

Subject: Larry Roberts, Activist Series

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Interviewer:

Q. Okay, I'm just going to go down the list here as it was written and you can go off however you see fit in answering the questions, but let's start off with this first question here which is what is your personal philosophy on recovery.

A. Well, there are a couple of different things that I think; one, is that I've worried about this idea of recovery for a pretty long time because I think one of the things that we have to be careful about is a movement to the extent of which we agree that there's something to recover from. I think that, , I think that there's a lot of value in talking about a recovery movement, but I think we have to be in charge of what is we mean by that and I've been suspicious of the adoption of recovery language by non-CS6 organizations and particularly, , predominately medical model organizations. I think there's some value for people in speaking about, , what they call mental illnesses and encouraging people to develop, you know, a strategy for how they're going to live their lives. But I want to be careful as a leader not to whole hog, adopt what is essentially an illness model or disability model of a paradigm of mental illness or psychiatric labeling. I think it's really important that we hold onto, , hold onto the idea that some of this is basically social labeling and social control. On the other hand, you know, my personal experience leads me to really understand that, , for myself and for very many people, , there are such things as depression or problems, perceiving reality in the way other people do in hearing things and seeing things or spinning up or slowing down, so, you know, I think it's a very difficult question. I think the main things are that we can't jump on the bandwagon with everybody and also that we have to remain in control of the terms of the discussion – especially with our movement because I sense that, , there's a lot of that language in those concepts impinging on our thinking.

Q. For yourself, do you have a concept of recovery, your own personal concept of recovery?

A. Oh, sure I do. I mean, I, had a very difficult time for a number of years, and I've been involved in trying to educate people about what gets called

depression and I think – since this is my personal experience – I think that depression is a real thing and real experiences, so I went through a process of recovery, a lot of which has to do with my own engagement in advocacy at my own engagement in political struggle as well as, you know, a spiritual component to that which is becoming increasingly more important to me and, , I finally decided for my own self to take, to take a psychiatric medication and to do so with as little connection to the established psychiatric system as I can. I just think for purposes of political movement, it's important for us to be careful about what we mean when we say recovery because if we buy into this idea that everything is biological and everything can be treated, we lose a systemic understanding of some of these issues.

Q. Ah huh.

A. And also, regardless of what actually causes what get called mental illnesses, the way a system responds and that our culture allows the system to respond, is completely inappropriate and debilitating and damaging and deadly. We cannot lose sight of that.

Q. Ah huh. Ah huh. Do you have more to say about recovery?

A. I probably will as we go to the next questions.

Q. Okay. I just want to make sure that you covered all the ground you wanted to.

A. I know. I mean, I'll go back.

Q. Going down the list, do you have experience with alternative approaches to recovery – approaches outside the medical model – spiritual –

A. Well, certain, certainly, , certainly I have a firm belief that political engagements and, and engagement in civil activity generally and political struggle in systems change work is a central part of recovery. Any system which teaches people that the problems are internal to them and that there responses are wholly personal and wholly individual is, is wrong. I find a great deal of opportunities to engage in political struggle and political work and I think my – as we'll talk about later – I think my history of activism, really shows how seriously I take that. I don't really want to get into all of my – the ways that I serve, found to recover because I think that really does buy into this idea that there was something wrong which got defined by other people.

Q. Ah huh.

A. So, yes, I have done things that the psychiatric system would certainly not think were useful.

Q. You mentioned a few minutes ago that, , that your spiritual aspect of your life has played an increasing role in your sense of recovery. Could you speak more about that?

A. Well, you know, in terms of my membership in whatever can be defined as the leadership in this movement, the spiritual understanding that I bring to this struggle is that, we may not see the changes that we want to see – and by “we,” I mean should be a little clearer, the anti-coercion, anti-force, anti-medical model activist wing of the movement – I really believe that that, that – it will be possible to conduct a system of services or a system of supports for people who get, , defined as mentally ill without coercion. In other words, I believe that we will one day undue coercion because I think coercion is so centrally immoral that this society will take it in its own hands to undue it. So – and in order to have that kind of belief in the face of what’s happening now, you have to have a vision and visions are essentially, in my way of thinking, spiritual and come from a whole history of spiritual and religious people banding together to change what they perceive to be immense social wrongs and in my personal interview for the Oral History Project I really talked a lot about how for me forced treatment and coercion is the single most monstrous social evil that we’re experiencing at this point in history. I think forcing people who are perceived to be mentally ill to comply with somebody’s idea of treatment is essentially immoral and bankrupt and evil. , that’s sort of the spiritual understanding that I have.

Q. Ah huh. Okay. I understand. What is your opinion of medication as a form of treatment?

A. You know, one of the things, one of the things the, the system – because it’s so coercive engenders in a lot of people, is absolute resistance to being involved in it at any level personally. So, I didn’t – I got help from friends and I got help quote, unquote in the hospital, but as I began politicizing and as I became an activate, as I became to understand how pervasive this system was, I really made some decisions not to be involved at a personal level with anybody connected directly with the system. It meant that I didn’t want to have anything to do with psychiatrists. It’s not because I think that psychiatrists are evil. I went through that. Psychiatrists are not evil. Psychiatrists are, , people who are part of a system which creates immense evil and they have personal responsibilities for the individual actions that they take, but they’re not responsible for the, the whole conglomeration of things that we face. So, I

decided that I wasn't going to take psychiatric drugs and I struggled for a very long time – a very long time – through some periods of really intense depression and suicidality and, you know, real funk and I really tried to look at the extent to which I was letting the psychiatric system control me anyway because, you know, I thought maybe that medication could help but I was so opposed to psychiatry that I said that I'm not –

Q. Ah huh.

A. And I figured out a way to get, , get anti-depressants through a nurse/practitioner so that I don't have to have any formal connection with a psychiatrist. And I realized – you know, I can tell it's helped. That doesn't mean that I buy entirely biological model of what depression is because I never have. Not even when I was a compliant mental patient. I never really bought it. I really hate that the – you know, and I'm an intelligent guy, I'm, you know – nobody's issues – and I've really thought about these issues – I really hate that the, , psychiatric system engenders so much ambivalence and active hostility on the part of people they can help. You know, there's statistics that the Surgeon General released that said, you know, X number of - percentage of people don't seek help. Well, the reason they don't seek help is because people quite rightly perceive the psychiatric system to be unhelpful at the very least. And for any number of us, we know what it's like and we want nothing to do with it. So – that's my long-winded explanation of medication. I think that people need to be in charge of what they decide to do and I think that, , if medication helps people, I think they should take it or they should think about taking it. , it's not up to me to judge what is an acceptable way of being in relation to somebody's, , experience of these things that they call mental illness. Now, I may be critical of some of these choices, but in the end, they get to make those choices.

Q. Ah huh. Ah huh. When you decided to, to take psychotropics –

A. And anti-depressants.

Q. Did you research it? Look in the PDR? See what the indications are?

A. I mean, what's the big deal. I'm taking some really teeny weenie dosage of Celexa, you know. I mean, I'm kind of, you know, in the same way that I'm very radical in some ways, there's a part of me that's very sort of like "phew" – so I've never been somebody who needs to like know, you know, did the rats die when they did the test or what happened to the rats and how many rats – you know, I have friends who need to know that stuff and (laugh) I just, you know, it's a drug – I take a drug, so, you know, I'm a – I never tried St. John's Wort and I never did light because I was like, if I'm

going to do something, it's going to be like a drug – I'll just, you know. So, I tend to be a little bit of a, a conservative guy sometimes – it's very surprising. But any way, I think – and that's what I mean by people needing to be able to make their own individual choices because there's stuff about me that nobody else knows but me that needs to make sense to me and I couldn't possibly know what makes sense to other people.

Q. Right.

A. I'm not responsible for that. I think that's what is so basically – one of the things that's so basically wrong with the psychiatric system is the asption of responsibility for other people.

Q. Ah huh.

A. There has to be a way to help people in distress, in pain and people who are at the limits of what our society decides is safe or not safe. There has to be a way to do that that doesn't deny responsibility for that person.

Q. Ah huh.

A. And I think, I think models are being developed but I think they are very limited because our intellectual and, , creative and time energy is being sucked up in an engagement with a system that is basically coercive. You know. That's one of the reasons I think we can't really figure out what an alternative would be because all the money and all of the resources and all the time and all the support and all the politics going into either supporting force or opposing force, changing this rule, changing that rule, making this happen – all of which is really important – but it makes it really hard to think about what, what would a real alternative be. If there are people who, because they hear and see things, need people to be around them, how do we do that? There's got to be a better way than, you know, well we'll send them up to the hospital and the hospital will figure out what to do. There's got to be a better way to do that.

Q. Ah huh.

A. Just has to be.

Q. What is your opinion of ECT as a form of treatment?

A. I have – I've tried to have this conversation with a number of people. I have, I have sort of a philosophical question about whether people can consent to ECT because I don't think it's possible to consent to ECT. I just think there's so much we don't know about it and so much we don't

know about how electricity works in the brain and how the brain works and also what we know about the, you know, depression or any of the other things that get quote/unquote treated, so I have a huge sort of philosophical reservation about whether it's possible. So, because I don't think it's possible for people to consent even if they have this thing called "informed consent" that says "yes, I understand this." I don't think we really understand, so I just have such a philosophical reservation aside from all the questions of what should an informed consent procedure look like and what should people do when – is it helpful – I don't think we know enough that it's not possible for people to consent. You know, just like it's not possible for people to consent to being, , battered or hit, you know. If somebody said yes, I give you permission to punch me in the head or hit me in the stomach or – I just don't think that they're – and I'm not saying that, that ECT is necessarily like that. I'm just saying that I don't think it's possible for people to consent so it's hard for me to engage in discussions what an informed consent procedure should look like because I don't – I have such a philosophical reservation about it. And so, it's one of those things that if somebody said they wanted ECT, I couldn't help them to get it. I wouldn't prevent them from getting it. I wouldn't throw myself on top of the machine and make them stop, but, you know, I could not help somebody get ECT. I just – I couldn't. And I, you know, I know people who've had it who say it worked for them and I know people who say it didn't work for them. I don't even think that should be the question.

Q. Ah huh.

A. I think, for me, the question isn't even subtle about whether it's possible. It's not even like are you opposed to it or not because, you know, I have deep reservations about it and support the efforts to, to ban it or to change it or to control it. But, even backing up from that, I have a larger question about whether its even possible.

Q. Ah huh. Ah huh.

A. You know, what if it's not possible for people to have – to consent? That means for, you know, for most of this century we're doing something to people that it's not possible for them to understand and it's not about are people intelligent enough. It's about whether you can consent to that kind of thing.

Q. Right.

A. Anyway, so that's my answer to that. I don't think it's a form of treatment.

Q. I know, it was on here somewhere, did you ever undergo ECT?

A. No.

Q. Was it ever offered to you?

A. No.

Q. Okay.

A. No. I can tell you that if it had been or if it is or – I will never – I mean, I will never – it's one of those things – you know, people – there's this crap out there in public that says anybody who's functioning well or had a, you know, had a clinical depression and got better, like me sort of speak, that these things are not, you know, it's not likely that – or, it's not going to happen that they're going to recommend ECT to me. We don't know. You just don't know. And, you know, people say, well, Larry, you're never going to be in a hospital again. And, I mean, first of all – they don't know that and I don't know that. But I do know that I will never – there are two things I will never do. One is that I will never agree to sign myself into a psychiatric hospital. And there are probably like fifteen thousand other things I would never do, but two of them are: I will never voluntarily commit myself to a hospital again and I will never consent to ECT. In 1992 or '93 the cops came to my door and, I was fully prepared that if the evaluator hadn't recommended to the doctor that he let me go, that they were going to have to come and take me and just, you know, I wouldn't even participate - you know, they would have to drag me. I will never do that. Which is not to say that I don't encourage people in my role as an advocate to think very carefully about that. It's just that for me I can never agree ever with, with what they ask you to agree when you sign – I can never, never.

Q. Gotcha.

A. And I think as a movement – just to talk a little bit more about the movement – I think we really need to come a hold of all of those things because I think we're – I think in some ways we're losing that basic revulsion and basic decision about some of these fundamental things because we're getting caught up in the day to day of running agencies or coping with the current political problems that we really have to come back to and figure out where the lines are in the movement between people who believe in mental illness and people who don't. People who think that forced treatment is okay and people who don't. And people who think there is a role for the mental health system and people who don't. You know, blah, blah, blah. We're so caught up in – that we forget, you know. I used to know who it was in a room who was opposed to, you know, who

shared, you know, some bedrock things with me and now I don't really know that because we're caught up in stuff.

Q. Yeah. I think you're right about that.

A. I mean, I think, I think I would be pleasantly surprised by where some people fall out, but I don't know and its dangerous for a movement when you don't know.

Q. Ah huh. Ah huh. Yeah. You make a good point there. , what is your opinion of the self-help approaches to recovery?

A. I think they work. You know, I think we – this current craze with like proof that something works, is going to mean politically we have to make a decision about how much we're going to, , and what kind of research we're going to do. How much we're going to comply with this pressure to prove that something works and then what kind of research we're going to do. So, I think they work. I think they work no matter what, you know, the established psychiatric system says. You know, the reason we don't know that it works is first of all this whole idea is – doesn't belong to us – this idea that you have to have proof doesn't belong to us. It some – it's a decision that some psychiatric system made or people who buy into psychiatry made. This was how we were going to have proof. , it doesn't belong to us so we really have to decide how it is that we're going to, ah, go about, , defending and protecting and propagating, , self-help because I think we're at an interesting place. You know, the winds have changed. I don't trust OMH as far as I can throw them and I've been alienated from them for a long time.

Q. Ah huh.

A. I think we have to keep our eyes wide open and decide as movement whether we can – what this will mean for us because I think it's bunk. I think it's the same stuff, you know – I think it will go away because I think, you know, they'll find something. You know, they're rather obsessive-compulsive, you know. They're rather easily distracted, you know. They see something shiny and pretty and they have to go look at it. So, the next time something shiny and pretty comes along, they'll go look at it.

Q. So, the, the flavor of the month is evidence based –

A. Yeah, I mean, the flavor of the next six months is going to be evidence-based practice. I mean, what kind of crap is that? If you look at – I finally had to take it off my desk because it was making me ill – if you look at the current issue of "OMH News" – or Quarterly or whatever they call it –

everything that they say is happened in space, we have proof now that this works - the stuff that the National Alliance for the Mentally Ill supports. You don't have to even be an opponent of psychiatry in the mental health system to say there is a problem here. Right. But even separate from that, I think that - I think that this whole issue of, you know, you have to have a certain kind of proof and you have to have - is stuff that doesn't belong to a lot of us because - so we have to - and there are researchers who are struggling to figure out what research and experimenting and testing and examining looks like in this movement and then figuring out what we want to measure and how we want to measure it and why we're measuring it. People don't seem quite interested in going all the way back and asking those fundamental kinds of questions and I think in order to do research on self-help, we really have to go all the way back to that. Why are we doing this in the first place? Whose agenda are we serving? If we prove that support groups work, does this mean that this will be the, the thing that OMH funds and if - and if OMH does fund some stuff, you know, and what happens to that? What happens - and if we don't prove that peer advocacy works, does that mean that OMH will stop devoting some meager resources to it? You better believe that that's what it means. So, it's a political game as well.

Q. Ah huh.

A. But to answer the question, I think self-help works and I think all you have to do is look at the people. All you have to do is look at people. If you want to really look at who is making better choices in their lives - who is making more independent choices in their lives - who is moving on - it's people who have taken control over their decision making and their choices. That's - that is provable - I mean, that's observable. You don't even have to like do a double blind study, it's observable.

Q. Yes. Do you have anything more to say about that?

A. Probably after the next question.

Q. Okay. What is your opinion of involuntary outpatient commitment?

A. I could say the easy thing and say I'm opposed to it, and I could say the easy thing and say that it doesn't work. And I could say the easy thing and say that there's got to be another way to do this, but I want to go back to what I said before which is we have to come to a place where we understand and start discussing this issue in terms of the morality of this - of these approaches of forced treatment in general - forced drugging - in restraints to collusion and ACT teams and outpatient commitment. I mean, they're all a form of moral bankruptcy and the only reason they can

be done to people who have psychiatric histories is because of how society views us. We cannot and we must not lose sight of that. So I think, in some ways, outpatient commitment is no different than, , committing somebody to a hospital. It's the same moral evil. It's the same intrusion and abrogation of a citizen's right to self determination and I think we have to speak about it in those terms. So, that's what I think about it. I think it has to be eliminated. I think it has to be stopped. I think it has to be confronted. I think, you know, when they were discussing involuntary outpatient commitment and it was coming through the legislature and this

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## TAPE 1, SIDE 2

- A. I had decided, you know, I was going to resign from everything having to do with the mental health system because there was no negotiating with them now. And I struggled and I know a lot of people in the movement struggled because, you know, now there is no wall between where this crap can technically happen. And then I realized it's the same thing as forcing somebody to be in a hospital and if I can go work and if I can go to OMH and chat with them about ECT or ACT teams and be nice to them when people are being forced into hospitals, then I can also do that if people are being forced in their own homes because somebody has to do it. Somebody has to go and say to the muckety-mucks and to the commissioner and to the executive deputy commissioner and all the bureaucrats and all the people in the field - ACT teams are evil. ACT teams are wrong. Forced treatment is wrong. Outpatient commitment is wrong. If we just go away because this has happened, then we've given up, given up an entrée that we have – a place that we have and I do think though that there's going to come a moment when we have to make a decision about the tactics we're using and I think we have to become much more confrontational – much less conciliatory. We may have to – we will have to engage in civil disobedience. You know, we will have to – we will have to do this thing because this is a civil and human rights movement and there is great evil that's being done. And you know, I sound like this now – this is really how I sound. Nobody could be surprised to listen to me. I mean, I really have since the beginning of my involvement in this movement, , been part of the movement which uses these kinds of terms where at least has the basic understanding – we have to continue to push them – no matter what they – no matter what, you know, the prevailing, , terminology is. You know, no matter the language we have to use in order to have credibility. You know – in politics, if you're serious about it, you have to make a choice whether you're going to be an insider, an outsider or something in the middle. And a lot of the people I'm aligned with have made choices to be something in the middle but usually that means that what we're doing is doing this work

only to the extent that it opens up possibilities for further work and when it doesn't, we have to be able to pull ourselves back and say we're not going to do this. We're not going to participate in this. We're not going to, you know, we're going to resign from our advisory committees and our boards and we're going to leave our jobs and we're going to take to the streets and we're going to, you know, because I think, I think we have to be willing to do that because this is really about, , people being destroyed. I mean, look what happened in New York City right under both our noses as a movement and under OMH's nose that's supposed to be, you know, watching and protecting. I mean, there were twelve men that had their prostrate removed against their will and not only didn't they consent to an operation, but they didn't even need the operations. It's not like they needed the operations and they did it, they did it without their consent – these men didn't even need the operation. Nothing was wrong with their prostrates and it was done in a place where people – I mean, that is such a monstrous evil and I think more and more of this stuff is going to come up which then means that a lot of us are going to have to make some pretty tough choices.

Q. Have you given thought what do we as a society do – or what are some of the ways we can look at people who are dangerously violent? What do we do?

A. Well, first of all I think that, you know, that's been the boogie person or boogie man that sort of followed everybody around, and whenever I say that I'm opposed to forced treatment, people say well what would you do with the crazy violent people. ,I'm not entirely sure and what I usually say that so much of our energy has gone towards controlling and hurting and, and injuring and destroying people and, and into the political machinations that we have to do in order to protect ourselves from that reality that we can't even think about what could be possible. I mean– the State mental health budget in this state is four billion dollars. You can't tell me for one second there isn't something they could do that's entirely different, entirely reasonable in response to, you know, people who because of what they're experiencing and because of circumstances and maybe because they weren't very nice people – or maybe because whatever, whatever – needs somebody to come and say, "Look, you can't be doing this right now." There's got to be – there's got to be some way to do that that isn't this. But we have drained so much – you know, everybody's attention is like – well, what they do when they have these crazy people is commit them. You know, and they send people to their houses and make sure they're taking their drugs. And that all sounds reasonable unless you really know what this means in terms of a social reality of that and then the lived reality of that. It's not reasonable to do that. Even if it works, it's not reasonable.

You can't do these kinds of things and remain a, a free society. You just can't and so I don't know. But I do know it has to be something different.

Q. Okay.

A. And there's got to be enough people in the world who can figure it out.

Q. It's a good answer. What in your opinion is a movement and do you think one exists for C/s/x?

A. Well, actually that's a really good question and I sort of dreaded coming to this question because I'm one of those people who gets labeled as an elitist because I'm involved in a couple of different things that people perceive not to be open. I think there might be some truth in that so I'm not saying I'm not. You know, that there aren't problems with how people get involved. I also think that some people who raise that objection are being self-serving. I also think that part of what's going on is that people don't understand how movements work. I used to believe – and I still, you know, in some ultraistic sense believe that movements are about masses and masses of people who all work together for the common good and we overthrow the evil. What is really true is that movements are also dedicated, dedicated small groups of people who work and work and work and devote their lives to it. And that's not to say that the person who doesn't do that, doesn't have a roll. It's just to say that this is what's real about a movement. So I tend, you know, I used to feel like sort of personally affronted by this question and defensive. Now I just feel like, look, I have this opportunity to do this and my ethical sense tells me that I have to be in this place so, you know, other people will have to find another way to do what they're doing. , and if that's elitist, so be it. I mean, I'm not going to be doing stuff that I'm doing forever. I mean, I'm going to do other things. So there will be opportunities. I don't feel anymore – anymore that I need to justify that, you know, there is maneuvering. There is, you know, in group out group. There is all that. But that's because this is what movements are. It's what it is. It's not like the – the American Revolution wasn't a big sort of party. There were like ten or fifteen people who really formed the first thinkings about it and then it grew and grew. And because it's growing, we do have to think about stuff. And I mean, I'm fairly late to the movement. I mean, I've only been involved since 1989. The movement's been since 1972 – the 1970's so, , one of the questions that we're beginning to ask is what do we do with all the people that have come. Because one of the things that's happened is that your message gets diluted. There's a difference that's a hundred people than if it's two hundred people, then if it's three hundred people, so one of the other questions is – I think one of the other answers I have to that is I don't think there is one movement. I think there are several

different movements. I think that any attempt to make it one movement is wrong headed, and, you know, there are some people in what is called The Movement who I don't want to have anything to do with because I don't support their politics and I don't support their programmatic answers to the problem. And they don't support mine. So I think – I think we just have to live with what's real and keep trying to figure out how do we make sure that certain messages are communicated and certain activities are endorsed by as broad a range of people as we can possibly. I mean, anybody who doesn't think that forced treatment is wrong or forced treatment is – well, actually anybody who doesn't think it's a bad idea – whether they think it's wrong or they think maybe it works – anybody who doesn't ask themselves is this an okay thing or not, is not somebody I can have any kind of political alliance with because we just don't have anything in common. I have trouble with people who fully embrace a biological understanding mental illness. I also have a problem with people who completely reject it and, therefore, are unsupportive of people who are trying to work out a more complex understanding for themselves. I think – to answer a more basic question – what is a movement – whether you're talking about, whether you're talking about specific movements – I think it really is an attempt by people who don't usually get to have social place to have social place to change the definition of social place and to question the makeup of the social place and to figure out how they can, , how they can be part of the social place – whether they want to change it or just become part of it. I think that is one of the major distinctions in the movement are people who really think that this, this psychiatric system is a threat – which I do – versus people who think if we tinker with the psychiatric system and maybe we even make some really big changes in the psychiatric system, but, you know, there has to be a psychiatric system. I don't think there has to be a psychiatric system. And it's not that I – well, I do hate the psychiatric system. Nobody who knows me admits that I don't hate the psychiatric system. I think that it really has to be replaced and for me I've sort of – as much as anyone can, to attach my personal detesting of the system from that understanding because you have to. Otherwise you go to these meetings and hate everybody and I can't have hate as my underlying source for very long. So I think it has to be replaced. I think it has to be dismantled. I think it has to be taken apart and I think that's one of the big distinctions in the movement. There are some people who are reformers. There are some people who are let's take it apart and do something else. I think those are the usual tensions in any movement.

Q. Gotch ya. Do you have more to say about that?

A. No, not at this point.

- Q. Okay. Now, I mean we've been talking about this – the next question is what is your opinion of the current state of the mental health system?
- A. I think it's falling apart, you know. But I thought that since forever, well, I mean since I became a not compliant person. One of my first mental patient's acts was to write a letter to the paper when they were closing the psychiatric unit up here because they were in dispute with the State about – now I realize I still feel like I made the best choice and said, you know, it should be available and, and you know, you have to have mental patients – you have to have people involved in discussions and I forced my way – it was one of my – it's my favorite thing I ever did. I forced my way into that meeting. , but that's when I thought, you know, psychiatric hospitals were great and good and, but, you know, even then I really didn't think that cause you can't really think that and see what happens there. So, even when I was, you know, sort of like oh, this is kind of a nice place to be, I was still like why did that just happen. I'm sorry – what's the question? Oh, what do I think of what's the state of –
- Q. The state of the mental health system?
- A. I think it's just so – I don't know. I feel really discouraged at this moment. But given that I don't – my political activity and my political understanding is not tied to the current moment only, I think we're going to be successful. Whether I'm dead when they change the law in New York State is irrelevant. I still think it's going to happen, cause I think we worked a long time to make it happen and so it's got to happen. I think, you know, then again, I can really – I can talk about the current stuff. But it's hard for me to talk about the current stuff and what's wrong because I think – well, certain things are particularly monstrous. They're not, you know, it's still – it's just as corrupt as it used to be. I will say this – anybody who thinks that the snake pits went out in the 1970's after they showed "One Flew Over the Cuckoo's Nest" is wrong. I think it's just as bankrupt and horrible and evil as it ever was. I think that we've really – I think if there's one thing that the movement has not done a very good job of, even – whatever persuasion in the movement you have – is communicating that message. There's still this apology that all of the problems with the psychiatric system were solved. You know, and now it's all happy and, you know, nice and there's drugs and therapy and small units so, you know, there's not sixty people sitting in a day room. Now there's only twenty-five. You know, it's all crap. They still hurt people. They still throw people in seclusion. They took out twelve guy's prostates a year ago. You know, that's, that's bankruptcy at its best.
- Q. Oh, yes. Oh, yes.

- A. I mean, you know, anything you can tell me from the 1940's I'll throw up these twelve guys who don't have their prostrates any more. And old ladies who are being hunted down by departments of mental health because they're afraid they're not competent and they need ECT. You hear all the time about old ladies in Chicago, old ladies in Portland were being forced to have shock treatments against their will because their guardians had said they have to have shock treatments. And so, it's just as evil as it's always been. So, I think – you know, I don't know whether the system will just collapse under it's own weight, but I think the system will collapse somehow.
- Q. Okay. What is your opinion of the current state of the peer movement?
- A. I didn't mean that grunt as a dismissive grunt. I have to think about this one. In some ways I'm really happy. I think I am - a lot of my peers that came into the movement at the same historical time, in the very late eighties or early nineties, came in on top of a wave. They finally sort of gotten that we have to be involved or we should be consulted or, or we had finally gotten the idea that we could do something about this stuff. So in some ways I'm really happy cause a lot of things that people have been talking about since 1972 and people have been talking about since 1989 when I came into the movement are starting to happen. You know, your program is a perfect example. I have always worried about people who live in the rural areas that don't have access to advocates and I sit down here in Ithaca. In some ways, I'm really happy with some of this stuff that's happening. And part of my happiness stems from – I understand politically that this is just stuff that we're doing so that we can open up space so that we can protect the people as well as we can and give them the current political situation and, and the state of the system. On the other hand, I think that the loss that we suffered because there's now involuntary outpatient commitment in New York, is a tremendous blow. I think that OMH has very skillfully and very decidedly decided that it's not going to listen to, , recipients. And I think people are still in poverty and people – and, and also there are thousands of people who have no idea that, that this exists. That there are people who have set up advocacy agencies, support groups, support coalitions, support centers, , food kitchens, advocacy programs, workshops, wellness recovery action plans, housing programs. People don't know. So, I think we have to – I think that that's the next piece is probably we're going to have to give up some of our connection with OMH for the moment and turn probably towards the people who don't know that we exist to say, "Look, you went to the mental health system for help and they directed you to a hospital and while you were there you were told that your disease was biological and you got out okay, but now you don't quite know what to do because you don't feel a lot better but –" You know, what is that person going to do? Luckily, when

that happened to me, I was able to look up and see that there was stuff that I could do. I think the next phase probably turning towards peers more and saying, come out – you know, don't, you don't have to – this isn't the only option. This isn't the only option. You can do other things. I think we have to really pay attention to the fact that there are people locked up right now and ask ourselves as often as we can, what are we doing to make that happen? Not that everybody in the movement has to be doing something specifically about that because you can't always be focused on one thing so, you know, service on boards, service on committees, service on all these things is really important. But are we really reaching people? I think we are, but I think we have to devote more energy to them. I really do.

- Q. Right on. I've been actually working on that very thing. What do you consider being your best moment working in the movement?
- A. Well actually, there are a couple – I consider my best moments to be the times at which I decide that I'm going to take a risk and say this is not right. And luckily I've been doing this long enough and have been up front about my beliefs long enough that I get to do that a lot. So, currently we – you know, I'm on the county's mental health subcommittee and the county's community service's board – and that body has responsibility for looking at and overseeing the whole system whether it funds it directly or it happens to be in its boundaries. And so, one of the things that we're responsible for looking at is what – whether people's housing needs are being met and as people in Ithaca know, the special needs housing that OMH funds is run by this organization called Lakeview. And I won't really talk about my personal opinions of Lakeview or my political opinions of Lakeview – but one of the things I feel really good about of late is that Lakeview was planning to build – tear down, wait, abandon existing community residences and build two fourteen bed houses outside of the city of Ithaca. And they kept, you know, and they've been talking about it for years and because of stuff at Lakeview nothing happened, you know, cause – whatever. And so, you know, occasionally I would stick my head up and see like are they talking about this? What's going on? What do I have to do and what does the Mental Health Subcommittee have to do? And a couple of months ago at a meeting a representative of Lakeview was talking about what their plans were and where they were looking and what they were looking for and at the end of it I just said, "You know, before I launch into my critique of what you're talking about, I just want to say so that nobody's confused, that I think that I'm opposed to what you're trying to do," and then I said, "I think it's disastrous that you're doing this. I think that you haven't consulted the community. I think that you have shown the Mental Health Subcommittee and the county great disrespect and we really need to talk to your executive director, to your board and

you can't –“ And so I went on one of my typical Leonard Roberts things which I'm famous for and the next week, you know, there was the executive director of Lakeview, there was the people from OMH. There were all the people around the table listening to what we had to say. The discussion isn't, to my mind, going all that well. But at least I was able at that moment to make something happen. And my best moment in the movement politically – there's lots of personal stuff – but politically, are instances where either I individually get to do that because of where I happen to be at that moment, or the movement does that and says this is crap. Or this isn't going to work. Or this is what we support. Or this is what will happen. You know, and I think that happens a lot more than we give ourselves credit for. And I think that's what I'm really talking about when I sort of talk about the differences between a mass movement versus, you know, people who do the work. You know, four hundred people showing up at a meeting – first of all, it's not going to happen. Second of all -

TAPE 2, SIDE 1

- A. And those are my – the times when I feel the most like we're actually doing something because now at least, I mean, the next discussion with them is the size of the house. Because if they think they're going to build a fourteen bed residence in Ithaca, they have another think coming. They don't know that yet, but at least they're looking at a property inside the city limits. You know, and if we hadn't said anything, they would have just built these ugly looking fourteen bedroom units out in the middle of nowhere. Well, actually they were talking about Chestnut Hill and nearly all of us fell over, you know.
- Q. Worst moment?
- A. The passage of involuntary outpatient commitment. I think that's the one I felt the worst.
- Q. Okay.
- A. I mean – it's certainly the moment I felt the most like, , anything and everything we're doing is done. There can be no political engagement with this bureaucracy because there is now no longer any boundary over which they can't cross.

LONG PAUSE IN TAPE

- Q. You were talking about AOT.

A. Oh, yeah, well that was my single worse moment. I mean, it just – it's hideous. It's hideous. It's – but the good thing is that we worked really hard in this community to – and it was “we” – I mean, a lot of people worked hard. Our assembly person voted against it and it was difficult for our senator to vote for it. He wrote me the day after and said thank you for your input, and I really thought about it and really valued it, and I think this is something about which people of good will can really disagree. And that wasn't a form letter. And I'd been on the phone with him and I'd been on the phone with his staff, , and I think that he really – I mean, maybe it's a little bit of ego, but I think he really couldn't make that decision easily. It was such a horrible landslide.

Q. I hear yah. I hear yah.

A. So I think, I think that's a major defeat.

Q. Yeah.

A. And I think – one of the things is, is that so many more people will now suffer so much more.

Q. Yeah, it is happening. Yeah.

A. I mean, you know, there's all kind of informal coercion and God knows that if they want to force somebody to take medication, they could. You know, this idea that if there was somebody really dangerous, the mental health system couldn't do anything about them. I mean, come on. That's not true. There's all kinds of ways to force people. In some ways this is, this is just the formalization of that informal process but putting something in law is much more difficult to sort of politically work around then sort of business as usual. Plus it lowers completely the boundary upon – the basis upon which you can force somebody. I mean, it removes any need to find this dangerousness or alleged dangerousness to suffer others. It just removes that completely from the equation. I mean, you don't even have to be – I don't even want to, just – the passage of involuntary outpatient commitment was the worst moment in –

Q. Gotch yah. Than you would agree with that – are there leaders in the movement that have inspired you?

A. I couldn't work this hard if, if there weren't. You know, I think Howie the Harp, George Ebert, Ray Unzicker, Darby Penney, Sally Zinman, Judi Chamberlain, tons of people. People who work for the Mental Health Association. I mean, there are some, there are some decent human beings who inspire me to do the work. And I also think that one – along

with my belief that we're eventually going to undue psychiatric depression – I mean, cause I just think that that has to be possible. I really am inspired by a knowledge that we have to do something to stop what's happening to people. So this sounds a little pretty to say, but I am really inspired to keep doing what I'm doing and to think about what I'm doing and to encourage other people to think about what they're doing based on the fact that there are people locked up at Keegan Medical Center. You know, when I think about it, it makes me crazy and I – how anyone can sit in their house, you know, not that people can't have personal lives which is something I'm starting to discover – , when there're people – I mean, so that inspires me. , and spirituality – my spiritual path, you know. I belong to, , a religion that has a pretty well worked out set of, of social values. Whether all of us subscribe to it in the same way, at the same time, you know – I'm inspired by my spiritual beliefs and my spiritual tradition and the community that's up around it. I mean George Ebert – just to talk a little bit about him. I think it's good to know that there's people who worked out all of this thinking. It's not like I made this stuff up. I mean, George taught me a lot and he's taken a lot of crap. You know, you can talk about why that is, but the reality is we're lucky to have him and people like him who don't make philosophical compromises with the psychiatric system. I just, you know – some days for me I wish that it was as easy for me not to sort of have to figure that stuff out. I wish I could be like, you know, psychiatry social control – it's evil, all the time. Some times you have to talk the language in order to get things done. In order to get, you know, space funded you had to like also sit through the endless discussions of, you know, how we needed to serve the underserved mentally ill. You know, I'm just interested in supporting as much as I can the peer stuff and, you know, some times I have to vote in favor of not something that I disagree with but something that I wouldn't necessarily think was the hottest thing, you know. I mean, when IOC was passed and part of the money for reinvestment that year was given to the department for – I voted against it. I would not and I could not and I will not be on record as supporting it. But, you know, I have to – my way of working is to try to figure out what needs to be done so that other things can be done without making a political mistake. Some times it works and once or twice it hasn't worked.

- Q. What in your opinion is the most pressing issue facing c/s/x today?
- A. We must confront forced treatment. That's it. Period. Nothing else matters and I believed that for years. Unless we are actively engaged in the dismantling of forced treatment and the attack on forced treatment, however that happens, whatever we do, however it is – whatever other crap we have to do. Whatever other things we think are important, , whether we spend time fighting to pass laws that regulate ECT a little bit

more or we make a comment about a regulation that OMH is passing or whether we get involved in, you know, putting together a conference on depression or starting a support group, or supporting a support group – whatever it is we do, if we do not have as our goal stopping forced treatment, we might as well pack up and go home. There is no other thing that matters that much. It just – there is no other thing that matters. You know, there are things that are important. There are things that are politically necessary to do. , but there's no other thing that matters. You know, and all the personality conflicts and all of the nastiness and all of the stuff that you have to go through when you're in a movement, and when you make choices and when you make decisions and when you're struggling to have power versus other – you know, nothing else matters. If you, if you're not – I don't mean the whole movement has to be, you know, the whole broad movement – I don't care. If there are people who are working to end forced treatment and we're not working to build alliances and, and – then it doesn't matter. We might as well go home cause we're not doing any good. We're not doing any good. You know. If, if people are in this movement cause they think they're just going to reform the mental health system and, you know, they haven't really asked themselves anything about forced treatment, , I don't have any – I don't have any political alliance with them. And I always make decisions about what I'm going to do base on that. Do I think – and this is something that only I can decide for myself - do I think that what I'm doing is contributing in some ways to the destabilization of the system and to the dismantling of forced treatment. And if the answer to any of those questions is “no,” I won't do it. I won't do it. It's why, it's why I got involved in a bunch of things. You know, it's why I do Bastille Day every year because somebody has to say, you know, with other people – somebody has to say, this is wrong. This is wrong. This is wrong. And we have to keep bringing that up. That's why I think it's so important – even if we never talk about it again for the whole year, there has to be a time when we say this is wrong and this is what we believe in and this is why we're involved. You know, we're not just, , mental health professionals who happen to have experienced it ourselves. We're in this because we think it's wrong to do this to people.

- Q. Final thoughts – anything that you want to appear on the record here.
- A. Well, you know, there's a lot of questions at the moment about what it is we're doing and if what we're doing is being successful or, you know, or is everything just going down the toilet and we have to wake up and, and face that fact. And, of course, then there are people who don't understand that that's like an important conversation to have. They're just going about their daily business of running an agency or staffing an advocacy program or doing, being a program director in an independent learning center. I

think that we can't lose sight of what it is we're trying to do. And I don't mean everybody to be trying to do exactly what I am doing or what sixty other people are trying to do, but we have to have some common reality. And what we're trying to do is – I've been hesitating to use this word because I think it gets bandied about too easily – what we're trying to do is, is – have a revolution in the sense that we really believe that we can undue this thing. And in any effort where you're trying to undue something that is so deeply entrenched like forced treatment, there are going to be periods of time when things just seem hopeless. And so we can't let the present, present stress and strain, personality conflicts, problems in agencies, , political losses, you know, bureaucracies that we don't agree with, , we can't let them define our eventual -. We can't because if we do, then we bought into, you know, the thing that OMH and psychiatry generally wants us to believe which is these are really just horribly difficult problems that can never be solved so we'll do the best we can. That's not, that's not enough. We have – it has to be possible. So, that's the last thing I would say. If we get discouraged now, it's not going to work and some of us, you know – there will be movement. We will stop this thing. So, why don't we just start to do that or continue to do that.

Q. Thank you.

END OF INTERVIEW