

Key-note speech from June 7, 2007, by Dorothea Buck, Honorary Chair of the German Bundesverband Psychiatrie-Erfahrener, at the congress “Coercive Treatment in Psychiatry: A Comprehensive Review”, run by the World Psychiatric Organisation in Dresden, Germany, June 6–8, 2007

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70YearsofCoercioninGermanPsychiatric Institutions,ExperiencedandWitnessed

My name is Dorothea Buck, I am 90 years old, and a so-called historical witness. The theme of my presentation is: “70 Years of Coercion in the German Psychiatric System, Experienced and Witnessed”. I will start with the forced treatment and forced sterilization that was inflicted upon me 71 years ago. In 1966 Alexander Mitscherlich wrote in his [book] “Illness as a Conflict—Studies on Psychosomatic Medicine, Vol. I” in the chapter entitled “On the complexity of social influences on the origin and treatment of psychoses and neuroses” (quote), “From the days of the primitive cultures, up to present times there have always been methods of torment. On closer examination, a terrible arsenal of tortures in themselves ...” (unquote.) This applies also to the present-day practices of restraints and forced medication, despite the fact that much more effective and helpful treatments for schizophrenia, such as ‘Soteria’ and Prof. Yrjö Alanen’s ‘Need-adapted treatment’ in Finland have proven theirworthfordecades.

In 1936, 71 years ago—at the age of just 19, I went through the most inhuman experience of my life in a psychiatric institution, against which even being buried alive during the 2nd World War paled into insignificance. I experienced the psychiatric system as being so inhuman, because nobody spoke with us. A person cannot be more devalued than to be considered unworthy or incapable of conversation. What made it worse was the fact that this

happened at the “von Bodelschwingsche Asylum Bethel” in Bielefeld, which considered itself a “Christian” institution. Bethel and its director, Pastor Fritz von Bodelschwing were held in high esteem, thought of as an embodiment of compassion in my parent’s home, a parsonage, and by us children. But now I got to experience a totally different Bethel, compared to the one I had learned about from the newsletter “MessengerfromBethel.”

On the light green wall opposite my bed one could read in large letters the words of Jesus: “Come unto me all you who are weary and heavily laden and I will give you rest.” How were we to be given rest? With buckets of cold water poured over our heads, with long-duration baths in a tub covered with canvas with a stiff high collar in which my neck was fixed for 23 hours, from one doctor’s ward-round to the next, with the “cold wet sheet packs” and with sedating injections of paraldehyde. In the case of the “cold wet sheet packs” one would be wrapped into them so tightly that one could no longer move at all. Due to the body temperature the sheets would become first warm and then hot. I would cry out in rage at this senseless restraint in these hot sheets. I just couldn’t believe that the natural way of helping in the form of conversation and occupation was being replaced by these torturous “sedative measures.” It was

only natural that we got restless without occupation and diversion, without a single conversation, not even as part of the admission procedure and staying in bed all the time, despite being in good health physically. How were we to recognise this senseless kind of behaviour on the part of the doctors and nurses as “helping” us?

These were the methods of Emil Kraepelin, who had lived from 1856 till 1926 that determined our German psychiatry. The medical director of our “Hospital for Nervous and Mood Diseases,” in Bethel, as it was then called, was one of his last students. Emil Kraepelin replaced the conversations that his predecessors, such as Wilhelm Griesinger, (1817 till 1868) and Carl Wilhelm Ideler (1795 till 1860) had still had with their patients, with the silent observation of symptoms, replacing it with the “clinical picture” or “nosological” psychiatry. As a result he was no longer capable of recognising his patients as fellow human beings, because that is only possible by speaking with them. The symptoms they observed took the place of the human being with his or her experiences. Kraepelin demanded (quote): “A ruthless intervention against hereditary degenerates, the “elimination” of the “psychopathic degenerate, including the use of sterilization.” (unquote)

Thus the director of Bethel, Pastor Fritz von Bodelschwing, demanded the enactment of a sterilization law two years ahead of the National Socialist Regime at the “Protestant Specialist Conference on Eugenics” held from May 18 to 20, 1931 in Treysa. He explained his position with the following (quote), “...destruction of the Kingdom of God in this or any generation, so that the possibility or responsibility exists for an elimination to take place. Therefore I would be apprehensive if sterilizations were only accepted in cases of emergency. I would prefer to see these procedures as a responsibility conforming to the will of Christ...” (quote from the minutes)

A truly monstrous “Kingdom of God” that granted us only a hopeless and passive custodi-

al state without a single conversation, sanctioned by Bible verses.

On the other hand, the medical director of Bethel from 1930 to 1933, Dr. Carl Schneider, was opposed to a sterilization law. (Minutes): “He considers it an error to assume that what is biologically valuable is also mentally valuable. For example, in patients with manic-depressive disorders ‘such a high level of social competence tends to be inherited,’ so that it is impossible ‘to sterilize for purely medical reasons.’ Schneider’s conclusion (quote), “We know nothing about this issue, we are just drawing conclusions from experiments with animals and plants.” (unquote) Two years before the Nazis came to power, Protestant physicians and clergymen were calling for sterilization: “Those who are hereditary carriers of social(!) inferiority and needing care should be excluded from procreating if possible.” (Quote from report)

As I asked the ward nurse about the scars that my young female fellow-patients had in the middle of their lower abdomens, she explained that these were “appendectomy scars.” Were we lied to at home when they told us that the appendix is located towards the side? Concealment of the fact that the operation I had been subjected to was in fact a sterilization seemed to be common practice here, even though the genetic-health law of 1933 required that those sterilized had to be informed by the physicians about the nature of the procedure.

Even after the operation it was not a doctor or a nurse who told me what had been done to me, but a fellow female patient. I was distraught, because people who had had forced sterilizations were not allowed to attend secondary schools or schools providing higher education and were not allowed to marry a non-sterilized partner. I had to abandon my chosen profession as a kindergarten teacher for which I had prepared myself such a long time.

Not to mention the lifelong stigmatization as being “inferior.”

In the January 2007 edition of the “*Deutsche Ärzteblatt*” [a German medical journal] one finds an article about the absence of compensation of us “inferior individuals,” up to the present day, with the following quote from Prof. Werner Villinger, who was Bethel’s medical director from the year 1934 on, taken from a statement he made before a German Parliamentary Committee for Restitution on April 13, 1961 (quote), “he presumed to claim that by paying compensation to people sterilized under coercion could now cause real damage? ‘The question arises whether this might lead to the appearance of neurotic complaints and illnesses, which would not only hurt their previous subjective well-being and ... their capacity to be happy, but also their productive capacity?’”(unquote)

On the 21st of January, 1965 Pastor Fritz v. Bodelschwingh’s nephew and successor, Pastor Friedrich v. Bodelschwingh, argued as an expert before the Committee for Restitution in a similar manner, totally ignorant of our reality. (Quote), “If one were to grant the sterilized people a right to compensation, this would cause only unrest and considerable new suffering for these people ...” (unquote) Bethel kept on sterilizing patients long after 1945. Last year I received a call from someone telling me that Bethel had pressured them to have a sterilization even in the 1970’s. If only theologians and psychiatrists would doubt their own worth for our lives!

When some 60 asylum directors and psychiatry professors were informed for the first time about SS-Führer Viktor Brack’s euthanasia program in Adolf Hitler’s Berlin Chancellery in July 1939, all of them declared their willingness to cooperate in the killing of asylum patients, with the exception of Professor Gottfried Ewald from Göttingen. He explained his disapproval in detail. One single person sound in mind and soul amongst 60 professors of psychiatry and clinic directors! Where were their consciences, their courage and their

compassion? Values that turn people into fellow humans.

In Berlin, at Tiergartenstreet 4, the experts and senior experts pronounced death sentences only on the basis of questionnaires that had been filled out in the asylums. In 6 psychiatric killing centers those who had been sentenced to death were gassed. When Hitler responded to the protest sermon of the Catholic Bishop Clemens August v. Galen in Münster on 3rd of August, 1941 by ordering a stop to the gassing on the 24th of August, 1941, the asylums took over and continued the killing by medication overdoses and by starvation diets. According to the latest research results submitted by the historian Prof. Hans-Walter Schmuhl nearly 300.000 asylum and nursing care home patients were gassed, poisoned and starved to death. 80 000 of these were from Polish, French and Soviet institutions. Considering that our politicians, psychiatrists and theologians have since nearly completely repressed this most drastic kind of “compulsory treatment” in the form of killing people with so-called “lives devoid of value”, it is mostly left up to us users and survivors of psychiatry to preserve the memory of those murdered in the name of psychiatry in our hearts.

After 1943, psychiatrists, who had turned out to be adversaries of their patients and in the period from 1939 to 1945 had proven themselves to be—in the literal sense of the term—their “mortal enemies,” continued to convey to their students and to the public only an image of deficiency of those who had been classified as “incurable.” Even on the 20th of April 1979—40 years after the beginning of the “euthanasia program” in 1939—the weekly paper “*Die Zeit*” ran these headlines on the front page, “A Society of Hard Hearts—In the Snake Pits of the German Psychiatric System.” In the article it is stated,

“... and no minority is treated as disgracefully as the mentally ill.”

The decades of backwardness of this kind of psychiatry could not be done away with despite considerable efforts in recent years. It remains devoid of conversation and uses medication also under coercion and restraints, only fighting the symptoms, instead of understanding.

“Soteria” and Professor Yrjö Alanen’s “Need-Adapted Treatment” in Finland have focused on the experiences and needs of the patients for over 30 years now by taking them seriously and giving immediate psychotherapy for those diagnosed as “schizophrenic” absolute priority over anti-psychotic medication. In contrast the “German Society for Psychiatry, Psychotherapy and Neurology” (DGPPN) assigns just 10 out of a total of 140 pages to the topic of psychotherapy in their draft version of “Treatment Guidelines for Schizophrenia.”

The only method they approve of is cognitive behavioral therapy. But even this they emphasize, only when pharmacological therapy has failed. Today’s German psychiatric system has adopted Emil Kraepelin’s hereditary or genetically caused and therefore meaningless brain disease, almost without change, except for using a different label, now calling it a disorder of the brain metabolism.

Anti-psychotic medication has existed since 1953. Since then its immediate application is the method of choice. A patient who is overwhelmed with his psychotic experience of course wants to be taken seriously with his experiences and wants to understand them. The immediate sedation with strong anti-psychotic medication is not recognizable as well-meaning help from the patient’s point of view. He or she will resist. To make them compliant they will often be strapped to the bed by the hands, waist and feet—“restrained.” At the first psychiatric world-congress in Germany after the 2nd World War, 1994 in Hamburg, jointly organized by Dr. Thomas Bock together with our “Federal Organization of (Ex-) Users and Survivors of Psychiatry”, the “Federal Association of Relatives of the Mentally Ill,” and the “German Society for Social Psychiatry” the artist Jutta Jentges exhibited a large impressive

painting with a person whose arms were spread up over the head and the feet were strapped to the bed with the question “Why?” She depicted the suffering of being restrained even over night. The restrained person has been equipped with a diaper. That too is experienced as an humiliating debasement. For many people who have had the agonizing experience of restraints it sometimes remains a life-long trauma.

At the time of my 5 stays in psychiatric institutions between 1936 and 1959 this agonizing way of tying patients to the bed by the hands, feet and waist did not exist yet, just very rarely body-belts were used. Up to my 4th episode in 1946 it was common practice to wait a few weeks to see if the psychosis would recede of its own accord, before Metrazol (Cardiazol), insulin, or ECT were applied. In 1936 these shock treatments also were not yet available. During my last psychotic episode in 1959 I experienced for the first time that all of us in the ward were immediately injected with high dosages of anti-psychotic drugs. I considered, this total dictatorship which no longer allowed us to think and feel and also caused major physical weakness, deeply repulsive. I was lucky to develop a skin rash after the first two days and so from then on pills were shoved into my mouth. Each time I hid them under my tongue and disposed of them in the toilet. Nonetheless it took me the same time as my fellow patients to be rid of the psychosis. Nowadays liquids are used, which have to be swallowed, instead of pills, to prevent behavior like mine.

In contrast, how much more helpful, respectful and competent is the “Krisenpension”, “Crisis Guesthouse” in Berlin, staffed in a “dialogue” manner [staff consists of psychiatric survivors, family members/relatives, professionals and lay people] and they work without using any kind of coercion. Here the psychotic patient and his experience is taken seriously, instead

of being reduced to having a disturbed brain metabolism. There are so many people out there really looking for a way to understand their psychosis and their self. But, whoever wants to understand their psychosis or did understand it, as I did, after 5 episodes at the age of 42 and thus got rid of it 48 years ago, still has to find the necessary insights for that all by themselves—eventoday.

Therefore and in order to fight biological psychiatry, with its utter lack of talking with patients, we started the “Psychosis Seminars” together with Dr. Thomas Bock at the Hamburg University Clinic, Department of Psychiatry in the winter semester of 1989/90. We conceived them as an opportunity to exchange experiences between us users of psychiatry, family members/relatives and professionals and called this TRIALOGUE. Here people who have experienced psychoses can talk freely about their deepest experiences, without having to take even more medication as would be the case in psychiatric institutions. This kind of exchanging of experiences with equal rights for all makes it possible to understand each other a lot better. In the 17 years of their existence the “Psychosis Seminars” spread to Switzerland and Austria as well. Unfortunately, far too few psychiatrists are taking part in them.

What is a psychosis? The problem of coercion and violence primarily depends on this definition. The medical concept of the senseless and meaningless, genetically caused disorder of the brain metabolism devalues the patient, ignores him as a person with his experiences and virtually provokes his resistance.

What would be the consequences if it weren't you [the psychiatrists], who had the power of definition, but if that power was ours. We would define psychosis as an emergence of something that is normally unconscious, in order to solve a previous life-crisis, which we hadn't been able to solve with our conscious capabilities. We would also say that this was the reason for the similarities between the common schizophrenic symptoms and the events that happen in our nightly dreams, be-

cause both come from our subconscious. A symptom of schizophrenia is for example the emergence of symbols, thinking and acting in symbolic terms. Our nightly dreams are full of symbols. Or the fact that identifications with Jesus and other personalities can often be found in schizophrenic episodes. In our nightly dreams we also identify ourselves with the people in them, because they often have a lot to do with ourselves personally. And the same is true with the frequent occurrence of “delusions about relationships and meanings” in schizophrenia. We are able to understand certain contexts of meanings only in the condition of an altered sense of the world, which we attain in the psychosis and which we don't feel otherwise. The same applies to dreams. In “An Outline of Psychoanalysis” Sigmund Freud mentioned, as regards to dreams (quote), “A conspicuous tendency to condense, a tendency to create new entities from elements that in our waking hours we would be sure to keep separate from one another.”(unquote)

Consequently, the illness consists in the fact that we consider our psychotic experiences real. If we recognized them as relating to a dream level from the outset we would not be ill. Therefore we need to shift the contents of our psychosis to the “dream level,” to be able to maintain the MEANING of our psychosis but not the objective reality. Our psychoses are often accompanied by emerging impulses and emotions, which also come from our subconscious. I act on these impulses or listen to the inner, unheard voice to prevent these impulses and feelings from getting bottled up. Some people do hear the voices. This definition of schizophrenia is not debasing and invites people to deal with the contents of the psychosis and the previous life crisis, in order to understand oneself better and to know how to handle oneself.

We experience and regard the emerging of the subconscious as “insertions” coming from outside ourselves. Therefore

the English psychiatrist John K. Wing refers to the “experience of thought insertion,” “as the „central schizophrenic symptom.“ It is probably this experience of thoughts inserted from the outside that provides the basis for the term „schizophrenia.“ As soon as we realize that we are dealing with an emerging of our subconscious, which we experience and appreciate as coming from outside ourselves because of the completely different kind of thinking and imagining, which is more like “being thought,” then we can work together towards an understanding of the psychosis and of the self. The fact that our psychoses are caused psychologically by preceding crises in our lives, is known to nearly all who have had these experiences.

Many people are afraid of psychiatric institutions with their forced medication and complete lack of help to understand either the psychosis or the self. From their very first contact with a patient onwards psychiatrists should prove themselves to be helpers and not opponents. My wish would be that the patients could, right from the start—present their disturbing experiences in group sessions, that they could talk about them, write about them, paint and draw them. That they would be taken seriously with their experiences, without needing to fear unwanted psychiatric interventions. During this process it would be very valuable to have the aid of those who have experienced psychoses and have overcome them and have understood their meaning for their lives and have been able to integrate them into their normal lives.

Just now at the University Clinic Hamburg, Department of Psychiatry, there is a pilot project called “Experienced Involvement” (EX-IN), which is being sponsored by the European Leonardo da Vinci Program and here people who have overcome their psychoses are being trained to do this kind of work and to help others. You can find further details in the February 2007 edition of the journal “Eppendorfer” under the title: “From Patient to Professional—A European Project Qualifies (ex-) Users of Psychiatry to Help Other Patients.”

I experienced five different psychiatric hospitals from 1936 to 1959 with 23 psychiatric professors, medical directors, senior physicians and their assistants. They all subscribed to the genetically caused, meaningless and incurable schizophrenia. As a result I didn’t experience a single conversation about the content of my psychoses or the life-crisis that led to them and certainly not about connections in their meanings. Psychiatric inpatients today also complain about this lack of conversation.

I was encouraged by the publicist Hans Krieger. In committed reviews of psychiatric and psychological literature in “Die Zeit” [weekly newspaper] in the 1960’s and 70’s he called for a more considerate kind of treatment of psychotic patients and introduced us to foreign reform initiatives, such as Ronald Laing’s “Kingsley Hall” and others. It is him I have to thank for urging me to write about my experiences of psychosis and healing. In 1990 he and List published it under the title “On the Trail of the Morning Star—Psychosis as Self-Discovery.” (Presently the book is published by Paranus.) Just so you can see that I really had schizophrenia. For according to Kraepelin healed schizophrenics had never had schizophrenia.

How though can we trust a psychiatric system that rejects the concept of healing, because it contradicts the theory of the senseless, incurable metabolic brain disorder? We, older people, who have experienced psychosis have paid for this genetic-somatic dogma with forced sterilization and the consequences thereof, and the “Euthanasia” victims paid for it with their lives. Now is the time for the psychiatric system to become an empirical science based on the experiences of patients.

See www.bpe-online.de/buck.htm for further information.