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Descending into Madness
An Anarchist-Nihilist Diary of Anti-Psychiatry
2020

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Descending into Madness

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Just sayin'...

The opinions expressed in this text represent no other than my own. My position against psychiatry is based on my own personal experience and should not be taken as an authority on the subject. Psychiatry, medications, and or psychiatric incarceration is considered helpful by some, and I wish them the very best experience with it.

But also...

*To the 'freaks', the 'weirdos', the 'delinquents', and the unruly...
To those who embrace these words like daggers drawn against civility,
To the insubordinate youth who refuse to tranquilize their play with meds,
To those who riot in the asylums, and those who dare to escape from them...*

*Let the moonlight illuminate our iconoclasm, witches and savage animals
spellbinding fire in the night, for the destruction of society,
with the courage of unmedicated confrontation.*

Any society that you build will have its limits.
And outside the limits of any society, unruly and
heroic tramps will wander with their wild and
virgin thought — those who cannot live with-
out planning ever new and dreadful outbursts
of rebellion! I shall be among them!” — Renzo
Novatore

I'm sittin' at a big round table with about three nurses and two doctors. My eyes are sensitive to the light cus I haven't slept in days. A nurse directly beside me has been gently nodding at me with the same look of concern for about an hour. My vision keeps blurring and then re-focusing. My hands are slightly trembling. I've been fighting the urge to lay my head down since I sat down. It appears this awkward meeting is almost over, and I have some papers to sign. The doctor who has been talkin' since I got here is still talkin' and I admit, I haven't really been paying much attention. Finally the talking stops and everyone stands up. The nurse beside me helps me up by my arm. I start to feel dizzy. We begin walking down a long hallway and eventually enter a room. Another nurse in the room greets me with a pillow, a blanket, and a pill to "help with rest". Before sittin' down on the bed I've been assigned, a nurse calmly requests my belt and shoe laces. I comply and decide while I'm up I might as well take a shit before I go to sleep. About five seconds after my ass hits the toilet seat I hear a commotion - frantic pounding and demands to unlock the bathroom door. Confused and startled, I jump up, trip over my pants, and unlock the door. Apparently I'm not allowed to lock the bathroom door - or have it totally closed while I'm in there. I quickly finish shitting in plain view of a nurse and walk back to bed. I notice a different nurse has pulled up a chair right beside it and sits down with a clipboard and pen. I lay down and try to get comfortable while accepting the awkward close watch by this nurse beside

me. As I start drifting off to sleep I reflect on everything that's goin' on. Oh that's right. Earlier today I tried to hang myself in my apartment and this is my first night in a psych ward.

INDIANAPOLIS, March 18 th 2018 – Resource Treatment Center Riot

Nearly a dozen Indianapolis police officers were called to respond Wednesday night to a riot at a juvenile psychiatric treatment and addiction facility on the city's east side.

Eleven officers were dispatched to 1404 S. State Avenue just before 11 p.m. Wednesday on a report of a disturbance at the facility. The location is home to the Resource Treatment Center juvenile psychiatric facility, as well as Options Transitional Living, which provides sober housing for homeless or at-risk youth.

Police arrived to find that a group of juvenile residents had done more than \$50,000-worth of damage to the facility and assaulted four staff members. Officers took nine juveniles ranging in age from 13-17 into custody on preliminary charges of vandalism, rioting, battery and disorderly conduct.

During my time at this psychiatric prison I was subjected to what's called 'one on ones' which basically means I'm at risk to myself and therefore require 24 hour observation by staff. Two different nurses watched me shit, sleep, cry in my sleep, and eat breakfast, lunch, and dinner. I was required to take meds and a sleep aid everyday. I had face-to-face therapy once a day. I was only allowed one 15 minute phone call per day. I wasn't allowed outside at all. I was told to "set anchor" because the faculty had no intentions on releasing me "anytime soon".

All the reasons I was originally depressed took a backseat to this new horror show I found myself in. Everyone in my ward talked about one day gettin' out, despite being told they would "never make it on the outside". I couldn't help but notice the striking similarities to incarceration at a prison for criminals.

This *was* a prison. The more I heard stories of attempted escape, violent physical repression, and hopeless isolation, the more I realized this was *not* a place to ‘get well’, nor any hospital I ever been to. *These* prison guards wore scrubs, enforced order with chemical warfare and physical restraint jackets. “The hole” was the padded room. Those who resisted were tackled to the hard floor causing cuts and bruises. And to the nurses and doctors, we were all just “case files” or “subjects” to be talked down to and humiliated. We were in their world now and it was their rules.

“We need a program of psychosurgery and political control of our society. The purpose is physical control of the mind. Everyone who deviates from the given norm can be surgically mutilated. The individual may think that the most important reality is his own existence, but this is only his personal point of view. This lacks historical perspective. Man does not have the right to develop his own mind. This kind of liberal orientation has great appeal. We must electrically control the brain. Some day armies and generals will be controlled by electrical stimulation of the brain.” - Dr. Jose Delgado, a Spanish professor of neurophysiology and author of the book ‘Physical Control of the Mind: Toward a Psychocivilized Society’

The era of institutionalized ‘care’ for those with ‘mental illnesses’ began somewhere around the 19th century with heavy support from the state. Public asylums were built in Britain after the passing of the 1808 County Asylums Act. This created an upsurge of asylums being built everywhere. These asylums were known for inmates havin’ to live in filthy conditions with bars, chains, and handcuffs.

The Lunacy Act 1845 was known to have changed the status of ‘mentally ill’ people to ‘patients’ who required treatment.

ety itself. Like prisons for ‘criminals’, the ‘correctional’ facility of the psychiatric ward seeks to condition submission through coercion and confinement. Solving or curing ‘mental illness’ in the societal sense often ends up becoming a re-defined ability to condemn, suppress, or sterilize emotions.

Like all governments, presidents, and authority, psychiatry never gave me freedom. Assigned psychiatric labels didn’t help me – they only filled me with an internalized sense of victimhood and inferiority. Medication didn’t ‘cure’ or ‘fix’ me – only damaged me, numbing me to my own senses in order to create an emotional void between me and the fuckery of civilized life. So instead, with nihilist celebration I descend into madness, taking aim at social order and civilization. With armed animalism I realize now that there was nothing to fix - my natural contempt for domestication and social control reminds me that I was never ‘broken’ to begin with.

With maniacal laughter I mock the conventional standardization of human behavior. I reject the authorities of psychiatry, their holy book (The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)), and their prisons. I refuse to continue being a test subject for their ever-expanding pharmacotherapeutics. I am an individualist against the collectivized consensus used to materialize institutions of psychiatry. I am a nihilist - hostile to the ideological sane/insane binary and all social constructs that, with pathology, attempt to categorically subjugate individuality. I desire nothing less than a feral revolt against civilization. If civilization and psychiatry marry at the church of morality, then let my anarchy be a fiery black smoke that chokes their gospel of social control.

This led to the eventual chemical treatment of people as ‘medical patients’ – despite the fact that lab tests, X-rays, and brain scans have never verified psychiatric disorders as medical diseases or brain damage. Over time, this inspired the emergence of psychiatric medical experiments on ‘patients’ in order to chemically ‘cure’ their ‘disorders’. The 20th century saw an explosion of psychiatric drugs. The first anti-psychotic drug, Chlorpromazine (brand names: Thorazine, Largactil, Hivernal, and Megaphen) was first synthesized in France in 1950.

Psychiatry, asylums, and prescribed drugs contributed heavily to reinforcing social order and individual submission through fear. As the years went on psychiatry and asylums expanded, re-defining and strengthening the power of state repression and civilized control.

Along with this came an ever-expanding culture of publicly calling out those who were considered ‘disturbed’ or ‘mentally ill’. The first to be targeted were those who didn’t fit the narrowly defined behavioral expectations of society. In the 18th to early 20th century, individuals assigned female at birth were often institutionalized for damn near everything including unpopular opinions, social unruliness or a politicized refusal to be controlled by patriarchal society. Other individuals of various assigned identities who sexually deviated from hetero-normativity were institutionalized and considered “confused” and in need of being converted.

One major marketing scheme deployed by the pharmacology industry was the social construction of an ideal emotional state that every ‘normal’ individual was expected to experience. Today this same ideal can be found everywhere – from televised entertainment to billboard advertisements and so on. The ‘happy’ and ‘depressed’ binary was used to create social pressure leading people to feel isolated or out of place for not happily accepting the conditions of society on a daily basis. Being “sad all the time” was, and still is frowned upon and ridiculed – regardless of its complex nature and the reasons behind it.

Despite being emotionally fluid by nature, the individual human (animal) is expected to fulfill the civilized role of positivist supremacy. This normalized obsession with positivity plays a key role in suppressing emotional responses of outrage to the multitude of oppressive experiences. The obsession with - and normalization of - positivist performance also encourages people to overlook the deep-seated trauma caused by civilization on a daily basis. Everything from the fear of flying, car wrecks, workplace injuries, to being late on bill payments – all examples of fears attributed to trauma. But because civilized life requires wage-slavery and commitment to continue, these forms of trauma are trivialized and written off - usually followed by something like “that’s life” or “it is what it is”.

As techno-industrial society advances, new laws are constructed to create new definitions of ‘criminality’. This means there is an ever-narrowing idea of legalism. The same can be said for psychiatry. As more labels and identities for ‘disorders’ are created, the pharmacology industry expands. And as the conditions of capitalist, industrial society continue to worsen, more misery becomes available for exploitation with the sale of “feel good” prescriptions.

Under capitalism, where there are ‘correctional’ facilities, there is a profit motive to keep them filled. Where there are ‘inmates’ to fill those institutions, there is financial gain or cheap labor. And where there is any potential for social unrest, there is an ideology and identity to categorically define an unruly individual as ‘anti-social’. Society turns ‘disorders’ into categorical identities assigned to those it considers ‘undesirable’ in order to reinforce the social conditions that pressure people into behavioral uniformity.

Today, within the realm of identity politics, psychiatric-assigned identities garner social capital where ever victimhood is glorified for social benefit. As with any form of identity politics, I have seen many individuals exploit psychiatric identities by brandishing them as reasons to rid themselves

and saw trash all over the floor in the hallway. Patients had barricaded themselves in a room and had weapons he described as boards with six-inch screws.

“There was no staff trying to get into the room and he was told by staff, ‘They have weapons. Don’t go in,’” records say. “The nurse described the situation as a ‘riot, complete breakdown.”

By the time police arrived, the south Charlotte psychiatric hospital had descended into chaos. Patients at Strategic Behavioral Center — some wielding wooden boards — attacked one worker, barricaded themselves in a room and escaped through a broken window.

**** For many years I paraded psychiatry as a valuable scientific instrument for understanding the inner workings of human behavior. I no longer find it useful after learning to recognize people as complex beings with unique emotional responses to this civilized nightmare. I have come to recognize psychiatry as, at best, another form of identity politics that ultimately attempts to force the infinite complexity of emotional expression into rigid categorical boxes.

Individual people are far more than ‘bipolar’, ‘psychotic’, etc could accurately express. While a person may experience combinations of emotions socially identified by a psychiatric category, their emotional state can not be summarized or represented by any list of fixed terminology.

My refusal to define a person by the emotional struggles they experience is similar to the reasons I refuse to identify people struggling with intoxication as ‘addicts’. An individual’s struggle in coping with society is complex and unique. Psychiatric labels and identities are tools of the state – an entity which I reject. As a tool of civilization, psychiatry creates alienation and violence by treating people found to be emotionally unfit for society as ‘broken’, and therefore socially inferior. I personally refuse to disregard an individual’s struggle for survival by assigning them a psychiatric identity that puts blame on them as ‘mentally ill’ - rather than focusing attention on industrial soci-

when describing other individuals. As with all other socially constructed assignments, I reject psychiatric labels as they seek to limit the horizon of emotional complexity.

When, in expressing themselves, individuals become wild with nihilist hostility toward all ideological roles and identities, what is left of a society without individual conformity? What is 'male' or 'female' without being fixed to an aesthetic or performative role? What is 'black' or 'white' without the social construction of race? What is the sane/insane binary without the commanding authority of psychiatry? What is social law and order without anyone willing to obey?

My anarchy is found in the obliteration of these social constructs and the rejection of their 'social contract' that universalizes their false existence. I use the phrase social contract because that is precisely what accepting these identity assignments is. It surprises me to see such little prisoner solidarity with those incarcerated at psychiatric facilities. I imagine total anarchy looking like all prisons - including every manifestation of the educational-industrial complex, every zoo, and every asylum - being burned to the ground.

On New Year's Day, 2018, 10 Children as Young as Age 12 Riot and Escape from Strategic Behavioral Health Center in South Carolina During the New Year's Day incident, patients broke furniture to make weapons. The state report suggest Strategic staff missed warning signs that patients had planned to escape. They did not question residents who were wearing multiple layers of clothing that would allow them to change what they were wearing when they left the hospital.

In a less than five-hour span beginning in the late afternoon, there were seven "Code Purple" incidents in which workers are alerted to trouble. A state investigator reviewed video showing patients going from room to room, throwing a trash can, tearing up paper and tearing schedules off the walls. When one employee arrived, according to the report, he heard loud noises and cussing

of responsibility for their actions. And as this plays out in the all-too-familiar social cannibalism of identity politics, individuals personalize these psychiatric- assigned identities and create inverted hierarchies of social entitlement.

Ultimately, a new identity-based movement is formed, gaining media recognition and becomes assimilated into the broader prison of society.

Thursday, September 4, 2014 Riot at Central New York Psychiatric Center A dozen staff members were injured when several inmates started rioting in a kitchen area at the Central New York Psychiatric Center on Wednesday.

Four people were hospitalized for their injuries, authorities stated. The fight broke out at about 11:45 a.m., when five to six inmates started attacking staff in one of the kitchen areas using kitchen utensils as weapons, according to the state Correctional Officers & Police Benevolent Association. The inmates tried to fight their way into the mess hall.

At the same time, another fight broke out between inmates and staff on the floor above the kitchen, officials said. The emergency alarms were raised, and security personnel inside the facility were able to break up the two fights, with help from the state police.

After careful planning, I was released from psychiatric incarceration much sooner than originally set. The walls were closing in on me and the monotony of daily under-stimulation, medicated numbness, and confinement started breaking me down. Witnessing the prison cannibalism of infighting between incarcerated individuals, I began spiralling worse than I had prior to being there. On top of that, my two attempts to secretly organize a rebellion had failed miserably; the wards or 'bunks' were so small that an artificially constructed bond was easily created between most staff and patients. Snitching was heavily rewarded.

Nobody wanted “any problems”. So instead I turned to another method of emancipation; using my own high school knowledge of psychology to convince my therapist I was merely suffering from “a broken heart” due to a “recent romantic breakup”.

Despite the full spectrum of my hatred for society, the life I was living at the time, and the complex emotional storm that raged in my head on a daily basis, I was able to convince my therapist and the other nurses I was just upset over a breakup. The humiliation of having to role-play such a lie paled in comparison to my desire for freedom from that place. Released into my mom’s custody, I was required to continue taking my medications three times a day and seeing a counsellor once a week.

Against the wards request, I went back to living in my apartment. I could see where the police had went through all my notebooks as well as a pocket book of phone numbers. The noose I worked so hard to construct and attach to a wooden beam along my ceiling was gone. To this day I don’t know if my landlord took it or if the police did. My rent was overdue indicated by the notes in my mailbox. Luckily I was working a self-managed painting job at the time so I couldn’t get fired. I could start back up the next week.

That night I masturbated for the first time in what felt like years. But I couldn’t orgasm. The next day I called the doctor who dealt my meds. According to him, my impossible orgasm was common with people on psychiatric medication. A week went by and I continued to feel numb. Nothing was interesting to me. I often found myself watching the hands on clocks move or staring out my window at passing cars. I didn’t feel sad. But I didn’t feel good either. I just existed.

After about a month of being out of the psych ward, I decided to stop taking my meds. The hassle of getting them filled as well as keepin’ up with taking them everyday just wasn’t worth it. And neither was feeling numb. I didn’t know what would happen. Would they find out and send the police to take

Jan 31, 2006 Riot at the Riverview Hospital For Children and Youth Five male patients at a state-run psychiatric hospital for children face rioting charges after they ripped out a phone line and tried to steal a worker’s car keys before barricading themselves in a room over the weekend, a state official and other sources said Monday.

The incident at Riverview Hospital For Children and Youth occurred less than a week after employees protested over conditions in the facility, contending that the hospital is increasingly unsafe because of the volatile mix of patients.

Sources said that between 11 p.m. and midnight Sunday, a group of boys in the hospital’s 11-bed Lakota Unit came out of their rooms and started confronting and arguing with staff. A male clinician and two female employees were assigned to the unit at the time.

Sources said the boys surrounded the man and tried to get him to turn over his keys but he refused. When one of the female workers tried to use the phone to call for help, the boys pulled the phone line out of the wall, sources said. The youths then barricaded themselves in a room and tried to smash a large exterior window, which broke off its hinge.

Sources said the boys intended to escape through the window but were stopped by a Connecticut Valley Hospital police officer who was called to the scene and was outside near the window .

Authorities would not release the names or ages of the boys involved. All face charges of inciting to riot, disorderly conduct, criminal mischief, unlawful restraint and threatening.

When, in expressing themselves, individuals let their emotions rupture the confines of psychiatric authority, and fan the flames of their contempt for social control, psychiatry begins to resemble the shell of a burnt out police car. If psychiatry is the agent enforcer of mental law and order - let it die along with every cop and agent of the state. As with identity politics, I refuse to participate in the use of psychiatric terminology

Diagnoses act as identity configurations defined in terms of symptom-based sameness. These identity assignments are constructed by the specialists of psychiatric authority, and are enforced socially by those who uphold its power. The same way that leftists are quick to use statist terminology to publicly label and shame “undesirables” or those unwanted by The Movement (for example, using the word “terrorist” to describe proponents of anarchist attack), they are equally quick to call people ‘mentally ill’, or ‘toxic’- demanding they seek ‘professional’ help. Perhaps without realizing it, leftists socially reinforce the validity of the state and psychiatric authority by reducing the complexity of individual behavior to mere psychiatric constructs and moral condemnation.

Psychiatry provides a comforting sense of order in the refusal to accept the chaotic nature of behavior. By asserting psychiatric terminology and morality many leftists seek control over social interactions with the intent to sterilize and homogenize them. This attempt at behavioral uniformity goes hand in hand with the treatment of individuals as members of monolithic, identity-based groupings. Behavioral uniqueness and variety are often discouraged or condemned when they don’t fit neatly constructed scripts. One’s behavior or emotional expression could be trivialized by being socially called out as ‘problematic’ - a label which itself requires the conformity of a generalized consensus to define and enforce.

Society and all its defenders require the dam of psychiatry to subordinate and control the tidal waves of individualist variety and social unrest. I can only imagine what would happen if the mechanisms of control failed on an individual level - if freedom of emotional expression took aim at the crystal castles of psychiatric authority, shattering the illusion of sterilized permanence. One after another an individual cannonball weakens the continuity of the structure, an ungovernable individual compromises the strength of collectivized subservience.

me back? A couple weeks went by without meds and I started to feel slight changes. I was scared but prepared for the hellish withdrawals I had heard all about. I got dizzy a bit, and some headaches but nothing more. Soon I stopped gettin’ calls from my counsellor. I expected her to be upset and leave me angry voicemails. It never happened. Eventually I felt my appetite change and I could experience emotional reactions to things easier and more frequently. And I finally had an orgasm!

For the next couple years, I reflected on those experiences and began exploring the origins of my suicidal thoughts, the origins of the morbid depression that caused them, as well as the consumerist life I lived as a wage-slave law-abiding citizen.

A Riot on Thanksgiving Morning 2016 at Springfield Hospital Center (a regional psychiatric hospital and former slave plantation located in Sykesville, Maryland) In the early-morning hours of Thanksgiving Day, Catherine Starkes and April Savage huddled in an office with several other employees at the Springfield Hospital Center in Carroll County as patients rioted around them.

Starkes and Savage said patients threw chairs, knocked over file cabinets and tried to break into the staff’s Plexiglas-enclosed refuge. The patients poured cooking oil over the floors, making them slippery. One patient tried to crawl into the office through the suspended ceiling, Starkes recalled.

It was like no other night she could remember in 22 years of working with dangerously mentally ill patients at Maryland state hospitals.

”They wanted to take over the unit. They seized the unit,” she said.

“What we say is the truth is what everybody accepts. ...I mean, psychiatry: it’s the latest religion. We decide

what's right and wrong. We decide who's crazy or not. I'm in trouble here. I'm losing my faith." -Dr. Railly from the movie "12 Monkeys"

Similar to religion, psychiatry assumes a powerful role in defining "right" or "wrong" in terms of "normal" vs "abnormal" behavior. The standardization of a particular, socially expected behavior is essential for creating categories of people defined in terms of their contribution to the collective success of society. With psychology as a basis for analytically outlining 'problems' and suggesting "potential cures", mass society becomes dependent on its authority for deciding who is "normal" and who isn't. Certain behavioral characteristics unique to an individual become outlawed in order to maintain this social conformity.

Speaking from my own experience, psychiatry and all its theories, roles, and chemical prescriptions at best aims to merely manage 'symptoms' of 'disorders' - not eliminate the sources of their creation.

By 'symptoms' I am referring to any set of behaviors or emotional responses that indicate an individual's struggle to conform to societal expectations or 'normal' behavior.

By 'disorders' I am referring to the set of behaviors or emotional responses that have been selected and condemned by society, and therefore declared a 'mental illness' by the authority of psychiatry.

By 'sources' I am referring to any and all prisons, societal forms of coercion, and civilized society – all of which pressure individual subservience and ideological conformity.

The conflict of interest in 'curing' the 'mentally ill' becomes apparent when acknowledging that successful cures to particular behaviors and emotional responses would require the abolition of civilized society all together - the same civilized so-

This fear also plays a vital role in creating an obsession with relying on institutional specialization rather than peer to peer support. This obsession is normalized when, in response to someone reaching out for emotional support, friends suggest 'professional help' as if to surrender themselves ineffective by default. It says something about the nature of one's confidence, ability, and will to support another when that support is often outsourced to an elite group of 'professionals'. I'm not trying to say that every individual has the capacity to support others at all times: I am suggesting an examination of the inferiority complex internalized by people in the face of institutions, and how individuals often find themselves too busy obeying the demands of capitalism, or too distracted by consumerism to make time for supporting their loved ones – let alone themselves.

If one were to examine society as a whole, one can see how over-simplified, quick-fix solutions to complex problems is built into it. If one were to examine this even on a personal level, one can see how everything about industrial society reduces personal time to the point where one often neglects their own emotional health. Against the demands of technological addiction and wage-slavery, making time for supporting one's self and or those they care about is, however under-rated, nothing less than an act of personal revolt. "You need professional help" is often the quick response to an individual simply looking for support from close friends. Not all people (including myself) enjoy being pathologized or assigned a diagnosis like a broken machine. It is this 'professional help' that replaces intimate support with capitalism where someone struggling is treated as a profitable 'case file' and dealt a bottle of pills.

From a vibrant friend struggling with a unique history of complex emotional experiences, to a patient branded with an over-simplistic set of psychiatric identities – the individual becomes merely a unit of diagnostic measurement.

cyberspace communities of friends interacting with the emotional vacancy of digital communication.

And it is here, in this same social prison society, that the word insanity is used to describe an individual person rather than industrial civilization - the epitome of mechanized social control.

“The stars up close to the moon were pale; they got brighter and braver the farther they got out of the circle of light ruled by the giant moon” — Ken Kesey, from the movie *One Flew Over the Cuckoo’s Nest*

I believe deep down all people are ‘insane’ - not in terms of mental illness - but in terms of individual, unique differences that remain defiantly incompatible to behavioral order. In society, some people hide these differences better than others. And many people I have come across express frustration with having to keep themselves locked up inside, aching to break out. The fear of being socially labelled insane or crazy keeps people passive and submissive. But some people experience difficulty assimilating themselves. And while society attempts to frantically control and eliminate certain undesirable people and behaviors, natural responses to environmental conditions continue to produce both.

If one were to really examine the social interactions between individuals, one can see the subtle tip-toeing of animals peeking from within the wardrobe of humanism. It is the fear of being too loud, too angry, too sad, too imaginative – the fear of allowing oneself to exist at full bloom – that incarcerates the animal individual. It is the fear of exhibiting any personal qualities or characteristics that would violate the boundaries of socially expected behavior. Breaking the laws of psychiatry could be punishable by chemical injection, imprisonment, or even death.

ciety that creates trauma, followed by the concept of *mental illness* and subsequently a ‘solution’ via many forms of emotional anaesthesia.

Another factor of social control built into psychiatry is its ability to distort and control dissenting information. Social systems that require the subordination of individuals are always sharpening their ability to suppress or demonize information – especially information derived from rebellious experience. When it is individuals themselves who are considered living examples of this information, those seeking total control will portray them in such a way that renders the nature of their rebellion a mere product of mental illness. For example, the Soviet Union responded to rebels with psychiatric wards called “Psikhushkas”. One of the first Psikhushkas was a psychiatric prison in the city of Kazan. In 1939 it was transferred to the secret police. Psychiatric incarceration was used in response to political demonstrations and attacks. It was common practice for soviet psychiatrists in Psikhushka hospitals to diagnose those who rebelled against soviet authority with schizophrenia.

Just as religious authority figures speak of purging people of their sins and demons, psychiatry seeks to purge people of their ‘sickness’ and ‘bad’ habits. In the church of psychiatry, only those most committed to social conformity (or emotional suppression) can enter the heavens of being socially recognized as ‘sane’ or ‘normal’. Normal or civilized behavior is rewarded with social capital and easier access to survival resources. And in the eyes of those who fear unbridled freedom, without the church of mental psychiatric authority, ‘the masses’ just might descend into madness...

Sept 5 2016 John George Psychiatric Hospital Riot Nurses at Alameda County’s embattled mental hospital say three patients tried to incite a riot overnight and escape the facility. Staff members are blaming chronic overcrowding at John George Psy-

chiatric Hospital's emergency room. It's the latest in a string of troubling incidents at the hospital uncovered by 2 Investigates.

Nurses – who didn't want to be identified for fear of jeopardizing their jobs – tell 2 Investigates that two male patients and one woman demanded to be discharged from John George's Psychiatric Emergency Services (PES) department Sunday night. But when they were refused, they turned violent, according to staff.

The patients allegedly tried to encourage others to help them push the facility doors open to escape.

“The Law, social expectation, and psychiatric tradition and practice point to coercion as the profession's paradigmatic characteristic. Accordingly, I define psychiatry as the theory and practice of coercion, rationalized as the diagnosis of mental illness and justified as medical treatment aimed at protecting the patient from himself and society from the patient.” - Psychiatrist turned anti-psychiatry, Thomas S Szasz, M. D.

While reflecting on my experience with psychiatry, including being on three different medications and my stay in the ward, I started asking myself questions I had never thought to ask before: what are the social conditions contributing to my feelings of misery? What type of behavior is characteristic of 'mental illness' and 'normal' functioning? Who enforces these definitions as universal truths to begin with? Is it the same psychiatric authority that at one point considered homosexuality a mental illness – then changed their minds in 1973?

I couldn't help but notice that despite all the therapy, meds, and psychiatric hospitality the world outside my head was still the same. Poverty still dominated my hood, rich billionaires were still playin' golf while the government continued bombing other countries. Millions of non-human animals were still

bein' mutilated in slaughterhouses on a daily basis, and the environment was still bein' devastated by industrial expansion. I still needed to wage-slave away to pay my rent. And like everyone else, I needed to do this until I got too old and eventually live out my days in a nursing home. But somehow I was supposed to be 'happy' - or at least apathetically accepting of it all without a fuss. Obedience without incident. Without question. Or as the others in the ward had said to me “no problems”.

Currently in my life, I am still angry, still depressed, and still sometimes suicidal. But rather than seeing these things as what's broken about me, I see them as a reflection of how fucked up the world is around me. I find little things to help me channel the anger, depression, and suicidal thoughts. I exercise, practice mixed martial arts, enjoy a walk in the woods at night. I star-gaze from park benches, rooftops, and moving freight trains. I indulge in stolen food and cherish the excitement of criminal activity. Managing my emotions is a daily activity coupled with observation and growth. I listen to the stories of others and learn from their experiences. I listen to my emotions and source their origins, making it easier to understand my needs and desires. My emotions – my madness - manifesting as anger, depression, and so on remain sharp and act as the best tools for understanding the effects of this imprisoning society on my well-being.

My disposition lacks evidence of being broken or brain damaged – if anything, it would suggest the contrary. My emotional state is a complex response to the anxiety that occurs when recognizing society for what it is – a prison propagating itself as 'normal' life. And integrated within this prison is a web of altered realities that materialize the logic of control and domination: Wage-slavery masquerading as productivity and personal responsibility. Coerced submission and obedience to law and order in “the land of the free”. Pictures of happy cows on packages of mutilated body parts. Borders, bio-technology,