



About 15 years ago, I left my career as a schoolteacher to follow the long, often difficult path toward becoming a psychotherapist. After many painfully disappointing efforts to "know it all," I began to realize I knew little, least of all about myself. At long last, I am beginning to realize how simple can be "knowing."

Past president of the Michigan Group Psychotherapy Society, I practice combined group and individual psychotherapy in a group practice and serve as curriculum co-ordinator and a case supervisor with the Bar-Levav Education Association.

Dressed in black, her sunken, fear-filled eyes darted back and forth. She began by saying, "My allergist thought I should see you." Arms and legs folded, her frail body appeared skeletal. It was 1977.

Analytically, she spoke of sinusitis and headaches. Going on to describe marital difficulties, she softened. "You seem close to tears," I said. Her chin began to quiver, a tear trickled down her cheek, and she struggled to swallow her feelings. "Why hold it back?" I asked. She didn't like my probing, she said, and just wanted to talk about her somatic difficulties.

Taking a brief history, I tried to involve her emotionally. Asked to describe her mother, she paused. Then, in a monotone: "She is almost schizophrenic. She's asexual and incapable of love." The parents divorced when Lois was five. "I'm sure my father cared about me, but he lived 500 miles away. I could turn to him when I needed him. I couldn't do that with my mother. It seems silly that I miss him so much since I was never really close to him."

Tears gone, Lois went on to describe her mother's second husband. "He was nice, but he had sex problems. He used to stand in the hall and masturbate while looking at my sister, and I'm sure they had sex."

She was reporting "good material" for the history, apparently practiced from her five previous psychiatric experiences. But she was emotionally distant. "My husband influences me too much. He even chose the school I should go to—at least it feels that way." She continued for a while, then asked, "What do you think?"

Her intellectualization kept the real person hidden. Trying to loosen her defenses and involve her emotionally, I remarked provocatively: "In many ways, I see you as a little girl."

Emotionally distant before, suddenly she was now all emotion! Leaping from the chair, purse in hand, she rushed toward the door. "Sit down!" I

*drugs: Hazards to the brain* (1983a) and *Electroshock: Its brain-disabling effects* (1979). In 1990 in the *Journal of Mind and Behavior*, my lengthy review of brain damage from neuroleptics was published. In *Toxic Psychiatry* (1991), I review the entire field of biopsychiatry and better alternatives. What's important here is for psychotherapists to realize that there is an opposing view to biopsychiatric claims. Psychotherapists need not feel intimidated into believing there must be something to all this blustering about the biological origins and physical treatment of human problems.

## THE FUTURE

If the current biopsychiatric campaign is allowed to steamroll the rest of the profession, psychotherapists and the psychosocial and spiritual approach to human problems will be in grave jeopardy. Not only will psychotherapists and their potential clients be adversely affected, but so will all of society. Our western society stands on concepts wholly consistent with ethical psychotherapy, including autonomy and personal responsibility, freedom of expression, and the diversity of human experience. Biopsychiatry, on the other hand, preaches determinism, conformity, and authoritarianism. As psychotherapists we are in a critical position to protect and promote some of the best of society's values. To do so, we are going to have to stand up to biopsychiatry.

Center for the Study of Psychiatry  
4628 Chestnut Street  
Bethesda, MD 20874

## REFERENCES

- Breggin, P. (1979). *Electroshock: Its brain-disabling effects*. New York: Springer.
- Breggin, P. (1983a). *Psychiatric drugs: Hazards to the brain*. New York: Springer.
- Breggin, P. (1983b). Iatrogenic helplessness in authoritarian psychiatry. In R. F. Morgan (Ed.), *The iatrogenics handbook: A critical look at research and practice in the helping professions* (pp. 39-52). Toronto, Ontario: IPI Publishing.
- Breggin, P. (1990). Brain damage, dementia and persistent cognitive dysfunction associated with neuroleptic drugs: Evidence, etiology, and implications. *Journal of the Mind and Behavior* 11 (Summer/Autumn), 425-463.
- Breggin, P. (1991). *Toxic psychiatry: Why therapy, empathy, and love must replace the drugs, electroshock, and biochemical theories of the "new psychiatry."* New York: St. Martin's Press.