

PERSONALLY SPEAKING

By

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"The field of mental health is highly subjective, capricious, and dominated by whims, mythologies, and public relations. In many ways it is a pop culture with endless fads but with no real substance."

Dr. Walter Fisher, Assistant Superintendent, Elgin State Hospital.

"Power, Greed, and Stupidity in the Mental Health Racket".

My muscle weakness is simulated, and my medical perception erroneous. My maladaptive behaviour, faulty coping strategies and learned helplessness have resulted in an "obsession" about tests which, if encouraged, will perpetuate my illness.

My muscle pain and fatigue are related to psychological morbidity and my gender (female) predisposes me to suggestibility. In the meantime, my preference for the "easy life", drives me to acquire the "privileges of the sick role" - although, how deciding between buying food or paying the electricity bill can be classified as a privilege, is beyond my comprehension - BUT, and just to be on the safe side, in case the suggested malingering stretches the diagnosticians' credibility, there is always my (presumed) previous "psychiatric disorders" to fall back on, as the cause of the whole darn shebang.

Instead of the balanced individual of at least average intelligence who I believed myself to be, I have been deemed to be a pathetic, snivelling, neurotic, lazy, lying, devious, unintelligent person of poor character just waiting - even as I deny the need - to be taught how to think and behave; how much and when to exercise; and to swallow the psychiatric drugs the "therapist" is itching to put into my mouth.

The trouble is, the people who make these judgements, are strangers. I have never met them. I have never seen them. I have never spoken to them on the telephone. For all I know, they could be a bunch of modern day Jack the Rippers.

I take these judgements very personally. Just who, I have wondered, are these clairvoyants masquerading as psychiatrists?

There was no shortage of information and in the course of my research, I found the Jack-the-Ripper analogy not entirely inaccurate. Indeed there were a whole bunch of very shady characters you would not want to meet on your own in a dark alley.

Let's start in 1920, when the book "Permission to Destroy Life Unworthy of Life" written by Alfred Hoch, professor of psychiatry, recommended that "mental defectives" be eradicated as a "healing treatment". (1). This progressed to a euthanasia programme known as "T4" which was established in April 1940, and by 1944, nearly 300,000 "mental defectives" met their deaths at the hands of psychiatrists. (2). Ernst Rudin, Professor of Psychiatry, and member of the German Society for Racial Hygiene, was clearly delighted. "Only through the Fuhrer did our dream of over 30 years, that of applying racial hygiene to society, become a reality," he said.

Hendrik Verwoed, Prime Minister of South African from 1958 until his assassination in 1966, was the originator of the apartheid regime. He was also a psychologist who trained in Germany in the 1920s when "ethnic cleansing" was strongly recommended by many of his peers.

In a 1983 report, the WHO stated: "Although psychiatry is expected to be a medical discipline which deals with the human being as a whole, in no other medical field in South Africa is the contempt of the person cultivated by racism, more precisely portrayed than in psychiatry."

The former Prime Minister of Bosnia, Slobodan Milosevic, had been a patient of psychiatrist, Radovan Karadzic. Karadzic and his colleague, Jovan Raskovic, orchestrated torture, rape and murder in Bosnia throughout the 1990s.

Then there were innovative people like Italian psychiatrist, Ugo Cerletti, who, in 1938, was so inspired by the convulsions of pigs that had been electrically stunned prior to slaughter, that he introduced the same system as a "treatment" for human beings.

In his paper, "Neuropathology and Neurophysiology, Including Electro-Encephalography, in Wartime Germany" (3), Leo T. Alexander, Psychiatrist, and Chief Medical Adviser during the Nuremberg Trials, had this to say about the treatment of shell shocked German troops:

"Regarding the handling of neurosis problems, Dr. Jahnel [a psychiatrist from the Kaiser Wilhelm Research Institute] feels that in the first world war, one had confronted this problem in a helpless manner. He feels this problem has now been solved by means of suggestive treatment with the aid of painful electric currents, as well as by the policy of not letting the patients attain the goals which the illness served. In the last war, the

patients definitely felt that they could attain things by their illness...."
(Where have we heard that before...?)

Alexander continued: " Once a patient went unconscious from the effects of the electricity, the caretakers then had to attach four electrodes to the hands and feet of the patient. Dr. Gelny ran high voltage through them and after ten minutes at the most the death of the patient would set in." That is certainly a novel way for "caretakers" to perform cruel and prolonged murders.

Alexander apparently thought this was all great fun for he went on to experiment with ECT himself. He found that when he raised the electric current too quickly, it caused patients to contort and fracture their spines. With no apparent remorse, he explained, "I produced painful...spinal fractures in 3 patients in fairly rapid succession." (4)

Taking this a step further, American, Walter Freeman, became famous for his frontal lobotomies. Without the benefits of a sterile theatre, gowns, gloves or masks, he and his team "anaesthetised" patients by means of electric shock "treatment", and then with a surgical mallet, he drove an ice-pick like instrument through the eye socket and into the brain where he literally jiggled it about. Clearly he saw no need for scientific exactitude.

"We need a program of psychosurgery for political control of our society," said one Dr. Jose M.R. Delgado, Associate Director of Neuropsychiatry, Yale University Medical School. He continued: "The purpose is physical control of the mind.....Man does not have the right to develop his own mind." (5)]

It took many years before the authorities were persuaded to investigate what went on behind the walls of Harry Bailey's deep sleep clinic, in Chelmsford Hospital in Sydney, between 1963 and 1979. His "therapy" entailed a barbiturate induced coma of long duration during which patients were subjected to repeated bouts of ECT; females were sometimes afforded extra attention in the form of Bailey's sexual "favours".

When it finally took place, the inquiry lasted for 288 days and revealed that while the files of 18 fatalities were missing, 183 died either in hospital or within a year of being discharged. About 5000 people went through Bailey's hands. More than 1,100 of them were "treated" for anything from depression and drug addiction, to anorexia and even some for "ticklish coughs", and of these, 977 left the clinic brain damaged.

In his report, Justice J.P. Slattery described Bailey as "...two-faced, devious, dissembling and unprincipled....." He referred to Bailey's sexual relations with female patients as "a disgraceful breach of medical ethics."

And of the hospital itself, "...there was a systematic cloak of secrecy about the treatments, a blanket on the disclosure of information relating to it and a fraudulent cover-up of deaths and other incidents at the hospital."

Of Sharon Hamilton, a professional dancer and one of many theatrical personalities "treated" by Bailey, Justice Slattery said: "The deliberate development of Miss Hamilton's dependence on him was reprehensible" and his "manipulation of her was deplorable....[he] used this to dominate her and to influence her if only indirectly to give him money."

Rather than face a trial, Bailey committed suicide. Many of the survivors have been awarded compensation.

And is this a one-off situation? No!

Ewen Cameron, psychiatrist and one time president of both the American Psychiatric Association and the World Psychiatric Association, was a supporter of the Nuremberg Code which outlawed experimentation without the patient's informed consent. He was held in very high esteem by his colleagues.

Nevertheless, in 1950 he accepted a large sum of money from the CIA in return for carrying out experimental "depatterning" on his unsuspecting patients at the Allen Memorial Institute in Montreal as part of the CIA's mind control operation.

"Operation knockout" destroyed the personality of the subjects by means of electric shocks up to 40 times above the recommended safety level. Some were subjected to a drug-induced stupor that lasted on occasion as long as 90 days, and for 2 to 5 weeks, they were brainwashed by politically "correct" messages on a continuously playing audio tape.

"The Agency doctors would continue committing serious breaches of their sacred oath; would still, if need be, use treatment methods that were reckless and dangerous to life....The [CIA's] director [would look] beyond the borders of the United States to Canada, to Montreal, to Dr. Ewen Cameron. The psychiatrist and his unsuspecting patients would be the Agency's flag bearers into the unknown world of influencing memory, changing personality, and disturbing the mind." ("Journey into Madness - The True Story of Secret CIA Mind Control and Medical Abuse", by Gordon Thomas, 1989.)

In March, 1980, 8 of Cameron's former patients sued the CIA and the Canadian Government over the mind control experiments and were awarded \$750,000 on the understanding that they would never discuss the case in public again.

In 2001, an investigation into the practices of Dr. Selwyn Leeks, who was head of the Lake Alice Hospital children's unit in New Zealand in the 1970s, took place. But here we are in 2003, and the affair seems to have melted away.

"Craig Paterson, executive director of the Royal Australian and New Zealand College of Psychiatrists, said that the allegations were eroding public confidence in the medical system....It was not psychiatry and it was not medicine...It was child abuse and it was torture..."(New Zealand Herald 18/10/2001.)

We read the most appalling stories of children being punished with painful injections of paraldehyde and electric shock "treatments". In some instances, the children were forced to administer the latter to other children, increasing the current as directed. Some spoke of sexual abuse by staff members, but perhaps the most disturbing aspect of all, was that many of the details of Leeks' administration have been withheld from the public.

As for Leeks, he claims that the incidents are grossly exaggerated. That his methods were "aversion therapy" which on the whole was quite successful. The same could no doubt have been said of the shell shocked German troops who were given "aversion therapy" until they died.

"For those who are complaining, it obviously didn't last, or didn't last as long as it might have," said Leeks. (6). How very inconvenient for him. Leeks moved to Australia and continues to practice in Melbourne.

We will probably never know what went on behind the scenes and why such a monster has been allowed to remain free to continue his practices. Nevertheless, the Prime Minister of New Zealand, Helen Clarke, took the unusual step of apologizing to the victims and compensation, after years of battling for justice, has been awarded.

Torture is the theme running through these few examples of the gross behaviour of some psychiatrists, and even though it is common, it was still a surprise to find an article on the subject in The Lancet (Vol 357; May 19, 2001). It was entitled "History of medical involvement in torture - then and now".

Here are some quotes: "Torture..... was an oppressive instrument used in the preservation of power, and this last function of torture is especially relevant today."

"Doctors were also a type of torture advisor, especially when the accused was ill or weak. They had to recommend methods of torture that the accused could survive...[and] " (1) they gave advice as to when to stop the torture to prevent sudden death, (2) they had to assess whether

unconsciousness was real or simulated; and (3) they treated the bruises and fractures of the accused to improve their health enough to allow torture to continue."

"...traditional methods mainly used physical pain, whereas modern torture also involves psychiatric-pharmacological and psychological techniques....[which] are used often because they leave no visible evidence.....; torture today must be impossible to prove, which would not be possible without medical skills."

"A glance at the historical involvement of doctors in torture shows that medical complicity in torture has a long tradition, and is still active." (End of quotes.)

So much for the Hippocratic Oath! And what are the toxic substances that are used to torment? They are the same substances innocent citizens are prescribed by members of the medical profession and in particular, psychiatrists. Ask anyone who has suffered adverse effects to psychotropic drugs - they may not have heard of the word AKATHISIA but they certainly understand its definition: "a unique form of inner torture that, prior to the development of psychiatric drugs, probably never existed".

And seeking more of us for fodder, was Australian, Professor Ian Hickie who, in 2001, claimed that "Sixty percent of people who visit general practitioners have a mental disorder according to a groundbreaking study of 46,000 patients.

"The research, published today in a special supplement to the Medical Journal of Australia, indicated a need for routine screening, Professor Hickie said." (Sydney Morning Herald, 16 July, 2001)

The "groundbreaking study" was based on one of those questionnaires of which psychiatrists seem to be particularly fond, and which were distributed to doctors' waiting rooms. It was upon answers to questions such as: "In the last two weeks, have you had a (a) headache (b) back pain (c) felt tired (d)....." that Hickie and his fellow "scientists" came to their remarkable conclusion.

What the article did not tell us was, who funded the "study"? There can be no doubt that the drug industry must have been absolutely delighted with the outcome.

I could go on, but being a sufferer of ME, I am almost out of steam, so I'll finish with a few examples the profession would like to sweep under the carpet. (And they tell us we're screwed up!)

In 1996, Carl Lichtman, a New Jersey psychiatrist, was ordered to pay \$2.8 million and \$200,000 to the state for defrauding 36 insurance companies.

In 1998, Canadian psychiatrist, John Orpin, was jailed for 6 years for sexually assaulting female patients. Earlier he had been convicted for defrauding the Canadian government health insurance plan.

In 1998, Massachusetts adolescent psychiatrist, Antonio DeGuzman, was sentenced to 4 years in prison for fondling three young male patients.

In 1999, Dr. Wulf Aschoff, child psychiatrist, and former head of Germany's Albert-Schweitzer clinic, was charged with photographing and videoing naked children and playing with their genitals.

In 1999, during a federal investigation into the fraudulent billing practices of Virginian psychiatrist, Carl Robert Showalter, photographs were found of boys masturbating. Showalter was shown participating in some of the pictures. He defended this practice by claiming it was "therapy".

In 2000, Utah psychiatrist, Robert Weitzel, was convicted on two counts of manslaughter and three counts of negligent homicide over the deaths of five elderly patients.

In the same year, Australian psychiatrist, Roderick Doyle Motum, shot a male prostitute.

In November, 2001, psychiatrist, Colin Bower, was sentenced in the High Court in New Zealand, for the carefully planned murder of his wife, through the administration of a cocktail of drugs over a period of time. His mistress, also a psychiatrist, vowed she would wait for him.

Consider, if you will, what the psychiatric diagnoses would have been if some of these exploits had been performed by lay people. Now transfer those diagnoses to the actual perpetrators. Would we trust such people to treat us? Hardly. Sufferers of poorly understood conditions such as Myalgic Encephalomyelitis, Gulf War Syndrome, Multiple Chemical Sensitivity and Fibromyalgia are well advised to remain very alert.

During the past decade, and for the first time in history, patient anger has grown loud and strong - a situation that those at whom the anger is directed, find intolerable. The rejection of their opinions has resulted in outrage ("How dare they question me!"); to petulance ("It isn't fair! Activists oughtn't to be allowed!"); to tantrum throwing ("I'm the doctor, you *&%\$#@ little nobody!") Irrespective of individual reactions, they all have manipulative and dishonest behaviour in common.

Which brings me back to Cognitive Behavioural Therapy and Jack the Ripper. No thank you!

May those who have judged me and others who suffer as I do, take this article very personally indeed.

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