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Bruce E Levine Talk: Rebelling from Industrial Psychiatry

I want to start with a piece of history that those of us who are critics of industrial psychiatry and institutional mental health find so relevant that you'll find us telling and retelling it in our books. I first saw this piece of history in a book that came out in the early 1980s, *The Mismeasure of Man*, written by the late great scientist Stephen J. Gould; it is, in part, about the lack of science in IQ tests, especially the pseudo science of determining racial and ethnic superiority with intelligence tests. Another book that I saw this piece of history is called *Making Us Crazy*, which came out in the mid nineties, by social and health policy professors Herb Kutchins and Stuart Kirk, and it is about the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. For those of you here who are not in the mental health business, the *DSM* is the publication of the American Psychiatric Association, sort of their bible, that serves as a manual of mental illness diagnoses. Kutchins and Kirk show the pseudo science of the *DSM*, the lack of validity and reliability of the diagnostic process of psychiatry. I've seen this piece of history in many other books, and I put it in *Commonsense Rebellion*. Shortly after my book hit the shelves, *Mad in America* by the journalist Robert Whitaker came out, and he also put it in his book. So here's the piece of history.

It is 1851 and the well-respected Louisiana physician Samuel A. Cartwright is studying runaway slaves in the deep south of America during slavery. Runaway slaves is his area of specialty, and he's trying to figure out why they run away. After all, most of the slaves aren't running away, so why are some running away? Well, they must have some disease, right? So Cartwright "discovers" the disease that they have, and he calls it "drapetomania," and this is the disease that supposedly causes them to run away. Cartwright writes in the well-respected *New Orleans Medical and Surgical Journal*:

"What induces the Negro to run away is no less a species of mental alienation than any other, and much more curable. . ."

He's a very happy guy, and he goes on to say in that article:

"With the advantages of proper medical advice, strictly followed, this troublesome practice of Negroes running away can be almost entirely prevented."

It turns out that he's an early "behaviorist," before that term was ever invented. He says that these slaves should neither be whipped too severely nor treated too leniently, and that will cure them.

Why is this piece of history relevant today? First, because it's not just history. Today, you'll find doctors, especially psychiatrists – who are seeing people rebelling against dehumanizing

institutions and not conforming – and these doctors are medicalizing, pathologizing, and diagnosing them today as much as they did in the past. Second, by ignoring the social, political, economic, and legal contexts today as much as ever, doctors, especially psychologists and psychiatrists, are being used to shore up institutions that either need to be heaved out -- like slavery -- or completely overhauled -- like some of our educational institutions.

When I talk about this, oppressed peoples immediately get its relevancy. When I talk about it in high schools, even with upper-class kids, students get it. But when I talk about this with those at the top of the hierarchies of institutional life in industrial-institutional psychiatry, they look at me as though asking “How’s that relevant? That was the nineteenth century, what does that have to do with anything today?” So I say, let’s move forward, let’s go to the twentieth century and talk about something else.

After America had its “slavery problem,” they had their “Indian problem,” right? Canada too had their “Indian problem,” and the States and Canada had a couple of ideas about how to deal with this Indian problem. The right wing -- the businessmen, the military, a lot of folks in government -- advocated plainly to kill Indians off, to exterminate them. Well you could only commit so many massacres . . . after a while even the folks on the right wing think that it’s bad form to just keep killing Indians. And the social worker, clergy, and teacher-type folks are saying, ‘Oh no, you can’t keep killing them off, they’re Indians, it’s not their fault.’ They don’t use the term *disease* at that time, but you can pretty much tell by their language that they’re saying that “Indian-ness” is just a disease that you have to cure. You know that because the famous phrase of the day is “Kill the Indian, save the child.” So what did they do?

Their solution went on in the States, and it went on in Canada. Roland Chrisjohn in *The Circle Game* has documented this process of cultural or bureaucratic genocide in the residential schools here in Canada. This also went on in the States in over twenty different schools, probably the most famous of which was the Carlisle school. What was done there, for those of you who aren’t aware of this, was that kids were taken away from their parents while they were still very young, and forced to undergo techniques of behavior modification such as starvation, whipping and that sort of thing to ensure that they did not use their language and did not know their cultures.

So what do those in institutional-industrial psychiatry say then? Well usually their response is something like: “That is gone, it’s over and it has nothing to do with anything anymore; it’s just history. That was all before the age of modern science and the *DSM*” [which came out in 1952]. And I respond that these residential schools kept going on after 1952, and in fact this is a process that went on for many years after that, but then I tell them, let’s talk about your DSM if you want to. If you want to focus on that, well then let’s go ahead and do that.

The first DSM came out in 1952. In it, homosexuality was still a disease, it was a disorder. The second DSM came out in 1968, and homosexuality was a disease, a disorder. Now something interesting happened in the 1970s. Those of you who are a little bit older might have lived through it, and the rest of you might have read or heard about it. There were a bunch of liberation movements that happened in the 1970s: among others were women’s liberation and gay liberation. Some of these gay liberators were psychiatrists, gay psychiatrists. So in one of the most fierce battles ever in the American Psychiatric Association there was a battle over whether

they were going to keep homosexuality as a disease. The gay psychiatrists and their allies won, and they got rid of it. In today's DSM-IV, homosexuality is no longer classified as a disease. Now the important thing to remember is that homosexuality was never put into the *DSM* for scientific reasons, and was never taken out of the *DSM* for scientific reasons; the reasons were 100% political. And that's really the case for all of these disorders. So we're talking about this *DSM* as a political document, not really a scientific one. It's obvious in the case of homosexuality.

Well a lot of apologists for industrial psychiatry say, "Why are you talking about this? We've gotten rid of homosexuality, and we no longer diagnose people on the basis of their race, ethnicity or sexual preference." I say, technically that's true, but that's not really true in practice; but I won't go into that for this talk. We'll talk about your modern DSM-IV, let's talk about that.

This DSM-IV has expanded dramatically since that first DSM in 1952, and it is rare that they take out a diagnosis like they did in the case of homosexuality. Mostly they're adding to the DSM, and increasing the number of diagnoses. It got so ridiculous that even the mainstream press in the States, specifically *Newsweek*, did a cover story on this in 1998. The cover story was called "Is Everybody Crazy?" and it was about this huge increase in the number of diagnoses, to the point that we now have about 400 different diagnoses in this DSM. What they didn't talk about in this *Newsweek* story was which population was showing the greatest amount of increases. That population is kids -- children, adolescents.

Everybody today knows about ADD and ADHD as these are now household terms. In 1952 there was no such thing as ADD and ADHD -- that comes along a lot later. Another diagnosis that is rivaling ADD in popularity is something called ODD. Some of you may not have heard of that, but you will because kids are being diagnosed with it almost as much as they are with ADD. ODD stands for oppositional defiant disorder. When I say that, lots of people look at me kind of befuddled, as if I'm talking about a totalitarian society. I go on talk shows and it warms my heart when mainstream talk show host says, "You've gotta be kidding, what are the symptoms for ODD?" In the *DSM* there are behavioral checklists that are used to diagnose. I'll rattle off some of the symptoms for ODD: 1) often argues with adults; 2) often refuses to comply with adults, 3) often angry with adults, 4) often resentful of adults. The talk show host will say to me, "You've got to be kidding, that sounds like me when I was a kid, that sounds like everybody I knew, that sounds like a teenager." I say, well I've got some sad news for you: you're laughing, the crowds I talk to laugh, but industrial psychiatry is not laughing -- they're drugging these kids.

In fact, that's where you can really see this huge expansion of industrial mental health: in the enormous number of people being drugged. The numbers in Canada and the U.S. are fairly close on this sort of thing, higher than the rest of the world. North America is the leader of the world in psychiatric drugging of people. In the States, one out of four adults are now on some kind of psychiatric drug. In the 1950s, you had almost no kids on any psychiatric drugs. In the 1970s, you had about two hundred thousand kids on Ritalin and Ritalin-like drugs. Today, the *Journal of the American Medical Association* reports that we have 4 to 6 million kids on these Ritalin and Ritalin-like drugs. But these kids are not just getting ADD drugs, they are getting other drugs too. They are being prescribed anti-anxiety drugs, they're getting these Prozac-type drugs, and lots of other psychotropic drugs.

So after years of looking at this expanding industrial-institutional mental health, I had some questions that I wanted to answer in *Commonsense Rebellion*, and that's what I want to go through here with you. Three major questions: One, does this huge expansion have to do with science, or does it have to do with marketing? Two, do these disease explanations -- these medical, biochemical explanations for a malaise or unhappiness -- make any kind of common sense, or are these explanations diverting and distracting us from taking a look at a society and its social institutions that are, in many ways, becoming increasingly dehumanizing? The third area is alternative solutions, what I call commonsense rebellion or rehumanizing our lives: are there alternatives to both drugs and simplistic behavioral manipulations? Alternative solutions on a personal level and also on a community level. So I want to talk a little bit on each.

First off, let's talk a little about drug company marketing. Marketing and advertising. Other folks would say the "manufacture of consent" or that we're talking about propaganda. But we'll use the polite terms: marketing, advertising. What do we know?

We know these pharmaceutical companies are gigantic, hold lots of power and have lots of money. For example Pfizer (who makes the antidepressant drug Zoloft), even before their recent merger, dwarfed Microsoft; so they obviously have a lot of money and a lot of power. We know that these drug companies spend on average twice and sometimes three times as much on marketing and advertising than they do on any kind of research and development.

Let me go through a little bit about what they do with this money. The ads for Prozac and Zoloft that you see in magazines and TV that are direct marketing to the consumer, and are really just the tip of the iceberg. I want to run through what the major part of the iceberg: how drug companies are selling these drugs, and how they are selling certain ideas to you about mental illness. The iceberg itself mostly has to do with marketing directly to doctors, and I'll give you a few of the ways they do it.

One way is that the drug companies have a vast army of sales representatives. In the States, this army of drug reps is about 80,000 strong, made up mostly of very attractive women and men who go knocking on doctors' doors with free drugs. But they have a lot more to offer to these doctors, like lunch, dinner and theater tickets. In the States, I go to doctor's offices and they're filled with Prozac clocks, Zoloft mugs and pens with Eli Lilly and Pfizer stamped all over them. You look around their office, and there are drug company names all over the place.

What else do they do? Well, drug companies take these doctors to some of the fanciest hotels in North America, and have them listen to a drug rep talk about their product for a couple of hours; and in return, the doctors not only get a free night in a hotel in some neat city, they also get dinner, breakfast, and then checks for showing up and listening to these drug reps. In a story that ran in the *Washington Post* earlier this year [2002], some payments were reported to be as high as two thousand dollars. When doctors are confronted with this, reporters sometimes say to them, "You're getting bribed." These doctors say, "Oh no, we're doctors, we can do this stuff and it doesn't affect us." But of course this violates a commonsense business principle that when you take something from somebody, you're beholden to them. These doctors show -- and I have no other word for it -- arrogance -- that they are above other people; that they could take the dough

and still be above it. And research shows that when doctors partake in all these drug company bribes, they tend to prescribe more of their drugs.

Well, there are some doctors out there that say: “I know what the drug companies are doing, and I’m not taking their money. I’m not going to their shindigs and I’m not going to be bribed. I’m going to learn everything about these drugs from the research and the journals.” But the drug companies cover all their bases, and they’ve got the billions of dollars to do it. So what else do they do?

A lot of people in the United States believe that the Food and Drug Administration (FDA), the U.S. government supposed watchdog for the regulation and approval of new foods and drugs to the market, is performing these drug studies. The truth is that the U.S. government doesn’t give the FDA that kind of money. Basically, what the FDA does is look at studies that are given to them and done by the drug companies. *Consumer Reports* did a piece on this in 1992 called “Pushing Drugs to Doctors” which reported that if a study is not coming out the way the drug companies want, that it stays in a file drawer somewhere and nobody ever sees it. The drug companies just present to the FDA those studies that look good.

If some of you have never looked through a professional medical journal and were to do so, you’d probably be shocked to see page after page of commercials from these drug companies. At this point, one realizes quite quickly that these so-called professional medical journals are very much dependent on these drug companies to stay alive, to exist.

What else? These drug companies want every significant mental health institution out there saying what they want the world to hear. So they spend millions of dollars handing out money to almost every institution you’ve heard of. The American Psychiatric Association has taken millions of dollars from drug companies, and they don’t deny it -- they’re actually proud of it; they call it a “partnering relationship.” So-called consumer groups in the United States like the National Alliance for the Mentally Ill do the same kind of thing. The *Toronto Star* did an article on the Canadian Mental Health Association’s taking millions of dollars from drug companies.

One last thing before we move on. In the States there is a predictable game being played with government agencies and industry. What you cannot do if you’re an industry (whether it’s defense or agribusiness) is that you cannot write a check to somebody when they’re in government. What you do to get around this is that you make it clear to those in government that when they leave government, they’re going to have a great job in the industry if they have done the industry favors. This is the way the game works and it’s perfectly legal, albeit totally corrupt. In *Commonsense Rebellion* I talk about a guy named Steven Paul who was the scientific director at the National Institute of Mental Health (NIMH), which is the big mental health government agency in the States. When Paul left his post as scientific director in 1993, Paul wrote a glowing article in the *Wall Street Journal* praising drug companies. Not coincidentally, the next stop for Paul was vice-president of Eli Lilly, makers of Prozac. This kind of legal corruption has gotten so ridiculous that *The Lancet*, one of the most well-respected journals in the world out of the UK, has called America’s FDA the ‘servants of the drug industry.’

So what are these drug companies trying to do? Well, of course, they are trying to sell more

drugs. That's what they're supposed to do -- they have a responsibility to their stockholders. Ensuring profitability and expanding their markets for the consumption of drugs is what they're supposed to do.

The more interesting question, to me, is what do these drug companies want to have in your mind? What ideas do they want to have masquerading as facts in your mind that are going to make it easier for you to think about going for a pill when you're having some kind of emotional problem or unhappiness? One of the things they want to have in your head is that these 400 diagnoses -- if not all of them then at least the main ones like depression and ADD -- are a product of neurochemical brain imbalances of some sort. Over and over again you hear about biochemical brain imbalances and neurochemical brain imbalances when professionals start talking about *DSM* disorders.

The important thing to realize is that this biochemical imbalance stuff is just their theory, it's not fact. When people hear this, they get really upset because they've heard it from what they think of as so many different places. If you follow the money trails, this stuff is not really coming from places that all have been directly and indirectly funded by drug companies.

Take ADD for example. I've heard it over and over again -- biochemical brain imbalance. Well, the reality is that when you get diagnosed for ADD, there is no lab test and there is no physical exam. The American Academy of Pediatrics and The National Institutes of Health (NIH) in the States agree that there are no biological markers to be used for diagnosing ADD. So it is not like diabetes or cancer. This is a false metaphor. ADD and depression are diagnosed with behavioral checklists like the one I rattled off for ODD.

People have heard over and over again about the serotonin imbalance at work in depression. The fact is that it's just a theory, there's no fact there at all. There's an excellent book called *Blaming the Brain* by Elliot Valenstein who is now the Professor Emeritus of Neuropsychology at the University of Michigan. He shows quite clearly that you are just as likely to be depressed if you have low or high serotonin as you are if you have normal serotonin.

So a lot of people say "Well, these psychiatric drugs worked for my friend" or "They worked for me." My response is, "Well, let's take a look at how these drugs 'work' when they work." Let's be totally blunt about this and let's get rid of hypocrisy.

Let's talk about these anti-anxiety drugs. One of the first famous anti-anxiety drugs in psychiatry all the way through the 1940s was something called alcohol. If you look in psychiatry textbooks of the 1940s, many recommend that if you had trouble sleeping or if you were tense, try some alcohol. Somewhere in the 1950s they realized that maybe this was not a great idea, mainly because anybody could get alcohol without a prescription, and it didn't look like medicine. So lo and behold you had a whole process of the discovery of these benzodiazepine class of drugs, some of which you've heard of. Librium was the first one, then Valium, and Xanax is another big one in this class of drugs. A lot more of these drugs exist like Ativan and Klonopin, to name a few. What do all of these drugs do? These drugs affect something called the GABA system. What does alcohol do, how does alcohol affect you? It also affects the GABA system. What are

the clinical effects of alcohol and Xanax? Exactly the same. What are the withdrawal effects of alcohol and Xanax? Exactly the same. You've basically got a glass of Scotch in pill form -- both acting in similar fashions. Similar biochemistry, clinical effects, and withdrawal effects: if you withdraw from using either alcohol or Xanax you get the shakes, insomnia and anxiety. So when you see someone in a bar somewhere sipping on their Scotch and saying "I'm just taking my medicine," you're a hypocrite if you're using your Xanax and your Valium and you think you're superior to them. And in some ways, psychiatric drugs like Valium or Xanax are even more problematic than alcohol, because there are many people who do not know how addicting and problematic these drugs can be, while most people know what alcohol is all about.

A few more things about the so-called science of modern, industrial mental health. You've heard over and over again how these drugs are safe and effective -- especially these "modern miracle drugs," these SSRIs (Selective Serotonin Reuptake Inhibitors). Prozac, the famous first one, came out in the late 1980's. After that, Paxil and Zoloft came out and we've had a bunch of others, and you've heard over and over again that these are safe and effective. If you're over forty years old and informed about these kinds of things, you begin to recognize that there is a pattern that goes on in the creation and marketing of psychiatric drugs. They come out with great fanfare, and then about 10- 15 years later -- somewhere around when patents are running out -- the industry begins saying 'Maybe they really weren't so safe and effective.' Because now the drug companies are making room for the next generation of drugs. And that's what's happening right now with these Prozac-Paxil-Zoloft kinds of SSRI drugs. A decade ago, people who were considered radical psychiatrists -- people like Peter Breggin -- were talking about the problems of these drugs: the lack of real effectiveness and the safety problems associated with the use of these drugs. Breggin was marginalized and smeared. Now, people in mainstream psychiatry are saying the same thing. Joseph Glenmullen, a Harvard psychiatrist, in a book endorsed by the former president of the American Psychiatric Association, called *Prozac Backlash*, has come out and said psychiatry has made a mistake prescribing so much of this because we're finding more and more neurological disturbances in people indicating -- and these are Glenmullen's words "potential brain damage" arising from people using these drugs. He also says that although these drugs were introduced as nonhabit forming -- as all these psychiatric drugs are always introduced -- that 50% of the people who try to withdraw from SSRIs have debilitating withdrawal effects. including dizziness and flu-like symptoms. Today, even industrial psychiatry admits that there are withdrawal effects. But they don't use the term *withdrawal*, they use an Orwellian euphemism: *antidepressant discontinuation syndrome*.

Enough on the science and marketing aspects. I want to get to something else that is more representative of where my heart is. What I care most about is that fifty or a hundred years from now, historians are going to look back and say that as problematic as is this psychiatric pseudo science of dubious validity, unreliability in diagnostic procedures is, and as serious a problem as is the ineffectiveness and dangers of these drugs, and as much as the drug companies' corruption of the whole industry are problems -- those are relatively minor problems. The real problem is this: our medicalizing and pathologizing people's misery and unhappiness has diverted us from taking a look at our society, at our culture, and our social institutions. There has been incredible dehumanization in our lives. And these are the things that we need to look at.

A couple of things for those of you who are walking around believing in this genetic and

biochemical stuff, and I understand why you would because you hear this over and over again. Let me just throw a couple of facts at you that nobody disagrees with. These are mainstream, Surgeon General of the United States facts -- some of these are in his last report on mental health in 1999. There has been a tripling of the rate of suicide among teen boys in the States since 1960. There has been a doubling of the rate of obesity and overweight kids in the States since the 1970s. How could these be genetics? Your genetics don't change in that short a time. Also, if you take a look at every kind of self-destructive behavior from gambling to depression, there are huge rate increases that have been going on over a relatively short time. What the heck is happening here?

For me the more obvious answer and the place to start looking is within our culture and our society. There have been dramatic changes in our society and culture starting with the rise of Western Civilization, and even more so since the advent of the Industrial Revolution. In the last hundred years, the acceleration of societal changes has even gotten more dramatic. What I want to do here is talk about some significant things that we should be looking at, changes that are affecting our mental well being, societal changes that psychology and psychiatry -- and it's kind of embarrassing for me -- just don't look at or merely pay lip service to. They'll say "Oh yes, this is important," but at the end of the day, they don't take it seriously.

We have become a society that worships industrialism and its components of consumerism, efficiency, productivity and unlimited growth. These are things that are worshiped. Politicians can break the Ten Commandments left and right, and they get re-elected. But you won't ever hear of a politician in North America speak out or violate the components of industrialism. Those are the commandments of our society.

It's not that I'm against material things; I've got material things. What's problematic is when you worship these things you become a one-dimensional being in a one-dimensional society. All kinds of problems must happen to your mental well-being when you are forced into this circumstance.

One of the cornerstones of industrialism is standardization, right? Like on an assembly line, you want to have everything the same. It makes for more efficient production. So what happens in our society is that if you have a kid who doesn't fit into a certain standardized kind of system -- a classroom, for example -- we don't even think "Well, maybe we should create a different environment for this kid." Instead, the assembly line is to be worshiped, life is not; and we'll have to make that kid fit. Either gene map him out of existence, or drug him, or behavior modify him. Do something, but ensure that the kid fits in. That's the important part, and that just goes hand-in-hand with the worship of industrialization, wherein you don't want to have variety of options because it just slows down the assembly line.

What else happens when you worship this industrialization and institutionalization? Other important dimensions that we need in order to stay mentally healthy are just forgotten about. Dimensions that people have cared about for thousands of years. Things that people have fought and died for because they are so important.

One important component for our mental health is autonomy, some control of our life, some

feeling of empowerment, and the ability to make decisions. That's huge. Without autonomy, there is a good chance that you will feel depressed. We're not going to be happy without some sense of autonomy. Another important component of mental well being is community. Real, face-to-face, economic and emotional interdependency. People have known this forever. We have the examples of the French "liberty and fraternity," and of the American Indian Movement "sovereignty and support." Anybody with any common sense knows how important such dimensions are in terms of our mental well being.

Another significant variable that has largely been ignored, and this happened in the later stages of the Industrial Revolution, is what I call the institutionalization of our lives. This is not really so much a right wing or left wing political criticism. It not just in big corporate life where you're working or shopping, but also in government and healthcare. Everywhere you look is this gigantic institutionalization. What I mean by this is the growth of these gigantic entities that are impersonal, bureaucratic and in many cases manipulative, coercive and hierarchical. And what does this institutionalization do to your body? Your body doesn't really know whether it's corporate or government; it all feels the same to your body. It's the fact that institutionalization makes you feel small. It makes you feel helpless, hopeless, scared, alienated, disconnected. It makes you feel angry. In the States one in four workers on the job are filled with rage. It also makes you feel bored. I work with a lot of teens who get in trouble with drugs and alcohol, and I ask them "Why did you get into this crap, you knew this stuff was bad," and they'll often say: "I was bored, there was nothing to do." Anger, boredom, helplessness and hopelessness are ingredients for peoples' self-destructive behaviors and interpersonal difficulties, and these are what we really need to be looking at.

I want to try to make this a bit more concrete. In *Commonsense Rebellion* I have written about ADD and depression, but I also have chapters on social institutions because I believe that they are important to look at. I want to throw a couple of facts at you about work life. In the States -- and I'm sure the situation is similar in Canada -- there was a study done a little while ago by the government to show what would be the top leading growth jobs from 1994-2005. What were they? Were they technical jobs? No. Cashiers were number one. Janitors and maids were number two. Number three was retail clerks, and number four -- just a little under 500,000 jobs -- was server jobs (waiters and waitresses). Also in the top ten were guards -- and this was even before 9/11.

What's going on here? A big part of this institutionalization is a sort of Wal-Mart-ization of society. I'm picking on Wal-Mart; I could pick on McDonald's and gigantic entities. These are the enemies, the villains of commonsense rebellion, not just Pfizer and those pharmaceutical companies. For the moment, let me describe how the Wal-Mart-ization affects people's mental well being. Let me also note that psychologists and psychiatrist are not speaking out on this. We know that when a Wal-Mart comes to a rural North American area, eventually and within not too long a period of time, about a hundred owner-operators -- many mom-and-pop independents -- go under. Clothing, food, hardware stores, for example. If you talk to institutional economists, they'll say, "So what. Those owner-operators were working their butts off, and a lot of them weren't making that much money. So what's the big deal? These Wal-Mart's provide jobs. These people are getting paychecks, so what are you talking about?" And they'll go on, "The family farmers that all disappeared in North America in recent history, so what? They didn't have the

conveniences they've got now, did they? And those pre-industrial indigenous peoples, these nature-based peoples, they had nothing. So what are you talking about?"

Let's talk about what people once had as opposed to what they lacked. Sure, they didn't have big screen TVs, that's right; there are things that they didn't have, and some of those things are kind of nice to have. But let's talk about what they did have that kept them from flipping out like we are doing now.

I spent a lot of time taking a look at the history of mental illness. There are a lot of reports about pre-industrial, indigenous, nature-based folks that tell us that before contact with Western civilization, they weren't depressed, knocking themselves off like they are today. They weren't flipping out, going crazy, or moving into alcohol abuse.

In *Commonsense Rebellion* I report how before the U.S. government sent the Cherokees on the Trail of Tears, they sent a doctor to observe them between 1828 and 1830. His name was Dr. Lillybridge, and he reported "I spent time among the 20,000 Cherokees, and I didn't notice one case of insanity among them." Today, there are plenty of disturbed Cherokees walking around. What's going on here today?

Let's talk a little about what these nature-based folks, pre-industrial cultures exercised prior to contact with modern society. It's also what owner-operators and family farmers, to some extent, had. Autonomy. They got to have some control over their lives and they got to make some decisions. They got to use their brains and feel useful. They had community, too. Even when they were going through hard times, they did it together. And you can be really resilient when you have genuine community. When you're alone, isolated and disconnected, which is more and more the case today, it's hard to survive rough times.

So autonomy and community are huge antidotes to mental problems. Another huge antidote is having some sense of *meaning* in your life. Thirty years ago, when I was starting out in psychology, people still talked about that as being important. There were books like Viktor Frankl's *A Man's Search for Meaning*.

What do we know today? Andy Kimbrell, from the International Center for Technology Assessment reports that 80% of Americans say that what they do for a living is utterly meaningless. And we're not just talking about those cashiers and janitors. We're talking about teachers who are burning out because they have to deal with silly bureaucracy, not being able to be creative. We're also talking about lots of people in health care. So there's this widespread absence of meaning. When you do have some sense of meaning in your life, we know people can get through all kinds of stuff. Autonomy, community and meaning are just three important components that are fading away, and the mental health industry is not talking about how important these are.

I would now like to move on to a third area of *Commonsense Rebellion*: What do we do about all of this stuff? If you're an academic or a journalist, you may feel that you've done enough as long as you say the truth of things. You fantasize that the truth is going to set people free, that all they need to know to change things is the truth. You want to believe that if only we could fight

through the drug companies' propaganda and let people know what's going on, that would be good enough.

The problem for me is that I've been a clinician for almost twenty years, and I know that the truth doesn't necessarily set people free. In fact a lot of people out there already know much of what I am saying. They may not know all the facts, not having time to research all the numbers, but in general they know what I'm talking about. But what happens is that the more they hear about truths such as the ones I have been talking about here, not only does it not liberate them, it can demoralize them even further. It makes them feel more depressed, more dispirited, and more broken. So what I've learned through my clinical work is that the major thing that you need to do with yourself, and with people you're working with, and with larger audiences is to point out that the rehumanization of our lives is possible. The major issue is not so much ignorance or stupidity about things; it's the fact that people have been broken, dispirited and demoralized. That's what I care about a lot, and in *Commonsense Rebellion* I have many recommendations, for example on what to do with ADD and depression. I also like to talk about specific examples of people who have done something to rehumanize their lives and those around them.

When you're 18 or 19 years old, you dream about changing entire governments or huge institutions, but as you get older you realize that it's much more likely that these giant institutions will crush you if you try to change them. As you get older, you look at things more strategically, because you've seen people just give up or sell out when they realize that their dream of changing whole institutions is not happening. You young folks can go ahead and try to change these giant systems if you want to try. But before you totally give up or sell out, keep in the back of your mind that there are other ways to effect change. One way is to try to effect change on a human level in some area where you can have some control. This applies not only to changing yourself, but also to effecting change in a small area of life. Commonsense heroes are those who have rehumanized life in small areas.

I'd like to give you one example, which is one of my favorite vignettes from the Education chapter in *Commonsense Rebellion*. It's about Eliot Wigginton, who was a graduate of Cornell in the late 1960s. Wigginton wanted to do something good in the world, and he decided that he was going to go down to Appalachia and teach. Appalachians are among the lowest economic class of white folks in the States, and a lot of people in the States call them "white trash." But Wigginton was going to go there and work with these folks and do something worthwhile.

Well, within two weeks of getting there, the kids were laughing at Wigginton, and had no respect for him at all. By today's standards, these kids would all have been diagnosed with ADD, ODD, and a whole lot of other things. These kids stole his chalk so he couldn't write on the blackboard; they set fire to his lectern, and it was chaos. Wigginton's first reaction to all of this was to be hurt, angry and exasperated; all these negative emotions poured through him. So his initial instinct, being institutionally trained getting his teaching degrees, was that he had to get back in control of the classroom -- to start suspending, expelling. That was his initial, knee jerk reflex, but he didn't do it.

Wigginton went home and something happened to him. He goes back into the classroom, and says to these kids that we're going to throw away the textbooks and the worksheets, just throw

them all out. And these kids' first reaction is that they've pushed this Ivy League boy over the top, so they're all laughing. And then he tells them that we're going to do something different. He tells them, we're going to make a magazine; we're going to create a magazine together: I want you to go home and interview your parents, grandparents, aunts, etc., and find out what they do. So these kids did it, and they found out about all kinds of stuff: how to preserve fruits and vegetables, how to make a log cabin from scratch, how to make soap, home health remedies. They found out some things about their culture and their society. And all kinds of neat things started happening.

One thing that Eliot didn't anticipate was that older people in the community all of a sudden felt useful again, felt like they had something to offer. You've got to understand that part of the point of industrialism and consumerism is to make old people feel useless, to make the old bad and the new good -- that's a tenet. But all of a sudden old people weren't worthless, they had something to offer. A second positive thing that happened which Wigginton didn't expect was that these kids felt better about their culture.

The third thing that he had hoped for did happen, and in a much bigger way than he had initially thought possible. It was that these kids were now open and receptive to listening to him when he talked to them about writing, English, spelling, editing, layout design -- everything that went into making a neat magazine. The kids were interested in learning a lot of skills because it had some meaning for them. They wanted this magazine to be good.

What ultimately happened was that this magazine became so good that it was turned into a book, and the book became so successful that it turned into a series of books. This series of books was called the *Foxfire* series, and it is an internationally acclaimed series that has reached people all over the world.

What people have known for thousands of years, and what modern psychology and psychiatry seem to have forgotten, is that all of us -- certainly myself -- do all kinds of stupid things when we're filled with negative emotions. We do self-destructive things and destructive things to other people when we're filled with hurt, anger, boredom and rage. So the job of a real helper -- a parent, a friend, a teacher, a counselor -- is not to use these carrot-and-stick behavior modifications to get folks to act right. It doesn't work in the long run because nobody likes getting controlled and manipulated. And when the behavior modification doesn't work, then these people say, "OK, can I use the drugs now? I've tried the behavior modification and it doesn't work?" No, the job of the helper is not to manipulate people or anesthetize peoples' pain.

A helper's true job is to try to respect and understand what someone's hurt and anger is all about, to try to care. The thing is that if you do nothing but that, provide respect and care -- and I've done this with teenagers for almost twenty years -- suddenly we get our brains back, so to speak. All it takes is for us to get a little bit of respect for how we're feeling, and when we get our brains back, we can then start doing more constructive things with our pain and anger. If you're getting some respect and some understanding for your emotions, you become more willing to listen and be receptive to somebody saying "Well, I don't think it's such a good idea to shoot that person, maybe you might want to go another way on that."

One more thing. I feel that I've got to say something about the topic of social justice. I want to talk about the idea of whether there is any kind of justice going on for oppressed peoples such as First Nations peoples. If you take a look at this issue economically, legally and politically, there is no justice for all that's happened to oppressed peoples. Certainly there is no justice for the bureaucratic and physical genocide. But I think there is another kind of justice that is happening. It's a justice that's happening to the dominant culture.

Let me explain this justice. Because the dominant culture has not taken seriously what they have done to oppressed peoples, for example, their attempts to coerce, manipulate and try to make a people something different than who they are. Because the dominant culture hasn't admitted that, because they've done nothing to make amends, there is this justice or karma. The justice that's happened is that people in the dominant culture are now doing to themselves and their own children what they've done to oppressed peoples.

I see the ODD diagnosed kids; the vast majority of the ones I've seen over the years should be the hope of society: they've got spunk, guts, courage, and they're critical thinkers. They've got all the things that go into making a healthy society, and we should love to have them as our own son or daughter. But what is the dominant culture doing with these kids? They're drugging and subduing them.

Before 9/11, the big news in the States was teen school shooters. We know that lots of those teen shooters were on psychiatric drugs, so this idea that this violence would never happen if these young people only had psychiatric treatment is nonsense. For example, one of the kids at Columbine was on the SSRI drugs. Part of the reason for their violence is taking those kids who are obviously hurting, alienated and filled with rage, and trying to make them something they are not, without even attempting to hear them out, and offering them kindness and understanding.

One aspect of what I try to do when I speak is to give people who already "get it" some sense of validation. That makes me feel useful. A second reason that I go around and talk is to reach the folks in the dominant culture who are not totally close-minded, and try to explain to them this justice that is happening to them. I explain to them that unless you see what you've done, unless the culture sees what it has done to oppressed peoples in trying to get them to be something that they are not, they will suffer this karma or justice.

No matter how much we expose the drug company propaganda, this will not address the problem of historical injustice. My take is a little bit different from other critics of the psychiatric industry who feel that we will solve the problems if we only get the truth out about all these drugs. I think this karma, this justice is so powerful that we could do all this exposing, but until the dominant culture is willing to say, "What we did to all these other peoples is horrible, and we better do something to make amends here," until that is done, the culture is going to keep doing all these horrible things to itself and to its own kids.

Thanks, you're a great audience.