

(de)VOICED

(An Environmental Community-Based Participatory Action Research Project)

FINAL REPORT

Submitted to the Institutional Review Board
at the College of Staten Island, City University of New York

Research Terminated: July 25, 2016

Report Electronically Submitted July 31, 2016

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Dear Reader:

This is the final report of (de)VOICED: An Environmental Community-Based Participatory Action Research Project.

The (de)VOICED study was terminated prior to completion.

Many analyses could still have been made concerning the data we collected through this project.

However, one of the participants who was integral to the project was captured on video displaying racist, misogynist violence. After seeing the video, I knew I had no choice but to terminate the project. The video has since gone viral.

I want to underscore that the video that went viral had nothing to do with the (de)VOICED research that was completed over a year ago. (de)VOICED remained open solely for analysis.

However, I felt that the project cannot continue with this person in a visible role and could not continue without this person, without addressing what had occurred, which would detract from and distract from the findings of (de)VOICED.

In the original invitation to participate in (de)VOICED this section was written - -and I think in any future research I do, it will be included:

POWER & PLANNING:::

Regardless of role, we are all people. I am painfully aware of how this includes me as a psychiatric survivor and as a researcher. Foucault, Goffman, Asch, Milgram, and Zimbardo have each illustrated problems of power, actor, conformity to a group norm, and how we relish and are pressured into obedience to authority. I understand power can be cunning. In this dissertation process, I understand both the attractions and dangers of power and believe it should be equitable.

This is my pledge to you: no voice, including my own, determines this process - or its reflections. I suggest at its outset that if this does happen and it is unresolvable (de)VOICED should remain silenced.

Therefore, when I was informed about this incident, with regret, and appreciation to all those who participated, I immediately and publicly terminated all analysis of the project and disavowed the actions of this person that was caught on video.

For those of you who read the dissertation (which was 644 pages long) you will recognize this material as the bulk of Chapter Thirteen: Summary of the (de)VOICED Research Project.

After making several attempts to write a final report, all were over-shadowed by the recent horrific events, and I kept on finding myself re-analyzing material based on the new information, which is exactly what I wanted to avoid happening, and why I terminated the project. Therefore, I found it the best course of action to just reiterate the main points of summary from 2014.

I want to reiterate the sadness I feel about the early termination of this study and the potential analyses that will now not be made.

As we move forward, I hope that we will continue to learn from the materials generated through this project, which have been made available in multiple venues, including my own outlets.

I again want to extend my sincere and deep appreciation to all of the people who were involved in (de)VOICED and who gave of their time, energy, and support to this project. Thank you.

I hope that the summary of the project, as presented below, will underscore the importance of what we learned through this endeavor.

If you have any questions or concerns about this work, please contact me directly at LaurenTenney@aol.com or (718) 273-8708.

Sincerely,
Lauren J. Tenney

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Abstract

(de)VOICED: HUMAN RIGHTS NOW
(An Environmental Community-Based Participatory Action Research Project)

By

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(de)VOICED is qualitative Survivor Research grounded in an Environmental Community Based Participatory Action Research project that utilized video as a research tool. This design emerged via planning processes with thirty-six Advisors. Fourteen people who have both substantial expertise in psychiatric systems change and have psychiatric histories, from varying locations in the U.S., took on the role of Environmental Workographers for this study. In videotaped open-ended dialogues with me about their work, I asked them to share: what environments inspired their work; what issues their work focused on; and environments that were helpful or unhelpful in achieving their goals. This process produced forty hours of raw video data. The inductive analysis was based on my own phenomenological processes and produced multiple categories of experience, which were developed into themes. These themes include Psychiatric: Places; Pain; Practices; Procedures; Products; Policies; Practitioners; Policymakers; and Profit. The deductive analysis was focused on the theories of: Goffman's (1961) "total institution," "contaminative exposure," and "mortification of self;" Cross's, (1971, 1991) "Black Liberation Psychology;" Sen's (1999) "Unfreedoms;" and Bronfenbrenner's (1977, 1979) "micro-, meso-, exo-, and macrosystems" and the messy boundaries of multiple systems, interacting in, and creating the environment of psychiatry. The deductive analysis produced evidence for a psychological spectrum ranging from psychological mortification to liberation existing in the experiences of

Environmental Workographers. These analyses emerged from the data in at least three ways: what Environmental Workographers experienced in our own lives; what Environmental Workographers were speaking out against through our work activities; and why Environmental Workographers' utterances were being silenced—(de)VOICED—by those in State power. This research relied on multi-layered participation and was positioned within an archival exploration into the organization of State-Sponsored Organized Psychiatric Industries (SSOPI). Additionally, (de)VOICED produced multiple educational videos that were evaluated by thirty experts in the field of psychiatric systems change. Herein, I explore state-sponsored and sanctioned psychiatric torture, slavery, and murder. I suggest people involuntarily involved with psychiatry are Survivors of Deadly Force with Deadly Weapons. The findings of (de)VOICED call for an immediate abolition of all forced, court ordered, coerced, and uninformed psychiatry, for people of all ages.

Chapter Thirteen: Summary of the (de)VOICED Research Project

(de)VOICED shined light on the concept that whether people's experiences with the public service delivery system were voluntary or involuntary, there is agreement that no one should be forced into psychiatric procedures, practices, or products and that their involvement with psychiatric places ought to always be voluntary with fully informed choice and informed, expressed consent. There is a fundamental conflict between 'forced psychiatric involvement' and 'human rights' in that one's ability to act as a free agent, making choices of their own accord is eliminated; a slashing of one's sense of self. There is an inherent danger in all voluntary- psychiatry in that once someone objects, they are in a position to be forced via a veil of benevolence.

“(de)VOICED: An Environmental Community Based Participatory Action Research Project” was research done in partial requirements to fulfill a doctoral degree in Psychology in the PhD Program in Environmental Psychology at The Graduate Center, City University of New York. In addition to this written material, videos were produced through the research process, which we present as findings, and are available at <https://vimeo.com/channels/devoiced>. Informed consent of people who participated in this research and its evaluation was obtained.

Theory

A half-century ago Erving Goffman (1961) suggested in his book, *Asylums: Essays on Social Situations of Mental Patients and Other Inmates* that people were turned from human beings into mental patients, in places he called 'Total Institutions,' where the roles, goals, and identities of people are stripped from them as they are re-assigned the role of 'diseased.' (de)VOICED shows evidence that this still happens today.

In order to accomplish this mortification process, people quickly learn from fear of retaliation such as loss of privileges or extended stays in psychiatric places with greater levels of confinement, and/or forced drugging, electroshock, restraint, seclusion or other aversive actions which Goffman called forms of physical “contaminative exposure” to curtail their voices and accept their new assignment as ‘diseased.’

People, due to the social experience of being turned into an object, by psychiatric assignors they come in contact with, are conditioned to question their own voices, silence themselves, and comply with the psychiatric assignors, and that this less than human status allows for a certain kind of social contaminative exposure. Goffman discussed these phenomena of what occurs in mental institutions based on observations of people who were involuntarily committed at St. Elizabeth’s Hospital, a psychiatric facility in Washington, D.C., in the late 1950s. (de)VOICED shows evidence for the phenomena which Goffman described, which are deeply discussed in this dissertation, occurring to people who were both voluntarily and involuntarily involved with state-sponsored organized psychiatry through a public service delivery system.

William Cross, Jr. (1971) put forth an article entitled: “The Negro to Black Conversion: Toward a Black Liberation Psychology,” which described a developmental process where one fights one’s way out of a place of oppression and moves toward liberation. The turning point from oppression to liberation, for Cross (1971, 1991), was an “encounter” which for many, he described, was inspired by either witnessing something heinous such as Martin Luther King Jr. being assassinated or meeting someone further turned on in the Black Power Movement.

(de)VOICED shows parallels to this process of going from assigned mental patient toward a person again. We show turning points or encounters to also include experiencing something heinous, such as electroshock, restraint, seclusion, forced drugging, aversive behavioral actions.

We also show a turning point to be simply getting off the psychiatric drugs, which is not to suggest the process of getting off psychiatric drugs is simple.

Throughout this dissertation, I showed evidence for why I equate what Goffman (1961) described as “mortification of self” to oppression and name its consequences as a psychological state of psychological mortification. I equate what Cross (1971, 1991) described as an encounter and the following movements toward liberation to the experience of breaking free from identifying and thinking of oneself as a mental patient, consumer, recipient, and/or peer back into human status.

In his otherwise benign, ‘just the facts’ sociological analysis of Total Institutions, Goffman (1961) described a large piece of his work:

The career of the mental patient falls popularly and naturalistically into three main phases: the period prior to entering the hospital, which I shall call the prepatient phase; the period in the hospital, the inpatient phase; the period after discharge from the hospital, should this occur, namely, the ex-patient phase (p. 131).

Goffman specified that he only dealt with the first two phases, and footnotes the ex-patient phase in this way:

This simple picture is complicated by the somewhat special experience of roughly a third of ex-patients—namely, readmission to the hospital, this being the recidivist or ‘repatient’ phase. (p. 131)

Goffman did acknowledge that there were some people who have had these experiences of being discharged, who he identified as ex-patients, who work to change the psychiatric systems they were involved with. He wrote that some in the ex-patient phase develop “briefly at least, a devotion to the social cause of better treatment for mental patients” (p. 169).

The people involved in (de)VOICED in the roles of Advisors, Study Coordinators, Environmental Workographers, and Evaluators are evidence of Goffman’s (1961) claim of how some experience the ex-patient phase—“a devotion to the social cause of better treatment for

mental patients” (p. 169). I argue that those of us who are working toward the protection and promotion of human rights are not in ‘a phase’—but all of us are painfully aware that we are at extra risk for the fate of the one-third of people who do get out of institutions—to become “repatients” (Goffman, 1961, p. 131)—ourselves.

For many of us, once we have broken out of the mental patient role, we begin working in a movement toward human rights. As reported by participants in (de)VOICED, the grassroots movement of people who identified as ex-patients and survivors of psychiatric assault which bloomed in the 1970s was, ‘bought out’ in 1985 and became a state-controlled operation. In 1985 federal and state governments began to pay for and therefore ultimately control a fraudulent version, within the system’s traditional power structure, of what it is the people in the Human Rights Movement had previously offered: rights, self-help, mutual support, and advocacy, which often currently is called various things, beginning with the word, ‘peer.’

(de)VOICED showed the way the total administration of total institutions has exhibited control over these ‘peer’ positions, often preventing the people working in these positions from meeting their original intentions and goals. This control often deeply compromises the values of the person who is in the role of ‘peer.’ This power of the State—or its partners via managed care companies—was even described as “seductive” by one person who participated in the research process. These controls, as reported by Environmental Workographers, have come both in the form of threats of retaliation and direct retaliation to people working in these ‘peer’ positions, for speaking out against—or refusing to comply with—the message of the medical model of psychiatry.

(de)VOICED showed that when people have spoken out about the mortification process we experienced to the State—concerning our experiences of the public service delivery systems of

psychiatry, (without referencing Goffman—but the true process he outlined—the experience of being dehumanized) we have often used words to highlight the experiences we endured such as malpractice, abuse, neglect, torture, involuntary servitude, slavery, and even murder.

(de)VOICED showed that this was true for people who participated in its processes, that it was historically true over many generations, and that it is still true today. The State, through the arms of its total institutions (Goffman, 1961), attempts to silence and control those speaking out about the places, policy makers, practitioners, practices, products, and procedures, and the profit they generate, especially if the people who are speaking out are funded through state tax dollars.

Some situations we were (re)told through (de)VOICED about when people voiced dissent included: loss of employment with the State and/or State-funding and, in the most egregious situations, re-institutionalization and forced drugging.

The field of Environmental Psychology gave us methods to uncover and understand these realities. This dissertation focused on how the use of these methods can aid in ending human rights violations within SSOPI.

We Discovered

We did not need to leave New York to find out what was happening in the State-sponsored organized psychiatric industry. We did need to leave New York to find out it was happening wherever we went.

Design

Forty people from five different countries on three different continents who have psychiatric histories and also work to change psychiatric systems were invited to be and act as Advisors to help design the (de)VOICED research design. Thirty-six of these people accepted the role of being an Advisor to this project.

Lester Cook, Debbie Calkins, Celia Brown, and Amy Colesante volunteered to be Study Coordinators of this research, which means that they were intimately involved with carrying out and analyzing the research conducted. The (de)VOICED research project asked people to act as Environmental Workographers and compose Environmental Workographies with us, as we sought an answer to our overarching research question, which after our initial debate with thirty-six Advisors became: “What can we learn from people who have psychiatric histories and work to change psychiatric systems?” Kathryn Cascio (who was deeply involved with designing the research as an Advisor) and Aubrey Ellen Shomo both joined the research team as Study Coordinators, after they participated as Environmental Workographers in the research study. Following the research process, thirty people attended an Evaluation of the videos that were created through this research process to view and comment on the educational videos as Evaluators. This evaluation process took place December 2012, in Albany, New York.

Method: Environmental Workographies

The input from the Advisors in the process of trying to establish a research question was vast. I decided based on all of the feedback that we needed a method that would uncover all of the realities the Advisors thought necessary to address. A method that seemed promising to unveil this kind of information we sought was an adaptation of a technique utilized in the field of

Environmental Psychology called an “Environmental Autobiography” (Horwitz, Klein, Paxson, and Rivlin, 1978).

Instead of focusing on the entirety of a person’s lived experience, an Environmental Workography is set by the boundaries of one’s career. An Environmental Workography, then, asked people who had psychiatric histories and worked on psychiatric systems change three basic questions to see what we could learn from each other:

- 1) Were there environments you experienced which inspired your work?;
- 2) What issues has your work focused on?; and
- 3) Were there environments that were helpful or unhelpful to you in achieving the goals of your work?

We asked each of the fourteen people who participated as Environmental Workographers to participate in videotaped conversations with us as to construct their Environmental Workographies base on the above-mentioned three basic questions. I also participated in this process.

The Environmental Workographers

We have permission from thirteen people from across the U.S. who participated in creating videotaped Environmental Workographies to discuss their data, publicly. This includes: four people from New York, five people from Colorado, two people from Washington, one person from Oregon, and one person from California. Once people gave permission to have their raw video of the Environmental Workographies entered as data, the videos were then edited into educational videos on different subjects, and then shown to thirty people from New York State, acting in the role of Evaluators, for feedback.

Environmental Workographers spoke well beyond the original boundaries of the three questions. As I had anticipated, in the design of (de)VOICED, this is because all of the Environmental Workographers connected our work to experiences we personally had with the psychiatric system. Many of us told our extremely personal recounts of our lived experiences including work and family situations before, during, and after our psychiatric institutionalization(s). Because so many of the Environmental Workographers had our first interactions with psychiatry in early childhood and adolescence, our work and the history of our family life was often deeply bound together, and routinely addressed. This adds credence to Urie Bronfenbrenner's (1979) claim:

Among the most powerful influences affecting the development of young children in modern industrialized societies are the conditions of parental employment (pp. 3 -4).

Very often, Environmental Workographers had children of their own, and the stories of lives of their children were prominent. Often, stories of childhood and parenthood were intertwined with the economic realities which faced the Environmental Workographers, clearly again linking development to "parental employment" (Bronfenbrenner, 1979, p. 4).

While, these personal histories are solely ours, it will be seen how remarkably consistent the shared responses of Environmental Workographers are.

Shared Responses Established throughout the (de)VOICED Research Project

1) Environmental Workographers reported being traumatized in psychiatric places in and outside of institutions by psychiatric policymakers and practitioners through their practices, products, procedures, and policies.

2) Environmental Workographers reported multiple experiences that we named as torture, murder, betrayal, dehumanization, abuse, neglect, and maltreatment. These experiences included:

- Losing a loved one to psychiatry;
- Electroshock;
- Restraint;
- Seclusion;
- Drugging;
- Forced drugging;
- Institutionalization and the loss of personal liberty;
- Scientific experimentation; and
- Aversive behavioral interventions.

3) In addition to the physical practices, procedures, and products guised as “mental health” care, mentioned above, Environmental Workographers consistently reported what we identify as aspects of psychological mortification that we suffered from psychiatric workers including:

- Being made to feel or treated as less than human;
- Not being believed;
- Having spiritual experiences written off as psychiatric symptoms;
- Having their experiences invalidated; and
- Not being listened to.

4) Environmental Workographers reported being silenced and retaliated against for speaking out against the psychiatric industry when we worked in peer roles in both private managed care companies and state-sponsored offices of mental health and their funded programs.

5) Based on interactions with Environmental Workographers across the United States of America, neither the silencing of people who work in ‘peer’ roles, nor the experiences described by people involved with psychiatry, mentioned above, are New York-specific problems. (de)VOICED showed these problems are a national epidemic.

6) Environmental Workographers reported that in roles as ‘peer’ workers we served as points of an encounter for a liberation experience, from the mental patient role into a full sense of self, for someone else trapped in the clutches of psychiatry. Environmental Workographers who worked as ‘peer’ workers also reported a simultaneous experience of a re-encounter toward further liberation for ourselves, while in those roles.

7) Environmental Workographers reported that we were told by psychiatric practitioners that we had a lifelong ‘disease’ that would require a lifetime of psychopharmacological management and interactions with psychiatric workers within the power dynamic of the State-sponsored system. For some period of time, this messaging from psychiatric workers prevented us from living full lives including preventing us from working, going to school, having families or significant relationships. We also reported that when we rejected being relegated to mental patient status, and reclaimed our humanity, we found the claims of the psychiatric workers to be false. The fact is that Environmental Workographers demonstrated through our own lived experiences that the claims that were made about us not being able to achieve, and the non-possibilities that had been slated for our future lives by psychiatric workers, were false.

8) Environmental Workographers reported that when we were able to use our voices freely that our work was effective, if not at first, well received, we believed we had the power through our voices, over time, to make change.

Discussion

As “Environmental Psychology is a multi-disciplinary field, concerned with the relationship between the environment and people’s lives” (Rivlin and Wolfe, 1985, p. vii), there are so many people—from so many different perspectives and fields of study—who need to be satisfied with the same words which appear in this dissertation. In other words both psychologists and psychiatric survivors have to agree on the terminology used and the way the material is presented. Relying on the methods of the field of Environmental Psychology I conducted this research with the idea that focusing on the physical environment or perceptions of the environment was not enough. Rivlin and Wolfe (1985) suggested this type of work did not “bring about constructive change” (p. vii) and that:

As we and our colleagues in the Environmental Psychology Program of the City University of New York define problems in this area, the physical environment and people’s understanding of it are not viewed as separate from each other or from the social, political, and economic contexts of which they are a part. Defining the problem is as important as attempting a solution if change is to have the possibility of being positive rather than undertaken for its own sake. (p. vii)

I can only hope that this work lives up to that vision of what is important to focus on and that I adequately shed light on what hundreds of thinkers have presented concerning the public psychiatric service delivery system over the span of centuries. What I presented here, often addressing social, political and economic contexts of public psychiatric service delivery systems across time as the problem was: modern-day evidence confirming human rights violations and abuses, often carried out by State-Sponsored Organized Psychiatric Industries (SSOPI). But, what is the solution?

Can you imagine having the courage, the fortitude, the fight it takes for one to speak out against the multi-billion dollar industry—with the power of The State—which has proclaimed you mad—an industry that you may depend on for survival? Do you possess the ingenuity,

resourcefulness, and cunning ability to decipher political realms—and know which way to respond—to gain a political position for change within the status quo of a state-sponsored bureaucracy and institutional inertia? This is the situation that has faced each of the people who participated in the (de)VOICED research project.

This qualitative Environmental Community Based Participatory Action Research project where we utilized video as a research tool has been on-going since prior to April, 2010, when the official invitation to participate in a participatory dissertation planning process was sent to people who are experts in the field of psychiatric systems change and have psychiatric histories to request their participation as Advisors to the (de)VOICED research project.

As we saw, in addition to the dissertation committee and myself, as a Principle Investigator, with some overlap between groups, there were four different roles for people to participate in: thirty-six people were ‘Advisors’ who participated in the creation of the research design of (de)VOICED; six people who in their roles as ‘Study Coordinators’ helped implement and analyze the research it produced; fourteen people participated in the actual study as ‘Environmental Workographers’; and thirty people were in the role of ‘Evaluators’ of the educational videos which I created. As a way of obtaining validity to the videos I produced, Evaluators who reviewed the educational videos produced through the (de)VOICED research project and gave their feedback on the presentation of information and how it fit with their own knowledge of the psychiatric system and the work they do to change the way psychiatry conducts itself in the public arena.

The collective voices of people who were involved in the planning, implementation, and evaluation of this study whom I talked and worked with throughout the course of its existence may not have always imagined taking this leap in faith to challenge and resist—to revolt—but

each and every one of us did voice our truths so well at times, that we were silenced—banned by those in power from voicing the truth we knew—sometimes creating a condition of coerced silence if we obliged.

For some of the Environmental Workographers who broke free from the silencing and voiced our truths, retribution and retaliation we experienced for what we voiced came in the forms of loss of employment; loss of stature or position within the employing entity; loss of freedom in our work; and in the most egregious situations, being forcibly drugged and re-institutionalized. The work of each Advisor, Study Coordinator, Environmental Workographer and Evaluator today, have relationships with varying degrees of resistance from the State. Still to this day, we all push to make our voices heard. Too often we can do nothing, but silently shake our heads, and try harder, when we hear of another systemic, institutionalized, structural human rights violation that is taking place against someone who has been assigned a psychiatric label.

Multiple sources of public data explored in this dissertation suggest the long history of risks versus desired results of psychiatry that everyone in power seems to ignore. While simultaneously calling hogwash, those in power—especially who possess power of the State—ignore the risks of death and serious bodily injury incurred by the practices, procedures, and products the policies of psychiatric places promote, sometimes at great profit, which include forced, court-ordered, compelled, coerced, or uninformed psychiatry. To be clear, the ability to create ‘the other’ is key to how it is people who are in the role of psychiatric workers have the ability—and right of conscience—to treat the people who are assigned mad in the dehumanized manner which I reported.

Part of the dehumanization that people experience, depicted in what Goffman (1961) termed the “total institution,” is a lack of “freedom of choice” (Ittelson, Proshansky, and Rivlin,

1970) while in the clutches of psychiatry—whether that involvement is in an institution or in the community. Ittelson, Proshansky, and Rivlin (1970) described the importance of “freedom of choice” for general well-being and that a person in her or his environment ought to have as many pleasurable options from which s/he can choose. They suggested that when there is a lack of freedom of choice it causes a conflict for privacy and territory, and the resulting crowding that occurs. Architecture Research Construction, Inc. (1985) worked to change physical psychiatric settings, including institutions and group homes, to increase opportunities for choice, and address privacy, territory, and crowding.

Often utilizing Urie Bronfenbrenner’s (1979, 1997) *Ecology of Human Development*, I explored how under the guise of legislation, those in varying levels of state power give their direct orders and state-sanction the practices of a bureaucratic and institutionalized form of organized psychiatry with the support of enormous taxpayer expenditures. Psychiatric practitioners at all levels of power, and they themselves within a strict authority-power structure, march in step, at best under the assumption of benevolence, at worst, following orders, as they carry out and enforce the orders which others are expected to comply.

People who participated in (de)VOICED reported experiencing these orders through court-order, coercion, and compulsion, as well as voluntarily complying only later to learn that the consent they authorized was not informed consent. These orders, included, but were not limited to institutionalization, electroshock, restraints, seclusion, and forced drugging, often over our expressed objection. I reported that people who are in the supposed ‘care’ of psychiatric assignors often have experiences resulting in multiple human rights violations including murder, torture, and slavery, which are deeply discussed in this dissertation.

Conscientious objectors are often prosecuted or sanctioned, or deemed mad themselves. For those who challenged their assessment, the Assignors have an automatic response. The Assignors have made it a requirement across all of the categories of madness that they have established, in the five editions of the *Diagnostic and Statistical Manual of Mental Disorders*, to have denial of the supposed condition, be proof of it. This is a nightmare for the humanistic existentialist, no doubt. Perhaps if the Assigned were allowed to challenge the Assignors concerning their new assignment as ‘diseased’ there would be a greater awareness of the conditions of the theater in which State-Sponsored Organized Psychiatric Industries (SSOPI) operate—with enormous taxpayer expenditures and an industry with enormous profits, like the prison industrial complex. The loss to the public economy is staggering. People who participated in (de)VOICED reported in their experiences that psychiatric practitioners routinely assign those who want to work as unable to perform, and those who struggle with employment, to a life of abject poverty by offering no assistance.

To try to better understand these phenomena, I adapted the method of Environmental Autobiographies (Horwitz, Klein, Paxson, and Rivlin, 1978) to a method I called, Environmental Workographies, which were constructed with people who had both psychiatric histories and worked on psychiatric systems change. To do this, I asked Environmental Workographers: if there were environments we experienced which inspired our work; what our work focused on; and if there were environments which were helpful or unhelpful in creating the changes we sought. Through this Survivor Research, we aimed to see what we could learn from each other—and we learned a tremendous amount.

Significantly, (de)VOICED showed how one can draw a psychological spectrum ranging from psychological mortification to liberation for people who are involved with psychiatry—

often based on an encounter with another person in an environment—or an environment itself—that can move one along the spectrum in either direction, toward psychological mortification or liberation. This theory relies on Erving Goffman’s (1961) theory of “Mortification of Self” and William Cross Jr.’s (1971) Black Liberation Psychology.

In this dissertation I suggested "mortification of self" is more than sociological and extend it to the psychological realm and equate it to an experience of oppression. Through this process, I often utilized Sen’s (1999) concept of “Unfreedoms” as factors of oppression, which included multiple denials of basic, human, civil, and constitutional rights and how it works in connection with the Center to Study Social Contexts Capabilities Framework (2007), also based on Sen’s theories.

Because human interactions in built psychiatric environments were often reported as the cause of the experience of feelings of mortification, which is consistent with Goffman’s (1956) work on embarrassment, it is imperative that as a society we eliminate interactions and environments which lead toward mortification and create opportunities that lead toward liberation. Based on the findings of (de)VOICED, further research ought to be conducted. As a research team, with others who may want to join in, I and the current six Study Coordinators of (de)VOICED, hope we will be afforded that opportunity.

As this conversation has implicit to it economics, The Mad Economic Dream Scheme: The MEDS, is a necessary next step to end the economic deprivation of people who are involved in State-Sponsored Organized Psychiatric Industries. Removing profit from the medicalization of human experience must occur now. The commodification of human experience via the means of court-ordered involvement with psychiatry is tantamount to profiteering from torture. It is like

slavery, where one person has absolute power as Assigner over the life, liberty, and fortune of those who are Assigned. Even Erving Goffman (1961) wrote:

In some institutions there is a kind of slavery with the inmate's full time place at the convenience of staff; here the inmate's sense of self and sense of possessions can become alienated from his work capacity. (p. 11)

This oppression plays out to this day through social structures, power, and continued institutional, structural racism in the United States.

The Assigned are killed—and routinely die 25 – 30 years sooner than those who are not involved with psychiatry (Mauer, 2008). These issues were deeply explored herein.

In the previous pages, (de)VOICED shined light on psychiatric oppression historically and currently occurring through State-Sponsored Organized Psychiatric Industries (SSOPI) in the United States through State-Sponsored, Planned, Owned, Operated, Funded, and Evaluated (SSPOOFE) programming. (de)VOICED calls for an end of human rights violations of all people—of all ages—who are psychiatrically labeled and involved with organized psychiatry, starting with an elimination of all forced, coerced, and uninformed psychiatry.

The swiftest way to resolve the overwhelming majority of human rights violations committed by SSOPI is to put an immediate federal ban on all court-ordered, coerced, compelled, forced, and uninformed psychiatry. As a replacement of the current monopoly the biomedical model has in SSOPI and public psychiatric service delivery systems, a trauma- informed system of care must be made available. The environmental roots of problems that are diagnosed as psychiatric disorders must be addressed. Unfortunately,

this is far from reality. It is actually, nearly opposite of reality. For example, HR3717, [now HR 2646] also known as the Murphy Bill, aims to eliminate alternatives to the biomedical model of psychiatry and advocacy for people who are involved with psychiatry. Additionally, HR3717 [HR 2646] will institute a federal mandate for states to create involuntary outpatient commitment laws. So, essentially, what is needed to correct the long-standing and well-evidenced problems of SSOPI is exactly the opposite of where our country is heading.

Here documented is a call for the abolition of places of torture, murder and slavery, which are state-sanctioned, owned, operated, funded and evaluated. Professionals never again should be allowed to discuss with any validity or reliability our individual voices and collective voice as simply anecdotal in nature. As demonstrated by our research, the people who participated in (de)VOICED universally offered that the voices of those who are psychiatrically labeled should never again be viewed as simply something to tag on to the end of something, to be used only if we support the popular sentiment The State is pushing, or used to support efforts to meet needs for more funding from The State. Repeatedly, the people who participated in (de)VOICED stated that our voices are valid and reliable. When we have the opportunity to use our voices, we call for civil society to take a stand and end the abuse, torture, murder, and servitude of our people.