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Psychiatry's Oppression of Young Anarchists—and the Underground Resistance

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<http://brucelevine.net/psychiatrys-oppression-of-young-anarchists-and-the-underground-resistance/>

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Many young people diagnosed with mental disorders are essentially anarchists with the bad luck of being misidentified by mental health professionals who: (1) are ignorant of the social philosophy of *anarchism*, (2) embrace, often without political consciousness, its opposite ideology of *hierarchism*, and (3) confuse the signs of anarchism with symptoms of mental illness.

The mass media equates anarchism with chaos and violence. However, the social philosophy of anarchism rejects authoritarian government, opposes coercion, strives for greatest freedom, works toward “mutual aid” and voluntary cooperation, and maintains that people organizing themselves without hierarchies creates the most satisfying social arrangement. Many anarchists adhere to the principle of nonviolence (though the question of violence has historically divided anarchists in their battle to eliminate authoritarianism). Nonviolent anarchists have energized the

Occupy Movement and other struggles for economic justice and freedom.

In practice, anarchism is not a dogmatic system. So for example, “practical anarchist” parents will use their authority to grab their child who has begun to run out into traffic. However, practical anarchists strongly believe that *all* authorities have the burden of proof to justify control, and that most authorities in modern society cannot bear that burden and are thus illegitimate—and should be eliminated and replaced by noncoercive, freely participating relationships.

My experience as a clinical psychologist for almost three decades is that many young people labeled with psychiatric diagnoses are essentially anarchists in spirit who are pained, anxious, depressed, and angered by coercion, unnecessary rules, and illegitimate authority. An often used psychiatric diagnosis for children and adolescents is oppositional defiant disorder (ODD); its symptoms include “often actively defies or refuses to comply with adult requests or rules” and “often argues with adults.”

Among young people diagnosed with attention deficit hyperactivity disorder (ADHD), psychologist Russell Barkley, one of mainstream mental health’s leading ADHD authorities, says that they have deficits in “rule-governed behavior,” as they are less responsive to rules of authorities and less sensitive to positive or negative consequences. A frequently used research tool that distinguishes alcohol/drug abuser personalities was developed by Craig MacAndrew (commonly called the MAC scale), and it reveals that the most significant “addictive personality type” have discipline problems at school, are less tolerant of boredom, are less compliant with authorities and some laws, and engage in more disapproved sexual practices.

I have encountered many people who had been diagnosed with bipolar disorder, schizophrenia, and other psychoses, and who are now politically conscious anarchists, including Sascha Altman DuBrul, author of *Maps to the Other Side: The Adventures*

of a Bipolar Cartographer. DuBrul, several times diagnosed with bipolar disorder, has lived in rebel communities in Mexico, Central America, and Manhattan's Lower East Side, worked on community farms, participated in Earth First! road blockades, demonstrated on the streets in the Battle for Seattle, and he reports that many of his anti-authoritarian friends also have been diagnosed with mental illness.

Teenagers, as evidenced by their musical tastes, often have an affinity for anti-authoritarianism, but most do not act on their beliefs in a manner that would make them vulnerable to violent reprisals by authorities. However, I have found that many young people diagnosed with mental disorders—perhaps owing to some combination of integrity, fearlessness, and naïvity—have acted on their beliefs in ways that threaten authorities. Historically in American society, there is often a steep price paid by those who have this combination of integrity, fearlessness, and naïvity.

While DuBrul and his friends have political consciousness, my experience is that most rebellious young people diagnosed with mental disorders do not, and so they become excited to hear that there is actual political ideology that encompasses their point of view. They immediately become more whole after they discover that answering “yes” to the following questions does *not* mean that they suffer from a mental disorder but instead have a certain social philosophy:

- Do you hate coercion and domination?
- Do you love freedom?
- Are you willing to risk punishments to gain freedom?
- Do you instinctively distrust large, impersonal, and distant authorities?
- Do you think people should organize themselves rather than submit to authorities?

- Do you dislike being either an employer or an employee?
- Do you smile after reading the Walt Whitman quote “Obey little, resist much”?

Young people who oppose inequality and exploitation, reject a capitalist economy, and aim for a society based on cooperative, mutually-owned enterprise are essentially left-anarchists—perhaps calling themselves “anarcho-syndicalists” or “anarcho-communitarians.” When they discover what Noam Chomsky, Peter Kropotkin, Kirkpatrick Sale, or Emma Goldman have to say, they may identify with them. These young people have a strong moral streak of egalitarianism and a desire for social and economic justice. Not only are they *not* mentally ill but, from my perspective, they are the hope of society.

There is another group of freedom-loving young people who hate the coercion of parents, schools, and the state but lack an egalitarian moral streak, and are very much into money and capitalism. Some of them may have been dragged into the mental health system after having been caught drug dealing, and are labeled with conduct disorder and/or a personality disorder. While these young people rebel against they themselves being controlled and exploited, many of them are not averse to controlling and exploiting others, and so are not anarchists, but some have spiritual transformations and become so.

An Underground Resistance for Oppressed Young Anarchists

There are at least two ways that mental health professionals can join the resistance: (1) speak out about the political role of mental health institutions in maintaining the status quo in society, (2) depathologize and repoliticize rebellion in one’s clinical practice, which includes helping young anarchists navigate an authoritarian society without becoming self-destructive or destructive to others, and helping families build respectful, non-coercive relationships.

out oppressive treatments by mental health professionals in an attempt to alter their basic being. Today's psychiatrists, psychologists, social workers, and counselors would do well to recognize that historians do not look kindly on those professionals who participated in institutional dehumanization and oppression.

If a nonviolent anarcho-communitarian (politically conscious or otherwise) is dragged by parents into my office for failing to take school seriously but is otherwise pleasant and excited by learning, I tell parents that I do not believe that there is anything essentially "disordered" with their child. This sometimes gets me fired, but not all that often. It is my experience that most parents may think that believing a society can function without coercion is naive but they agree that it's not a mental illness, and they're open to suggestions that will create greater harmony and joy within their family.

I work hard with parents to have them understand that their attempt to coerce their child to take school seriously not only has failed—that's why they're in my office—but will likely continue to fail. And increasingly, the pain of their failed coercion will be compounded by the pain of their child's resentment, which will destroy their relationship with their child and create even more family pain. Many parents acknowledge that this resentment already exists. I ask liberal parents, for example, if they would try to coerce a homosexual child into being heterosexual or vice versa, and most say, "Of course not!" And so they begin to see that temperamentally anarchist children cannot be similarly coerced without great resentment.

It has been my experience that many rebellious young people labeled with psychiatric disorders and substance abuse don't reject *all* authorities, simply those they've assessed to be illegitimate ones, which just happens to be a great deal of society's authorities. Often, these young people are craving a relationship with mutual respect in which they can receive help navigating the authoritarian society around them.

The U.S. Centers for Disease Control on May 17, 2013, in "Mental Health Surveillance Among Children—United States, 2005–2011," reported: "A total of 13%–20% of children living in the United States experience a mental disorder in a given year, and surveillance during 1994–2011 has shown the prevalence of these conditions to be increasing."

Is there an epidemic of childhood mental illness, or is there a curious revolt? My experience is that many young Americans—feeling helpless, hopeless, bored, scared, misunderstood, and uncared about—ultimately rebel; but given their wherewithal, their rebellion is often disorganized, futile, self-destructive, and appears to mental health professionals as a disorder or illness. Underlying many of psychiatry’s diagnoses is the experience of helplessness, hopelessness, boredom, fear, isolation, and dehumanization. Does society, especially for young people, promote:

- Respectful personal relationships—or manipulative impersonal ones?
- Empowerment—or helplessness?
- Autonomy (self-direction)—or heteronomy (institutional-direction)?
- Participatory democracy—or authoritarian hierarchies?
- Diversity and stimulation—or homogeneity and boredom?

Emotional and behavioral problems are often natural human reactions to a society that cares little about: (1) *autonomy*—self-direction and the experience of potency, (2) *community*—strong bonds that provide for economic security and emotional satisfaction, and (3) *humanity*—the variety of ways of being human, the variety of satisfactions, and the variety of negative reactions to feeling controlled rather than understood. Young anarchists are especially sensitive to American society’s absence of autonomy, community, and humanity—and this can result in overwhelming anxiety and depression.

While giant pharmaceutical corporations promote psychiatry’s authority as a vehicle for increased drug sales, the whole of the corporate state supports psychiatry so as to maintain the status quo.

In the old Soviet Union, political dissidents were diagnosed by psychiatrists as mentally ill, then hospitalized and drugged. Even more effective for those at the top of the hierarchy is what now occurs in the United States: diagnosing and treating anti-authoritarians before they have reached political consciousness and before they have created communities of resistance.

One reason that there is so little political activism in the United States is that a potentially huge army of anti-authoritarians are being depoliticized by mental illness diagnoses and by attributions that their inattention, anger, anxiety, and despair are caused by defective biochemistry, not by their alienation from a dehumanizing society. These diagnoses and attributions make them less likely to organize democratic movements to transform society.

In the early nineteenth century in the United States, a network of secret routes, conductors, and safe houses were utilized by African-Americans to escape from slavery. This network was commonly called “The Underground Railroad,” organized by runaway slaves, free African-American abolitionists, and white abolitionists. Today, communities of ex-psychiatric patients (see, for example, MindFreedom and the Icarus Project) are helping young anti-authoritarians resist their mental illness labeling and coercive treatments. There are also a handful of mental health professional dissident organizations that, while not promoting the social philosophy of anarchism, do oppose dehumanizing diagnoses and coercive treatments (for example, the International Society for Ethical Psychology and Psychiatry).

While there are career risks for modern day mental health professional dissidents, these are small risks compared with those taken by slavery abolitionists. So as a mental health professional, I find it quite embarrassing that there are so few professionals involved in the current resistance.

In American history, there have been several shameful periods where groups—including Native Americans, homosexuals, and assertive women—have been pathologized, dehumanized, and meted