

Psychiatry: Fake science. Real harm.

German psychiatry: murdering back then, still torturing now

Protest against the Berlin World Congress of Psychiatry 8 - 12 October 2017

The choice of Berlin as a location for the 17th World Congress of Psychiatry is a provocation. Since 1939 the systematic mass murder in psychiatric institutions and asylums (the "Aktion T4") was planned and organized in Berlin. That was the blueprint for the subsequent murders in the gas chambers of extermination camps in occupied Poland starting in 1941.

The doctors used the Nazi regime to implement their plans for the elimination of those who they declared to be untreatable. In professional circles these plans were discussed a long time in advance. The medical diagnosis led to a death sentence. The killings survived the end of the Nazi regime and continued until 1949. Thereafter lobo-

tomy (brain mutilation) and electric shocks experienced their bloom, regularly taking place against the will of the victims. Today, coercion and violence is an integral part of psychiatric procedure. Forced incarceration, fixation, isolation, forced medications and forced electric shocks still exist until today. These facts have also been criticized in the assessment of the German State Report in Geneva.

A World Congress in Germany, and especially in Berlin, demonstrates solidarity with German psychiatry in order to whitewash its crimes.

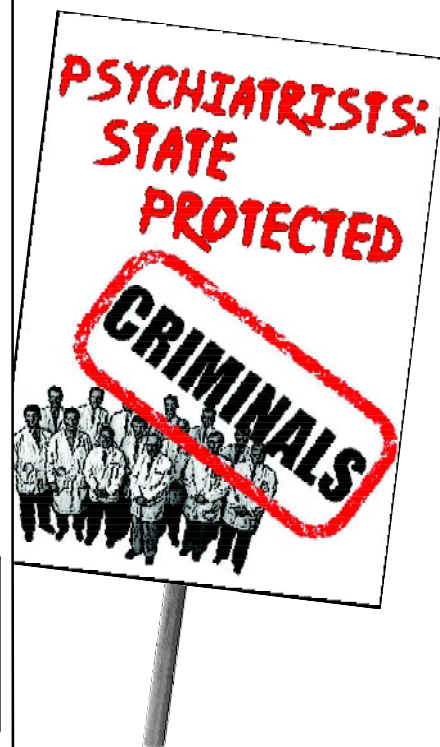
We therefore call for a protest against the WPA 2017 Congress in Berlin.

Organisations of users and survivors of psychiatry: Bundesverband Psychiatrie-Erfahrener - Bundesarbeitsgemeinschaft Psychiatrie-Erfahrener - Landesverband Psychiatrie-Erfahrener Nordrhein-Westfalen Landesarbeitsgemeinschaft Psychiatrie-Erfahrener Niedersachsen - Landesverband Psychiatrie-Erfahrener Bremen - Landesverband Psychiatrie-Erfahrener Berlin-Brandenburg - Landesverband Psychiatrie-Erfahrener Hessen - Werner-Fuss-Zentrum - Irren-Offensive

Other organisations: Enthinderungsselbsthilfe von Autisten für Autisten Auties - Weglaufhaus Initiative Ruhrgebiet - International Association Against Psychiatric Assault.

(As of 23.2.2017)

**WPA go home,
you are unwanted here!**



The Racism of Psychiatry and the Deadly Connection between German and International Psychiatry



by Thomas Foth

The murder of human beings in German institutions and the role psychiatry played in these murders can only be understood in the context of the "scientific administration" of populations. This conception of "scientific management" developed at the end of the 19th and beginning of the 20th century and was differently realized depending on national and political contexts. In all Western states, governments focused more and more on two questions: on the one hand, how could the health and efficiency of the nation be increased, and, on the other hand, how could habits, life styles and activities of individual citizens be influenced in such a way that they become more efficient. Psychiatry played a decisive role because it perceived these two dimensions as part of its responsibility, as can be seen in the mental hygiene movement. From the moment governing was about the "good management" of the population, it had to be based on scientific expertise; a "government of experts" should, based on objective and neutral knowledge, scientifically administer the social order. From this perspective, the individual was perceived as part of a social machine with certain responsibilities and the state had the right to intervene in the lives of individuals if this would

serve the wellbeing of the nation.

This conceptualization was also the basis of the Nazi regime. Scientific expertise should serve as the basis for political, rational decision-making processes. This can be seen in projects like German cancer research, or the war Nazi physicians waged against smoking, their fight against the harmful effect of asbestos, or their criticisms of the excessive use of medications and the dangers of X-ray irradiation, etc.

For example, sterilizations were nothing more than a kind of police intervention and a form of social administration. Eugenics, of which sterilizations were a part, became a Nazi idea of preventive medicine that was in line with what was happening in other countries. During the 20th century no clear demarcation existed worldwide between eugenics and preventive medicine, which is to say, between the quest for health and the elimination of the "unfit." The killing of humans during the Nazi era eventually was only one aspect of politics aimed to increase the efficiency of life as such. This kind of power was a complex interplay of the management of life and death. The US became a pioneer in the legal implementation of compulsory sterilization as a central means in programs to reduce the reproduction of the "unfit." By 1907, the state of Indiana legalized forced sterilization,

the first state worldwide to do so. Between 1909 and 1939, approximately 30 federal states implemented similar laws. After many of these laws were successfully challenged in the courts, Harry Hamilton Laughlin, in cooperation with jurists, drafted a model sterilization law that eventually became the template for the Nazi German "Rassenhygiene" [racial hygiene] law in 1934. In the decades leading up to World War II approximately 60,000 humans were sterilized by force in the US. In the Canadian province of Alberta, a similar law that was implemented in 1928 and persisted till 1988 enabled the sterilizing of 2,800 people.

In 1910, the US established the Eugenic Record Office (ERO) in Cold Spring Harbor, Long Island, that became the intellectual center for eugenic politics and was particularly important in the context of sterilizations. The genetic and biological research program was led by biologist Charles Davenport who maintained a good relationship with the Deutsche Gesellschaft für Rassenhygiene [German Association for Racial Hygiene]. Harry Hamilton Laughlin, who led the ERO, consistently pursued negative eugenics for more than 20 years, crucially influencing politics around forced sterilization in the US. He was vice-president of the International Congress for Population Science organized by Nazi scien-

Continued on page 2

The missing Link

The mass murder program in the institutions had been long planned by physicians. In order to get it going, an eradication program served as an intermediate step with a delaying effect: forced sterilization. For this doctors received the political support and protection of the Nazis when they came into power in 1933. Karl Bonhoeffer, the President of the German Association for Psychiatry, which was the precursor of the DGPPN, wrote the corresponding guideline book in 1934 in order to determine the "*range of those to exterminate*" (Bereich der Auszumerzenden)*, a citation by K.B. Karl Bonhoeffer thus became the intellectual arsonist of the doctor-Nazi extermination program. Psychiatry, which he chaired, built the "missing link", the bridge piece that connects the land of mass murderers and executioners with the land of poets and thinkers.

* The psychiatric tasks during the execution of the law for the prevention of hereditarily diseased offspring, with an appendix: The technology of causing infertility, March, 1934: www.dissidentart.de/kb_buch

"It wasn't the Nazis who need the doctors, rather the doctors who needed the Nazis."
Ernst Klee

Assemblage of
Karl Bonhoeffers
bust by
Igal Tumarkin
"*Castration
thoughts
come with
angels music*",
rendering a
swastika
on his head.



The Proof

Review:

Hunger deaths in Psychiatry 1914-1949

Original title (in German only):

Hungersterben in der Psychiatrie 1914-1949

by **Heinz Faulstich** published by Lambertus

Among the almost unknown crimes of the 20th century by psychiatry is the mass murder by starvation in the psychiatric institutions. Heinz Faulstich, a retired psychiatrist who previously was deputy director of the provincial hospital on the island of Reichenau for 17 years, delivered the evidence that the systematic mass murder of part of its own population, which had to be eradicated according to alleged medical/biological characteristics, was a crime that was conceived and executed by physicians, above all psychiatrists.

To distract from the true perpetrators, it was, and still is, attempted to propagate the myth that doctors were only „mis- used“ by the Nazis for this crime. A few doctors with a weak conscience were deemed to having become Nazi doctors, thus the deeds were not attributable to genuine doctors, but rather to the Nazis. The word is spread that these Nazis had a "delusion" ("racial delusion in the Third Reich"), so they were "mad", an irrational, so to speak "non-terrestrial" form of life that had made the good doctors into their tool. With this myth, the guilt of the perpetrator was to be repudiated and by that maliciously equated the supposedly "insane" perpetrators with their victims*. However, if the offenders had been Nazis, logically the mass murders should have ended with the surrender of the Nazis on 8/9 May 1945. In fact the murders in the psychiatries continued uninterrupted until 1948/9.

That having been proved is the merit of Heinz Faulstich. He researched in detail for many years on this topic, where professional historians had failed. The killing by starvation needed only a few guidelines by the doctors but many who went along with it. It was murder, because anybody who locks up another person, as is the norm in psychiatry, assumes the responsibility for his/her nutrition and must ensure an adequate food supply. By omission, death is caused with full intention and with this goal in mind. It is partly murder for it's own sake, as were the gas chamber killings, and partly murder out of greed, because food rations intended for the incarcerated were self-servingly consumed, sold or black-marketed by the staff. In the early post-war years at least 25,000 German prisoners of psychiatry starved to death. In the Soviet zone alone the mortality rate in the psychiatries was 1946: 23.2%, 1947: 18.8% and 1948: 11.4%. In 1933 approximately three out of one hundred patients died annually.

As people died in a psychiatric institution also for other reasons, Faulstich had to go through the death registers of almost all German psychiatric institutions to examine the nutrition for individual regions and localities in a differentiated manner to find out how many people were forced to starve to death.

This, together with the landmark book by Henry Friedlander: *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* proved what the historian Götz Aly has summarized thus: "*These killings paved the way for the Holocaust*" **.

* See press release by Klaus Wowereit 2014: <http://tinyurl.com/hbwfw5n>

** **Source:** Aachener Zeitung October 2015 <http://tinyurl.com/zkkz8a9>

Contd. from page 1: Article by Thomas Foth

tists in 1935 in Berlin, and in 1936 was awarded, together with neurologist John Foster Kennedy, an honorary doctorate at the University of Heidelberg that was conferred by the dean of the Faculty of Medicine and professor for race hygiene Carl Schneider. Schneider was a scientific advisor jointly responsible for the murder of sick persons under the German T4 program and for forced sterilizations in that country. In his acceptance speech, Laughlin emphasized his great appreciation for the German race hygiene program of the Nazis. Until the 1940s, US eugenicists and psychiatrists maintained far-reaching networks with their German counterparts. This is not to say that criticism against eugenic policies did not exist in the US, particularly toward the end of the 1930s when eugenic discourse increasingly merged with antisemitism (which left representatives like Laughlin unimpressed). However, nobody in the US scientific community publicly and uncompromisingly criticized either Nazi eugenics or so-called euthanasia.

How far this mutual recognition went and, more importantly, how far the scientific-political programs between the two countries overlapped, becomes obvious in public debates during the decades preceding World War II. These debates between American, British, and German eugenicists concerned the possible use of "lethal chambers" for the murder of "defectives." The standard textbook at that time, *Applied Eugenics*, was authored by Paul Popenoe and Roswell H. Johnson, who maintained good relations with German eugenicists and openly supported the Nazi racial program. They concluded that "[f]rom the historical point of view the first method that presents itself is execution. [...] Its value in keeping up the standard of the race should not be underestimated" (quoted in Black, 2003: 251). Against this backdrop, the above-mentioned American neurologist Foster Kennedy and American child psychiatrist Leo Kanner both read a paper at the 1941 annual meeting of the American Psychiatric Association (APA) (just before the official end of the "Aktion T4") about the pros and cons of killing persons with a mental disability. Their respective contributions were published in 1942 in the official APA journal, the *American Journal of Psychiatry*, complemented by an anonymous commentary by the journal's editors. At this time, reports in the US already existed about the systematic murder by the Nazis of more than 100,000 humans. At one point in his talk, Kanner even alluded to these revelations. However, they did not hinder Kennedy nor the authors of the commentary to openly advocate for the killing of "feeble-minded" children. Kennedy, who since 1940 had been president of the American Neurological Association, was a globally renowned professor at Cornell University and had received an honorary doctorate from the University of Heidelberg. He was a well-known member of the Euthanasia Society in the US and a determined supporter



Concentration camp Hadamar after the US-Army arrival: Exhumation of the victims, interrogation of the perpetrators, the murderous poison

of the murder of persons with mental disabilities. In 1939, Kennedy resigned from the Society because he argued that it put too much emphasis on voluntary sterilization. In his 1942 article, he supported a perspective similar to that of Binding and Hochte in their 1920 book, *Die Freigabe der Vernichtung Lebensunwerten Lebens* [Allowing the Destruction of Life Unworthy of Life]. As Kennedy stated, "euthanasia" should be allowed "for those hopeless ones who should never have been born - Nature's mistakes." He proposed to have "defective children" examined by a medical board once they achieved the age of 5, and if, after several months and at least 3 examinations the board came to the conclusion that these "defective" children had no hope for a future, it would be "a merciful and kindly thing to relieve that defective - often tortured and convulsed, grotesque and absurd, useless and foolish and entirely undesirable - the agony of living."

The terms Kennedy used in his paper were the standard terms of psychiatric genetics and Nazi literature. Although his "opponent" Kanner argued against the cold-blooded murder of thousands of people, he did so based more on strategic rather than on fundamental considerations. According to Kanner, people with lesser intelligence were necessary for the maintenance of society, because they would perform tasks that "mentally superior" people would not (e.g., garbage collection) thereby freeing "the time and energies of others for tasks which involve planning and creative activities."

However, he agreed with Kennedy that some "idiots and imbeciles cannot be trained in any kind of social usefulness." Even more important is the commentary by the editors, which clearly demonstrates their agreement with Kennedy and thus, one of the world's most renowned psychiatric journals openly

supported the murder of humans with mental disabilities in 1942.

At the moment in the 19th century when the scientific management of the population became the maxim for politics, a decisive development in psychiatric theory also occurred, as Foucault's 1974 work demonstrates. At this point, psychiatry defined the conduct or behavior of the individual as the object of theory, whereby behavior was understood as something permanent. Accordingly, psychiatrists were no longer trying to identify pathological processes within the individual, but rather searched for constant marks that characterized an individual's structure. These marks, or stigmata, not only concerned the dimension of the psyche but could also be found in the body, such as in skull or other organ measurements. Those deemed aberrant could offer proof of a con-



Psychiatrists recommend to you wonderful Berlin...

Prof. Paul Appelbaum (WPA Ethics Committee)
 Citation: "Berlin will offer an excellent opportunity to highlight the ...crimes..."

Prof. Dinesh Bhugra (WPA President)
 Citation: "An absolutely wonderful place to have the meeting!"

"Wonderful" location: today: Karl Bonhoeffer-Clinic previously a murder institution

"Wonderful" location: Charité Chief Physician Max de Crinis: Murderer in the Ministry

"Wonderful" locations: Memorials for the murdered Jews, Sinti and Roma, Homosexuals

"Wonderful" location: Gas murder factory Brandenburg

"Wonderful" location: T4 - Memorial plaque for the victims of the systematic mass murder by doctors

"Wonderful" location: House of the Wannsee Conference 1942: Coordination meeting for the organisation of the Shoah

"Wonderful" location: Gas murder factory Bernburg

Psychiatric cynicism: mass murder as a highlight for congress tourism

genital condition; alterations of the body were interpreted as physical and structural signs for something that was permanent and immutable. From that moment on, psychiatry concentrated on aspects of aberrant or deficient development that were understood as functional imbalances; that is, because the higher instincts were not developed, lower instincts could act unhindered. Categories of "feeble mindedness," or "idiocy," etc. therefore became so important for psychiatry because deviant behavior could be explained through congenital dysfunction that interrupted normal development. This in turn enabled the search for abnormal behavior that was no longer perceived as the consequence of pathology but rather of congenital dysfunction.

Related to the latter is the problematizing of groups with abnormalities within the population, like those with agoraphobia (Krafft-Ebing), claustrophobia (Westphal), homosexuality or masochism – all of them not descriptions of symptoms of a disease but syndromes of a stable predisposition for abnormality. Jean-Pierre Falret (1864) and his concept of conditions of deficiency, which psychiatrists used up to Kraepelin, became the foundation of the abnormal, and up until today, it leads to the question as to which body can produce such a deficiency. The answer lies in the discovery of heredity, or rather in the body of the family and its ancestors. The theory of inheritance at the time established the fact that specific diseases could cause a disease of the same kind, or of any other kind, in descendants. A vice like excessive alcohol consumption, for example, could cause any form of deviant behavior alcoholism itself, or other diseases like tuberculosis and mental illnesses. Heredity functioned as a "phantasmatic body" that became the cause for any kind of abnormality, either physiological, psychological or behavioral. The theory of degeneration, developed in 1857, emerged at the same time that the neurological models of von Baillarger, Griesinger, Luys and Lucas became prominent – all of them dealing with the question of pathological inheritance.

Degeneration thus became the central theoretical construct in the medicalization of the abnormal. At the moment that psychiatry was able to connect deviant behavior with a condition that was simultaneously hereditary and definitive, psychiatry was no longer interested in searching for cures. Incurability had been something that existed at the margins of insanity, but from the moment that insanity became the condition of the abnormal, which, through the biography of the individual, was connected to its assumed heredity, therapeutic approaches disappeared. Psychiatry could only assume a kind

Quote by Prof. Thomas Szasz



"Schizophrenia" is a strategic label as "Jew" was in Nazi Germany. If you want to exclude people from the social order, you must justify this to others, but especially to yourself. So you invent a justificatory rhetoric. That's what the really nasty psychiatric words are all about: they are justificatory rhetoric, labelling a package "garbage", it means "take it away! Get it out of my sight!" etc. That's what the word "Jew" meant in Nazi Germany; it did not mean a person with a certain kind of religious belief. It meant "vermin!", "gas him!" I am afraid that "schizophrenic" and "sociopathic personality" and many other psychiatric diagnostic terms mean exactly the same thing; they mean "human garbage," "take him away!", "get him out of my sight."

Citation from:

"Interview with Thomas Szasz" in *The New Physician*, 1969

of protective function, protecting society from the dangers it apparently faced by those who were in a condition of abnormality. Psychiatry assumed the role of safeguarding societal order, and it became a science of the social defense of society and the biological protection of the species, thus achieving the summit of psychiatry's power. With this assumption of societal control, and along with the concept of degeneration and analyses about heredity, psychiatry produced a new kind of racism that was very different from traditional, "ethnic" racism. The racism of psychiatry was a racism against the abnormal, against the individual that was understood as the bearer of stigmata or deficiencies they could randomly pass on to their descendants – with unforeseeable consequences. This racism aimed to identify dangers in the interior of a population, this is to say, to filter

out all dangerous individuals within a given society. That this form of psychiatric thinking in Germany spontaneously functioned so successfully within Nazism should not be surprising. The new racism of the 20th century, this neo-racism that served as the means for the interior defense of society against the abnormal, developed first in psychiatry. Nazism just merged its ethnic, antisemitic racisms with this new racism that was already prevalent in the 19th century.

These new forms of racism that emerged in Europe and the US toward the end of the 19th century must historically be located within psychiatry. If the international psychiatric community wants to seriously engage with the murders committed under the name of German psychiatry, it needs first of all to acknowledge that psychiatry from the 19th century on essentially functioned as a mechanism of social defense. The common origin of modern psychiatry in Germany and elsewhere lies in the assumption that those deemed degenerate were considered bearers of danger and not able to be cured.

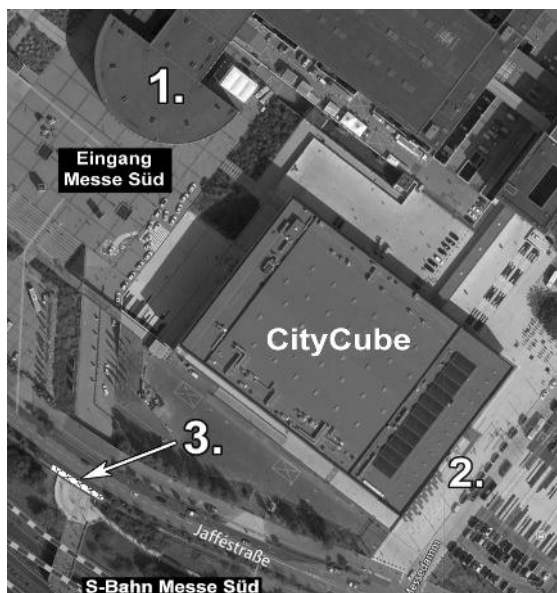


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Demonstrations at 3 locations



1. In the foyer of the South Entrance to the Fair Trade (*Eingang Messe Süd*) with marching behind each other in a circle, in the tradition of the union protests.

In the hall there are - among other things - the counters for registering, in front of the security controls for the entrance to the WPA Congress (**Irren-Offensive**).

2. In front of the entrance to the "Citycube" (**die-BPE**).

3. From the edge of Jaffé street in the area of the overpass above the entrance from the station of the S-Bahn Station *Messe Süd* to the forecourt of the entrance to the *Messe Süd* (**die-BPE**).

COERCIVE PSYCHIATRY A TORTURE SYSTEM

Psychiatric coercive measures are a "cruel, inhuman, degrading" (CID) treatment, or rather torture and part of the mandate of human rights organizations

Preface:

With this text the attempt is undertaken to interpret coercive psychiatry and/or psychiatric coercive treatment and incarceration as torture and as a non-medical, (social/)political problem. I regard this as a first contribution to the discussion and wish to point out that in this article I have not dealt with the internal discourse of human rights organizations regarding torture.

However I would be pleased to enter into discussion with other human rights groups which concern themselves with the topic of torture and CID treatment.

Firstly, that which applies internationally:

Universal Declaration of the Human Rights, Article 5 (prohibition of torture):

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Very important is also the anti-torture convention of the UN with the definition of torture contained in it:

The accepted definition of torture in the convention against torture and other cruel, inhuman or degrading treatment or punishment (**Anti-Torture Convention**), by the resolution of the General Assembly of the United Nations on 10 December 1984, effective from 1987:

Part 1, article 1, paragraph 1:

(1) For the purposes of this Convention, torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

The term "coercive psychiatry" (as well as legal incapacitation and persecution) can be applied, when a person is locked up in a psychiatric institution and diagnosed against his will and with no "illness insight" or consent to a "treatment" and is forcibly subjected to physical intervention with psychiatric drugs (psychopharmacological drugs) and electroshocks.

Moreover psychiatric coercion can consist of being bound to the hospital bed ("four point restraint"), being compelled to participate in activity therapies and further legal incapacitation by the undesired order of an official custodian.

Also, being designated as "mentally ill" and/or being applied a psychiatric "diagnosis" (e.g. "schizophrenia") and the consequent evaluation as a "not sensible" and "not legally competent" person is an element of coercive psychiatry. In addition, many previously psychiatrized persons, having once been "diagnosed" and entered into the national psychiatric system, experience persecution for many years by psychiatrists, public health authorities or social-psychiatric institutions.

Psychiatric coercion fulfills the following criteria of the definition of torture as taken from the Anti-Torture Convention of the UN:

1. Intense physical or mental pain or suffering is caused to a person.
2. The goal is a confession and/or a statement.
3. The purpose is to intimidate and coerce the person.
4. One acts on basis of discrimination.
5. The suffering has been arranged by and is expressly agreed to by members of the public services.

As to #1) Intense physical or mental pain or suffering is caused to a person:

Psychopharmacological drugs cause both physical and mental suffering. They intervene in almost all bodily functions and with high probability cause symptoms of most diverse physical illnesses (e.g. Parkinsons, blood circulation illnesses, heart damage, eye diseases, motorial malfunctionings, suppression of the libido, diseased changes of the blood and the bone marrow etc.).

On a psychological and mental level psychopharmacological drugs (in particular neuroleptics) are strongly impairing, emotionally and mentally: they subdue and restrain, cause cognitive disturbances, awareness and personality changes and result in addiction.¹

The so-called electrical convulsion therapy (electroshock) produces internal head injuries: an artificial epileptic attack in the brain (brain cramps) is caused, which destroys and/or changes parts of the brain. Brain haemorrhage, cognitive disturbances and memory loss, intellectual and emotional turbidity etc. is the result. The tortured person leaves the "ECT treatment" scared or apathetic.² The experience of being deprived of one's rights and liberty, violence and a sense of powerlessness, being locked up, bound, being prevented from organizing one's own daily routine, legal incapacitation by an appointed custodian and the often lifelong stigmatization of having a psychiatric "diagnosis", being deprived of one's reason, the ability to make one's own decisions and being denied responsibility and the associated social descent likewise causes intense suffering to the person concerned.

Moreover, arbitrary chicaneries by the hospital personnel such as insults, being publicly exposed psychologically, not being taken seriously, being made fun of and arbitrary prohibitions are all usual practices in psychiatric institutions. A large power gap prevails between hospital personnel and "patients", in which those in power can act in a quasi lawless space, i.e. who are not (or only with difficulty) called to account for their offences against human rights. The reason being: First of all "crazy people" are not (or less) believed, when they report having suffered humiliation. Secondly, arbitrary and incomprehensible "measures" such as no visiting rights, solitary confinement (also a standard torture method in prisons) or the banning of leave are presented as therapeutic measures.³ There have also been reports of repression within institutions, which take place against events such as e.g. merrily singing in a group.

Physical and mental suffering as a result of psychiatric torture often extends far beyond the period of the internment in a psychiatric institution: psychopharmacological drugs and electroshocks in certain cases cause irreversible latent damage, for example motorial disturbances like tardive dyskinesia or mental deficits. The inmates leave the psychiatric institution with low self-esteem and as disconcerted and scared persons and often experience a lifelong persecution. Even among so-called medical and psychological experts one speaks of trauma as a result of psychiatry. From a societal viewpoint, the long-term consequence of psychiatric stigmatization and coercion is often a drastic social descent: Loss of social acknowledgment, vocational chances and also domicile. Some psychiatry victims out of despair even commit suicide during or following a psychiatric stay.

As to #2) The goal is a confession and/or a statement

The goal of this kind of torture is to extract a confession of "illness insight" and thus "compliance".

The "illness insight" of the tortured person makes the following possible:

- to interpret and justify the abovementioned abuse by physicians and other hospital personnel as being medical measures and assistance.
 - to convincingly argue the necessity for the deprivation of liberty, to legitimize this denial of one's rights.
 - to present the legal incapacitation as "supportive protection" and as a measure for the alleged well-being of the concerned.
 - to mask slandering and discrimination.
 - to control people and, when possible, to make them socially and economically functionable.
 - to guarantee the continuation of the so-called "treatment" outside a psychiatric institution.
- Above all, for the guarantee of the durable controllability of a psychiatrized person, the confession of an "illness insight" is of the greatest importance and has the most effect, if it is succeeded that by the torture the broken person not only pretends "illness insight", but in the end actually also believes to be "ill".

As to #3) It happens in order to intimidate and coerce the person

- It requires intimidation and compulsion
 - to arrange the stay of the person in a psychiatric institution without friction and resistance,
 - to achieve the goal of extracting a confession of "illness insight",
 - to thus ensure the continued control of the person mentioned in point 2.
- The abuses are a means to break the will and the resistance of the person concerned. In this regard here is an exemplary quotation by the psychiatry-critical psychiatrist Peter Breggin: "Electroshocking works also because it spreads fear and terror. In this way, as one of my good friends, who was electroshocked, said to me yesterday: "After the first shock I would have done anything in order to be dismissed from the clinic. After that I did everything that they wanted from me."⁴

The effects of psychopharmacological drugs (in particular of neuroleptics) and electroshocks, namely to psychologically and physically restrain and subdue the persons concerned, are not - as often falsely assumed - just "side effects of healing medicines". They are deliberately caused by the physicians who prescribed them, usually probably knowing or taking into account that the person suffers from it and that the immobilizing serves the surrounding human environment (and the psychiatrists themselves), but is not the solution to the possible problems which lie at the cause the "crazy" behavior.

Beyond that, psychopharmacological drugs and electroshocks are used in order to destroy socially unwanted and disturbing emotions and thoughts (e.g. anger, loss of motivation, dejection). It is doubtful whether these methods will succeed, points however to the fact that thereby the attempt is undertaken to make persons socially functional.

Apart from the methods of abuse described in point 1), brain washing by psychiatric ideology is a usual means of intimidation: Psychiatrists (supported by their credibility and authority in society and the scientific world) and

hospital personnel, with the participation of the authority-respecting relatives, urge the "patient" to be compliant, who, locked up and confused by the effects of drugs, and in addition possibly in a life crisis, finds himself in a powerless situation. Here one commonly hears the stated lie that those who remain "untreated" will remain chronically ill for the rest of their lives.

Brain washing and torture function in such a way that those involved become instilled with a fear of lifelong stigmatization as being "mentally ill" and an ever increasing feeling of being unable to cope with life and of a repetition of the suffered torment or even worse agonies (for example being administered injections or electroshocks in the event of refusing to take pills) and an even longer stay in the institution.

In an explanation by rebellious psychiatry survivors, it is therefore concluded that: "The end of the torture only at the price of so-called 'illness insight' leads - in connection with false promises of help - to a broad acceptance of an individualized perception of oppression. At the same time a false hope of regaining one's own dignity is created by identification and precursory obedience in relation to the colonizing system."⁵

As to #4) One acts on the basis of discrimination

Discrimination consists of the labeling of persons as being "mentally ill" and the assigning of appropriate diagnoses, such as "schizophrenic" or "manic depressive".

The concept of "mental illness" is however not based, as often assumed, on medical-scientific facts, but on assumptions of alleged "illness"-related causes for unwanted behavior.⁶ Lately psychiatric diagnoses are increasingly biologically and genetically justified, so that racist biological theories, such as "mental disorder as hereditary disease", are given an extra boost.

Hand in hand with the diagnoses is the denial of one's ability of reasonable judgement formation, insight and personal responsibility. Exemplary is the definition of a "free will" as specified in the custodian law, which is characterized by the descriptions "ability of discernment of the concerned person and his ability to act accordingly". According to this, "mentally disturbed" persons possess no "free will", as described in the custodian law.⁷

Psychiatric survivors due to this discrimination and treatment are denied the right to be considered a reasonable, responsible human being, capable of self-determination and endowed with dignity. Discrimination is the basis for defining torture as medical measures. Second class humans are created, to whom special laws apply and these people's dignity is tarnished and their fundamental rights and/or human rights are allowed to be reduced and/or nullified.

As to #5) The suffering is decided by and carried out with the express agreement of members of the public service

Psychiatric coercive treatment and incarceration as well as the order of an official custodian is legitimized in Germany through the "PsychKGs" (laws for the "mentally ill") and the laws concerning official custodianship.

In order to approve an incarceration in a locked psychiatric ward and/or coercive treatment in a specific case, it requires a medical opinion, on the basis of which the court decides. If an official custodian is available in the applicable field, he has the possibility of committal to a closed psychiatric ward.

Also the local public health authorities (the social psychiatric service) and the police play a role: Employees of the public health authorities have the authorization to visit psychiatric persons in their own home without their consent and, by the use of force by the police, if necessary arrange for the prescribing of placement - against their will - in a closed psychiatric ward by the government physician.

The persons concerned have the possibility of raising an objection against the incarceration and coercive treatment and are assigned a defense lawyer by the court, which however rarely leads to an annulment of the incarceration or coercive treatment, since the courts generally follow the advice of the physicians.

Psychiatric torture under the cloak of medicine

Psychiatrists, hospital personnel and legislators claim to act for the well-being of the those concerned and to render help. In contrast to the medical treatment for people with no psychiatric diagnosis, which requires the consent of the patients,

"treatment", incarceration and "custodianship" in coercive psychiatry occur also without the consent of those concerned and thus without consideration as to whether they are of the opinion that it is for their well-being or not.

The denial of liberty is frequently justified with attributing people as being "a danger to themselves or to others". This has nothing to do with the result of any criminal offences having been committed - which would be grounds for incarcerating a "normal" offender, but

rather a subjective assumption of the potential future behavior of a person, who is denied his own responsibility. The internment in psychiatric institutions thus turns out to be a kind of protective custody.

Due to the absence of the consent of a "patient" to psychiatric treatment, this can neither be interpreted as medical nor as therapeutic assistance, but must rather be considered to be an extreme violation of human rights and an authoritarian and paternalistic act.

Psychiatric torture and psychiatric ideology in the service of social control and domination

Edward Peters, who, in his book *"Torture. The History of an Embarrassing Enquiry"*⁸ dealt with the subject of the nature and purpose of torture, comes to the conclusion that "a special element of torture [...] is "the torment", "which someone ostensibly out of public interest is subjected to by a state authority" (page 23). Torture is therefore to be seen as an "expression of the view of a government over the state order" (page 10). A goal of the torture can also be to "break the will of the victim", so that he is subjected to a system and an ideology (page 208). In doing this "Each ideology [...] presupposes an image of a human being, a conception of that, which human creatures are and how they should be treated, in order to be able to develop the society, which the respective ideology demands" (page 210).

Also behind psychiatric torture are certain conceptions about a social order and political goals, an ideology and an image of human beings on which it is based:

On the one hand, we have the picture of a typically ideal, reasonable and rationally thinking person and a socially designed standard for a "healthy" and "normal" person, who is adapted to the social and economic conditions.

In contrast to this we have on the other hand the senseless, irrational "mentally ill" person, who is a nuisance, disconcerts, is non-functioning and less usable and useful for society and the economy. Also US-American psychiatry critics and psychiatrist Ron Leifer proceed from the existence of a psychiatric ideology:⁹

"The medical model pretends to be scientific but functions as an ideology. It is an ideology because it emphasizes the similarities between medical disease and mental illness, namely, that both involve suffering and disability. And it represses their differences, namely, that the suffering and disability of medical illness is caused by demonstrable changes in the body, while the suffering and disability of mental illness have no demonstrable cause in the body and refer instead to speech, feelings, and social conduct."

"The social interest served by the medical model ideology is the public mandate for a greater degree of social control than can be provided under rule of law. By labeling certain behavior as medical illness, the medical model serves, enables and justifies an extra-legal, covert form of social control. Unlike persons who are diagnosed with physical illness, [...], persons who are 'diagnosed' with serious mental illness may be defined as not responsible, be deprived of freedom without indictment or trial, and be forced to take drugs and other 'treatments' against their will. Viewed through the medical model, these violations of human rights appear and are justified as medical treatment." (Leifer)

"The medical model developed as an ideology in a historical and political context.", i.e. that of the European enlightenment. This is because the modern state of an enlightened society, which holds itself to be free, can no longer afford to rob people of their liberty by penal laws or arbitrary decrees even though they have committed no criminal offence but simply because they behave or think unusually or are a nuisance. That is why these societies need the medical model (the psychiatric ideology) in order to practice social control.

Summary

Torture and the creation of exclusion areas by locking people up in institutions and by social exclusion arise from the social need to make people adapt to the desired political, social and economical norms by attempting to make them believe that it is for their own well-being or at least to supervise them in order to stem unwanted behavior and/or keep unpopular persons distanced from public life.

1. On the effects of psychopharmacological drugs see among others Peter Lehmann: *"Der chemische Knebel. Warum Psychiater Neuroleptika verabreichen"* ("The chemical toggle. Why psychiatrists administer neuroleptics") Berlin: Peter Lehmann Antipsychiatrieverlag 1993. 1990 [GERMAN] as well as: Breggin, Peter: *Poisonous psychiatry*. Volume 1. Heidelberg: Carl Auer publishing house 1996 [ENGLISH]

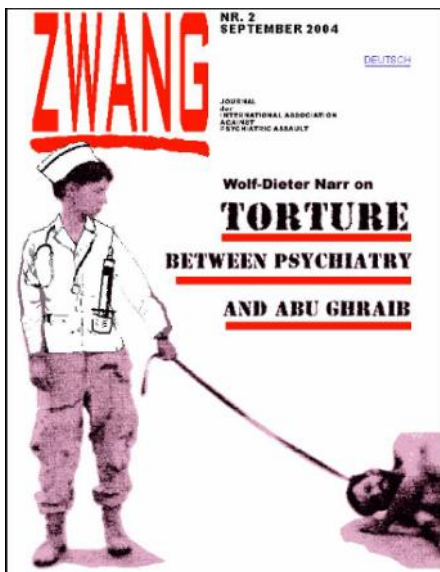
2. Further information on electroshocks: Breggin, Peter: *On the path to the prohibition of electroshocking. Minutes of the hearing of the psychiatrist Peter Breggin before the San Francisco town center services Committee from November 1990*. In: *An alternative to psychiatry*. [ENGLISH] Berlin: Peter Lehmann Antipsychiatrieverlag 1993. [GERMAN]

3. Case examples see "Berichte aus der Wirklichkeit" ("Reports from reality"):
www.psychiatrie-erfahrene.de/berichte.htm [GERMAN]

4. Breggin, Peter: *On the path to the prohibition of electroshocking*. In: *An alternative to psychiatry*. [ENGLISH] Berlin: Peter Lehmann Antipsychiatrieverlag 1993, Page. 162. [GERMAN]

5. www.antipsychiatrie.de/io_11/kolonialisierte_subjekt.htm [GERMAN]

6. About Psychiatric illness jargon: see e.g. Szasz, Thomas: *The myth of mental illness*. First published in the



American Psychologist, 15, 1960, Page 113 - 118. or at: <http://psychclassics.yorku.ca/Szasz/myth.htm> [ENGLISH]
 7. Bundesrats-Drucksache 865/03: www.bundesrat.de/drs.html?id=865-03 [GERMAN]
 8. Peters, Edward: „Folter. Geschichte der peinlichen Befragung“ ("Torture. History of an embarrassing enquiry.) Hamburg: Europäische Verlagsanstalt 1991 [GERMAN]

9. All following citations are from: Leifer, Ron: *A Critique of Psychiatry and an Invitation to Dialogue*. Published in *Ethical human Science and Services*, Dezember 27, 2000: www.iaapa.de/zwang/leifer.htm [ENGLISH]

Note: For practical reasons this text was written using gender neutral forms.

Translated from: „Zwangpsychiatrie ein Foltersystem“. The Original text in German by Alice Halmi was published in 2004 in the *ZWANG 2* magazine: www.iaapa.de/zwang2_dt/halmi.htm

Why "mental illness" does not exist.

There is simple proof why its existence necessarily and rationally must be denied and this takes place in three steps:

The first step:

The description of what an illness is: In order to speak meaningfully in the medical sense about an illness, BOTH of the following conditions must be fulfilled:

- a) an objectifiable change of the body tissue or body fluid must be present, as determined for example with the forensic investigation of a cause of death.
- b) the person who has an illness must suffer from it subjectively and/or believe that he will suffer, in other words, he must at least consider that present condition to be unpleasant and have a desire to change it. Furthermore, this is a precondition for anything like "therapy" to take place.

The second step:

there is no illness, UNLESS both criteria a) and b) are fulfilled, because:

- if none of the two criteria are fulfilled, then the word "illness" can only be used as metaphor: for example "a sick joke", or "the economy is ill".

- if a) applies, but not b), then the doctors have lost a diagnosis and an operating field: for example people under a certain height were designated simply as being "ill" and the illness described as "exceptionally short". But that becomes irrelevant from the moment that dwarfs say that they are a normal part of mankind and do not suffer because of their size. Another example is deaf people: as soon as they organize themselves as people who speak differently, the "suffering" disappears and with it the possibility to call deafness an "illness".

- if b) does apply but not a), then it would be left up to the subjective feeling whether someone has an illness or not. Naturally so far no society has been prepared to accept the far-reaching consequences of this, because it would mean that - on the one hand -

everyone could sign his own sick leave certificate and - on the other hand - the substantial function of the doctors would break down, because - in contrast to today's orthodox medicine - investigations and a diagnosis would no longer be needed, but rather any spiritual charlatanism would have the priority.

The third step:

The alleged existence of "mental illness" can fulfill neither the condition a) nor b) - although even the absence of one of the two conditions of these alleged "diagnoses" would fall through for a candidacy as "illness" (see **The second step**) because:

- there are no objectifiable changes in the body tissue. As everyone knows, neither a blood test, nor a brain scan, nor a microscopic, X-ray or ultrasonic examination is made, let alone even a "gene test", in order to make any of the slandering psychiatric diagnoses.
- no "suffering" accompanied by a desire for

change can be present if people are regularly locked up in psychiatric prisons. Logically they are locked up because they are not there voluntarily and otherwise would leave and thereby extract themselves from the psychiatric torture methods such as four-point restraint, forced injections, electro-shocks etc. and constantly having to see these fascist methods. Rather it is those who are locked up who are turned into suffering people by psychiatry, by being degraded and humiliated, with attempts to break their will, using torture methods to extract a confession in which they finally admit to their "illness", so that afterwards the psychiatrists will be able to call the whole martyr "medical" treatment.

To sum up: The use of the words "mental illness" are about the use of a metaphor, thus only words, not actual findings or facts.

Source:

www.irrenoffensive.de/providence.htm#3

Finally, coercive psychiatry can be put to a stop!

In Germany a new advance directive, the PatVerfü* makes it possible

*acronym for the „PatientenVerfügung“, the German special PAD (Psychiatric Advance Directive)

Berlin, 18/6/2009. After years of discussion, today a new law on the legal rules for advance directives has finally been adopted by the German parliament.

The legislature has clearly and with votes from all political parties agreed to make valid the will of the patient and by doing so also the self-determination in any situation against any medical and state paternalism, regardless of the type and stage of an illness.

The time finally belongs to the past that others – doctors and judges – define what the supposedly "objective" best interests of a person are and what should be undertaken or refrained from, against his/her declared will, with regard to these supposedly "objective" best interests of a person! This will have far-reaching effects with regard to court ordered guardianship: For the first time there is the chance that guardianship may no longer be enforced against the wishes and needs of the person in question and thus guardianship now has the potential to be transformed into a service that is loyal to the person in question.

The patient's will is now to be regarded as being legally binding in medical decisions, as already promised in the constitution of the Federal Republic of Germany and for over 60 years in the Universal Declaration of Human Rights. →



Each case of "medical" treatment against the written and actual will of a "patient" thereby becomes bodily assault and incarceration in a locked ward becomes deprivation of liberty.

On this occasion we would therefore like to make known our specific form of an advance directive, the **PatVerfue** with a built-in representation agreement, in which any torture-like bodily harm in the form of unwanted psychiatric treatment and any deprivation of liberty whatsoever due to a slanderous pseudo-medical psychiatric diagnosis is legally binding excluded. The associations publishing this form have joined forces to help this parliament's promise to be accepted in the judiciary. It is this promise with which the validity of basic, civil and human rights for all, also for the psychiatrically slandered, hopefully becomes reality.

By supporting and encouraging all those with a **PatVerfue** who would nevertheless be incarcerated and endure coercive treatment and/or are threatened with these acts, to create precedents at all judicial levels Germany, it is our aim to make the **PatVerfue** "watertight" in the courts. Our aim is that in the future all judges be made to adhere to this new law, to accept the patient's will without restrictions and to implement it with their decisions.

Our proposed form of an advance directive prohibits all psychiatric diagnoses from the outset. We do not believe in the existence of these so-called "mental illnesses", because there is no objective criteria to prove them. The **PatVerfue** thus ensures the self determination of the person against psychiatrists trying to deny his or her free will, by claiming that they have an illness-incurred lack of „insight or the ability to behave in the light of this insight,,“

Today is for us a day of joy!

The rigid implementation of this law would mean the end of forced psychiatry in Germany. An illogical fact remains, however, in that psychiatric diagnoses and treatment against the declared will of a person can only be staved off by a **PatVerfue** and – to the contrary – is not excluded at all.

Actually, each psychiatric – just as with any medical – treatment should only be made with the "informed consent" of the individual, i.e. it is explicitly agreed to by the person after extensive consultation on the pros and cons thereof.

Thus, with the entry into force of the law, unfortunately a prior legally binding refusal of psychiatric coercive measures is only possible for those who already know that a **PatVerfue** is a loophole to prevent coercive psychiatry.

This is therefore the right occasion for a broad information campaign to make the **PatVerfue** public, so that increased use widens the loophole into a "door out of coercive psychiatry".

At www.PatVerfue.de/en information and the appropriate form is now free to download for noncommercial users.

Publishers of the PatVerfue: Bundesarbeitsgemeinschaft Psychiatrie-Erfahrener: die-bpe.de, Bundesverband Psychiatrie-Erfahrener: bpe-online.de, Irren-Offensive: antipsychiatrie.de, Landesarbeitsgemeinschaft Psychiatrie-Erfahrener Baden-Württemberg: lag-psychiatrie-erfahrene-bw.de, Landesverband Psychiatrie-Erfahrener Berlin-Brandenburg: psychiatrie-erfahren.de, Landesverband Psychiatrie-Erfahrene Hessen: lpeh.de, Landesverband Psychiatrie-Erfahrener NRW: psychiatrie-erfahrene-nrw.de, Landesarbeitsgemeinschaft der BPE-Mitglieder im Saarland, Werner-Fuß-Zentrum: psychiatrie-erfahrene.de, Antipsychiatrie und betroffenenkontrollierte Informations- und Beratungsstelle: weglaufhaus.de/beratung, Heimkinderverband: heimkinderverband.de, Arbeitsgemeinschaft Patientenverfügung der Rechtsanwälte: RA Loeschner zahnmedizinrecht.de, RA Paetow: ra-paetow.de, RA Saschenbrecker: psychiatrierecht.de, RA Dr. Wähler: ra-waehner.de, Enthinderungsselbsthilfe von Autisten für Autisten (und Angehörige) – ESH: autisten.enthinderung.de, Auties: auties.net, Verein zum Schutz vor psychiatrischer Gewalt: weglaufhaus.de

Patverfü®

Insane? Your own choice!

The clever advance directive protects you against psychiatric coercion and unwanted custody. Patroness of the initiative is the singer and performer Nina Hagen.

The PatVerfue, an advance directive with a built-in representation agreement, in which any unwanted psychiatric treatment and any deprivation of liberty whatsoever resulting from a psychiatric diagnosis is prohibited by law. This works for German citizens at home and in certain countries and for anyone without a German passport living in Germany for at least 6 months.

To learn more, please read the publisher's press statement about the **PatVerfue**, made on the same day the German Parliament voted on the new law on medical advance directives, so finally, coercive psychiatry can be put to a stop: details on page 7!

See also:

Notes for Judges, Guardians and Psychiatrists: <https://tinyurl.com/notes-for-judges-etc>

The history of the PatVerfü: <https://tinyurl.com/patverfue-history>

World première: PatVerfue video with Nina Hagen: <https://tinyurl.com/patverfue-video>

The PatVerfue in English: <https://tinyurl.com/patverfue-english>



Quotes by Gert Postel the "Impostor among impostors."

At his recruitment as senior physician, Gert Postel gave as the subject of his doctoral thesis *"Cognitively induced distortion established in stereotypical judgement"*. *"This is a string of empty concepts."* The chairman replied: *"That's quite interesting; you will certainly feel at home here with us."* There were 39 candidates, all specialists in psychiatry and neurology and two of them were habilitated but Gert Postel, the postman, got the job.

"Psychiatry is a trade that thrives on word acrobatics".

"With the psychiatric language you can justify any diagnosis and also the opposite and the opposite of the opposite - the imagination sets no limits."

"Those who master the psychiatric language can limitlessly formulate any nonsense and put it in the guise of the academic".

"To subsume certain symptoms under certain terms can be done by any trained goat."

Or:

"Any trained goat can become a psychiatrist."

See more about our hero, suggested by us for the Nobel Prize in Medicine:
www.gert-postel.de

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