# Reigning in Loose Cannons: Formal and Informal Mechanisms of Voice Control Exhibited by State-Sponsored Organized Psychiatric Industries

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## Abstract

Fourteen people who have both substantial careers in psychiatric systems change and have psychiatric histories, from varying locations in the U.S., took on the role of being videotaped while constructing Environmental Workographies for this study. Analysis of these videos revealed these people experienced human rights violations carried out through the policies of state-sponsored psychiatric places including being forced into psychiatric practices of electroshock, forced drugging, and arbitrary use of restraints, seclusion, and aversives (behavior modification via punishment). Environmental Workographers reported how, when employed in positions that required them to be 'out' about their psychiatric history, and their job was to bring input from other users and survivors of psychiatry to state policy discussions, they were silenced or retaliated against for speaking out. This silencing often occurred when topics they spoke out against included forced, coerced, or uninformed psychiatric treatment. This resulted in a condition of what I am calling torture: being under duress while experiencing coerced silence. This article shines light on policy-based mechanisms of voice control exhibited by State- Sponsored Organized Psychiatric Industries (SSOPI), which lead to fraudulent citizen participation and disingenuous input into state-planning processes.

**Keywords:** policy; administration; psychiatry; power; censorship; employment; survivor research

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## 1. Introduction

This research project, which in its nature was Environmental Community Based Participatory Action research, which was designed with the guidance of thirty-six Advisors, led to the creation of 14 videotaped "Environmental Workographies," which were edited into short educational movies, intensely reviewed by thirty expert Evaluators, who work in the field of state-sponsored psychiatric systems change. Like me, all of these people that worked on this project have both extensive careers in psychiatric systems change and psychiatric histories. I attempted to create an explanation of how, with these groups of people, our perspectives on state-sponsored psychiatry have been developed due to our lived experiences as people who have psychiatric histories and how those lived experiences have prompted our work as abolitionists or reformers of psychiatric systems. Our voiced perspectives, when acting in our roles as policy makers or administrators openly disclosing a psychiatric history, when at odds with what the employing Institution would allow, have often left us censored, sanctioned, and silenced—if not entirely removed from our positions, left without access to resources to do our work—or without pay.

This research is rooted in Environmental Psychology. Environmental Psychology is an interdisciplinary field itself born, in part, from work in mental institutions (Architecture, Research, Construction, Inc., 1970, 1975, 1976, 1985; Ittleson, et al, 1970; Rivlin, 1979; Rivlin & Wolfe, 1985). Concerned with interactions, transactions, and non-actions people have in and with the built and natural environments (Stokols, 1995), Environmental Psychology also has a focus on the social, cultural, political, economic, and larger psychological environments in which we operate.

This research is also "Survivor Research," or research which is coordinated, conducted, analyzed, and concluded by people who identify ourselves as survivors of psychiatry or survivors of psychiatric assault and/or people who are involved with the psychiatric system and consider themselves, users, consumers, recipients, ex-patients, or peers. Survivor Research dates back at least to the 1980s and 1990s in the United States (Campbell & Schraiber, 1989; Chamberlin, et al., 1996). Some of us who have psychiatric histories have turned to research to meet our goals for psychiatric policy change. Here, we aimed to use research as a way to convert our 'anecdotal' stories into evidence.

While we talk about being silenced, and are attempting to have instances of censorship practices officially acknowledged and made part of the academic record, what wereally want to talk about is how and why we are silenced and how institutional corruption is at the root of why it is nearly impossible to speak 'Truth to Power.'

It was generally agreed by the Advisors and Evaluators that contestations to the biomedical model of psychiatry are not allowable by SSOPI. There was concern that if I used phrases in this research like 'institutional and structural racism,' 'psychiatric slavery,' and 'stop forced psychiatric treatment' or made explicit protests of the biomedical model, it too would not be allowed to be audibly uttered at policymaking tables, or published in academic journals. Yet, the video data repeatedly reflected stories of Environmental Workographers voicing dissent to the State or their employing institutions, concerning the policies of psychiatric places which allowed both their lived experiences of uninformed or court-ordered psychiatry to occur and which also prevented them from being able to voice these truths in their employed roles. These experiences were validated by the thirty evaluators of this project. Getting to the root of these abuses—and then publicizing our findings—requires the ability to speak freely, to question freely—without fear of retribution—and to have questions responded to with these same conditions of liberty. The thirty-six Advisors to our project also generally agreed that it is common knowledge among advocates, activists, those working in 'peer run' or 'recipient run' organizations, and state employees working within the psychiatric industry that one of the major responsibilities of the Commissioner of a State Office of Mental Health is to control the image presented by and of the institution in the media. It is believed that this veiling of the institution from the public's eye is a way of maintaining the public trust in the institution and its outcomes. At its base though, it is a way to maintain and increase its annualized allocations of resources.

Finally, with some overlap between the groups, the thirty-six Advisors, six Study Coordinators, fourteen Environmental Workographers, thirty Evaluators and I, as the Principal Investigator of this study, share the perception that shining light on issues of policy and administration of psychiatric places is our only hope to ever adequately call out the institutional corruption for what it is—the result of bad policy. The pitfalls and traps of institutional corruption concerning the law, regulation, policy, administration, provision, and evaluation of state-sponsored psychiatric services appears in multiple ways in the forty hours of video data this research produced.

The first major problem found in the video data is that people experience human rights violations based on the policies of psychiatric places, which admittedly, are sometimes a direct response to legislative mandates. The second major problem found in the video data is that when people were employed in roles to enhance citizen participation in the planning of state-sponsored psychiatric services, that participation was often fraudulent, as those employed to bring this input to the State, were themselves under duress, experiencing a coerced silence to maintain their employment, which included them "reigning in" their peers.

The organized psychiatric industry captures billions of tax-dollars each year to fund its routine practices (i.e. institutions, mass-drugging). The result of this concentration of power too often equates to abuse, neglect, torture (Minkowitz, 2007; Weitz, 2008), and slavery (Davis, 1855, 1860; Goffman, 1961; Szasz, 1971, 2002). The National Association of State Mental Health Policy Director's Morbidity Mortality Report (Parks, et al, 2006) demonstrates a 25 – 30 year sentence of a shortened lifespan for people who have psychiatric histories. Additionally, when murder-by-neglect makes its way to the media, such as when Esmin Green was left to die o the floor of the Kings County Hospital Center Psychiatric Emergency Room, in Brooklyn, NY, USA, on June 19, 2008, claims of murder by psychiatry are confirmed. Part of the policy response to activists who took to the streets in front of this institution included increasing 'peer' roles in the institution. The activists were never awarded a meeting with the Administration of the institution, nor the 'peers' who worked there.

Many experiences Environmental Workographers subject to psychiatry experienced are violations of Human Rights and Civil Rights. Under International law, the majority of States in the U.S. are violating conventions and treaties via their psychiatric policies, particularly the United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (Mendez, 2013).

## 2. Historical Perspective

Archival data on the predecessors of the current State-sponsored psychiatric system's history can be found dating back to its inception in the 1830s in the *American Journal of Insanity*. This follows through its name change, to date, as the *American Journal of Psychiatry*, currently published by the American Psychiatric Association. Readers of the *Public Policy and Administration Review* would be informed by finding records of the administrative aspects of state-sponsored psychiatric systems which are absent from— one might say censored from—the modern-day journal.

This same absence of transparency in the professional journals can be seen in the keeping of institutional records. Using New York State as an historical example, we see that the "Asylum's Manager Logs" from the first State-operated institution in New York, the Utica State Lunatic Asylum, hold a wealth of information about the construction and administration of the larger structural institution of public psychiatric services in terms of funds and in terms of the human capital that was necessary to operate the Asylum System through the "Commission on Lunacy," which eventually became renamed the "State Hospital Commission" after abuses and torture being perpetrated in the Asylum System came to light in the public's eye. The Managers Logs hold detailed records of how the institution was funded—and how funds were expended over the years--and how the system grew to multiple institutions, within a decade. The Logs were a model of transparency by and for policy makers in discussing staffing and policies, and regulations, and include comparable information from similar entities in other states and countries. These Logs are somewhat analogous to the contemporary legislatively mandated [but somewhat less transparent] "State 5.07 Plans" produced in five-year blocks, on an annual rolling basis by what is now called the State Office of Mental Health and appears in legislation as the Department of Mental Hygiene.

We believe it was the first person accounts of abuse and torture published by people who escaped their captors being made accessible in pop culture which is what moved public opinion - affecting public trust. We believe it is only when we can reach the public, will we be able to significantly alter the policies of psychiatric places.

For example, in the 1830s, the Asylum System was the response to the human rights violations, torture, and abuse found in the poor house and alms house non-system outlined in Dorothea Dix's (1844) "Memorials" to State Legislatures describing, ethnographically, the horrendous, inhumane conditions of these places for those deemed mad. In 1855 and 1860 it was Phoebe Davis held at the Utica State Lunatic Asylum who's published experiences of her time there created rage in the public toward the way those deemed mad were treated. In 1891, it was William Trull who discussed several of New York State's Asylums, specifically the one in Utica. This same year the "Asylum" System was shut down and the "State Hospital Commission" was established to coordinate activities of the asylums, which were renamed "State Hospitals."

For the bulk of the late twentieth century, until now these buildings are called Psychiatric Centers. The name changing never ceases: toady, these buildings are increasingly called "Behavioral Health Centers."

## 3. Theory

A half century ago Erving Goffman (1961) suggested in his book, *Asylums: Essays on Social Situations of Mental Patients and Other Inmates* that through a process he identified as "Mortification of Self," people were turned from human beings into mental patients, in what he called Total Institutions, where their roles, goals, and identities are stripped from them as they are re-assigned the role of "diseased." Our research shows evidence that this still happens today. For example, one Environmental Workographer said, "I come in and my name is XYZ and now I'm Patient Z, and it's quite the fall from grace." Another Environmental Workographer offered, "You're not a person, you're a patient." And yet another Environmental Workographer said, "I bought into that I was a total patient."

In order to accomplish this mortification process, people quickly learn from fear of retaliation such as forced drugging, electroshock, restraint, seclusion or other aversive behavioral actions which Goffman called physical types of "contaminative exposure" to question their own voices, silence themselves, and comply. Goffman discussed this phenomena based onobservations of people who were involuntarily committed. This research shows evidence for this occurring to people who were both voluntarily and involuntarily involved with state-sponsored organized psychiatry through a public service delivery system.

For example, concerning the use of restraints, more than half of the Environmental Workographers specifically described experiences they had of being restrained in psychiatric places: "Four or five people holding me down, and this guy's face is right by mine;" "Imagine. It's scary, there are four people holding you down and this guy's knee is in your back;" "There I am, strapped to a bed on some back ward;" "I was in seclusion and restraints for a week;" "They'll tie you up, straightjacket you;" and "When I couldn't say no was when I was dragged down the hall by the orderlies and strapped down, face down, to a table and shot up with drugs. There, you can't say no, no one can say no." The use of restraints in a psychiatric place is a policy decision. The policy ought to be, no use of restraints.

Goffman's seminal work is often cited as a major catalyst for the change that led to what is now generally called "deinstitutionalization." However, we found surprisingly comparable experiences reported by our contemporary participants. It appears that names of what psychiatry does--and where it does it--have been changed but practices have remained dehumanizing. William Cross, Jr. (1971) put forth an article entitled: "The Negro to Black Conversion:

Toward a Black Liberation Psychology", which offers a developmental process where one goes from a place of oppression toward liberation. The turning point from oppression to liberation, for Cross, was an "encounter" which was inspired by either witnessing something horrible such as Martin Luther King Jr. being assassinated or meeting someone further turned on in the Black Power movement. This research shows parallels to this process of going from assigned mental patient toward personhood again. We show turning points or encounters to also include experiencing or witnessing something horrible such as, electroshock, restraint, seclusion, forced drugging, or aversive behavioral actions, and getting off the psychiatric drugs.

We equate what Goffman (1961) describes as "mortification of self" to oppression and name its consequences as a psychological state of psychological mortification. We equate what Cross (1971) describes as an encounter and the following movements toward liberation to the experience of breaking free from mental patient, consumer, recipient, and peer roles back into personhood. In this way, in other work, we present a psychological spectrum ranging from mortification to liberation for people who are involved with psychiatry.

3.1 Voice Control as Social Control

The idea of psychiatry as social control is not new. For example, Thomas Szasz, M.D., a father of the Antipsychiatry Movement discussed, "Medical care as a form of social control" (Szasz, 1961, pp. 66 - 69), and stated:

It is evident that anything that affects large numbers of people and over which the government or the state has control may be used as a form of social control. (pp. 66 - 67) Gerald Grob (1994) who detailed a history of psychiatric systems wrote of Michel Foucault's work on psychiatry in this way:

Foucault's writings became the inspiration for dissenting and counterculture figures who emphasize the social control functions of psychiatry and mental hospitals, the abuses inherent in institutionalization, and the demands generated by a capitalist social order that insisted on conformity to a unitary standard of citizenship and behavior. (pp. 273 - 274)

When discussing the actual diagnostic process of an inmate of a psychiatric institution, Goffman (1961) suggested, "This automatic identification of the inmate is not merely namecalling; it is at the center of a basic means of social control" (p. 84).

It is the position of this analysis that the social control of people who are in psychiatric institutions extends to people who are working to change psychiatric systems. We assert that "Voice Control" exhibited by State Sponsored Organized Psychiatric Industries is a form of social control.

Goffman (1961) described an "ex-patient" phase, where some people who have had these experiences work to change the psychiatric systems they were involved with. For many of us, once we have broken out of the mental patient role, we begin working in the Movement toward Human Rights. As reported by participants in this research, from 1985 forward Federal and State Governments began to pay for and therefore ultimately control a fraudulent version of "peer involvement", within the system's traditional power structure, of what it is the people in the Human Rights Movement had previously offered: self-help, mutual support, and advocacy, often grounded in activism.

This research shows the way the Total Administration of Total Institutions has exhibited control over these positions, often preventing them from meeting their original intentions. These controls, as reported by participants, have come both in the form of threats of retaliation and direct retaliation to people working in these "peer" positions, for speaking out against or refusing to comply with the message of the medical model of psychiatry.

When people have spoken out about the mortification process to the State concerning the public service delivery systems of psychiatry, they have often used words to highlight the experiences people endure such as malpractice, abuse, neglect, torture, servitude, and even murder.

The State, through the arms of its Total Institutions, attempts to silence and control those speaking out about the places, policy makers, practitioners, practices, products, and procedures of psychiatry, especially if the people who are speaking out are funded through State or Federal **4**

Research Design

Thirty-six people from five different countries on three different continents who have psychiatric histories and work to change psychiatric systems accepted a role as an "Advisor" to the project, to help design our participatory action study. Using an abridged and non-anonymous web-based version of the Delphi Method (Skulmoski, et al, 2007), Advisors were asked to assert and prioritize their suggestions for research topics for a participatory research planning process.

This produced an abundance of data and a wide variety of suggested topics for the research design via an open-ended survey, where results were made available to all of the Advisors. Via a 'GoogleGroup' dedicated to the project generated nearly 300 e-mails, shaping the research project. Four people accepted the invitation which went to all of the Advisors to become "Study Coordinators" of the proposed research design. The conversation amongst the Advisors, Study Coordinators, and myself, was rich. Via our version of the Delphi Method, there was general consensus generated among Advisors that what was needed was research on how forced psychiatry harmed. This overall agreement is significant data in and of itself. However, there were concerns if that question were asked directly of people who participated, with the prior assumption of truth, the findings would be seen as biased. Additionally, information generated through the participation of these experts was so broad, our goal became not consensus of experts for what the research ought to be, but rather, the development of a research design that would produce rich data focusing on all of the varied issues experts thought necessary to address. The very general but completely shared research question we came to was, "What can we learn from people who have psychiatric histories and work to change psychiatric systems?"

## 5. Method

We developed a video interview method which we called an "Environmental Workography." It is adapted from a technique in Environmental Psychology called an "Environmental Autobiography" (Horrowitz, Klein, Paxson, & Rivlin, 1978). An Environmental Autobiography can tell the story of a person's life and times through the environments they experienced and in what ways one made or retained meaning for these environments. Because this approach asks participants to connect experience with a particular time and a particular place, it gracefully elicits deep, focused data.

Environmental Autobiographies are very personal and work on what a person remembers and artifacts one still possesses or remembers from various points in one's life. It focuses on the environments one was in and how they were effected by them. While the physical environment isof first significance, other environments also come into play and these are not limited to the social, cultural, political, psychological, economic, sexual, religious or spiritual environments. It is important to note that Environmental Autobiographies, even when recalling environments that affected just one area of a person's life can tell a significant story with many lessons. Environmental Autobiographies can be effectively analyzed as individual narratives or, alternatively they can be analyzed across multiple participants focusing on shared topics.

This research aimed to use an adaptation of the environmental autobiography technique which focuses on the careers of people who have psychiatric histories who currently work on psychiatric systems change either through peer run or alternative programs, or as advocates, activists, policy makers, lawyers, or those who work on legislative matters. We are calling this adaptation an Environmental Workography.

While videotaping the process, Environmental Workographers were asked open-ended questions to explore aspects of the trajectory of their work, from how they got into the field, to what their work has focused on and currently focuses on, to the environments that were supportive of or destructive to their work. It is important to note again that we used the term, "environment" in a broad, inclusive sense. This process was fluid.

For this method, an environmental workography asks Environmental Workographers to think about and discuss their work in three overarching sections to help us help them flesh out their lived experience of working to change psychiatric systems.

These three sections are: 1) ho they got involved in their work; 2) what their work focus has been/is; and 3) environments they come in contact with because of their work; specific questions were asked about each of these three sections. In our method of constructing the Environmental Workography, we only followed the conversation. This means explicitly that during the construction of the Environmental Workographies, we did not ask questions about forced psychiatric treatment--or anything else—to the Environmental Workographers unless they explicitly brought up the issue of forced treatment--or anything else, first.

## 6. Participants

Participants were consistently asked to remember that the environment is not limited to a physical place, but includes psychological spaces and many other types of environments, as well. Fourteen people participated in creating Environmental Workographies. This includes: 4 New Yorkers, 5 Coloradoans, 2 Washingtonians, 2 people from Oregonians, 1 Californian. The three uestions addressed above were asked during the construction of their videotaped Environmental Workographies, and this consisted of dialogues with myself and individual Environmental Workographers. Six people who were either Advisors to the project and/or Environmental Workographers have joined the research team and now act as "Study Coordinators" of this research. The Study Coordinators assisted with the implementation and evaluation, including creating educational videos based on the video data which was generated with the Environmental Workographers. Finally, a Panel of thirty people served as expert "Evaluators" who viewed and commented on the educational videos generated through the research project. The Evaluators who gave us feedback on the educational videos were all people who work in psychiatric systems change and have psychiatric histories. Working with these many experts brought weeks of intensive discussion and debate to our participatory project; these discussions deepened and enhanced our results.

Many of the people in their roles in this research as Advisors, Study Coordinators, Environmental Workographers, and Evaluators all told their extremely personal recounts of their lived experiences including work and family situations before, during, and after their psychiatric experience, often including institutionalization(s) and being court-ordered, coerced, or compelled to comply with psychiatry, or doing so without full informed choice and expressed informed consent.

## 7 Findings

We discovered we did not need to leave our home State to find out what was happening in the psychiatric industry. We did need to leave our home State to find out what was happening here was happening across the U.S. Environmental Workographers reported being traumatized in psychiatric places in and outside of institutions by psychiatric policymakers and practitioners through their practices, products, procedures, and policies.

Environmental Workographers reported multiple human rights violations that they named as torture, murder, betrayal, dehumanization, abuse, and maltreatment. These human rights violations included: losing a loved one to psychiatry; electroshock; restraint; seclusion; drugging; forced drugging; institutionalization and the loss of personal liberty; scientific experimentation;,and aversive behavioral interventions.

In addition to the physical practices, procedures, and products guised as "mental health care," mentioned above, Environmental Workographers consistently reported psychological mortification they suffered from psychiatric workers including: being made to feel or treated as less than human; not being believed; having spiritual experiences written off as psychiatric symptoms; having their experiences invalidated; and not being listened to. Environmental Workographers reported being silenced and retaliated against for speaking out against the psychiatric industry when they worked in peer roles in both private managed care companies and state-sponsored offices of mental health and their funded programs. Neither the silencing of people who work in peer roles, nor the experiences described by people involved with psychiatry mentioned above are our home-State-specific problems. We show these problems are a national epidemic.

Environmental Workographers reported that in roles as peer workers they served as points of encounter for a liberation experience, from the mental patient role into full personhood, for someone else trapped in the clutches of psychiatry. Peer workers also reported a simultaneous experience of a re-encounter toward further liberation for themselves when they were told of atrocities by those they worked with, and that it often motivated them to work harder.

Environmental Workographers reported that they were told by psychiatric practitioners that they had a lifelong "disease" which would require a lifetime of psychopharmacological management and interactions with psychiatric workers within the power dynamic of the statesponsored system. For some period of time, this messaging from psychiatric workers prevented them from living full lives including working, going to school, or having families or significant relationships. People also reported that when they rejected being relegated to mental patient status, they found that the claims of the psychiatric workers to be false. The fact is participants demonstrated through their own lived experiences that the claims that were made about them and the non-possibilities for their future lives by psychiatric workers were false.

Environmental Workographers reported that when they were able to use their voice freely that their work was effective, if not at first well received, they believed they had the power through their voice, over time, to make change and often did.

## 8. Analysis

Our findings are expansive. For the purposes of this article, what has been focused on above are mostly formal mechanisms of voice control, especially in the form of how psychiatry is delivered in the U.S. over the expressed objection of people who are forced to comply. In the analysis, we show how these formal mechanisms are extended to informal mechanisms utilized by The State, which were experienced by Environmental Workographers in this study.

8.1 Informal Mechanisms of Voice Control Exhibited by State-Sponsored Organized Psychiatric Industries

Through the analysis of the video tape of the fourteen Environmental Workographers, we also were able to see patterns emerging of informal mechanisms of voice control exhibited by State Information for this analysis was obtained largely through multiple viewings of responses of the third question posed to Environmental Workographers which asked, "Were there environments that were helpful or unhelpful to you meeting the goals of your work?" Environments where policy was made and administration of where policy was carried out were consistently named as barriers to Environmental Workographers accomplishing their goals.

These environments could be found at the level of The State, the Managed Care Company, the Psychiatric Institution, or at the level of the funding stream of the Peer-run program itself. Analysis of our data shows a clear pattern in the experiences of advocates, activists and people who work in peer roles who are gaining attention or strength toward the Movement's goals. We have named these mechanisms: Dangle; Divide; Distract; Deny; Disrupt; and Diagnose.

**Dangle.** Compensation and job expectations, such as travel and being in the public eye, were described by one Environmental Workographer as "seductive." The allure of compensation for these roles, for many of us who otherwise would not have had access to even limited financial means, often was a contributing factor for The State to be able to acquire our compliance to exhort control over our peers. Even the most dedicated and fierce activists we spoke with described situations where we had to carefully monitor our responses to what The State required of us for fear of financial retribution for non-compliance. One person remembers the first time she cashed a check for her work at The State. She took a picture of the money. It did not exist in her previous reality.

The State also creates an illusion of potential opportunities for meeting the goals of the Movement in the not-so-distant-future--if everything goes smoothly now--and a condition of coerced silence is established. For example, a scenario where it is suggested to an advocate to pick our battles wisely because, "If we can get support from you on this smaller issue now, perhaps next year we will be able to look at the issue you really care about."

**Divide.** One way this has frequently occurred is when peer-run organizations are pit against each other trying to win access or resources from The State. Examples of this type of access may be a seat at a planning meeting or addressing the members of a conference. Resources from The State for peer-run alternatives are scant. However, a solid example that has consistently caused divisions in the movement is the publication of a Request For Proposals by The State to establish or increase peer-run organizations' budgets to provide additional services. However, it was reported that this creates division over the crumbs The State throws our way. This often causes what commonly is referred to as "In-fighting in the Movement." Over the centuries, in-fighting in the Movement has done extraordinary damage to the human rights of people involved with organized psychiatry by interfering with advocacy for their protection.

Indeed, as just one example among many, Elizabeth Packard (Lunatic Liberationist) and Dorothea Dix (Asylum Reformer) were on opposing sides of the mailbox law of the 19th century (1875), allowing inmates in asylums (lunatics) to send and receive mail (Norgren, 2007, p. 111).

**Distract.** Another way it was reported that The State attempts to control our voices is to distract motivated people who are taking and making actions while not employed by the State by offering them a position of sham power within The State that would cause them to believe they would be closer to accomplishing Movement goals, reaching a wider array of people, affecting more significant policy, and making a difference. Some of the Environmental Workographers reported having this type of employment created for us. This has been described by many of us as a hard choice to make in accepting such employment. It was often done with some regret both during and post-position, because the fears of the new job distracting them from the work they had been doing, proved accurate. This was also reported on a larger scale, when non-profit organizations who were gaining political power were awarded contracts with The State that now left them having to meet deliverables, distracting them from the work they had been doing prior to accepting funding from The State.

**Deny.** The denials can come in multiple ways. An example one environmental workography of a denial of corruption would include this type of exchange: At a State-run Advisory Council meeting, when an Environmental Workographer suggested that the shift of language from 'mental health' to 'behavioral health' was due to the fact that they cannot label everyone with a "mental illness" but everyone has "behavior . . ." The representative of The State responded it wasn't as "nefarious as all that." While this may not be a clear example of corruption, the tone in which it was uttered left one wondering, 'if not as nefarious as all that, it was as nefarious as all what then'?

Another type of denial reported was when, for example, people who work for The State say something off the cuff they realized they should not have said publicly and will outright state, "I will deny I ever said that." Several Environmental Workographers shared how they were able to capture such denials made by people in power on audiotape and how those audiotapes furthered their work. These types of denials can be found commonly when someone who is a representative of The State makes public statements that are inconsistent with what it is they have said behind closed doors.

Conversely, sometimes, when a person of power within The State has not been co-opted, they will intentionally offer a piece of information about something The State is planning, and say, "I will deny I ever said that." There is a caution though, because this denial is sometimes also a point of strategy with no good intention, leaking a small piece of information simply to show the person has authority over information. The financial incentives of the psychiatric industry are routinely denied. For example, one Environmental Workographer who had been a Vice President of Consumer Affairs at a large for-profit managed care company discussed that what the company was most interested in was their "profit/loss ratio" but "they would probably deny that." Of course, in other work, I deeply explore the billions of dollars of public expenditures and those who are affected by them.

Implicit in this discussion of this informal mechanism of voice control is the ultimate and first denial anyone who is working in a peer role faced, as reported by people who participated as Environmental Workographers is the initial set of denials which caused our involvement with organized psychiatry. "Unfreedoms" for Sen (1999) are in the form of denials. He uses a capitalistic framework and these included the denial of participation in the market and extended to denials of participation as a full citizen in a democracy. Sen also discussed denials of civil rights, human rights, communication, education, tradition of choice, and a full life span. When one enters a psychiatric institution against one's will--without their freedom of choice--and their freedom is arrested, one becomes a psychiatric inmate. The experience of a psychiatric inmate is to be faced with multiple denials--multiple unfreedoms--at once.

**Disrupt.** As far back as the early 1990s, in one State, there were quarterly meetings held of a Recipient Advisory Council to the Office of Mental Health. At the change of the guard, when a new director was appointed by The state, there was a mass movement to open up the small working-committee of people who were representatives of groups and organizations at the local level to an open meeting. Both methods had value for networking across the state. Within the last several years, the quarterly meetings were moved to videoconferencing,where people came together in their own region and saw other regions of the state through television monitors. These quarterly meetings served as a mechanism for people from long distances from each other across the state to have time to connect, plan, and work face to face. As we began to organize deeper around our efforts, we would use these face-to-face opportunities to schedule our actions, meetings, and etcetera, alongside The State's meetings. These meetings were subsequently reduced to a face-to-face meeting only once per year.

The State referred to budgetary constraints in the decision, however the impact of the change was the loss of opportunity to associate.

**Diagnose**. As we traveled around the country, it became a familiar story told by many of us, and was consistently named as a challenge the Movement toward human rights within organized psychiatry faces, that we who did do what we wanted to do concerning the work of the Movement, the way we wanted to do it, as opposed to doing (or more often, not doing) what The State wanted were met by personal retribution, including sometimes an assessment of our current psychological/psychiatric 'well-being' for lack of any term that is appropriate. For some people involved in this research consequences of being diagnosed--the manifestation of society's intolerance toward non-compliance--were re-institutionalization and forced drugging.

## 8.2 Reigning in Loose Cannons

The intentional "reining in" of dissident voices by The State or their partners in Managed Care Organizations is thought to be a common practice by people who experienced this type of silencing which included loss of employment with the State and/or State-funding and, in the most egregious situations, re- institutionalization and forced drugging. People who participated in this research as Environmental Workographers, who had been in leadership roles within The State, or their partners, Managed Care Organizations, for organizing interactions between The State, or their partners in Managed Care Organizations, and people who work in alternative peer run programs or are advocates and activists, or directly with people who were currently in receipt of psychiatry discussed how this "reigning in" of dissident voices was a routine part of their job duties.

The story of how this happened during the construction of two environmental Workographies, one in Colorado and the other in New York, is worth telling. Both of these women had been in leadership roles, "out" as a person who had a psychiatric history and worked in psychiatric systems change. One woman worked in a senior position in a State-Sponsored Office of Mental Health the other woman worked in a senior position in a private Managed Care company.

Both explained a part of their expected job duties which they were expected to perform: "reigning in" the people who participated in opportunities to provide feedback to The State or the Managed Care company concerning policies and practices. The woman who worked for The State, referring to me said, "Now, I can tell you, a lot of times a lot of people are like, why didn't you reign her in?" When I asked her what that meant, she replied, "You and other people are still very much, you know, known as loose cannons. You don't know when you're going to grab a microphone and start holding up a sign or something."

The woman in Colorado, when talking about a "To Do" list she kept while on the job, she mentioned she would actually have the words "Reign in [person's names]" with a check box next to it on her list. She explained this person she was to "reign in," to those in power was thought of as a "loose cannon", because you never knew if she was going to throw a "monkey wrench" into the planning during a meeting where the company was looking for input from satisfied consumers who would support the need for more money from The State. She stated, "I was always instructed to reign her in because she was a loose cannon."

The woman who worked for The State, stated, "I feel like I'm in a confessional. I had to sell my soul. I sold my soul." The woman who worked for the Managed Care company stated: It wasn't just a personal loss because I was supposedly representing my brothers and sisters. I was selling them down the river too. I am deeply ashamed of the way that I acted and I would hope that by talking about it honestly, that if other people are in the same boat and they still have that little glimmer in the back of their mind of, mmm, why did I say that, that—that, might help them somehow. Because I was not honest or true to myself, so therefore, I lost everything.

Environmental Workographers, in different spaces of their work experiences, often discussed this odd situation of holding power over 'peers' as a job "duty". This included the "front stage"--the term coined by Goffman (1959) which we extend to policy making tables, especially when their "job" was to help bring the actors playing the role of "satisfied consumers" to the policymaking table who would support State requests for increased funding--and then providing the stage direction for them once they arrived. As often, however, Environmental Workographers described aspects of private spaces or the backstage controls of supervision and management we received while in positions directly tied to our psychiatric histories (Goffman, 1959/1956).

It is important to note that Environmental Workographers expressed that once we had developed an understanding in our own lives of how our peers (or our own) dissident voices were being silenced, to varying degrees each person did what could be done to maintain the values of the Movement we gained our positions through, regardless of the consequence of a potential loss of compensation we were receiving for our work. In other words, as each person was acting, we had an awareness that while we were protecting the value of humanity and the rights protections which ordinarily coincides with such a value, we were also aware that challenging the status quo of psychiatry was "courting professional suicide" (Scull, 2005, p. 289).

## 9. Policy Implications

What we have presented in this paper is not similar to typical issues of whistle-blowing, where those in power are exposed for doing something that is inconsistent with policies of a particular place. Rather, we have shown how when people challenge the policies or cannons of ethics of a field, they are silenced and retaliated against. The silencing of psychiatric torture is like the dis-acknowledgement or denial of past historical events, such as when the Holocaust having happened is challenged. People who are policy makers and providers routinely act as if the horrors of psychiatry such as forced sterilization, eugenics, lobotomy, electroshock, forced drugging, restraints, seclusion, and torture and abuse never happened, or happened oh, so long ago. Our data shows clearly that this all still happens now. Comparisons between the experiences of a person who survived the torture during the Holocaust and persons who survived psychiatric atrocities exist and have been the subject of discussion within the Human Rights Movement for decades. Indeed, the original uses of the phrase psychiatric survivor were grounded in the idea of one having lived through and survived psychiatric atrocities. The first major policy implication is an immediate end of all uninformed psychiatry. Court-ordered, compelled, coerced and uninformed psychiatry must be abolished

It is because of the findings of this research, that people experience a state of oppression from their experiences with state-sponsored psychiatry and that the encounter is a mandatory requirement to be met to move from oppression toward liberation, that environments which encourage opportunities for people to talk about their personal power and speak out against the injustices which they experience, witness, or hear of others who report must be increased.

In fact, it ought to be a funded mandate that all people who are involved with psychiatric systems are immediately connected with someone who got completely out with no formal (Court-ordered, coerced, compelled) involvement with psychiatric places, nor practitioners, nor their practices, procedures, nor products. That may be pie-in-the-sky to some. Minimally, all people who are in roles of peer workers, or workers whose lived experience based on a psychiatric history are fundamental to their employed role, must be able to speak freely in those roles, and not be put in situations where they experience, feel, or fear retaliation such as loss of job for voicing their perspectives, concerns, and critiques of the system they are working inside of, whether that role be as an advocate, activist, support person, administrator, or policy maker.

## Acknowledgements

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