Debate

The Policies and Practices of American Psychiatry Are Oppressive

Leonard Roy Frank

The author argues that psychiatry is not a medical specialty but an instrument for the social control of people whose ideas, actions, values, and life-styles threaten or disrupt established power relationships within families, communities, or society. Psychiatry's instruments for social control are involuntary incarceration and so-called treatment in facilities in which inmates are brutalized, harassed, neglected, and humiliated. The major somatic psychiatric treatments—drugs, electroconvulsive therapy (ECT), and lobotomy—have produced an epidemic of neurological and brain dysfunction, such as tardive dyskinesia, associated with neuroleptic drugs, and memory impairment, associated with ECT. The author condemns the freezing experiments conducted on psychiatric inmates in the United States and on concentration-camp inmates in Germany during the 1940s.

We of the psychiatric inmates' liberation movement affirm the statement that the policies and practices of American psychiatry are oppressive. Our supporting arguments are presented here in the name of the many millions of human beings whose lives psychiatry has damaged, whose lives psychiatry has ruined, whose lives psychiatry has shortened, and whose lives psychiatry has taken.

The roots of psychiatric authority are not compassion, understanding, and medical knowledge, as psychiatrists would like others—but more especially themselves—to believe. The roots of psychiatric authority are fraud, fear, and force, psychiatry's unholy trinity (1–7).

Psychiatry is a fraud because it falsely claims to be a medical specialty. At the heart of psychiatric ideology is the notion that "mental illness" is a disease like any other medical disease. But a disease is a condition of the body. The mind, not being physical, can be diseased only in a metaphorical sense. To maintain its link to medicine, psychiatry has literalized this metaphor (8). In doing so psychiatry has been able to disguise its real function in society, which is to serve as an instrument of social control.

Through the use of labels, such as "mentally ill," "psychotic," "schizophrenic," and the like, psychiatry attacks people's credibility and invalidates their anger, bitterness, and despair, which are reactions to real oppression and powerlessness. Labeling is just another way of blaming the victim, a process that inevitably leads to further victimization. There is no more effective way of depoliticizing people, rendering them weak and helpless, than by psychiatricizing their problems.

Mental illness is a pejorative label used to justify the social control of selected individuals through involuntary psychiatric interventions. Those affected—generally the most oppressed members of society—are troubled or troublesome people who usually have not violated any laws and therefore cannot be criminally prosecuted and imprisoned, but whose ideas, actions, values, and life-styles disrupt or threaten to disrupt established power relationships within the family, the community, or society at large.

Psychiatric inmates know only too well the meaning of fear in connection with psychiatry. It is more than a fear of being locked up. Losing one's freedom is bad enough, but what happens to most people in psychiatric facilities inspires a much deeper fear. I refer to the neglect, humiliation, harassment, and brutality of these places. Moreover, inmates know that as terrible as their situation is, psychi-

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Is American Psychiatry Oppressive to Patients?

Editor's Note: One of psychiatry's most pressing challenges is to develop a productive dialogue with former patients who feel that psychiatry has compromised their civil rights, denied them control of their lives, and impaired their physical and emotional health. In this issue, Leonard Roy Frank, cofounder of the Network Against Psychiatric Assault, and psychiatrist Harvey Ruben consider whether the policies and practices of American psychiatry are oppressive. Their papers are based on a debate at the American Psychiatric Association annual meeting held May 18–24, 1985, in Dallas. Dr. Ruben's rebuttal begins on page 501.

atrists have the power to make it more terrible. Even after being released, these fears remain with former inmates, for there is always the chance that they'll be locked up again.

But not only do those who have experienced psychiatry firsthand carry these fears: practically everyone knows something about psychiatry's role in society. And the more people know about it, the more intimidated they become. Thus there is strong pressure on people to avoid psychiatry, and the surest way they can avoid it is to do what is expected of them and keep their mouths shut. Therein lies psychiatry's covert, or indirect, social-control function.

Force is the cornerstone of psychiatric practice. Without the power delegated by the state to incarcerate and impose so-called treatment, psychiatry would undoubtedly lose most of its hold on people. Even when someone appears to have accepted psychiatric treatment voluntarily, it is rare that the individual has been truthfully or fully informed about its effects (9). More significantly, a psychiatrist's treatment recommendation usually is, in the style of the *Godfather*, an offer that can't be refused. That is especially true in psychiatric facilities, where inmates quickly learn that active or passive resistance to treatment will almost surely result in their being forcibly treated.

Drugs, electroshock, and lobotomy

Psychiatry's somatic treatments—drugs, shock, and lobotomy—continue to be a major source of concern and outrage for members of the psychiatric inmates' liberation movement. Drugs are the most widely used somatic treatment in psychiatry. There are many psychiatric drugs, but they basically fall into eight or nine categories. The most important categories from the standpoint of psychiatric oppression are the neuroleptics, such as Haldol, Prolixin, and Thorazine, which are more popularly known as the major tranquilizers; the antidepressants, such as Elavil, Norpramin, and Nardil; and lithium.

These three groups constitute what some critics call the major depressants because they all have the same depressing effect on the central nervous system and because they all serve the same social control function (10). Psychiatrists not only trivialize the deadening effects of these drugs but often identify them as signs of improvement. These effects include the zombielike state so typical among drugged inmates in psychiatric facilities and, these days, among deinstitutionalized people who take psychiatric drugs.

Certain psychiatric drugs have caused an epidemic of permanent brain and neurological damage (11,12). The neuroleptics, for example, are responsible for the development of tardive dyskinesia among 20 to 40 percent of those who use them regularly. Millions of people are afflicted with this disorder, the signs of which are grotesque, uncontrollable muscle movements, mostly of the mouth, tongue, and face, but also of the respiratory system, swallowing apparatus, and the arms and legs. For the fortunate few the disorder may disappear following drug withdrawal, but for many others it lasts forever.

Psychiatrists have recently acknowledged that tardive dyskinesia is often accompanied by intellectual and emotional deterioration called tardive dysmentia (13). Now, finally, characteristics that many psychiatrists have regarded as symptoms of so-called chronic mental illness, such as mood instability, hostility, and forgetfulness, are being seen for what they really are: the effects of persistent neuroleptic drug use. It is for good reason that the author of an early article on Thorazine described its use as a "pharmacological substitute for lobotomy" (14).

The case against electroshock, also known as electroconvulsive therapy or ECT, is at least as compelling as that against the psychiatric drugs. Neurological reports, brain wave studies, clinical observations, and autopsy studies demonstrate that electroshock damages the brain (15–19).

I myself have been electroshocked (20). I've also spoken and corresponded with hundreds of other survivors of ECT. There is practically universal agreement among us that electroshock produces memory loss, learning disability, loss of creativity, apathy, debilitation, pain, fear, and humiliation. These effects are often severe and lasting, a fact that psychiatrists consistently deny. The extent of the public's confusion surrounding the use of electroshock is illustrated by this thought. When an interrogator applies ten volts of electricity to the genitals of a political prisoner, it's called torture. When a psychiatrist jolts the brain of a psychiatric inmate with an electric current 15 times stronger, it's called treatment.

Every year in this country alone, 100,000 people undergo ECT; about a hundred of them die from it (21). Twice as many women as men undergo electroshock (15). The elderly are also being electroshocked in disproportionately large numbers. According to a 1981 report distributed by the state of California, 63 percent of the people treated in a San Francisco Bay Area shock center were 65 years of age or older (22).

Firsthand accounts. People who really want to understand the truth about psychiatric drugs and electroshock and what they do to people should read the personal accounts of those who have actually experienced them (23–25). In 1977 Janet Gotkin, author of *Too Much Anger, Too Many Tears* (26), testified on the effect of psychiatric drugs at a U.S. Senate subcommittee hearing (27). She said, "My tongue was so fuzzy, so thick, I could barely speak. . . . It was so hard to think, the effort was so great; more often than not I would fall into a stupor of not caring or I would go to sleep. In eight years I did not read an entire book, or see a whole movie. I could not focus my blurred eyes to read and I always fell asleep at a film. People's

voices came through filtered, strange. They could not penetrate my Thorazine fog, and I could not escape my drug prison."

In December 1984 Linda Andre, a 25-year-old writer, had a series of 15 electroshocks in the prestigious Payne Whitney Psychiatric Clinic in New York City. During a recent radio interview, she said, "I can't remember anything that happened to me for the entire year preceding the hospitalization, and even a lot of things before that year. . . . It's a matter of losing skills, losing learning I had accumulated . . . . My entire college education has been completely wiped out and besides that all the reading and learning that I did on my own in the past three years. . . . I guess the doctors would consider [that ECT] had beneficial effects because it has 'cured my depression,' but it's cured my depression by ruining my life, by taking away everything that made it worth having in the first place. . . . It's really important to point out what it does to your emotions. It's like I exist in this kind of nowhere world right now. I don't feel depressed. On the other hand I don't feel happy. I just kind of feel nothing at all" (28).

Silent victims. I often wonder about the victims of psychiatry who do not speak out, whose silence is enforced by fear of stigmatization and retaliation or whose ability to understand and to speak coherently has been impaired through treatment-induced brain damage. I also think about what those who have been victimized the most by psychiatry might have said had they been given the chance. I am reminded of the four-year-old boy on whom Walter Freeman, the leading American lobotomist, and his associate James Watts operated in 1943. They described the boy as "absolutely incorrigible, destructive, [and] assaultive," and wrote that "unfortunately the possibility in this case will remain unknown because after return home, and when things were going well, he contracted meningitis and died three weeks after the operation" (29).

The victim's age makes this an extreme example of psychiatric inhumanity, but, really, how much less inhumane is mutilating the brain of a 20-year-old or 60-year-old person? Between the mid-1930s and the 1960s, psychiatrists lobotomized or arranged for the lobotomies of 50,000 Americans of all ages. The case of the little boy described above is also noteworthy because it reveals a common method of covering up deaths due to somatic treatment—simply attributing them to other causes.

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Tragically enough psychiatrists still subject people to lobotomy and other psychosurgical techniques (30). And they're proud of it. In its December 1982 issue, the *American Journal of Psychiatry*, the official journal of the American Psychiatric Association, published a report that modified lobotomy was a "safe and effective treatment" for intractable obsessional neurosis (31).

Yes, all of these activities are going on with the support of the American Psychiatric Association, which opposes, and has always opposed, every legitimate effort to establish and protect the human rights of those labeled mentally ill.

Victims of experimental psychiatry

The similarities between the treatment of concentration-camp inmates in Nazi Germany and the treatment of psychiatric inmates in the United States are not coincidental.

Soon after the Second World War, the world learned to its horror about the freezing experiments German doctors had conducted on concentration-camp inmates at Dachau. Prisoners were kept in icy water for prolonged periods. The doctors were supposedly trying to discover the most effective techniques for rewarming German flyers picked up from the sea after their planes had been shot down.

Almost unknown were the freezing experiments American psychiatrists carried out on psychiatric inmates during the same period that the Nazi experiments were conducted, and even later. In a 1943 article, Drs. Douglas Goldman and Maynard Murray (32) described their use of refrigeration therapy on 14 women and two men, all of whom had previously undergone insulin or Metrazol shock or both. In each of the 54 freezing sessions, subjects' body temperatures plummeted to below 90 degrees, for an average of 31 hours.

According to the authors, some subjects "were able to cooperate fairly well with temperatures of 85 degrees, but others were stuporous or restless at all temperature levels." The word "restless" in psychiatry, by the way, can describe behavior ranging from pacing back and forth to being mildly agitated to screaming in agony.

Five subjects developed serious lung inflammations. Two died. The authors wrote that "both these patients suffered from mental illness of long standing which quite justified the risk associated with the treatment. . . . Another patient died two months after the treatment without apparent cause. . . . Suspicion of some occult neurocirculatory damage from the treatment lurks in the minds of some of the physicians on the service." Because of poor results, the psychiatrists suspended use of the procedure, "at least for the time being. This is with a keen sense of disappointment after faithful, conscientious effort to make the treatment successful."

I do not know if Drs. Goldman

and Murray ever resumed their experiment, but other psychiatrists were ready to take their place. In 1949, Drs. J. B. Spradley and M. Marin-Foucher (33) reported on their use of hypothermia at Trenton (N.J.) State Hospital. In their review of the literature on freezing in psychiatry, they wrote briefly about the Goldman and Murray study but deceitfully neglected to mention the three refrigeration-caused deaths it reported. However, Spradley and Marin-Foucher described and commented at some length on the freezing torture perpetrated under the guise of medical experimentation by the SS at Dachau. They wrote, "German researchers . . . inhumanly exposed prisoners . . . to temperatures low enough to produce the death of hundreds of victims. These iniquitous attempts were inspired by the perverted mind of Heinrich Himmler, who boasted about his accomplishments and organized the experiment on a vast scale with the faithful cooperation of . . . German physicians."

Spradley and Marin-Foucher went on to detail their use of the freezing technique on 30 psychiatric inmates, concluding that the technique's "possibilities appear to be unlimited." This is the last published study of freezing in psychiatry of which I am aware.

These two reports are almost as incredible as they are horrible. They are a model of what members of the psychiatric inmates' liberation movement regard as psychiatric self-deception, insensitivity, mystification, cruelty, and violence. In no significant way did the abominations perpetrated by the German and American doctors differ. The American psychiatrists used terms such as "inhumanly exposed prisoners," "iniquitous attempts," and "perverted mind" in describing Himmler and his medical accomplices and their experiments, but they failed to see that those very words could be applied to themselves as well.

None of the psychiatrists showed even a flicker of concern for their victims. Incidentally the authors of both articles always used the term treatment when describing their own techniques. The word experiment appears just once in the two articles, to describe Himmler's ghastly project.

In the late 1930s, while psychiatric inmates in the United States were being assaulted with and dying from various forms of shock treatment and lobotomy—one survey showed a 4.9 percent death rate among state hospital inmates who were administered insulin shock (34)—psychiatrists in Germany's state hospitals were developing the techniques of mass killing that would be used later in the death camps. The first gassings took place in these hospitals, and the first victims were psychiatric inmates (35). The gassings were all part of psychiatry's "euthanasia" program for those labeled mentally ill and retarded.

Before the program ended in 1945, sometime after Germany surrendered, psychiatrists had gassed, beaten, starved, and drugged to death 275,000 institutionalized people (35). The psychiatrists made the "selections" at the state hospitals and later, with other physicians, they made the selections at the death camps. None of this is mentioned in any standard book about psychiatric history.

Many of Germany's leading psychiatrists, including medical school professors and state hospital directors, participated in the killings of psychiatric inmates. They ordered, administered, and carried out the program. In a chapter from his book *A Sign for Cain*, psychiatrist Frederic Wertham (35) recounted the horrendous story of the killings of psychiatric inmates in Nazi Germany and commented that these psychiatrists "were by no means products of Nazism, but were parallel phenomena. Their thinking was similar: the attacking of a social problem by violence."

Now as then, psychiatrists the world over attack social problems with violence. The logical extension of this approach is murder. Hence our sorrow—and our anger.

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