

# Taking Issue With Taking Issue: "Psychiatric Survivors" Reconsidered

**Editor's note:** We received more than 70 letters in response to the Taking Issue commentary by E. Fuller Torrey, M.D., in the February issue, an all-time record for a single article. Many of the letters were from persons who identified themselves as psychiatric survivors and wrote to protest our publication of the commentary after reading an alert on the Internet by Support Coalition International, the publisher of *Dendron News*. Others wrote in support of Dr. Torrey or of psychiatric treatment, and some went beyond the "survivor-nonsurvivor" question to address other issues. Excerpts from 20 of the letters are published here, along with a reply from Dr. Torrey.

**To the Editor:** In his Taking Issue commentary in the February issue, E. Fuller Torrey (1) defamed several membership-based advocacy organizations. We help lead these organizations. In some instances, we were among their founders. We are all psychiatric survivors. Let us introduce ourselves:

**Jay Mahler:** "I survived forced electroshock, along with weeks of solitary confinement and restraint. High dosages of forced neuroleptic drugs gave me seizures. I was locked up for many months."

**Rae Unzicker:** "I survived not only the childhood abuse that initiated my involvement in the mental health system, but also the retraumatization that occurred as a patient in five hospitals. I survived solitary confinement for two weeks, without clothing, and with only a rubber mattress and blanket. I survived four-point restraints, again without clothing, and the forced administration of devastating drugs."

**Janet Foner:** "I was dragged from the entrance of the hospital to the locked ward, forcibly injected, and put in solitary confinement. My nonvio-

lent 'crime' was shouting. I was drugged insensible, and locked up for ten months."

**David Oaks:** "I survived five institutionalizations. Neuroleptics often felt like torture. For complaining about conditions, I was held down in solitary confinement and forcibly injected."

**Judi Chamberlin:** "As a voluntary patient, I was placed in solitary confinement. Once I was committed, it was worse. I was forcibly drugged, held in a dismal, prisonlike facility, and denied access to water and hygiene facilities."

Since Torrey mentioned the Holocaust, we need to respond that there are those who still deny the well-documented reality of that nightmare, just as Torrey denies the horror of psychiatric human rights' violations today. The Holocaust itself was partially fueled by psychiatrists' writings from the eugenics movement; approximately 75,000 mental patients were killed by Nazi psychiatrists in the experimental prelude to the Holocaust, and eventually 250,000 to 300,000 patients were murdered (2).

Unfortunately, these deaths are still happening. We call ourselves psychiatric survivors to remember elders who die from electroshock, and to remember youth who—due to coerced psychiatric drugging—die from neuroleptic malignant syndrome, gagging, overheating, and so forth. We were told our "genetically flawed brains" would require a lifetime of drugging. We thrive without drugs largely due to peer mutual support from our 27-year-old human rights movement, which has helped thousands recognize the necessity of empowerment in the recovery process.

Torrey fabricated a "big lie" that we bear responsibility for 500,000 deaths. People freeze to death in cardboard boxes because our society focuses on

making money for a few, instead of focusing on human needs. We promote far better solutions than the atrocity of forced outpatient drugging. The California Network of Mental Health Clients helped pressure the California legislature to appropriate \$20 million to assist homeless people who use self-help and voluntary services. Support Coalition International, publisher of *Dendron News*, unites 50 groups, many of which work face to face with homeless and formerly homeless people every day for their survival.

## References

1. Torrey EF: Psychiatric survivors and non-survivors. *Psychiatric Services* 48:143, 1997
2. Breggin PR, Breggin GR: *The War Against Children*. New York, St Martin's Press, 1994

*Ms. Chamberlin is an associate with the National Empowerment Center in Lawrence, Massachusetts. Ms. Foner is co-coordinator of Support Coalition International in New Cumberland, Pennsylvania. Mr. Mahler is a technical adviser with Mental Health Consumer Concerns in Martinez, California. Mr. Oaks is editor of Dendron News and co-coordinator of Support Coalition International in Eugene, Oregon. Ms. Unzicker is president of the National Association for Rights Protection and Advocacy in Sioux Falls, South Dakota.*

**To the Editor:** E. Fuller Torrey says that I am denying that schizophrenia is a brain disorder with my assertion that "schizophrenia in young people appears to be a healthy transformation process that should be facilitated instead of treated." He has it backward. Mainstream psychiatry is in denial, not me. I know from personal experience that what was diagnosed as my schizophrenic breakdown in 1965 was not a brain disorder, it was a healthy, transformational breakthrough.

Karl Menninger (1) understood this phenomenon. He wrote, "Not infrequently we observe that a patient . . .

gets as well as he was, and then continues to improve still further. He becomes, one might say, 'weller than well.' . . . There are thousands of unknown examples who have not been discovered or who have not yet written about their experiences."

Why is the psychiatric literature silent about patients who fully recovered and became "weller than well?" Many such people exist. Why is psychiatry ignoring them?

**Al Siebert, Ph.D.**

*Dr. Siebert is executive director of the Kenneth Donaldson Archives for the Autobiographies of Psychiatric Survivors in Portland, Oregon.*

### Reference

1. Menninger KA: The Vital Balance. New York, Viking, 1963

**To the Editor:** We have earned the right to call ourselves psychiatric survivors by virtue of having endured and surmounted what was inflicted on us in the guise of "help." We've been through the fires, and we bear the scars; the reality of the flames through which we've walked cannot be quenched by the pleasant fiction that psychiatry does not leave victims in its wake.

**Shoshanna Moser**

*Ms. Moser is publisher of Shoshanna's Psychiatric Survivor's Guide on the Internet.*

**To the Editor:** I have manic-depression, and I agree with Dr. E. Fuller Torrey that people who have mental illnesses need treatment. But he is wrong to blame the mental patients' rights movement—specifically those who call themselves "survivors"—for the deaths of about half a million "nonsurvivors" of mental illness.

Yes, mental illness can kill you. But these deaths cannot be laid on the doorstep of those of us who oppose forced treatment. As a patients' rights activist, I am increasingly certain that the deaths of nonsurvivors have been caused by the failure to create an effective, comprehensive system of care. We need to work toward a system that provides early opportunities for help based on what people need and want.

As managed care spreads, I fear that we are going to become increasingly dependent on short-term quick fixes such as overmedication, the indiscriminate use of electroshock, and such draconian measures as outpatient commitment. What we need is *not* to increase these measures of force and coercion. "Forced treatment" is an oxymoron; treatment that does not respect the recipient's rights is doomed to failure.

I can't join with Dr. Torrey in his demand for an increase in force, but I could join with him in calling for more resources to meet this national health crisis. We need a system of care that would address our basic needs, including physical and mental health treatment, housing, and employment. If such a system existed, force would not be necessary.

**Joseph A. Rogers**

*Mr. Rogers is executive director of the National Mental Health Consumers' Self-Help Clearinghouse in Philadelphia.*

**To the Editor:** Dr. Torrey is a part-time guest researcher at the National Institute of Mental Health's Neuroscience Center at St. Elizabeths Hospital in Washington, D.C. Dr. Torrey's opinions are his own and do not represent the views of the National Institute of Mental Health.

**Rex W. Cowdry, M.D.**

*Dr. Cowdry is acting deputy director of the National Institute of Mental Health in Rockville, Maryland.*

**To the Editor:** Dr. Torrey correctly points out that the Center for Mental Health Services uses the term "consumer/survivors" in some of our publications. It does so for a number of reasons. As a measure of self-determination and empowerment, we should respect how people choose to identify themselves. "Consumer/survivor" is used by an increasing large number of groups and individuals. Some use "survivor" as a political statement, while others use the term to connote strength and the ability to overcome mental illness. Some survivors are critics of psychiatry, while others are ardent supporters of treatment.

Using "consumer/survivor" promotes inclusivity and the need for diversity. For too long, nomenclature has caused great schisms among the mental health community. At this critical juncture in mental health care, it behooves us to move beyond this semantic debate and focus on a shared mission of improving the quality of life for all people who use mental health services.

**Paolo del Vecchio**

*Mr. del Vecchio is consumer affairs specialist for the Center for Mental Health Services in Rockville, Maryland.*

**To the Editor:** It is especially unfortunate that a spokesperson for the family movement such as Dr. Torrey should launch such a frontal, public attack on the consumer-survivor movement at this time. With the dwindling of finances for mental health care in this age of managed care, we need to find a common ground so that we can stand together to ensure that there are adequate resources for quality care.

The National Empowerment Center and the Self-Help Clearinghouse have joined with the National Alliance for the Mentally Ill, the National Mental Health Association, and several other national groups in the National Managed Care Consortium to further a common goal: to ensure that the concerns of key constituencies are brought into the federal managed care deliberations. We have been able to agree on a set of core values and principles that emphasize respect, participation in planning, and voluntary services. The consumer-survivor movement and the family movement may agree to disagree on certain other topics.

**Daniel B. Fisher, M.D., Ph.D.**

*Dr. Fisher is executive director of the National Empowerment Center in Lawrence, Massachusetts.*

**To the Editor:** Torrey's claim that psychiatric survivors deny that schizophrenia and bipolar disorder are brain disorders "despite overwhelming scientific evidence" shows his closed-mindedness to true scientific debate and the available evidence. Many scientists outside the American Psychi-