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Toxic Psychiatry: Why Therapy, Empathy and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the "New Psychiatry." Peter Breggin. New York: St. Martin Press, 1991, 464 pages, \$24.95 hard.

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Psychiatrist Peter Breggin's book is a major contribution to the corpus of works, beginning in 1961 with Thomas Szasz's *The Myth of Mental Illness*, that are critical of the medical model or paradigm of human behavior and of the practices that are generated by that model. Breggin reveals in particular that the biological-genetic version of the medical model and the practices that seem to be justified by this paradigm are destructive to human well-being. Since it is evident, as Breggin demonstrates, that this model serves political and social ends which conflict with its scientific and cognitive interests, it is appropriate to regard this model as an ideology.

The scope alone of the book is astonishing. It covers virtually all the effects of psychiatric drugs from the neuroleptics which produce a chemical "lobotomy" to minor tranquilizers such as Zanax and Valium. The book reviews and refutes virtually all of the major studies that allegedly prove that emotional distress is a result of genetic defects and/or biochemical imbalances. Breggin discusses the rising trend toward drugging children and adolescents and placing them in mental hospitals. He documents the alliance between psychiatry and the pharmaceutical companies. He reviews the various therapeutic projects and psychosocial programs that have been remarkably successful in helping individuals resolve emotional breakdowns. The book is enriched by numerous, illuminating anecdotes from Breggin's own experience that demonstrate the superiority of common sense over psychiatric doctrines and procedures.

Breggin cogently argues that what we have in this country and in other countries is a vast psychopharmaceutical complex in which "mental health" professionals exist in a symbiotic relationship with the manufacturers of psychiatric drugs. Like the military-industrial complex, this complex seeks to sustain and augment its power at any cost. Psychiatry advertises the biological-genetic version of the medical model in an effort to justify its promotion of brain-damaging procedures such as the prescription of neuroleptic drugs and the administration of electroshock. This ideology obscures the real sources of the problems of living, and attributes an ever-increasing number of "patients'" difficulties to the alleged fact that they are genetically defective and/or biologically disordered.

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Breggin's exhaustive review of the research reveals that "schizophrenia," "manic-depression" etc. are not genetically caused diseases but attempts to respond to genuine human dilemmas. Institutional psychiatry asserts that these are chronic illnesses and that no kind of therapeutic or social intervention can have any success. Breggin's personal experience and his review of the literature demonstrates that when genuine therapy is offered, it is remarkably successful.

Breggin begins with a moving account of his experience as a volunteer in a state mental hospital in his freshman year at Harvard in the 1950s. Breggin writes

As I got to know the patients, they seemed at least as sensitive as ordinary human beings. Sometimes they seemed to be much more sensitive. Exquisite sensitivity, in fact, seemed a part of their problem. I wondered what went on in the minds of the doctors, nurses and aides that enabled them to ignore the patients' anguish and even to compound it with the treatments.

I observed the insulin coma room, where rows of patients were purposely overdosed with insulin As I watched them writhe about on mats, near death, it seemed like a scene from hell The once difficult and unruly inmates, with their brains now permanently damaged, became gratefully dependent on their keepers after being brought back from the edge of death. Their righteous physicians called it an improvement and even a cure. (pp. 5-6)

Breggin and 13 other undergraduates initiated a program to work one-on-one with 14 patients. Psychiatric drugs ("medication") had not yet been introduced in the United States. After one year of once-a-week meetings, 11 of the 14 patients were released from the hospital. Only two had returned by the time of the follow-up two years later. As Breggin notes "This is a far better record than that achieved by trained professionals working in programs relying on psychiatric drugs. We accomplished this 'miracle' by showing our patients care and attention . . . by helping them get properly fitted with eyeglasses, false teeth, or clothing, by reacquainting them with their forgotten families . . ." (p. 8).

Breggin's principled refusal to denigrate unusual behavior enables him to establish an easy rapport with individuals who would be deemed "schizophrenic" by psychiatry.

Now I talked alone with Alexandria while her parents sat nervously in the waiting room. Out of the corners of her eyes, she looked inquisitively around my office. She touched a gleaming crystal and patted a model of a fawn. It was as if she couldn't believe she was in such a bright and cheery room filled with wonderful distractions. I saw her eyes shift toward a small carved duck that was nearer to me, and I handed it to her.

She said, "Exactly" . . .

"It's one of my favorites, too. I love birds. Do you like the Audubon prints?"

She turned slowly in her chair to see them. "No," she said. "He shot birds."

After a pause, she said, "What's happening to me?"

"What do you mean?"

"My mind. I can't think. I can't feel."

"Tell me some more."

"Like those poor ducks . . . the ones in the photographs. The awful black-and-white photographs."

I had no photos of ducks in my office, only the model she was holding, and it took me a moment to realize what she was talking about. Newspaper photos came to mind.

"The ducks in the oil spills?"

"You noticed those pictures, too?" She perked up. "I feel like that, like a duck, my feathers all matted down and stuck together. . . ."

"It's the medication," I said. "It does that to everybody in the doses you've been given."

"The medicine?" A small smile flickered across her face. "It's not me?"

"No," I said, "It's not you."

"Oh, God," she said, "I thought I had finally lost my mind."

"No, it's nothing like that," I reassured her. "It will wear off." (pp. 48-49)

Breggin remarks that it was relatively easy to help this young woman. It was her first experience of this kind. She was highly motivated and "she had not been driven into hiding by years of psychiatric treatment" (p. 50).

Breggin notes that genuine therapy is not and never has been offered to any significant extent to mental patients. Psychiatry does not have a gold age of the past. Nevertheless, Breggin neglects to accurately characterize the "old" psychiatry, which was—and still is—based on Freudian derived (i.e., psychoanalytic) theories. This omission leads Breggin to underestimate the continuing and pernicious influence of Freudianism and to overlook some of the historical factors which account for the rise of biological psychiatry. Psychiatry's merger with drug companies has made psychiatry no less or more vicious, only more powerful and more extensive in its reach.

Adherents to the psychoanalytic model (many mental health workers accept a hybrid of the psychoanalytic and biological models) are no more inclined than proponents of the biological model to recognize the dignity and equality of "mental patients." According to psychoanalysis, "schizophrenics" and other "severely mentally ill" individuals are suffering from irreversible disorders that they have developed as a result of their parents' failure to satisfy their "oral" needs when they were young infants. These individuals will never be "healthy"; the most psychiatry can do for them, is to offer them "supportive therapy" and "medication" to help them live with their illnesses. In other words, the old psychoanalytic psychiatry, like the new psychiatry, consigned mental patients to the waste heap, but it offered "therapy" as well as drugs, to help them adjust to life on the bottom. The psychoanalytic model is still the main theory taught in psychology graduate programs, and while its popularity has significantly declined in the mental health system, it still has many adherents and continues to provide psychiatry with a useful aura of intellectual glamour; unlike the biological model, it is appealing to highbrow intellectuals and liberal humanists.

Breggin reveals that in the early 1970s the American Psychiatric Association (APA) was in financial trouble; it was losing in the competition with the non-medical professions who charged lower fees for psychotherapy. In the mid 1970s and early 1980s leadership within the APA made a deliberate decision to cement an alliance with the pharmaceutical companies. As Breggin notes "the flood gates of drug company influence were opened and would grow wider each year. Nowadays, dozens of seminars are supported by the drug companies and the individual names of the companies are honored conspicuously with advertisements and psychiatric journals and newspapers prior to meetings" (pp. 354-355). This relationship accounts in large part for psychiatry's new biological image.

Breggin does not reveal that the impetus for the development and acceptance of the new biological psychiatry also stemmed in no small measure from a reaction against the psychoanalytic model. According to both models, individuals who have breakdowns are incurable, but the biological model attributes pathology to defec-

tive genes, whereas the psychoanalytic model attributes the pathology to defective parenting. Psychiatry's love affair with drug companies has gone hand in hand with an unprecedented effort to court the parents of mental patients who were understandably unhappy with the psychoanalytic version of the medical model. Apparently psychiatry belatedly realized that it could boost the sales of "chronic mental illness" to parents of mental patients by blaming its cause on bad genes rather than bad parents. That is why the new biological psychiatrists have managed to garner the enthusiastic support of the National Alliance for the Mentally Ill (NAMI), an organization founded in 1980. It is comprised of more than 120,000 parents whose agenda has virtually nothing to do with the interests of their children.

If NAMI were comprised of genuinely concerned parents, it would refuse both the psychoanalytic model and the biological model, and welcome the substantial evidence presented by Breggin and others that "schizophrenia" is not an incurable disease, but a life crisis that can be successfully resolved if the person is offered help, asylum, emotional support, family therapy, etc. NAMI has denounced Breggin in unequivocal terms. Unfortunately, the very existence of NAMI is proof that many parents are so unnerved by the prospects of their children's independence and/or are so indoctrinated by psychiatry, that they are willing to collude with psychiatry's very successful campaign to induce millions of young adults to sacrifice their lives and to assume full-time careers as professional mental patients. With the backing of NAMI, institutional psychiatry can—and does—claim with apparent credibility, that its critics are uncaring cranks who have no sympathy for the families of the "mentally ill." With the moral support of NAMI, as well as the financial support of the drug companies, the new psychiatry has achieved unprecedented power and influence.

Referring to public manipulation by the media, Noam Chomsky wrote in 1991, "Our system is a privatized system of propaganda, including the media, the journals of opinion and in general including the broad participation of the articulate intelligentsia. The more articulate elements of that group—the ones who have access to the media, including intellectual journals and who essentially control the educational apparatus—should properly be referred to as a class of 'commissars.' That's their essential function: to design, propagate and create a system of doctrines and beliefs which will undermine independent thinking and prevent understanding and analysis of institutional structures and their functions" [back cover of book]. This process is so successful in the "mental health" field that the public is convinced that "schizophrenia" and "manic depression" are genetically caused despite the failure of a multibillion dollar research campaign over two centuries to produce evidence.

Breggin's position on "schizophrenia" is similar to that of R.D. Laing. He views it as a spiritual crisis. He repeats the canard that Laing was guilty of "romanticizing" schizophrenia and of underestimating the suffering that individuals undergoing this crisis typically experience. It is true however that Laing spoke only rarely about his work as a therapist. Breggin, on the other hand, does talk about therapy and does not merely assert, as Laing did, that such spiritual crises can be successfully resolved. After reviewing the evidence of successful psychosocial programs with individuals undergoing "psychotic" crises, Breggin notes that these programs have had little influence on most practitioners. He ruefully concludes:

The self-fulfilling prophecy of failure dominates the professional outlook toward schizophrenia leading to therapeutic neglect and a continuing disregard for the basic needs and safety of inmates. . . .

Yes there are people who think they are God or the Devil and claim that no matter how much trouble it gets them into. But no these people are not biologically defective and inherently different from the rest of us. They are not afflicted with a brain disorder or disease. They are undergoing a psycho-spiritual crisis, usually surrounding basic issues of identity and shame, and typically with feelings of outrage that overwhelm. They communicate in metaphors that often hint at the heart of their problem. The only reason to call them schizophrenic is to justify the psychiatric establishment and its treatments. By refusing to diagnose or label people who already feel rejected and humiliated, we welcome them back to the human community and promote humane, respectful, loving attitudes toward them and we help to prevent the rampant abuses we are documenting. (p. 45)

This strikes me as an eloquent expression of common sense which is based both on Breggin's personal experience and his thorough knowledge of the literature. Unfortunately, it is very *un*-common sense. An individual who has been labelled "schizophrenic" or "manic-depressive," or who manifests his or her distress in the kind of socially deviant manner that typically leads one to incur such a "diagnosis," is likely to search far and wide trying to find a therapist with the attitude of Breggin. There are few therapists who are uncompromising critics of the mental model. It is for this reason among others that the solution to the plight of mental patients lies in the creation of a social movement against the mental health system.

References

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