

Why Psychiatry Hurts More Than It Helps

Introduction

In 1995, when I (P.L.) was a member of the board of the German Association of Users and Survivors of Psychiatry (BPE), we were asked by the journal *Sozialpsychiatrische Informationen* (*Social Psychiatric Information*) whether we would be willing to participate in a survey on the subject of improving the quality of psychiatric treatment. We agreed to take part but changed the questions as the board members could not agree on whether any type of psychiatric treatment could be considered “quality.” The following are some of the questions we put to 665 members of the association – (ex-) users and survivors of psychiatry who were more or less critical of psychiatry:

Did the psychiatrists address the problems which led to your admission? Was your dignity respected at all times? Were you fully and comprehensibly informed of the risks and so-called side effects of treatment measures? Were you informed about alternative treatments? What was lacking to the detriment of qualitatively good psychiatric care?

Over 100 members of the association (BPE) responded to the survey. The result: only 10 percent of those who answered said that psychiatry had helped them find a solution to the problems that had led to their psychiatrization. Ninety percent said that their dignity had been violated. In response to the question of whether they had been

informed about the risks and “side effects” of treatment measures, not one single person replied with “yes” (Peeck, et al., 1995).

Later studies conducted wholly or in part by independent survivors, such as the European study *Harassment and Discrimination Faced by People with Psycho-Social Disability in Health Services* produced similar results. This transnational study was conducted at the behest of the European Commission. In it, the associations of (ex-) users and survivors of psychiatry and their families from the U.K., Austria, Germany, Spain, the Netherlands and France in conjunction with a Belgian research institute put the questions to families and (ex-) users and survivors of psychiatry. The result was the same: Psychiatric patients are systematically discriminated against in the medical and psychiatric sector.¹

Conclusion: (ex-) users and survivors of psychiatry – and not only in Europe – are calling for changes in the psychosocial field, starting with a psychiatric system which respects human rights all the way to alternatives beyond psychiatry and a society free of psychiatry. Funding and rights, effective and appropriate help in emergencies, and the right to choose among alternatives – these are the solutions they propose and which accurately express their needs and wants.

Families of (ex-) users and survivors of psychiatry are also looking for alternatives, especially those families who are not linked to mainstream organizations of families of psychiatric patients such as NAMI (National Alliance for the Mentally Ill) or EUFAMI (European Federation of Associations of Families of People with Mental Illness), which are sponsored and influenced by the pharmaceutical industry. Whether this is the result of personal experiences such as in the case of Uta Wehde, a more theoretical analysis as with Kate Millett, or based on a historical review of psychiatry and its approaches to psychosis, as in Dorothea Buck-Zerchin’s reflection of experiences over many years, the result is the same. They are demanding an alternative beyond psychiatry and the right to humane help for people in emotional distress.

Footnote

1 For further information see www.peter-lehmann-publishing.com/articles/enusp/harassment.htm

Source

Peeck, G., von Seckendorff, C., & Heinecke, P. (1995). Ergebnis der Umfrage unter den Mitgliedern des Bundesverbandes Psychiatrie-Erfahrener zur Qualität der psychiatrischen Versorgung. *Sozialpsychiatrische Informationen*, 25(4), 30-34. Retrieved January 4, 2007 from www.antipsychiatrieverlag.de/artikel/reform/umfrage.htm. For more details, see Lehmann, P. (2009). Variety instead of stupidity: About the different positions within the movement of (ex-) users and survivors of psychiatry. *Journal of Critical Psychology, Counselling and Psychotherapy*, 9, 197-204. Retrieved June 15, 2013 from www.peter-lehmann-publishing.com/articles/lehmann/variety.htm.

Translated from the German by Mary Murphy

Dorothea S. Buck-Zerchin

Seventy Years of Coercion in Psychiatric Institutions, Experienced and Witnessed¹

My name is Dorothea Buck, I am 90 years old², and a so-called historical witness. The theme of my presentation is: “Seventy Years of Coercion in the German Psychiatric System, Experienced and Witnessed.” I will start with the forced treatment and forced sterilization that was inflicted upon me 71 years ago. In 1966, Alexander Mitscherlich wrote in his book *Krankheit als Konflikt – Studien zur psychosomatischen Medizin I (Illness as a Conflict: Studies on Psychosomatic Medicine, Vol. I)* in the chapter entitled “On the Complexity of Social Influences on the Origin and Treatment of Psychoses and Neuroses” about the treatment measures: “From the days of the primitive cultures, up to present times there have always been methods of torment. On closer examination, a terrible arsenal of tortures in themselves...”

This applies also to the present-day practices of restraints and forced medication, which continue despite the fact that much more effective and helpful treatments for schizophrenia, such as Soteria and Professor Yrjö Alanen’s Need-adapted Treatment in Finland, have proven their worth for decades.

In 1936, 71 years ago, at the age of just 19, I went through the most inhumane experience of my life in a psychiatric institution. Even the experience of being buried alive during the 2nd World War was