(Im)balanced Humans–A Patient's Perspective on the Psychiatric Divide

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Psychiatry is a branch of medicine where health practitioners carry an added set of powers over the patient (or client) seeking or ordered to undergo treatment/therapy/services. In this essay we will explore these different imbalancers, will explain the consequences of such inequalities and will delve into a vision of egalitarianism for the future.

Sanism, mentalism (or neuro-discrimination) "separates people into a power-up and power-down group." (1) This enhanced power at the expense of those deemed to be "ill" manifests itself in several domains to maintain a hierarchical structure (instead of a different set of roles) with a doctor at its apex and a patient occupying a bottom rung. One important imbalancer is the terminology used to characterize those in need or already receiving psychiatric treatment. While the health provider carries out an analysis of a certain set of behaviors and mental states of the consumer-patient, the expertise often manifests itself as a set of discriminatory words (disguised as scientific jargon) such as "schizophrenic", "bipolar", "dissociative", which "[are] given more credibility than the consumer's actual [lived] experience with [such] challenges" (1). Another prevalent set of imbalancers imposed through powered up scientific discourse, are the different chemical solutions or pseudo-cures known as anti-psychotics or neuroleptics. These powerful neuro-chemicals act as barrier-blockers of neurotransmitters which, upon binding, can cause damage to nerves, impact the cardio-vascular system and cause many other (often severe) side-effects. Within the bio-medical framework of symptom, side-effect and mental instability, most neuro-diverse subjects on medication continue to carry out their lives without any marked change or suppression of initial psychosis or symptomology.

While medication and neuro-chemistry have profound impacts on the independence of patient/consumers/service users (through a rigid system which transitions from inpatient to outpatient care), the resulting landscape driven by powerful pharma and constant expert follow-up, is tailored to look accessible and open while more often having dissimulated physical (or architectural) barriers. While inpatients often toe a medication line on a locked-down unit designed with contrived specifications for excessive monitoring and supervision, outpatients with a conditional discharge status, remain tied down to a system of normalized follow-up in which levels of neuroleptics are scrutinized in a site laboratory, where questioning regarding compliance and present mental states are assessed in a clinic setting, and where mandatory prescriptions of oral or injectable drugs are administered in some form of public or private outpatient pharmacy.

While different imbalancers separate or segregate patient/consumers/service users into various medico-social sub-categories, the "power differential" (1) often comes with additional negative consequences. For instance, such categorization impacts

future outcomes of subjects in a legal and judicial framework where ensuing image degradation can result in added confinement, loss of freedom and restrictive income. The profit model driven once again by pharma and chemical retail, often occurs at the expense of the consumer's own financial success, with capitalist greed continuing to push for conditions of chronic dependency rather than actual independence and recovery. Conditions in mental health clinics (or centres) while claiming to be fully accessible, are in fact segregated much like "in the Southeastern US prior to the civil rights movement of African-Americans". For instance, on-site bathrooms between patients and staff are still kept separate (1), along with lunch counters for inpatients and their health care supervisors.

While a segregated system occurs to control a caste or sub-class, further division between the medical authorities and their subjects can lead to severe systemic violence and resulting euthanasia. During the Second World War, "carbon monoxide gas chambers [were] used by the Nazis in the T4 program to kill the mentally ill […] with gas which was supplied by means of bottles […] piped into the […] chambers." (2) In addition to the organized killings, "families were not informed about the murdered relatives" and psychiatric wards were constantly being emptied to accommodate a new cohort of expendable victims (3).

While such power dynamics hardly create benefits for patient-consumers, an "egalitarian approach" (1) where recovery (and un-coerced consent to various treatment options) would be mutually beneficial to both health providers and their consumer-clients. In addition, a neuro-diversity ('wavelength') framework for c/s/x/m/d (consumer/survivor/ex-patient/mad/diagnosed) should be advanced modelled on the LGBTQI 'spectrum' in order to replace and undermine image degrading discriminatory slurs and bureaucratic lingo.

While continued acts of resistance to different forms of psychiatric oppression are needed to improve the status of consumer-patients within the legal system, the workforce and the greater society at large, it is important to also celebrate and express our non-violent anger/madness (4) and seek solidarity through community gatherings like Mad Pride Week in the month of July. Also, we mustn't forget to collectively pay homage to our deceased peers, elders, and martyrs through community vigils and memorials located in places like the patient-built wall in Queen West (Toronto), where injustices have occurred and re-occurred along a continuum of periodic modernization.

Sources:

(1) "Identifying and Overcoming Mentalism", Coni Kalinowski & Pat Risser. Informed Health Publishing and Training. 2005. p.3, p.7, p.21, p.33

Link: www.newmediaexplorer.org/sepp/Mentalism.pdf

(2) "The Case for Auschwitz-Evidence from the Irving Trial", Robert Jan Van Pelt. Indiana University Press. USA. 2016. p.499.

(3) “Aktion T4”, Wikipedia

Link: https://en.wikipedia.org/wiki/Aktion_T4

(4) “Mad Matters-A Critical Reader in Canadian Mad Studies”, Edited by Brenda A. LeFrancois, Robert Menzies and Geoffrey Reaume. Canadian Scholars Press Inc. 2013. p.119.

consumer/survivor/ex-patient/mad/diagnosed

(Neuro-diversity ‘wavelengths’)