Psychiatric Survivors and Nonsurvivors

In a recent workshop, Jay Mahler, representing the California Network of Mental Health Clients, introduced himself as a “consumer-survivor.” Since the early 1980s a small number of consumers have identified themselves as “psychiatric survivors,” but the term now appears to be becoming respectable, even politically correct. For example, the Center for Mental Health Services, a national model for political correctness, now uses the term “consumers/survivors” in some of its publications.

Let’s be clear about what is meant by “psychiatric survivors.” Denudron, a vituperative antipsychiatry newsletter, describes itself as for “psychiatric survivors and allies.” The most radical organized antipsychiatry group named itself the National Association of Psychiatric Survivors. On the Internet, Shoshanna’s Psychiatric Survivor’s Guide opens with a quote from Dr. Peter Breggin: “Going to a psychiatrist has become one of the most dangerous things a person can do.”

Thus the term “psychiatric survivor” is not being used like “cancer survivor,” someone who has had cancer and survived it. Rather, it’s being used like “Holocaust survivor,” an individual who has been unjustly imprisoned and even tortured. As such, psychiatric survivors strongly oppose psychiatry in general and deny the need for involuntary hospitalization or involuntary medication, even for profoundly disabled individuals who have no insight into their illness or their need for treatment. Many psychiatric survivors also deny that schizophrenia and bipolar disorder are brain disorders, despite overwhelming scientific evidence. For example, psychiatric survivor Al Siebert claims that “what is called schizophrenia in young people appears to be a healthy transformational process that should be facilitated instead of treated.”

At the workshop, Jay Mahler said he could not conceive of any circumstance in which he would support involuntary hospitalization or treatment. As he spoke, I calculated the number of people with severe psychiatric disorders who are no longer alive because “psychiatric survivors” like Mr. Mahler along with civil liberties lawyers have made it virtually impossible to treat such patients when they have no insight into their illness or their need for treatment. Given the suicide and accidental death rates for such individuals, including those who freeze to death in cardboard boxes on the streets, at least half a million persons who were severely psychiatrically ill are now prematurely deceased.

The policies espoused by “psychiatric survivors” have thus led to a large number of nonsurvivors. Political correctness currently focuses on the “survivors.” Humane considerations suggest that our focus should be instead on the growing number of nonsurvivors.—E. FULLER TORREY, M.D., NATIONAL INSTITUTE OF MENTAL HEALTH NEUROSCIENCE CENTER, ST. ELIZABETHS HOSPITAL, WASHINGTON, D.C.