Kate Millett

The Illusion of Mental Illness[1]

How do we get to a point where a human being is bound to a table with locked leather cuffs and left to suffer this torment and indignity for hours at a time? What in law would condone that? What in our cherished system of civil rights and liberties would ever permit such an event? How do persons lose their every right through commitment hearings? How do they come to be drugged at trials where everything is at stake, even their liberty?

Somewhere the law has failed us deplorably; somehow lawyers are betraying their clients. Public defenders working for a pittance, not knowing their clients, ushering them through a kangaroo court where everything is staked against the victim. The law truckles before medicine in such hearings: everything the law stands for—in constitutional guarantees, in skepticism, in demanding proof and evidence—is prostituted before the claims of psychiatric medicine. The lawyer bows before the doctor, who says this person is "crazy." There is a complete abdication of the traditional legal responsibility to defend.

Consider how prolonged criminal trials are, how elaborate and concrete the presentation of evidence, the jury system, how many centuries have gone into the creation of the adversary process, how slow and incremental the gradual acquisition of constitutional guarantees and civil rights through the 18th and 19th centuries, their extension throughout the world in the twentieth. All whisked away in the unexamined moments of commitment hearings.

1 In 1992, Kate Millett gave the Cunningham Lecture in Law and Medicine at the Faculty of Law of Queen's University in Kingston, Ontario (Canada). This essay is a shortened and updated version of that lecture, published under the title "Legal Rights and the Mental Health System," in the *Queen's Law Journal*, Vol. 17 (1992), No. 1, pp. 215-223.

How does the state come to have such extraordinary powers over certain individuals? Where did the system of protection break down and why? It is said that these individuals are ill with a strange and terrible illness, for which they must be treated with force. Therefore, the law must become the handmaiden of those who understand the disease. Legal measures must be obtained to exercise force, but the urgency to use them lies not with the law or its practitioners, but with another set of experts whom they must now serve. These practitioners must imprison and deprive their patients, this is the first step in their cure.

Let us examine the notion of treating someone by force. Treating them for what? For acting strangely, for talking too loud, for anger or stress or irrational behaviour, for conduct that offends? But surely we imply the law here, not medicine. Has such a person committed an offence against another, disturbed the peace, committed an assault? The remedy for that is in the law. How did medicine get involved? Then we are told there was no offence against the laws, but the neighbours are complaining, the family is up in arms. There might be a crime. Our laws do not permit persons to be arrested or incarcerated through preventative detention. There might be a crime, but in fact there isn't. Instead there is unacceptable behaviour, generally described but not observed. The person is not a criminal but the victim of a strange disease that can only be cured against his will.

What disease could ever be involved that the afflicted person would not wish for treatment? Physical medicine is not permitted to treat by force, the very notion of doctor and patient implies an agreement, a co-operation, a seeking out of aid and comfort. The essential nature of such treatment is voluntary. The idea of involuntary treatment is so improbable, so hard to defend on medical, legal, or moral grounds that it necessitates an appeal to mysterious circumstances.

But there are petitioners who want to force a regime of healing upon the offender. There are "interested parties" and relatives with a private desire to control who seek social consensus, support, and approval for their animosity toward an individual, the one singled out. Support for the use of social force against the individual is immediately at hand, as near as the phone. Society is prepared to arrest and incarcerate, victimize and deprive an individual of ev-

ery right without any recourse. But it requires still a rationale, a label, a vehicle of belief, an accusation that carries weight. Madness fills this, so does heresy or political subversion. Crimes of the mind.

Psychiatry is the authority for this in our time and functions as an arm of social force, ultimately an arm of the state, with state powers, police powers, real locks and bars, drugs and torments. But it also embodies an idea, the idea that the individual carries an invisible disease, or taint, which no pathology can prove, but which experts can intuit and cure by force. This idea prevails by common consent, by publicity and propaganda, by the borrowing from the prestige of science itself and applying the force of the state and its overwhelming armory of physical power.

Psychiatry, calling itself medicine, must become an avenue of social control and state power outside the law, beyond it, with powers that surpass, abrogate and nullify, perhaps even contradict the law and its every guarantee to the individual. Centuries in development, these guarantees must in stipulated cases be abolished. The state permits the family to present its own choice of individuals to repress. The family, the state's chosen and appointed agent, operates through the medium of psychiatry, for the psychiatrist decides finally. You may want to incarcerate a relative, but you still have to find a doctor to oblige; the doctor decides ultimately. But the fact that families can present a victim is itself surprising, an informal kind of social control.

Now we all believe in the mysterious force, the illness, the mental disease. Your mind may just give in, collapse, succumb to some constitutional weakness. Invisible forces may strike you down. And belief is everything. It runs the show. It must only be extended, propagated, further institutionalized, funded, bureaucratized, turned into a thriving industry, the source of hundreds of thousands of jobs and "services," then millions.

The system would not work without force. It relies finally upon brute force, as does any system of social control. It also relies upon an ideology. Here the ideology is a perversion of reason and science, the medical model of mental illness. Many psychologists and psychoanalysts would agree that the medical model of mental illness is a misleading analogy, because psychologists believe that psychological suffering is the product of stress in environment, whether through one's personal history or through social circumstances. In

other words life is very difficult: death is hard to endure, bereavement, the death of love, love's labour lost, hard economic times, lost employment, lost opportunities, the embittering frequency of every form of disappointment in life. This is a reality model, built upon reality.

The medical model, on the other hand, is not based upon any reality, nor is it medical, though it uses the prestige of physical medicine and the reality of physical disease to mystify us and to command a general social consent, lay or legal. Ultimately it is a communal mythology, which conveys enormous powers both to the state and to psychiatry through the commitment process.

Very few countries have not enlisted their complete faith—formally and informally, officially and privately—in the notion of mental illness and its corollary, mental health. Mental illness is a government commodity, a ministry, a department, a branch of every bureaucracy at the federal, municipal, provincial, state and local level.

Mental illness is thought to be as identifiable as pneumonia, as epidemic as AIDS, as potentially knowable and millennially curable as cancer. Our shared conviction of the existence of mental illness is miraculous, because at the beginning of the 21st century, after several centuries of scientific discovery and the triumph of scientific evidence, our communal faith in the existence of mental illness is completely religious and unscientific. We believe without any proof whatsoever. Without any evidence of what science means by illness. By this I mean pathology. In medicine, there is no disease or illness without pathology, and pathology is something one can see and prove. Physical medicine and science itself rest on proof—actual evidence of disease. Real microbes, real blood tests, real antibodies, real swelling and fluid, real edema, real cellular malformation. There are real diseases of the brain and nervous system which can be proven to exist in these ways: tumours, paresis, Alzheimer's, Huntington's chorea. These are true diseases with true pathological evidences.

When we speak of mental illness, however, we mean a number of so-called diseases for which there is not pathological evidence, even though we have believed in them for over a century. Schizophrenia is the leading mental disease, then manic depression. At the same time, their very existence is not always agreed upon within the psychiatric profession. Within classical psy-

chology their existence as illnesses or pathologies or disorders is no easier to prove than in psychiatric medicine, since there are no pathological proofs, only behaviour.

To prove one is ill because one acts or behaves a certain way is very different from proving one is ill through reference to physiological evidence of such illness in the body. Evidence of illness through behaviour is not physically objective; there is no physical proof to refer to. Behaviour is a matter of observation and interpretation, and what is crazy to one set of eyes is perfectly explicable, even rational to another. What is outrageous to one observer is only bad manners to another, maybe even funny to a third. Possibly even justifiable. It depends on who is watching and even more upon the attitudes they bring to the observation of that behaviour: self interest, spite, coercion, rage, disapproval, the urge to control, punish, humiliate.

Pneumonia isn't like this: you have it or you don't, and if you have it, you want a cure. Accused of mental illness, you are on trial, the victim of aspersion, a figure on the defensive, and unable to defend yourself from a charge whose very existence is proof of guilt. Pneumonia is not like that; no one is hired to accuse you of it before the law or persuade a judge you are guilty because full of germs. You won't be isolated and dishonoured before your friends, fired from your job, lose custody of your kids. Pneumonia will never do this to you.

The idea of mental illness is simple: use human mental and emotional suffering as evidence of disease which only a highly specialized, highly trained, and highly paid class of healers—nearly a priesthood—can have any effect upon at all. And do not stop short of the most drastic treatments for this mysterious malady; use drugs and cruelty and fright, imprisonment and electrical currents to the brain. Psychoanalysis is ruled out as mere talk therapy and unscientific. Talk is too easy, like friendship or advice. One needs neither a prescription nor a licence to dispense it.

Human grief, uncertainty, life crisis, and the painful steps by which we divorce or grow or create or change: these are all moments of vulnerability when there is sure to be opposition from those around us and even from inside ourselves. We are as unsure to ourselves as always, unsure as men or women, lovers or siblings, children and parents. We can be mystified, over-

come, shamed, cowed, reduced, and humiliated, especially if we are persuaded we do not know our own minds, feelings, responses, and motivations, and if we are taught to find our own mental processes and powers of reasoning unreliable and faulty. Then medicalize the entire human condition, define the mind as a series of mysterious imponderables, pretend it is a chemical construct of uncertain balance, an enigma we are at the mercy of and cannot control. Only biological psychiatry can tinker with this mercurial mix, adjusting it with drugs whose operation even the doctors cannot understand but which they claim do us no harm.

We are dealing with stigma and coercion, with state power and control over citizens, and with vast multinational drug cartels who stand to profit from the prescribed psychiatric drugs force-fed to victims of these mysterious illnesses, both when they are incarcerated against their will and upon their release, temporary and probational as it is. Liberty, life, food, shelter, and employment all depend upon submitting and consuming the drugs that brand and debilitate.

The drugs are referred to as "meds" or medication rather than medicine. The medication tranquilizes, dulls, slows down, speeds up, reduces or creates stress, distorts concentration and cognition, actually frustrating the rational powers of the mind. Meds are drugs; they do what drugs do—they distort. But they do not heal, since there is no pathology present, and mental and emotional stress and suffering are normal human conditions rather than sick or pathological ones.

Peter Breggin has made a general review of research studies on the damage caused by neuroleptic drugs (Haldol *[active ingredient haloperidol, marketed also as Dozic, Novo-Peridol, Peridol, Serenace, etc.]*, Thorazine *[active ingredient chlorpromazine, marketed also as Largactil, etc.]*, Mellaril *[active ingredient thioridazine, marketed also as Aldazine, Melleril, Ridazine, etc.]*, Prolixin *[active ingredient fluphenazine, marketed also as Anatensol, Modecate, Moditen, Permitil, etc.]*)—drugs patients are required to take even in freedom or lose their benefits (Breggin, 1990). Breggin looked at the effects of such drugs on the higher functions of the human brain, and he summarized studies from brain scans and animal research as well. He found that neuroleptic-induced brain damage is frequently masked by the drugs

themselves, and therefore revealed only during withdrawal when the damage is irreversible.

This results in a tendency to lifetime drugging. Breggin also describes how psychiatric drugs quite literally "shrink" the brain, and, in addition to sedating the individual and frustrating intellectual process in the short run, they cause persistent cognitive deficits. He describes the neuroleptic-induced epidemic of tardive dyskinesia as an "iatrogenic (physician caused) tragedy" and calls on the medical Profession to take responsibility for the damage it has inflicted on millions of patients throughout the world. Beside metabolic and circulatory diseases like diabetes and hypertension, caused by more recently developed clozapine *(marketed as Clopine, CloSyn, Clozaril, Denzapine, FazaClo, Zaponex, Zopine, etc.)*-like ("atypical") neuroleptics like Zyprexa *(active ingredient olanzapine)* or Serdolect *(active ingredient sertindole)* you especially have to consider the risk of tardive psychoses: possibly developing a worsening or chronification of psychoses as a result of drug-related receptor-changes—emphasized by Robert Whitaker (2002, pp. 253-286) and Peter Lehmann (1996, pp. 99-104; 2003).

In contrast with the medical model, the humanistic psychological model has the value of respecting human rights with regard to commitment and forced treatment. But it is not the model in use in our society today.

Explained this way, the medical model sounds both wicked and foolish. It is. It is also a lay religion and a great threat both to our rights as citizens and human beings and to our ability to think logically and intelligently about difficult subjects like medicine and illness. The medical model is causal deterministic, it erases both freedom and responsibility, good and evil, choice and reason. All of this has enormous political ramifications. We are being managed and controlled. We are being brought into line, corrected and led along by social agencies, that vast governmental creation of state hospital, community health center, or private clinic.

Behind the ideas of "mental health" and "mental illness" are a vast industry and hundreds of thousands of jobs, salaries and positions, grants and expenditures, doctors, nurses, the entire system of guards in locked facilities, aids, security personnel and devices, the manufacturers of restraints and control devices, electroshock machinery, and finally the great pharmaceutical indus-

try itself, the largest, together with munitions, and the most profitable manufacture in the world. Around it all are the thousands of procurer and support industries, the journals and educational facilities, the accreditation and certification bureaucracy, the records keepers and clerks, the convention facilities and training centers, the builders and maintenance forces, all the packages and providers, the institutional provisioners, even finally, the accountants and legal advisors.

There is a continual cry for more money, more research into mental disease, more facilities to house and sequester, broader latitude to commit and incarcerate. At the same time and with deplorable hypocrisy, a proliferation of oily pleas for greater tolerance and understanding, underpinning even wider expectations of illness, a more perfect understanding that we are all, to one degree or another, infected with mental illness and in need of ever expanding and invasive treatments.

There is so much money involved, so much power, so may jobs and careers that it has eclipsed organized religion as our most powerful way of controlling society and of setting and enforcing social standards. Moreover, its criteria are legal ones, legally enforceable: that is, they are literally and factually a matter of freedom and imprisonment through the process of commitment hearings, the mental health statutes, and the doctrine of substituted judgment whereby an individual is said to have no further capacity to make decisions. An individual convicted of mental illness has legally ceased to be—ceased to enjoy an autonomous condition and individual identity—for all purposes of one's own fate and selfhood.

This is a lot of faith to place in an imaginary disease, an illusory illness. The potential for social control, deliberate or incidental, is so overwhelming that one begins to see that this is a system in which abuse is not incidental but endemic, part and parcel of the concept. The result, indeed the purpose, is the creation of compelling social conformity. Even the Inquisition pales beside such a creation: it is hard to match the terror inherent in electroshock convulsions, four point restraint, and massive injections of mind stunning drugs. This system can apply absolute force over absolute helplessness.

But of course, social institutions do not operate this nakedly in general. In general, they are integrated into life, taken for granted, accepted as inevita-

ble, useful, part of the general purpose of civilization or salvation. Consider the power and organization of state psychiatry: a system of international scope and size and complexity, pervasiveness and efficiency. Consider psychiatry's influence in the schools and universities, throughout our systems of employment and personnel, its influence on all aspects of the health system, the welfare system, public assistance, government subsidy, and private philanthropy. Most of all, consider the cultural acceptance and social appreciation of psychiatry, the elevated claims of the "helping professions," a social consensus of the highest dignity and greatest altruism. If not divine in its mandate, if not holy, then high and noble, the revealed truth of science, our contemporary and secular religion. Never mind that this is pseudo-science; the desire to believe has replaced proof or evidence. Assertion has been accepted as fact.

How does an illusion come to have the power of a fact? Though belief, through the assent of the governed. Since this system relies upon locks and bars and drugs and police powers, however, its force would be there whether you believed in it or not. Our belief gives it greater force, god-like force. It has had such force for those of us who have been its prisoners in body and in mind.

We are also the survivors of one of the meanest systems of oppression ever developed, and its victims and its critics. We are the ones to tell the truth, to say that mental illness is an illusion, intellectually and scientifically, but also a system of social control of unprecedented thoroughness and pervasiveness. It is our role to expose this illusion and to free us all—for we are all constrained, oppressed, limited, intimidated by this phantom of mental illness. We stand with reason against error and superstition, with imagination against conformity and oppression. What good fortune to be part of such a struggle for freedom and human rights.

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Uta Wehde

Antipsychiatric Work by Relatives

Unrestrained Anger and Commitment to Alternatives

Imagine you are very unwell, you are sad, you can't sleep nights, you are afraid, and past, present and future merge together in the darkest of images and colours. You haven't been feeling like this just for one day but for a long time and sometimes you think about ending your life.

My brother was in this situation in the summer of 1979. He went to a psychiatrist, not for the first time—more or less unwillingly at the behest of my parents who at the time could see no alternative. My brother was 22 and a student at the university.

That day, as he sat hopeless and silently in front of him, the psychiatrist said more or less the following to him: "You will never be able to complete your studies! You can't be cured and you should be in a mental asylum!"

The following day, my brother hung himself. The psychiatrist who had considered my brother as very suicidal later explained his "therapeutic" intervention as follows: "How can I make someone more depressed than he already is?" It was intended to stimulate resistance in a depressive patient and to provoke an opposite reaction to shake him out of his depression.

My brother certainly had many reasons to kill himself. He was standing over an abyss, ready to jump and this psychiatrist did nothing—on the contrary, he gave him the final push.

This experience is the basis for my antipsychiatric commitment. As a 16-year old, I learned in a very painful manner of the brutality and cynicism of the psychiatric system, whose treatment methods had already destroyed many identities. I didn't need to understand them, to analyse them—the logic of psychiatric thinking and actions—I had direct experience of their inhumanity!

Since then, I have carried a deep hatred within me, an unrestrained anger but at the same time feelings of powerlessness. When in 1987 I began to work in an antipsychiatric organization I was able to free myself of my hatred and to give it another form, transforming it constructively. Through this work, I learned something fundamental—about me and about the society in which we live, a society which has been deeply affected in its everyday thinking by psychiatric logic. During public events or personal discussions, I was made aware again and again just how unwilling people are to let go of this logic.

The group of so-called experts, which includes me as a psychologist, are especially at risk; socialized in their studies according to the biomedical paradigm, they quickly enter the one-way street of the diagnostic perspective and often fail to notice the walls they build up around others, but also around themselves. Equipped with the disease model, the diagnostic key and the appropriate terminology—life seems rather easy, doesn't it? I am healthy and the others are sick, I am "normal" and they are schizophrenic, I am the expert and they are the patients, I am clever and they are fools. It is just like the fairytale, *The Emperor's New Clothes*: the psychiatric system adorns itself with many terms and theories and prances through the world proudly calling itself a science. And when we look a little closer, examine its theories, terms and treatment methods?—then nothing but pitiful nakedness remains. But the system is as powerful as the emperor; empowered, courted and borne by the ruling normality. Antipsychiatry, at its heart, questions this normality, whose yardstick we all carry within us and which keeps us in line. In the final analysis, antipsychiatry concerns us all, just as much as the normality in which we live.

Against this background—as a committed relative—another normality, one of a science based on the experiences and knowledge of those affected is just as important as the creation of concrete alternatives for psychiatric survi-

vors. It was, therefore, only logical in the course of my antipsychiatric work to become involved in the setting up of the Runaway House in Berlin; and since we succeeded, after fighting for 15 years, I have become active in *Für alle Fälle* (In Any Case), an association committed to further education and training from the perspective of independent survivors of psychiatry and to advancing user-controlled research.

Translated from the German by Katy E. McNally