

Of concern to all, and in particular to sufferers of
ME/ICD-CFS, MCS, GWS and FM:

WHAT IS IT ABOUT PSYCHIATRY?

Gurli Bagnall

“[Psychiatry] is a field where fads and fancies flourish. Hardly a year passes without some new claim [But] The early promises of each of these discoveries are uniformly unfulfilled.”

(US) Joint Commission on Mental Illness and Mental Health, 1961

New Zealand is a small country with a small population; too small, one might imagine, for authorities to get away with questionable or criminal activities for very long. But even here, now and then, the stench of corruption seeps out from the dankness in which it hid.

The Lake Alice Psychiatric Hospital scandal which took place in the 1970s, is but one example.

“Tales of terror and torture of children at Lake Alice mental hospital emerged from a Dominion newspaper inquiry and in a TV3 20/20 documentary more than 6 months ago...” (The National Business Review, 18 December, 1998.)

“Dr. Leeks in 1977 told a newspaper: ‘Some of these children do not need to be in a hospital, but apart from the child unit, there has been nowhere for them’.” (The Age, March 13, 1999)

“[Psychiatrist, Dr. Leeks] established the 46 bed child and adolescent unit at Lake Alice Hospital in 1972, but left in the late 1970s after two inquiries into his use of ECT.” (Sunday Star-Times 27 August, 2000)

“[New Zealand High Court judge Sir Rodney Gallen] said: ‘Statement after statement indicates that the children concerned lived in a state of terror during the period they spent at Lake Alice. All were in need of understanding, love and compassionate care. That is not what they received at Lake Alice...’ Last week, the 20/20 television program in New Zealand showed Dr. Leeks tell a former Lake Alice resident with a hidden camera that the electric shocks were a ‘form of aversion therapy’. When the children administered shocks to another child it was a ‘behavioral therapy thing.’...Sir Rodney described paraldehyde as a particularly unpleasant and extremely painful injection that was used to punish children...it seems to have been administered on quite a capricious basis....Sir Rodney said that perhaps the most appalling story involved a 15-year-old boy who claimed he was locked in a wooden cage with a seriously deranged adult...for a considerable period, he crouches in the corner being pawed by the particular inmate, screaming to be released and unable to get out or to get away...Claimant after claimant indicated that on one day in the week children were gathered together in the day room where they sat waiting for those to be selected to who ECT would be applied. Both boys and girls spoke of young children lying in a foetal position on the floor in attempt to avoid being taken ...and of children who, in tears and through sheer fear, had lost control of their bodily functions before any application had taken place...Complaints were made to police, welfare officers and probation officers, but they were not believed. ‘There was literally no way out for them,’ Sir Rodney said.” (The Age, 14 October, 2001)

“Normally the smoke doors were kept closed...but when Dr. Leeks performed the ECT sessions the doors were left open. This was so the boys downstairs could hear the screaming and muffled

cries of pain from the boy being tortured upstairs. 'We were all terrified...' The staff used that fear. 'The words they used for it were to ride the thunderbolt, the national grid, and the zappidy zap.' ...Paraldehyde is a psychiatric drug used to subdue out-of-control patients. It hurts as it is administered, leaving a feeling like hot, burning acid. It has a foul smell and leaves a sickening taste in the mouth for days. Sometimes staff would 'harpoon' the boys, throwing the syringes at their naked buttocks from across the room. Sexual abuse was also common....Some staff threatened the raped residents would get the thunderbolt if they complained." (The Manawatu Standard, 6 March, 2004)

"The Government recently paid \$6.5 million to the lawyer representing 95 former patients of the Child and Adolescent Unit of Lake Alice Hospital between 1972 and 1977....The settlement group filed legal action against the Crown because of their treatment at the Unit during that time. The unit closed in 1978." (Ministry of Health - media release, Hon Annette King, 9 May 2002.)

That these events occurred is no longer denied, yet Dr. Leeks continues to practice in Australia. He has the protection of the authorities and his profession. There is no protection for his past, present and future victims.

In his book "Mad in America" Robert Whitaker highlights that abuse of this nature is far from rare: "...electroshock was also used to frighten, control, and punish patients....One physician told of using it to give women a 'mental spanking'.... Superintendent T.G. Peacock informed his attendants: 'I want to make it clear that it is hospital policy to use shock treatment to insure good citizenship'" Not only did Peacock show his contempt for women but, typical of many in his profession, he considered his self-appointed roles as judge, jury and executioner, of greater importance than the Hippocratic Oath.

What is it about medicine that affords most perpetrators of heinous acts official protection from criminal prosecution? Why is it that when cases are reported in the media, society in general is only momentarily appalled?

What is it about psychiatry that attracts people like Dr. Abraham Myerson, of Boston who, in the 1940s expressed the opinion that: "...it may be true that these people have for the time being at any rate more intelligence than they can handle and that the reduction of intelligence is an important factor in the curative process....The fact is that some of the very best cures that one gets are in those individuals whom one reduces to about amnesia [simple mindedness]." One might believe that sixty years later no one could get away with destroying the brain of another human being; sadly, that is not true. And even today, the patient is still expected to doff his cap, adopt a "simple-minded" demeanour to avoid ruffling the ego of the "expert", and to accept without complaint, the misdiagnoses and inappropriate treatments that will destroy his life. The expert patient is no more welcome now than he was in Myerson's day.

"Whatever was done to make this person more manageable would be simply called treatment. And then it would all get defined within the medical framework. And the sad reality is that many of these so-called treatments were in essence torture..." ("Reign of Terror", Les Coleman, psychiatrist and author.) As we have seen, at Lake Alice, the "treatments" ECT and paraldehyde, were used as instruments of torture.

Highlighted by the New York Times of 24 June, 2005, medical involvement in torture is not applied exclusively to innocent citizens. *"Military doctors at Guantanamo Bay, Cuba, have aided interrogators in conducting and refining coercive interrogation of detainees, including providing advice on how to increase stress levels and exploit fears, according to new detailed accounts given by former interrogators...[It was] suggested that the doctors advising interrogators were not covered by ethics strictures because they were not treating patients but rather were acting as behavioural scientists... 'Their purpose was to help us break them,' one former interrogator told The Times earlier this year...."*

As an excuse for the sadistic behaviour of medical personnel, it is not convincing. In the same

article, Dr. Stephen Xenakis, a psychiatrist and former Army brigadier general in the medical corps, agreed. “[He] said in an interview that ‘this behavior is not consistent with our medical responsibility or any of the codes that guide our conduct as doctors.’”

In the United States, the emerging stories of distressed families trying to deal with the abuse of their children by the authorities in collusion with the drug industry and the mental health system, are gathering momentum. Hardly a day goes by without one or more media reports of once normal children who have died, gone on destructive rampages or become mentally and physically ill due to the adverse effects of toxic psychotropic drugs.

The Food and Drug Administration has finally conceded that drugs prescribed for ADHD, a dubious condition with no scientific proof of its existence, have serious side effects. “A briefing document... says that the review was prompted by reports of hallucinations, suicidal thoughts, psychotic behavior and aggression among methylphenidate users. ...The FDA also has received reports of cardiovascular problems among Concerta users, such as high blood pressure, arrhythmia and racing heartbeats.” (USA Today 29/06/05) Anyone would think these were new discoveries! Members of the public have been giving the authorities the same information for years.

In the interests of profits, being human, and especially a young human, has become a mental disorder. Vera Hassner Sharav of the Alliance for Human Research Protection (AHRP) quoted Dr. Paul McHugh, former chairman of psychiatry at John Hopkins University: “‘Fifty percent of Americans mentally impaired - are you kidding me?...The problem is that the diagnostic manual we are using in psychiatry is like a field guide and it just keeps expanding and expanding...Pretty soon,’ he said, ‘we’ll have a syndrome for short, fat Irish guys with a Boston accent, and I’ll be mentally ill.’” <http://www.ahrp.org/infomail/05/06/07.php>

“Dr. Milton, who assisted in the revision of the Diagnostic Statistical Manual on Mental Disorders tells the story of how the term ‘borderline’ personality disorder arose. It was a term devised in the 1970s to describe a person who fell somewhere between neurotic and psychotic...Some doctors in the room hated the term; others liked it; several said it was meaningless. But after hours of debate, reversals of opinion and bruised egos, the diagnosis was born...” (“Who’s mentally ill? Deciding is often all in the mind” Benedict Carey, New York Times June 12, 2005)

Science in psychiatry does not involve test tubes and Bunsen burners. There are no microscopes or pipettes “When people come to me and they say, ‘I have a biochemical imbalance,’ I say, ‘Show me your lab tests.’ There are no lab tests. So what’s the biochemical imbalance?” (“In the Name of Mental Health” Ron Leifer, M.D. and author.) “Science” in psychiatry revolves around opinions, arguments and an unlimited supply of egos.

Question: What has any of this to do with ME, MCS, GWS and FM?
Answer: Everything.

On the 6th July, 2005, I learnt of yet another death of an ME sufferer - a young man of twenty-four who was taken in his sleep before he even had a chance to experience life. My feeling of sadness was followed by a sense of despair at the thought that his death may very likely have been the result of the typical misdiagnosis and medical neglect to which ME sufferers are coldly and deliberately subjected. It brought to mind Christine Hunter’s recent piece outlining medical abuse of children suffering ME.

What is it was about the medical profession and psychiatry in particular, that attracts the sort of

person who will put a seriously ill child into a swimming pool and stand watching as he drowns. The 'expert' who 'knew best', who would brook no argument, and who insisted the child's weakness would disappear once he ran out of breath, was wrong. Had the boy's fully clothed mother not jumped in to save him, he would have drowned.

What attributes make up the personality of a person who forces a child suffering ME to perform activities beyond her physical capacity? Does he feel a sense of achievement when the child collapses on the floor? Does he experience a surge of power as he leaves her to lie there, to be walked over and around and even dragged out of the way by her hair? Did he tear the wings off butterflies and the legs from frogs when he was a child? Does torture of the weak and vulnerable provide the job satisfaction such a person craves?

The above events are barely the tip of the iceberg; they represent what psychiatry has in store for those who suffer ME, MCS, GWS and FM. Not only must we bear and deal with a devastating disease, we must also somehow find the strength to resist those who would inflict, at best, unnecessary suffering, and at worst, a nightmare of medically induced madness.

I wish to express my thanks to those in the profession who have not lost their humanity; who treat their patients with dignity and kindness, and who are cautious about endangering them further by inappropriate treatments and indiscriminate prescribing habits.

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