

Antipsychiatry Movement and Non-compliance with Therapy

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Abstract

Compliance is a major issue in the treatment and rehabilitation of patients with schizophrenia. The situation becomes more complex when treating a person suspected to be influenced by the antipsychiatry movement. This report is of a patient with paranoid schizophrenia who has been in constant contact with the antipsychiatry movement. This is thought to be the first such case from India, where the antipsychiatry movement has been a major cause of non-compliance with the treatment of schizophrenia.

Key words: Schizophrenia, Treatment refusal

Antipsychiatry Movement or Inhumane Movement?

In Europe and America, the antipsychiatry movement has been very active, with articles in magazines, chat shows on television, and information on the Internet. Various antipsychiatry organisations such as Network Against Psychiatric Abuse (NAPA) and the Church of Scientology are very vocal. In the book *Schizophrenia – the sacred symbol of psychiatry*, Szasz said that there is no such thing as schizophrenia.¹ Another book, *Schizophrenia: medical diagnosis or moral verdict* by Sarbin and Mancuso concluded that schizophrenia is a myth.² Payer wrote that hospital admissions are made only for monetary gains and are no use to the patient or family.³ Breggin concluded that antidepressants do not have any specificity, disturb normal brain functioning, and are prescribed for the benefit of the pharmaceutical industry.⁴ This author went on to say that electroconvulsive therapy does not have any role in psychiatric treatment and is given only to intimidate patients.⁵ In India, despite firm belief in faith healers and social stigma attached to mental disorders, there has been no active campaign against the treatment of mental disorders. However, with the advent of the Internet, the world has shrunk and information has become readily available. The barriers of distance and cost are no longer important. In addition to these advantages, information technology (IT) has threatened the religious and cultural values of various

communities. This report is of a patient with paranoid schizophrenia whose treatment was influenced by propagators of the antipsychiatry movement through misuse of IT.

Case Report

The patient was a 35-year-old unmarried man presenting with complaints of suspiciousness and aggressive behaviour towards his family. Initially, the patient felt that someone was following him with the intention of harming him. He started believing that people were being introduced to him for some purpose. He also believed that advertisements in magazines and movies were intended to send messages to him, to hurt and frighten him. He went to Moscow in July 1995 for employment, but returned after 1 month as he felt that people in Russia were denying him his rights on the instructions of his family members. He thought that microphones were placed in his house and that his thoughts were known to everybody. He also thought that the government of the USA was watching his activities. He became upset and destroyed his green card and passport. His e-mails showed persecutory delusions and formal thought disorders. There was no history suggestive of organicity, substance abuse, mood disorder, anxiety disorders, or suicidal ideas.

Premorbidly, he was affectionate and had many friends, but was sensitive to criticism. He had been a national-level hockey player and had won awards for essay writing. After a detailed history was taken and the Mental State Examination performed, he was diagnosed with paranoid schizophrenia. Since then, he had been admitted to the psychiatry ward 3 times because of relapse due to non-compliance with therapy. The patient had shown a good response to treatment with risperidone 6 mg during the first 2 admissions. Prior to the third admission, the patient received 8 books from the USA that were published by the Church of Scientology. The books contained interviews with psychiatrists, patients, and their relatives. These books also

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depicted pictures of patients with tardive dyskinesia and described legal action taken against psychiatrists. The patient's e-mails, which were downloaded by his brother, revealed that he was in constant contact with people propagating the antipsychiatry movement. This group called themselves psychiatric survivors. They praised the patient for his creative writing skills and reassured him that he did not have a mental illness. To win him over to their side, they acknowledged that he may be having 'oddities of thought' and suggested ways to 'keep his mind from racing' by spending time with art, poetry, and music. This group guided the patient as to how to enter the USA after duping his parents. They also educated him about certain foods that slow down drug absorption. With the help of this group, the patient succeeded in avoiding taking any medications despite the best efforts of the ward team. He was advised by the group to paste labels of injection haloperidol decanoate on water for injection ampoules and received the water instead of the drug therapy until this was suspected by the ward sister. To divert his family's attention, the patient administered haloperidol drops to his father on the advice of the psychiatric survivors. In a confrontation about his involvement with the antipsychiatry movement, the patient denied any involvement. E-mail and other correspondence was not shown to him because his parents feared a violent reaction and thought he may leave home forever. The issue was not discussed further with the patient. However, his parents became more vigilant regarding his medication as well as money being given to him. A contract was made whereby his parents agreed to set up a separate business for him provided he did not leave the town and took his medication under supervision.

Discussion

Vigorous opponents of psychiatry have existed in Europe and America for hundreds of years.⁶ The antipsychiatry group includes writers, former patients (not all of them fully recovered), physicians, legislators and, most notably, psychiatrists.^{7,8} Some members may be relatives of patients who are dissatisfied with treatment. According to Szasz, it is not the patient who needs treatment but society against which he or she is struggling.⁷ Such ideas, when presented

to a patient who has paranoid schizophrenia, would further strengthen his or her paranoid delusions.

In India, because of a limited number of mental health professionals and lack of scientific information about the nature and causes of mental illness, a large number of patients do not receive mental health services. Cultural beliefs and misconceptions play a crucial role in treatment seeking. Factors such as stigmatisation, mental illness being perceived as caused by supernatural powers, high acceptance of faith healers, and influence of religious organisations are unique to India and these might contribute to non-compliance with therapy. If the antipsychiatry movement becomes popular in India, many more patients will be discouraged from seeking professional help. Therefore, preventive measures need to be initiated by the professionals who believe in the safety and efficacy of psychiatric treatments. Preventive measures could include ensuring easy availability of scientific literature relating to various mental disorders, documenting positive results of treatment, keeping patients and their families involved in the treatment process, and increasing awareness among mental health professionals. It is necessary for psychiatrists, mental health professionals, and policymakers to question how best to deal with the virtual explosion of information on the Internet, where such unscientific, biased, and unethical information is readily available.

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