

Chapter 14

Challenging Mainstream Media – Psychiatry’s Cheerleaders

In a democratic system of thought control...[it is] necessary to take over the entire spectrum of opinion, the entire spectrum of discussion, so that nothing can be thinkable apart from the party line; not just that it be obeyed, but that you can't even think of anything else.

– Noam Chomsky, linguist and political activist (1)

The myths and stereotypes surrounding “mental illness” and the “violent mental patient” are unfortunately alive and well. Medical reporters and columnists, editors and producers in the mainstream, corporate-controlled media in Canada and the United States constantly parrot psychiatry’s discredited medical model of “mental illness,” “mental health,” “safe and effective medication” and “lifesaving” electroshock as though they were proven scientific facts. I charge the corporate-controlled media with promoting fraud – presenting psychiatric opinion and “mental health” ideology as “medical science.” They air psychiatric propaganda – psychobabble – almost every day, repeating like a mantra that “schizophrenia” is a brain disease; that “bipolar mood disorder” is caused by a “chemical imbalance in the brain”; that “Attention Deficit Hyperactivity Disorder” (ADHD) is a neurological disorder. In fact it’s another psychiatric fraud. (2) All are false claims, unsupported in the medical and scientific literature. So-called objective and balanced articles and TV specials on “mental illness” or “mental health” broadcasts by the Canadian Broadcasting Corporation (CBC) and published in *The Toronto Star*, *The Globe & Mail* and the *National Post* never cite credible medical or scientific evidence to support such claims – because there is none. Nevertheless, we’re asked to believe this nonsense.

I also charge the corporate-controlled media with elitism. Personal statements, and in particular psychiatric survivors’ testimony, that criticize forced drugging and electroshock and promote non-medical alternatives are routinely dismissed as “anecdotal” or not credible, or, even more commonly, edited out of major news stories on “depression,” “schizophrenia” and “mental health.” Where are the balance and fairness on which the media pride themselves?

When reporting on research findings that support psychiatric claims of the alleged safety and effectiveness of psychiatric treatments, the media generally oversimplify them and overstate their scientific credibility and social significance. Challenges of such claims are extremely rare. At the same time, studies whose findings do challenge – or flatly contradict – the notion that these treatments work and are safe are glossed over. For example, studies that expose the fraudulence of the diagnostic label “ADHD” and the addictive effects and violent behaviour triggered by the amphetamine-type drugs used to “treat” this so-called disorder (such as Ritalin and Adderall) are rarely or never cited, much less discussed. And, although scientific studies conducted over the last ten years have proven conclusively that Prozac, Paxil and other SSRI antidepressants frequently trigger “suicidal ideation,” suicide attempts and mania in young people and others, the media did not even begin reporting on these alarming “side effects” until three or four

years ago. It's time to challenge the Canadian media's pro-psychiatry spin on these and other "mental health" issues.

Psychiatrists and other "mental health experts" – and, primarily, Big Pharma and its spin-doctors – market their nonsense to the media as scientific fact. It has been thirty years since I began to criticize media depictions of "mental health" issues as serious distortions, if not outright lies. In the last ten years, about a quarter of my letters to the editor have been published – admittedly, a pretty good acceptance rate. Some edited samples follow. (3,4)

From a letter written on behalf of the former Ontario Coalition to Stop Electroshock and published in its entirety in the October 12, 1987 *London Free Press* under the heading "Key demands overlooked":

We wish to point out some omissions and biases in your report of our protest demonstration against the Canadian Psychiatric Association (CPA), held on September 16 during its annual meeting in London ("Protesters claim electroshock is 'masquerading as treatment,'" September 17).

We demonstrated not only against electroshock, as the article claims, but against all forms of forced treatment, including shock and drugging, as well as involuntary committal, pseudo-medical diagnostic labels, violations of psychiatric inmates' rights and Charter rights, and the CPA's consistent refusal to denounce the unethical brainwashing experiments of the late Dr. Ewen Cameron.

By focusing exclusively on shock, your reporter failed to highlight the major reasons for our protest. Nor was there any mention of three of our key demands: that there be an immediate halt to psychiatric abuses and human rights violations; that the CPA speak out against Cameron's experiments; and that the CPA publicly discuss psychiatric abuses and inmates' rights at all of its annual meetings.

In 1998, I was surprised and pleased by the publication, on January 23, 1998, of my letter (under the headline "Resist right-wing agenda of force, incarceration") expressing my outrage at the *Star's* seven-part "Madness" series (January 10 to 16, 1998):

[Your] series on the mentally ill and the mental health system in Ontario is another example of psychiatrically biased reporting. It reads like an ad promoting forced drugging, outpatient committal and biological psychiatry. A medical model/psychiatric bias pervades virtually every paragraph and page. "Mental illness," "mental disorder" and other psychiatric diagnostic terms such as "schizophrenia" and "manic-depression" are used frequently as scientific givens, despite the fact these terms reflect only psychiatric opinions and subjective impressions, not scientifically established diseases.

There's also an elitist tone in the series. Proportionately more space is devoted to unnoticed psychiatric studies and sweeping generalizations from various mental health

professionals, while the informed opinions of several well-known survivors/critics such as Jennifer Chambers and Erick Fabris (advocates with the Patients Council at Queen Street) and Lilith Finkler (community legal worker at Parkdale Community Legal Services), and of supportive community outreach workers such as Bob Rose and Sandra Capponi (Parkdale Activity and Recreation Centre) were conspicuously omitted.

Most disturbing, the series irresponsibly links mental illness with violence and criminality, which only reinforces the myth and stereotype of the dangerous mental patient. A 1996 consensus statement signed by more than forty mental health professionals, advocates and lawyers, and published in the Psychiatric Rehabilitation Journal, asserts that “mental illness” and violence are not related, stating that “several recent large-scale projects conclude only a weak association between mental disorders and violence in the community.... Mental disorders – in sharp contrast to alcohol and drug abuse – account for a minuscule portion of the violence...”

The Star series lays the groundwork for the legislation of forced drugging and outpatient committal through proposed amendments of the Mental Health Act allowing more people to be locked up faster. This is a right-wing Tory agenda which, if implemented, would facilitate the denial of the human rights of thousands of extremely vulnerable citizens. It must be resisted now.

The “Madness” series provoked considerable outrage in the psychiatric survivor community, because it demonized psychiatric survivors, and especially those who were poor and homeless, by portraying them as violent or “potentially dangerous.” Several survivors and other critics of the psychiatric system, including one from the United States, wrote strong letters of protest to the editor. Because they published a few of these letters, *Star* editors erroneously believed that they had done justice to public criticisms of media bias against, and vilification of, this population.

On February 9, 1998, Dr. Bonnie Burstow and I lodged a formal complaint against *The Toronto Star* with the Ontario Press Council. We accused *The Star* of displaying “a consistent biomedical model bias, to the exclusion of other major models or perspectives on human crises labelled as ‘mental illness,’” and of promoting “the common stereotype and myth of the “dangerous mental patient” through the selective and sensationalist reporting of violent or criminal acts committed by people deemed “mentally ill”:

We see the bias in The Star series as doing considerable harm and injustice to a vulnerable and already-stigmatized community. A possible remedy..is a second series of articles which addresses the topic from a non-medical perspective (including an antipsychiatry perspective).” Despite this valid and powerfully-worded criticism, the Press Council ruled against our complaint after flatly refusing to listen to us...

Contrary to popular myth, most of the violence in the “mental health system” is committed by so-called “sane” psychiatrists and other mental health professionals – not psychiatric survivors. In Canada and the United States, psychiatric survivors, their

supporters and human rights advocates continue to speak out against forced psychiatric treatment and the psychiatrically-biased, inflammatory reports in the media promoting the violent mental patient myth/stereotype. Any further assaults on our human rights by psychiatry, government or the media will be met with organized resistance.

In March 1999, increasingly annoyed with the media, I wrote and sent an open letter titled “Who’s Really Dangerous? Media Bias-Forced Drugging-Outpatient Committal” to several Canadian media, including the *Toronto Star*, *The Globe & Mail*, *The Toronto Sun*, and the CBC. No one replied, and the letter was never published. Here are a few edited excerpts:

The belief that most psychiatric survivors are more dangerous or violent than so-called “normal” or “sane” people is a common myth and stereotype propagated by the mainstream media, biological psychiatrists like E. Fuller Torrey (who wants to lock up and forcibly drug “the mentally ill homeless”) and family “advocacy” organizations such as the Schizophrenia Society of Canada and the National Alliance for the Mentally Ill in the United States. Since there has never been any substantial scientific evidence to support this view, it [can legitimately be seen as] a false belief or delusion. The following conclusions from several respected health professionals, researchers and advocates expose this myth:

[There is] “...sensationalized reporting by the media whenever a violent act is committed by ‘a former mental patient’...a weak association [exists] between mental disorders and violence...serious violence by people with major mental disorders appears concentrated in a small fraction.... Mental disorders...account for a minuscule portion of the violence that afflicts American society.

– J. Monahan, PhD, and J. Arnold: “Violence by People with Mental Illness: A Consensus Statement,” *Psychiatric Rehabilitation Journal*, Spring 1996

The combined evidence from these studies indicates that...persons with psychotic diagnoses are less likely or at least no more likely to commit violence...a history of delusions and a diagnosis of paranoia were unrelated to future violence.

– G.T. Harris, PhD, and M. Rice, PhD: “Risk Appraisal and Management of Violent Behavior” in *Psychiatric Services*, vol. 48 no .9, September 1997

Most patients with severe mental illness do not pose a danger to themselves or the community.

– J.W. Coid, MD: “Dangerous patients with mental illness: Increased risks warrant new policies, adequate resources, and appropriate legislation” in *British Medical Journal*, April 13, 1996

It’s time that, as a society, we begin to knock down stereotypes and start breaking down the stigma associated with “mental disorders”. The first stereotype to go down – permanently, we hope – is that people who suffer from depression, anxiety, schizophrenia, an eating disorder, or any other type of mental disorder are somehow more violent than others. This simply isn’t true, [except in some cases where they are

also] involved in substance abuse. Most people who suffer from a mental disorder are not violent – there is no need to fear them. Embrace them for who they are – normal human beings experiencing a difficult time, who need your open mind, caring attitude, and helpful support.

– J.M. Grohol, PhD: “Dispelling the violence myth” (online editorial, Mental Health Net <http://www.cmhc.com/archives.editor32.htm>, 1998, June 1)

Despite these professional criticisms, the media continue to publish “balanced” articles on “mental health” that exaggerate the alleged link between mental illness and violence; demonize homeless and poor people who have psychiatric histories; promote a medical model/psychiatric bias and generally refuse to publish critical comments from psychiatric survivors and dissident health professionals

The lack of response to this letter speaks volumes about the mainstream media’s defensiveness, their need to dismiss or deny legitimate criticism, and their routine promotion of psychiatric propaganda as medical fact.

The letter excerpted below was also rejected by the *Toronto Star*:

I have three major criticisms of Scott Simmie’s eight-part series on Ontario’s psychiatric non-system (“Out of Mind,” October 3 to 10, 1997).

- 1. Psychiatric/medical model bias: Simmie doesn’t challenge the myth of “mental illness” and “schizophrenia” and doesn’t criticize psychiatric drugs (“medication”) as inherently toxic. Instead, he parrots the terms “mental illness,” “schizophrenia” and “bipolar affective disorder” as if they’re scientific facts. In fact, they’re metaphors for madness or dissidence caused by serious life crises, abuses or trauma. They’re also code words that allow psychiatrists to forcibly treat their patients as guinea pigs, using brain-damaging drugs, electroshock and psychosurgery.*
- 2. Psychiatrists not blamed for stigmatizing: Simmie should have mentioned the widely recognized fact that psychiatric labels themselves are stigmatizing, pejorative and unscientific. Being labelled “schizophrenic” is like being called “dirty Jew” or “nigger.” Thousands of survivors like myself are painfully aware of the fact that these fraudulent and stigmatizing labels are rarely erased from our medical records; they stick like crazy-glue. Simmie should have criticized psychiatrists as stigmatizers.*
- 3. Self-help/survivor groups ignored: Simmie rightly praises some survivor-run businesses but doesn’t mention either the many survivor-controlled self-help and advocacy groups in Ontario or Support Coalition International, the 10-year-old coalition of more than 75 psychiatric survivor/activist groups in 11 countries worldwide, including Canada. These non-medical community alternatives are a lot safer, more helpful and more empowering than any psychiatric drug or*

“treatment.” Simmie gives the Internet addresses for several “schizophrenia” groups but lists only one URL for “consumer/survivors” – there are many other important ones, such as Dendron, MadNation and NoForce.

I appreciate Simmie for attacking the “violent mental patient” myth/stereotype and also for criticizing outpatient forced treatment (e.g., “community treatment orders”), but I disagree with him when he says outpatient forced drugging should be used as “a last resort.” This fascist law, which the Harris government is threatening to impose on thousands of us this year, should never be inflicted on anyone. Psychiatric survivors and supporters will massively resist this attack on our freedom, our human rights.

When the Toronto police beat 54-year-old Otto Vass to death on August 9, 2000, many of us were mad as hell and came together to form the Committee for Justice for Otto Vass (see Chapter 11). Numerous committee members attended the Vass inquest held six years later. Before the Toronto police beat him to death, they knew, targeted and labeled Otto Vass as “MI” (“mentally ill”); while hospitalized he was diagnosed at various times as “bi-polar” and “schizophrenic” and vilified as violent or having a bad temper. While attending his inquest, I did not appreciate reading the pro-psychiatry articles by Toronto Star reporter Rosie DiManno and others, so I wrote to *The Star* (they did not publish my letter, excerpted below):

Rosie DiManno doesn’t listen very well to testimony and final statements. She also expresses pro-psychiatry and pro-police biases. (“Otto Vass jurors face difficult task,” November 17, 2006).

In quoting from lawyer Peter Rosenthal’s final address to the jury, she fails to note that Rosenthal actually concluded that homicide – not “human interaction” – caused Vass’s death, and urged the jury to conclude likewise. Rosenthal clearly and reasonably linked the physical violence of the baton-blows and kicks that four Toronto police officers repeatedly inflicted on Vass with the “fat embolism” that blocked blood circulation to his heart, leading to his death. DiManno either didn’t hear the word “homicide,” or chose to edit it out.

DiManno’s pro-psychiatry bias is also evident. She attributes Vass’s violence to “bipolar illness...volatile, delusional episodes” – with not one shred of scientific evidence. DiManno is not reporting, she’s promoting the “violent mental patient” myth/stereotype – namely, that “mentally ill” people are more violent than so-called “normal” or “sane” people. On request, I’ll send DiManno a few scientific journal references, including one that asserts that 95% of the violence or violent crime in North America is committed by “normal” people.

Although it’s nice that DiManno quotes a few sentences from the media release of the Committee for Justice for Otto Vass, I’d be more impressed if she got her facts straight and had the guts to criticize Presiding Coroner James Lucas for unjustly denying our 6-year-old legal standing.

I hope the jurors don't share DiManno's biases and distortions of fact – we'll soon find out.

My July 8, 2005 letter to the *Toronto Star* (also rejected) was partly triggered by CNN's interview with Tom Cruise. Here are a few excerpts:

Like many other Star articles, this one promotes psychiatry's discredited medical model by hyping drug company sales of harmful antidepressants and parroting the fraudulent diagnostic label "ADHD." ("Tom Cruise prompts war of words," July 1)

Neither Cruise nor The Star mentioned the growing worldwide resistance to the psychiatric system. The antipsychiatry movement is an international human rights movement; it's thirty years old and consists of many psychiatric survivors, social justice activists and human rights organizations in various countries including Canada and the United States. It's totally independent and is not affiliated with Scientology's Citizen's Commission on Human Rights.

Movement activists and supporters strongly oppose the entire psychiatric system, mainly because we've experienced and witnessed its systemic violations of our human rights as inherently abusive, traumatic, inhumane and destructive. One key movement goal is to abolish the system – particularly all coercive psychiatric procedures, including involuntary committal, forced drugging, electroshock, repressive mental health laws such as the one enabling "community treatment orders" (outpatient forced drugging), solitary confinement ("seclusion"), and the use of physical restraints. Many suicides and sudden deaths related to psychiatric drugs and/or electroshock are unreported or covered up in the medical/psychiatric literature.

We've also successfully organized several national and international conferences and counterconferences, public protests and public hearings on psychiatric drugs and electroshock, which governments have generally refused to hold and which the media rarely cover.

The movement has given support, respect, dignity and hope to hundreds of thousands of psychiatric survivors by treating them as human beings – not cases or labels. I challenge The Star to start reporting on our struggles and victories for a change.

The CBC is also guilty of promoting a pro-psychiatry bias, uncritically accepting psychiatry's medical model of "mental illness" and electroshock. In 2008 CBC Radio One broadcast an interview with Edward Shorter, a University of Toronto historian who recently co-authored, with psychopharmacologist David Healy, the book *Shock Therapy: A History of Electroconvulsive Treatment of Mental Illness*. The interview was blatantly one-sided; it sounded like a promotion for electroshock. Here are some edited excerpts from my March 9, 2008 letter to producer Jim Handman:

Edward Shorter, interviewed by "Quirks and Quarks" host Bob McDonald on March 8, expressed so many unchallenged distortions and lies about electroshock; it's inexcusable.

First, the interview was extremely biased, unbalanced and unprofessional; no electroshock survivors or other critics were interviewed to challenge Shorter's false claims about the major effects and risks of electroshock. Shorter is on a disinformation campaign to sell his book, combat growing criticism and promote wider use of electroshock.

Second, Shorter never once mentioned the grand mal seizure that occurs during every ECT procedure; instead he used the [misleading] word "convulsion."

Third, Shorter failed to mention the ten- to twenty-minute coma following the seizure; his phrase "out of it" is an inaccurate and dishonest substitute.

Fourth, he failed to mention that while conscious shock survivors experience some or all of these immediate effects: disorientation, dizziness, severe headache, memory loss, physical or muscle weakness, nausea, apnea (sudden cessation of breathing). Delirium is also a problem; people awakening from ECT are in no shape to drive a car on the day they are shocked, as Shorter claimed they could.

Fifth, Shorter claimed that ECT causes "no brain damage." In fact, several scientific studies over many years have proven the exact opposite. In fact, the American Psychiatric Association grudgingly acknowledges brain damage caused by ECT, while minimizing its extent; the Canadian Psychiatric Association flatly denies this damage. Nevertheless, the recent and comprehensive study by Sackeim et al. published in the January 2007 issue of Neuropsychopharmacology – Shorter must have been aware of it – conclusively proves that electroshock causes brain damage resulting in permanent memory loss, and that women shock survivors suffer "more severe" brain damage ("cognitive dysfunction") than men.

There is further evidence of frontal-lobe damage in Calloway's CT scan studies (circa 1980). Devinsky and Duchowny's research shows evidence of grand mal epileptic seizures after a series of electroshocks. And there's more evidence of shock-induced brain damage in the conclusions of many other neurological and autopsy studies on humans and animals (see Peter Breggin, Brain-Disabling Treatments in Psychiatry, 1997; John Friedberg, "Shock treatment, brain damage, and memory loss: a neurological perspective," in the American Journal of Psychiatry, 1974; and Leonard Roy Frank, Electroshock Quotationary [online], 2006.

Shorter never once cited any of these scientific facts and published works, nor did he mention the disproportionate targeting of women and elderly people; two to three times as many women as men are shocked, according to ECT statistics from the Ontario government's Ministry of Health and other sources. Neither Shorter nor McDonald seemed aware of these facts – apparently, both are willfully ignorant.

Sixth, Shorter lied when he denied that ECT commonly causes massive, permanent memory loss; he was dismissive when he mentioned only "transient" loss." Shorter

should know – perhaps he chose not to know – that many scientific studies clearly and convincingly document the fact that shock-caused memory loss is frequent and permanent (see, for example, the classic experiments of Yale psychologist Irving Janis (1949-1951) and those of psychologist Larry Squire (1983); there are more recent studies as well. Significantly, Shorter never mentioned any of the published testimonies of numerous shock survivors, which also reveal massive and permanent memory loss. MacDonald should have interviewed Canadian shock survivors such as Wendy Funk, Sue Clark and/or Wayne Lax who have publicly and courageously testified against electroshock; their horrific accounts of tragic losses and disabilities would have been a lot more credible and truthful than the self-serving lies told by Shorter.

If CBC radio is seriously interested in telling the truth about electroshock and growing international resistance, and correcting its pro-shock bias, it should start interviewing shock survivors. I can put McDonald and/or other researchers in touch with shock survivors, and with other critics and activists. I also recommend that CBC researchers check out capa.oise.utoronto.ca, ect.org, endofshock.com, geocities.com/sueclark2001ca, and mindfreedom.org

I also ask that you note Dr. Bonnie Burstow's March 9 letter. Dr. Burstow is on the Faculty of the Ontario Institute for Studies in Education, University of Toronto. I hope you reply to her [and to me].

Handman replied two months later. As expected, he firmly defended Shorter, calling him an “expert” and “objective,” and citing his University of Toronto credentials and “60 pages of references and detailed references” in his book. He also misidentified Shorter as a “scientist”; in fact, he’s an historian. Handman never once mentioned interviewer Bob McDonald’s refusal to question or challenge Shorter’s false claims. Instead, he simply stated that it isn’t CBC policy to “attack” an expert guest like Shorter.

Handman allowed that he had received letters that “supported and disagreed” with Shorter’s pro-shock position and had a few of them read on air. However, several shock survivors told me that their critical letters had not been read.

Handman also trivialized the responses and testimony of shock survivors as “anecdotal” – an elitist response frequently expressed by shock promoters and psychiatrists to discredit or minimize legitimate criticism from their critics and victims. He completely ignored my suggestion that he invite shock survivors, activists or critics on a future program. So much for “fair and balanced” programming re electroshock and psychiatry on CBC Radio. (5)

Psychiatric propaganda and mental health promotionals continue to be churned out by the mainstream-corporate media – psychiatry’s cheerleaders. That’s nothing to cheer about. They must be directly and forcefully challenged and publicly denounced as lies.

Notes

1. A fuller quote is published in L.R. Frank (2003), *Freedom: Quotes and Passages From the World's Greatest Freethinkers*, p.234.

2, See this major expose by pediatric neurologist Fred A. Baughman Jr. (2006). *The ADHD Fraud: How Psychiatry Makes "Patients" Out of Normal Children*.

3. Brilliant critiques that deconstruct psychiatric diagnoses as medicalization of social-political dissidence or non-conformity: T.S. Szasz (1961). *The Myth of Mental Illness*, and *The Manufacture of Madness* (1970); T.Sarbin and J. Mancuso (1980). *Schizophrenia: Medical Diagnosis or Moral Verdict*; H.Kutchins and S.A.Kirk (1997). *Making Us Crazy – DSM: The Psychiatric Bible and the Creation of Mental Disorders* (1997); for an excellent analysis of some of psychiatry's sexist diagnostic labels, see, P. Caplan (1995). *They Say You're Crazy: How the World's Most Powerful Psychiatrists Decide Who's Crazy*.

4. For critiques of common myths and stereotypes of "mental patients" and "mental illness" in the media, see O.F.Wahl (1997). *Media Madness: Public Images of Mental Illness*; see also, A. Levin (2001) "Violence and Mental illness: Media Keep Myths Alive." *Psychiatric News*, vol.36 no.9 (May), p.10, <http://www.pn.psychiatryonline.org/content/36/9/10.full>. Unfortunately, Wahl's book and Levin's article perpetuate the myth of "mental illness."

5. For a rare critique of the media's continuing pro-electroshock bias, see J. Cohen & N. Solomon (1995). "Psychiatric Technique Gets Shocking Boost From Media," <http://psychcentral.com/electro.htm>