

# Mental Patients Seeking a Voice In Determining Their Therapies

By RICHARD SEVERO

Mental patients are challenging modern psychiatry, its heavy reliance on treatment with drugs and the whole traditional mental health system. Many even question whether "mental illness" exists. And their movement, psychiatrists concede, is having an effect.

Relying heavily on litigation, mental patients in the United States, Canada and Europe are trying to narrow the controls that psychiatrists have over them in public and private mental hospitals. They want the right to refuse medication and shock therapy, even if they have been committed to an institution involuntarily, and they want more legal safeguards built into the commitment process.

They are not objecting as much to "talking" therapy, though many believe that a peer group can do more for a person with problems.

## Psychiatric Terms Questioned

They are also questioning the lexicon of psychiatry, words such as "incompetence," "schizophrenia" and "psychotic." They argue that since psychiatrists frequently disagree on the meanings of these terms, they are of questionable value in commitment proceedings that can mean the deprivation of a person's liberty.

Dr. A.E. Bennett, a psychiatrist who pioneered in the use of curare as a muscle

relaxant, has called the movement a "menace to society" and warned, "Organized medicine, especially psychiatry, must snap out of its apathy and accept the challenge and meet it for the good of all patients and psychiatry."

But Dr. Thomas Szasz, a professor of psychiatry at the State University of New

Continued on Page D14, Column 1

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# Mental Patients Seek 'Liberation' in Rising Challenge to Therapy

Continued From Page A1

York at Syracuse and a longtime critic of his own profession, says the mental patients' movement is "the only hope we have for ending the horror of psychiatric oppression." The very notion that mental illness exists, he says, "is scientifically worthless and socially harmful."

## Movement Is Still Fragile

In interviews with dozens of patients, psychiatrists, researchers and drug manufacturers, who are frequently the targets of the patients' criticisms, a picture emerged of a movement that began to gather momentum at the beginning of this decade but remains fragile, even in its militancy.

It remains unclear how many people are involved. But at least thousands of past and present mental patients are participating in what they regard as their liberation movement, a nonviolent effort that has attracted people of all ages and has an orientation that is essentially middle-class.

Patients, rather like the psychiatrists who treat them, do not always agree among themselves on what the role of drugs and other treatment should be, although they tend to be most concerned about powerful drugs in the "major tranquilizer" group, such as Thorazine. Nor do patients agree on what the role of psychiatrists should be, although the essence of their movement is clearly antipsychiatrist and antiprofessional.

"Although the consciousness of the people has been raised and the siege is on, little has been accomplished in a substantive way," says Janet Gotkin, a writer and a former mental patient in New York. "There have been changes but the changes are not profound. We still haven't changed the basic, punitive involuntary system."

## Progress in Treatment Cited

Many psychiatrists and lawyers, including those who agree with Mrs. Gotkin that much more must be done, disagree with her assertion that the system has not changed substantially from the medieval bedlam or even the mid-20th century "snake pit" that became grist for both a best-selling book and an acclaimed motion picture.

They note that in the last dozen years, mental patients and their problems have attracted the attention of able public-interest lawyers, including those with the American Civil Liberties Union. In various state and Federal courts, mental patients have won important victories.

Perhaps the most important of these came in 1975, when the Supreme Court issued this ruling in the case of Kenneth Donaldson, who had been kept in the Florida State Hospital system for 15 years:

"A finding of mental illness alone cannot justify a State's locking a person up against his will and keeping him indefinitely in simple custodial confinement. Assuming that term can be given a reasonably precise content and that the

mentally ill' can be identified with reasonable accuracy, there is still no constitutional basis for confining such persons involuntarily if they are dangerous to no one and can live safely in freedom."

## Legal Help for Patients

Mental patients have brought other successful suits in state courts. In New York State, one source of such suits is the Mental Health Information Service, which, with a staff of about 75 lawyers paid with public funds, represents the interests of patients who are in institutions both voluntarily and involuntarily.

In 1976, there were about 125,000 admissions to mental institutions in the state, 78,000 of them voluntary and 47,000 involuntary. These generated some 14,000 judicial proceedings and many out-of-court settlements, often involving patients who had been committed involuntarily and wanted to leave a mental institution.

Court action has also produced results for patients in other states.

Federal and state courts in Kentucky,

Wisconsin, Pennsylvania, Michigan, Washington and Alabama have decided in various cases that even though the state may in theory have the power to commit individuals who are not capable of protecting their own interests or who may be harmful to themselves or others, the standards are so vague that the commitment power may violate due process.

## Restrictions on Shock Therapy

Lawsuits have also brought restrictions on the use of electroshock treatment in California. Now militants in the mental patients' movement are seeking a national standard that would prohibit anyone's receiving shock therapy without consent.

Each year, an estimated 250,000 Americans receive shock treatment, described by mental patients as both painful and frightening. Some psychiatrists nevertheless regard it as a useful tool in calming down people diagnosed as schizophrenic.

The psychiatrists whose profession and livelihood are under attack do not always

disagree with everything the patient-activists are saying, and they frequently are sympathetic and supportive. None is more sympathetic to the antipsychiatry movement than Dr. Szasz of Syracuse.

"Psychiatry has always been primarily a publicly supported enterprise," he says, "and as such has become an adjunct to the prison system. There are no mental diseases as such — only humans who behave differently."

## Veto on Drugs Sought

Some psychiatrists say they would oppose giving involuntarily committed patients a veto over proposed drugs and other treatment. They tend to see the vitality of the mental patients' movement as evidence that modern psychiatry has worked so well that the very patients it helped are now strong enough to attack it effectively.

"I'm sure there are times when medication has produced bad side effects," says Dr. Nathan Kline, director of the Rockland Research Institute, "but surely the situation we have now is better than

the old days of wet packs and straitjackets." He feels that the drugs developed in the last 20 years have made it possible to lower the long-term population in the nation's mental institutions from nearly 600,000 in 1956 to below 174,000 last year.

The frequent use of powerful "antipsychotic" drugs, especially Thorazine, Stelazine, Mellaril, Prolixin and 10 other compounds in the phenothiazine group, continues to worry other psychiatrists, however.

"My major concern is the interlocking interests between pharmaceutical manufacturers and the medical profession," says Dr. Eli Messinger, a New York psychiatrist. He contends most doctors "learn about new drugs through advertisements and pill salesmen" and he notes that drug companies advertise heavily in medical journals, "which probably couldn't survive without the ads."

## Knowledge of Drugs Tested

Dr. Richard Gottlieb, another psychiatrist in Manhattan, helped conduct a study at Montefiore Hospital and Medical Center in the Bronx to attempt to determine the level of knowledge of the medical house staff, psychiatrists and medical students regarding psychotropic, or mind-altering, drugs.

The results, published last January in the *American Journal of Psychiatry*, indicated that on questions pertaining to clinical diagnosis of anxiety and indications for the use of Valium, a widely prescribed "minor tranquilizer," medical students "were as well informed as their medical and psychiatric teachers" and scored substantially higher on questions relating to Valium's possible side effects.

But it is Thorazine and the "major tranquilizers," not Valium, that are most attacked by mental patients. They charge that Thorazine should not be administered because it can cause tardive dyskinesia — damage to the brain that causes patients to flail their arms, walk stiffly and grimace uncontrollably.

Smith, Kline & French Laboratories of Philadelphia, which found Thorazine in France and developed it in the United States for use with schizophrenic mental patients in the 1950's, concedes that tardive dyskinesia can be a side effect of the drug.

## Company Defends Drug

But Dr. Garth Graham, a medical director of the company, says he feels that most of Thorazine's poor image among patients stems not so much from the drug but its misuse. He said that in some badly run institutions, the drug is given to "control" people who may not be schizophrenic. He also said his company is pursuing research to find a substitute for Thorazine that does not carry the risk of tardive dyskinesia.

The initial victories of the mental patients movement, with their resulting effect on public opinion, are causing researchers to wonder if concern over medication hasn't already gone too far. Dr. Mitchell B. Balter of the National Institute of Mental Health and Dr. Karl Rickels, professor of psychiatry at the University of Pennsylvania, said they were fearful that the attention given the problem by newspapers and television

may cause some patients to forego drugs they really need.

But the activists in the mental patients' movement insist that in the last analysis, only the patient can decide if he wants to take the risks associated with drugs like Thorazine.

Howie Harp, a founder of Project Release, a self-help group of mental patients in New York City, put it this way:

"I do not think there is mental illness which is only normal reactions to abnormal situations. And I certainly don't think that psychiatrists should be free to oppress us with forced drugging. Their orientation is one of control, of imposing their values on you, a concept of normality and abnormality we don't accept."

"If you are poor you are nuts and if you are rich you are eccentric. No, there is nothing in psychiatry that is of help to people."