

Ritalin, Prozac, Zoloft and Pharmapsychiatry

The pharmaceutical industry is big and rich and much like the industrial trusts of the early 1900's its influence over the media, government, and foundations is enormous. Drug consumers, therefore, must use extreme caution when taking medication. In a study according to the FDA, 1978, 1.5 million Americans were hospitalized as a result of side effects from prescription drugs and 30 percent of all people hospitalized were further damaged by medication. Every year, an estimated 140,000 Americans are killed because of prescription drug consumption while one in seven hospital beds are taken up by patient's suffering from adverse reaction according to Dr. Baker.

Dr. Thomas Szasz, psychiatrist, provides an historical prospective of the use of drugs in psychiatry in his book, *Cruel Compassion, Psychiatric Control of Society's Unwanted*: "During the years immediately following the war (WWII) psychiatry was an odd couple, one partner warehousing impoverished nonproducers in snake pits, the other giving dynamic psychotherapy to successful producers in his private office. Drugs and de-institutionalization rescued this absurd combination of somatic therapy in the hospital and psychotherapy in the office by transforming both into a homogenized biological-coercive psychiatry plus talk therapy."

In psychiatry, Dr. Baker notes: "All mental disorders and 'diseases' were-and currently are-assumed to be due to a disorder of brain metabolism. Then, by straightening out the faulty metabolism the patient will also be straightened out. To this end psychiatrists administer potent mind altering drugs." Ron Liefer, psychiatrist, adds, "We spend billions of dollars to prevent people from using marijuana and on the other hand force a whole population of other people to take these other drugs which have no redeeming effects and which are quite dangerous." Catherine Odette gives her drug testament in *Beyond Bedlam, Contemporary Women Psychiatric Survivors Speak Out*, "For almost 15 years I lived in state hospitals receiving treatment for my psychiatric disability. I received drugs as part of my treatment. The levels of Thorazine and Stelazine I was taking are now considered toxic My mind was a toxic dump. I was

chemically strait jacketed, almost incapable of thought. Often, because I tried to refuse these drugs, they were forced into my body. I knew, even in the nearly unconscious state of my toxic wasteland that those drugs were wrong and were damaging me." Peter Breggin in his book, *Psychiatric Drugs: Hazards to the Brain*, debunks the myth that psychiatric drugs are designed to cure mental diseases and says many only induce a state of psychic indifference, "zombiism. "

The war on illegal drugs began decades ago, but there is no war to help people get off legalized drugs. According to best estimates, the antianxiety drugs account for 250 to 300 million prescriptions a year which means over sixty doses for every man, woman, and child in the nation. Take Prozac for example. The FDA received 16,583 reports of adverse reactions to Prozac between 1987 and 1991. Robert A King, assistant professor of child psychiatry at the Yale Medical School and author of numerous studies suggesting a link between Prozac and suicide states, "The moral of the story is that people who are on it must be followed closely, and people shouldn't be on it for trivial reasons." In 1952 the American Psychiatric Association recognized 110 discrete mental illnesses, today there are 220. More disorders equals higher drug sales and talk therapy.

The decade of the 90's may be called the decade of nonaccountabilty for many bureaucratic systems and the 20th century may be called the century of nonaccountability for mental health. In an important essay in Cohen's *Challenging the Therapeutic State*, Ken Barney states that in spite of three decades of trenchant critique and rights advocacy nothing has had any effect on either the language or the basic operations of the mental health system. Janet Gotkin's story, *Too Much Anger, Too Many Tears*, was published in 1975 and gives us "why" insight. Her book was hailed by The New York Times Book Review as "one of the most important documents in the history of psychiatry." Still, it was not reviewed in a single national publication outside the library field. No major book club accepted it, most network talk shows refused to have her speak. "Psychiatry launched considerable efforts to discredit me." Ms. Gotkin also said: "that she believes the power of the personal narrative is so monumental that over the years enormous efforts

have been launched to undermine the veracity of people who would tell the truth."

As Dr. Barney observes, "Oppressive and dehumanizing practices continue unchanged. Biomedical reductionism retains its great appeal." Dr. Baker agrees and writes, "Despite the weakness of psychiatric theory and the uncertainty of the biopsychiatrists' medical approach, their arrogance and megalomaniac air of competence has continued unabated. In this regard they have been aided and abetted by an uncritical media." Anne Boedecker, a private practitioner, recently has written in the National Psychologist, "as a profession we have let 'therapy' grow unchecked and unregulated. Therapists used to justify sexual involvement..., most therapy works from theory not research ... , there is no real screening process for preventing destructive people from becoming therapists ... , the mental health field is poorly regulated." Money creates power, and this power creates control and nonaccountability in solidified structures. Ekstein and Wallerstein in their book, Teaching and Learning of Psychotherapy, identify the importance of the solidifying indoctrination process for every practitioner: "Professional training, if it truly succeeds, leads to a psychological amalgamation of the person with the function that he is to perform. We speak not of having a job, but of being a member of a profession The sense of professional identity is an essential attribute in a profession such as psychotherapy, and its acquisition must be considered one of the important training goals."

Jeffrey Masson writes to this issue and says, "In short, one is learning to become a loyal member of a select group. A natural response to criticism is to attack the critic because loyalty to one's profession is considered essential. " Adam Phillips, analyst, in his book, Terror and Expert, says his colleagues talk knowingly like they are in a cult (an autocratic structure represented by high levels of power, authority, control, and member protection). They forget, Phillips remarks, they (his colleagues) are telling stories about other stories and that all stories are subject to an unknowable multiplicity of interpretations.

Dr. Baker carries this idea of a cult mentality farther and says this is a totally neglected aspect of psychotherapy. He states only a cultist structure could protect the large number of psychotherapists who have managed to violate every ethical rule and principle in the practice of their craft and wind up ruining their client's lives. In a paper titled, Some Hazards of the Therapeutic Relationship, the Temerlins painfully describe precisely how charismatic psychotherapists are able to manipulate the therapeutic relationship and produce groups that function like destructive religious cults. Dr. Baker considers religiously inspired psychotherapists to be more dangerous.

In *Madness, Heresy and the Rumor of Angels: The Revolt Against The Mental Health System*, a book by Dr. Seth Farber, the author, discusses psychotherapy dissent with Ron Leifer, psychiatrist:

Farber: It's amazing when you think of the parallel between them attempting to suppress dissident psychiatrists, how it parallels the attempt to put mental patients in mental hospitals. Liefer: That's why I say I'm a victim of psychiatry. Then they call you by psychiatric names. They began to tell unfounded stories about Szasz. To this day, he still has a reputation in psychiatry as being mentally ill. That's how they dismiss him. Garth Wood's book, *The Myth of Neurosis: Overcoming the Illness Excuse*, reaffirms Liefer's position, "when a therapist doesn't want to deal with a patient, he/she gives the patient a diagnosis and packing notice."