

Fear of Psychiatry: It's Not Irrational

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Recently a story in the I-G took up the suicide of RJ. The clear message was this: RJ would probably be alive today if he could have been committed to a mental hospital and treated involuntarily.

I want to point out, by discussing what the article did not say, precisely the opposite. RJ might be alive today if he could not have been involuntarily put on a mental ward and subjected to things he did not want. Coercive psychiatry, I maintain, causes more suicides than it prevents, and the sad death of this man seems to be an example of this.

His obvious fear of involuntary psychiatric hospitalization and treatment was presented as irrational — part of his pathology. This is a routine argument used by the psychiatric establishment.

After he was locked up at Herrick, we read that he "responded with a kind of panic after he was released. He said the doctors at Herrick Hospital had concealed drugs in his food. He developed an irrational fear that people were trying to drug him . . ."

Readers, unfortunately, were not told that such secret drugging is commonplace on the mental wards of America. Drug ads in psychiatric journals even boast of this. They speak of the fact that these powerful tranquilizers are available in liquid form which is "colorless, odorless and tasteless," for "ease of administration" when dealing with "The resistant patient."

This example is not the only one I have seen where fear of such secret drugging is labeled as "sick." Even if he were not being secretly tranquilized in this way, he seems to have heard or seen that it could happen. This, I believe, would only have added to the serious problems he already had.

Most of the time, however, such drugs need not be given secretly. The patient is given little choice, knowing that if he or she will not swallow the pills, an injection can be given. With available technology, one such injection may last for weeks or months at a time.

RJ, it seems, wasn't sure if he liked these drugs. But considering that they can have devastating "side effects," and sometimes cause permanent brain damage, his hesitations may not have been merely the result of his "pathology."

One more deception about this admission to Herrick. We read that "Together they (RJ's mother and doctor) decided — with his agreement — that he would be checked into the psychiatric ward at Herrick Hospital for 72 hours observation." If RJ had truly agreed, why the mention of "72 hours"? This is the maximum period of the first stage of involuntary treatment, a period which is easily extended by the psychiatrist. With a truly voluntary patient, admission would have been open-ended, to be terminated when the patient and the therapist mutually decided such help was no longer necessary.

The article not only lamented our current commitment laws, arguing that it should be *easier* to invoke involuntary treatment and for longer periods of time, but in so doing created a false impression of their actual enforcement. For while California changed its laws in 1967, these laws are routinely violated every day by psychiatrists and mental hospitals.

How does this happen? First, patients are routinely treated involuntarily, despite their not being a danger to self, danger to others, or gravely disabled (unable, due to mental disorder, to provide food, clothing, or shelter). No one is there to take the patient's side, and the family and the doctor are relieved to have the person in a psychiatric ward.

The article gave the impression that with public defenders, patients' rights advocates, writs of habeas corpus, and "repeated hearings," the patient is well protected against abuse. This is simply not true. Public defenders have neither the time nor the budget to take on such cases in a serious way. Many patient advocates are part of the same bureaucracy they are supposed to oversee. Writs are extremely difficult to win, even if the patient, while involuntarily drugged, can get it together enough to insist on one. The "repeated hearings" are a farce in which one doctor simply joins another in signing a 14-day certification.

In other words, the article made the mistake of equating the laws as written with their day-to-day enforcement. But RJ himself was facing the reality of the system, not the rhetoric, and what he saw apparently made him want to run away from it. We will never know, but he may also have been afraid of something else — shock treatment. Since this is still used regularly at psychiatric facilities across the country, RJ would have learned of other patients receiving it while he was hospitalized against his will.

Thus, when his mother and doctor "made repeated efforts to get help for RJ" (tried to get him committed), he may well have become frightened of them. *In this way, families and doctors are doing what they have been taught is best, while the RJ's of this world are only driven further away from real help. Psychiatry becomes something to fear.*

If all psychiatric institutions had no locked doors, no forced drugging, no shock machines, RJ and those like him would go to such places for help, free of fear. Psychiatry would become, finally, part of the solution, instead of being part of the problem. We would have, I believe, less suicide.

RJ might even be alive today.

(an editorial that appeared in a Berkeley, California newspaper in the late 1970s)