Psychocracy and Community
A Sermon by Rev. Steven Epperson
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Meditation:

"What I always needed most of all for my own cure and self-restoration, was the conviction of *not* being so alone, not *seeing* so alone—an enchanting suspicion of some kind of kinship and likeness to others in a glance and desire, a moment of relaxation in the assurance of friendship." (Friedrich Nietzsche, 1879)

(I want to dedicate these remarks to Paul Boyd and Rio Bond, two young people in this city who died senselessly, needlessly and who deserved far better than what they got from us.)

Introduction: We're all familiar with the terms: democracy, aristocracy, theocracy, patriarchy and the like. They denote theories and practices of governing: that is to rule, control and influence a state, a populace, a people, and individuals within a particular domain. These words about governance are compounds of ancient Greek words: for example: democracy comes from *demos*, or people and *cracy*, is from the Greek verb *kratein*, which means to rule; so, democracy basically means "rule or governance by the people." Theocracy literally means "the rule of god," or governance by those who claim to know the mind and will of god and will enforce it.

Those who propose and practice a particular form of governance and control believe it to be better than the alternatives. Patriarchs claim the right to rule over women and children for their own good based on claims to superiority or special gifts endowed them by virtue of sex and

age. As well, governance depends on getting certain key groups like the judiciary, the police and military, the media, educators and professional guilds to agree to your theory and right to rule, and to further your authority and influence.

Theories and practice of governance rely on distinct theories about human nature, and especially of human beings grouped in societies. Revolutionary communists see the propertied classes as parasites on the production of the working class and the body politic, and thus subject to elimination. Margaret Thatcher summed up the consumerist, finance and free market oriented, government-is-the-problem outlook, with these choice words: "there is no such thing as society, there are only individuals."

And finally, claims to the right and fitness to govern depend upon appeals to mythic, foundational texts that justify the authority of those who govern—texts like holy scriptures, constitutions, codes and by-laws, and the writings of venerated expert thinkers and writers who supposedly figured things out and got them "right." However, far from being infallible, these theories and texts are the products of human hands and vested interests, deeply shaped and influenced by times, cultures, and engrained biases about human nature and the fitness of those who rule on the one hand, and those, on the other hand, who are governed and controlled by elites.

Psychocracy:

By psychocracy, I am referring first, to a theory of human nature, of emotional and mental distress, asserted by the psychiatric community and its powerful enablers—from Big Pharma, to politicians, GPs, so-called consumers groups, the media and educators—that believe the origins and expression of our so-called mental disorders arise principally from a diseased

individual brain—a neurological disorder caused, not by psychological or social conditions, but by faulty brain chemistry and flawed genes. The consequences of this view and of its impact have given rise, to an authoritarian, dogmatic and coercive therapeutic regime and infrastructure whose scope and influence seeks to enter and impact nearly everyone in this country and beyond.

I do not exaggerate. If the *Diagnostic and Statistical Manual*, or *DSM,* used by health professionals, bureaucracies and the insurance industry to classify and diagnose mental disorders, is to be believed, then as many as 1 in 2 persons suffers from "social avoidance disorder"—what we call shyness—and there's a drug for that so-called mental illness.[1] If you grieve excessively, for more than two weeks after a loved one's death, you can be pathologized as suffering from a major depressive disorder and given drugs for that as well. Infants and toddlers under two years of age, are now being diagnosed with bi-polar disorder and subject to cocktails of powerful psychiatric drugs. According to the Mental Health Commission of Canada, in a given year 1 in 5 people will suffer from a diagnosable mental illness (in the States it's 1 in 4 people) which means, basically, every four or five years we'd all get diagnosed.[2]

After ten years of personal acquaintance with the BC mental health system and more than three years of study of the global "mental health" landscape including our own Province, and after just *being with* people—young, middle and old, parents, folks my age—hearing and witnessing their own stories and experiences in the "mental health" world; after all this, I have to share these and the following thoughts with you. They are findings that directly impact me personally and my work in ministry, embracing and influencing, as it has and must, my pastoral and educational duties and my advocacy for social justice and human rights.

The rest of my remarks will focus on psychocratic theory, practice and their consequences. However, some of what I'm going to say will not apply to every psychiatrist or mental health professional; I need to underline that. There are a number of you sitting in this room who have, and continue to perform their work guided by a more complex and humanistic vision of human nature and emotional and mental distress. And I thank you for that.

As well, I'm not going to argue with anyone who says that psychiatric drugs saved their life or helped them cope with their distress. That said, the thing is, tens of billions of dollars are spent each year by Big Pharma to get that message across—*take your meds*! Tens of billions are spent on direct to consumer advertising, political lobbying, the financing of so-called consumers groups, the media, and the corrupting influence of drug rep visits and lavish gifts to our doctors, medical journal articles ghost written by the drug industry, and rigged, deeply flawed psychiatric drug trials… the sum of which altogether, and unsurprisingly, exaggerates the positive benefits and minimizes or hides the crippling, disabling short and long term effects of these drugs on millions of people. Skeptical, critical voices have, heretofore, been few and far between, But that's beginning to change, and is it ever!

Not that long ago, emotional and mental distress—from mild to profound—was largely understood as primarily reactions to traumatic events in the person's life, of workplace and domestic stress, interpersonal and familial conflict, bullying, physical and sexual abuse, poverty, and substance abuse. People spoke of nervous breakdowns and resorted to sanatoriums, religious orders, communities and talk therapy for relief. While the origins, expressions and meanings of distress are difficult to identify, the picture was one of complexity and diversity, of psychological, spiritual and social contexts and triggers that gave rise to difficult and trying

mental/emotional conditions. As well, and this is *really important*, writing in 1975, Samuel Bockoven, observed most "mental illnesses, especially the most severe, are largely self-limiting in nature *if the patient is not subjected to a demeaning experience or loss of rights and liberties."* Professional consensus prior to 1975 on the whole range of conditions was that they were episodic, temporary, and that the prognosis for most people was, in the words of Jonathan Coe of the NIMH writing in 1964, "eventual recovery with or without treatment."[3]

That more nuanced, humanistic picture, with its understanding of the role played by social and psychological context and its hopeful message of short-term distress and of recovery for most people changed dramatically in the 60s and 70s. The change took place primarily due to a number of factors which, together, created a perfect storm for the rise of our psychocracy. First, reports of appalling conditions in some mental health hospitals led to a movement of de-institutionalization of patients predicated on the promise by governments, and this was crucial, on the promise that there would be widespread and well-funded community supports to help people successfully re-integrate into society—supports like housing, job training, individualized therapy, etc. In an age of government cutbacks, austerity and free market solutions, those promises were never fulfilled.

Second, psychiatry itself was in crisis. If emotional and mental distress were products primarily of psychological and social contexts to which therapists and social workers could perhaps more adequately respond; if hospitals were disgorging mental patients into the community; if lobotomies and electroshock treatments came to be seen as torture—what role was left for a medically trained psychiatrist? What to do? First, reinterpret and then expand the definitions of psychological distress in order to stay relevant. And that's exactly what happened.

The DSM started out in 1952, as a response to soldiers delaying or not following orders in combat and then to housewives procrastinating in their domestic duties. It was a slim manual listing 106 disorders described as reactions to psychological, social and biological factors. All that changed with the second edition of the DSM in 1968, when with a stroke of the pen, the words "reactions to" were struck out. Instead of a "paranoid reaction to" particular episodes or events that happened in a person's life, she was reclassified as "paranoid," *period*. Psychological and social context disappeared; they had no relevance to your condition. Instead, you had an individual, bio-chemical illness, not a behaviour in response to traumatic or stressful situations.[4]

Subsequent editions of the DSM have ballooned to the 947 page 5th edition that lists and describes over 350 mental disorders from types of schizophrenia to oppositional defiance, dependent personality, relational, and compulsive buying disorders. From mad to sad to shy to grief, from young to old, from kids who can't sit still for hours at a desk being drilled to take a test, to young people burdened by the crushing weight of student loans, compounding interest and poor job and housing prospects, to a couple whose relationship is on the rocks, to the 70% of us that hate our work, to spouses grieving over the death of their life partners, to helpless seniors cast adrift and alone in nursing homes, and those of us who just can't stop shopping—we're all there; it's written in the book, the "Bible" of mental health, wherein human behaviour and feelings, normal reactions to trauma and stress, have been turned into mental illnesses, to chemical imbalances and faulty genes.

And guess who has a remedy to treat us all? A trillion dollar a year Big Pharma industry which relentlessly markets one pill, one generation of psyche drugs after another to deaden the pain, to lift the mood, to control our behaviour, to stifle the voices, to relieve the guilt; to

convince us, as it has the BC Schizophrenia Society, that "mental illness is nobody's fault. It's not the result of bad parenting," poverty, trauma, abuse, residential schools, slavery, intrusive surveillance, (turns out all those paranoid types were right after all!), homelessness, loneliness, war… Our feelings, our distress, aren't normal human *reactions to* any of these things; it's an imbalance of dopamine and serotonin; it's messed up DNA says Big Pharma and its willing allies.[5]

Rather, than heeding Martin Luther King's call to be "creatively *maladjusted*" to injustice, poverty and violence—because, remember it's nobody's fault—we're supposed to accept our diagnosis, take our pills, not get angry, not act up, and not wig out.

And if there are any newcomers here today, in case you're wondering, no I am not a Scientologist—that would be about the last cult I would join. I am a spouse, a father, and a Unitarian minister. I have eyes and ears and years of experience of living with family members and friends, and you and others. And I'm speaking my truth today.

If only the drugs worked, we'd be living in a brave new world. But they don't and we're not. Dr. Christian Fibiger of the Department of Psychiatry at UBC, one of the strongest advocates of the bio-chemical explanation for mental disorders, said this two years ago: "Psychopharmacology is in crisis. The drug data are in, and it is clear that a massive …30 year…experiment has failed." "We have hunted," wrote Dr Kenneth Kendler, "for… neurochemical explanations for psychiatric disorders and have not found them." And in 2011, Dr Ronald Pies said "in truth, the chemical imbalance notion was always a kind of urban legend, never a theory seriously propounded by well-informed psychiatrists." That is, the chemical imbalance theory is false; it's not true and doesn't have a leg to stand on.[6]

Disability data are coming in from around the world, and what they show is an astonishing rise in disability claims due to mental disorders, an enormous increase that has risen in lock step with the astronomical rise in the use of psyche drugs in the past 40 years. If the drugs worked, you would think that health and recovery outcomes would improve and that people, in the aggregate, would be getting better. The opposite is the case. Studies from Canada, the US and the Netherlands are showing that anti-psychotics, for example, do not reduce psychotic symptoms. In fact, they increase the likelihood that such symptoms will persist and get worse over the long term. Over the long-term, these drugs induce changes in the brain opposite of what was intended and increase the risk that a person will become chronically ill. Epidemiologists are now reporting brain mass loss, catastrophic organ failure and premature deaths of up to twenty-five years in those taking psychiatric drugs after decades of prescribed use. It is common for these early deaths to be blamed on the victims of forced drugging that the rapid weight gain and tobacco use are the fault of the diagnosed, not the effects of the treatment on metabolism and nerves. The victims are blamed, not the drugs and their massive, indiscriminate use.[7]

"To err is human," said the ancient Roman philosopher Seneca, "to persist is diabolical." The practices of psychocracy are deeply entrenched in our country and in this Province. Just a handful of examples:

- A ten-fold increase in prescribing stimulants, antidepressants and antipsychotics to children and adolescents in BC between 1997-2007, in spite of data showing adverse long-term side effects (such as stunted growth, functional impairment, elevated blood pressure, mood swings, sexual dysfunction, involuntary muscle spasms, massive weight gain, sedation, etc….)[8]
- a Health Ministry study in Ontario found half of Ontario nursing home residents are being routinely given powerful antipsychotics an outcome of which is increased falls, bone loss, sedation, and heart attacks; in some homes ¾ of residents are on these drugs, something a leading drug expert called "horrifying" and "madness." In BC the statistics are even higher.[9]

- a recent report by Canada's Correctional Investigator found that more than 60% of female inmates across the country are receiving psychiatric drugs; at the Fraser Valley Institution the rate is 75% (where the principal drug being used is seroquel whose side effects include diabetes, hyperglycemia, bowel obstruction, blood clots and abnormal, involuntary body movement. Kim Pate of the Elizabeth Fry Society said the drugs are used to "dull down women's emotions. You end up with a situation where the chemical restraints keep them from being a challenge.")[10]
- 75% of Canadian media coverage dealing with mental illness focuses on violent acts of people suffering from mental disorders—these stories most often appear at the beginning of newscasts and on the front page. By contrast, a Vancouver Police Dept's September 2013 report states that "VPD data shows that persons dealing with mental illness are 23 times more likely to be the victims of violent crimes than the general public." Only 4% of stories on mental health are about recovery; and 5% include first person accounts, or report the perspective of people who have been labeled as mentally ill.[11]
- Unlike all other patients in our health care system, in BC if you are an involuntary psychiatric patient you have no right to designate a representative decision maker if you should become incompetent; you have no right to the presumption of competency or appeal to the competency process, no right to have your advanced directives recognized, and neither you nor a family member have a right to have complaints dealt with by the Health Authority's Complaint Office[12]
- And in spite of outcomes reporting failures in Great Britain and New York City where Assertive Community Treatment teams have been active in enforcing Community Treatment and Extended Leave orders—something we presented to the Mayor's Office and Vancouver Coastal Health Officials—they're going ahead with it anyway at a cost of millions of dollars and the trauma forced entry and forced drug treatment cause to people while under the BC Mental Health Act.

Several vignettes and some closing statements about what we could do.

This is what psychocracy looks like close up: a young woman who's working on her PhD was assaulted late one night by several people at the King George Millennium Line Station in Surrey. She tried to defend herself by brandishing a ballpoint pen. RCMP officers came on the scene and took *her* into custody when they looked on a database that showed that she had been treated in the past as a mental patient; that is, they had immediate access to her private health records. Based on that, her attackers were set free, and *she* was handcuffed, thrown into the

police cruiser, driven to Surrey Memorial Hospital where in short order she was confined in the psychiatric unit and forcibly injected with powerful, zombifying, anti-psychotic drugs.

This is what psychocracy looks like close up: a middle aged man trying to live peacefully in our community while on an extended leave order is so terrified at the threat of an Assertive Community Treatment team forcing their way into his apartment and forcibly injecting him with psychiatric drugs —something they can do, by the way, without notice or a warrant—he's so traumatized by this that he wept openly in front of me and confessed that he was afraid to go home.

This is what psychocracy looks like close up: Late one night, a young man, in the throes of painful withdrawal and agitation from an anti-psychotic drug that a psychiatrist abruptly took him off due to toxic reactions in his blood, was picked up by the police and taken to a hectic Vancouver General Hospital Emergency Department. There, disoriented and in pain, he was put in restraints, tied down and left unattended without food, water, comfort or information for five hours. When he asked for some water, it was refused. When his father asked why, he was told by staff a nurse that: "we want him to be in the same state he was in when he arrived so that the required second assessment will agree with the first doctor's opinion, and then he can be admitted to the psyche ward." That young man was my son.

One more choice story: a social worker from Kenya, proud of his professional training who worked for Vancouver Coastal Health, told me about a phenomenon taking place in Vancouver. Refugee families who've fled from the trauma of war and violence in Somalia and Ethiopia have become distressingly alarmed at the effects of psyche drugs on their parents, children, grandparents who have come under treatment in our mental health system. The effects

of these drugs include heavy sedation, rapid weight gain, incontinence, uncontrollable muscle ticks, insomnia, organ failure, sexual dysfunctions, claims that they feel like zombies and so on —that is, effects from psychiatric drugging attested to widely by people of all races and economic classes who are diagnosed with a mental disorder and then nuked with drugs. These refugee families are so distressed by these alarming changes in their loved ones, that fundraising has been taking place in refugee communities in our city to buy plane tickets in order to send their effected family member *back* to Somalia and Ethiopia, in the belief that they will be safer and healthier *there* than in our fair, progressive and enlightened city with its top-of-the-line mental health system.

I've experienced powerlessness with Mormon Church hierarchs when I was excommunicated by a bishop's court, but psychocratic power is far worse than that. The former can only throw you out of a church and, as some believe, put your soul into peril; the latter has the power to snatch you off the street and pull you out of the sanctity of your home, take away your liberty, and assault your mind and body with impunity in 2014 and in this city.

Madness and the extraordinary range and depth of human emotions are a mystery that cannot be reduced to a one-size-fits-all theory of causes, manifestations, duration, and outcomes.

But a couple of things do seem clear to me now: the chemical imbalance theory has been thoroughly discredited. Don't try to use it to explain mental disorders. People in extreme states, *do* have insight into their so-called condition and they have rights to information, representatives, appeals and consent about treatment options. And though this may be hard to hear: forced psychiatric drug treatment and electro-shock, the use of restraints and solitary confinement in psyche wards are torture. Though these practices happen every day in our city and across this

Province and our country, they are condemned as torture by the UN Convention Against Torture and the Convention Rights of People with Disabilities. These practices are torture and deeply traumatizing, and it's shameful that they're going on in our nation, in Canada, that is a signatory to both of these UN Conventions.

And so I've come almost to the end. What to do with this wild story?

First, let's educate ourselves; we're good at that. And I'll be glad to help steer you toward good sources: articles, books, websites and podcasts.

Second, if a loved one or someone in the street is freaking out or in distress, try not to panic and try *really* hard not to call 911 if you can help it. Chances are it will only escalate a difficult situation into one far worse. If it's a family member or friend who's in distress, contact trusted people that won't freak out and that your loved one trusts and bring them together for support. If I'm one of those people, add my number to the list. You don't have to do this alone.

Third, advocate for change. For example, Canada's got to live up to its signature on the Conventions on Torture and on the Rights of People with Disabilities. Stay tuned—programming at the Unitarian Church of Vancouver in October is coming our way.

In every memorial service I've conducted, and I've done scores now, I'm struck by the brevity and preciousness of the span of life given to us to find some truth, meaning and love. And so, in words echoing those I speak at the end of a celebration of person's life, let me leave you with these words: May we go from here more intent on living fully and well; with greater hope, steadfast love and appreciation of the time and space given us to live our lives with compassion, and kindness. May we do this so that the spirit of life will move freely and abundantly within us;

that it will dwell and flourish because of us, so that we, in our turn, will be a blessing to those we love and cherish.

[1] http://www.christopherlane.org/know.html

[2] Mental Health Commission of Canada's 2009 report *Toward Recovery & Well-Being: A Framework for a Mental Health Strategy for Canada,* p. 10; www.nimh.gove/health/publications/the-numbers-count-mental-disorders-in-america.index.shtml#Intro

[3] Bockhoven and Coe, see http://www.madinamerica.com/wp-content/uploads/2011/11/Anatomy-of-a-Global-Epidemic-antipsychotics.pdf

[4] www.madnessradio.net, interview with Christopher Lane, March 11, 2009; and Lane, *Shyness: How Normal Behavior Became a Sickness,* chapter 3

[5] http://www.bcss.org/wp-content/uploads/2008/02/basic-facts-141.pdf

[6] Fibiger, http://schizophreniabulletin.oxfordjournals.org/content/38/4/649.full; Kendler and Pies, http://www.madinamerica.com/wp-content/uploads/2011/11/Anatomy-of-a-Global-Epidemic-antipsychotics.pdf

[7] http://robertwhitaker.org/robertwhitaker.org/Outcomes%20in%20the%20era%20of%20atypical%20antipsychotics.html, and Alice Tremont, http://altmentalities.wordpress.com

[8] http://www.ti.ubc.ca/PDF/74.pdf

[9] David Bruser and Michelle Siu, "Antipsychotic drugs prescribed to seniors at alarming rates...," and "Drugged seniors were prescribed by doctors: Minister," *Toronto Star,* April 16 and 21, 2014

[10] http://www.thestar.com/news/canada/2014/04/14/widespread_use_of_psychiatric_drugs_on_female_inmates_faces_probe.html

[11] Rob Wipond, "Pitching Mad: News Media and the Psychiatric Survivor Perspective," in LeFrançois, Menzies, Reaume, *Mad Matters: A Critical Reader in Canadian Mad Studies,* p. 254; http://vancouver.ca/police/assets/pdf/reports-policies/mental-health-crisis.pdf

[12] from Muriel Groves, "Suggested Changes to BC's Mental Health System Regarding Involuntary Admission and Treatment in Non-Criminal Cases," BC Civil Liberties Association. 2011