

# Psychiatry As Social Control

by Don Weitz

The psychiatric system, called by the common euphemism “mental health system” is not and never was a system of health or healing - it's a system of social control based not on 'medical science' but on what shock survivor-activist-author Leonard Roy Frank aptly calls psychiatry's 3Fs: force, fear and fraud.

## Fraud

Psychiatrists routinely label dissident citizens with pseudo-medical diagnoses as if they are real diseases or brain disorders. As dissident psychiatrist Thomas Szasz and other critics have frequently explained, “mental illness” is a myth, a metaphor for common personal crises or emotional problems in our lives. Psychiatry, particularly the American Psychiatric Association, has illogically pathologized them as “mental disorders”. In medicine, “cellular pathology” is the only criterion of disease, yet psychiatry has never proved the existence of such pathology, never produced scientific evidence of any disease process or "chemical imbalance" in the brain for "schizophrenia", "bipolar mood disorder", "personality disorder", "attention deficit hyperactivity disorder/ADHD" - to name a few of over 300 labels in psychiatry's Diagnostic and Statistical Manual of Mental Disorders (DSM IV). Further, auditory and visual hallucinations (visions, unusual perceptual experiences) and delusions (false or irrational beliefs) may be disturbing, but they are not “symptoms of mental illness” or “mental disorder”. The DSM’s descriptions of symptoms or criteria of mental disorders are extremely vague and pejorative, they read like negative moral judgments or character assassinations. Labeling a person “mentally ill” because he/she may appear “crazy”, “insane” or irrational, the labeler then feels justified in demanding involuntary committal and forced treatment; e.g., administering drugs and electroshock (“ECT”) without informed consent. If there is no “mental illness”, there is no legal or ethical basis for treatment. Nevertheless, this medical fraud and quackery continue under the guise of “mental health”.

## Force

Psychiatrists use the police powers of the state to lock up citizens against their will and deny them their legal rights including the right to a public hearing or court trial before loss of freedom. It's called "involuntary committal"; unfortunately it's legal and enshrined in all mental health legislation in Canada, the United States, the UK and other European countries. Involuntary committal is a form of preventive detention; in the Canadian Charter of Rights and Freedoms it's prohibited as "arbitrary detention". After psychiatrists label citizens in personal crisis "mentally ill", "psychotic" or "schizophrenic", they deny them freedom and other human rights ("privileges")-- simply on the belief or suspicion they may be dangerous to themselves and/or other people. It's all subjective but legal. Locking up people on the belief they may be dangerous and without a prior court trial or public hearing is a serious violation of international law and human rights.

"Mental health patients" are treated like prisoners-- forbidden to leave the locked wards without permission or "privileges" which in fact are human rights, and forced to submit to brain-damaging procedures such as heavy doses of neuroleptics ("antipsychotics"), antidepressants, and/or electroshock ("ECT"), which they typically experience as punishment, cruelty, or torture. Psychiatrists are legally authorized to use force for "the patient's own good" - a clear violation of the dictum *First do no harm* in the Hippocratic Oath. Forced treatment is an oxymoron. Use of force in psychiatry includes involuntary committal, community treatment orders, forced drugging, electroshock, physical restraints, 'seclusion' (solitary confinement), threats and intimidation - elements of social control, not treatment.

Psychiatric drugs ("medication")-particularly megadoses of mind-numbing antidepressants and neuroleptics and memory-destroying, brain-damaging shock treatments ("ECT") are feared weapons that psychiatrists use as threats or "special treatment" to enforce patient compliance. If none of these "safe and effective treatments" works, there are always physical restraints and 'seclusion'; they exist on virtually every psychiatric ward for dealing with "unmanageable", "uncontrollable", or "non-compliant" patients. The physical restraint process involves tying or strapping the patient to the bed in 2-point or 4-point restraints (usually leather cuffs) which quickly achieves immobility, powerlessness, total control. Restrained for many hours or days,

the patient is forced to remain almost motionless on his or her back in a spread-eagle position with both wrists and/or ankles securely tied to the bed. During testimony at the 2008 inquest into the horrific, totally preventable death of 34-year-old Jeffrey James on July 13, 2005, we learned that psychiatrists had immobilized him in 4-point restraints for 5 ½ consecutive days while locked up in Toronto's Centre for Addiction and Mental Health (CAMH). In a 1998 series of investigative reports titled "Deadly Restraint" in *The Hartford Journal*, reporters uncovered hundreds of restraint deaths in the United States; in Canada, probably many such deaths have been unreported, not investigated or covered up. Not surprising since under the Ontario government's *Coroner's Act*, investigations into deaths of hospitalized psychiatric patients are "discretionary" or not mandatory, yet mandatory for prisoner deaths.

There's also "seclusion" or "locked seclusion", a form of sensory deprivation or solitary confinement that exists on every psychiatric ward, it's reserved for allegedly "violent" or "out-of control" patients. Prisoners call it 'the hole'.

### **Fear/Terror**

*Terror acts powerfully on the body, through the medium of the mind, and should be employed in the cure of madness. . . FEAR, accompanied with PAIN, and a sense of SHAME, has sometimes cured this disease.*

- Benjamin Rush, M.D., *Medical Inquiries and Observations Upon the Diseases of the Mind*, 2nd ed, 1818, 'father' of the American Psychiatric Association

In the "mental health" system, fear, terror and threat of violence are endemic, they're everywhere, you can almost taste and smell them on every psychiatric ward and in the hallways of every psychiatric facility. Fear is immediately triggered when a psychiatrist tells you you're not going home soon, you're going to be "sedated" with one or more "antipsychotics" (brain-damaging neuroleptic drugs), or an antidepressant. Although both classes of drugs not only drive you crazy or "psychotic" but also cause memory loss and brain damage, psychiatrists generally do not inform their patients of these common and traumatic effects - minimized as "side effects". Since psychiatrists routinely fail to explain to patients what the immediate or long-term effects of the drug(s) and electroshock ("ECT") are, virtually everyone is understandably afraid, terrified. As a 'patient', you're also not told when you are "well enough" or "ready" to be released - that's totally up to your psychiatrist or "the treatment team" - you have no influence or control over this fateful decision. To be afraid or terror-stricken on a psychiatric ward is

par for the course. For example, while locked up for 15 months in McLean Hospital in the 1950s, I was almost constantly afraid and anxious. I didn't know I would be subjected to insulin shock, electroshock or both– the psychiatrist never informed or explained subcoma insulin shock to me, an obvious and common violation of the “legal right to informed consent” and medical ethics. Also, no psychiatrist informed me when I would be released until a few days or a week before the actual day. In psychiatry, keeping the patient uncertain, vulnerable, powerless, and fearful was and still is an essential part of “treatment”.

Let's get real. Psychiatry is not medicine or “medical science--it's fraud in the service of social control.

Biographical note: Don Weitz is an antipsychiatry activist, co-editor of *Shrink Resistant: the struggle against psychiatry in Canada*, and executive member of the Coalition Against Psychiatric Assault.