Madness, Disability, and Abolition

Mad Liberation Front

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In 2020, police abolition erupted into popular discourse following the murders of George Floyd, Breonna Taylor, Tony McDade and others. With one out of four U.S. prison inmates testing positive for COVID-19 in some facilities,[1] calls for prison abolition have also attained a new prominence. We want to abolish these systems of violence – but what does that mean for the psych ward?

This essay explores responses to that question in two parts. Part one focuses on the intersections between abolition, madness and disability. Part two focuses on ways we can continue the fight for mad and disabled communities while creating an abolitionist future.

Part 1: A Call for Movement Solidarity

ABCs of Abolition

When we call for abolition, it's because we believe another world is possible. A world where black, brown, trans and poor communities are not executed by the state or held in cages. As abolitionists, we reject the fantasy that "public safety" depends upon state surveillance and mass incarceration. We call for abolition because prisons and police are rotten at the core – the issue isn't a few "bad apples," it's the entire system.

In an era of racial reckoning, we can't condemn the white supremacy of the past without acknowledging its ongoing role in today's prisons and policing. This white supremacy is blatantly apparent at Louisiana State Penitentiary, also known as Angola, which functioned as a plantation prior to becoming a prison.[2] As the largest maximum-security prison in the United States, Angola still maintains a massive "farm," where inmates are forced to pick cotton and other crops.

White supremacy is also written into the Major Crimes Act, which attempts to deny Indigenous peoples' sovereignty over their own communities and land.[3] The origins of policing are inextricably linked to slave patrols and the Ku Klux Klan, and contemporary police shootings are a continuation of lynching practices and the genocide against Indigenous communities.

Since prisons and police are rooted in the same racial capitalism that created slavery – and colonialism – today's abolition movements continue the work of 18th and 19th century abolitionists. These revolutionaries ask us not simply to end prisons and policing but to (re)discover ways of living together in community, without state violence. Critical Resistance, the prison abolition group founded by Angela Davis, Ruth Wilson Gilmore, Rose Braz, and others, describes their work as a manifold process:

> Abolition isn't just about getting rid of buildings full of cages. It's also about undoing the society we live in because the [Prison Industrial Complex] both feeds on and maintains oppression and inequalities… An abolitionist vision means that we must build models today that can represent how we want to live in the future.[4]

[1] https://www.kgw.com/video/news/health/coronavirus/one-in-four-oregon-inmates-has-tested-positive-for-covid-19/283-35ceebd8-655f-461e-b633-0e6a2ec5a0b9

[2] https://www.prisonlegalnews.org/news/2009/apr/15/slavery-haunts-americas-plantation-prisons-by-maya-schenwar/

[3] https://www.cutcharislingbaldy.com/blog/why-the-fin-f-are-they-building-a-dollar-general-in-mckinleyville-or-in-which-we-discuss-the-corrupt-and-frankly-dangerous-practices-of-the-dollar-general-company

[4] https://criticalresistance.org/mission-vision/not-so-common-language/

Prisoner solidarity and practices like transformative justice are a clear part of abolition. It's less clear, in the currently trending discourses, how we bring an abolitionist vision to disabled communities or to people's lived experiences of madness. People say, "Police shouldn't respond to non-emergency 911 calls. 'Mentally ill' people shouldn't be jailed for petty crimes. We need better mental health." But what does this actually mean?

This question matters because mad and disabled communities are overwhelming subjected to incarceration and state violence, especially among undocumented, poor and houseless communities, trans and nonbinary individuals, and communities of color. To understand what's at stake here, we might start by examining how racial capitalism currently relates to madness and disability.

Madness Under Racial Capitalism

When a person is perceived as being "mad" – that is to say, when a person is deemed "unstable," "aggressive" or "in crisis" – the state responds with violence. After police attacked Elijah McClain on the streets of Aurora, Colorado, paramedics forcibly injected him with a lethal dose of ketamine. Chemical restraint was justified because McClain, a disabled Black man, was exhibiting symptoms of "excited delirium." In order words, McClain was executed for listening to music and dancing while walking down the street.

It was a late August night and McClain, who was anemic, was wearing a ski mask to keep warm.[5] After a civilian dialed 911 to report a "sketchy" Black male,[6] the responding white authorities simply saw what they wanted to see – another disabled Black man slated for execution. This murderous collaboration between paramedics and police typifies the relationship between "mental health providers," their (para)medical proxies, and the state.

When approaching anyone who has been deemed "mentally ill," the state responds with tools of incarceration, including coercion, confinement, and violence. This is because the mental health system operates on carceral logic. Psych holds and forced hospitalization are forms of incarceration that rarely require a crime or conviction. If you protest against your incarceration this is understood as resistance to treatment and such resistance, which the doctors call anogosonia, is evidence of your "illness." For anyone unfamiliar with psych wards and their rhetoric, poet Anita D's piece "And the Psych Ward Says" is a powerful testimony of what it means to be involuntary committed.[7]

Numerous social movements have arisen to fight against psychiatric oppression, with militant groups historically describing themselves as anti-psychiatry, psychiatric survivors, ex-patients, and human rights activists. These movements don't only fight against forced hospitalization, but question the very narratives of psychiatric treatment.

We scrutinize why a group like the National Alliance on Mental Illness (NAMI) frames itself as a "grassroots" group while receiving up to 75% of their funding from pharmaceutical companies. As Sera Davidow writes, "We have to remember this: NAMI is a lobbying organization."[8] While less known as household names, lobbying groups like the Mental Health America (MHA) and the

[5] As pointed out by abolitionist Talila Lewis, the original version of this article failed to highlight McClain's anemia, leaving out an important aspect of his identity as a disabled Black man.

[6] https://www.rev.com/blog/transcripts/elijah-mcclain-killing-911-call-police-body-cam-footage-transcript

[7] https://www.youtube.com/watch?v=xxV6s4oM1hg

[8] https://www.madinamerica.com/2017/05/back-to-basics-whats-wrong-with-nami/

Depression and Bipolar Support Alliance (DBSA) are equally complicit in manipulating public discourses to mimic corporate agendas.

Books like *Mad in America* by Robert Whitaker and *Psychiatry Under the Influence* by Whitaker and Lisa Cosgrove further reveal how the bio-medical nature of "mental illness" is actually a capitalist ideology driven by the pharmaceutical industry and rooted in eugenics.[9] *Protest Psychosis* by Jonathan Metzl highlights the racialized underpinning of these histories, with a focus on "schizophrenia" and its shifting symptomatology.[10]

In the 1950s, writes Metzl, the diagnosis was a tool of white patriarchy primarily given to disobedient housewives. Following the re-writing of diagnostic criteria in 1968, schizophrenia became a "disease" disproportionately diagnosed among Black men, which provided doctors a means to pathologize and incarcerate Black political dissidents – by labelling angry, anti-state Black men as "paranoid" and "delusional" – during the era of Black power.

Psychiatric oppression is also central to colonization. In her chronicle of the Hiawatha Insane Asylum for Indians, Pemima Yellow Bird (Mandan, Hidasta, and Arikara Nation) describes "some of the darkest times of our holocaust, tangled in a horrific web of greed, political opportunism, and racist oppression." As a declaration of resistance, Yellow Bird writes, "never again will one of our people suffer at the hands of an omnipotent, destructive and corrupt government, or from the criminally misguided acts of the mental health industry in this country."[11]

These brutal histories are marginalized in the United States but thanks to the work of activists like Celia Brown and Mind Freedom International,[12] even the United Nations Human Rights Council recognizes the injustices of our systems. "Mental health systems worldwide are dominated by a reductionist biomedical model that uses medicalization to justify coercion as a systemic practice," UN Special Rapporteur Dainius Pūras wrote in a 2020 report.[13] In their failure to understand the roots causes of human distress, mental health systems render "diverse human responses to harmful underlying and social determinants (such as inequalities, discrimination and violence) as 'disorders' that need treatment." This is one of many reasons why forced hospitalization actually increases the likelihood that a person will attempt suicide.[14]

When we consider the horrors of the mental health industry, we should ask ourselves the same questions we ask of prisons and police. Can the system be "reformed," or is it rotten to the core? For many of us organizing against psychiatric oppression, the answer is clear.

Diagnosis, Disability and State Violence

As a tool of psychiatric oppression, diagnosis itself can be understood as a precursor to violence. That is to say, labeling a person with "schizophrenia" or describing their behavior as "excited delirium" provides the future or immediate justification of state violence. But *lack* of diagnosis can also derive from systems of oppression. For instance, Lydia X. Z. Brown has highlighted

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[9] *Mad in America* by Robert Whitaker and *Psychiatry Under the Influence* Robert Whitaker and Lisa Cosgrove

[10] *Protest Psychosis* by Jonathan Metzl

[11] https://power2u.org/wp-content/uploads/2017/01/NativePerspectivesPeminaYellowBird.pdf

[12] See https://mindfreedom.org/

[13] https://madinasia.org/2020/07/no-mental-health-without-human-rights-an-analysis-of-the-un-special-rapporteurs-recent-report/

[14] https://www.madinamerica.com/2019/06/involuntary-hospitalization-increases-risk-suicide-study-finds/

the racist implications of under-diagnosing learning and developmental disabilities among youth of color.[15]

Mad and disabled communities often have different ideas about diagnosis, which are not easily reconcilable. When imagining our abolitionist relationships to diagnosis, it is important to center the perspectives of those most impacted by diagnosis (or lack thereof), including people who experience voices and visions, trans and nonbinary individuals, poor folks who depend on disability benefits, people with critical access needs, and anyone with lived experience of incarceration and institutionalization, including BIPOC youth who receive choice diagnoses as part of the school-to-prison pipeline.

Like anyone deemed mad, disabled people are also hunted by the state, especially in communities of color and among poor and trans communities. Mad and disabled communities are disproportionately locked up in jails and prisons, and as scholar Ben Liat-Moshe writes in *Decarcerating Disability*, these systems actually *create* madness and disability.[16]

In their statement on police violence, the disability justice collective Sins Invalid reports that more than half of the people murdered by police are disabled, and state violence only continues in prisons and detention centers:

> We witness the horror of a deadly chokehold placed on Eric Garner, a Black man with multiple disabilities, by the NYPD. Our hearts break for Kayla Moore, a fat Black schizophrenic trans woman suffocated to death by police in her home in Berkeley, after her friends called 911 for help… We are outraged by the in-custody death of Lakota 24 year-old mother of two, Sarah Lee Circle Bear, who was refused medical care… We embrace the memories of Victoria Arellano, an under-documented Latinx trans woman, and Johana Medina, an asylum-seeking Latinx trans woman, who were both living with AIDS, and died in ICE facilities as a result of being denied medical care. We feel devastation with the family of Natasha McKenna, who cried 'You promised you wouldn't kill me!' just before being tasered to death by half a dozen guards in a Virginia jail. We stand with Lashonn White, a Deaf queer Black woman who was running toward police for safety, and was instead tased by police and jailed for three days without access to an interpreter.[17]

Despite the overlap our between disabilities and other struggles for justice, many comrades are still focused on narrow, single-issue fights. This is articulated by disability justice organizers, who note that white-led disability rights communities often perpetuate racism, and some racial justice organizers lack analysis around disability.[18]

"When a Black Disabled person is killed by the state, media and prominent racial justice activists usually report that a Black person was killed by the police," writes Talila Lewis, a founding member of the Harriet Tubman Collective.[19] "Contemporaneous reports from disability rights communities regarding the very same individual," continues Lewis, "usually emphasize that a Disabled or Deaf individual was killed by the police – with not one word about that person's

[15] https://www.learnplaythrive.com/single-post/Racism
[16] *Decarcerating Disability* by Liat-Ben Moshe
[17] https://www.sinsinvalid.org/news-1/2020/6/8/sins-invalid-statement-on-police-violence
[18] https://www.sinsinvalid.org/blog/disability-justice-a-working-draft-by-patty-berne
[19] https://www.talilalewis.com/blog/achieving-liberation-through-disability-solidarity

race, ethnicity or indigenous roots." Even disability rights/justice and mad communities often operate in parallel to one another, rather than our communities working together.

Mad communities have at times re-enforced white patriarchal norms, as was evidenced by a 2020 statement on transmisogny in the movement.[20] Yet it is important to acknowledge that intersectionality in our movements is not new – for instance, unions and the Black Panther Party were critical allies and participants during the 1977 federal building takeovers of the 504 Sit-in.[21] The current predominance of white, cisgendered leaders in well-funded, highly visible mad and disabled organizations should be understood as a result of ongoing movement politics – because leaders are often codified or "chosen" only after a lot of other people have been marginalized, ignored or forgotten. Perhaps it is through abolitionist analysis that such mad and disabled communities can understand their own internal systems of dominance and erasure more clearly.

Movement Solidarity for Future Worlds

If we are to succeed in our struggles for liberation, we must reinvigorate cross-movement solidarity. Developing stronger alliances between existing abolitionist, mad and disabled communities will significantly expand our core of frontline activists, and further develop our base of committed supporters.

Cross-movement solidarity isn't simply a good organizing strategy, it's a necessity for survival. Mad and disabled communities are being incarcerated and murdered by the same institutions that target Black, trans and nonbinary, poor, Indigenous, undocumented, youth of color, Latinx communities, and everyone else deemed expendable under racial capitalism. Police and prison abolitionist should engage with mad and disabled communities because we share common enemies, and interconnected goals – and in truth, individuals targeted by racial capitalism often hold multiple identities, blurring the distinctions between one fight and the next.

Abolitionist histories offer essential insights into the so-called progress and reforms, as they occur under racial capitalism. Just as the convict leasing system arose in the post-Civil War era, today's abolitionists must remain vigilant against "alternatives to incarceration," including house arrest, electronic monitoring, and community assisted "treatment" programs. In today's fight against false alternatives, mad and disabled communities carry profound wisdom – because we know that the current mental health system and its courts are not acceptable "alternatives" to mass incarceration or state violence. If abolitionists simply replace prison bars with hospital walls – or give social workers bullet proof vests and arm paramedics with lethal doses of ketamine – this doesn't change anything.

The struggle requires incremental changes because police, prisons, and psych wards aren't going to disappear overnight. This is why prison abolitionists talk about "non-reformist reforms," which lay the foundation of our revolution. But where and how do these changes occur, in actuality? This is an open-ended question, and one that requires acts of imagination. We are, after all, dreaming new worlds (back) into existence.

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[20] https://docs.google.com/document/d/1VfZ6zEj_lq9-vD0DN-iCPvwgjL03lrpsOescNoU-svw/edit?fbclid=IwAR1saAaakwvZj_re9KkvRO7vhnHYSB6Ndvig5l9JXBrUdC6wNO1GAv-mwi4

[21] http://disabilityhistory.org/BlackPantherParty_504.html

Part 2: Healing in Autonomous Communities

De-instutionalization as Abolition

If it seems impossible to re-imagine a world without prisons, we should consider what happened during de-institutionalization – the closing of state-run hospitals for mad people and those with physical, developmental and intellectual disabilities. In 1955, the number of people incarcerated in U.S. institutions was over half a million people. By 2000, this number dropped below one hundred thousand.

There is a historical narrative/myth that these ex-inmates left the state hospitals only to end up on the streets or in jails and prisons. The rise of neoliberalism, the economic austerity of Ronald Reagan, and the subsequent rise of the prison industrial complex contributed to de-institutionalization – but this is not the full story. De-institutionalization was a victory for our social movements, won with a diversity of tactics including litigation, consciousness raising, militant organizing, hunger strikes, demonstrations and sit-ins, and the creation of peer-run autonomous spaces like the Center for Independent Living in Berkeley, California and the Mental Patients Liberation Front in Boston.

The histories of our movements are marginalized, but they are not forgotten. Movies like *Defiant Lives* and *Crip Camp* – which were viewable on *Kanopy* and *Netflix* in the months following the 2020 uprising for Black lives – reveal how disability rights activists fought for de-institutionalization and civil rights (which culminated in the passage of the American Disabilities Act of 1990). "Disability Justice – a working draft" by Patty Berne and "This is Disability Justice" by Nomy Lamm recount the transition from disability rights to *disability justice*, an intersectional movement re-centering queer, trans and non-binary people of color.[22] Of Unsound Mind offers a timeline of psychiatry and its relationship to prisons and police, and a history of radical ruptures in psychiatry.[23] Archival issues of *Madness Networks News* show our history of militant organizing, including the fight against psych hospitals, and its recently revived blog and social media platform contain current movement perspectives, as does the podcast "Madness Radio."[24]

"By understanding [de-institutionalization] as a history of (not only but also) abolitionist practices, I argue that de-institutionalization is not only a historical process but a logic," writes Liat Ben-Moshe in *Decarcerating Disability*. "It was something that people fought for, and won. It was, and still is, a fraught process, but it is also a cautionary tale of success."[25] For abolitionists, this is history worth understanding.

Strategies for Organizing (and False Alternatives)

What lessons can we learn from de-institutionalization – what was effective, and where did we fail? When mad and disabled communities engage in prison and police abolitionist struggles,

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[22] https://www.sinsinvalid.org/blog/disability-justice-a-working-draft-by-patty-berne and https://thebodyisnotanapology.com/magazine/this-is-disability-justice/

[23] https://www.unsoundmind.org/timeline-and-history-of-psychiatry and https://www.unsoundmind.org/history

[24] The archives and current offerings *Madness Network News* can be found at ***https://madnessnetworknews.com/*** and via Instagram and Facebook. Madness Radio: https://www.madnessradio.net/

[25] *Decarcerating Disability* by Liat-Ben Moshe

this necessarily reframes our goals because any "solution" that moves people out of jails and prisons but back into hospitals is unacceptable. As Liat Ben-Moshe writes:

> Recent critiques of solitary confinement and supermax facilities (the solitary incarceration of people in a cell the size of a closet for twenty- three hours a day for months and sometimes years) call for screening for mental health issues and the release of those with such issues from these types of confinement. Such advocacy could be a great case of coalition between prison abolitionists and disability/madness activism. But calling for certain populations to be released from jails and prisons often sends them to be reincarcerated in other institutions or by other means, including by forced drugging or by indefinite detention in detention centers, psychiatric hospitals, or psych forensic units.[26]

Likewise, pamphlets (or policies) that offer alternatives to 911 must be thoroughly researched before dissemination. Despite evidence that *forced hospitalization actually increases the likelihood*[27] a person will attempt suicide, many suicide hotlines and text lines – including the National Suicide Prevention Lifeline – respond to "safety" concerns with carceral logic. In other words, if you talk too much about wanting to die, the hotline itself might call the cops on you (or they might call emergency services, and police often show up alongside EMS). The same is true of most mobile crisis intervention units, which were platformed as the "solution" to police reform during the 2020 uprising for Black lives. This is concerning because police regularly murder people – including Miles Hall and Patrick Warren, Sr. – during so called "mental health checks."

Peer-run warmlines, which are run by people with lived experience of psychiatric diagnosis, are less likely to call 911.[28] The Wildflower Alliance peer support line "does not collect personal information, perform assessment, or call crisis or the police."[29] Nor does the Trans Lifeline – which is run by and for trans and nonbinary individuals – call the police without consent.[30] But warmline practices vary: when in doubt if a warmline works with police, and under what circumstances, just ask.

In our fight against carceral systems, we must reject false alternatives, which flourish amidst a lack of imagination and dreaming. But what are the real alternatives? Examining how abolitionists have shifted public discourse to include conversations about police and prison abolition in recent years, mad and disabled communities can look to these movements and their tactics for furthering our struggles together.

Abolitionists have always engaged in organizing and critical analysis around madness and disability – one contemporary example is Mental Health First, the Oakland and Sacramento-based mobile crisis project led by the Anti-Police Terror Project and rooted in years of Black liberation struggles.[31] But many in the mad movement remain unaware of abolitionist lineages, and vice versa. For those of us rooted in single-issue mad politics, we must ask ourselves what we have to offer, and what we need to learn, in the broader struggles for abolition. Can we offer Know Your Rights trainings focused on avoiding police violence and forced hospitalization?

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[26] *Decarcerating Disability* by Liat-Ben Moshe

[27] https://www.madinamerica.com/2019/06/involuntary-hospitalization-increases-risk-suicide-study-finds/

[28] For a list of warmlines, see https://warmline.org/

[29] https://wildfloweralliance.org/peer-support-line/

[30] https://translifeline.org/

[31] https://www.antipoliceterrorproject.org/mental-health-first

What are the prisoner solidarity efforts – including outreach campaigns and books to prisoner programs – we can use for folks incarcerated in state hospitals? We could strengthen connections between those experiencing hospitalization and those on the "outside," while also supporting anyone subjected to court-ordered medication, police terror, and more.

We can support movement cross-pollination by submitting reportbacks of our organizing to autonomous news sites like *It's Going Down* – and *IGD* editors can actively seek these submissions.[32] Mad and disabled communities can help with phone zaps to the Department of Corrections, and anti-prisoner organizers could support initiatives like MindFreedom's Shield program, which mobilizes public support for individuals experiencing forced hospitalization.[33]

In psychiatric settings, a patient who doesn't cooperate with their treatment plan is called "non-compliant." We become non-compliant when we refuse to accept the narratives of racial capitalism, and it is through non-compliance that we dream another world into existence. By working alongside movements focused on prisons and police, we can address the roots causes of carceral logic and support collective efforts to abolish systems of violence, exploitation, and control wherever they are found.

Autonomous Spaces and Imagination

Since the 1970s, mad and disabled communities have created their own peer-run autonomous spaces. These abolitionist spaces were historically central to the fight for de-institutionalization. Contemporary "peer support" programs often exist within, and in service of, the mental health system, but peer-run spaces like the Wildflower Alliance in Western Massachusetts remain free from clinical oversight or control.[34]

Everyone in the Wildflower Alliance community, including staff, have their own lived experience of madness, psychiatric diagnosis, trauma, homelessness, addiction, and other challenges. There are community spaces where people can hang out, use a computer or work out in the community-run gym. There are peer-run support groups, like the Alternatives to Suicide groups, where people are free to talk about their experiences without fear of someone calling the cops. (Many of these groups began meeting online during the pandemic, and remain accessible through Zoom.[35])

The Wildflower Alliance also runs a peer-run respite called Afiya, which serves as alternative to psychiatric hospitalization.[36] In contrast to traditional clinical settings, there is no one taking notes or writing a treatment plan for you because at Afiya, self-determination is understood as fundamental to healing. All of the spaces and groups run by the Wildflower Alliance, including Afiya, are offered to the community at no cost.

Building spaces like the Wildflower Alliance is an essential part of abolition, but we don't always need a nearby autonomous space to create non-hierarchical healing in our relationships. During the coronavirus pandemic, Elliott Fukui outlined tools for "Surviving the Apocalypse Together!" with a focus on creating wellness teams/pods for friends to support each other during

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[32] https://itsgoingdown.org/
[33] https://mindfreedom.org/shield/
[34] https://wildfloweralliance.org/
[35] https://wildfloweralliance.org/online-support-groups/
[36] https://wildfloweralliance.org/afiya/

crises.[37] The Intentional Peer Support model, which is rooted in mutuality and respect, also offers non-coercive ways of responding to distress and other human experiences.[38]

Racial capitalism creates power structures that are rooted in profit – "helping" becomes a profession, rather than an organic part of communities. While questioning our own heroic fantasies of "saving" people from their distressing experiences, we should reject the narrative that only specialized "experts" are qualified to support people. The revolution happens in our relationships, here and now, and hanging with our friends during hard times is essential to building a new world.

Mad movements also question the narratives of pathology. In the Hearing Voices Network, for instance, there are many people who experience voices or visions but do not attribute these experiences to a particular "diagnosis."[39] Mad solidarity means supporting individuals to define their own experiences, and to make autonomous decisions about their lives. This includes choosing to take psychiatric medication, or not. Resources like *The Withdrawal Project*[40] and the *Harm Reduction Guide to Coming Off Psychiatric Drugs*[41] support folks wanting to cease or reduce medication.

Movement Communities and Healing

Movements are riddled with issues like individual burnout and the tyrannies of toxic organizers. There's no doubt that we need more healing in our movements, but this won't happen through "self-care." Self-care is a product of racial capitalism, offering "tools" designed to help overworked employees cope with the stress – without ever addressing the root causes of the stress. In lieu of self-care, we could develop a culture of collective care. As Leah Lakshmi Piepzna-Samarasinha writes in "A Not-So-Brief Personal History of the Healing Justice Movement":

> Collective care means shifting our organizations to be ones where people feel fine if they get sick, cry, have needs, start late because the bus broke down, move slower; ones where there's food at meetings, people work from home, and it's not something we apologize for. It is the *way* we do the work, which centres disabled femme of colour ways of being in the world, where many of us have often worked from our sickbeds, next to our kids' beds and our too-crazy-to-go-out-today beds. Where we actually care for each other and don't leave each other behind.[42]

Parallel to this understanding of collective care is the social model of disability, which is contrasted against the medical model of disability. In Cory Silverberg's interview of Patricia Berne, Berne explains, "The medical model of disability says the 'problem' is located in the bodies, and the solution is to change or eliminate our bodies."[43] In contrast, the social model of disability insists that barriers to access don't exist at the level of the individual. It is ableist culture/racial capitalism that creates disability.

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[37] https://drive.google.com/file/d/18jineTQqwCaTjUYoLiO3I-Z60vSE-rO0/view

[38] https://www.intentionalpeersupport.org/

[39] http://www.hearingvoicesusa.org/

[40] https://withdrawal.theinnercompass.org/

[41] http://willhall.net/comingoffmeds/

[42] https://micemagazine.ca/issue-two/not-so-brief-personal-history-healing-justice-movement-2010%E2%80%932016

[43] https://www.sinsinvalid.org/blog/to-do-in-october-sins-invalid-2009

To bring more healing into movement spaces, reach out to mad and disabled comrades and communities! We know ways forward. Sins Invalid has published “Access Suggestions for Public Events”[44] and “Access Suggestions for Mobilizations”[45] intended to support accessibility in our movements. “Invite us, strategize with us, bring all your skills and strengths,” reads the latter guide: “Don’t forget us. We are central to this movement and the future we are creating together.”

For social movements wanting – or needing – to engage more deeply with abolition, disability justice and the fights against psychiatric oppression, learn our histories. Share what you learn with comrades, and encourage movement blogs, podcasts, infoshops and bookstores to amplify our struggles. We learn from each other’s tactics, histories, and our collective successes and failures. It is together that we must fight for liberation. We don’t need to wait for the entire world to change – we can create an abolitionist future, here and now, in our relationships, movements, and communities. For a world without prisons, police or psych wards!

[44] https://www.sinsinvalid.org/blog/access-suggestions-for-a-public-event

[45] https://www.sinsinvalid.org/news-1/2020/6/8/access-suggestions-for-mobilizations

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itsgoingdown.org/madness-disability-and-abolition-healing-in-autonomous-communities
In this critical analysis, the author examines how prison and police abolition intersect with madness and disability, and calls for increased movement solidarity in the fight against racial capitalism.

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