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PSYCHIATRY'S UNHOLY TRINITY--FRAUD, FEAR AND FORCE:
A PERSONAL ACCOUNT

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In 1959 a revolution took place in Cuba, the Cold War was in full throttle, the Eisenhower era was drawing to a close, and I moved to San Francisco where I would soon find myself in a hellish world of imprisonment and torture.

Born and raised in Brooklyn 27 years earlier, I had graduated from the University of Pennsylvania's Wharton School. After a two-year hitch in the Army, I managed and sold real estate in New York City and southern Florida for several years. Despite a poor record, I continued working in real estate in San Francisco.

A few months into my new job, things began to change for me, more internally, at least at first, than externally. Like so many of my generation, I was highly conventional in thought and lifestyle, and my goal in life was material success--I was a fifties' yuppie. But I began to discover a new world within myself, and the mundane world, seemed, comparatively speaking, drab and unfulfilling. I lost interest in my job and, not surprisingly, soon lost the job itself. Thereafter, I spent long hours reading and reflecting on nonfiction books that I found in second-hand bookstores and at the public library.

The book that influenced me most at that time was An Autobiography: The Story of My Experiments with Truth by Mohandas K. Gandhi. I adopted for myself his principles of nonviolent resistance, his interest in religion, and his practice of vegetarianism. In that book and other writings of his, Gandhi referred to the works that had helped shape his life. I was soon reading the Bhagavad Gita, the New Testament, Henry David Thoreau's essay on "Civil Disobedience," Leo Tolstoy's The Kingdom of God Is Within You, and the essays of Ralph Waldo Emerson. In keeping with the subtitle of Gandhi's autobiography, I started my own experimenting and this led to a complete reevaluation of my previously held values. Towards this end I broadened my reading to include, among many others, the Old Testament, Lao-tzu (Way of Life), William James (Varieties of Religious Experience), Henri Bergson (Two Sources of Religion and Morality), Joseph Campbell (Hero with a Thousand Faces), and the writings of Abraham Lincoln, Carl Jung, Arnold Toynbee, and Abraham Heschel.

The learning acquired during this exciting, wonder-filled time advanced my self-awareness and my understanding of the world. During this transitional period, however, my parents, who lived in Manhattan and visited me several times in San Francisco, became concerned with the changes they perceived in me. That I was living on my meager savings and not “gainfully employed” upset them. Perhaps more important, my newfound spiritually centered beliefs and vegetarian practices challenged them in ways they couldn’t handle. We were at loggerheads: if one side was right, the other had to be wrong, and neither side was willing to compromise.

The situation seemed to call for a parting of the ways, at least for a time. But my parents weren’t willing to back off.

They attributed the rift between us to my having a mental disorder. The changes I regarded as positive they regarded as symptomatic of “mental illness.” They urged me to consult a psychiatrist. I had done some reading in psychology but, while finding a number of valuable ideas, had rejected its overall approach as being too narrow--psychotherapy was not for me. Over a period of more than two years, the struggle between my parents and me intensified. Eventually, because I wouldn’t see a psychiatrist, my parents decided to force the psychiatrists on me. The way that was and still is being done in our society is by commitment, a euphemism for psychiatric incarceration. I was locked up at Mt. Zion Hospital in San Francisco on October 17, 1962.

During the same week that the world’s attention was focused on the Cuban Missile Crisis and the possibility of nuclear war, two physicians in a San Francisco hospital were focused on me and the possibility of my being mentally ill. They decided I was and gave me a “tentative diagnosis” of “schizophrenic reaction.” The case history section of the “Certificate of Medical Examiners” they signed read in full as follows: “Reportedly has been showing progressive personality changes over past 2 or 3 years. Grew withdrawn and asocial, couldn’t or wouldn’t work. Grew a beard, ate only vegetarian food and lived life of a beatnik - to a certain extent.”

On October 20 I was sent to Napa State Hospital, northeast of San Francisco, and from there, on December 15, to Twin Pines Hospital in Belmont, a suburb south of San Francisco, where I remained through the first week of June 1963. Early on, I was diagnosed as a “paranoid schizophrenic,” a label reserved not only for serial killers but for almost anyone else in a mental institution who refuses to knuckle under to psychiatric authority. Scattered throughout my medical records, 143 pages of which I obtained in 1974, were the “symptoms” and observations which, according to psychiatric ideology, supported the diagnosis. These included “condescending superior smile”; “vegetarian food idiosyncrasies”; “apathetic, flat affect”; “has a big black bushy beard and needs a haircut, he is very sloppy in appearance because of his beard”; “refuses to shave or to accept inoculations or medication”; “patient declined to comment on whether or not he thought he was a mentally ill person”; “no insight”; “impaired judgment”; “stilted, brief replies, often declines to answer, or comment”; “autistic”; “suspicious”; “delusions of superiority”; “paranoid delusions”; “bizarre behavior”; “seclusive”; “with-drawn, evasive and uncooperative and delusional”; “negativism”; “passively resistive”; “piercing eyes”; and “religious preoccupations.”

Soon after being imprisoned, psychiatrists tried to gain my consent to shock treatment--at first electroconvulsive treatment (ECT) but after being transferred to Twin Pines, "combined insulin coma-convulsive treatment." When I was "extremely resistive" to undergoing the latter procedure, the hospital filed for a court order authorizing force in administering the procedure. In the closing paragraph of the seven-paragraph letter to the court, the treating psychiatrist wrote, "In my professional opinion, this man is suffering from a Schizophrenic Reaction, Paranoid Type, Chronic, Severe, but it is felt he should have the benefit of an adequate course of treatment to see if this illness can be helped. In view of the extremes to which the patient carries his beliefs it is felt that the need of hospitalization and treatment under court order is a necessity as he is dangerous to himself and others under these circumstances."

On January 10, 1963, after a hearing at which I was present, the Superior Court of California in San Mateo County "ordered [me] committed to Twin Pines Hospital." The next day, the series began; there were in all 50 insulin coma treatments (ICT) and 35 electroconvulsive treatments.

Combined insulin coma-convulsive treatment was routinely administered to "schizophrenics" in the U.S. from the late 1930s through the mid-1960s. ECT was sometimes applied while the subject was in the coma phase of the ICT; sometimes the procedures were administered on separate days. Individual insulin sessions lasted from four to five hours. Large doses of injected insulin reduced the blood's sugar content triggering a physiological crisis manifested in the subject by blood pressure, breathing, heart, pulse, and temperature irregularities; flushing and pallor; incontinence and vomiting; moans and screams (referred to in the professional literature as "noisy excitement"); hunger pains ("hunger excitement"); sobbing, salivation, and sweating; restlessness; shaking and spasms, and sometimes convulsions.

The crisis intensified as the subject, after several hours, went into a coma. Brain-cell destruction occurred when the blood was unable to provide the sugar essential to the brain's survival; the sugar-starved brain then began feeding on itself for nourishment. The hour-long coma phase of the procedure ended with the administration of carbohydrates (glucose and sugar) by mouth, injection or stomach tube. If the subject could not be restored to consciousness by this method, they went into what were called "prolonged comas," which resulted in even more severe brain damage and sometimes death. According to the United States Public Health Service Shock Therapy Survey (October 1941), 122 state hospitals reported an insulin coma treatment mortality rate of 4.9 percent--121 deaths among 2,457 cases.(1)

After gaining my freedom, I tried to find out how psychiatrists justified their use of ICT. One of the clearest statements I uncovered came from Manfred Sakel, the Austrian psychiatrist who introduced the insulin method in 1933 and, after arriving in the United States a few years later, became its most active promoter. In a popular book on the state of psychiatry published in 1942, Dr. Sakel was quoted as follows: "With chronic schizophrenics, as with confirmed criminals, we can't hope for reform. Here the faulty pattern of functioning is irrevocably entrenched. Hence we must use more drastic measures to silence the dysfunctioning [brain] cells and so liberate the activity of the normal cells. This time we must *kill* the too vocal dysfunctioning cells. But can we do this without killing normal cells also? Can we *select* the cells we wish to destroy? I think we can" (italics in original).(2)

I didn't see it that way. For me, combined insulin coma-convulsive treatment was an attempt to break my will, to force me back to an earlier phase of my spiritual and intellectual development. It was also the most devastating, painful and humiliating experience of my life. Afterwards, I felt that every part of me was less than what it had been. Except for memory traces, some titles of the many books I had read, for example, my memory for the three preceding years was gone. The wipe-out in my mind was like a path cut across a heavily chalked blackboard with an eraser. I did not know that John F. Kennedy was president although he had been elected two and a half years earlier. There were also big chunks of memory loss for experiences and events spanning my entire life; my high school and college education was effectively destroyed. I came to believe that shock treatment was a brainwashing method. Some years later, I found corroboration for this opinion in a professional journal describing ECT's effect on patients by two psychiatrist-proponents of the procedure: "Their minds are like clean slates upon which we can write."(3)

Aside from being a flat-out atrocity, the use of combined insulin coma-convulsive treatment necessarily involved the violation of certain human rights; some are proclaimed in the Bill of Rights, all are cherished in a free society:

1. Freedom from "cruel and unusual punishments" (Eighth Amendment). If insulin coma treatment is not a torture, nothing is. Readers of the professional literature, however, receive barely a hint of this reality. The barbaric aspects of the procedure, if mentioned at all, are glossed over in understatement and euphemism; for example, one psychiatrist cautioned against allowing new insulin patients to see other patients further along in their treatment, thus saving them "the trauma of sudden introduction to the sight of patients in different stages of coma--a sight which is not very pleasant to an unaccustomed eye."(4)

I recall the horror of coming out of the last coma: severe hunger pains, perspiration, overwhelming fear and disorientation, alternating phases of unconsciousness and consciousness, strangers hovering over my strapped-down body (none of whom I recognized although I had been thrown in with them months before), being punctured with needles, heavily sugared orange juice ravenously drunk, and later being held up by one or two attendants in a shower where the filth was washed away. Brain damage caused by the treatments destroyed my memory of what the previous sessions had been like.

However, I remember what happened a week or two after completing my series when, having returned for lunch from "occupational therapy," I was sitting in the day room which was separated from the insulin-treatment area by a thick metal door. Suddenly I heard an indescribable, other-worldly scream. The metal door had been left slightly ajar and one of the new patients, a young musician, was undergoing insulin coma down the corridor on the other side of that door, and he was venting his pain. Almost immediately an attendant shut the door tight, but the scream, now muffled, lingered on for another few seconds. I don't recall any of my own screams; I will never forget his.

2. Freedom of thought (implicit in the First Amendment). The words of Oliver Wendell Holmes Sr. ring as true today as when he first wrote them in 1860: "The very aim and end of our institutions is just this: that we may think what we like and say what we think."(5) The brain-damaging force of insulin coma is second only to the lobotomy operation; it impedes the ability

to think, to create, and to generate ideas. Every ICT survivor experiences impaired thinking and knows what it means to lose memories, words (you have the idea but can't call to mind the word to fit it) and trains of thought not just once in a while, but repeatedly hour after hour, day after day. I have keenly felt these losses.

3. Freedom of religion (First Amendment). As noted above, the phrase "religious preoccupations" was among the symptoms recorded in my psychiatric records. One of these preoccupations concerned my beard, which the staff at both Napa State and Twin Pines Hospitals had been urging me, without success, to remove. In the midst of the series--after I had undergone 14 insulin comas and 17 electroshocks--the treating psychiatrist wrote my father, "In the last week Leonard was seen by the local rabbi, Rabbi Rosen, who spent a considerable period of time with him discussing the removal of his beard. I felt it was desirable to have the rabbi go over it with him, as Leonard seems to attach a great deal of religious significance to the beard. The rabbi was unable to change Leonard's thinking in this matter." At this point, the San Francisco psychiatrist who had been advising my father was brought in to interview me. After noting in the "Report of Consultant" that I was "essentially as paranoid as ever," he recommended that "during one of the comas his beard should be removed as a therapeutic device to provoke anxiety and make some change in his body image. Consultation should be obtained from the TP attorney as to the civil rights issues--but I doubt that these are crucial. The therapeutic effort is worth it--inasmuch that he can always grow another." On March 11, the "Doctor's Orders" read: "Pts beard to be shaved off & to be given hair cut - Observe very carefully today & tonite for any unpredictable behavior re suicidal or elopement [escape] REJ." The same psychiatrist wrote my father 10 days later, "Leonard's beard was removed this last week which caused him no great amount of distress..." The shock therapy in combination with the beard-shaving therapy "worked": I was soon shaving on my own. I have no direct memory of the struggle over my beard or of even having had a beard during this period.

4. Right to be let alone. In a 1928 Supreme Court decision (Olmstead v. United States), Associate Justice Louis D. Brandeis wrote, "The makers of our Constitution... conferred, as against the Government, the right to be let alone--the most comprehensive of rights and the right most valued by civilized men." Without having been proved guilty of violating anyone else's rights, I had been deprived of my freedom and made to undergo corporal punishment disguised as medical treatment. In the truest sense of the term, I was minding my own business, exercising my right to be let alone. As a young man, I thought that in the United States this right was protected; I was wrong. That was 40 years ago, but it's still happening as literally millions of innocent people every year are being locked up, for short and long periods of time, in psychiatric facilities where their rights are trampled on and they are subjected to psychiatric treatment against their will or without their fully informed consent.

Aside from the serious and permanent memory loss, other effects of those nearly eight months of confinement and forced treatment include a general slowing of the thought processes and a loss of drive and stamina. But by psychiatric standards, I am still "essentially as paranoid as ever." I still have my "vegetarian food idiosyncracies." I have regrown my "big black [now graying] bushy beard." And, what is more, I have maintained all my "religious preoccupations."

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3. Cyril J.C. Kennedy and David Anchel, "Regressive Electric-Shock in Schizophrenics Refractory to Other Shock Therapies," Psychiatric Quarterly, vol. 22, 1948, p. 318.
4. Alexander Gralnick, "Psychotherapeutic and Interpersonal Aspects of Insulin Treatment," Psychiatric Quarterly, vol. 18, 1944, p. 187.
5. Oliver Wendell Holmes Sr., The Professor at the Breakfast Table (New York: E.P. Dutton, 1931 [1860]), ch. 5.

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[Biographical note: After being released from Twin Pines Hospital in 1963, Mr. Frank spent the next six years in study, reeducating himself. Since the early 1970s he has been active in the psychiatric survivors movement, first as a staff member of Madness Network News (1972) and then as the co-founder of the Network Against Psychiatric Assault (1974)--both based in San Francisco and dedicated to ending abuses in the psychiatric system. In 1978 he edited and published The History of Shock Treatment. Since 1995, three books of quotations he edited have been published: Influencing Minds: A Reader in Quotations, Random House Webster's Quotationary, and Random House Webster's Wit & Humor Quotationary.