

By Their Fruits You Shall Know Them **(Psychiatry: the social and criminal implications)**

by Phillip Day

Given the all-encompassing expertise on mental health apparently possessed by psychiatry, it would follow that psychiatrists and psychologists should be among the sanest, wisest and most stable of all the population, especially in light of the fact that they are responsible for our 'mental health' and constantly advise the public on what is best for us. It would follow that they would be paragons of mental stability, have great marriages, and set an enduring example to society which would prove that the tenets of psychiatry can stand the tests of pressure and time.

The truth is very different.

PSYCHIATRIST SUICIDES

In America, arguably the nation with the most 'medically developed' approach to mental health, psychiatrists commit suicide twice as often as doctors in general. This figure is five times the rate of the general population. During their residencies, psychiatrists are committing suicide almost nine times as often as the general population to whom they give mental health advice. Psychiatrist deaths are by far the leading suicides in any medical profession, and this suicide rate is quite stable. The Journal of Clinical Psychiatry found that "*...the occurrence of suicides by psychiatrists is constant year-to-year, indicating a relatively stable oversupply of depressed psychiatrists from which the suicides are produced.*"

Other studies were to confirm this alarming trend: "*A joint study carried out by the American Medical Association and the American Psychiatric Association in 1987 confirmed that psychiatrists have the highest suicide rate of any medical profession. Researchers interviewing the surviving families found that by far the most common reason given for the death - in 94% of the cases - was 'to escape from mental pain', which, of course, is the very thing psychiatrists claim they can alleviate. Additionally, 'more than half (56 percent) of those in the suicide group had prescribed a psychoactive drug for themselves.' Forty-two percent had been seeing a mental health professional at the time of their death.*"

A Swiss study compares the military conscription records of those who later went on to become psychiatrists with those who later became doctors, internists or other medical specialists. Significantly more of the eventual psychiatrists had themselves been declared unfit for military service due to psychiatric disorders.

ALCOHOLISM

When the physician membership of Alcoholics Anonymous in the United States was studied, it was found that 17% were psychiatrists, even though psychiatrists in America make up only 8% of the medical profession. A similar study in 1983, this time reviewing female psychiatrists, discovered that 22.1% of the alcoholic female doctors were psychiatrists, even though they make up only 9.5% of women doctors. Whether male or female, psychiatrists appear to be twice as likely to become alcoholics than doctors from other branches of the medical profession.

GETTING HIGH ON THEIR OWN SUPPLY

Today's problem of drugs, of course, extends throughout society. Most however don't even consider the concept of drug-taking by physicians and psychiatrists. Phil Hammond MD states that substance abuse is often a 'safety valve' for the incredible stresses that build up among healthcare workers. Examining the problem in the UK, the famous British broadcaster reports: *"Drinking and drug abuse are clearly coping mechanisms picked up in medical school, but it is impossible to predict which of the many heavy student drinkers will go on to develop a problem. The British Medical Association estimated that up to 13,000 practising UK doctors are addicted to drugs or alcohol. If each makes 2,000 clinical decisions a year, at a conservative estimate, that is 26 million decisions affecting patient care [including prescribing potentially lethal drugs] made by doctors who can't function without alcohol or other drugs."*

A 1986 report in the New England Journal of Medicine provides a bleak insight into psychiatry getting high on its own supply. Nearly half the psychiatrists surveyed reported that they were currently taking self-prescribed psychotropic (mind-altering) drugs. The report also stated that *"psychiatrists had much higher rates for all types of [psychotropic drug] use at any time (83%)... than did other groups of physicians."*

One clinical psychoanalyst's view of his profession? *"I question your calling it a myth that therapists are crazy because the fact is that most of them are. If you need any proof, let me tell you that every patient who comes into this office who has had a previous experience with another therapist has some kind of horror story to tell, about some major failing on the therapist's part, including, quite often, sexual abuse, verbal abuse, things that cross the boundary of mere bad technique and come pretty damn close to the criminal."*

THE 'IRRESPONSIBLE' MILLIONS

How qualified, in the light of the above studies, are psychiatrists to analyse and 'cure' society's apparent rampant problems of mental illness? Consider that mental health promoter Tipper Gore, the wife of the erstwhile Vice President, is doggedly telling everyone that 28% of the American population is mentally ill because of problems outside of their control. This translates to over 70 million Americans not deemed responsible for their actions, an unsettling belief held by the wife of a one-time presidential hopeful aiming to lead the most powerful nation on Earth. Mrs Gore goes on to state that over a quarter of her country's population cannot help themselves and therefore are in need of the ministrations of the psychiatric profession, almost half of whose physicians are themselves apparently dependent on self-prescribed psychoactive medication.

"What do you do when you don't know what to do?" muses British psychiatrist R D Laing in 1985. *"No wonder there are more suicides among psychiatrists than in any other profession."*

SEXUAL TURMOIL

A survey in Medical Economics illustrates that the problems of psychiatrists don't end with alcoholism, suicide or drug abuse. Psychiatrists also lead other branches of medicine in marriage difficulties - including sexual problems. In a personal interview, Dr Al Parides, Professor of Psychiatry at UCLA in Los Angeles, declared that psychiatric values had been *"very influenced, especially by the Freudian influence in*

regard to sex and morality generally.... If you look at the personal lives of all Freud's followers - his initial disciples - these people certainly have an unbelievable amount of particular problems in the sexual area... The amount of deviancy as far as their sexual behaviour and so forth is enormous. If you are saying that psychiatry promotes a certain form of morality that is a deviant morality in regard to many areas including sexual behaviour - yes, I would agree."

Today's psychiatrists, according to studies, have the shortest marriages of seven branches of medicine studied and are most likely to have extra-marital affairs, as are their spouses. But extra-marital affairs with whom... and where...?

"Barbara Noel felt herself floating towards consciousness. It was Friday, 21st September 1984, and she was in her psychiatrist's office in Chicago, waking from a dose of sodium amytal, a barbiturate he had been giving her in order to help her explore her subconscious. This morning though, instead of awakening dreamily by herself, she says she felt a weight on top of her. A man was breathing heavily onto her shoulder. Still sedated, Noel moaned and stirred. The breathing stopped, and the body on top of her carefully lifted away. Pretending to sleep, Noel opened her eyes a crack. She could make out a person standing at a sink with his back to her. He was bald, with a tanned back and stark white buttocks. Noel's heart stopped. The man, she says, was Dr Jules Masserman, her psychiatrist of 18 years."

Subsequent action against Dr Jules Masserman solicited a fervent denial by the latter of the charges. Psychiatry all over the world winced as they followed the descending fortunes of Masserman, the 1979 president of the American Psychiatric Association. The case was finally settled when Masserman agreed to pay malpractice settlements to Noel and three other women. He also signed an agreement never to practise psychiatric therapy again in the United States.

WHEN IS A RAPE NOT A RAPE?

Psychiatry is naturally aware of the widespread sexual misconduct of its practitioners, but understandably fights shy of admitting rape. The term used to describe sexual intimacy between a psychiatrist and patient is the morally neutral 'psychiatrist-patient sexual contact'. Bruce Wiseman comments: *"Like other 'non-judgmental' and 'values neutral' phrasing that psychiatry seems to enjoy, 'psychiatrist-patient contact' says nothing of the damage this activity inflicts or even whether it is good or bad.... Should we be surprised to find such a closet full of sexual abuse in this profession?"*

Perhaps not.... [Psychiatrists] have long preached the foolishness and stressfulness of morality. Their primary philosophy is that they are mere bodies ruled by biochemistry and, therefore, like all other humans, who are rife with irresistible impulses and diminished capacities, there are times when they cannot help themselves. The majority of the profession are atheists and agnostics, thus have no religious standards to answer to."

As we have seen, key leaders and 'founding fathers' of psychiatry have consistently preached sexual promiscuity and carnal relations with their patients, in brazen defiance of the Hippocratic Oath. Doctors who take the Oath swear that: *"Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all*

intentional injustice, of all mischief and in particular of sexual relations with both male and female persons, be they free or slaves."

Yet many patients, as will soon become evident, walked into their therapist's office free, but became slaves and thus victims to the carnal and criminal deprivations of the errant philosophies of psychiatry. And the example was set right at the top. In 1990, US News and World Report told the world: *"many practitioners, among them some of Freud's disciples - even married former patients or conducted lengthy affairs with them in full public view."*

In March 1988 an Australian behavioural science student named James Spencer sexually assaulted and penetrated a seven-year-old girl. He filmed the act on video. When brought to court, Spencer claimed that he had been conducting 'psychological research'. Dr Neville Yeomans, a Sydney psychiatrist, defended Spencer's actions by stating that child rape was perfectly permissible in certain psychiatric situations, and filming the experiment was proof that Spencer only had the interests of his science in mind. Besides, Dr Yeomans reasonably pointed out, the child appeared to be enjoying it. The judge didn't agree. Spencer was jailed for five years.

Child psychiatrist Dr Wuld Aschoff, former head of Germany's Albert-Schweitzer clinic, was charged in 1999 with photographing and videoing naked children and playing with their genitals. In police interviews, Aschoff claimed his therapy *"helped his patients to get a more intense feeling for their body"*. Two days before his criminal trial, the German psychiatrist committed suicide.

James Tyhurst, a Canadian psychiatrist, was charged with sexual assaults on four of his female patients, who told the court Tyhurst had insisted they enter into slave/master relationships as part of the therapy. Tyhurst was a professor emeritus at the University of British Columbia. He denied whipping, beating and having sexual intercourse with the four women. He was sent to prison for four years.

In April 1988, Louis J Poetter pleaded guilty to 19 counts of sodomising young boys. As founder and director of the Anneewakee psychiatric centre for adolescents at Douglasville, Georgia, Poetter had encouraged sex between staff and children as *'good for the boys'*. The settlement to resolve the eight lawsuits was a massive \$35 million, believed to be the biggest in Georgia's history. Louis Potter went to prison for eight years.

A few cases from the Citizen's Commission on Human Rights (CCHR) investigations reveal that the abuse is constant and taking place at all levels of the psychiatric ladder:

In 1989, Dr Paul A Walters, psychiatrist in charge of student health at Stanford University, Massachusetts, and former head of Harvard University's Health Services' mental health Division, was forced to resign after allegations that he had 'frequent sex' with a female patient. The patient, who had been the victim of sexual abuse as a child, was awarded more than \$200,000 in an out-of-court settlement. She said Walters had used her to perform oral sex on him 'sometimes as often as two out of three psychiatric analysis sessions per week'.

In 1990, Robert Ferguson, a psychologist, pleaded guilty to state child sex-abuse charges and federal charges of transporting child pornography.

In 1975, A New York Jury convicted psychiatrist Renatus Hartogs of malpractice, awarding \$350,000 in damages to Julie Roy, a secretary at Esquire magazine whom Hartogs had seduced while she was his patient.

Early in 1992, John Hamilton, deputy medical director of the APA, stepped down from office and had his license suspended for only a year, after having sexual relations with a patient who, in turn, filed a complaint. Ironically Hamilton wrote and edited the APA peer review manual.

In 1991, Orange County, California, psychiatrist James Harrington White was charged with and convicted of the forced sodomy of a male patient. White was also found to have drugged young men, then videotaped himself having sex with them. The psychiatrist was also alleged to have sodomised his adopted son for years, drugged him, forced him to dress as a female, and to have given him hormones to make him look feminine. To guarantee the boy's co-operation and silence, the court heard how the doctor is said to have administered sodium pentothal and electroshock with hypnosis. Even when the young man finally left home and married, his psychiatrist 'father' continued the sexual abuse, ultimately castrating the young man when he discovered the man's wife was pregnant. James Harrington White was sent to prison for seven years.

In the US, Lisa Roth underwent 'therapy' at Jefferson County Mental Health Center for depression and alcoholism. Her 'treatment' involved sleeping with her female therapist. The therapist, Lynda Robinson, also invited Roth to sleep with her husband. During a 1994 civil suit by Roth seeking damages for this unorthodox 'treatment', Robinson's defence attorney stated that the therapist couldn't remember anything about the psychotherapy she had given Roth or any bedroom incidents because her silicone breast implants had leaked, causing toxicity in her brain and, conveniently, memory loss.

COWED INTO SILENCE

Many ask why the abused patients themselves don't go to the medical authorities or the police. Kenneth Pope and Jacqueline Bouhoutsos are two psychologists who have studied therapist/patient sexual interaction extensively. They have constructed a hypothetical model, based on the experiences and accounts of victims, of common circumstances that lead to psychiatric rape and the silencing of the victim:

"Karen is a 14-year-old victim of incest. Dr Louis, a hypnotherapist, is treating her for the incest trauma. He makes her lie on the couch and attempts to put her in a deep trance. She is so nervous that she is unable to concentrate on what he is saying. She does not trust him, does not want to be seeing him, and lies on the couch, her face covered by her hands, crying.

He says that it looks like she needs reassurance, and he lies down next to her. He tells her she has nothing to be afraid of, that he will protect her and comfort her. He presses himself against her and, before she can scream, puts his hand over her mouth. He holds her so that she can neither cry nor move. He rapes her.

When he is finished, he tells her it never happened, that she is crazy and imagined the whole thing. He tells her that if she tries to tell anyone, that no one will believe her. Everyone will believe that she is psychotic and needs to be put away in a hospital. If she tries to tell anyone, they will know that she was just making up stories about the incest, so they will either return her to her father or put her in jail. No matter where they put her, he will still be in charge of her treatment and they will always believe a famous hypnotherapist rather than a hysterical little girl who is always making up fantastic stories that show what a dirty mind she has.

He may even tell the authorities that she tried to seduce him and told him that she had made up the stories about the incest because she had been unable to seduce her father. He told her that if she tried to tell anyone what she had imagined had happened, that he would prescribe drugs that would make her a vegetable and might even operate on her brain. If he felt like it, he might arrange for her to die. As she got dressed to leave, he slapped her to stop her from crying. He told her not to be late for their next appointment."

WHERE ARE THE THOUGHT POLICE?

That charges of psychiatric rape should be glossed over by the American Psychiatric Association, or attempts made to trivialise the charges, is not so surprising, given the explosion in class action lawsuits and a commensurate rise in malpractice insurance that would inevitably result. Once again, the APA, and hence world psychiatry find themselves in the dock with an image problem. Why aren't psychiatric chiefs clamping down on the rank and file? Researcher Kenneth Pope offers one explanation. His 1988 American study discovered that a higher incidence of sexual abuse existed among prominent doctors in psychiatry - tenured professors and chairmen of ethics committees - than among the rank and file.

But some do speak out, and the extent of the problem has proven a monumental embarrassment and further tarnished the already tattered reputation of psychiatry. Psychiatrist Nanette Gartrell, a member of the APA Committee on Women, reports that increasing numbers of class action and malpractice suits are being filed as the wall of silence comes down: *"It became clear that this was a problem which potentially was affecting large numbers of women patients throughout the country and undoubtedly larger numbers than we were even hearing about."*

Psychiatry was still dismally failing to police itself in this area six years later. APA president Lawrence Hartmann told the Association in 1992: *"For posterity's sake, I would like to record that perhaps never in the history of the American Psychiatric Association has an APA president been called upon to spend so much of his time considering psychiatrist-patient sexual contact as this year."*

CCHR reports: *"A Los Angeles survey showed that 10% of male psychiatrists engaged in sexual contact with their patients. In a nationwide survey reported in a 1986 article published in the American Journal of Psychiatry, 7.1% of the male psychiatrists and 3.1% of the female - over 6% of the respondents overall - acknowledged having what is euphemistically called 'sexual contact' with their patients. Yet 65 percent of psychiatrists questioned said they had treated patients who were sexually involved with previous therapists. Only 8 percent reported the misconduct, which might serve*

further to illustrate how much responsibility is assumed by the profession's members in policing themselves.

Be that as it may, this casts a suspicious light on that 10 percent figure. In fact, in a 1990 US News & World Report article, experts put the sexual shenanigans at more like 25 percent, or one out of every four psychiatrists. And a 1973 California study claims the figure is an astronomical 51 percent."

HANDS IN THE TILL

But what are we to make of 'doctors' who believe they can get away with raping or sexually assaulting their patients, and then billing their time to their victims' insurance companies as 'therapy' services?

Dr Paul A Walters, a Riverside, California psychiatrist, was charged with 16 counts of 'inappropriate sexual activity', grand theft, fraud and prescribing drugs for no legitimate medical purposes. Lowinger billed medical insurance giant Medi-Cal for 'therapy' consisting almost entirely of having sex with his patients. The case was settled in August 1994 when a payment of \$7.1 million was made to the plaintiff, ex-patient, Francine Rahn.

A New Zealand group of psychotherapists, headed up by psychiatrist Bill Rowntree and psychiatric nurse Bert Potter, was investigated by authorities for sexually abusing children in its care as 'therapy'. This service to the community was charged out at inflated rates. Potter presided over one incident involving a three-year-old girl performing oral sex on men, who was later given the drug Ecstasy as part of her treatment. Potter was also charged with having sex with an adolescent in his care to remove an 'emotional block' to her personality. Potter, in spite of being sent to prison for six years for his crimes, remained unrepentant: *"Sexual activity initiated by the child and kept at their level is not harmful."* Freud would have been proud.

Even psychiatrists who do not sexually assault their patients have discovered the tremendous cash benefits of 'creative accounting'. One scheme being bilked for all it was worth was the federal Civilian Health and Medical Program in the United States (CHAMPUS). CHAMPUS has been a veritable cash cow for psychiatry. Outraged US Congresswoman Pat Schroeder headed up an investigation into psychiatric fraud that was to have far-reaching implications for the industry. Addressing the House Select Committee on Children, Youth and Families, she thundered: *"We are here this morning to shed light on, and we hope help to put a stop to, one of the most disgraceful and scandalous episodes in the history of health care in America. I am referring to the unethical and disturbing practices in mental health care that are taking place from coast to coast."*

David Mancuso, Assistant Inspector General for Investigations for the Department of Defense (DOD), was the administrative watchdog for CHAMPUS. During the hearings, Mancuso outlined several scams psychiatrists were employing to receive maximum payouts under the health scheme: *"Investigations have disclosed a scheme known as 'contract max'. We have found the 'contract max' fraud in psychiatric care as it concerns hospital stays. Patients have actually been kept in the hospital for extended periods because the maximum stay allowed by their insurance had not been reached."*

Louis Parisi appeared at the hearings to give testimony. As Director of the Fraud Division of the Department of Insurance for the State of New Jersey, Parisi rolled off a whole litany of schemes he had investigated within private psychiatric institutes. These included:

- Forcefully confining patients, often against their will, in private psychiatric hospitals until their insurance coverage had expired. Once expired, the patients were dumped out on the streets and pronounced 'cured'.
- Billing insurance companies for services not performed.
- Billing insurance companies for services provided by unlicensed, unqualified personnel, made to look like they had been carried out by doctors.
- Billing insurance companies for higher rates than patients without medical coverage.
- Billing insurance companies for an endless battery of tests without sound medical reasons to inflate the bill.
- Billing insurance companies for an endless supply of potentially harmful, mind-altering drugs which were prescribed to patients without sound medical reasons to inflate the bill.
- Organising bonuses for staff within the hospital, where those who kept the highest number of patients in the hospital for the longest period of time (until their benefits ran out) were paid the highest commission on top of their basic salaries.

Mancuso's appraisal was withering: *"A situation has developed in this country in the field of medical care where some hospitals and substance abuse centres can achieve a reputation for professionalism and a high level of patient care and that reputation is only a façade. The reputation for professional medical care has been replaced with a reputation for a sure-win moneymaker for the principals involved in the stock ownership and upper management levels of these billion-dollar businesses."*

Parisi cited many abuses, including how patients were often released on the very day their benefits expired. *"We even discovered situations where the local municipal police were called to a hospital to remove a patient from the facility. The insurance benefits had terminated but the patient had not been successfully treated and did not want to return to a life of substance abuse uncured."*

Texas State Senator Mike Moncrief presented his evidence as Chairman for the Texas Senate Interim Committee on Health and Human Services. Moncrief had received a pamphlet in the mail from an anonymous source. The material was entitled 'Books as Hooks'. The handout, commissioned by a national psychiatric health group, described how pamphlets such as these were highly effective, inexpensive marketing tools for increasing psychiatric patient intake. One substance abuse centre director especially was quoted: *"We've been using these books for three years.... Families love these books and they do help us fill the hospital."*

AIRPORT BLUES

At the time these investigations were being conducted in the United States, the Canadian government was doing its own research into excessive bills charged by US psychiatric hospitals to Canadian insurance companies. Canadian nationals were apparently being lured south of the border for their psychiatric treatment with

complementary airfares, limousines and luxury accommodation in treatment programs in California, Florida and Texas.

Bruce Wiseman also investigated the scam uncovered by Moncrief: *"It was a goldmine while it lasted. The aggressive marketing resulted in claims from US hospitals for Ontario patients alone increasing from \$5.4 million in 1988 to \$51.3 million just two years later. In 1990, approximately 2,500 Ontario residents were brought to the US for treatment. One man was referred to as the 'half a million dollar man'. He reportedly received more than 20 months of psychiatric treatment in five different Houston hospitals and returned to Canada a cocaine addict."*

Moncrief reported that after the Canadian government moved to crack down on the US fraud, imposing strict limits to the levels of insurance reimbursement to US hospitals, reports were received of dozens of Canadian patients being taken to Houston airport by psychiatric hospitals in the region and dumped with no return tickets.

Moncrief's huge accumulation of psychiatric fraud evidence cited other instances:

- In San Antonio, Texas, 1-800 (free) numbers were publicised as 'suicide hotlines', which in turn referred the caller to a 1-900 (toll) number, *"where they make \$2.00 a minute off of your call while you're deciding whether to take your own life."*
- Dozens of ex-patients provided testimony on how they were miraculously cured and suddenly discharged on the day their insurance benefits ran out.
- Others related how they voluntarily checked into clinics for eating disorders and other troubling ailments and then were incarcerated against their will.
- A bill was submitted for a patient for 36 prescription drugs in one day, including 8,400mg of the anti-depressant Lithobid, almost five times the maximum dose listed in the Physician's Desk Reference, and lethal had it been given to the patient.
- A mother who was persuaded to check into a Texas psychiatric hospital for a few days to be with her daughter, who, a psychiatrist had determined, may have been sexually molested by a family member. Both were covered by the federal CHAMPUS reimbursement scheme. The mother and daughter however were kept apart and only allowed to see each other at mealtimes. When the mother came to check out, testimony later given to the local Chief of Police stated that she had been overpowered by several hospital staff and given an injection. Both mother and daughter were later released after they contacted the local police department, who came to investigate.

MONEY FROM CHILDREN

But by far the most lucrative boost to psychiatry's social and financial fortunes has come from their ability to evolve the education system from one that teaches children the knowledge and skills they need to a system that minutely analyses the child population for evidences of eccentric or abnormal behaviour that may indicate the existence of a 'mental illness' requiring psychiatry's services. So much has been made of these 'childhood problems' in the media that the public has become resigned to accepting that a significant percentage of our kids 'must have something wrong with them'. And so, we defer to the experts. It is an indication of how much blind faith we place in these doyens of the mind sciences, that we allow our children and elderly folk to be medicated with highly addictive, behaviour-altering medications, all the while

ignoring the ethical conflicts in the backs of our minds. After all we have learned so far, can we any longer fool ourselves, even for a fleeting instant, that psychiatry has any place in a modern, civilised society?

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