

RADICAL ABOLITIONIST

**28 Ways
to Make the
World Less
Hostile to Mad,
Neurodivergent,
& Psychiatrically
Disabled People**

By Kaz DeWolfe, Emily Sheera Cutler, Matt Perry,
Jess Stohlmann-Rainey, and Andy Collings

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a cognitive liberty blogspace

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Stories from the front lines of resistance to paternalism, coercion, and force.

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Note: For the purposes of this article, we would like to introduce a new acronym, MNPD, to describe Mad, neurodivergent, and psychiatrically disabled people.

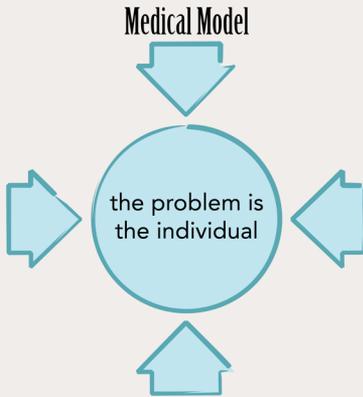
Our social environment can be hostile for MNPD individuals. Here are some ways that you can help make it a safer and more inclusive place for all of us.

1) Learn about Mad, neurodiversity, and disability culture. Learn how for some people, being Mad, neurodivergent, or psychiatrically disabled (MNPD) is not only a medical condition (or even a medical condition at all) but instead a cultural difference, and a sociopolitical identity. Work toward an understanding of madness, neurodivergence, and disability as terms that describe human experiences and communities of people, not just disorders that need to be treated.

2) Shift your understanding of psychiatric disability away from medical models and towards the *social model of disability*.

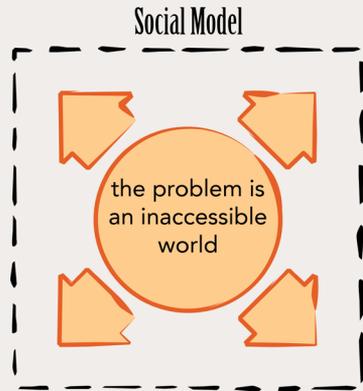
Madness, neurodivergence, & the Social Model of Disability

vermont
psychiatric
survivors



Extreme states and mental differences are diagnosed as **psychiatric disorders**. These disorders require treatment, which may include medication, behavioral interventions, or therapy. The goal of each of these treatments is to address the problem within the individual, and make us appear more sane or neurotypical.

VS



Extreme states and mental differences are not the problem. We're **disabled by our social environment** which contains barriers such as discrimination, isolation, coercion, confinement, and violence. The solution is to remove and dismantle these barriers. Drugs or therapy can still be utilized as optional accommodations if desired.

"Madness, Neurodivergence, and the Social Model of Disability" Vermont Psychiatric Survivors

3) Research the impact that coercive treatments and practices have had on MNPD individuals. Read the stories of people who have had traumatic experiences of involuntary hospitalization, survivors of forced drugging, and people who have been subjected to involuntary electroshock therapy. Read the stories of survivors of Applied Behavior Analysis and aversive shock treatments designed to make autistic people act neurotypical. Counterpoint, a magazine published by Vermont Psychiatric Survivors, and Asylum Magazine, are two great resources that regularly publish personal accounts of victims/survivors of involuntary hospitalization and psychiatric treatment. For a powerful account of the impact of ABA, we suggest reading “Quiet Hands” by Julia Bascom.

4) Start noticing the judgments you make about people who are behaving in ways that seem weird, strange, annoying, or dangerous to you. What are you thinking about the person you pass by on the street who is talking to themselves? What are your thoughts about the person who is crying at work or in class? What are your assumptions about your co-worker or family member who won’t make eye contact? Are these thoughts/assumptions/judgments founded? Is it okay to make judgments about someone who isn’t harming anyone else? (No, it’s not.)

5) Understand that MNPD people are often discredited and dismissed when they come forward with stories of oppression or abuse. Often times, once someone has been labeled as psychotic or delusional, it becomes impossible for them to seek justice or accountability after abuse or violence. For this reason, such diagnoses make people incredibly vulnerable. People with psych diagnoses are many times more likely to be the victims of violent crime than the general population. Believe MNPD people when they come forward with abuse allegations. Psych diagnoses, even psychosis or schizophrenia, are never proof that abuse has not happened, and in fact, make people much more likely to be victims.

6) Remember that abuse is upheld and perpetuated by oppressive systems like patriarchy, racism, cisheterosexism, ableism, sanism, classism, adultism... Abuse is not caused by psychiatric disorders. "Cluster B" diagnoses like narcissistic personality disorder and borderline personality disorder, have traditionally been used to scapegoat and demonize survivors of abuse. Work to end the dangerous trend of armchair diagnosing abusers and stereotyping of people with these diagnoses as abusive and predatory.

7) Most progressive and leftist people these days have at least a basic understanding that police have racial bias and very often unfairly target and use excessive force against black and brown individuals. Fewer people seem to realize that police are also disproportionately violent towards disabled people. Calling the police on a Mad or disabled person in distress will likely lead to violence or possibly even death.



8) Learn about the intersections of racism, cisheterosexism, classism, healthism, sizeism, and other modalities of oppression with sanism and ableism. MNPB people have multifaceted identities and often have to navigate multiple oppressive systems.

A great place to start could be checking out the work of trans activist Alok Vaid-Menon. Another writer whose work is highly intersectional and draws from the fields of queer studies, disability studies, mad studies, fat studies, and anti-racism studies is Eli Clare. Clare's most recent book, *Brilliant Imperfection: Grappling with Cure*, is highly recommended. Look up the 2018 Alternatives Conference keynote address by Wilda White, the former executive director of Vermont Psychiatric Survivors, which is a great way to learn about the intersections between racism and sanism.

9) You have probably seen anti-stigma campaigns that focus on normalizing the use of psychiatric drugs. People should not be shamed for taking drugs to feel better, or to better survive capitalism, or avoid hospitalization, or because they've been court ordered to take them. But did you know that not all MNPB folks need or want psych drugs? Many people with mental differences have found various psych drugs to be unhelpful or even harmful. Many people report adverse effects including increased suicidal thoughts or actions. Some people have lived through traumatic experiences in which they were forced to take psych drugs and choose to avoid the trauma reminder.

We've done good work to confront the stigma attached to taking psychiatric drugs, but we need to work to address the stigmatizing narrative of the dangerous "untreated mental illness" or the Mad person who has "gone off their meds." You can research harm reduction guides to coming off of psych drugs safely, such as slow tapering to minimize drug withdrawal. And you can also confront the narrative that psychiatrically disabled people are dangerous if unmedicated.

10) Many MNPD people find recreational or illicit drugs to be beneficial or even necessary for survival. This is sometimes because prescription drugs are not always accessible, as they are heavily gatekept by medical paternalism. Drugs like stimulants, benzodiazepines, painkillers, and even some neuroleptics can be purchased without prescription illegally on the black market. Psychedelic drugs such as LSD, MDMA, and psilocybe mushrooms have more and more evidence demonstrating therapeutic effects for trauma survivors and people with chronic depression.

Prohibition of drug use is one reason many MNPD people end up incarcerated, and prison is no place for disabled folks (or for anyone). You can help make the world safer for MNPD people by organizing to provide harm reduction resources such as clean needles and naran. You can advocate for decriminalization of drug use, and support prison justice and prison abolition organizing in your community.

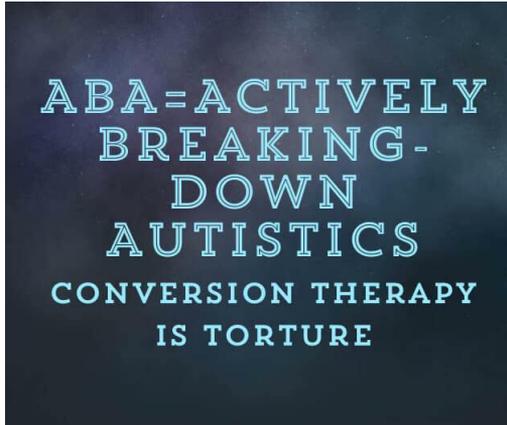


Signs from the 2018 Vermont Mad Pride March, made by the Hive Mutual Support Network



11) Respect people’s wishes, needs, and boundaries around using substances in social situations. While many MNPD people enjoy drinking, smoking, and using other types of substances with friends/at bars and parties, some MNPD people experience complicated and undesirable consequences and reactions to some substances. If you are going out with friends, make sure everyone’s wishes around substances are respected and no one feels pressured to drink/smoke/use another type of substance.

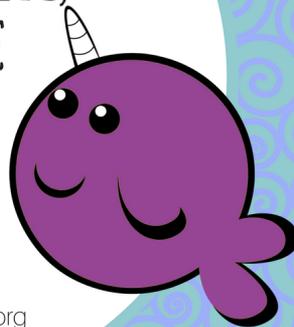
12) Recognize that in addition to drugs, MNPD people have complex and varied relationships with therapies, mindfulness programs, exercise, nutritional interventions, yoga, and other forms of healing/wellness. While some people find some or all of these tremendously helpful, others find them to be too costly, time-consuming, physically uncomfortable/painful, or just unhelpful to be worthwhile. For some, certain types of therapy/certain therapists (especially Mad/neurodivergent friendly therapists) may be helpful, while other types of therapy/therapists may be violent and harmful (e.g. coercive behavior therapies). It is very important to respect each person’s decision about what makes them feel better and what they feel is a worthwhile use of their valuable time, money, and energy.



From Autistics and Allies Against ABA Ireland

13) Radically reconsider what constitutes expertise. If you believe that mental health professionals know more about a person's experiences, wants, desires, and needs than that person themselves, examine some of the prejudices and biases that may be underlying this belief. No one person can know what it is like to have the lived and embodied experiences of another person, to possess that person's innermost thoughts, desires, goals, needs, feelings. If you are defaulting to a mental health professional to be the source of authority on what is best for a MNPD person, think again. Learn to trust each person as the source of authority and expertise on themselves and their own experiences.

IF YOU ARE
NOT AUTISTIC,
YOU ARE
NOT AN
AUTISM
EXPERT!



neurodiversitylibrary.org

14) Believe people when they say, “I can’t.” Many MNPB people have limitations on their abilities to work in particular settings, participate in certain social situations, learn in particular ways/particular skill sets, perform particular physical activities, or even work at all. This does not mean that they need to be treated or cured, or that you need to help them perform these activities. This DOES mean that you need to respect their limitations and boundaries.

15) Learn about how madness, neurodivergence, and psychiatric disabilities are not purely “mental”/cognitive. Madness, neurodivergence, and psychiatric disabilities are experiences that often encompass the entirety of a person’s bodymind. Being in emotional pain - either due to a condition itself or the discrimination and abuse people experience on account of the condition - can often be physically exhausting and debilitating. MNPB people often experience chronic pain, nausea, GI issues, chest tightness, muscle aches, and other physical issues. Some MNPB people choose to describe their experiences using “Spoon Theory,” a framework that can be used to explain what it is like to live on a limited supply of energy.

IF YOU ONLY HAD TWELVE SPOONS PER DAY, HOW WOULD YOU USE THEM?

Take away one spoon if you didn't sleep well last night, forgot to take your meds, or skipped a meal. Take away four spoons if you have a cold.

Doing too much in one day can leave you short on spoons the next day.



These types of activities each require one spoon.



Get Out of Bed



Get Dressed



Take Medicine



Watch Entertainment



These types of activities each require two spoons.



Bathe



Style Hair



Browse Internet



Read / Study



These types of activities each require three spoons.



Make / Eat a Meal



Socialize



Light Housework



Drive Somewhere



These types of activities each require four spoons.



Go to Work / School



Go Shopping



Go to Doctor



Exercise

The Spoon Theory is a simple way to explain to your friends and family what it's like living with a chronic illness. People with depression or anxiety often have limited physical, emotional and mental energy (represented by spoons). (Christine Miserandino created The Spoon Theory at butyoudontlooksick.com)

16) Advocate for policies that increase the resources and social safety nets for MNPD people. Economic inequality and financial insecurity are major causes of distress and injustice for these communities. Policies such as increasing disability income, universal healthcare, housing first, and universal basic income can go a long way in promoting justice and safety for MNPD people. Fight to make sure these resources are not contingent upon MNPD people “recovering” or making efforts to “get better” but that they are freely available regardless of a person’s choice to recover or not.

17) When advocating for policies that will affect the individual’s material reality, understand the levels of dependence/paternalism and independence/self-determination implied in each policy. Advocate for policies that both support the individual with a livable set of means, and allow them the most self-determination. For example, in custodial housing and housing ready models, people may get housing only on the condition that they meet a regiment of treatment or good conduct, or allow staff to make decisions for them. In contrast, Housing First allows individuals to have housing without having to prove anything or meet any treatment requirements.

18) If you work out of an office, store, hospital, restaurant, or other public-facing space, do what you can to make the space friendly and accessible to MNPD people. This could include providing sunglasses, ear plugs, and stim toys, as well as turning the volume of any background music to a low level and eliminating any scents/perfumes. You can also provide educational materials or training to staff to make sure they are accepting and nonjudgmental toward any displays of intense emotion, fidgeting, pacing, crying, self-harm scars, or other visible markers of neurodivergence/disability.

19) Support and share the artwork, poetry, fiction, creative nonfiction, blog posts, research studies, music, jokes, podcasts,

videos, films, and memes created by people who identify as Mad, neurodivergent, or psychiatrically disabled.

20) If you are a healthcare provider, learn about trauma-informed healthcare. Many MNPd people have experienced trauma - often at the hands of the healthcare system. People who have experienced things like involuntary hospitalization and forced drugging are naturally going to experience some fear and anxiety in healthcare settings and may have difficulty trusting healthcare professionals. Certain aspects of healthcare environments, such as the loss of control/feelings of powerlessness, may feel similar to experiences of involuntary psychiatric treatment or other types of trauma/oppression. MNPd people may also be more sensitive to physical pain. Remember that their fears and anxieties are valid. Ask your MNPd patients/clients what you can do to help them feel more comfortable.

21) Remember that MNPd people are often enduring intense amounts of physical and emotional discomfort in order to accommodate neurotypicals. They may be hiding severe emotional pain, fighting the urge to flap their arms, wearing long sleeves in hot weather to cover up self-harm scars, forcing themselves to make eye contact, forcing themselves to get out of bed and be productive despite feeling utterly exhausted, ignoring voices that are begging to be talked to, and suppressing parts of who they are in order to fit in and appear more normal.

If providing disability accommodations or overcoming your own discomfort with displays of emotion/outward manifestations of disability seems difficult to you, remember that MNPd people are going out of their way to accommodate you every day. And, if you think madness, neurodivergence, or disability is a burden, then just imagine how burdened MNPd people are by the requirement to fit in with neurotypical society.



facebook/madmadmemez IG: madmadmemez

22) If you are an employer or supervisor, consider offering flexible work hours and attendance policies. Encourage employees to take time off for mental health days. Create a workplace environment that is conducive to psychological and emotional well-being. This does NOT mean implementing mandatory wellness programs that require people to conform to ideals of able-bodiedness or thinness. This DOES mean making sure people have enough time outside of work to engage in activities and relationships that are meaningful to them.

23) If you are an educator, consider offering flexible attendance policies and performance measurements. Consider allowing students to choose which way(s) they would like to demonstrate the knowledge they have gained, whether that is through a paper, presentation, exam, facilitating a discussion, or engaging in community activism. Offer materials in the form of readings, videos, and audio, and allow students to choose how they learn best. Consider offering these accommodations as part of the curriculum, instead of requiring a doctor's note or registration with the disability office to receive them, as obtaining a diagnosis can be an inaccessible and dehumanizing process for many MNPD people.

24) If you are an educator, include the works of Mad, neurodivergent, and psychiatrically disabled authors/ researchers/scholars/writers/artists in your curriculum.

THERE ARE AS MANY WAYS TO COMMUNICATE AS THERE ARE TO BE HUMAN! EVERYONE COMMUNICATES!

SOME OF US COMMUNICATE BY TYPING....



SOME OF US COMMUNICATE BY SPELLING OR POINTING ON A COMMUNICATION BOARD....



AND SOME OF US MAY NEED A LITTLE SUPPORT...

ALL OF US USE BEHAVIOR AS COMMUNICATION....



Happy Flaps

AND SOME OF US USE GESTURES OR SIGNS....



Echolalia... Echolalia... Echolalia...

SOME OF US USE SPEECH....



BUT NONE OF US NEED TO ONLY USE ONE WAY TO COMMUNICATE

AND WHICH WAY IS THE BEST WAY? THE WAY THAT WORKS BEST FOR YOU!

neurodiversitylibrary.org

25) Madness, neurodivergence, and psychiatric disability can sometimes affect the fluidity and pace of thought/speech, as well as how that speech is processed and communicated. It is important to loosen your expectations of how things can/should be expressed, and accept certain Mad/neurodivergent forms of speech, e.g. non-linearity, neuroticism, broad-consciousness connections, stream of consciousness, tangents, metaphors, “word salad.” Some MNPD people may not always communicate with direct, assertive speech, but the reader and listener can still get ideas there, if they attune themselves for it. Many MNPD people may also prefer nonverbal forms of communication to spoken language.

26) Believe MNPD people’s experiences of abuse and mistreatment within the psychiatric system. That includes experiences of harmful or inaccurate diagnoses, neglect, hostility, and infantilization as well as forced institutionalization and drugging.



Art by Phoebe Sparrow Wagner

27) Assume that intense emotions are coming from a reasonable, valid place. Although intense panic, elation, sadness, and anger are often labeled as irrational by society and dismissed, these emotions often exist for a reason. Just because you personally cannot understand why someone is reacting so intensely to a particular situation does not mean that reaction is irrational.

28) Reject the moral imperative to be “healthy,” physically, mentally, or emotionally.

Many thanks to Dani Beckett, who authored an amazing article called “51 Ways to Make the World Less Hostile to Fat People,” which inspired this piece.

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