

# Safe from chronic insanity?

By Leonard Roy Frank

I read with great interest and appreciation Mary Ann Hogan's five-part series on "The Mental Health Maze," (Oakland Tribune/Eastbay TODAY, March 8-12). However, as a former psychiatric inmate, I know of a few shortcomings in the series.

Hogan refers to the abuses of psychiatric inmates in California's state hospitals prior to passage of the Lanterman-Petris-Short Act (1967), which at the time was hailed as "The Patient's Bill of Rights," and which she said has led to "our coming out of a darker age."

According to Hogan, LPS established "distinct criteria" for commitment, namely "dangerousness or grave disability" as a result of mental disorder. This is just not so. Nowhere in the law, for example, is the term "mental disorder" defined. At best, the term is a vague construct, one that the law has left to the psychiatrists to define. Based on their arbitrary judgments hundreds of thousands of Californians have been denied their freedom under LPS.

Let us assume that during the Middle Ages a law was passed which provided for the incarceration of persons said to be dangerous or gravely disabled as a result of heresy. Let us further assume that because this law did not define heresy, it was left to the inquisitors to define. Unlike the people of that darker age, most of us today would regard such a law as outrageous. In my view, the manner in which LPS deals with the term "mental disorder" is no less outrageous.

Once institutionalized, LPS grants inmates certain rights: Hogan mentions the right to make phone calls, have visitors, wear their own clothes, etc. but nowhere does she point out that immediately following the rights-enumeration section there is a section which declares that the director of the psychiatric facility "or his designee may, for good cause, deny a person any of (these) rights." Again, "good cause" — the key term — is not defined, and the inmate remains as he was before the law was enacted practically defenseless.

Let me cite one example which better than any I am aware of characterizes the deplorable situation inmates in the state's psychiatric institutions are faced with because LPS fails to protect their rights. According to an article in the Sacramento Bee (Dec. 29, 1980), an official report, dated June 27, 1978, revealed that there were "incompetent or negligent actions by physician and nursing staff members" in the deaths of 120 state hospital patients between 1973 and 1976. The study mentioned questionable drug-prescription practices, including "excessive dosages of psychoactive drugs" as a major problem. Although overlooked in the Bee article, this study indicated that of the 120 deaths 64 were psychoactive drug-related. This, mind you, was during a period when the total average daily inmate population in California's state hospitals had been reduced by roughly 80 percent from what it had been at its peak in 1957. (One can only shudder when considering the extent of such deaths back in the 50s and 60s.)

Judging from standard institutional practice, it can be safely assumed that very few, if any, of the 64 victims had given their fully informed, uncoerced consent to the drugs which may have killed them. To date, there have been no convictions of the responsible parties; nor has there been any reported administrative disciplinary ac-

tion taken against them. It is likely that many of them are still working in California's psychiatric system.

While agreeing with most of what Stephen C. Homer, an attorney with the Alameda County Public Defender's Office, was quoted as saying in the series' third article, I would go further than he goes in one instance. To his statement, "If you lock up 20 people because one of them is dangerous, then you have a dangerous society," I would respond that if you lock up anyone because he is dangerous, then you do not have a free society. In a free society only those proved guilty of breaking the law may be legitimately incarcerated. Locking up innocent people because they are thought to be dangerous amounts to preventive detention, an odious concept to all lovers of liberty and one of the injustices which the founders of this country fought a revolution to correct.

Hogan gave only an inkling of what the actual experience of institutionalization is like from the perspective of those who have had to endure it. For almost all of us in the psychiatric inmates liberation movement (which she fairly described in the fourth article of her series) suffering time in a locked psychiatric institution was the most mortifying, devastating experience of our lives, akin to what we imagine suffering time in a Nazi concentration camp would have been like. Bear in mind, I'm not saying that the two kinds of institutions are in all ways alike: I'm saying they are in some ways alike, which is of course a serious enough charge against the psychiatric profession and the society which sanctions its role.

Concentration camp and psychiatric institution are both totalitarian in structure: Rules and regulations are not made by those who are forced to obey them. People are sent to each of them not because of what they have done but because of who they are. In both institutions inmates are dehumanized and humiliated. In the concentration camp inmates were identified by numbers and deprived of the most fundamental necessities; in the psychiatric institution they are addressed by their first names and repeatedly told how "sick" they are. In both institutions inmates who refuse to cooperate are systematically punished to enforce obedience on them and to intimidate others similarly inclined.

The aim of both institutions is to break the inmate's spirit. In the concentration camp inmates were placed on starvation diets, worked to the point of exhaustion, and mercilessly beaten; in the psychiatric institution they are fed nutritionless food, placed in isolation cells, and drugged till confused, debilitated and apathetic.

In both institutions inmate submissiveness is held up as the ideal. A major difference between the two institutions is that after attaining the ideal of submissiveness the concentration camp inmate was gassed and ovened, while the psychiatric inmate is returned to the community and displayed as but another example of "therapeutic success."

Let us remember that the inquisitors didn't regard burning at the stake as punishment. It was done for the victims' own good, to save them from eternal damnation. In the same way, psychiatrists today drug, electroshock, and lobotomize their victims not as punishment, but for their own good, to save them from "chronic insanity."

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