

Notes on PSYCHIATRIC FASCISM

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For almost 150 years, psychiatry has been masquerading as a medical science and as a branch of medicine. It is not and never was a science or a type of health care. Modern psychiatry is driven by unproved empirical assumptions, medical biases, and pseudo-scientific opinions. There are no scientifically established, independently proven facts in psychiatry. Psychiatry, in fact, has no laws or testable hypotheses and no coherent and comprehensive theory. Psychiatry conspicuously lacks scientific proof or evidence to support its news-media-parroted claims of "mental illness" or "disorders".

After about seventy years of psychiatric practices and research, there is still no diagnostic test for schizophrenia or any of the other three hundred so-called mental disorders listed in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which is essentially a list of class-driven moral judgements of allegedly abnormal behaviour, published and propagandized by the American Psychiatric Association. The DSM is the official bible of organized psychiatry. The DSM is the equivalent of the *Malleus Maleficarum* in the middle ages, which Spanish inquisitors used to identify, target, stigmatize and burn witches and heretics. Today's witches, heretics, and scapegoats are labeled mentally ill or schizophrenic.

Hospital psychiatry with its emphasis on the control of inmate behaviour through high risk behaviour modification programs, biological "treatments", physical and mechanical restraints, locked doors and wards, and seclusion/isolation rooms, have always exhibited several fascist elements. I want to focus on three: **fear**, **force** and **fraud**. These are the guiding principles and policies used to control citizens and groups in the population whom government leaders and other authorities, including the police and so-called mental health experts, have judged to be dissident, problematic or difficult to control. Hospital psychiatry is very similar to the prison system. In the prison or correctional system psychiatrists have been used as consultants to

design dangerous, unethical behaviour modification programs and to conduct high risk drug experiments on prisoners. Both the psychiatric system and the prison system systematically use fear, force and fraud for the purpose of social control and punishment - not for purposes of treatment or rehabilitation, both of which are euphemisms. It is or should be obvious that *forced treatment is in fact punishment*. It is frequently cruel and usual and should therefore be banned in the United States under that nation's Eighth constitutional amendment. Virtually all treatments in psychiatric facilities are forced or administered without informed consent. They are administered against the "patient's" (the *prisoner's*) will or with consent obtained by threatening the "patient" with worse consequences, or with consent obtained by keeping the "patient" unaware of important information about serious risks and alternatives. Informed consent in psychiatry is a cruel sham. It doesn't exist.

Fear/Terror - "Terror acts powerfully upon the body through the medium of the mind and should be employed in the cure of madness. Fear accompanied with pain and the sense of shame has sometimes cured the disease". That was written almost two centuries ago in 1818 by Dr. Benjamin Rush, father of American psychiatry, and the first president of the APA, whose face still appears on the official seal of the American Psychiatric Association. Dr. Rush advocated and practiced terror by designing and using the straitjacket, the tranquilizer chair and "fear of death" on numerous inmates in 19th century lunatic asylums. Rush once had his son locked up in an insane asylum - some father!

Fear is a powerful motivator in enforcing conformity, obedience and making people submit to authority. Historically, inducing and manipulating fear or masked terror has always been a key policy and practice in all fascist regimes, such as Italy under Mussolini, Nazi Germany under Hitler, and the Soviet Union under Stalin - in fact, under any dictatorship. The threat of punishment, torture and the threat of being killed is enough to cause fear, panic, and terror if most of us. We do as we're told *or else*.

As used in psychiatry, fear or terror is more selective but is widespread and powerful. In the institution, psychiatry frequently resorts to blackmail to control the more "uncontrollable" and difficult or non-compliant patient. Psychiatrists and other therapists threaten their patients with longer incarceration, higher doses of forced neuroleptics or "antidepressants", and/or threatened transfers to more severe maximum security institutions if they misbehave, fail to follow doctors' orders, refuse to take their "medication", refuse to follow institutional rules, or annoy their captors in other ways. Generally aimed at captive populations of involuntary patients, these threats typically strike fear in many of them, and psychiatrists know it. For

example, some years ago, several patients and former patients of Queen Street Mental Health Centre, Toronto's notorious mental hospital or psychoprison, told me and other activist-critics that psychiatrists have threatened, if they didn't calm down or control themselves, to transfer them to Penetang, the Oakridge division of Penetanguishene Mental Health Centre, a maximum security behaviour modification facility in Ontario, known for its harsh and brutal environment. Penetang was and still is recognized as punishment, one of the most barbaric psychoprisons in Canada. It should have been shut down years ago, especially after a scathing report about many of its abuses by psychiatrist Steven Harper.

Threatening patients with physical restraints or solitary confinement is also extremely effective in arousing fear or panic in patients. On virtually every psychiatric ward or unit, there is a place, euphemistically called "The Quiet Room", a barren and forbidden cell-like room, with a mattress or sink, usually no toilet or blankets. While languishing the quiet room, patients are sometimes further restrained by leather cuffs, two-point and four-point restraints, tightly wrapped around their wrists and/or ankles so they can barely move, for hours at a time. The mere threat of loss of freedom, involuntary committal, or being locked up in a psychiatric ward or institution against your will, and without any trial or public hearing, is enough to frighten most of us. In virtually every province and territory in Canada, these are the main criteria or reasons for being locked up or committed to a psychiatric institution: judgement of mental illness or disorder; judgement of threatening to physically hurt yourself or another person; judgement of being unable to look after yourself. Note that these criteria are subjective moral judgements of dissident behaviour based on observation and opinion, not medical or scientific facts. Despite the fact that mental illness or mental disorder, which in my opinion is a metaphor for dissidence, has never been officially classified as a medical disease or illness, only physicians are legally authorized to make these non-medical and fateful judgements.

In Ontario, any doctor can sign a committal form which forces an individual to be locked up in any psychiatric facility for the first 72 hours for observation and assessment. Two other doctors can sign a form authorizing an individual's imprisonment for another 2-4 weeks. During the last few years, approximately 50% of thousands of people treated in Ontario's nine psychiatric hospitals were involuntarily committed.

The threat or fact of losing your freedom being locked up in a psychiatric facility for days or months at a time is terrifying. The minimal or non-existent advocacy currently provided in Ontario makes the right to appeal or protest a sham, and this serves to heighten people's fear and despair. The

mere *threat* of forced psychiatric treatment as well as the treatment itself can be terrorizing - e.g., electroshock, also called electro-convulsive therapy (ECT), but more accurately called electro-convulsive brainwashing by shock survivor critics such as Leonard Frank. My close friend Mel told me of being dragged by several aids along the hallway to a hospital shockroom. I can imagine his terror and the terror of others who suffered the same fate. I suffered a similar terror when I was forcibly subjected to over 50 subcoma insulin shocks in the 1950s. To the surprise of many people, this barbaric brain-damaging and memory destroying treatment not only exists, but is expanding in Canada and the United States. Its main targets are women and the elderly, particularly elderly women.

There is also the threat of psychiatric drugs, euphemistically called "medication". These chemicals such as minor tranquilizers, antidepressants and the anti-psychotics such as Haldol, Modicate, Thorazine, and the so-called mood modifier Lithium, are not natural substances but are manufactured poisons, aptly called neurotoxins by psychiatrist and psychiatry critic Peter Breggin in several of his books and Joseph Glenmullen, a clinical instructor in psychiatry at Harvard Medical School, in his book *Prozac Backlash*. These chemicals have no scientifically proven medical value or benefit. What they do is control or subdue any problematic or disturbing behaviour, mood and emotion. These toxins, particularly neuroleptics like Haldol, Modicate, Chlorpromazine, are so disabling, powerful and fearsome that many psychiatric survivors and other critics call them chemical lobotomies or chemical straitjackets. These drugs have many serious and disabling effects, called "side effects" to minimize how they are perceived, such as trembling, uncontrollable shaking or movement of the hands or other parts of the body (which occur in the neurological disorder such as Parkinsonism or tardive dyskinesia), powerful muscular cramps, blurred vision, restless pacing, nightmares, sudden outbursts of anger, agitation, memory loss, fainting, blood disorders, seizures, and sudden death. These so-called side effects are the drugs' *intended* effects. This fear of psychiatric drugs is compounded by ignorance and uncertainty, because psychiatrists and other doctors fail to inform patients of the drugs' horrific effects.

Without the use or threat of force, fascism could not exist. Machiavelli, Mussolini, Hitler knew this. All dictators, would-be dictators, and bullies know this basic fact. And this is the case with psychiatry. Without the use and threat of force, institutional psychiatry would die. Lots of psychiatrists would be out of a job. I wish that would happen! Psychiatry gets its authority and power to force, imprison, involuntarily commit, and treat individuals against their will from the state.

Mental health legislation gives psychiatrists and other physicians the power to involuntarily commit any person they "believe", after only minutes of examination, to be dangerous to themselves or others. This is problematic. The Mental Health Act wrongly assumes that doctors can predict dangerous and violent behaviour, which they cannot do. It is worth emphasizing that Ontario's Mental Health Act, as with other mental health acts across Canada and the United States, legally sanction the state to use force to detain or imprison people for days, weeks or months at a time. Unfortunately, there has never been a public outcry or protest over the fact that people judged or assumed to be crazy or dangerous, but not charged with any crime, can nevertheless be locked up without a trial or the legal rights accorded to people charged with crimes such as murder or rape. This is *prevention detention*, which is illegal in Canada and other so-called democratic countries, but it is legal and a common practice in all police states and totalitarian countries. I know of no lawsuit challenge to involuntary committal as *preventive detention* and therefore as unconstitutional.

In institutional psychiatry in fascist states, forced treatment is the rule, not the exception. Forced treatment and tortuous terminal medical experiments inflicted on thousands of Jews, gypsies, political prisoners, women and children, were carried out in death camps during World War II throughout Nazi Germany. There is now irrefutable, documentary evidence that it was the German psychiatrists, particularly prominent professors of psychiatry, and psychiatry department heads, who were chiefly responsible for initiating and administering the infamous T4 program, which involved the mass murder of over 200,000 mental patients and thousands of sick and disabled children and adults during the holocaust. The term euthanasia and mercy death to describe this murderous program is a cruel euphemism.

Much of biological psychiatry, which is largely based on unproved assumptions about the biological and genetic causes of schizophrenia and other mental disorders, can be traced back to the racist, eugenics-driven psychiatrist in Nazi Germany, Ernst Rudin, who propagated the myth that schizophrenia is a genetic disease. He, along with hundreds of other psychiatrists in the T4 program of mass murder of psychiatric patients, is still cited in some psychiatric journal articles, as documented by researcher-activist Lenny Lapon in his brilliant book, *Mass Murderers in White Coats: Psychiatric Genocide in Nazi Germany*. He states that several German psychiatrists from the Nazi era emigrated to the United States and Canada and succeeded in indoctrinating many of his colleagues in his biological, genetic and racist theories of mental illness. Heinz Layman who emigrated to Canada in 1937, is chiefly responsible for introducing Thorazine or Chlorpromazine, and propagated the use of psychiatric drugs in Canada.

We now have an epidemic of brain damage caused by psychiatric drugs, partly due to Layman and all the other doctors he taught. In one 1954 journal article, Layman admitted that Thorazine was a "pharmacological substitute for lobotomy". Despite publicly acknowledging this alarming fact, it never stopped Layman from using it on many "schizophrenic" patients in Montreal's Douglas Hospital. Layman also persuaded Ewen Cameron to administer chlorpromazine and many other drugs and massive amounts of electroshock. Chlorpromazine, considered an experimental drug at the time, was widely used on many patients during Cameron's infamous brainwashing experiments at the Allan Memorial Institute in the 1950s and 1960s.

There was no informed consent then, and there is none now. During the Nazi years, the doctors didn't seek permission. According to Nazi ideology, these were "useless eaters", "subhumans". This is a mindset that still rules in biological psychiatry throughout North America. Another legacy of psychiatry in Nazi Germany is the widespread acceptance and justification of abuse to break the will of non-compliant or rebellious patients. Physical or mechanical restraints such as straps, ropes, belts, handcuffs and solitary confinement are used in psychiatric institutions not to treat or protect but to punish people for dissident or rebellious behaviour. It is this naked display of force and threats against patients by hospital staff which resembles the awesome brutality of German psychiatric staff during the holocaust.

Fraud: A very apt quote by Leonard Roy Frank, author of *Influencing Minds* is "Mystification is psychiatry's defense against the danger of being found out". Many of the labels or diagnoses used by psychiatrists do not refer to real psychiatric problems or to actual illnesses. Psychiatry professor Thomas Szasz has exposed the fraud and the myth of the concept of mental illness in many books, starting with his classic *The Myth of Mental Illness*. This misrepresentation one of the greatest scientific scandals in our scientific age. The code words that are now used in biological psychiatry such as *anti-depressants* do not assist people with overcoming depression or get at the causes of depression. The term "Quiet Room" is a fraudulent code for solitary confinement. The word "medication" is also a misleading euphemism and misrepresentation for *toxic substances* to which many of us have been subjected.

I've tried to show that institutional, coercive psychiatry has a fascist history and that biological psychiatry as practiced today in psychiatric facilities in Canada and the United States is still based on fear, force and fraud. Psychiatry does not deserve public or government support. We must work to abolish psychiatry. We must also continue working to create self-help

advocacy groups, more drop-in centers, and more affordable, supportive housing in our communities. We need to create our own alternatives to the monstrous and evil mental health system. By doing this, we empower ourselves. This is our work, our challenge, and our hope.

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