

Bill Nordahl is Right in Challenging Involuntary Psychiatry
by David W. Oaks
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Recently, the new Executive Director of MindFreedom International, Ron Bassman, shared with me a brief essay that concisely and powerfully defends human rights and opposes involuntary mental health procedures. (A copy of this essay is below.)

The author of this essay is activist Bill Nordahl of New Jersey. Many years ago, like Ron and I, Bill personally experienced forced mental health treatment. In his essay, Bill describes how involuntary mental health procedures led to the “worst experience” of his life.

I was struck by a key disclosure by Bill that the US Supreme Court noted in one of their rulings, “... the lack of certainty and the fallibility of psychiatric diagnosis...” I agree with Bill that our liberty should only be infringed when evidence is “beyond a reasonable doubt.” Because of the sketchy, unproven theories behind psychiatry, the Supreme Court apparently conceded that this would be an impossibly-high standard. They instead settled on requesting “clear and convincing” evidence.

Good point, Bill! We are all supposedly created equal. So if the rest of the public enjoys a high standard of “beyond reasonable doubt” that should extend to us all. If involuntary psychiatry crumbles as a result, too bad.

This essay brought back a lot of fond memories. I have known the supportive Bill, because in about 1989 Bill was in the small group of folks to help launch what eventually became MindFreedom International. Piggy-backing on the Alternatives Conference and gatherings of the National Association for Rights Protection and Advocacy ([NARPA](#)), we psychiatric survivor activists formed what we would first call the Support-In.

Back then at MFI’s start, I remember Bill’s integrity, intelligence and calm friendly nature. Bill shared with me then that one of his alternatives was regularly meditating based on his involvement with Buddhism. Bill’s strong, steady nature and meditations have continued over the decades. Earlier today I chatted with Bill, and I am gratified that he continues to get support in this way. Bill told me he is now extremely ill and in hospice.

I was glad to hear that Bill has found some support with his Unitarian Universalist Church of Monmouth County. (I am a UUr in Oregon.)

I chatted with Bill about a humorous remark that our late friend, activist and psychiatric survivor Cookie Gant made. Cookie, a wild and unforgettable photographer, was also one of the MFI founders. Years later, Cookie had an emotionally rough time, especially after her diagnosis of lung cancer. Unfortunately, she was placed in a psychiatric institution for a brief stay, and again she received forced treatment.

Later, after she got out of what would be her final psychiatric institutionalization, I will always remember what the hilarious Cookie told me: "If there is one thing worse than a diagnosis of lung cancer, it is another forced psychiatric drug injection!"

Bill, also a person enduring cancer, chuckled at this memory. We send our deepest love and support to you Bill! He said he has trouble emailing out, but he does read his incoming emails. You may email your support to bill.nordahl@gmail.com.

Thoughts on Involuntary Psychiatric Commitment
Bill Nordahl

I have written this to apply to commitment to a psychiatric institution, but it should be mostly applicable to Involuntary Outpatient Commitment also.

Many years ago I was involuntarily committed to a psychiatric institution. That was the worst experience of my life.

Here is my view of psychiatry: I believe that all people have mental and emotional problems. I do not believe that there is any sharp line between those judged to be “mentally healthy” and those judged to be “seriously mentally ill”. I agree with Dr. Thomas Szasz¹, who says that psychiatry is neither scientific nor medical. Therefore I do not regard psychiatric labeling as “medical diagnosis”. I agree with Dr. Peter Breggin² that psychiatric drugs are very dangerous, harmful, and should not be used. I respect the validity of Robert Whitaker’s³ research which showed that conventional psychiatric treatment produced much worse outcomes than no treatment.

It is my understanding that the requirement for a hearing before a judge in involuntary psychiatric commitment cases is based on the 14th Amendment to the US Constitution, which says that government cannot deprive a person of life, liberty or property without due process. Most states have adopted a standard of “mentally ill and dangerous to self or other (or property)”. I object to this standard because it is almost entirely based on human judgment.

Recently a friend referred me to the Addington vs. Texas decision of the Supreme Court of the U. S.(SCOTUS) which set the standard of proof for involuntary psychiatric commitment. The justices considered the standard used for criminal cases, of “beyond a reasonable doubt”; as well as the standard commonly used in civil cases, of “preponderance of evidence” and came up with an intermediate standard, of “clear and convincing”. Here is an (out of context) quote from the court’s decision:

“Finally, the initial inquiry in a civil commitment proceeding is very different from the central issue in either a delinquency proceeding or a criminal prosecution. In the latter cases the basic issue is a straightforward factual question - did the accused commit the act alleged? There may be factual

issues to resolve in a commitment proceeding, but the factual aspects represent only the beginning of the inquiry. Whether the individual is mentally ill and dangerous to either himself or others and is in need of confined therapy turns on the meaning of the facts which must be interpreted by expert psychiatrists and psychologists. Given the lack of certainty and the fallibility of psychiatric diagnosis, there is a serious question as to whether a state could ever prove beyond a reasonable doubt that an individual is both mentally ill and likely to be dangerous. See *O'Connor v. Donaldson*, [422 U.S. 563, 584](#) (1975) (concurring opinion); *Blocker v. United States*, 110 U.S. App. D.C. 41, 48-49, 288 F.2d 853, 860-861 (1961) (opinion concurring in result). See also *Tippett v. Maryland*, 436 F.2d, at 1165 (Sobeloff, J., concurring in part and dissenting in part); Note, *Civil Commitment of the Mentally Ill: Theories and Procedures*, 79 *Harv. L. Rev.* 1288, 1291 (1966); Note, *Due Process and the Development of "Criminal" Safeguards* [[441 U.S. 418, 430](#)] in *Civil Commitment Adjudications*, 42 *Ford. L. Rev.* 611, 624 (1974)."

I think the standard should be "beyond a reasonable doubt" because I believe in civil rights and I believe that treatment with psychiatric drugs is dangerous and very harmful. If this standard made it nearly impossible to involuntarily commit anyone, I think this would be a good thing.

I think most psychiatrists want to help their patients; they should look at the studies of the long term results of treatment with psychiatric drugs before they resort to forced "treatment".

1. Thomas Szasz, MD is the author of "The Myth of Mental Illness" and numerous other books.
2. Peter Breggin, MD is the author of "Brain Disabling Treatments in Psychiatry" and numerous other books.
3. Robert Whitaker is the author of "Anatomy of an Epidemic" and numerous other books.