

## Caution: Psychiatry May Be Hazardous To Your Health

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Having recently attended the 132<sup>nd</sup> annual convention of the American Psychiatric Association (APA), I listened, along with several thousand other psychiatrists crowded into the International Ballroom of Chicago's Conrad Hilton Hotel, to Rosalynn Carter ask the psychiatrists to lobby for the President's new Mental Health Systems Act, as honorary chairperson of the President's Commission on Mental Health.

Mrs. Carter and the Commission have been conducting hearings throughout the nation, getting input from professionals, concerned citizens, bureaucrats and patients and other assorted applicants. Mrs. Carter repeated a theme she has with good reason emphasized before. Eliminating the stigma attached to mental illness, she said, was perhaps the key to better treatment for mental patients. If they were accepted, she went on, the laws, the funding, the programs would fall naturally into place.

With these sentiments one could hardly quarrel. The problem however was that Mrs. Carter, by virtue of accepting a special award from the APA, and in turn asking the psychiatrists to lobby for the president's legislation, was thereby courting the very people responsible for a good deal of the stigma she so rightly lamented.

It's a natural enough assumption. Doctors are assumed to be healers, not oppressors, and she is not to be faulted too harshly. Nonetheless the role of the psychiatric profession in the systematic degradation, humiliation, and brutalization of psychiatric inmates must be faced. How does it happen that psychiatrists perpetrate the stigmatization and oppression of mental patients?

Stigma is the inevitable result of discrimination. Much like the Supreme Court's 1954 recognition that segregated schools were inherently unequal, the fact that mental patients are treated in a special way by the legal system ensures their ill treatment. Rights supposedly guaranteed to everyone else by the Constitution are *as a matter of state policy* denied mental patients.

We say one is innocent until proven guilty, yet every year about one million of our citizens are forcibly placed in buildings called mental hospitals but which amount to prisons. This punishment, euphemistically called involuntary treatment, occurs despite the absence of any criminal charge let alone conviction. Forced drugging, virtually standard operating procedure in mental institutions these days, amounts to assault and battery and would be so considered under any other circumstances but is inflicted by psychiatrists with the blessings of the courts on mental patients "for their own good."

Psychiatric testimony in court, amounting usually to a disguised form of character assassination, frequently is used to place a person under conservatorship thereby denying them full citizenship. This is where the mythologies which underpin stigmatization begin, because in order to justify such discriminatory practices we will then convince ourselves that the oppressed group is "different" and therefore requires such treatment.

"Niggras" were stupid, lazy and over sexed, and therefore fit for nothing but slavery. Indians were treacherous so the only good one was a dead one. Similarly, mental patients are "dangerous" and too sick to understand that they need help. Thus, slavery of Blacks, massacre of Indians and incarceration and drugging of mental patients is rationalized.

The irony of Mrs. Carter's well-meaning but naive courtship with the APA is that every recent development which promises to help us mature as a society and thereby move away from this historic pattern of discrimination against the mentally troubled has been vehemently opposed by psychiatrists.

All other patients have the absolute right to reject treatments offered by their physician, but Dr. Alan Stone, President of the APA and professor of law and psychiatry at Harvard recently summed up the official position of psychiatry, stating that if hospitalized mental patients could not be drugged against their will, bedlam would result.

Legislation to give mental patients even a little more say over whether they can be drugged, shocked, or receive psychosurgery is vehemently and hysterically opposed by the American Psychiatric Association. The psychiatrists claim that such statutory protections violate the private relationship between doctor and patient, but what they fail to mention is that a relationship in which the psychiatrist, with state delegated authority, may forcibly violate one's body, can hardly be called private.

Mrs. Carter and her husband have yet to confront the fact that it is the mental health system as presently constituted that is the very real heart of the problem. And if this is not bad enough, the situation is getting worse. That is, psychiatrists are stigmatizing their patients in a new way which adds to the old. Patients are being told that something has gone wrong in the biochemistry of their brain, something that will respond only to what the doctors can offer, mind-altering drugs. A kind of medical extortion results all too often in which the vulnerable and unsuspecting patients are told that if they do not stay on drugs, often highly toxic ones like lithium, or zombifying ones like Thorazine, for years and possibly for the rest of their lives, they will almost certainly end up in a hospital once again.

For those labeled schizophrenic, drugs like Prolixin represent the ultimate in mind control. A single injection, given by force if necessary, can fog the mind for weeks or months. Depression, hyperactive behavior in children or adults, learning problems and juvenile delinquency are just a few of the behaviors increasingly claimed by psychiatrist to be subtle brain diseases. Thus, the emotionally troubled person, already vulnerable and likely have little self-esteem, is led to believe that his or her body is defective. A life of dependency on drugs, doctors, and board and care facilities is the frequent result.

One isn't too surprised when military brass inflate their needs at budget time. When the psychiatric profession engages in what amounts to the invention of brain diseases for the purpose of outmaneuvering their competitors, one is dismayed. A prominent advocate of this biochemical approach has written, for example, that many of "the millions of people who just seem to be getting on in life with day-to-day humdrum existences ...are in reality chronically depressed because of abnormal body metabolism or chemical imbalance rather than particular circumstances of their lives."

The moral horror of all this is heightened by the fact that this biochemical revolution is far more a public-relations effort than a bona fide scientific development. While a couple of decades ago psychiatrists were considered the most expert of counselors, this is no longer true. Psychologists, social workers and a host of assorted pop therapists and gurus are competing quite successfully with the psychiatrist for the therapeutic dollar. However, of all people who specialize in the workings of the mind, only psychiatrists are licensed to practice medicine. Only the psychiatrist can diagnose disease, prescribed drugs and assume responsibility for institutional hospital care.

The equation is clear. The more often patients are "diagnosed" as suffering from a medical disorder, the more business for Psychiatry. So, to Mrs. Carter and Governor Brown and the many liberalminded folks who seem to believe that more professional staff and more money will stop the abuse of mental patients, I assert that if it is true that eliminating the stigma of mental problems is the key to better treatment it must also be true that the punishment of forced treatment must be eliminated.

We need a mental health system that is not only completely voluntary, leaving the problems of overt antisocial behavior to the criminal justice system, but also free of domination by the psychiatrists. Locked doors and mind-bending chemicals may be good for psychiatry but they are bad for our people.