



“Critically discuss why criminal justice systems are as capable of delivering ‘injustices’ as ‘justice’, using at least one key philosopher to analyse a case study of your choice”

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Introduction

Foucault (1961; English translation, 2006: Kindle Locations 1395-1396) wrote: “After defusing its violence, the Renaissance had liberated the voice of Madness. The age of reason, in a strange takeover, was then to reduce it to silence.”

He was referring to the intellectual, emotional and sociocultural progression (or perhaps regression), from a society where the figure of Holy Fool was allowed, with societal approbation, the space and room to act mad to that of Descartes’s othering of the states of such madness.

As Hacking in his Foreword to Foucault’s book describes (ibid: Kindle Locations 316-320), such processes of othering created a complete distinction – a dividing line, in fact – between reason, unreason, and therefore a medicalised madness:

One of the questions Descartes asks, in his systematic exploration of the reasons for scepticism, is: how do I know that I am not mad? But instead of examining the question, Descartes dismisses it in an exclamation all the more astonishing when coming from a philosopher who defined the two causes of error as prejudice and precipitation: ‘But such people are insane, and I would be thought equally mad if I took anything from them as a model for myself’ (Metaphysical Meditations, 1641).

There seems to be, even today, a constant need to differentiate between reason and unreason – as well as to differentiate *one’s own position with respect to such states*. This appears to be for a number of factors.

Industries have been built on the medication of unreason – in 2003, the year of this author’s autoethnographic case study, global pharmaceutical revenues stood at \$498 billion; by 2015, this figure had grown to \$1,072 billion (Statista, 2017); neither Szasz (1974) nor Laing and Esterson (1982), however seductively their theories have operated in their time, have been able to battle the complex functioning of the pharmaceutical industry and its related ecosystems (Welsh et al).

Behind the medication lies the Diagnostic and Statistical Manual of Mental Disorders, and its discrete – though perhaps not discreet – psychiatric ways of seeing. A tool of US devising (American Psychiatric Association¹), both culturally and medically, the DSM –

¹ <https://www.psychiatry.org/psychiatrists/practice/dsm/history-of-the-dsm>

particularly as used in the context of English & Welsh Mental Health legislation (Mental Health Act, 1983; 2007) – has over the years become a means to allow an individual to be locked up behind electronically secured doors for extended periods of time.

Imagine if a Criminal Justice system were to be built on the following principles. Imagine it were possible to imprison a middle-aged man – or, indeed, a subject of any age or gender - in a state-run prison via the simple tool of an early-morning interrogation, in the full knowledge the subject was at their most vulnerable; and solely in the presence of three people, one of which might be a member of the subject's own family.

Now imagine it continues to happen, today.

#schizophrenality: both a thought experiment and a nascent method

Crimes of the powerful do exist. It is the hypothesis, still unprovable, of this article that, in this context, the powerful habitually use Mental Health legislation, process and procedures they have developed in Parliament (Mental Health Act, 1983; 2007) – with the collaboration of professionals operating in their own environments, professional mindsets and training – in order to lock away, without a robust diagnostic tradition, highly intelligent and perceptive people (Rosenhan, 1973) (BBC, 2012) for weeks, months, maybe years on end; and, at the very least, where imprisonment of the body is not the case (Foucault, 1991) to medicate such individuals into an equally oppressive submission of the mind, maintained in the community with anti-psychotic medication as powerful as the crimes this author will suggest were being committed .

The question that immediately arises is: why use Mental Health legislation – why *not* the Criminal Justice system as it stands? If locking away is required, if even the safety of the public is arguably at stake, why should the powerful engage, involucrate, in some way ask help from (and thus run profound risks of discovery in so doing) a complex, well-educated and critically trained constituency such as that which the medical profession exemplifies, in order that the work – which should more logically be the role and focus of the Criminal Justice system – be performed?

And perhaps what is more important: *how* is this engineered? How, without resorting to paranoia-ridden explanations of collaboration on a basis so broad it would hardly *not* call into question the sanity of its framer, could the powerful be using Mental Health legislation to substitute and replace the proper functioning of the aforementioned Criminal Justice system?

In order to answer these two questions – “why” and “how” – it is the objective of this author to apply a method, still nascent, which he has called #schizophrenality. This method – *not* a theory (for it looks to analyse the future, not simply solidify and explain the past/present) – draws its initial inspiration from Michel Foucault’s much broader governmentality (1991), but – more particularly – takes, as its starting point and counterpoint, Murray’s recent and focussed method and framework, which applies governmentality in a tighter approach to the context of UK veterans and their experiences on returning from operations abroad in the Armed Forces. The method is termed “veteranality” (2013; 2016). In the light of the approach, *this* author proposes #schizophrenality.

Method, case study structure and philosophy

Whilst Foucault and Murray provide the method, and Stuart Hall’s extraction (1997) of Foucault’s six-question framework to analysing the discourses that create – that *are* – reality will provide the case-study structure, psychiatry – indeed, sometimes that psychiatry which resists being defined as such – will provide a key platform for understanding the hypothesis of this article.

In particular, the psychiatrically non-conformist research that Szasz on the one hand (1974) and Laing & Esterson on the other (1982) have carried out with respect to the twin but opposing concepts of mental ill-health and mental distress – i.e. individual locations and causes versus environmental locations and causes – is applicable to the autoethnographic case study under study, and will be a significant foundation on which the broader hypothesis is constructed.

The philosophical and conceptual distinction between the individual and the environmental is also one of the primary elements of the method of veteranality (Murray, 2013; 2016), and is therefore a major influence on how a primitively formed #schizophrenality should be understood.

In addition, an analysis of the march and suggested impact of neoliberal thought over the past fifty years on the parallel spread of mental ill-health/mental distress in Western democracies, as well as the increasing use of relevant legislation and diagnostic tools to manage commonly held perceptions around concepts of mental illness, bases its arguments on the work of two other academic researchers, alongside thematically supporting research, as well as one journalist-thinker.

The following three positions and areas of debate are useful in supporting the hypothesis laid out by the case study:

1. Crouch (2016) describes how neoliberalism has changed the sociocultural landscape in Western democracies. He also provides an analytical framework to understand not only *what* has happened – particularly in relation to where the more impoverished voters consistently vote against their interests (the impact of the media was initially underestimated by Crouch) – but also *how* this has happened. In so doing, it makes it possible to believe that neoliberal dynamics have changed society fundamentally, without adducing a structural requirement for conspiracies on a grand scale. Instead, a process akin to the flocking of birds in flight, where common human behaviours and attitudes are inevitably shared *non-conspiratorially* by those who live, travel and work together, explains sufficiently the patterns that Crouch makes visible.
2. Torija's analysis (2013) of the neoliberal impact on OECD democracies in the past forty years sustains, through econometric analysis, that whilst in the 1970s both right- and left-wing parties tended to maximise the happiness of the median voter, in 2009, right-wing parties maximised the happiness of only the top 3 percentiles of voters, and even allegedly left-wing parties only managed the top 6 percentiles.
3. In consonance with Oliver James' description (2008) of the significant increase in mental ill-health/mental distress during the aforementioned rise in neoliberal capitalism over the same period, not only as described directly by Crouch and indirectly by Torija but also forcefully by a number of other authorities (Appendix

I: Slide 22; cited in Torija, 2013: p.4), it is also the contention of this article that since 2003 *at least* – the period Edward Snowden’s 2013 revelations on total surveillance this author asserts should minimally be applied to (see the Conclusion which further explores the implications of the 2013 Snowden paradigm) – schizophrenic diagnoses in England & Wales *may* have been used by the powerful to effect actions which otherwise would have been processed with greater guarantees of a justice fairly administered, if they had been performed using Criminal Justice legislation and courts.

In effect, injustices which Criminal Justice might have failed to deliver as desired by the aforesaid powerful, could have found other, more fertile ground.

It will be the assertion of this author, therefore, that the powerful channelled the effecting of such diagnoses knowingly, and in so doing used Mental Health legislation to engineer Criminal Justice outcomes in a profoundly unjust and – perhaps – even morally reprehensible manner.

4. Furthermore, in the context of this author’s analysis, and alongside psychiatry and neoliberalism, Weber’s theory of power in terms of charismatic authority – in the frame of a still underdeveloped #schizophrenality – is applied to the functioning of Criminal Justice and Mental Health environments, in order to sketch out a means for the connection between the two to function without the need for overt conspiracy. As Evans describes of Rupert Murdoch’s leadership behaviours (2011), Weber’s concept of charismatic authority allows for powerful leadership to form with little or no corresponding ownership, nor audit trail to hold the leadership to account. It is the suggestion of the hypothesis being posed here that those who act as such authorities in the context of the Criminal Justice/Mental Health nexus have used a similar set of dynamics to create analogously ownership-free environments – i.e. in particular, Mental Health legislation – which inevitably condition actions and outcomes, without concerted collusion required on the part of those with professional responsibilities, ways of seeing and doing, wider medical mindsets, and expectations as to what is required of the diagnostic processes.

#schizophrenality – an autoethnographic case study and proposition

Using Hall's (1997) extraction from a range of Foucauldian texts of a framework of six analytical statements, the backdrop to the need for an emerging method – which this author has provisionally termed #schizophrenality – will now be described, via the autoethnographic case study of Citizen X (Appendix I).

Citizen X is aged 54, is currently studying a Master in Criminal Justice at Liverpool John Moores University, and has both a previous degree with the University of Warwick in Film & Literature, as well as a Spanish University Master in Publishing from the Spanish University of Salamanca/Santillana Publishing Group.

He has lived most of his life in the UK, but has spent many years in Spain. His family is Spanish and he is bilingual English-Spanish as a result.

He is on medication for two conditions: one dates from the age of ten, when he was diagnosed with epilepsy; there was a period between about the age of thirty-three to around the age of forty-three, mostly whilst living in Spain, where medication was not required. The medication he now again takes for this condition is called Epilim.

At the age of forty-one, after a series of life changes, and now living again in the UK, he was diagnosed with paranoid schizophrenia, and imprisoned in a mental facility for one month. He was originally medicated with Olanzapine for the period after imprisonment. This changed his personality radically: from an exuberant and engaging individual to a characterless and slow-moving person. Finally, now with a new psychiatrist, he was moved onto a different medication: Abilify. He still takes this medication, alongside the Epilim for epilepsy.

He has never accepted the diagnosis of paranoid schizophrenia. His wife believes he has always been possessed of no more than an over-active imagination; his parents and siblings readily, and unquestioningly, have however always been happy to concur with the diagnosis as it still stands.

Citizen X recently asked his local MP – the constituency is Chester, UK – to reopen his diagnosis and its circumstances. The MP made every effort to individualise the causes of the diagnosis, suggesting in writing that X obtain counselling at a very minimum.

No record was found of Citizen X ever having attended the hospital he attended for this condition. Nor were files of follow-up care discovered in the official reply provided by the Chief Executive of the current organisation.

It may be that the institution of which the documentation was requested was the wrong institution. Organisational changes since 2003 in the area in question have changed the names and structures of hospital organisation and care-delivery responsibilities.

It may be that the files have simply been lost.

It may also be that they have been lost in a more complicated manner.

Part 1: statements about schizophrenia which establish discourse

An autoethnographic brainstorming of ideas and terms which occur to Citizen X when thinking about the disorder of schizophrenia, in particular the paranoid version which he was diagnosed with in 2003, using what he assumes – as per the date of the diagnosis – was DSM IV-TR (the assumption must stand as the files relating to his case have not been found, and so no positive confirmation of the diagnostic tool used can currently be provided) immediately produces the following results:

paranoia, schizophrenia, bipolar, imaginative, creative, whirring brain, a security threat, unemployable, obsessed by writing, mad, off his rocker, out of his trolley, harmless, self-harming, harmful to others, psychosis, flat hierarchies of thought, hospitalisation, medication, loss of liberty, distrust, family and friends, shame, embarrassment, rejection

The section of DSM IV-TR relating to schizophrenia, and more specifically paranoid schizophrenia, can be found in Appendix I (Slides 14-15). The descriptions are to the point, occasionally opaque for this author and perhaps the wider layperson, but in general reasonably understandable to those with a minimum of education.

The implications are interesting. Most interestingly for the purposes of this discussion, it is clear that there exist basic assumptions around normal levels of employability and societal integration (Appendix 1: Slide 15). This author assumes these serve to define and delimit a process of normalisation: they also serve to other – from those who have a

stake in society at this time – a growing number of people, as neoliberalism’s already described arc since the 1970s in OECD countries (Torija, 2013) (Bell, 2011) divides society up into the increasingly wealthy and the increasingly impoverished. Similarly, it assumes – specifically in the case of paranoid schizophrenia – that a person under diagnosis who exhibits a belief they are being followed suffers either from delusions of grandeur (they believe they are important enough to be followed) or a disconnect from reality, characteristically described in the literature of schizophrenia as an indicator of the alleged disorder (schizophrenic.com, 2016). Compare and contrast this episteme of reality with the new paradigm that Edward Snowden’s revelations on total surveillance imposes in 2013, and which requires an intellectual and conceptual re-evaluation of the original 2003 episteme, as well as simultaneously expressing an urgency to construct a new one a decade later (for further discussion on Snowden’s revelation, see the Conclusion).

Finally, it is worth mentioning that the recently published DSM 5 (American Psychiatric Association²) still makes no allowances for the new neoliberal structural and environmental drivers of economic, emotional and mental impoverishment (James, 2008) in the lives of many of its potential patients. The diagnostic assumptions remain very similar, and mental dysfunctionality is understood firmly to be a result of mental ill-health, located in the individual, rather than mental distress, located in an aggressive environment.

Contrarily, both Szasz on the one hand (1974) and Laing & Esterson on the other (1982) would argue that the environment – and the ability which people around the subject thus diagnosed will have to influence, impose or deny certain discourses – is far more significantly the constructor of the dysfunctional behaviours than anything within the individual themselves (analogous to Murray on the governmentality of PTSD (2013; 2016)).

² <http://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>

Part 2: what could and could not be said in the lead-up to the Iraq War in 2003

In an autoethnographic context, Citizen X remembers the atmosphere at the time of the Iraq War and its lead-up very clearly.

It became impossible for him to feel free to express his reactions spontaneously, without feeling almost mercilessly conditioned:

1. one example of this conditioning process was the act of political theatre at the UN by General Colin Powell when the latter described the potential impact of the Weapons of Mass Destruction (WMDs) which the Iraqi leader, Saddam Hussein, allegedly had access to (The Guardian, 2003);
2. 9/11's ongoing legacy acted as a defining backdrop of hugely moral implications, and an uncontested way of validating the move towards ousting Saddam Hussein;
3. Citizen X remembers censoring himself, even becoming more reactionary in a curious way. This process created a kind of split personality in X, especially around the subject of democracy: on the one hand, he found himself still reaching back to the social democracy of his upbringing (Denis Healey's description of such social democracy was a key discourse for X here (Bagehot, 2015), in particular with respect to the idea of gradual but sustained progress; on the other, a generally conflicting dynamic of feeling a need to frame his dissatisfaction with the leadership provided by US President George W Bush and the UK Prime Minister Tony Blair, in terms of their ineffectiveness at doing the job of making democracy flower out of nothing, rather than in terms of any moral outrage with respect to the illegality of the pre- and post-invasion operations in the first place.
4. Citizen X also remembers that any desire to express his perception he was being followed was challenged by overriding discourse and family; even by the final diagnosis of the psychiatrist:
 - a. Who would follow you?
 - b. Why do you consider yourself so important?

Part 3: Citizen X – non-conformism personified as individual madness

Citizen X became a man with no past, at least as far as the Mental Health process was concerned. According to his wife, no interviews of family or friends were ever carried out by the diagnosing psychiatrist. Imprisonment was based solely on the witness of X himself, X's father (X always considered his father both bullying and passive-aggressive in the extreme), and X's father's personal friend, a general practitioner who lived and worked in the city where the diagnosis was taking place.

As he remembers it (Appendix I: Slides 7-13), the only discourse that existed in official terms became that told bemusedly by X himself, and presumably that of the other two present. In the presence of the aforementioned, a diagnostic interview at 3am in the morning was conducted on the subject who, at the time, was particularly vulnerable, and who – in retrospect – had clearly been in need of representation and counsel.

He had been living rough for the previous few days in London; had also shown considerable mental dysfunctionality in the period prior to those few days living on the street.

The subject was considered, even by his wife, as being a man possessed of an over-active imagination. He was, it was true, inclined to see shadows in many places. A simultaneous belief in the importance of self, coupled with an inability to push forward certain projects to easily perceivable and logical conclusions, conflicted X's thought patterns considerably. He felt he had been followed, phone-tapped, and PC-intervened for a year at least, in Spain and Croatia both. He remembers, even now, having once declared online (perhaps a decade before) he'd be prepared to die for his country: unfortunately, this probably watchlisted him as far as a security-focussed governmentality was concerned, as the country in question he considered at the time to be his mother's homeland, Croatia, not his father's homeland, the UK. He'd also insisted his children have Croatian middle names to add to their Spanish first names and English/Spanish surnames. A pot-pourri of influences, tendencies, potentials, dangers, mixes, uncertainties, and insecurities plagued his sense of an inner core and persona.

An additional stress on his person was the relationship he was unable to achieve with his wife. To all intents and purposes, and the outside world, his wife was long-suffering; the

bright and bubbly one apparently; not irascible in any way; quite easy-going. The bad guy, if a bad guy existed, was the husband not the wife. Yet the wife had refused to make love to him on their wedding-night, and refused consistently in the following decades to maintain an affective basis to the relationship.

The disconnect between public perceptions and private reality would, Citizen X now feels, have been enough *in itself* to cause him severe existential trauma. His wife was beloved by all and sundry as the kindest, gentlest soul on the planet; yet this kindness, trust and gentility was not his for the taking in private.

Part 4: how diagnosis of schizophrenia defines and others its subjects

Both in the context of family as well as the wider state, the diagnosis of paranoid schizophrenia – at that time – was one all parties except wife and husband both seemed to happily settle into. At no time did Citizen X's parents later care to address his reservations about the diagnosis. Nor were they surprised enough to take action in the immediate aftermath when an obstinate recovery on his part led him to almost immediately start working 15-20 hour weekly shifts at a McDonald's restaurant. driving to work and back by car on a Spanish driving-licence, and moving quickly on to working for Marks & Spencers, the retail giant, first in the financial services department as a sales adviser, and then in the coffee shop as a barista.

The achievement can be gauged by the fact that, whilst still in hospital a bare month or two before, Citizen X's social worker had managed his expectations of future recovery by saying he would be categorically unable to work for more than two hours a week for at least a year: what's more, such work would never move beyond volunteering.

This disjunction led no one but X himself to question the original diagnosis. The power of the medical and associated professions was both unquestioned and unquestionable.

And whilst the wife always felt that X only had an excess of imagination, it became clear, at least from X's perspective and ontology, that she was unable to emotionally engage

safely enough with respect to what she felt she had suffered, to ever want to officially re-examine the diagnosis either.

For everyone, except the subject himself, paranoid schizophrenia became the truth.

Part 5: Citizen X's journey from illegal surveillance and Criminal Justice to schizophrenia and Mental Health

Medical treatment for Citizen X was the way of dealing with him. As Murray describes in the context of veteranality (2013; 2016), individualising strategies – which have the effect (whether deliberate or not) of diverting attention from systemic pressures and responsibilities – were used in this example of #schizophrenality: drugs, cognitive behavioural therapy (CBT), counselling – everything except a Criminal Justice discourse for dealing with what X had always assumed to be a Criminal Justice problematic.

Citizen X saw himself in the following terms: a mentally dysfunctional man (this author would suggest, in retrospect, a case of mental *distress* and not mental *ill-health* (Szasz, 1974) (Laing & Esterson, 1982) (James, 2008)), with unbidden family connections to wealthy expatriate extreme right-wing Croats; a man who thought – whether fearfully or rationally – as a result of these connections that he was being followed by US, British, Spanish and other security forces, in the midst of the expanding and very public discourse entitled the War on Terror; conscious even at the time – via progressive Spanish media – of the potential for illegality more widely documented at a later date. An example of the latter includes the extraordinary rendition programmes carried out by the CIA over Spain (ACLU, 2010), under the auspices of a right-wing Spanish government, and living as Citizen X was doing at the time in a right-wing Spanish city.

From all of this, Citizen X still wonders if a wider lesson can be extrapolated. It is certainly possible, as a Sherlockian thought experiment if nothing more, to propose that the weapon of choice to deal with such beliefs is medicalisation within the wider environment of the Mental Health system – when, in truth, it should be much more fairly located within the guarantees of the Criminal Justice system.

The question, already posed, is *why* this should be the case. If the former route *is* gone down instead of the latter, X is bound to ask himself whether this is because

medicalisation serves to dynamically undermine the perceptions of the subject, whereas a court case, or some other properly public Criminal Justice process, would only make it easier for the subject to present his case to a wider world: an outcome, one might argue, to be avoided at all costs by those leading events via Weber's dynamics and tools of charismatic authority (Evans, 2011).

Therein, we have an example of Criminal Justice being imposed via diagnoses of mental ill-health, whereas more accurately mental distress, from an environment-originating point of view, would be a more accurate Foucauldian discourse, and way of understanding the situation.

Part 6: from schizophrenic and Mental Health back to total-surveillance citizen and Criminal Justice - the new episteme around Citizen X's existence

Citizen X's story moves to 2016.

Once X has brought up his children to adulthood, he decides to revisit his original diagnosis. His wife is flatly against the move. The same year, X has attended couple counselling by himself in Liverpool, as his wife says he is the only person who needs fixing. Their relationship already is poor, and it gets no better as the process of re-examining the original diagnosis continues.

X visits his MP, a member of the same political party – New Labour at the time, now reverted back to simply Labour – which led the UK to the Iraq War.

The MP is on the right-wing of the party, and in favour of punitive and strict security and anti-privacy measures. The MP's initial response is to individualise X's position and case by suggesting in writing he apply for therapy. He even writes to the NHS body which provides such counselling services and they send a letter to X offering services where service provision is framed in individualising terms.

The MP also writes to the Chief Executive (CE) of the hospital where X had been imprisoned for a month in 2003. The outcome some weeks later is that the CE sends a letter back to X, saying no documentation or record of his stay in the hospital, and the programme of posterior treatment in the community, can be found. The CE includes a

letter to be sent onto the MP, if X wants, but does not inform officially the MP of the content. Some weeks later, the MP writes in full knowledge of the letter's sending, asking if he could see its content. X, by this time, has decided to leave the Party. X's wife is radically against any pursuit of a re-diagnosis from here on in. X concludes it would be counterproductive to pursue, as he assumes those in power who committed the alleged acts against him would – if this was their intention – have properly cleaned all official and accessible references to his case. In the light, however, of the information which has revealed itself, and the conclusions that can be drawn, X comes to this possible – though currently unprovable – hypothesis already alluded to by this author: that desired Criminal Justice system outcomes are being delivered by certain powers in society via Mental Health legislation, environments, conditioned professional mindsets, and a long legacy of practice and procedure, in order that subjects who are particularly sensitive to strategies of total surveillance are silenced through the tactic of having their credibility and witness undermined via the shame of being imprisoned and medicalised instead of treated with the due respect and process a Criminal Justice court case would provide.

Conclusion

In conclusion, the paradigm shift of Edward Snowden's total surveillance revelations in 2013 (Appendix I: Slide 30) supports this author's linking of the aforementioned philosophers, thinkers, researchers and writers in a number of ways, leading as it does to the validation of the wider hypothesis under debate:

1. delusions of grandeur and paranoia are two key questions used to diagnose schizophrenia: no one who claims they are being followed should now readily be defined as deluded;
2. the DSM originally conceptualised lack of societal integration (persistent unemployment, an absence of peer-equivalent achievement, etc.) as one indicator of many conditions, and in particular as an indicator of the various kinds of schizophrenia (Appendix I: Slide 15): after the contended impact of neoliberalism on society's structures, as per the research and thought of Crouch (2016), Torija (2013), James (2008), and Bell (2011), amongst others, no one who suffers from continuing unemployment and an absence of expected norms of achievement

should now have attributed *to their individual person* an individually originating dysfunctionality;

3. with the introduction of total surveillance strategies (the Original Sin of Surveillance, as this author has referred to it in his current dissertation), probably as early as 2003, possibly even earlier, the need to avoid or postpone for as long as possible societal discovery of the practices would logically become paramount: how much easier to use a tribunal of three, operating behind closed and unreportable doors – and at the very minimum, applying powerful anti-psychotic medicines in the community – than give any such subject the platform of a Criminal Justice system, with – when at its best – open reporting and public courts, a proper defence, a rigorous interrogation of facts, and a wider process whereby the witness, integrity and dignity of an individual could not be so easily undermined, nor the outcomes so easily controlled.

Finally, this author is also inclined to assert that, quite precisely, Edward Snowden's 2013 revelations lend weight to an urgency to revisit a substantial – still to be accurately understood – number of diagnoses of schizophrenia carried out in England & Wales in the decade prior to 2013, especially in its paranoid variants, in order to research further and evaluate better the extent to which misdiagnosis, as a result of possible crimes of the powerful, took place.

References

ACLU (2010) Spain Calls For Arrest Of CIA Agents Involved In Extraordinary Rendition

[online] 12th May 2010

Available at: <https://www.aclu.org/news/spain-calls-arrest-cia-agents-involved-extraordinary-rendition>

[Accessed 10th May 2017]

American Psychiatric Association (APA) DSM History

[online]

Available at: <https://www.psychiatry.org/psychiatrists/practice/dsm/history-of-the-dsm>

[Accessed: 10th May 2017]

American Psychiatric Association (APA) DSM 5

[online]

Available at:

<http://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>

[Accessed: 10th May 2017]

Bagehot (2015) Denis Healey: The art of moderation. *The Economist*

[online], 3rd October 2015

Available at: <http://www.economist.com/blogs/bagehot/2015/10/denis-healey>

[Accessed 10th May 2017]

BBC (2012) *Witness*. The Rosenhan Experiment, 10th June 2012

Available at: <http://www.bbc.co.uk/programmes/p00skmsc>

[Accessed: 10th May 2017]

Bell, E. (2011) *Criminal Justice and Neoliberalism*. Basingstoke: Palgrave Macmillan

Crouch, C. (2016) The March Towards Post-Democracy, Ten Years On. *The Political Quarterly*, 87(1)

Evans, H. (2011) Harold Evans: 'Rupert Murdoch is the stiletto, a man of method, a cold-eyed manipulator'. *The Guardian*

[online] 18th September 2011

Available at: <https://www.theguardian.com/media/2011/sep/18/harold-evans-rupert-murdoch-leadership>

[Accessed 10th May 2017]

Foucault, M. (2006) *History of Madness*. Abingdon: Routledge (Kindle edition)

Foucault, M. (1991) *Discipline and Punish*. London: Penguin

Hall, S. (1997) The work of representation. In: Hall, S (ed.) *Representation: cultural representations and signifying practices*. London: Sage, in association with the Open University

James, O. (2008) Selfish capitalism is bad for our mental health. *The Guardian*

[online] 3rd January 2008

Available at:

<https://www.theguardian.com/commentisfree/2008/jan/03/comment.mentalhealth>

Laing, R.D. and Esterson, A. (1982) *Sanity, Madness and the Family*. Middlesex: Penguin

Mental Health Act 1983. [online] London: legislation.gov.uk 1983

Available at: <http://www.legislation.gov.uk/ukpga/1983/20/contents/enacted>

[Accessed: 10th May 2017]

Mental Health Act 2007. [online] London: legislation.gov.uk 2007

Available at: <http://www.legislation.gov.uk/ukpga/2007/12/contents/enacted>

[Accessed: 10th May 2017]

Murray, E. (2013) Post-army trouble: veterans in the criminal justice system. *Centre for Crime and Justice Studies*. [online], 94, December

Available at:

<https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/09627251.2013.865497.pdf>

[Accessed 10th May 2017]

Murray, E. (2016) The 'Veteran Offender': A Governmental Project in England and Wales In: McGarry, R and Walklate, S. (eds.), *The Palgrave Handbook of Criminology and War*. London: Palgrave Macmillan pp.313-330

Rosenhan, D.L. (1973) On Being Sane in Insane Places. *Science*, 179 pp.250-258.

schizophrenic.com (2016) Paranoid Schizophrenia.

[online]

Available at:

<http://www.schizophrenic.com/content/schizophrenia/paranoid-schizophrenia>

[Accessed 10th May 2017]

Statista.com (2017) Revenue of the worldwide pharmaceutical market from 2001 to 2015 (in billion U.S. dollars).

[online]

Available at: <https://www.statista.com/statistics/263102/pharmaceutical-market-worldwide-revenue-since-2001/>

[Accessed: 10th May 2017]

Szasz, T. S. (2011) *The Myth of Mental Illness*. New York City: HarperCollins

The Guardian (2003) Full text of Colin Powell's speech [to the United Nations in the lead-up to the Iraq War] [online] 5th February 2003

Available at: <https://www.theguardian.com/world/2003/feb/05/iraq.usa>

[Accessed 10th May 2017]

Torija, P. (2013). Do Politicians Serve the One Percent? Evidence in OECD Countries (Report No. 2013-04). *City Political Economy Research Centre (CITYPERC)* [online]

Available at: <http://openaccess.city.ac.uk/2114/>

[Accessed 10th May 2017]

Welch, S., Klassen, C., Borisova, O and Clothier, H. (2013) The DSM-5 controversies: How should psychologists respond? *Canadian Psychology/Psychologie Canadienne*, 54 (3), pp. 166-175.

[online] [abstract]

Available at: <http://psycnet.apa.org/?&fa=main.doiLanding&doi=10.1037/a0033841>

[Accessed: 10th May 2017]

Slide 1

Citizen X: a tale of two outcomes

Slide 2

Sanity, Madness, the Family and Society: Hypothesis 1

Do Politicians Serve the One Percent? Evidence in OECD Countries
Present social movements, as "Occupy Wall Street" or the Spanish "Indignados", claim that politicians work for an economic elite, the 1%, that drives the world economic policies. In this paper we show through econometric analysis that these movements are accurate: politicians in OECD countries maximize the happiness of the economic elite. In 2009 center-right parties maximized the happiness of the 100th-98th richest percentile and center-left parties the 100th-95th richest percentile.
The situation has evolved from the seventies when politicians represented, approximately, the median voter.

Torija, P. (2013). Do Politicians Serve the One Percent? Evidence in OECD Countries (Report No. 2013-04). London, UK: City Political Economy Research Centre (CITYPERC), Department of International Politics, City University London

<http://openaccess.city.ac.uk/2114/>

Sanity, Madness, the Family and Society: Hypothesis 2

By far the most significant consequence of "selfish capitalism" (Thatch/Blatcherism) has been a startling increase in the incidence of mental illness in both children and adults since the 1970s. As I report in my book, *The Selfish Capitalist - Origins of Affluenza*, World Health Organisation and nationally representative studies in the United States, Britain and Australia, reveal that it almost doubled between the early 80s and the turn of the century. [...]

Oliver James, writing in the Guardian newspaper in 2008

<https://www.theguardian.com/commentisfree/2008/jan/03/comment.mentalhealth>

Sanity, Madness, the Family and Society: Hypothesis 2 (cont.)

Add to this the astonishing fact that citizens of Selfish Capitalist, English-speaking nations (which tend to be one and the same) are twice as likely to suffer mental illness as those from mainland western Europe, which is largely Unselfish Capitalist in its political economy. An average 23% of Americans, Britons, Australians, New Zealanders and Canadians suffered in the last 12 months, but only 11.5% of Germans, Italians, French, Belgians, Spaniards and Dutch.

Oliver James, writing in the Guardian newspaper in 2008

<https://www.theguardian.com/commentisfree/2008/jan/03/comment.mentalhealth>

Slide 5

Sanity, Madness, the Family and Society: Hypothesis 3

When a psychiatrist diagnoses schizophrenia, he means that the patient's experience and behaviour are disturbed *because* there is something the matter with the patient that causes the disturbed behaviour he observes. He calls this something schizophrenia, and he then must ask what causes the schizophrenia.

Sanity, Madness and the Family, RD Laing and A Esterson, 1982, Penguin Books Ltd, Middlesex, England

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Sanity, Madness, the Family and Society: Hypothesis 3 (cont.)

We jumped off this line of reasoning at the beginning. In our view it is an assumption, a theory, a hypothesis, but not a *fact*, that anyone suffers from a condition called 'schizophrenia'. No one can deny us the right to disbelieve in the fact of schizophrenia. We did not say, even, that we do *not* believe in schizophrenia.

Sanity, Madness and the Family, RD Laing and A Esterson, 1982, Penguin Books Ltd, Middlesex, England

Slide 7

Citizen X: a tale of two outcomes

In the summer and autumn of 2003 ...

- ... Citizen X entered a secure mental health facility in the North West of England
- X had been interviewed at around 3am in the morning, after sleeping rough for a few days in London
 - X's behaviour had been erratic for a number of months, though one formal mental health assessment in the city had already concluded he needed support, not medication – and certainly no diagnosis was mentioned at any point
 - X was visited at home in London on one occasion by two mental-health workers, one of whom had a severe facial tic
 - Having arrived in London to look for work, X had been unable to achieve this latter goal
- As far as X was able to recall, the only people present at the early-morning assessment were the consultant psychiatrist, X's father, and X's father's GP and friend
- After assessing X for one or two hours, the decision was taken, with X's agreement, to place him under the jurisdiction of the secure mental health facility
- X was unable to explain why he thought organisations were tracking his movements and activities
- X has no memory of the next three days
- X's next memory was an informal chat one early morning, with a mental-health nurse who had a severe facial tic, and who assured him that he was entirely to blame for the situation he was in

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Citizen X: a tale of two outcomes

In the summer and autumn of 2003 (cont.)...

- ... it was quickly made clear that X needed to be placed on anti-psychotic medication
- This was due to the nature of the diagnosis
- Some of the side-effects were explained, but at no time did a discussion take place as to whether medication could be avoided
- Neither was it explained to X that anti-psychotic medicines can provoke epileptic fits
 - X had a prior history of epilepsy, diagnosed since the age of 10, though no evidence of a physiological basis had been found
 - At the time of the diagnosis under discussion, X was not taking anti-epileptic medication
 - Some years later, X would have a severe epileptic crisis just before making a long journey by car across Europe
 - It was only then when X discovered the incompatibility of the two medications
- Although the understanding X gained from the explanations of possible side-effects was limited, X was soon placed on the medication Olanzapine
 - This changed X's personality completely: from effervescent, open and excitable to almost zombie-like in demeanour, behaviour and attitudes

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Citizen X: a tale of two outcomes

In the summer and autumn of 2003 (cont.)...

- ... Citizen X spent a month in the secure mental health facility
- In that month, X had his diet rigorously and usefully controlled, allowing him to positively lose weight and improve his physical health
- Regular exercise, twice a week, was performed in the facility's gym
- Group CBT was offered, and taken up
- X was assigned a social worker
- The social worker had a number of interviews with X: towards the end of his stay, she informed him that it would be impossible – given his diagnosis and current condition – for him to do more than two hours' voluntary work per week, for a minimum of one year
- The week after X was released from the secure mental health facility, he found employment with McDonald's, and worked regular shifts – driving to work every morning, and back home every end-of-shift – without missing a single day of between 15 to 20 hours per week, and in a front-of-house capacity which involved regular interactions with all kinds of customers: adults, adolescents, children etc
- Before X left the establishment for a job with Marks & Spencers, about a month and a half later, he was offered promotion to a higher level of responsibility and pay, with the clear aim of retaining him as a worker of the company

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Citizen X: a tale of two outcomes

In the summer of 2004 ...

- ... Citizen X somehow got involved (he doesn't remember exactly how any more) with the Community Channel and Channel 5, in a TV series about people with mental health issues, fronted by the journalist Jon Snow
- The TV series and wider project – "Mad for Arts" – was sponsored by the New Labour government of the time
- A short documentary, starring X, was filmed about his attitude to his diagnosis from the summer of 2003, in relation to a piece of architecture: the Imperial War Museum North by Daniel Libeskind
- The documentary suggested – on the basis of a long interview carried out with X by the project's journalists – that his condition of mental ill-health/mental distress had in part been caused by his close online involvement as a regular blogger engaging with issues surrounding the lead-up to the Iraq War in 2002 and 2003. The democratic trauma of the events in question, it was argued, had driven X towards psychosis
- The documentary was shown a number of times on TV
- X had occasion – at his home – to show a copy of the documentary to a New Labour local councillor, who had been a police officer of long standing
- Some brief time after this showing, X's copy of the documentary disappeared from his house
- Although online evidence of other documentaries in the series still remain, no easily recoverable trace – even any reference in the Wayback Machine – of X's documentary has been found

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Citizen X: a tale of two outcomes

From the autumn of 2004 to July 2011 ...

- ... Citizen X started working for a major bank, after a vetting period by a professional organisation external to the bank took place over a month or so
- X spent the next seven years at the bank
- X attempted to achieve promotion on a number of occasions
- X's mental health was challenged by events on two occasions, and the wider HR department proved supportive
 - X's own line manager suggested during one absence that it would be better that he did not return to work
 - On another, she assured X there would be no point in his applying for a new role because he had no chance of getting it
- By this time, X had a new consultant psychiatrist, who was much more sympathetic to his life history and background
- A new medication was found which appears, to this day, not to affect his behaviours in a negative manner
- Around 2009, X went to his GP, and asked for the diagnosis to be revisited
- The GP – who X had always got on with very well – made it clear in no uncertain terms, though in a very polite way, that the diagnosis was to stand

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Citizen X: a tale of two outcomes

Between July 2011 and December 2015 ...

- ... Citizen X left the bank and set up in business as a self-employed worker
- This was due to major redundancy processes as a direct result of the 2008 banking crisis
- X was unsuccessful in his bid to become a businessperson able to finance his family and lifestyle
- In 2015, X became involved in a number of projects relating to local journalism websites
- X was asked to make a presentation at a community journalism conference at a South Wales' university
- This X successfully managed to carry out
- By the end of 2015, however, X had fallen into a deep depression about life, his own wider abilities, and the direction of almost everything he touched

Citizen X: a tale of two outcomes

In 2016...

- ... Citizen X started writing poetry
- X started taking photos
- X continued volunteering at a digital arts gallery in Liverpool
- X started driving a car again
- X started flying by plane after two decades of being terrified of the idea
- X put limitations on his extended and nuclear family, and their rights to determine what he did and felt
- X created a new definition of family which included those people he wanted to be with, and excluded those he did not feel comfortable with – whether they were blood relatives or not
- In September 2016, Citizen X started studying on an MA in Criminal Justice at Liverpool John Moores University
- To this day, Citizen X refuses to accept Dr CL's diagnosing of him as paranoid schizophrenia

The medical diagnosis: mental ill health, a problem located in the individual

Diagnostic criteria for Schizophrenia as outlined in the DSM IV-TR

A: Characteristic symptoms: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):

1. delusions
2. hallucinations
3. disorganized speech (e.g., frequent derailment or incoherence)
4. grossly disorganized or catatonic behavior
5. negative symptoms, i.e., affective flattening, alogia (poverty of speech), or avolition (lack of motivation)

Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other.

<http://www.schizophrenic.com/articles/schizophrenia/dsm-iv-tr-diagnostic-criteria-schizophrenia>

The medical diagnosis: mental ill health, a problem located in the individual

Diagnostic criteria for Schizophrenia as outlined in the DSM IV-TR

B. Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

C. Duration: Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal (symptomatic of the onset) or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

<http://www.schizophrenic.com/articles/schizophrenia/dsm-iv-tr-diagnostic-criteria-schizophrenia>

Citizen X: a tale of two outcomes

Some questions for you ...

- ... Citizen X now asks you all to consider this issue:
 - If Dr CL, the diagnosing psychiatrist, had interviewed Citizen X's wife at the time of diagnosis, would the outcome have been different – both in terms of the diagnosis as well as the last fourteen years of X and his family's life?

Citizen X: a tale of two outcomes

Some questions for you (cont.) ...

- ... that is to say, if Dr CL had understood:
 - that Citizen X and X's wife had both lost their jobs in 1999;
 - that X had struggled for several years to earn any kind of sustainable living to pay his family's way, and felt his male identity challenged by his inability to earn a sustainable living;
 - had retrained proactively in cooperatives and publishing;
 - had been on the point of setting up an online publishing company with X's wife when X's wife's mother fell terminally ill, suffering slowly and painfully for six long months, and finally dying from a brain cancer X's wife's family had decided to keep a secret from her to the very end;
 - had gone to London to find work to remake his family's long-term future;
 - had manifestly failed at this task;
 - had failed X's wife and children;
 - had failed his own extended family's expectations;
- would the above information have been enough in any way to change the initial and continuing diagnosis that early morning in the summer of 2003?

Citizen X: a tale of two outcomes

Some questions for you (cont.) ...

- ... Citizen X now asks you all to consider the following issues:
 - Why was it felt necessary to interview X at the time he was interviewed, in the full knowledge that he was sleep deprived after a serious period of mental dysfunctionality in London? At that time, X showed a desire to cooperate with the authorities, as puzzled by his own situation as they were. X could easily have been interviewed the following morning, as he had first arrived that evening at the parental home.
 - Why did the consulting psychiatrist feel able to diagnose X with paranoid schizophrenia when he always accepted the things he felt and saw had no logical explanation?
 - Why, when asked "Why you?", was X's reply – that he didn't know why he might be important enough to be surveilled – not seen as sufficient grounds to investigate the reality (or not) of what he had said had happened to him over the previous couple of years?
 - Why wasn't it felt necessary – ever – to interview X's wife for her opinion on the background leading up to the period of mental ill health/mental distress?
 - How did the documentary, which contextualised X's diagnosis in terms of the Iraq War, disappear from his home – and why did it happen so soon after X had shown it to a local ex-police officer, highly sympathetic to the New Labour government's politics and policies?
 - Why did X's GP later say the diagnosis could not be revisited?

Sanity, Madness, the Family and Society: Hypothesis 4

With overstimulated aspirations and expectations, the entrepreneurial fantasy society fosters the delusion that anyone can be Alan Sugar or Bill Gates, never mind that the actual likelihood of this occurring has diminished since the 1970s. A Briton turning 20 in 1978 was more likely than one doing so in 1990 to achieve upward mobility through education. Nonetheless, in the Big Brother/ It Could Be You society, great swaths of the population believe they can become rich and famous, and that it is highly desirable.

Oliver James, writing in the Guardian newspaper in 2008

<https://www.theguardian.com/commentisfree/2008/jan/03/comment.mentalhealth>

Sanity, Madness, the Family and Society: Hypothesis 4 (cont.)

This is most damaging of all - the ideology that material affluence is the key to fulfilment and open to anyone willing to work hard enough. If you don't succeed, there is only one person to blame - never mind that it couldn't be clearer that it's the system's fault, not yours.

Oliver James, writing in the Guardian newspaper in 2008

<https://www.theguardian.com/commentisfree/2008/jan/03/comment.mentalhealth>

Sanity, Madness, the Family and Society: Hypothesis 4 (cont.)

[...] Colin Crouch claims in his book 'Post-democracy' (Crouch, 2004) that developed countries enjoy only pseudo-democratic regimes as they lack truly representative elections. Crouch considers that this evolution is due the relative impoverishment of the workforce and labor unions after the seventies as a main cause of this situation.

Torija, P. (2013). Do Politicians Serve the One Percent? Evidence in OECD Countries (Report No. 2013-04). London, UK: City Political Economy Research Centre (CITYPERC), Department of International Politics, City University London
<http://openaccess.city.ac.uk/2114/>

Sanity, Madness, the Family and Society: Hypothesis 4 (cont.)

Another researcher Slavov Žižek, suggests that ecological disasters are not the only occurrences that may be used to impose the rule of the economic elite, as theorized by Naomi Klein (Klein 2007). The economic crisis itself can be instrumented to set economic rules which favor the interests of the richest (Žižek 2009).

Torija, P. (2013). Do Politicians Serve the One Percent? Evidence in OECD Countries (Report No. 2013-04). London, UK: City Political Economy Research Centre (CITYPERC), Department of International Politics, City University London
<http://openaccess.city.ac.uk/2114/>

Sanity, Madness, the Family and Society:

A Flashback to DSM IV-TR

From www.schizophrenic.com and the DSM IV-TR (the bold is mine):

B. Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, **one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset** (or when the onset is in childhood or adolescence, **failure to achieve expected level of interpersonal, academic, or occupational achievement**).

Sanity, Madness, the Family and Society: What if ...?

... psychiatric disorders - as defined by the various DSM editions over the years – are being used, intentionally or no, to medicate, stigmatise, section and control certain classes and types of individuals, without reference to changing sociocultural, economic and political circumstances that might affect the validity of such diagnoses ...

Sanity, Madness, the Family and Society: What if ...? (cont.)

... whether such changes be natural, inevitable, opportunistic and random – as one might assume some thinkers and practitioners on the right would prefer to argue – or deliberate, intentioned and designed to oppress, as described in the studies by Torija, Crouch, Klein and Žižek ...?

Sanity, Madness, the Family and Society: What if schizophrenia is people-made...?

From the back cover of RD Laing and A Esterson's book "Sanity, Madness and the Family":

To prepare this human and readable report Drs Laing and Esterson conducted and recorded (on tape) a series of interviews, during a period of five years, with eleven patients who had been authoritatively diagnosed as 'schizophrenic': the novel aspect of their investigation was that parents and relatives of the patients, in all possible combinations, were drawn into these interviews.

Sanity, Madness, the Family and Society: What if schizophrenia is people-made ...? (cont.)

From the back cover of RD Laing and A Esterson's book "Sanity, Madness and the Family":

In this way the authors dramatically exposed the cross-currents of affection, hatred, and indifference within the family, frequently displaying the ugly sight of children being brainwashed by parents.

Sanity, Madness, the Family and Society: What if schizophrenia is people-made ...? (cont.)

From the back cover of RD Laing and A Esterson's book "Sanity, Madness and the Family":

Their study throws doubt on the traditional view of schizophrenia as an illness with specific symptoms and its own pathology: it suggests rather that some forms of madness may largely be social creations and many of their symptoms no more than the tortured ruses of people struggling to live in unlivable situations.

What could have produced the diagnosis that Citizen X underwent – and has laboured under for the past fourteen years?

Citizen X suggested his mobile phone was being tapped whilst he was living in Spain and the month he spent in Croatia in November 2002;

that he was placed under surveillance whilst in Croatia, and was followed on his coach journey back;

that his PC and laptop were intervened on numerous occasions, before and after the time he was in Croatia;

that his landline services in Spain were deliberately damaged and degraded on various occasions, so making it difficult for him to access the worldwide web whilst volunteering online.

What could have produced the diagnosis that Citizen X underwent – and has laboured under for the past fourteen years? (cont.)

The question Citizen X was never able to answer effectively, however, and which allowed the consultant psychiatrist to diagnose him definitively as deluded, was why he was important enough for all these things to really be taking place.

Ten years later Edward Snowden confirmed the existence and long-time practice of total, global and pervasive surveillance, impacting the privacy and lives of every Western democratic citizen:

<http://mashable.com/2014/06/05/edward-snowden-revelations/#aJVR2SCc3Pq8>

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What could have produced the diagnosis that Citizen X underwent – and has laboured under for the past fourteen years? (cont.)

You don't have to be special, different or dangerous to be placed under surveillance.

You just have to be a national of a nation-state.

<http://www.bbc.co.uk/timelines/zysr4wx>

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So where does that leave Citizen X's diagnosis of paranoid schizophrenia?

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