell with various suppressive 'treatments'. The psychic conflict of 'knowing unnaturalness without cognition' that 'something is deviant' causes us intense, psychological distress or psychic crisis at a time when our mind is finally overwhelmed by the persistent apprehension of emergency and/or when we finally identify a personified source for our personally-felt endangerment. It is an unconscious act of surrender without which perpetration against us would continue unabated.

We persistently disregard recognition of our vulnerability, due to the exhaustion and timelessness of our harried life-style comorbid for logical acceptance of our social conditioning into learned helplessness through acculturation into victimization. Therefore we consistently fail to heed the self-protective tocsin of pervading peril that our inherent mother wit identifies. It is for this reason that those of us who naively function as propaganda dictates and seek 'help' within the institutional mental health industry do so with the exigency of seeking a refuge out of time and space in which to rediscover our stability within physical reality. This is why undergoing cognitive reduction by industrial 'treatments' such as psychotropic drugs and ECT may nullify our recovery by suppressing our capacity to recreate a personally-identified, culturally, independent niche. We need our intellect and emotions intact to use feeling/thought to work with and through to an expanded appreciation for the matrix of life, so that we may reconceive our essence of being, without which our psychosocial disability will become a permanent feature of our personality. Degree of recovery is inherent to the degree of acceptance that we are able to engage onto the challenge of self-realization, literally involving every level of our humanity. Unfortunately, in our authoritarian culture there is no acknowledgement of continued human

growth potential beyond a specific age. Food and shelter is the punishing reward for systemic compliance to collusion against both self and myself. Dr. John Breeding (*The Necessity of Madness & Unproductivity*, Chipmunka Publishing) suggested that activism impacting against the oppression that most hurt us is a co-requisite for recovery. Perhaps thinking that we are best able to be of service, because we are sensitive to the pain of betrayal and out of recognition that it is with feeling-thought that we reason our way towards comprehensive living in a dynamic action within and between, both intra-personally and inter-personally. By this rationale, self-determination is asserting one's self-direction in all things!

I symbolize my mind with a 'Dream Catcher' (preferably one of those 3-D circles within circles type, replete with beads, fur, skull and feathers). I liken biopsychiatry to the scissors and Psychiatrists/Behavioral Psychologists to the agency by which our Dream Catchers (in my experience) are shredded into disconnected fragments. The reasoning for their assault being our lacking in the perfection of holism from their righteous judgment as to the definition of whole. In my specific case - I had a mind full of memory holes, which I merrily skirted and danced around for decades as a fully functional human being in love with life and living. My Dream Catcher collapsed when I became dissatisfied, sensing the 'putrid stench' of the aberrancy and could no longer wrap my mind 'round its' decay. The decade of living following this incident in my life is a chronic, episodic repeat of the same crisis giving vent in a multitude of crises. The main difference being that I knew to stay away from the punishing 'treatments' of the mental health industry and instead hunkered down to weather out the episodic brain-storms that result when one is the victim of chronic community retraumatizations. I liken the mental health industry to be as ubiquitous as religion's placement in indigenous cultures. Every societal element exists relative to it, but also that every social element is framed by its' integral expression. Change happens but the human need for faith stays in place. As Dr. John Breeding wrote in *The Necessity of Madness & Unproductivity: Psychiatric Oppression or Human Transformation* (Chipmunka Publishing) while referencing psychiatric beliefs "holding all cultural oppressions in place into the indeterminate future."

Mostly I feel acute despair that any perseverance is futile in the wake of products, treatments, therapies and pharmaceuticals derived from research based on the corruption of reproducible science that is biopsychiatry, but I'm still an advocate for ephemeral hope. Without an honest investigation into the foundational knowledge that has been buried by psychiatry for two centuries, the passion that drives the arguments for full disclosure and transparency will be corrupted, as Dr. breeding pointed out, "into the service of sales for false hope cloaking the stick of displaced fears, masking lies of our shallowness, stuck on tremendous power, but empty of creativity." A civil war on reality, the true basis for psychiatric theory, practice, research into and its applications onto "mental illness" can only result in the criminalization and repression of the "mentally ill." Instead of promoting the development of personal authority and integrity, biopsychiatry promotes fear, shame, isolation, and dependence on authority or personal irresponsibility. In sum, psychiatry suppresses the necessary elements of emotional recovery, qualities which Dr. Breeding explains as "hope, courage, and complete self-appreciation; they are specific antidotes to hopelessness, fear and shame." In her article *Hope at Midnight* Rebecca Solnit wrote, "(t)hose with a stake in the status quo are there to protect the center not just from assault, but from imagination and transformation. But change will come anyway ... And besides which, if you give up, you'll hate yourself in the morning."

**Open Letter -- Ontario Works Harassment
(Assaults Against Person/Personhood)**

Monday, February 21, 2005

To: Sarah Shartal, Roach, Schwartz & Associates, Barristers & Solicitors
688 St. Clair Ave., West, Toronto, Ontario, Canada M6C 1B1
tel: (416) 657-1465, fax: (416) 657-1511 E-mail: sshartal@roachschwartz.com

From: Kathleen (Katie) M. Hill,
69 Robert Street #5, Hamilton, ON L8L 2P2
no phone, no fax, E-mail: Wolfdeck2003@yahoo.com or Wolfdeck@Hotmail.com

cc: **City of Hamilton, Public Health & Community Services Dept., OW Offices**

31 King St. E., 2nd Floor, Hamilton, ON L8N 4K3

c/o Jennifer Fortman Nossey phone: 905-546-2424 ext 2246

cc: Dr. Marie Bountrogianni, Ontarians With Disabilities Act and Dr. Kuldip Kular, Parliamentary Assistant, 400 University Avenue – 6th Floor, Toronto, ON M7A 2R9

Email: ppao@moh.gov.on.ca

cc: **Jack Layton, Leader New Democratic Party of Canada**

300 - 279 Laurier West, Ottawa, Ontario K1P 5J9

Phone (613) 236-3613, (866) 525-2555, Fax (613) 230-9950 E-mail: jack@fed.ndp.ca

cc: **David Christopherson, New Democratic Party, Hamilton Centre**, Ontario

585 Main Street East, Hamilton, Ontario, L8M 1J4

Telephone: (905) 526-0770 Fax: (905) 526-9943 E-Mail: Christopherson.D@parl.gc.ca

cc: **Shelley Martel, MPP Health & Long-Term Care**, Seniors smartel-gp@ndp.on.ca

Queen's Park Office, Room 112, West Wing, Main Legislative Building

Queen's Park, Toronto, ON, M7A 1A5

cc: **Michael Prue, MPP Community & Social Services** mprue-gp@ndp.on.ca

Queen's Park Office, Room 154, North Wing, Main Legislative Building

Toronto, ON, M7A1A5

cc: **His Worship Mayor Di Ianni, Office of the Mayor, The City of Hamilton**

71 Main Street West, Hamilton, Ontario, L8P 4Y5

Phone: (905) 546-4200 Fax: (905) 546-2340 E-mail: mayordiianni@hamilton.ca

cc: **Sam Merulla, Ward 4; City Hall Office**, 71 Main Street West, 2nd Floor, Hamilton, Ontario

Canada, L8P 4Y5 Phone: (905) 546-4512, Fax: (905) 546-2535, Email: smerulla@hamilton.ca

cc: **Dalton McGuinty, Premier & Leader Liberal Party of Ontario**

Rm 281, Main Legislative Building, Toronto ON M7A 1A4

Email: dmcguinty.mpp.co@liberal.ola.org

cc: **Paul Martin, Prime Minister of Canada**,

Office of the Prime Minister, 80 Wellington Street, Ottawa, K1A 0A2

Fax: 613-941-6900 E-Mail pm@pm.gc.ca

RE: Kathleen (Katie) M. Hill, SS# 224-837-765; Disability/OW Case #117216333

(1) Today, I discovered that I have just had my Ontario Works subsidy curtailed (March 1, 2005) for maybe the eighth time since applying for disability, initiated in December 2001. This error needs to be corrected immediately! I have a briefcase full of paperwork outlining the human rights

violations involved in my disability application, filed in February 2002. My case is still open, due in no small part to the efforts of my lawyer Sarah Shartal and the strength of my disability application, itself.

(2) In 2004, I survived on a total income of \$5,099.00. Nevertheless, the Ontario Government via OW refuses to pay me the money that it owes to me. I demand that this money be paid to me immediately.

a) My OW subsidy was frozen while I moved between municipalities. Erroneously, my OW increase (for the previous several months) was also frozen (October 1, 2005). I have not yet received this money! My OW worker refused to perform the necessary functions pursuant to my obtaining this fund.

b) Although the OW (Hamilton, ON) worker was able to figure out how much moneys I owed to the Ontario Government (December 2004), he was unwilling to assess how much money the Ontario Government owed to me for the homeless periods covering October and November and my frozen OW increase. At this time I was moving between municipalities in search of a lawyer to aid me in pursuing my disability case, while preventing OW from chronically curtailing my OW subsidy during the disability claimant process.

c) In order to travel to a region where I might be able to find legal council who is not subject to a state-controlled, conflict-of-interest in pursuing my disability case, I was forced to draw out \$300 of my Community Start-Up fund. While refusing to pay me the backlog of moneys that OW owes me, my worker was nevertheless able to provide me with the \$499. rather than the \$799. Community Start-Up funding. I should not have to pay to travel to another municipality in order to obtain legal council for a stalled disability application. Homelessness (almost 3 months) is sufficient punishment for persistence in pursuing a disability application. I demand that this money be returned to me.

d) On December 12, 2005 the OW worker forewarned me that my OW subsidy would be curtailed (February 1, 2005) if I did not complete a medical form applying to OW Hamilton for a disability exemption. I referred him to the appropriate sources of information concerning my disability application both in person and in writing.

e) January 1, 2005 my OW was curtailed due to lack of worker foresight involving computer mechanization. This error only took a week to correct and luckily did not cost me \$50 per NSF cheque as variously in the past. None of these OW errors involving personal expenses through erroneous curtailment of OW subsidy have ever been reimbursed to me by OW.

f) I applied for community housing (Hamilton, October 2004). I am still waiting for a room! I presently pay \$350 for an 8' x 12' attic room in a men's boarding house in which I live 23 1/2 hours out of every 24 hour period. This way I can avoid chronic exacerbation to my psychosocial disability by interpersonal interaction with alcoholic perps. I was reassured that the wait was only 2 - 3 months.

I initially applied for the OW 'Support Program' in September 2001, but quickly reasoned that there was no supportiveness - other than the cash flow - but only assaultive hostility for anyone who could not become and maintain full employment, therefore I applied for the Disability 'Support Program'. After years of suffering intense psychological distress endangering my physical health, while violating my temporary psychosocial dysfunctionality in a seeming effort to prevent 'recovery' and thereby to create a permanent disability, I realized that there was no supportiveness to the disability program - other than the cashflow - otherwise I would not have been so assaulted by community retraumatizations for having the audacity to apply to its 'Supportive Program!' In September 2004, I left Thunder Bay, ON and a government-subsidized home for the severely "mentally ill" who are homeless (Alpha Court--HIP-2 Project), because at the embarrassingly

persistent behest of the Disability Adjudicator (September 2003) I had completed a re-application for disability. This completed packet was still sitting on a professional's desk a year later.

I symbolize my mind with a 'Dream Catcher' (preferably one of those 3-D circles within circles type, replete with beads, fur, skull and feathers). I liken biopsychiatry to the scissors and Psychiatrists/Behavioral Psychologists to the agency by which our Dream Catchers (in my experience) are shredded into disconnected fragments. The reasoning for their assaults being our lacking in the perfection of holism from their righteous judgment as to the definition of whole. In my specific case - I had a mind full of memory holes, which I merrily skirted and danced around for decades as a fully functional human being in love with life and living. My Dream Catcher collapsed when I became dissatisfied, sensing the 'putrid stench' of the aberrancy and could no longer wrap my mind 'round its' decay. The decade of living following this incident in my life is a chronic, episodic repeat of the same crisis giving vent in a multitude of crises. The main difference being that I knew (from experience) to stay away from the debilitating, punishing 'treatments' of the mental health industry and instead hunkered down to weather out the episodic brain-storms that result when one is the victim of chronic community retraumatizations. I liken the mental health industry to be as ubiquitous as religion's placement in indigenous cultures and historically our own culture. Every societal element exists relative to it, but also that every element is framed by its' integral expression. Change happens but the human need for faith stays in place. As Dr. John Breeding wrote in *The Necessity of Madness & Unproductivity: Psychiatric Oppression or Human Transformation* (Chipmunka Publishing) formerly religion and presently psychiatry--holding all cultural oppressions in place into the indeterminate future.

"Mental illness" is a metaphor for medical illness. It is not and has never been proven to be a biological disease. Drugs and ECT (and still lobotomy) "treatments" are the financially-driven, punishing vice of social control over our unwanted citizenry. The societal belief that psychosocial dysfunctionality is a biological brain-sick is the misdirection and illusion of industry/state-sponsored, psychiatric propaganda agency for suppressing the recognition of diverse culturally-enforced oppressions, by consistently distracting our attention from the community reality of social injustice. In sum, our culture enforces and maintains conditioned laws of oppressive systems and mechanisms (adultism, sexism, racism, ageism, homophobia, homelessness, etc.). For example, to call drug withdrawal a "discontinuation syndrome" is yet another example of what Dr. John Breeding considers to be the transference of a "core state of shame and fear from theological rhetoric to a denatured objectivity."

Repressing personal resolution and closure to and recovery from our emotional distress is the primary social mechanism by which we all escape responsibility for the obfuscating role of psychiatric systematic suppression of individual emotional expressions of pain associated with oppressive, hurtful experiences. Suppressing inherent human expression is the purpose for which biopsychiatry (psychiatry/behavioral psychology) was created. Therefore finding fault within the individual is a must needs basic to any 'hired help' subjective judgment with mandatory attention to the 'company line.' Unfortunately, the staging of the debate creates an argumentative 'turf' for those of us who are working to enhance the quality of mental health services. Our purpose is to break their industrial-strength bonding to the exploitation of our humanity by power into something more akin to a humane effort promoting supportive community caring. But to 'bite into' the debate is to become as trapped as the victim into a defensive criticism based on individualism, thereby disabling our discourse's effort to achieve holism in community vitality.

For any culture (or individual) to change, we must first recognize that something is wrong with our thinking, a transformational process of maturation. Toronto Star reporter Linda McQuaig

wrote, "It's interesting to note that in medieval times, merchants determined to make large profits — were seen as anti-social, even repulsive." Without an honest investigation into the foundational knowledge that has been buried by psychiatry for two centuries, the passion that drives the arguments for full disclosure and transparency will be, as Dr. Breeding stated in *The Necessity of Madness & Unproductivity*, "corrupted into the service of sales for false hope cloaking the stick of displaced fears, masking lies of our shallowness, stuck on tremendous power, but empty of creativity." A civil war of attrition impacting against the social reality of the 'isms', the true basis for psychiatric theory, practice, research into and its applications onto "mental illness" can only result in the criminalization and repression of the "mentally ill." From the very beginning of hierarchical civilization, myths and conditioning have been used to subjugate. Nevertheless, belief in anything, no matter how strongly held and no matter by how many believers, has ever been a scientifically proven fact. No genetic marker has ever been found for ANY serious "mental illness". As a professional science biopsychiatry is a stunning exemplar in its ability to feed on the chicken without first having hatched the egg. Dr. Fred Baughman, Neurologist explains, "For a disease to exist there must be a tangible, objective physical abnormality that can be determined by a test ... Disingenuous comparisons between physical and mental illness and medicine are simply part of psychiatry's orchestrated but fraudulent public relations and marketing campaign." Dr. John Breeding (*The Necessity of Madness & Unproductivity*, Chipmunka Publishing) explained that, because during stress-filled times "comfort becomes more important than truth (and) "shame-filled individuals cannot bear the burden of responsible self-examination (it is) so much safer and easier to be enchanted by the illusion that individuals suffer, not in direct proportion to societal oppression and irrationality, but because they have a disease ... Psychiatry cannot bear exposure; the public cannot bear exposure of psychiatry" which exists in cultural servitude as "the cloak that hides a thing."

Sincerely,

Kathleen (Katie) M. Hill, B.Sc.Biology, Founder DS-n-SP-CAF™, C/S/X Self-Advocate
Author: RANTing OUt the Devil: Community Traumatization & Human Transformation

Open Letter: Ontarians with Disability Act 2001

Tuesday, February 22, 2005

<http://www.ppaio.gov.on.ca/pos-oda.html>

- The PPAO recommends that additional funding be provided to Legal Aid Ontario and the Ontario Human Rights Commission to ensure that individuals whose rights have been violated are not further stigmatized and marginalized by being denied access to justice.
- The PPAO recommends that an individual, group or organization have access to an independent professional advocate should they wish assistance in navigating the complaints process and exercising their rights.
- The PPAO recommends that a clearly defined and articulated complaints process be established with timelines for complaint investigation to ensure timely resolution.
- The PPAO recommends that the government maximize the participation of individuals from all sectors, including the mental health community, to ensure that individuals with a wide range of disabilities and a wide range of ages are equal partners in the design of guidelines, standards and regulations, implementation, monitoring and evaluation of the Act and the Regulations.

To: Dr. Marie Bountrogianni and Dr. Kuldip Kular

From: Kathleen M. Hill

Yesterday I wrote to you outlining my grievances against Ontario Works, Hamilton, Ontario, not the least of which was my imminent curtailment of subsidy (March 1, 2005) for 'lack of information.' This was the same problem for which my subsidy was curtailed on January 1, 2005 and for which I have had my subsidy curtailed innumerable times since filing for disability in February 2002 (Thunder Bay, Ontario). I also wrote of several recent examples (in my experience) as to how those of us surviving, at perhaps 25% of the poverty line, are persistently cheated out of pennies owed to us by the Ontario Government's social service industry. As I explained in yesterday's email, I am no longer applying to disability in order to access their 'supportive' programming, I just want the money as clearly that is all that is available or I would not have been so assaulted for having attempted access.

Today I am writing to apologize for being unable to attend the public hearings on the ODA Initiative. I have attempted to write in as the ODA Committee has asked, but have not been able to formulate such a letter. The issues involved with the Health & Human Service industry are myriad, while the issues involved with the racketeering, corruption and fraud of the Mental Health industry touch upon me personally creating the intense pain of despair, anguish and outrage such that I am unable to read the emails sent to me by the ODA Committee. In attempting to write several letters (on various topics) to the editor (The Star, The Spec) I eventually put together the following essay. I am sending it to you in the hope that it may be of

beneficial use in forwarding the Ontarians With Disabilities Act.

P.S. You need to excise the term "Patients" or change the term into something more appropriate! There is not and has never been anything medical about a psychosocial disability. The term "Psychiatric" is also a null term as the profession's sadism and greed will soon drive it non-existent. In order to lead us in the pursuit of transformational cultural change, it is first necessary to dismiss the 'false belief systems' that have been created in fulfillment of ulterior motives based in attainment of power and self-aggrandizement, in turn resulting in our being stigmatized and marginalized by being denied access to justice in order to create a social environment where (we may be allowed to be) equal partners in the design of guidelines, standards and regulations, implementation, monitoring and evaluation of the Act and the Regulations.

Oppression Advances: Resolving Integrity

Social Control: For two centuries Psychiatry and Industry have been economically rewarded and state mandated with the legal power to perpetrate legal torture, in service to the needs, wants and desires of the dominant culture of mainstream society, hence in a financially empowered and mutually beneficial symbiosis. For ex. the administration of ECT and potent Schedule II controlled substances (pharmaceuticals including poly-pharma) to millions of our children. "Through strong, painful impressions we capture the person's attention, accustom him to unconditional obedience, and indelibly imprint in his heart the feeling of necessity. The will of his superior must be such a firm, immutable law for him that he will no more resist it than he would rebel against the elements." Johann Christian Reil, creator of the word Psychiatry, 1810

Self-Validation & Financial Gain: While Florence Nightingale was working in the Crimea, a dentist was inventing anesthesia, and a doctor was developing sterilization, biopsychiatry was assertively labeling behavioral difference as a biological brainsick. "Madness is purely a disease of the brain. The physician is now the responsible guardian of the lunatic, and must ever remain so." 1858 edition of the 'British Journal of Mental Science' (formerly the British Asylum Journal, latterly the British Journal of Psychiatry). Perception is a product of mind (consciousness) a nonphysical element of our biology. We are not the sum of our parts. We are greater than the sum of our parts. And the greater is consciousness. Biopsychiatry fails to obtain proofs for biological brain disease, because one cannot address a non-physical element with a physical world tool-kit i.e. objective, empirical science. The foundational knowledge of psychiatry will always be theorem and never fact. We need to evolve to the level of gods ourselves to be able to encompass the knowledge that is required to create the verifiable science that can be applied toward discovery of that which has 'no organic substance'.

Universal Rationalism: Just about the time that anesthesia and sterilization were becoming universally recognized as correct procedure in medicine, biopsychiatry without any objective science to show for its beliefs was hailing its hypothesis as universal fact. "Insanity in its various forms is now universally admitted to be a Disease ... and therefore to be viewed in the same light and treated on the same principles as those which regulate medical practice in other branches ... and the more rational idea prevails... James F. Duncan, 1875 President's Address, Journal of Mental Science 21, 316

"Mental illness" is a metaphor for medical illness. It is not and has never been proven to be a biological disease. Drugs and ECT (and still lobotomy) "treatments" are the punishing vice of social control over our unwanted citizenry, a natural ramification of the belief in the mythical

concept of “biologically-based brain sick.” The societal belief that “mental illness” is a biological brain disease as socially accepted fact is the misdirection and illusion of psychiatric propaganda agency for suppressing the recognition of diverse culturally-enforced oppressions, by consistently distracting our attention from the community reality of social injustice. In sum, our culture enforces and maintains conditioned laws of oppressive systems and mechanisms (adulthood, sexism, racism, ageism, homophobia, homelessness, etc.). The obfuscating role of psychiatric systematic suppression (punishment) of individual emotional expressions of pain associated with oppressive, hurtful experiences promotes social control pursuant to the maintenance of the status quo. Repressing personal resolution and closure to and recovery from our emotional distress is the primary social mechanism by which we all escape responsibility for social injustice.

For example, I have heard the human process of drug withdrawal clarified, by an eminent psychiatrist, as “neuroleptic discontinuation syndrome.” Because “neuroleptic discontinuation syndrome” means the process of drug withdrawal in an addict, it would be best to state the case for clarity as -- drug withdrawal. Otherwise we might inadvertently support the case for the A.P.A. (American Psychiatric Association) voting into being yet another “biologically-based mental-illness” for placement into their biblical text, the D.S.M. (Diagnostic and Statistical Manual of Psychiatry). Or has this dogma already been added? This in turn would lend pseudo-scientific credence to the existence of a “biologically-induced vulnerability to relapse”, which would then become a sub-category of the above-mentioned irascible “mental illness”. Furthermore, to call drug withdrawal a “discontinuation syndrome” is yet another example of what Dr. John Breeding (Necessity of Madness & Unproductivity: Psychiatric Oppression or Human Transformation, Chipmunka Publishing) considers to be the transference of a “core state of shame and fear from theological rhetoric to a denatured objectivity.” By the same token, it is not relevant to state that we need more evidence from longer-term controlled studies to assess the possibility that psychiatric patients function better in the long-term without psychotropic drugs, when what is desperately required is an honest acknowledgment, by learned professionals in the hire of the mental health industry, of the appropriate studies that have already been performed over a period of decades. This recognition would naturally lead to an honest assessment of the Health and Human Service industry in general and the theory, practice and research applications of psychiatry in particular.

Humanity, that is our moral and spiritual value is effectively framed by a method of establishing a sympathetic mutuality, wherein respect equates to influence, such that the successful seeker of experiential wisdom is being influenced by principled judgment. The seeker both respects and is respected by the one whose moral values model the reasoning of choice. The power in choice is the gift of happiness (or as Dr. John Breeding might say, “the gift of delight”, which he likens to heaven) in appreciation for individual progress of self-realization within community, a process of self-direction in education. Choice directly equates to self-governance, self-control, self-rule, and self-determination i.e. the desirability for power-over one’s personal self. The societal issue seems to be that people do not understand that all of these principles are based upon the concept of self-reliance, i.e. of individual responsibility and accountability for oneself. People deceive themselves into thinking that the terms mean hedonism or mayhem or inherently amoral, of being without conscience, mindfulness, or empathy. Furthermore they falsely believe that the sense of self-reliance begins and ends in economics. Such people have been/are being instrumentally coerced into a code of conduct by dependant authoritarianism masking love, where suffering in fear and enforced, functional self-interest, guilt and anxiety is misconstrued as respect. There is no self-worth in a pill!

In the book of Matthew, Christ proclaims that true Christians are recognized “by their fruit.” So

what “fruit” does our Ontario Legislature have to show for their faith? The McGuinty government continues to financially support custodial, institutional care for our children and for our elders. In a resourceful commentary on an example social situation, Dr. Breeding (The Necessity of Madness and Unproductivity: Psychiatric Oppression or Human Transformation, Chipmunka Publishing) holds up - a mirror to us - when he relates his personal challenge of the psychiatric, state-sponsored drugging of our elders in nursing homes where the primary role of psychiatry “is as an agent of social control rather than the offsetting of elder despair, frustration and humiliation (thereby) allowing facilities to handle large numbers of individuals in need of extensive care with inadequate numbers and preparation of staff, and inhuman environment ... The drugs suppress emotional sensitivity and responsiveness, dulling the hurt, lessening “difficult” reactivity, thereby making patients more acquiescent and compliant with authority.” “Mental illness” is a metaphor for medical illness. Contrary to ubiquitous social belief, psychosocial disability has never been proven to be a biological disease. In the States, the average age for which people receive ECT (electroshock) is 65 (the age when Medicaid kicks in) and the overwhelming majority of ECTs are performed on women, uniquely targeting elderly women in institutional state-sponsored care.

For any culture (or individual) to change, we must first recognize that something is wrong with our thinking, a transformational process of maturation. Toronto Star reporter Linda McQuaig wrote, “It’s interesting to note that in medieval times, merchants determined to make large profits — were seen as anti-social, even repulsive.” Without an honest investigation into the foundational knowledge that has been buried by psychiatry for two centuries, the passion that drives the arguments for full disclosure and transparency will be corrupted, as Dr. John Breeding stated, “into the service of sales for false hope cloaking the stick of displaced fears, masking lies of our shallowness, stuck on tremendous power, but empty of creativity.” A civil war impacting against the social reality of the ‘isms’, the true basis for psychiatric theory, practice, research into and its applications onto “mental illness” can only result in the criminalization and repression of the “mentally ill.”

From the very beginning of hierarchical civilization, myths and conditioning have been used to subjugate. Nevertheless, belief in anything, no matter how strongly held and no matter by how many believers, has ever been a scientifically proven fact. No genetic marker has ever been found for ANY serious “mental illness”. As a professional science biopsychiatry is a stunning exemplar in its ability to feed on the chicken without first having hatched the egg. Dr. Fred Baughman, Neurologist explains, “For a disease to exist there must be a tangible, objective physical abnormality that can be determined by a test ... Disingenuous comparisons between physical and mental illness and medicine are simply part of psychiatry's orchestrated but fraudulent public relations and marketing campaign.” Dr. John Breeding (The Necessity of Madness & Unproductivity: Psychiatric Oppression or Human Transformation, Chipmunka Publishing) explained that, because during stress-filled times “comfort becomes more important than truth (and) “shame-filled individuals cannot bear the burden of responsible self-examination (it is) so much safer and easier to be enchanted by the illusion that individuals suffer, not in direct proportion to societal oppression and irrationality, but because they have a disease ... Psychiatry cannot bear exposure; the public cannot bear exposure of psychiatry” which exists in cultural servitude as “the cloak that hides a thing.”

What solidifies my mind into mute nonresponsiveness is the presumptive ease with which mental health professionals devise use of false assumptions to create artificial analysis, thereby finding fault for behavioral difference (thought/emotion), by centering their research within the individual (victim-blaming) with little recognition as to fault exterior to the individual and then only as an aside with little significance (scape-goating). In their seeming science-based rhetoric there

is a rarely mentioned effort to discern the relationships between the intra-psychic and the inter-psychic. Even in the world of make-believe, eluding to 'sorcerer-speak' would naturally result in an honest assessment of profitable, oppressive, socio-political factors supported by and in support of eminent financial factors. Clearly, the overwhelming power-over the individual by these psychosocial factors is based in community traumatizations that denature individual psyches driving the victims temporarily dys/nonfunctional, hence subject to and subject of a psychosocial disability.

Suppressing inherent human expression is the purpose for which biopsychiatry (psychiatry/behavioral psychology) was created. Therefore finding fault within the individual is a must needs basic to any 'hired help' subjective judgment with mandatory attention to the 'company line.' Unfortunately, the staging of the debate creates an argumentative 'turf' for those of us who are working to enhance the quality of mental health services. Our purpose is to break the industrial-strength bonding to the exploitation of our humanity by economic power into something more akin to a humane effort promoting supportive community caring. But to 'bite into' the debate is to become as trapped as the victim into a defensive criticism based on individualism, thereby disabling our discourse's effort to achieve holism in community vitality.

Human transformation is preceded by a compelling, intuitive perception, which may be likened to sensing an unwholesome stench, a very powerful, pervading notification of there being 'something wrong' both intra and inter personally. The concomitant demand on our attention pursuant to decisive action is internalized holistically as a chronic, generalized psychological distress. The intuition of a foresighted, omnipresent aberrancy (or the whiff of that which is putrid) is responsible for our temporary 'state of madness,' which the mental health industry seeks to quell with various suppressive 'treatments'. The psychic conflict of 'knowing unnaturalness without cognition' that 'something is deviant' causes us intense, psychological distress or psychic crisis at a time when our mind is finally overwhelmed by the persistent apprehension of emergency and/or when we finally identify a personified source for our personally-felt endangerment. It is an unconscious act of surrender without which perpetration against us would continue unabated.

We persistently disregard recognition of our vulnerability, due to the exhaustion and timelessness of our harried life-style comorbid for logical acceptance of our social conditioning into learned helplessness through acculturation into victimization. Therefore we consistently fail to heed the self-protective tocsin of pervading peril that our inherent mother wit identifies. It is for this reason that those of us who naively function as propaganda dictates and seek 'help' within the institutional mental health industry do so with the exigency of seeking a refuge out of time and space in which to rediscover our stability within physical reality. This is why undergoing cognitive reduction by industrial 'treatments' such as psychotropic drugs and ECT may nullify our recovery by suppressing our capacity to recreate a personally-identified, culturally, independent niche. We need our intellect and emotions intact to use feeling/thought to work with and through to an expanded appreciation for the matrix of life, so that we may reconceive our essence of being, without which our psychosocial disability will become a permanent feature of our personality. Degree of recovery is inherent to the degree of acceptance that we are able to engage onto the challenge of self-realization, literally involving every level of our humanity. Unfortunately, in our authoritarian culture there is no acknowledgement of continued human growth potential beyond a specific age. Food and shelter is the punishing reward for systemic compliance to collusion against both self and myself. Dr. John Breeding (*The Necessity of Madness & Unproductivity*, Chipmunka Publishing) suggested that activism impacting against the oppression that most hurt us is a co-requisite for recovery. Perhaps thinking that we are best able to be of service, because we are sensitive to the pain of betrayal and out of recognition that

it is with feeling-thought that we reason our way towards comprehensive living in a dynamic action within and between, both intra-personally and inter-personally. By this rationale, self-determination is asserting one's self-direction in all things!

I symbolize my mind with a 'Dream Catcher' (preferably one of those 3-D circles within circles type, replete with beads, fur, skull and feathers). I liken biopsychiatry to the scissors and Psychiatrists/Behavioral Psychologists to the agency by which our Dream Catchers (in my experience) are shredded into disconnected fragments. The reasoning for their assault being our lacking in the perfection of holism from their righteous judgment as to the definition of whole. In my specific case - I had a mind full of memory holes, which I merrily skirted and danced around for decades as a fully functional human being in love with life and living. My Dream Catcher collapsed when I became dissatisfied, sensing the 'putrid stench' of the aberrancy and could no longer wrap my mind 'round its' decay. The decade of living following this incident in my life is a chronic, episodic repeat of the same crisis giving vent in a multitude of crises. The main difference being that I knew to stay away from the punishing 'treatments' of the mental health industry and instead hunkered down to weather out the episodic brain-storms that result when one is the victim of chronic community retraumatizations. I liken the mental health industry to be as ubiquitous as religion's placement in indigenous cultures. Every societal element exists relative to it, but also that every social element is framed by its' integral expression. Change happens but the human need for faith stays in place. As Dr. John Breeding wrote in *The Necessity of Madness & Unproductivity: Psychiatric Oppression or Human Transformation* (Chipmunka Publishing) "holding all cultural oppressions in place into the indeterminate future."

Mostly I feel acute despair that any perseverance is futile in the wake of products, treatments, therapies and pharmaceuticals derived from research based on the corruption of reproducible science that is biopsychiatry, but I'm still an advocate for ephemeral hope. Without an honest investigation into the foundational knowledge that has been buried by psychiatry for two centuries, the passion that drives the arguments for full disclosure and transparency will be corrupted, as Dr. breeding pointed out, "into the service of sales for false hope cloaking the stick of displaced fears, masking lies of our shallowness, stuck on tremendous power, but empty of creativity." A civil war on reality, the true basis for psychiatric theory, practice, research into and its applications onto "mental illness" can only result in the criminalization and repression of the "mentally ill." Instead of promoting the development of personal authority and integrity, biopsychiatry promotes fear, shame, isolation, and dependence on authority or personal irresponsibility. In sum, psychiatry suppresses the necessary elements of emotional recovery, qualities which Dr. Breeding explains as "hope, courage, and complete self-appreciation; they are specific antidotes to hopelessness, fear and shame." In her article *Hope at Midnight* Rebecca Solnit wrote, "(t)hose with a stake in the status quo are there to protect the center not just from assault, but from imagination and transformation. But change will come anyway ... And besides which, if you give up, you'll hate yourself in the morning."

Sincerely,

Kathleen (Katie) M. Hill, B.Sc.Biology

Founder DS-n-SP-CAF™, C/S/X Self-Advocate

Author: RANTing OUT the Devil: Community Traumatization & Human Transformation

OUTSideR Art: Based on personal experiences of psychosocial pain, despair and outrage.

A project of DS-n-SP-CAF™

Advocating the developing roles of Service Users & Professional Providers within the Health & Human Service Industry. <http://www.geocities.com/Wolfdeck2003/index.html>

Open Letter -- Ontarians With Disability Act 2001

Speaking to the Issues

Friday, February 25, 2005

Dr. Marie Bountrogianni, Minister of Citizenship and Immigration, and

Dr. Kuldip Kular, Parliamentary Assistant

400 University Avenue – 6th Floor

Toronto, ON

M7A 2R9

<http://www.ppao.gov.on.ca/pos-oda.html>

c.c.: Hon. George Smitherman

Minister of Health and Long-Term Care,

80 Grosvenor St, 10th Flr, Hepburn Block

Toronto ON M7A 2C4 George Smitherman

E-mail Address(es):

gsmitherman.mpp@liberal.ola.org

Phone: 416-327-4300

Fax: 416-326-1571

RE: Ontarians with Disabilities Act, 2001: Promoting Peoples' Human Rights: Psychosocial Advocate Office

Submission of Dynamic Services & Specialized Personnel: Community Advocacy Foundation(TM) Office

Attention: Dr. Bountrogianni and Dr. Kular:

Speaking to the issues of import:

- The PPAO recommends that the ODA adopt the principle of 'zero tolerance' to harassment and discrimination of individuals with disabilities.
- The PPAO recommends that an individual, group or organization have access to an independent professional advocate should they wish assistance in navigating the complaints process and exercising their rights.
- The PPAO recommends that a clearly defined and articulated complaints process be established with timelines for complaint investigation to ensure timely resolution.
- The PPAO recommends that minimum penalty provisions and effective enforcement mechanisms be put in place to respond to those who contravene the Act.

****It is imperative that complaints of harassment against Ontario Works and the Disability Commission Industries have some place to be lodged, i.e. that there is a job description which will cause someone to be responsible for and accountable to us - to hear our complaints of harassment/assaults against our person and our personhood. This will, in no small way, prevent our temporary psychosocial dysfunctionality from becoming a temporary but long-term psychosocial dysfunctionality and in turn from becoming a permanent life-long psychosocial disability (for which I, a woman assaulted, harassed and buried alive by beurocratic and mental health industry conflicts-of-interest, am an example).

- The PPAO recommends the formation of an independent advocacy and rights protection agency that can monitor and promote systemic change and provide leadership in the elimination of physical and attitudinal barriers.

****I suggest that DS-n-SP-CAF(TM) be considered as a template for such an organization, which does not require more than a modicum of (expensive) professionalism. It can be found at <http://www.geocities.com/wolfdeck2003/dsnsp.html>

- The PPAO recommends that a public education campaign be designed to foster tolerance, understanding and acceptance of individuals with disabilities.

****Any educational campaign would be accountable to speak the truth otherwise it's 'pap' is doomed to fail - as it has (and expensively so) in the past. For example, 1) "Mental illness" does not exist as it is defined by biopsychiatry. 2) "Mental illness" is not and has never been a medical issue 3) Psychiatry has a 200 year history of sadism stemming from inherent racketeering, corruption and fraud. 4) Biopsychiatry is inherently sadistic based in false dogma pursuing ulterior motives sponsored by power. 5) Psychiatry's beliefs propagandized as

fact naturally lead to eugenics 5) Psychiatric "treatments" are biological fixes for non-organic issues representing centuries of en masse human experimentation for profit. Etcetera...

- The PPAO recommends that additional funding be provided to Legal Aid Ontario and the Ontario Human Rights Commission to ensure that individuals whose rights have been violated are not further stigmatized and marginalized by being denied access to justice.

****Our major source of community (re)traumatization comes to us directly from Ontario Works and the Disability Commission, thereby subsidizing the mental health industry (institutional, professionalism, corporatism), each of which fulfill their cryptic role (see above) as is required by State. It is absolutely necessary that Legal Aid Ontario have the capacity to sue in civil court for damages to our person and personhood by the aforesaid as a primary mechanism to curtail their assaults against our person and personhood. Furthermore that the Ontario Human Rights Commission be funded similarly enabling it to create new law providing us with the equivalent of a protection order against ongoing perpetration by the aforesaid.

****For all of the above reasons - (See "Psychiatric Patient" Advocate Office) - I suggest a good beginning would be to excise the word "patient" from your website. It is impossible to advocate truth while propagating a meme of deceit!

Sincerely,

Kathleen (Katie) M. Hill, B.Sc.Biology

Founder DS-n-SP-CAF™, Psychiatric C/S/X Self-Advocate

Author: RANTing OUT the Devil: Community Traumatization & Human Transformation

OUTSideR Art: Based on personal experiences of psychosocial pain, despair and outrage.

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The following message to <disability@mx.civitas.gc.ca> was undeliverable.

The reason for the problem:

5.4.7 - Delivery expired (message too old) [Default] 451-'qq temporary problem (#4.3.0)'

RESUME (September 2003 - September 2004)

August 18, 2004: Last week I was suicidal, again! I finally accepted that I would never otherwise escape the fraudulent trap willfully created by the established mental 'health' industry, the community of 'self-helping' professionals, and their intimate collusion with state (Ont. Wrks. and ODSP), while racketeering with corporate pharma. I was not depressed! I intelligently assessed my options and there were none. Up until now, suicidal ideation has always been a self-soothing escape in its own right. The calm that takes hold has always resulted in creative discovery by feeling-thought (reason), thereby providing me with an option out of seeming nothing. Then MindFreedom.org sent me an action alert. Suddenly, I was my childhood totem (wolf) with fangs going for the jugular. I became alive with purpose! Now that I have exhausted my resources for advocacy on another's behalf, it has occurred to me that perhaps I should try again to advocate for myself. I did this, locally, last summer. I have a manual of letters as thick as your thumb with cc's to all professionals directly or indirectly affiliated with my case. I never received a confirmation of receipt for letters (all hard copy), let alone supportive suggestions. I had to sell the furniture I found through my dumpster-dumpings (\$40) to pay for the print-out and mailings.

The purpose of the established system of 'self-helping' professionals is to receive salary and benefits package for guarding power's resources 'against' the consumers of services, with propagandized bigotry being the proofs for its necessity. <http://dawn.thot.net/abuse.html> In this way the system first creates and then exacerbates psychosocial/psychospiritual dysfunctionality into life-long disability. The established "mental health" industry in collusion with state and strictly for the purposes of social control and profit-mongering first creates and then exacerbates the oppression of the various 'isms' in turn leading to systemic social issues, such as child and woman assault. Metaphorically, the health and human service industry is like a cancerous, amoeboid macrophage in a complex immune system. Its growth threatens to digest—all. There is no therapy for psychosocial issues in a pill or an injection or even a subcutaneous patch. The remedies for psychosocial disability save tax-payer dollars. I was taught that "a penny saved is a penny earned." But this is unacceptable behavior when cannibalizing the populace creates wealth for the few. [http://www.mindfreedom.org/mindfreedom/bush psychiatry.shtml](http://www.mindfreedom.org/mindfreedom/bush_psychiatry.shtml)

BACKTRACK:

September 24, 2003: I attended the adjudication meeting for ODSP with my housing support worker and no one else. The adjudicator apologized profusely for denying my appeal. She had no other choice as I had no proofs. The trauma specialist's report needed to be written by someone certified in Ontario, not Dallas TX, June Ellason formerly of Colin Ross Institute. She reiterated, to the point of embarrassment, that I should not give up hope, but to reapply stating that she would write up a report in my favor, which she did. I asked point blank whether there were no other

appeals that I could access. She stated emphatically “No!” All this in front of a witness.

A couple of days later I moved to be close to the shelter so that I may eat on a regular basis. I was physiologically and psychologically weak from the duress of being denied bus pass to get to food and dismissed from the welfare roles three times over a period of 3 months, my punishment for non-compliance to Ontario Works Mandatory Employment Harassment Program, while exempt from same, and thereby bringing the total to 5 times since February 2002. This also curtailed my efforts to obtain professional support for my ODSP appeal—no transportation. This was important as pursuing my case while being assaulted by Ontario Works had driven me non-functional.

October 2003: I bought a TV from Community Start-Up and a desk and chair for my computer (200 MHz, Pentium (r)). I sat on the sofa for the month and watched my free month of cable TV and then cut it off. I gained strength and stability through food and feeling-thought on my situation. I finally got up the strength to apply again for ODSP and made an appointment with the local health centre pursuant to filing an application. I was reassured by both the individual who handles ODSP claims and the Doctor, that they now had a visiting psychiatrist that would perform this task for them and that I was on the list.

December 2003: I checked out the clinic for my appointment and I was not on the list. I could make an appointment in the New Year. They requested that I come back in January 2004.

January 2004: I made an appointment for an assessment for the end of the month. The psychiatrist was unable to attend. I made an appointment for the end of February.

February 2004: The first thing that the psychiatrist said was that he had students who would like to attend the meeting (assessment) and would I mind if they came into the office. To paraphrase, I said yes that I minded and No I do not want the students in the office. He then left and returned with them. I was not very diplomatic throughout this assessment. In fact, I took it upon myself to enlighten the students to the fact that psychiatry is a corrupt fraud and based in fraud from the get-go, and so on and on and on. I became mildly dissociated and was bringing all my psychic energies to bear on my behavior to avoid a volatile flashback. I became ‘irritated’ with the disdain and contempt aimed at me, just because I was not paying out-of-pocket and was one of ‘them’, and therefore a suitable object of academic pursuit. It was because I had been considered a suitable object for academic pursuit (1994, Raleigh, NC; Holly Hill “Mental Health”) that I am forced to pursue disability in the first place. With much the same attitude the Nazis considered our extermination to be ‘mercy killing’ and so exterminated 200,000 in the basements of institutions—before they went for the Jews. To the initial list they added children and physiological disabilities, bringing the total up to 300,000 plus individuals under state control. Please note: It had taken since December 2001 to get to the possibility of an honest assessment, which is all that I have ever asked for.

March 2004: It was necessary to make another appointment as the psychiatrist had not been able to peruse the voluminous data involved in my case. I had also given him some more data (my old, now deleted web site). At this assessment the psychiatrist apologized for the incompetence of the first psychiatrist at the local mental health institution. I explained that being a newbie fresh out of school is no excuse. As an M.D. she knew to confer with the specialist when one is available and there was. She also knew to refer consumers whose issues she is uncomfortable with, i.e. lacking in knowledge-to another in the community, which she also failed to do. She wrote up a report that was more reminiscent of a student in Jr. High on the wrong side of the debating team, i.e. confused. She clearly set herself up to malign my character and did so, no doubt out of resentment for my making her work difficult by my existence. Worse still, she called me a Malingerer with an Adjustment Disorder and thereby nullified my ODSP application. The legal aid lawyer quickly sent this in (December 2002) and refused to do anything else. The mental health institution that the former psychiatrist worked for refused to deal with this issue, even though the Head of Psychiatry and the Patients Advocate received several of my letters, i.e. I kept them informed about my situation. There was no corroborative basis for her assessment other than I was a consumer in need of 'help'. She prescribed an anti-depressant, because she was deaf to my insistence that I was not depressed, not to mention blind and deaf to my anxiety-ridden anguish and panic-ridden outrage and the dissociative fragmenting that resulted from my present distress and her refusal to do anything about Ont. Wrks. Harassments and my ODSP application. Clearly she is being paid to function in this exact manner by the employer, a government-funded institution.

I talked on--in an effort to explain myself. I had a terrible time not yelling, as he was only 2 ½ feet away from me. At home, I waited for word—thumbs up or thumbs down—literally. I gave up Kelly (my 4-footed companion). He had missed his shots the previous year and I could not afford to get his shots this year. I went without to ensure that he was well-fed and cared for, but there was nothing else to streamline. As I no longer need to walk the dog, I only leave the apartment for food. I gave away my 200 MHz computer, deleted my website and got SHAW TV cable again, so that I may involve myself with the heady issues of the Star Trek family. With the loss of Kelly, I could no longer stand to be in T-Bay or even look out my window. I closed off the front of the apartment and took up residence on the sofa in the dark. I began my move! I carried everything I could to the shelter and gave away my indoor garden. These items I would be unable to take with me, either way—so to speak.

May 2004: I returned to the health centre asking about the assessment report. They had not received it: They would inquire about it.

June 2004: Exactly one year after I refused to validate the ODSP hearing by my attendance, a kangaroo-court to process lies on paper, i.e. It looks like an application was processed until one reads it. Obviously no one reads, as it complicates matters. I returned early in the month to the health centre and was informed by the gentleman who processes the applications, that he had spoken with the psychiatrist's office--the report was completed and was in the process of being mailed to the centre. I was reassured that as soon as it was received then it would be immediately mailed out. I sold the computer desk and chair that Community Start-Up purchased, as well as a bicycle and with the money I had saved after Kelly left (\$30/month) and most of my monthly

welfare check, I purchased a new-used computer. I began writing up my former web site into a FREE e-BOOK. This kept me occupied day and night, perhaps 8 – 24 hours/day without a day off until completion in mid-July. I am not obsessive-compulsive, but have a lot of serious issues NOT to think about.

August 2004: I returned to the health centre as I had been led to believe that ODSP requires 30 – 60 days to process an application, including re-applications. The adjudicator at the ODSP appeal had assured me that after she wrote her report, she could not guarantee, but the possibility was there, that ODSP would accept the application without putting me through another appeal. Appeals take, on average, a year. I had been checking the mail-box daily. I talked several times with a woman who does web sites and she will put up a page for the e-book that is now completed ('RANT'ing OUT the Devil: Community Traumatization & Human Transformation; An OUTSideR Philosophy by Kathleen (Katie) M. Hill, B.Sc. Biology). As both www.Yahoo.com and Online Policy Group www.opg.org are freebies, once flying they will remain so for some time to come, in the eventuality that I must take the final solution or excessive tobacco inhalation, while in distress, finally wins out. Drugs do nothing about the distress, but only cause us to become mute and robotic to its action against us. Although I can appreciate their use in the short-term, psychotropic drugs are prescribed for the organic disease (mental 'illness') a fault of genetics (eugenics) and therefore a 'fix' for life, i.e. victim-blaming and scape-goating instead of social cures. Psychiatry has been propagandizing this lie since the mid-1800s, without corroborative proofs from objective science. With the help of corporate pharma the general population now believes it, as I once did.

I phoned ODSP, local office, who could provide me with no information. My welfare worker had left a note in the computer that she had been unable to perform the necessary electronic transfer. ODSP could therefore not access my information.

I was told that the psychiatric assessment had not been received, but that the psychiatrist would be at the clinic the following Thursday, August 29, 2004. There were tears in my eyes: I almost cried. In the seconds that it took to walk out—the tears were gone, as is normal for me. I began my plans for the final and only option for redress. I packed up most of what was left in the apartment and gave it away to a local group who does pick-up. I handed my notice of vacating rent with both the housing agency and the landlady and Ont. Wrks. I also explained to my welfare worker that September 1st would be their last payment as I am dropping off the welfare roles. This will naturally provide her with a 'commission' for work well-done.

On a Personal Note: I appreciate that this apartment is expensive at \$550/month/summer and \$950/month/winter. I wouldn't live here if I had to pay for it out-of-pocket. I would rent a bachelorette which I can get for \$440, utilities included, in the rural environment where I belong or even in T-Bay. I can't do it on welfare \$520/month. This is just one example of how the tax-payer's pocket is getting 'reamed' by the professionals who reap salary and benefits package for their asinine administration. So far, I have been in T-Bay 3 years (minus a couple of weeks) and every 'self-helping' professional has made money off of me, at tax-payer's expense. My status remains unchanged.

If I had a little money and a salary coming in, I would hire an accountant to legally cheat on my income taxes in as many creative ways as possible. If I had a large amount of money I would do the same. I would then take every cent that I saved and give it to my charity(ies) of choice, where I could be certain that it was actually promoting a social business in supportive aid of the users of services and thereby, doing more than supporting a bunch of professional salaries and benefits packages. This is the antithesis of what I felt a decade ago.

August 19, 2004: Close out my bank account effective September 3, 2004, thereby providing sufficient time for the landlady to be paid. Discuss the construction of the web page. Get the e-book into the .PDF format for download. Give thanks for the existence of Tim Berners Lee, creator of the www, a social activist who refused to sell-out for private use and thereby said NO to billions out of the belief that information is for FREE and yahoo.com (free website).