

## PSYCHIATRY AND PERFIDY

By  
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*“Academic psychiatry has all but lost contact with the population it is supposed to serve....Criticism is, if not actively discouraged, then politely but very firmly ignored.”*

N. McLaren, M.D.  
Psychiatrist, Australia, 1999

In the face of undeniable evidence to the contrary, X never admits to being wrong. In his (or her) mind, he is omnipotent. As a self perceived superior being, he demonstrates contempt towards others who he has neither met nor spoken to. He attacks their characters and personalities and makes no secret of his displeasure if his judgment is questioned.

The [psychiatric] Diagnostic Manual no doubt lists a condition or two under “Personality Disorders” that match the behaviour, but what happens when people in positions of power, such as politicians and medical diagnosticians, fit the description? What happens to society when the same politicians and diagnosticians receive pecuniary and other rewards for manufacturing mental disorders where none exist?

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Under the New Freedom Commission on Mental Health Act, President Bush has announced his plans to unveil a “*sweeping mental health initiative*” in July 2004. “*Sweeping*” is the right word for he intends to “*screen the whole US population for mental illness*” and those deemed to be psychiatrically disturbed, will receive “*state-of-the-art treatments*” using “*specific medications for specific conditions*”. Needless to say, the psychiatric community in general approves wholeheartedly and is extremely happy. (British Medical Journal, 19 June 2004).

Even though funding is urgently needed for more research into conditions such as cancer, AIDS, and the many poorly understood diseases that plague society today, Bush has been able to set aside millions of tax payer dollars to fund this grandiose scheme.

On looking into the matter further, one finds that President Bush and his family have financial interests in Eli Lilly, a giant pharmaceutical corporation which produces amongst its psychotropic (mind altering) products, the anti-psychotic drug, Zyprexa. This drug just happens to be one of the “*specific medications*” to be used in the proposed nationwide treatment programme. It also happens to have grossed \$US4.28 billion internationally in 2003. (ZMagazine, Volume 17, No. 5. 24 May, 2004)

It has been said that democracies are no longer run by the people for the people but rather by big corporations that pay our elected representatives and other authorities to do their bidding. Dr. Stefan Kruszewski, one of two whistleblowers who saw the abuse of power in their state of Pennsylvania “...*charges in his suit that a number of drug companies used ‘political friendships, money and other emoluments’ to achieve ‘a level of influence with the Pennsylvania’s state government’ and ‘with the current president of the United States, George W. Bush to promote the*

*use of their products in violation of the law and rights of Pennsylvania citizens'.*" (BMJ 10 July, 2004.) If this is true, Bush is not just looking for dividends from Eli Lilly. So to whom does his new Commission offer freedom? Certainly not ordinary citizens of the United States.

The United Kingdom is a signatory to the Council of Europe Strasbourg Convention on Human Rights and Biomedicine. This Council is promoting the concept of using certain people in medical trials without their consent.

They are:

(i) Those deemed to be mentally ill (many of whom, as experience has shown, have a misdiagnosed physical condition).

(ii) Those for whom no known treatment is effective (for example sufferers of Myalgic Encephalomyelitis [ME] or Gulf War Syndrome [GWS]).

(iii) Children (who will be denied the benefits of parental protection).

The influence of Simon Wessely (professor of psychiatry at King's College, London), and his followers has already been instrumental in the removal of children from responsible and caring parents - children who were desperately ill with ME but who were nevertheless forcibly taken from their homes and admitted to psychiatric wards where their health generally deteriorated.

The practice continues and the same abuse of power has occurred and occurs in the United States as well.

One wonders where the phrase "*human rights*" fits into this picture.

The trend to turn poorly understood diseases and normal human behaviour into psychiatric disorders can also be seen in Australia. If we are to believe psychiatrist, Ian Hickie and his colleagues, the "epidemic" is rampant there. Although no doubt similar to other countries, the involvement of the situation in Australia, particularly in regard to ME, is interesting.

In looking through the literature from 1990, one finds that Hickie, Andrew Lloyd, Denis Wakefield and Gordon Parker were quite sure ME (or chronic fatigue syndrome as they called it by then) was a physical disease: "... *we have demonstrated that while depression and anxiety are common symptoms in people suffering from CFS*" [as indeed they are in cancer, AIDS and other physical diseases] "*there is no evidence from our well-defined sample to support the hypothesis that CFS is a somatic presentation of an underlying psychological disorder. In particular there is no evidence that CFS is a variant or expression of a depressive disorder. Instead, our study supports the hypothesis that the current psychological symptoms of patients with CFS are a consequence of the disorder rather than evidence of antecedent vulnerability.*"(1) And in 1992, the same authors with the exception of Parker, confirmed their belief that "...*the lack of strong associations between depression and immunological disturbance prior to treatment are less supportive of the view that CFS is primarily a form of depressive disorder or that immunological dysfunction in patients with CFS is secondary to concurrent depression.*" (2)

Not long after and with a speed sufficient to boggle the mind, they executed a U-turn: "*Though most patients with the chronic fatigue syndrome improve, a substantial proportion remain functionally impaired. Psychological factors such as illness attitudes and coping style seem more important predictors of long term outcome than immunological variables.*"

*“Patients who had not improved had a significantly higher rate of a primary psychiatric diagnosis at follow up.”*(3) Despite the vast numbers of published research papers which detail physical abnormalities in ME, Hickie ignored their existence as did Wessely in the UK.

Three months later, the authors went a stage further when they introduced physical rehabilitation, exercise, cognitive behavioural therapy and antidepressants as treatments for CFS. They described this approach as *“scientific methodology”* and cast doubt upon patients’ assessments of their own levels of fatigue and disability by describing them as *“subjective”* (4)

By May 1996, Hickie and Lloyd were ready to execute another U turn. Where the typical ME sufferer had previously been described as a successful person with a Type A personality - an ambitious go-getter who generally originated from the middle classes - the finger was now pointed in another direction. *“The factors associated with prolonged fatigue were concurrent with psychological disorder, female gender, lower socioeconomic status and few total years of education.”*(5) If a point of view, however erroneous, is repeated often enough, it will eventually be believed.

The situation gets even more interesting. In 1998, Hickie and others invented a new psychiatric “disorder” which they called non-melancholic depression - a “disorder” that could expediently be applied to anyone irrespective of his or her mental state and particularly to ME/CFS sufferers. (6)

In the same year, Hickie was ready to introduce the concept of a *“...range of rating strategies.... Results indicate some of the difficulties in operationalising determinants that may contribute to and sub-type the non-melancholic depressors, and demonstrate the advantages of using a range of rating strategies and raters. In this study psychiatric-generated judgments are clearly favoured....”* (6)

The rest of us have come to know these *“rating strategies”* as questionnaires which can hardly be described as scientific - particularly when the answers are manipulated to fit a predetermined outcome. For example in a report relating to a questionnaire directed at Gulf War veterans, the “scientists” stated: *“.... We adjusted [the answers] for confounding factors that had the potential to distort the results, such as education, rank...”* (7)

Diagnoses of mental disorders depend entirely upon the competence and lack of bias of the diagnostician for there are no diagnostic laboratory tests. If the above quoted mumbo-jumbo tells us nothing else, it does alert the reader to the fact that plans were afoot to devise a method of mass assessment for mental disorders by unscientific means. And, incidentally, a wonderful way to absorb ME/CFS into the melting pot.

On the other side of the world, the push continued. Wessely, like his Australian counterparts, had been saturating both the medical and general media with the view that chronic fatigue syndrome is a psychiatric disorder. In a paper entitled *“Fatigue and psychiatric disorder: different or the same?”* published in 1999, he, Hickie and others wrote: *“Fatigue and psychiatric morbidity correlate highly with each other and across time. Most patients with persistent fatigue also have psychiatric disorder.”*(8)

The attitude clearly presented (and presents) dangers to those suffering undiagnosed heart conditions, respiratory disorders or any number of other undiagnosed physical diseases.

Nevertheless, our intrepid “researchers” moved right along, deterred not at all by such issues. Hickie expanded on the plan to introduce a rating system relating to what was loosely described as fatigue, anxiety and depression (9). Listed were a number of signs and symptoms which, if experienced during the past two weeks, were supposed to indicate psychiatric disorder. Included are the following which were picked at random: “*global fatigue*”, “*poor memory*”, “*pains in arms and legs*”, “*headaches*”, “*feeling cranky*”, “*tender glands*”, “*incontinence*”, “*swollen joints*” and “*loss of vision*”. (10) While the authors presented these to their colleagues as common in mental disorders, readers will recognize their relevance to physical illnesses and in particular to neurological diseases such as ME/CFS. Not only that, but even a well person has the odd “off” day during which he will experience one or more of the listed signs and/or symptoms, and unless the authors of this piece of nonsense come from another planet, that includes them.

Having softened up the medical and general communities since the early 1990s, Hickie was ready to announce the results of his “study” based on the questionnaire (known as the SPHERE), thousands of which had been distributed to 386 doctors’ waiting rooms.

On Monday July 16, 2001, the Sydney Morning Herald announced in large, bold letters that “*Six in 10 GP patients have mental illness.*”

This was the result found in “*...a ground breaking study of 46,000 patients....[and] Professor Ian Hickie, said the findings showed everyone visiting a GP should be checked for mental illness - even if they were attending for another reason and did not volunteer psychological symptoms.*”

Much legitimate criticism can be leveled at the questionnaire, not least of which is deception. At the top of the patient’s copy, the instructions started with the words: “*We would like to know about your general health....*” General health, indeed!!

The doctor’s copy (or template as it was called) gave two sets of instructions (i) The method by which patients’ answers should be evaluated and (ii) at the top of the page in capital letters: “*DO NOT PHOTOCOPY THIS PAGE FOR USE WITH PATIENTS...*” And no wonder! The 12 sample questions that followed were divided into two columns. The first was headed “*Psychological Distress*” and the second, “*Somatic Distress*”.

SPHERE stands for “*Somatic and Psychological Health Report*”, and had the real purpose of the questionnaire been honestly stated on the patient’s copy, it is doubtful if many would have bothered to fill it in.

The question is, how was this “*ground breaking study*” funded? Who stood to gain the most from a dramatic increase in the prescribing of psychiatric drugs? We need look no further than the current shenanigans in the US. But the answer in regard to Australia had already been stated. It came across very clearly in an ABC TV programme, “*Too Much Medicine*”, which was aired on 19 November, 1998.

From the transcript we can see that narrator, Ray Moynihan, made the following point: “*Drug companies spend over a million dollars a day pushing their products but they’re not just selling pills, they’re increasingly promoting the diseases to go with them.*” (For instance: Social Phobia which the rest of us know as shyness, and Pervasive Refusal Syndrome diagnosed typically when a child suffering ME does not respond favourably to psychiatric treatment.)

Hickie: “We’ve not had very good public awareness of the size of mental health issues, nor the size of the problem to deal with....”

Moynihan: “...aren’t you....by publicizing such huge estimates, helping build a very large market for those selling cures?”

Hickie: “Yes. I don’t see that as a problem at all...”

Those who have been on the receiving end of preventable medical error (or should it be preventable medical “error”?) will not be impressed with Hickie’s attitude. The statistics regarding preventable medical error based on hospital records speak for themselves. (GP figures are not known.) Preventable medical error is (a) the third biggest killer after heart disease and cancer (11) and (b) the cause of a third of diseases and disabilities. (12)

If there is still doubt in the minds of some about the international drive to categorize ME/CFS as a psychiatric disorder, the following must surely dispel it:

(i) In August 2001, the Centre for Diseases Control (CDC) in the USA, announced on their web site, that the University of New South Wales, Australia, had been awarded 82% of the costs to conduct research into “*Post-Infective Fatigue: A Model for Chronic Fatigue Syndrome*”. While this quite rightly specified investigation into “*persistent microbial antigens*”, it also specified investigation into “*psychological factors [that] perpetuate physical symptoms after infection*” and the evaluation of the “*contributions of premorbid and concurrent psychiatric disorders to the persistence of post infective fatigue.*” One would be hard pressed to find the same requirements for studies into other neurological diseases.

Hickie, Lloyd and Wakefield were the recipients of the research funding which amounted to Aus.\$958,289 per annum. This afforded them ample scope to wield the SPHERE questionnaire to the detriment of most of the 60% of patients nationwide who were deemed to be mentally disturbed and, in particular, the section which represents the ME/CFS community.

(ii) The CDC initiated further research into CFS and a transcript from the CDC site (14/03/03) showed that amongst the international participants, Hickie and Lloyd represented Australia. The resulting paper was published in December 2003 and it stated: “*We recommend that investigators use the Somatic and Psychological Health Report (SPHERE) as a screening instrument for potential participants in research studies of CFS.*” (13)

**In the meantime and despite all, the WHO International Classification of Diseases has for the past 40 years, listed ME as a neurological disease and there, we have been assured, is where the organization intends to leave it. (ICD No.10 Ref. G93.3)**

In the history of medicine and in particular, psychiatry, there is no shortage of delusions of superiority and the abuse of power has always been present. In 1920, German professor of psychiatry, Alfred Hoch, wrote a book entitled “*Permission to Destroy Life Unworthy of Life*”. His proposals were enacted in 1940 and by 1944, nearly 300,000 “*mental defectives*” had met their deaths at the hands of Hoch and his colleagues.

Some years ago, Jose M.R. Delgado, Associate Director of Neuropsychiatry at Yale University Medical School, pushed another barrow. “*We need a programme of psychosurgery for political control of our society,*” he proclaimed. “*The purpose is physical control of the mind...Man does not have the right to develop his own mind.*”

Similar views were recorded in the Los Angeles Times on June 25, 1973 in regard to the drug, lithium. A psychiatrist by name of Fieve expressed the opinion that 6 million Americans should be on it. *“Other lithium advocates had a still more grandiose and shocking vision - putting everyone in the United States on the drug....How? With lithium in our drinking water.”* (14) And then along comes Bush.....!

The pattern that has emerged in the last two or three decades is not new, but the greed for power is more ambitious than ever before. The lay community needs to be very vigilant or the day will come when mind altering drugs and electric shock treatment will routinely be prescribed along with our antibiotics and beta blockers.

*“I observe the physician with the same diligence as the disease,”* said one John Donne of whom I know nothing - except that he was a wise man. Consumer, beware!

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