

**We  
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about  
this**

**About the new eugenics. Third edition.**

**Angelina Souren**

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We need to talk about this  
Third edition  
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by

**ANGELINA SOUREN**

**About the new eugenics.**

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*“Few people are capable of expressing with equanimity opinions which differ from the prejudices of their social environment. Most people are incapable of forming such opinions.”*

– Albert Einstein

## **6. Brain-based conditions**

If you look into brain-based variations of human life that express themselves as a wide range of different mental abilities and patterns of behavior, you will find that this space is as multidimensional as physical health but is dealt with very differently. It has not gotten the amount of research that physical health has received and it is riddled with stigmas and embarrassment. Many of these different states of being are fine. Some of them can cause problems, as with physical health issues that do not affect behavior.

Before I continue, let me make clear that by “mental abilities”, I do not mean “IQ”.

It is odd that we still divide health into physical health and “mental” health, even though the two are inseparable and that mental health is mostly related to one organ, namely the brain. However, the use of the word “mental” suggests that people are to blame for the makeup of their brains. It is related to the word “mentality”, after all.

Along with many others, I sometimes wonder why we insist on the continued development of psychiatric taxonomies that seem to serve no other purpose than that it enables us to label people and place them in a box. It is such a subjective art, this kind of diagnosis, that many people continue to be diagnosed with conditions that they don’t have and are fed medications that do more harm than good. Sometimes it feels like just about everything that is part of the human condition is being called a “disorder” nowadays.

Some specialists say that children are now sometimes being “diagnosed” with attention deficit hyperactivity disorder (ADHD) because they are – are you ready for this? – merely still young. That indicates that something is really going in the wrong direction in this field. Young children behave differently because they are young children. I can’t help but wonder if the apparently increasing incidence of ADHD may (also) reflect an increasing emphasis on the medical “standardization” of humans and/or the fact that our educational system has not undergone

any major innovation for a long time and is inherently stifling for many children.

The creative genius behind the musical “Cats” might have been given the diagnosis of ADHD if she had been young now, Ken Robinson has said (see Videos in Sources of information). She was believed to be learning-disabled and was sent for an assessment. Thankfully, she was examined by the right professional who correctly identified her as simply not being what I call a desk jockey. If she hadn’t been that lucky, she might never have been allowed to develop her talents. As the sedentary lifestyle many of us are forced to lead these days is severely detrimental to our health – the human body was not designed to spend the majority of time on or in a chair – many people who are (mis)diagnosed with ADHD may well be physically fitter and healthier than the rest of us. We also have a global epidemic of depression, which is the cause of a great deal of disability. So we’re clearly doing something wrong at the moment, but we worry much more about swine flu and bird flu.

I feel tempted to advise mental health professionals to watch as many videos of elephants as they can and to watch at least one per day if they can. Videos of young ones, older ones, free ones, and ones that are miserable – mentally ill – in captivity and who may even have been physically abused and those who are then taken to for example the Global Elephant Sanctuary in Brazil where they tend to bounce back remarkably as well as videos of elephants who are mourning the loss of a family member or friend and perhaps a few videos shared by The Dodo as well.

Maybe we should do away with the mental health professions and start all over. A study published in 2019 found that most research published by psychologists and psychiatrists is biased. That’s worrisome. This means that many people are being “treated” based on the research equivalent of fake news.

We, as a society, still often abuse people who aren’t neurotypical. Whether they are gay or autistic, bipolar or schizophrenic, were abused as children and have PTSD or DID, or have dissenting political opinions because they are smart, we still often lock them up, tie them up, beat them up and put them in chains. We also taser them and wrestle them to the floor, sometimes killing them in the process, not just in places like Indonesia and some countries in Africa but also in places like the Netherlands, New Zealand and the U.K. Research has also found that people whose skins are lily-white are much less likely to get tasered.

Tasering is predominantly used on people who aren't white and on people with brain-based conditions.

This may be the result of the fact that we are all biological creatures and often respond with the “crocodile” part of the brain. Our fight-flight-freeze mechanism engages when we encounter manifestations of other people's brain-based conditions or people who look slightly different than the people we grew up with. We may see behaviors that are out of the ordinary for us. They may cross important boundaries, cultural or otherwise. They may make us feel threatened instantly or we may simply not know what to make of it, and that too can make us feel uncomfortable, or threatened, on a very basic level (subliminal). Only in rare cases do we have good reason to feel threatened, however. Watch the Pixar/Disney short movie “Loop” as particularly the YouTube video about the making of “Loop” to help you bring this in focus (see Videos in Sources of information).

Besides the fact that other people's brain-based differences may cause us to try and figure out whether they constitute a danger to us or not, another reason why unfamiliar behaviors make us feel uncomfortable is that they remind us of our own vulnerability. We are all only one stroke, one brain tumor surgery or one bad fall away from a profound personality change. When you see someone behave in a way that you would not want to behave like, this makes you think “this could have been me” even if you are not consciously aware of that thought.

We tend to equate our brains with who we are – as if we have total control over what happens in our brains. Most of us have no idea how to do that, however, so why would we expect other people to have full control over what their brains come up with? Some of us meditate and find that this helps greatly. You can use binaural beats to kick your brain into a more relaxed state of being. You can also use binaural beats to kick the brain into a state of fear, though. Kinda makes you think, doesn't it? This may not even work the exact same way for everybody because the different parts of our brains don't all interact in the same way and with the same intensity in different people.

In some people, certain parts of the brain are missing or are much smaller. This can concern the part that has to do with compassion (empathy), the part that gives us what we call “theory of mind”. Theory of mind enables us to recognize what may be going on in someone else's mind, for instance, that the person may be in pain or very hungry, or probably very tired and in need of sleep.

The good news is that we used to be convinced that after a certain age, neurons are no longer capable of change or even healing. We also used

to be certain that no new neurons are formed after a certain age (early adulthood). This all turned out to be bullshit. It means that we can do a heck of a lot more with, and for, brains than we used to believe. This means that we should at some point in the future be able to do a lot more in terms of healing damaged brains – if the people who have such brains would like that. The flexibility of the human brain also means that people can be many different things and that personality is not entirely static.

Want a ridiculously silly example? The way you interact with children and toddlers is very different from how you behave in a tough business negotiation. So are you a pushover or pushy?

Your personality occupies only a small part of the brain. If you compare the brain with a desktop computer, then your personality is formed by the mouse, screen and keyboard (and the beeps from the BIOS). Your personality is your interface with the outside world. A lot more goes on in the processor that is not visible to the outside world and is often not even consciously accessible. (Transcendental meditation, says investor and philanthropist Ray Dalio, can help you access some of the other parts of your brain.)

Personally, I have learned that the other parts of the brain often try to communicate it to me when something is wrong somewhere in my body. The brain receives all that input from all the other parts of the body, of course, and there is also communication going on in the brain, between various parts of the brain. I am not consciously aware of any of this.

I've noticed that when I am unreasonably angry or annoyed and happen to be walking through a building, I will often bump into a doorway or cupboard as soon as I think an angry or annoyed thought. It's as if my brain instantly corrects me and says to me "stop it, you're being silly". When I am angry with good reason, this does not happen at all; to the contrary, that kind of anger can make me feel highly focused. It does not mean that every time I bump into something I was angry, but it probably does mean that I was not fully focused on what I was doing in the here and now. Prolonged anger combined with prolonged powerlessness tends to make me depressed. When I am about to come down with a flu, my mood will often tank (though this also has to do with the associated decline in energy). People who have migraines may be able to predict an oncoming migraine attack because of how their mood changes prior to such an attack. Others see light flashes.

When I badly needed a new desk chair and was starting to develop problems in my right wrist, but wasn't aware of the latter yet, I kept bumping notably that elbow into the armrest increasingly hard and increasingly often. My elbow was becoming sore, and so I could no longer ignore it. My brain was trying to tell me that I really needed a new chair, one that was height-adjustable (and one without armrests).

We have a lot of catching up to do in this area that we call mental health. There is still so much knowledge that we don't have, so many questions that we haven't even asked yet. We are only now beginning to discover that structurally different brains with different neural networks can produce structurally different personalities. These structural brain differences show up on brain scans. We're also learning that what goes on in the gut has a big impact on the brain and on behavior. We never expected that, did we?

When such differences result in pathology, maybe we will one day be able to cause the brain to rearrange itself to some degree, get it to grow new neurons and let a few others wither (if the person whose brain it is would like that).

The bad news? We don't know very well yet what to do with brain-based conditions. Not all of them are negative, not at all. Some of them mean that the people who have these conditions suffer by definition, while some other states of being merely require society to be more accommodating and more accepting. Why do we insist that autistic people learn to be like neurotypical people? We don't insist that blind people make themselves see or deaf people make themselves hear. But these different ways of being that we neurotypicals don't quite understand, they tend to scare and confuse us.

People with some states of being such as narcissistic personality disorders, with or without psychopathy, are often vilified, also by mental health professionals and bioethicists. A lot of fear-mongering goes on and a lot of hogwash is flung into the media. In January 2020, I saw a neuroscientist whose name I won't mention tweet about "the dark triad" – which is an old-fashioned term invented by police officers for a condition that does not actually exist as such but works well in films, books and the media – and about "snakes in suits". That kind of sensationalist talk does not contribute to the advancement of the field. If you are in the position that you have to deal with several people with such conditions in your own environment, and aren't getting any support, I can forgive you for producing that kind of talk, but it is harder to accept if it is coming from a scientist who is supposed to be searching for explanations and solutions.

Maybe the problem is us, neurotypicals. Maybe the problem is how we see things. What would happen if we decided to see neurodiversity as wealth and as joyful instead of as problematic? What if we started working with that wealth instead of trying to rein it in?

That said, after having resided in southern England for fifteen years, I had no choice but to conclude that most of the English are plain crazy. I am joking, of course, but not quite entirely. Maybe cultural differences are a form of neurodiversity too, something that I just need to learn to accept as well. How do we explain the unusual cases in which people suddenly speak with a strong accent or speak a different language after brain trauma?

Make no mistake, I probably know better than most people that people with personality disorders can be very challenging to deal with and can cause a lot of havoc and confusion. Jokes aside, I learned a few things the hard way after I moved to the U.K. when I had cause to start looking into all sorts of mental health conditions. As a result, I for example discovered that it is easily possible to confuse autism and psychopathy even though they appear to be very different forms of neurodiversity at first sight. Then I discovered that some autism may be related to fear experienced by a pregnant woman after I had already learned that some psychopathy can result from overexposure in the womb to certain hormones as a result of living in a war situation and that some children's brains develop psychopathy as a response to repetitive severe abuse. Maybe some "autism" isn't actually autism.

Among other things, I discovered that there was a family in England who was bullied and chased out of their home. (See Charlotte Hayward's article.) Their detailed medical files were sent to their neighbors in the process. Having lived in England for fifteen years, I doubt that the latter happened accidentally. The neighbors did not accept the autism of several members in that family and the local authorities had no idea of how to remedy the situation. That's akin to bullying a family because two members of the family have only one kidney instead of two.

One of my conclusions is that our refusal to accept that these forms of neurodiversity really exist and that people who have these different brain-based states of being cannot change themselves at will is a huge part of the problem.

Don't ask someone with a narcissistic personality disorder (NPD) to be happy for you with your accomplishments when you know darn well that

this is not possible for them. It's foolish. You don't ask a cat to pretend it is a horse either or even require a Shetland pony to perform like a thin-legged Arabian racehorse and you don't demand that any person will teach himself or herself how to be colorblind either. Instead, you can ask people with NPD for practical advice. Instead, you can learn to separate the silly remarks intended to push your buttons from the gems they also have to offer but tend to hide between their louder words. Not wanting to risk criticism, they may offer you their personal advice or opinion packaged as something that "so and so" said.

It is possible to learn to see that people with these conditions still have their own personalities and learn do disregard the manifestations of the disorders they have. It is possible to see these symptoms like sneezes and coughs. Granted, they can also be much more severe, but that can be the result of a progression that occurred over the years and of society's inability to deal with (treat, support) and accept certain conditions.

Some people may realize at a very young age that something about them is different and take courses in psychology to figure out what it is. They may decide that for them to be able to live as peacefully and friction-free as possible, certain environments will be much better than others and they may seek out those environments. In ruthlessly competitive environments, people with NPD are exposed to harsh criticism and they often fare much better among kind people. Others do their best to find professions in which their traits are a plus but through which they can also give something to the world.

Once you start seeing that, a paradigm shift occurs. Most of these people are not "evil" and not "mean-spirited" by nature. There is a Zen saying that talks about "your original face, the face from before your father and mother were born". Maybe that is what it is about.

I think that society may have to focus more on offering opportunities for making the lives of neuro-atypicals easier, thereby making everyone else's lives easier as well. For example, psychopaths seem to need challenges that they consider worthy and rewarding. They are often fearless, which means that they can very quickly become bored. They may need more or different rewards, too. As a society, we should be able to come up with opportunities that are tailor-made for them, but such solutions require us to do away with stigmas first. (Please note that I would make an exception for a certain type of psychopath; see video by Real Stories.)

The U.K. government once set out to find psychopaths specifically for major crisis situations in which most of us would likely be sidetracked

by our emotions. It became an embarrassment, but such tailor-made approaches do not need to be embarrassing at all. Why would it be wrong to use and focus the special abilities of certain people? We already do this all the time with forms of diversity that carry no stigmas. Neurodiversity also includes musical talent, for example. Nobody objects to using and focusing musical talents for a very specific purpose. Chess champions, Go players, gamers, mathematicians, visual artists, programmers, designers... We let them do what they're good at. And why wouldn't we?

To translate it into a practical example, most people appear to agree that it is pretty nuts that millions of us need to take off our shoes at airports and stand there holding a little baggie with small containers with any liquids we may want to take with us and that this is the response to two incidents that were actually dealt with effectively. These incidents were a plot discovered by British police in 2006 in which liquid explosives were going to be taken on board of airliners to the U.S. and Canada and the attempt by a British man to detonate a device hidden in his shoes on a flight from France to the U.S. in 2001. (The story is that he had become radicalized when he spent time in prison for petty crimes and then went on to Afghanistan and Pakistan where he was trained by Al Qaeda.) The focus on shoes and liquids does not appear to accomplish anything practical and is as logical as banning all British people from flights and banning all flights from the U.K. because these incidents involved a Brit and planes taking off from Britain. I am willing to bet that people with NPD and/or psychopathy would have come up with much better solutions. (They'd only make us take off our shoes just to piss us off and poke fun at us.)

That is one of the good things about diversity. The variety! The cornucopia of skills and talents!

When I started diving into personality disorders, I realized that I had a friend with a narcissistic personality disorder. It is important to realize that there is a difference between having a disorder and being called a narcissist, by the way.

For decades, my friend and I got along just fine. Yes, she has hurt me on occasion, but other people have hurt me too and I too have hurt other people on occasion. It is part of life! In fact, I ended up hurting her badly and that, partly, had to do with the way mental health professionals talk about people with NPD. I found that very confusing. It made me doubt myself. Was I wrong to trust and appreciate my friend the way I did?

“Yes,” was what the experts appeared to be saying. Was I truly that dense?

(As a result of my response, the friendship fell apart. It might not have happened if I had not been living in the U.K. at the time, as I might have been able to respond with more maturity – eh, less insecurity! – but that’s immaterial now.)

It’s highly ironic that members of the same professions (psychology and psychiatry) can also be very quick to dismiss people as delusional if those people look for support when they find themselves dealing with people with major personality disorders, but have no idea what they are dealing with.

Now, looking back, I can see that my friend actually had a great deal of trust towards me. She had said things to me that I didn’t understand at all at the time. She had told me things about which she simply could have lied to me to make things easier for herself because it concerned things that I had no way of verifying. Instead, she made herself vulnerable to the risk of rejection and criticism. I feel ashamed about how I’ve let her down, but I also feel that I’ve let myself down. I knew my friend well enough to know that I should not expect the impossible from her. Heck, there are things that other people shouldn’t expect from me either. I certainly knew very well that she sometimes responded in unusual ways. Now I understand why she may sometimes have felt joy when I encountered setbacks and why she couldn’t always be happy for me when I achieved something but those occasions have actually been pretty rare.

It seems to me that people with NPD may often look for a kind of measuring standard that can tell them how they are doing. At the same time, they may very literally reflect back how you treat them because how you treat them tells them who they are. (And then they are either very happy or deeply disappointed.)

That I meanwhile have developed a better understanding of my friend’s state of being probably means that I would now be able to handle any differences in opinion more intelligently than I have done on a few occasions in the now distant past.

Why should she have to tiptoe around me because I am neurotypical? I mean, we neurotypicals object to having to tiptoe around people who aren’t neurotypical, object to having to take the difference into account and object to being more accommodating toward them, but we blindly expect them to do that around us. Why is that? Because there are more of “us” than of “them”?

Most of us neurotypicals probably barely know who we are and what drives us and what we need to thrive. We usually are barely aware of our emotions and how they control us. So we make it easy for some of the people in the long tail of brain-based diversity to push our buttons and the way we respond then puts a downward spiral in motion. Why can't we neurotypicals just keep standing on our own two feet instead? Why can't we choose to smile and keep breathing?

Maybe we also need more democracy with regard to neurodiversity.

Maybe we should keep this statement by Brenda Hale (a British judge who ended up heading the U.K.'s Supreme Court) in mind more often:

**“The purpose of any human rights protection is to protect the rights of those whom the majority are unwilling to protect: democracy values everyone equally even if the majority do not.”**

The full range of neurodiversity does not only run from for example extreme altruism on one end to psychopathy on the other. It does not only include states of being in which people suffer or cause suffering and states of being that are merely different. Synesthesia is a form of neurodiversity. Whether you have migraines or not can also be a form of neurodiversity. People also have these different states of being in different degrees. Neurodiversity is a multidimensional space, not a collection of either/or conditions.

At the moment, the neurodiversity we humans have still results in the marginalization of many people, who often have talents and abilities that neurotypicals lack. We may have a much greater need for those qualities in the future.

What I am doing right now, using a QWERTY keyboard to type words that leave room for misinterpretation and that are restricted to the English language, is a pretty limited form of communication. We will communicate very differently in the distant future. That could for example involve the transmission of images between our brains. Work is already underway that looks at brain activity and reads the images that our brains see. What if, for example, autistic people are much better at that and will need to lead the way, including teaching neurotypicals how to develop and use these skills?

Come to think of it, accepting diversity is partly also a matter of finding the right language to reach different people. Verbal communication certainly does have its limitations. Many artists communicate very differently. I remember when someone gave me the tip that “creative types” work and communicate very differently than “us computer-oriented or scientific types”, shortly before I had a meeting with such a creative type. It is good to keep such things in mind and approach others with an open mind instead of with fixed expectations of how they should behave. (Again, I personally think that many English people are really simply plain crazy, however. I mean, that’s blatantly obvious. ;-) Anyone can see that. Clearly.)

Perhaps the best illustration of why we have diversity and that it helps us deal with challenges is dissociative identity disorder (DID). This used to be called multiple personality disorder and is often confused with schizophrenia.

(I believed schizophrenia – about which I know next to nothing – to be completely different from DID until I saw a TED Talk by someone who had been diagnosed with a form of schizophrenia that sounded more like a form of DID to me. That brings back of an echo of what I said about autism and psychopathy a few pages ago, so maybe some autism and some schizophrenia and some psychopathy is caused by external factors acting on very young developing brains, just like an arm that is broken over and over and over again. That provides a good analog for brain-based conditions. An open fracture does not mean that the arm is bad or that the person whose arm it is is bad, but that something happened to the arm. Here is the difficult part: By using a broken arm as an analogy I run the risk of seeming to suggest that neurodiversity needs to be “fixed”. The problem with anything brain-based that has no physical consequences is not whether something may have been caused by external factors or not, the problem is society’s lack of acceptance, the stigmatization and the lack of care and support when care and support are needed.)

Back to DID. Young children who are exposed to unbearable challenges can form multiple identities in their still-developing brains because the unique qualities of each of the individuals residing in their brains help them deal with the challenges they face. It’s a form of solidarity. “If you’re all alone, are dealing with horrible circumstances and have no one by your side, create your own support group” seems to be the strategy that such a developing brain applies.

The diversity that the brain can come up with in such circumstances is impressive and can include animals and even rocks. It’s an immensely creative invention, born from a strong will to survive. People who live

with such a condition aren't even mentally ill, though some of their identities can be. They do need to find a way to deal well with how their brain ticks and the first step toward that is understanding and acceptance. Sometimes, a form of healing may be possible that allows some of the identities to go to sleep or even "pass away". If there were no advantages in the wide range of diversity that DID displays, the human brain would not be using that the way it does. It wouldn't have come up with that diversity. DID could have resulted in cloned personalities with different names, but the human brain does not see that as a solution. DID may hold major clues as to why (neuro)diversity exists. Neurodiversity has to contain major advantages for the human species, even though some of it surely will be simply the result of chance, like so many things.

By the way, the personality of each of us neurotypicals can also be much more in flux than we are usually willing to accept, or aware of. We don't like that idea. Most of us are terrified of the idea that our future self may have dementia, even though that future self may actually be a happier person with simpler interests than our current self. Where does that come from? The powerlessness we feel is one factor, and it's a major one, but the competitiveness of our western capitalist societies surely is another. What do I mean by that? Take depression. Some African regions appear to have much fewer cases of depression. That's because depression is seen as something that needs to be addressed by the community. Its existence is not denied, but it's not seen as an individual's "problem". (That may hold important cues for how us whites in the west. Yes, I am writing this book from the biased position of a white middle-aged woman in a western country. I know that I am overlooking many angles in this book because I am not aware of them and that is often because it's never been part of the cultures I've lived in.)

To come back to brain-based conditions, the common refusal to accept that other people's brain-based conditions genuinely exist, the refusal to accept that the people who have them cannot change themselves at will and cannot be blamed for having them goes hand in hand with a crazy fascination with certain brain-based disorders in a safely distanced manner (fiction in books and films) and a lot of fear-mongering.

That causes a gridlock. It leaves many people struggling on their own, often with everyone around them accusing them, vilifying them and disowning them or simply ignoring them. It probably causes a lot of understandable anger, frustration and powerlessness that has the capability of completely spinning out of control. I suspect that the lack of

support for people with personality disorders and other mental health conditions can sometimes lead to the tragic excesses the public sometimes hears about. (Sadly, such tragic incidents are often instantly called terrorist attacks in some countries these days.)

Some people indeed do horrific things that are hard to understand. In the past decade, I have witnessed more cruelty than ever before and it provided me with some unexpected insights. This cruelty came from people in my surroundings and was deliberately aimed at me, to spite me. The situation's gone on for over a decade now and appears to classify as so-called sadistic stalking. It's a complicated and challenging (taxing) situation that's had serious consequences for my life and also for my physical health, but not necessarily a hopeless one. I am trying to make it work by creating synergy and by learning from it as much as I can. I am hoping to extend what I am learning to be able to help others in similar situations. Communication – mismatches in communication style – seems to play a major role in these situations and in neurodiversity in general.

There are no words for how you feel when you are confronted with an animal that comes to you for help, in terrible pain, because someone has cut its neck open to spite you or when you come home and an animal has been gotten to in its cage. Even worse, there is nowhere you can go for support when you're confronted with this kind of behavior and you don't even know who's doing this, let alone what you are dealing with and what you should do about it. You sound crazy and delusional when you talk about what is going on, and you know it. There are no objective ways to measure whether someone is crazy or not when she says things that make her sound crazy.

I learned an important lesson from it. When you are exposed to a lot of cruelty, and for a long time, you become on edge, nervous about the next bad thing that is going to happen. For a while, I was permanently anxious in anticipation of what might be next. This is very unhealthy for the body, obviously. I suspect that this is why the fear and disgust response can begin to disappear after a while. I observed that my own response to repeatedly seeing cruelty began to change. I found that a very worrisome development and I made a successful effort to rein it in and stop it. (What probably also played a role was that my life in southern England had become one of deprivation, isolation and little joy.)

It taught me something about how sadistic traits may come about in young children who suffer horrific abuse again and again and again or why long-term kidnapping victims sometimes go on to do horrible things. Their response becomes blunted and then it starts to change. This

change is not a choice. What I noticed in me happened beyond my control and it horrified me, frankly. As an adult with many other experiences and with well-functioning “brakes” in your mind, you can notice something like this in yourself – and intervene, however. Very young children who have never experienced anything else but cruelty cannot do that. So such children may either develop DID to keep themselves whole or develop serious personality disorders with severe sadistic traits. (People who don’t have a strong psychological core may be more susceptible to this too.)

Unfortunately, any kind of “mental health” condition – even when it is merely temporary just like many physical conditions – tends to burden people with a lasting stigma. Why? Why is it still much more accepted to be in a hospital with appendicitis or meningitis than because of a suicide attempt or a psychotic episode? It makes it so much harder for people to get the support they need when they need it.

There may be a solution that can help turn a lot of this around, both the stigma and the refusal to accept the reality of brain-based conditions, the refusal to accept the fact that people can have different brain structures and may genuinely not be able to control their behavior. (Notably, autistic children are often labeled spoiled or ill-behaved or naughty. Their parents are judged, too.)

Research has found that it can help toward the acceptance of so-called mental health conditions to translate them into visual information. Show people a brain scan of the person in their surroundings who is “not well in the head” and let them see how it deviates from a neurotypical brain’s scan. If the blood chemistry differs, show them that, in a colorful graph. It also makes acceptance easier for the people who have such brain-based conditions.

The visualization of the condition is the “broken arm” that tells other people that there really is something going on and that there is good reason to be mindful of the “arm” and avoid bumping into it. It helps people see that it really makes no sense to blame the person for the mental condition that he or she never asked for. It reveals that the person isn’t merely “behaving badly all the time” and is not refusing to “grow up”.

I would like to see this go further (see Appendix D). In Britain, several lengthy reports, including by the police’s own watchdog, have found that police forces are failing massively in how they deal with reports of

stalking. In all the assessed cases, the police officers involved let people down. This kind of failure leads to ruined lives, both among the stalking targets and among the stalkers. (If there is almost no support for victims, even in more serious cases of stalking, then how much support, do you reckon, is there for people who engage in stalking behaviors, for whom the threshold to seek support is much higher?) It sometimes also leads to injuries and deaths that could have been avoided. This calls for a very different, much more efficient approach that would free up regular police officers to focus more on the jobs they are supposed to do instead of having to deal with topics most officers are not trained for and are not equipped for.

For starters, police officers are not in any position to be able to assess someone's state of mind or mental health situation. At the moment, police officers still play an important role in caring for people with brain-based health conditions, however. Would you want police officers to operate on your heart or assess whether you may have breast cancer? If not, then why are we letting police officers play the lead role in so many situations that involve brain-based conditions?

Seven years ago, organizations in the Netherlands decided that people who are "confused", as the Dutch call it ("verward" or "in de war"), should no longer be allowed to land in police cells if no crime had been committed (the latter is, of course, also a matter for debate). Such people would no longer be put in handcuffs and bundled into police cars but transported in "psycholances". Here we go again. I find this an offensive term because of its association with the word "psycho", which has so many negative connotations (also in Dutch). It is easy enough to give such vehicles a much more neutral name like "hersensambulance" or "hersenzorg" ("brain ambulance" or "brain care") or even "GGZ ambulance" ("mental healthcare ambulance").

In spite of this, 75% of these patients were transported in Dutch police vehicles instead of ambulances in 2019. That year, there were over 96,000 reports about "confused people" in the country; around 2,300 people still ended up in a cell at a police station. The 2019 number of reports was twice the number of reports made in 2011. This has to do with the dismantling of care for people with brain-related conditions in the Netherlands. In the city of Rotterdam, 20% of those hospital beds were lost in 2012 alone; by the end of 2020, there will have been a decline of 33%.

In 2017, Rotterdam police officers were also the ones who tasered a naked patient who was already in solitary confinement at a hospital. They tasered him more than thirty times, in so-called pain compliance mode and even on the soles of his feet, for reasons that remain utterly

unclear. Amnesty International was appalled, along with many other organizations. The hospital regretted what had happened and allegedly filed a complaint about the tasing. When Dutch police officers are called to a mental health hospital, they take over all responsibility. Can it get any crazier than that? Police officers are never called to the hospital when a patient throws a clot during a surgery or is coming out of a coma, so why should police be called to a hospital and take over responsibility for a patient who has a brain-based condition?

Police forces in the Netherlands have been asking for more trained mental health professionals and more support for people with brain-based health conditions who live in the community. They have signaled that police officers are simply not equipped to assess someone's health condition and they don't want to have to play doctor any longer. I haven't heard similar calls for more medical staff involvement in communities from police forces in the U.K. yet (but I may simply have missed them). In Rotterdam, persons who are confused (including people with, for example, dementia) currently cause at least one fire per week.

Police officers generally assess someone's mental health and level of potential danger on the basis of how obedient and compliant someone is in response to orders given by police officers. Asserting one's rights or simply not responding – also for example by deaf people or because someone does not want to undress in front of male police officers or because the person is in his or her own home or yard and sees no reason to comply with nonsensical orders barked by a stranger who may not even be wearing a police uniform – can quickly get someone considered a “problem case”, notably if you are of a certain age or have a certain skin tone. But if you act in a docile robot-like manner and do as told, you are considered fine. That's utterly nuts.

The Netherlands was supposed to get a new national phone number to call with regard to “persons who are confused”, but it has not materialized yet. The Dutch continue to have to call the police unless they live in an area that has organized its own regional phone number.

Police should not have to play a role in health care. I would not want to take my car to the butcher or buy bread from a garbage collection van. So why do police officers continue to have to play the role of medical professionals? It means that in practice, police officers are perhaps the biggest reinforcers of mental health stigma. For starters, having to call the police for someone with a brain-based health condition suggests that the person has done something wrong and deserves to be punished.

To sum it up, all states of being have advantages and disadvantages and this also goes for brain-based diversity. To a large degree, it is a matter of needing greater equality (or “equity”, as some people call it, to distinguish it from “treating everyone the same”). When we talk about equality and equal opportunities, opponents often reject this as a ridiculous concept. The short story “Harrison Bergeron” by Kurt Vonnegut illustrates very well what they mean. It paints a world in which the sports practice of handicapping is applied to humans. The size and nature of the added handicap clearly reveal the characteristics of the person underneath the mask and costume.

That is not at all what the concept of “equal opportunities” is about. It is about not discriminating between different people who can do something equally well. It is about not making life more difficult for some people than for others. It is about ensuring everyone gets food, shelter and medical care and all the other human rights, including the right to live and to live one’s life freely. It is about not holding some people back and encouraging others, about allowing everyone room to thrive, to flourish. It is about enablement and empowerment.

It is about allowing Nicolas Joncour to go to school instead of sticking him in a psychiatric institution, beating him, or chaining him to his bed or to a wall. He isn’t even mentally unwell. His brain works fine, but it works differently. He communicates differently. Not being allowed to use your magnificent brain and being locked up, deprived of experiences, is enough to drive most people around the bend and scar them for life. Depriving children of meaningful communications impacts how their brains develop.