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An ethical analysis of contemporary use of coercive persuasion ("brainwashing", "mind control") in psychiatry

Søren Ventegodt, MD, MMedSci, EU-MSc-CAM[*1,2,3,4,5], Niels Jørgen Andersen, MSc[4] and Isack Kandel, MA, PhD[6]

[1]Quality of Life Research Center, Copenhagen, Denmark;
[2]Research Clinic for Holistic Medicine
[3]Nordic School of Holistic Medicine, Copenhagen, Denmark;
[4]Scandinavian Foundation for Holistic Medicine, Sandvika, Norway;
[5]Interuniversity College, Graz, Austria;
[6]Faculty of Social Sciences, Department of Behavioral Sciences, Ariel University Center of Samaria, Ariel, Israel

Abstract

Coercion is every day practice in psychiatry. Coercive persuasion, 50 years ago called "brainwashing", "mind control" and "thought reform" has recently been recommended by some psychiatrists as an efficient psychiatric tool, which is often not felt as coercion by the patients. The intensive use of antipsychotic drugs, which in Cochrane metaanalyses has been shown to reduce hallucinatory behavior without improving the patient's mental state significantly, seems to facilitate coercive persuasion; it reduces patient resistance and autonomy by sedating him or her into a passive, cooperative, weak, and obedient state. Lifton found eight criteria or themes for coercive persuasion and when we compare these to modern biomedical psychiatry we find astonishing similarities. The patients must accept the "sacred psychiatric science", an imposed "categorical" psychiatric diagnosis as a personal fault, and must obey and comply with the "treatment": taking the prescribed, often sedative drugs, staying in hospital until behavior is normalized. Biomedical psychiatry has long been criticized for reducing its patients to "zombies" or robots, and about 2% of patients commit suicide or attempt to do so shortly after the initiation of psychiatric treatment. It is alarming that both the process and the outcome of biomedical, psychiatric treatment share unmistakable similarities with brainwashing. In conclusion, coercive persuasion that harm patient integrity and autonomy, decreases the feeling of meaning of life, sense of coherence, and quality of life, can explain the pattern of damage often inflicted by psychiatric treatment and we would like to question the ethical aspects of such a treatment.

Keywords: Holistic health, psychiatry, psychotropic drugs, mind control.

Introduction

Coercion is still common practice in psychiatry (1-3), in spite of a growing awareness of the inflicted harm

[*] **Correspondence:** Søren Ventegodt, MD, MMedSci, EU-MSc-CAM, Director, Quality of Life Research Center, Classensgade 11C, 1 sal, DK-2100 Copenhagen O, Denmark. Tel: +45-33-141113; Fax: +45-33-141123; E-mail: ventegodt@livskvalitet.org

(4). Of the many different forms of coercion, coercive persuasion seems to be the only form that is generally accepted and even recommended among psychiatrists, with the argument that "positive symbolic pressures, such as persuasion, do not induce perceptions of coercion and such positive pressures should be tried in order to encourage admission before force or negative pressures are used" (5).

If you think about it, this is extremely worrisome: Coercive persuasion – what was called "brainwash", "mind-control" and "though-reform" 50 years ago - is not felt like coercion at all. This means that if you are coercively persuaded, you are not even likely to be able to observe it. This makes coercive persuasion, which can change patient's attitudes, preferences and loyalties – that is why it is used of course - an extremely strong measure, as the patient cannot really resist it. Therefore coercive persuasion is likely to be much more harmful than open and visible use of coercion, which you can resist and distance yourself from. Coercive persuasion is, when it makes you change and degrades your personal philosophy of life, like an invisible poison that stays in your flesh and bones forever. You might have a feeling that you picked up something that was very bad for you, but you can't know what it was, or where you picked it up, so you can't get rid of it.

As our consciousness is the primary source of everything we do and are, including our health, quality of life, and ability in general (6), we are extremely vulnerable to influences and manipulations that shifts our consciousness away from what could be called our "natural philosophy", our inner account of who we really are what we really want from life, into an alienated philosophy of life. Large shifts in people's philosophy of life can happen in accidents where traumas give strong, emotionally charged, negative learning (7,8).

The question is how easy it is for other people to impose such a major shift in our consciousness, if they want to use us for their own purposes. We know that commercials are exactly about that. You cannot avoid looking, and then you are sold, but then again, not completely. This is on a small scale, and the coercion is subtle – you want to be fancy, so you buy fancy clothes.

But what if you are a parent and you persuade your child? We all know that this is easy. What if you are a physician who wants to stop a mentally ill patient from creating problems for him and others, how easily could you "thought-reform" this patient, and change his behavior by coercive persuasion?

We all know, as we have tried to persuade other people many times, that most people do not voluntarily let go of their autonomy and personal favorite philosophy of life, attitudes and values; the shift in consciousness takes a yield, and the external pressure causing it needs sometimes to be extreme. But at other times, the person's consciousness is very moldable, especially if the person is in serous trouble and has confidence in our good intentions and us. And if you are the doctor, and the patient's life depends on you, the power-relation is similar to the parent-child relation, and modifying the patient's consciousness is really easy.

The main characteristic of an intended shift, and the reason that it has been called "coercive persuasion", "brainwashing", "mind control", "thought reform" is that it fundamentally violates the victims autonomy, and thereby destroys quality of life, as quality of life is the realization of self (9-12). Brainwashing is thus the complete opposite of existential therapy that aims in freeing the person, rehabilitating autonomy, and improving quality of life and health (13,14). In clinical holistic medicine (14-16) this is done by rehabilitating the patient's character, life mission and natural philosophy of life (17-19).

Most interestingly, existential therapy will also deliberately implant philosophy of life in the patient, but this is done after consent – not that this means too much if the patient is severely ill and will consent to anything the physician suggests - but the philosophy is a positive, life-supporting philosophy, implanted as a part of the therapeutic contract, and meant for later de-learning, when the patient reaches his final destination of autonomy and self-insight (14).

From a psychodynamic perspective we know that coercive persuasion this is an obligatory part of every harsh childrearing practice (20-25), as the child being relative powerless constantly must yields to and obeys its parents; in spite of this often being highly traumatic this seems to be generally accepted in our culture. When the person is an autonomous adult we find coercive persuasion in principle unethical,

especially if the inflicted harm is obvious, unless the person is criminal or insane.

Most interesting unethical, coercive persuasion have mostly been associated with religious leaders of sects and cults (26-28) and political totalism especially in Russia and China (28-30), while the traumas and harm from coercive persuasion inside the modern western societies, especially towards the criminals and the insane have been almost ignored in research.

The harm caused by coercive persuasion is alienation and loss of autonomy; the symptoms of this is a reduction of the person to a more primitive being, or if taken further to an unconscious zombie-like being with little free will and initiative, and severe problems related to meaning of life (31) and sense of coherence (32). The most severe cases of brainwashing has systematically been seen to lead to suicide in cults, although other courses might exist (33-35); coercive tools have been sedating drugs, physical, and mental restrains.

This paper addresses the well known theme of coercive persuasion in psychiatry (1-4,36); another paper will address the unnecessary violation of suspected criminals that often harm these in principle still innocent people, just to make everything worse. Our intent with the present analysis is not to give suggestion on how to solve the problems of crime and insanity from the societial point of view, one possibility of cause being the elimination of the burdening person by coercive persuasion, another more constructive than healing and development of him or her. We just want to make everybody professionally involved in patients and criminals more aware of the serious ethical problems of coercive persuasion, which can be extremely harmful to the vulnerable existence and vital autonomy of a human being. We want to prevent professionals victimizing the already vulnerable, disturbed person. Mentally ill patients have in general few resources, a poor social network, and low self-esteem, making them especially vulnerable to coercive persuasion.

Drugs and coercion in psychiatry

In Denmark the annual use of antipsychotic drugs corresponds to 6% of the population – about 300.000 patients - taking such drugs every day, with another 6% taking antidepressive drugs. The prize of the antipsychotic and the antidepressive drugs in 2007 were 122 million EURO and 106 million EURO respectively, accounting for 14% if the national turnover on drugs (37).

The massive use of drugs in psychiatry happens in spite of recent scientific metaanalysis have documented, that these two large groups of drugs in principle are of questionable therapeutic value. The antidepressive drugs are active placebos (38), giving the patients adverse effects that make them believe that he or she gets help, while they are actually harmed by the adverse effects of the drugs. The antipsychotic drugs have in Cochrane metanalysis and similar studies been shown to have no effect at all on the mental health; they seems only to pacify, and this effect is likely to be a consequence of chronic poisoning by the drugs (39).

Most interestingly the drugs pacify the patients and makes it difficult not to "cooperate" (NNT=4 for "cooperativeness"); in an authoritarian, coercive system "cooperation" is exactly the same as "obedience", so the documented effect seems to be a documentation of the antipsychotic drugs efficiency in facilitating the coercive persuasion. Psychiatric treatment with the antipsychotic drugs have been criticized for reducing the patients to "zombies" (40) and to a very disturbing degree it has been documented that suicide among mentally ill patients occurs very often and this is statistically related to intensive psychiatric treatment and hospitalization (41).

Taken all together this looks like psychiatry uses coercive persuasion as its primary tool, facilitated by the drugs and other techniques like electroshock (42,43); the use of coercion might explain why biomedical psychiatry in general does not improve mental health (39).

Theories of coercive persuasion

Brainwashing has often been a legal issue both in the United States and Europe (26,27), but a surprisingly limited number of scientific theories of brainwashing and coercive persuasion could be found in a combined Pubmed/MedLine and PsycINFO search, in spite of

300 references, and most of the proposed theories have been seriously disputed. The most acknowledged research in brainwashing is probably done by Lifton (28,30), who studied brainwashing in China and found eight central conditions or "themes" for brainwashing (see 44):

1. *Sacred science*. The group's doctrine or ideology is considered to be the ultimate truth, beyond all questioning or dispute. Truth is not to be found outside the group. The leader is above criticism.
2. *Doctrine over person*. Member's personal experiences are subordinated to the sacred science and any contrary experiences must be denied or reinterpreted to fit the ideology of the group.
3. *Loading the language.* The group interprets or uses words and phrases in new ways so that often the outside world does not understand. This jargon consists of thought-terminating clichés, which serve to alter members' thought processes to conform to the group's way of thinking.
4. *Milieu control*. This involves the control of information and communication both within the environment and, ultimately, within the individual, resulting in a significant degree of isolation from society at large.
5. *Demand for purity.* The world is viewed as black and white and the members are constantly exhorted to conform to the ideology of the group. The induction of guilt and/or shame is a powerful control device used here.
6. *Confession.* Sins, as defined by the group, are to be confessed either to a personal monitor or publicly to the group. There is no confidentiality; members' "sins," "attitudes," and "faults" are discussed and exploited by the leaders.
7. *Dispensing of existence*. The group has the prerogative to decide who has the right to exist and who does not. This is usually not literal but means that those in the outside world are not saved, unenlightened, unconscious and they must be converted to the group's ideology. If they do not join the group or are critical of the group, then the members must reject them. Thus, the outside world loses all credibility.
8. *Mystical manipulation.* There is manipulation of experiences that appear spontaneous but in fact were planned and orchestrated by the group or its leaders in order to demonstrate divine authority.

Hassan (45) developed this further into his BITE model with some of the major criteria for brainwashing listed below:

1. *Behavior control*
   - Need to ask permission for major decisions
   - Need to report thoughts, feelings, and activities to superiors
   - Rewards and punishments (behavior modification techniques positive and negative)
   - Individualism discouraged; "group think" prevails
   - Rigid rules and regulations
   - Need for obedience and dependency

2. *Information control*
   - Use of deception
   - Access to non cult sources of information minimized or discouraged
   - Compartmentalization of information; Outsider vs. Insider doctrines
   - Extensive use of cult generated information and propaganda

3. *Thought control*
   - Need to internalize the group's doctrine as "Truth"
   - Use of "loaded" language (for example, "thought terminating clichés").
   - Only "good" and "proper" thoughts are encouraged.
   - Manipulation of memories and implantation of false memories
   - Rejection of rational analysis, critical thinking, constructive criticism. No critical questions about leader, doctrine, or policy seen as legitimate.

- No alternative belief systems viewed as legitimate, good, or useful

4. *Emotional control*
   - Manipulate and narrow the range of a person's feelings
   - Make the person feel that if there are ever any problems, it is always their fault, never the leader's or the group's
   - Phobia indoctrination: inculcating irrational fears about ever leaving the group or even questioning the leader's authority. The person under mind control cannot visualize a positive, fulfilled future without being in the group.
   - A researcher who defined coercive persuasion as "psychotechnology, which can involuntarily transform beliefs and loyalties", have stressed *deception* and *seductive pseudosolidarity* as standard elements in brainwashing (26).

The process of brainwashing "is fostered through the creation of a controlled environment that heightens the susceptibility of a subject to suggestion and manipulation through … cognitive dissonance, peer pressure and a clear assertion of authority and dominion. The aftermath of brainwashing is a severe impairment of autonomy and of the ability to think independently which induced a subjects unyielding compliance and the rupture of past connections, affiliations and associations" [Peterson v. Sorlien 1980, quoted in 26]. A physical threat intensifies the coercion (26). Brainwashing leads to "feeling of guilt, dependency, low self-esteem, worthlessness, anxiety and hopelessness in vulnerable individuals" (43), severe reduction of autonomy, and in the most extreme cases, suicide (26,27,33,34). Other researchers have found a triad in brainwashing of "deception, dependency, dread" (46).

A simple way of understanding brainwash is the three-step-process of: 1) gaining control of the victim's time, activities, and mental life; 2) placing the victim in a position of powerlessness; and 3) suppressing the victim's former identity (47).

If you think about it, this is to a large extent what every school child is exposed to every day and to a much smaller extent, what every employee to some extent must accept (25). So coercive persuasion is not something mystical and strange; it is our practical reality as human beings. Luckily most of us are not very vulnerable and very receptive for brainwash; as soon as the pressure goes and we get resources for healing, we return to our natural identity and philosophy (7). The fraction of people who are vulnerable are the people who did not get sufficient love and support during childhood from their parents, or maybe even were physically or sexually abused. Most unfortunately this is exactly the group of people that often becomes our mentally ill patients. Coercive persuasion therefore becomes extremely problematic with these people.

In conclusion coercive persuasion can inflict serious harm and turn people into chronic patients; it must be mentioned that there are few regular scientific studies documenting this and the negative effects of coercive persuasion have therefore been disputed in relation to a number of lawsuits (48-50).

Coercive persuasion in psychiatry

Schein (51) found in 1962 remarkable similarities between brainwash in totalitarian regimes and treatment in mental institutions. Independent of the scientific scheme of coercive persuasion used it was easy to find large similarities to the situation that a mentally ill patient finds himself in, coming to the psychiatrist, and the brainwashed member of a authoritarian state of cult:

- *Sacred science.* Only psychiatrists understand the patient's mental illnesses and the diagnosis and treatments, or the science behind it or rationally and applicability of the treatments cannot be disputed. The patient must surrender fully to the psychiatric authority, accept the diagnoses as truth, and comply obediently with the prescribed treatment that most often is drugs.
- *Doctrine over person.* The patient's personal experiences are subordinated to the sacred science and any contrary experiences must be denied or reinterpreted to fit the psychiatric science.

- *Loading the language.* The group interprets or uses words and phrases in new ways so that often the outside world does not understand. This jargon consists of thought-terminating clichés; the acceptance of "disturbed brain chemistry causing the mental disease" to be "compensated by the drugs" (the dopamine hypothesis) is such a cliché, often used but obviously falsified by the facts that antipsychotics do not improve mental health [39].
- *Milieu control.* The mental institution is often very restrictive when it comes to communication outside, and physical restrictions are normal; medication by force is a complete control of the patient's inner, biochemical milieu.
- *Demand for purity.* The patient is told to control unwanted "hallucinogenic" behavior, like conflicts, aggression, critique, blame, justifications, theorizations etc. Such expressions of the patient's autonomy are considered impure.
- *Confession.* The "group therapy" often used (comp. Jack Nicholson's famous appearance in the sharing-circle in the movie "One flew over the Cuckoo's Nest"(52)) in this way breaking down patient's integrity and autonomy; patients' mental diseases are discussed and exploited by the leaders.
- *Dispensing of existence.* The psychiatrists have the prerogative to decide who has the right to exist and who does not; other therapists are unenlightened, inefficient and harmful. Healing and help from the outside world loses all credibility.
- *Mystical manipulation.* The psychiatric environment is highly structured, and the patient has no possibility for understanding how his or her experience is manipulated.

Hassan's criteria (45) listed above are almost all met in contemporary biomedical psychiatric standard treatment with antipsychotic drugs. Thus the critique raised more than 40 years ago seems still valid. When it comes to "psychotechnology, which can involuntarily transform beliefs and loyalties", deception and "seductive pseudosolidarity" seems also to be present in psychiatry; the psychiatrist pretends to be the patient's good doctor with the intention of healing the patient, but he knows very well that there is not cure. The true nature, purpose and function of the psychiatric institution are hidden for the newcomer; the highly structured environment catches the patient and absorbs him or her.

Biomedical psychiatry is deceptive in that the institution, the drugs etc. all are named after helping and curing the patient, i.e. "mental hospital", "antipsychotic drugs", but the drugs does not at all improve the patients mental health and the patient is not at all cured at the "hospital", but just drugged down into convenient passivity and obedience (39). Thus the patient is giving convent to the treatment in the expectation to get help, but this help will never come as it is not possible to cure any disease or improve mental health with the drugs; the essential purpose of the mental institution is thus not to cure the mentally ill – as is evident after all statistics - but to rid society for its burden of difficult, unfit, and troublesome people. An interesting question is if it really is legal to "deceiving [people] into subjecting themselves, without their knowledge or consent, to coercive persuasion" (26).

Deep existential problems follows often from accepting the categorical, psychiatric diagnosis, which in itself leads to marginalized in all social and societal aspects. The patient is facing the "fact" that the incurable and chronic mental disease never will allow success at work or in education. The patient is there by effectively excluded from ever being of any substantial value to the surrounding world; he or she will never get a normal life. The meaning of life and the sense of coherence are sadly lost, and suicide is in this situation can be a fairly rational decision (35) from the patient's new perspective planted by coercive persuasion. The suicidal intend is often noticed, as this is a part of the standard procedure, and the coercive prevention of suicide, which philosophically is depriving the patient the last remains of autonomy, leads to a final repressed state of complete resignation and pacification, and this is the state of the "zombie" or robot, as already Hunter said (53,54): A person deprived of all will to live and even all will to die; with no hope, no joy, and no autonomy left.

The analysis of psychiatry as coercive persuasion looks surprisingly accurate, and this calls for a number of questions: What is really going on here? Why are the patients accepting the psychiatric diagnosis, and the drugs, in spite of the drugs have been proven not to improve mental health at all and being highly poisonous and sedating? Why are psychiatrists not behaving rationally, and stopping the combined use of drugs and coercive persuasion, when it is now clear that it is not at all based on scientific evidence? Why are the national health authorities accepting such a malpractice that seems to severely harm thousands of mentally ill patients, especially when there are so many successful alternative treatments (55-57)? Somehow the authorities, the psychiatrist and the patients all together have become fixed in the belief, that the drugs helps and is the correct treatment, and that the categorical diagnosis are the final truth about the patent, in spite of science telling us the complete opposite, but how come?

Coercive persuasion as weapon

Coercive persuasion has often been used in war (58-61). On a smaller scale, it has been used in the "war" between pharmaceutical industry - including on its side many biomedical psychiatrist- and the CAM-therapists (62). Psychiatrists have according to this book often accused CAM-therapists of harming the patients, an often used testimonial from former CAM-patients, that later came into psychiatric treatment; vice versa have CAM-therapist often quoted patients who had ETC or antipsychotic drugs for statements about these treatments as severely destructive and ruining the patient's whole life. A vulnerable patient takes the role of a child in relation to his or her doctor, and this always opens op to the possibility of coercive persuasion; the patient can thus be made to think and say almost anything by her former therapist or physician. In such cases the only rationale thing is to look at the facts (34) of what happened, what was the outcome of the therapy? Did the therapy make the patient better with regards to quality of life, selfassessed physical or mental health, self-esteem etc? Was the patient general abilities reduced during treatment? Was the patient hospitalized during the treatment? Was emotional withdrawal cured or intensified? Was libido and sexual relations opened op, or closed down? Were there any suicide attempts, or death wishes? Was the relation with the outer world improved during treatment or did the patient become more isolated?

All these subjective and objective factors related to autonomy, empowering, meaning of life, and sense of coherence, feeling of guilt, dependency, low self-esteem, worthlessness, anxiety and hopelessness, social isolation, and suicide must be analyzed to see the whole picture, and answer the difficult question: Was this constructive therapy or destructive, coercive persuasion.

A most difficult issue is the issue of consent and free will. A mentally ill patient needs care, and is dependent; free will is thus reduced, and consent must be seen in this light. If a patient gives consent to psychiatric treatment, in a mental state where he or she feels very bad, this is not really a valid consent. Such consent is important not to violate the patient's feeling of autonomy, but the consent have little meaning in its philosophical sense as the illness puts a strong force on the patient; we therefore need to monitor the process and the outcome of every treatment very carefully to be sure to help and not harm a vulnerable, ill patient. Luckily this is easily done with a small questionnaire on quality of life (62). Every patient needs to fill in such a questionnaire before treatment is initiated; if the patient is not able to do so, the quality of life questionnaire should still be rated by an external observer (63) and corrected by the patient when he or she is able to do so.

An important ethical obligation we have as therapist in this turbulent time is not to use the patients as weapons in our internal combats; in the end all coercive persuasion will harm our vulnerable patients.

Discussion

Coercive persuasion, or "brain washing", is possible if somebody is in a weak and vulnerable relation to another more powerful person, similar to that of a small child with its parents. The powerless position is often the one mentally ill patients have in relation with their psychiatrist; it is so tempting to put all hope

of salvation and cure into a relation with an authoritarian doctor, who seems to know everything and promise to help. Most unfortunately, the biomedical psychiatrist believes in the dopamine hypothesis, and therefore also in the antipsychotic drugs, but these drugs does not improve mental health according to the statistics (38); when a physician believes in the drugs he does not have the intent of curing the patient himself, and thus he will not provide the resources needed for recovery and spontaneous healing (7). His biochemical understanding of life, brain and mental diseases and consciousness does not allow this either. The psychiatrist carries instead the intention of fitting the patient into society; he wants to help the patient to assume a role that is non-destructive and un-problematic, and the only role that is possible is as chronically mental patient, with the conflict-causing, hallucinatory behavior pacified by antipsychotic drugs.

The coercive psychiatrist is empowered by society to use force to make the patient behave normally; in the patient's experience this is often a battle where the patient fights for his autonomy but looses; the psychiatrist ends up destroying the patient existentially, but he does this to serve society and find himself in good intent, while the patient often see him as an enemy.

A strong belief in tradition, and what seem to be obsolete, biochemical hypothesis of mental illnesses, makes it difficult for psychiatrists to disregard all the new scientific studies, including the many large Cochrane analysis, that have shown that the patients' mental state – the measured mental health – is not improved by the drugs. New studies have also documented very embarrassing data on the adverse effects, suicide and spontaneous death from the drugs (40,64). As long as the psychiatrist simply stick to the belief that mental illness is a genetically inherited brain-defect that only can be compensated by antipsychotic drugs, he simply will be in denial, when it comes to the urgent needs of reforms; and in this denial he will not consider other therapeutic methods.

It is an interesting idea that the reason for the psychiatrists insisting on using the "antipsychotic", sedative drugs is coercive persuasion during his medical training. Only if these ideas and theories were accepted, he could become the physician he wanted to be; this "coercive learning" could be called "professional deformation". Generations of physicians have thus been brainwashed to believe in biochemistry as the final answer to the mysteries of life, and the dopamine hypothesis as the final answer to the mystery of psychotic mental illnesses; so when new science shows that the dopamine hypothesis is not likely at all, he simply sticks to it anyway. The lack of openness to new ideas and the strong irrational conservatism that we see here could very well be another symptom of coercive persuasion.

About 5% of the western population is on antipsychotic drugs, making this one of the largest pharmaceutical industries in the world. The industry uses billions of Euros and dollars on highly biased, randomized clinical studies (38) and all these studies are made by doctors getting payment, prestige, and important degrees from their involvement. The medico-industrial complex is highly integrated in society, and the industry is returning so much of the money it makes to the doctors that this can fairly be compared to bribe. But it is done in smart ways so nobody can officially blame the doctors; and often the doctors do not even them self realize that they are being manipulated.

The politicians need psychiatry to take care of the mentally ill, to get quiet and stable, productive societies; and a successful pharmaceutical industry also bring wealth to the nation. The fact seems to be that millions of patients, who believe that psychiatry helps them, are little by little reduced to zombies by mental and chemical repression. The patients are in reality loosing their life and whole existence due to drug-facilitated, coercive persuasion; but when it comes down to it nobody really cares about the mentally ill.

Conclusions

Coercive persuasion, or brainwash, as it is known from war and totalism (29) seems to be the normal practice of western psychiatry of today; it is strongly facilitated by the sedative and highly poisonous, "antipsychotic" drugs that have been shown not to improve mental health in a number of recent Cochrane metaanalyses. After the patient is tricked to believe that psychiatry is about healing the mentally

ill, which most unfortunately is not the case in biomedical psychiatry, as patients are not healed, the tool of coercive persuasion is used to repress and pacify the patient into the convenient role of a chronic, mentally ill patient.

Most unfortunately the psychiatrists of today have completely lost contact with scientific reality and have drifted away in obsolete ideas and illusions that are in no way substantiated or even the least supported by facts. But the money and the prestige connected with a high position at a mental hospitals are still so attractive, that the psychiatrist simply looses common sense, and accepts a role as terminator for naïve patients, being horribly manipulated and existentially destroyed by the combined effects of coercive persuasion and strongly sedative and poisonous drugs taking the patients ability of autonomy and resistance away.

Every year about a million, mostly young people, enter the psychiatric system and become patients (65) and every year a million of so good people who could have had wonderful, blossoming lives, are turned into existentially reduced "zombies" or even into dead by suicide. We have been so busy criticizing the other societies and cultures that we completely have missed that we in the western world could be the most repressing, evil, violent and un-containing of all people that have inhabited the planet till this day.

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