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**Testimony to Bipartisan Task Force on Gun Violence Prevention and Children's Safety—Mental Health Working Group**

Senator Harp, Rep. Wood, and members of the Mental Health Working Group:

I am an autistic adult and a psychiatric survivor. We in the psychiatric survivors' movement join others in the disability community who are deeply concerned about the exploitation of tragedies like the Sandy Hook shooting. We as a society need to be looking for real solutions to horrific crimes like this, rather than allowing those who promote policies such as involuntary outpatient commitment to deprive us of both liberty and responsibility.

Allow me first to tell my own story. In the late 1970's, I went from being an honor student in eighth grade to failing in tenth grade. I came to the attention of school psychologists as being socially isolated and bullied in school. When seeing a social worker did not work, I was sent off to the Institute of Living, where I was given labels from "borderline personality disorder" to "neurotic depression" to "paranoid schizophrenia." I was also put on dangerous neuroleptic drugs—Mellaril, Stelazine, and Navane—which caused severe dystonia and akathisia. This was sheer torture. When I expressed to my psychiatrist at the Institute of Living that I felt dying would be preferable to the torture of these drugs, this was used as a reason for **increasing** the dosage. My parents, thankfully, saw that these treatments were making things worse and withdrew their consent. In spite of psychiatric predictions that I would decompensate into psychosis, I got my first job in 1984, and have been gainfully employed and living independently ever since. I have been free of psychiatric drugs for over 33 years.

Unfortunately, that ugly label of "paranoid schizophrenia" followed me all the way to 2003, when I sought assistance from BRS in getting a new job. When I was evaluated by a neuropsychologist, she simply recycled my old psychiatric records, diagnosed me as DSM 295.30 schizophrenia, paranoid type, and recommended I be drugged. It was not until late 2004 that a close friend handed me a webpage titled "Adults with Aspergers" and asked me if anything here looked familiar. It did. About three years ago, I got a formal diagnosis from a psychologist who specializes in autism.

My experience is not unique. From stories like this, we can learn that experts are frequently wrong, and this can have severely negative consequences, not merely in terms of health, but in terms of personal liberty. I have met many other psychiatric survivors who have had far worse experiences with the mental health system than I had, including forced electroshock and insulin coma. It is clear that force and coercion

in the name of “mental health” is a serious moral issue. And this coercion unquestionably deters many from seeking help who very much want help.

Regarding stigma, Matthew S. Lebowitz noted last month in an op-ed in the *Hartford Courant* that “[r]ecent psychological research has shown rather consistently that genetic and otherwise biological conceptualizations of psychopathology are associated with stigmatizing attitudes” toward those who have been psychiatrically labelled. “End Stigma Around Mental Illness, Violence”

[http://articles.courant.com/2012-12-31/news/hc-op-fresh-talk-lebowitz-people-with-mental-illne-20121231\\_1\\_national-comorbidity-survey-mental-illness-mental-disorders](http://articles.courant.com/2012-12-31/news/hc-op-fresh-talk-lebowitz-people-with-mental-illne-20121231_1_national-comorbidity-survey-mental-illness-mental-disorders)

Another op-ed in the *Hartford Courant*, by Deron Drum and Greg Benson of Advocacy Unlimited, notes that our current emphasis on psychiatric drug regimens, electroshock, and forced treatment have resulted in a 25-year reduction in the life spans of people in the public mental health system. According to the National Association for Rights Protection and Advocacy, it has also increased the number of people on SSDI, the suicide rate, the incarceration rate, and the rate of homelessness, while depriving those trapped in the system's clutches of hope. “Mental Health Treatment Should Focus on Recovery” <http://www.courant.com/news/opinion/hc-op-drumm-focus-mental-health-treatment-on-recov-20130125,0,7417839.story>

A first step toward eliminating this counterproductive and stigmatizing coercion would be passage of HB 5298, An Act Concerning Involuntary Shock Treatment, sponsored by Rep. Sandy Nafis and Senator Paul Doyle. This is a modest bill that eliminates forcible electroshock, one of the worst abuses in the psychiatric system. Often employed to prevent suicide, forced electroshock is an indignity that likely increases the suicide rate. As a prominent example, Ernest Hemingway killed himself after being forcibly electroshocked. He blamed the shock treatments for damaging his brain and destroying his memory.

<http://campaignfortruth.com/Eclub/310103/brilliantcurebut.htm>

And speaking of being a “danger to self,” how can we consider depriving some people of liberty and dignity in the name of suicide prevention, when the General Assembly will soon be discussing legislation to give people with other disabilities suicide assistance? We need a consistent policy that both seeks to prevent suicide and respects the liberty and dignity of people who contemplate or attempt suicide.

The motto of the disability rights movement is “Nothing About Us Without Us.” It applies not only to systems used by people with physical and intellectual disabilities, but to the mental health system as well. We psychiatric survivors want and need to be treated as free and responsible adults, with the same rights and responsibilities as all other citizens. Those who break the law, regardless of disability or psychiatric label, should be held fully accountable and punished.

Psychiatrizing crime stigmatizes all of the law-abiding citizens who have voluntarily sought help from the mental health system, as well as psychiatric survivors

who have broken no laws but have been subject to psychiatric force. Moreover, behind the psychiatrization of crime there is the erroneous belief that crime is caused by biological brain disease—even though no one claims virtuous behavior is caused by superior brain chemistry. This leads those labeled mentally ill to avoid taking responsibility for their behavior, resulting in more crime. Therefore, coercive psychiatry is part of the problem, not the solution.

On December 14, 2012, right after the shooting, Governor Malloy said—correctly—“Evil visited this community today.” What happened at Sandy Hook Elementary was evil, not sick. Yet even before the families could begin mourning the loss of their loved ones, the Treatment Advocacy Center was at the scene exploiting this tragedy to promote its agenda of forced drugging, a/k/a involuntary outpatient commitment. This is ambulance chasing of the worst sort, and TAC does it in spite of the fact that many of these tragedies were committed by people who were on psychiatric drugs at the time of the shootings, according to Dr. Peter R. Breggin, M.D.. (“Psychiatry Has No Answers to Gun Massacres” [http://breggin.com/index.php?option=com\\_content&task=view&id=299](http://breggin.com/index.php?option=com_content&task=view&id=299)) While I believe that we all need to take personal responsibility for our actions, it is clear that we should take a careful look at whether psychiatric drugs may be a contributing factor in these massacres.

It is easy to scapegoat “the mentally ill” for murder and mayhem and deny basic civil liberties. Those who cite the Second Amendment while protesting against gun control ought to be especially wary of finding ways to deprive others of basic rights under the Constitution. This scapegoating happens because most people think that “We are sane; it is only ‘those people’ who are ‘mentally ill’ and need to be compelled to submit to psychiatric drugging.” But if I could be labeled as one of “those people,” so can any of you.

I ask the members of this working group to put themselves in the shoes of someone being subjected to forced psychiatric drugging. How would YOU feel if you were stripped naked against your will and forcibly injected in your buttocks with long-acting Haldol, Risperdal, or Zyprexa? How would you adjust to the neuromuscular side effects, tardive dyskinesia, neuroleptic malignant syndrome, massive weight gain, or diabetes? Would it bring you healing or feelings of victimization and anger? Why is forced drugging considered torture when done to Soviet dissidents or to people deported by Immigration and Customs Enforcement, yet perfectly acceptable for “those people”? (“Some Detainees Are Drugged for Deportation,” [http://www.washingtonpost.com/wp-srv/nation/specials/immigration/cwc\\_d4p2.html](http://www.washingtonpost.com/wp-srv/nation/specials/immigration/cwc_d4p2.html))

Let us remember the golden rule here. As taught by Hillel, what is hateful to you, do not do unto any person—“any person” meaning well or sick, friend or foe. If you would deeply resent being forcibly drugged like this, then defend our right to resist the indignity of involuntary outpatient commitment. The liberty you protect just might be your own.