

Why Psychiatry Should Be Abolished as a Medical Specialty



Wayne Ramsay, J.D.

“The fact is that this institution of psychiatry has just done monstrous, monstrous inestimable harm through its several hundred year existence.” Peter R. Breggin, M.D., a psychiatrist, “The Dr. Peter Breggin Hour — 10.03.18” — October 3, 2018 at 58:45 point:
<https://drpeterbregginshow.podbean.com/e/the-dr-peter-breggin-hour-%E2%80%93-100318/>

“Psychiatry is failing because it is everywhere being exposed as the facile and destructive hoax that it is.” Psychologist Philip Hickey, Ph.D., “Psychiatry Bashing”, *Behaviorism and Mental Health*, March 7, 2016, <http://behaviorismandmentalhealth.com/2016/03/07/psychiatry-bashing/>

“PSYCHIATRY is an emperor standing naked in his new clothes. It has striven for 70 years to become an emperor, a full brother with the other medical specialties. And now it stands there resplendent in its finery. But it does not have any clothes on, and even worse, nobody has told it so. To tell an emperor that he does not have any clothes on has never been advocated as the best way to win friends. The alternative, however, is equally painful, for you must then become part of the general delusion.” — E. Fuller Torrey, M.D., in the Preface to his book *The Death of Psychiatry* (Penguin Books 1974)

“Psychiatry remains as reluctant as ever to recognize the devastating impact of its treatments upon the minds and brains of its patients.” Psychiatrist Peter R. Breggin, M.D., “Coercion of Voluntary Patients in an Open Hospital”, *Archives of General Psychiatry* 10 (1964):173-181 (1982 note), available at breggin.com

Psychiatry should be abolished as a medical specialty because medical school education is not needed nor even helpful for doing counselling or so-called psychotherapy, because the perception of mental illness as a biological entity is mistaken, because psychiatry's "treatments" other than counselling or psychotherapy (drugs, electroshock, and psychosurgery) hurt rather than help people, because nonpsychiatric physicians are better able than psychiatrists to treat *real* brain disease, and because nonpsychiatric physicians' acceptance of psychiatry as a medical specialty is a poor reflection on the medical profession.

In the words of Sigmund Freud in his book *The Question of Lay Analysis*:

The first consideration is that in his medical school a doctor receives a training which is more or less the opposite of what he would need as a preparation for psycho-analysis [Freud's method of psychotherapy]. ... Neurotics, indeed, are an undesired complication, an embarrassment as much to therapeutics as to jurisprudence and to military service. But they exist and are a particular concern of medicine. Medical education, however, does nothing, literally nothing, towards their understanding and treatment. ... It would be tolerable if medical education merely failed to give doctors any orientation in the field of the neuroses. But it does more: it given them a false and detrimental attitude. ...analytic instruction would include branches of knowledge which are remote from medicine and which the doctor does not come across in his practice: the history of

civilization, mythology, the psychology of religion and the science of literature. Unless he is well at home in these subjects, an analyst can make nothing of a large amount of his material. By way of compensation, the great mass of what is taught in medical schools is of no use to him for his purposes. A knowledge of the anatomy of the tarsal bones, of the constitution of the carbohydrates, of the course of the cranial nerves, a grasp of all that medicine has brought to light on bacillary exciting causes of disease and the means of combating them, on serum reactions and on neoplasms—all of this knowledge, which is undoubtedly of the highest value in itself, is nevertheless of no consequence to him; it does not concern him; it neither helps him directly to understand a neurosis and to cure it nor does it contribute to a sharpening of those intellectual capacities on which his occupation makes the greatest demands. ... It is unjust and inexpedient to try to compel a person who wants to set someone else free from the torment of a phobia or an obsession to take the roundabout road of the medical curriculum. Nor will such an endeavor have any success...¹

In a postscript to this book in 1927 Dr. Freud wrote: “Some time ago I analyzed [psychoanalyzed] a colleague who had developed a particularly strong dislike of the idea of anyone being allowed to engage in a medical activity who was not himself a medical man. I was in a position to say

¹ Sigmund Freud, *The Question of Lay Analysis* (Anchor Books 1964), pp. 71, 72, 73, 93-94, 95

to him: ‘We have now been working for more than three months. At what point in our analysis have I had occasion to make use of my medical knowledge?’ He admitted that I had had no such occasion”² While Dr. Freud made these remarks about his own method of psychotherapy, psychoanalysis, it is hard to see why it would be different for any other type of “psychotherapy” or counselling. In their book about how to shop for a psychotherapist, Mandy Aftel, M.A., and Robin Lakoff, Ph.D., make this observation:

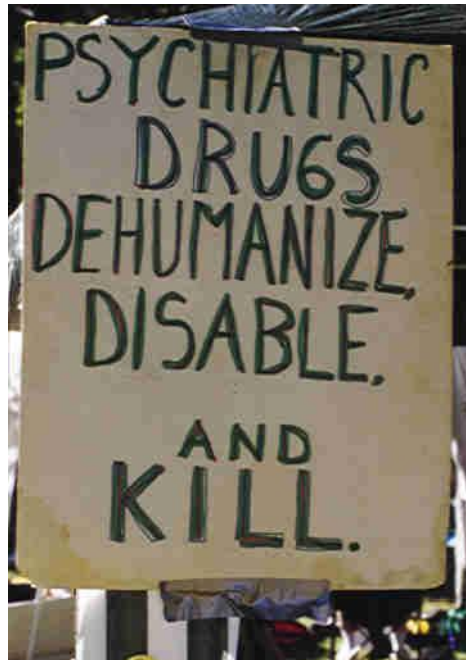
Historically, all forms of ‘talking’ psychotherapy are derived from psychoanalysis, as developed by Sigmund Freud and his disciples ... More recent models diverge from psychoanalysis to a greater or lesser degree, but they all reflect that origin. Hence, they are all more alike than different.³

If you think the existence of psychiatry as a medical specialty is justified by the existence of biological causes of so-called mental or emotional illness, you’ve been misled. So-called mental or emotional “illnesses” are caused by unfortunate life experience—not biology. There is no biological basis for the concept of mental or emotional illness, despite speculative theories you may hear. The brain is an organ of the body, and there is no doubt it can have a disease, but nothing we think of today as mental illness has been traced to a brain disease. There is no valid biological test that tests for the presence of any so-called mental illness. What we think of today as mental illness is

² *Id.*, pp. 107-108

³ Mandy Aftel, M.A., and Robin Lakoff, Ph.D., *When Talk Is Not Cheap, Or How To Find the Right Therapist When You Don't Know Where To Begin* (Warner Books 1985), p. 27

psychological, not biological. Much of the treatment that goes on in psychiatry today is biological, but other than listening and offering advice, modern day psychiatric treatment is as senseless as trying to solve a computer software problem by working on the hardware. As psychiatry professor Thomas Szasz, M.D., once said: Trying to eliminate a so-called mental illness by having a psychiatrist work on your brain is like trying to eliminate cigarette commercials from television by having a TV repairman work on your TV set.⁴ *Since lack of health is not the cause of the problem, health care is not a solution.*



There has been increasing recognition of the uselessness of psychiatric “therapy” by physicians outside psychiatry, by young physicians graduating from medical school, by informed lay people, and by psychiatrists themselves. Psychiatrist Mark S. Gold, M.D., acknowledges this in a book he published in 1986 titled *The Good News*

⁴ Thomas S. Szasz, M.D., *The Second Sin*, (Anchor Press 1973), p. 99

About Depression. He says “Psychiatry is sick and dying,” that in 1980 “Less than half of all hospital psychiatric positions [could] be filled by graduates of U.S. medical schools.” He says that in addition to there being too few physicians interested in becoming psychiatrists, “the talent has sunk to a new low.” He calls it “The wholesale abandonment of psychiatry”. He says recent medical school graduates “see that psychiatry is out of sync with the rest of medicine, that it has no credibility”, and he says they accuse psychiatry of being “unscientific”. He says “Psychiatrists have sunk bottomward on the earnings totem pole in medicine. They can expect to make some 30 percent less than the average physician”. He says his medical school professors thought he was throwing away his career when he chose to become a psychiatrist.⁵ In another book published in 1989, Dr. Gold describes “how psychiatry got into the state it is today: in low regard, ignored by the best medical talent, often ineffective.” He also calls it “the sad state in which psychiatry finds itself today.”⁶

In the November/December 1993 *Psychology Today* magazine, psychiatrist M. Scott Peck, M.D., is quoted as saying psychiatry has experienced “five broad areas of failure” including “inadequate research and theory” and “an increasingly poor reputation”.⁷

Similarly, a *Wall Street Journal* editorial in 1985 says “psychiatry remains the most threatened of all present medical specialties”, citing the fact that “psychiatrists are among the poorest-paid American doctors”, that “relatively

⁵ Mark S. Gold, M.D. *The Good News About Depression* (Bantam Books 1986), pp. 15, 16, 19, 26

⁶ Mark S. Gold, M.D., *The Good News About Panic, Anxiety, & Phobias* (Villard Books 1989), pp. 24, 48).

⁷ M. Scott Peck, M.D., *Psychology Today*, November/December 1993, p. 11

few American medical-school graduates are going into psychiatric residencies”, and psychiatry’s “loss of public esteem”.⁸

In a *Psychiatric Times* article published in 2012, H. Steven Moffic, M.D., says: “There is concern because of the low number of medical students—especially US medical school graduates—who want to go into psychiatry; the psychiatric workforce is aging and there may not be enough replacements.”⁹ He also observes that “Criticism by consumer groups, besides that of the antipsychiatry of Scientology, seems to be increasing ... What clearly seems more like an epidemic, other than the epidemic number of administrators now in our field, is the criticism, often vitriolic, towards psychiatry and psychiatrists.”¹⁰ In another article, Dr. Moffic says, “the antipsychiatry movement of Scientologists seems to be expanding to former patients and their families who felt they were hurt by psychiatry. While some anger and criticism is surely warranted, the vitriol and call for the end of psychiatrists seems to border on hate speech.”¹¹

The low esteem of psychiatry in the eyes of physicians who practice bona-fide health care (meaning, physicians in medical specialties other than psychiatry) is illustrated in *The Making of a Psychiatrist*, Dr. David Viscott’s autobiographical book published in 1972 about what it was like to be a psychiatric resident (i.e., a physician in training to become a psychiatrist): “I found that no matter how friendly I got with the other residents, they tended to look

⁸ Harry Schwartz, “A Comeback for Psychiatrists?”, *The Wall Street Journal*, July 15, 1985, p. 18

⁹ H. Steven Moffic, M.D., “How to End a Psychiatric Epidemic: The Redemption of Psychiatry”, June 11, 2012, psychiatrictimes.com

¹⁰ *Id.*

¹¹ H. Steven Moffic, M.D., “Psychism: Defining discrimination of Psychiatry”, June 4, 2012, psychiatrictimes.com

on being a psychiatrist as a little like being a charlatan or magician.” He quotes a physician doing a surgery residency saying, “You guys [you psychiatrists] are really a poor excuse for the profession. They should take psychiatry out of medical school and put it in the department of archeology or anthropology with the other witchcraft.’ ‘I feel the same way,’ said George Maslow, the obstetrical resident...”¹²

Psychiatrist Colin A. Ross, M.D., makes a similar observation in his autobiography, *The Great Psychiatry Scam—One Shrink’s Personal Journey*, in 2008 about the opinion of medical students about psychiatry when he was in medical school in Canada:

I was very careful not to tell anyone I was going into psychiatry. If you told anyone you were going into psychiatry, you would be excommunicated immediately, and never taken seriously again by your classmates. The attitudes towards psychiatry were crystal clear. Psychiatry is Mickey Mouse. Psychiatry isn’t scientific. Psychiatry isn’t real medicine. The only people who go into psychiatry are people who need psychiatrists themselves. That’s what the real medical students thought, the ones who were going to become real doctors.¹³

Medical student Ross encountered the same negative attitude toward psychiatry from Dr. Fraser, a surgeon he met during his clinical rotation in surgery: “Dr. Fraser was

¹² David Viscott, M.D., *The Making of a Psychiatrist* (Fawcett Crest 1972), pp. 84-87

¹³ Colin A. Ross, M.D., *The Great Psychiatry Scam—One Shrink’s Personal Journey* (Manitou Communications, Inc. 2008, p. 45

deeply disappointed when he found out from an intern, near the end of my [surgery] rotation, that I was going into psychiatry. He considered it a complete waste of my talents.”¹⁴

After becoming a psychiatrist, Dr. Ross discovered these negative attitudes about psychiatry were justified. In the Introduction to his autobiography, *The Great Psychiatry Scam—One Shrink’s Personal Journey*, he wrote “...the revelations within these pages are a tragic statement of the general state of affairs in patient care and the overall lack of quality in psychiatry”¹⁵. In the same Introduction of this same book he says this:

There are good individual people in psychiatry.
... But the field as a whole is a mess. The standards of thinking, research and scholarship in psychiatry are pathetic. ... The amount of science in day-to-day clinical psychiatry is nil.
... I will prove to you that over 90% of medication prescriptions for psychiatric inpatients have no scientific basis. ... The belief system and the propaganda of twenty-first century psychiatry are no more scientific than the beliefs and behavior of any other cult.
Psychiatrists scoff at people who believe in alien abductions, but their own belief system is no more scientific or grounded in reality.
Psychiatrists get brainwashed into a group delusional system that controls how they

¹⁴ *Id.*

¹⁵ *Id.*, p. x

understand mental illness and treat patients. This delusional system is bad news for patients.¹⁶

Dr. Ross says, “psychiatry is not based on science. Psychiatry is a belief system posing as a branch of medicine.”¹⁷

Similarly, in his book *Antipsychiatry: Quackery Squared*, psychiatry professor Thomas Szasz, M.D., says, “psychiatry—an imitation of medicine—is a form of quackery.”¹⁸

Psychiatrist and psychoanalyst Douglas C. Smith, M.D., of Juneau, Alaska described the contrast between what he and his fellow psychiatric residents were taught and what they observed as a “twilight zone” in his remarks at the 2011 Empathic Therapy conference in Syracuse, N.Y.:

I think all of us as psychiatric residents experienced kind of a, the, twilight zone, a bit, because we could see these medicines weren't working. And we would talk about it among each other, very openly as residents. “Have you ever seen Prozac work?” “No, I don't think I have.” But we wouldn't talk that way to our teachers.¹⁹

E. Fuller Torrey, M.D., a psychiatrist, makes a similar admission in his book *The Death of Psychiatry* in 1974. In that book, Dr. Torrey with unusual clarity of perception and expression pointed out “why psychiatry in its present form

¹⁶ *Id.*, p. xii

¹⁷ *Id.*, p. 127

¹⁸ Thomas S. Szasz, M.D., *Antipsychiatry: Quackery Squared* (Syracuse University Press 2009), p. ix

¹⁹ 49 minute point in “Empathy in Private and Clinical Practice: Doug Smith, MD” at The Empathic Therapy Conference 2011, April 8-10, Embassy Suites, Syracuse, N.Y., available on DVD at breggin.com

is destructive and why it must die.” (This quote comes from the synopsis on the book’s dust cover.) Dr. Torrey indicates that many psychiatrists have begun to realize this, that “Many psychiatrists have had, at least to some degree, the unsettling and bewildering feeling that what they have been doing has been *largely worthless* and that the premises on which they have based their professional lives were partly fraudulent.”²⁰ Presumably, most physicians want to do something that is constructive, but psychiatry isn’t a field in which they can do that, at least not in their capacity as physicians—just as TV repairmen who want to improve the quality of television programming cannot do so in their capacity as TV repairmen. In *The Death of Psychiatry*, Dr. Torrey argued that “The death of psychiatry, then, is not a negative event”²¹, because the death of psychiatry will bring to an end a misguided, stupid, and counterproductive approach to trying to solve people’s problems. Dr. Torrey argues that psychiatrists have only two scientifically legitimate and constructive choices: Either limit their practices to diagnosis and treatment of known brain diseases, which he says are “no more than 5 percent of the people we refer to as mentally ‘ill’”²², thereby abandoning the practice of psychiatry in favor of bona-fide medical and surgical practice that treats real rather than presumed but unproven and probably non-existent brain disease—or become what Dr. Torrey calls “tutors” (what I call counselors) in the art of living, thereby abandoning their role as physicians. Of course, psychiatrists, being physicians, can also return to real health care practice they studied in medical school by becoming family

²⁰ E. Fuller Torrey, M.D., *The Death of Psychiatry* (Chilton Book Co. 1974), p. 199, emphasis added

²¹ *Id.*, p. 200

²² E. Fuller Torrey, M.D., *The Death of Psychiatry* (Chilton Book Co. 1974), p. 176

physicians or qualifying in a bona-fide medical specialty.

In an *American Health* magazine article in 1991 about Dr. Torrey, he is quoted saying he continues to believe psychiatry should be abolished as a medical specialty:

He calls psychiatrists witch doctors and Sigmund Freud a fraud. For almost 20 years Dr. E. (Edwin) Fuller Torrey has also called for the “death” of psychiatry. ...No wonder Torrey, 53, has been expelled from the American Psychiatric Association (APA) and twice removed from positions funded by the National Institute of Mental Health ... In *The Death of Psychiatry*, Torrey advanced the idea that most psychiatric and psychotherapeutic patients don’t have medical problems. “...most of the people seen by psychotherapists are the “worried well.” They have interpersonal and intrapersonal problems and they need counseling, but that isn’t medicine—that’s education. Now, if you give the people with brain diseases to neurology and the rest to education, there’s really no need for psychiatry.”²³

Richard P. Bentall, Ph.D., Professor of Clinical Psychology at the University of Bangor in Wales (UK), in 2009 in the Preface, “Rational Antipsychiatry”, of his book *Doctoring the Mind—Is Our Current Treatment for Mental Illness Really Any Good?*, says—

²³ Trotter, Robert J., “Profile: E. Fuller Torrey —Swimmer Against the Tide—A Maverick Psychiatrist Calls for an End to Psychiatry”, *American Health* magazine, October 1991, p. 26

...there have never been any anti-oncologists, anti-cardiologists, anti-gastroenterologists or even anti-obstetricians. Psychiatry has therefore been unique in the extent to which it has generated both fascination and mistrust amongst intelligent people. Perhaps this is because, alone among the medical specialities, it has the power to compel people to receive treatment, and because some of the treatments inflicted on the mentally ill have seemed more terrifying than madness itself. ... conventional psychiatry might be reasonably criticized, not on hard-to-define humanistic grounds (although these are important) but because it has been profoundly unscientific and at the same time unsuccessful.²⁴

Harvard University law professor Alan M. Dershowitz has said psychiatry “is not a scientific discipline.”²⁵ *Such a supposed health care specialty should not be tolerated within the medical profession.*

The disadvantage to the whole of the medical profession of recognizing psychiatry as a legitimate medical specialty occurred to me when I consulted a dermatologist for diagnosis of a mole I thought looked suspiciously like malignant melanoma. The dermatologist told me my mole did indeed look suspicious and should be removed, and he told me almost no risk was involved. This occurred during a time I was doing research on psychiatry’s so-called electroconvulsive “therapy”. I found over-

²⁴ Richard P. Bentall, Ph.D., *Doctoring the Mind—Is Our Current Treatment for Mental Illness Really Any Good?* (New York University Press 2009), pp. xiv, xv

²⁵ “Clash of Testimony in Hinckley Trial Has Psychiatrists Worried Over Image”, *The New York Times*, May 24, 1982, p. 11

whelming evidence it damages the brain, diminishes intelligence, causes memory loss, and does not reduce unhappiness or so-called depression as is claimed (summarized in my essay *Psychiatry's Electroconvulsive Shock Treatment: A Crime Against Humanity*).²⁶ About the same time my reading about psychiatric drugs reinforced my impression most if not all psychiatric drugs are ineffective for their intended purposes, and I learned many of the most widely used psychiatric drugs are not merely psychologically harmful but cause biological injury, including permanent brain damage if used at supposedly therapeutic levels long

PSYCHIATRY IS UNIQUE IN THAT THERE IS AN ANTI-PSYCHIATRY MOVEMENT. THERE HAVE NEVER BEEN ANY ANTI-NEUROLOGISTS, ANTI-PEDIATRICIANS, ANTI-ONCOLOGISTS, ANTI-CARDIOLOGISTS, ANTI-GASTROENTEROLOGISTS OR ANTI-OBSTETRICIANS.

enough, as they are not only with the approval but the insistence of psychiatrists. I explain my reasons for these conclusions in *Psychiatric Drugs: Cure or Quackery?*²⁷ Part of me tended to assume the dermatologist was an expert, be trusting, and let him do the minor skin surgery right then and there as he suggested. But then, an imaginary scene flashed through my mind: A person walks into the office of another type of *recognized, board-certified* medical specialist: a psychiatrist. The patient tells the psychiatrist he has been feeling depressed. The psychiatrist, who specializes in giving outpatient electroshock, responds saying: “No problem. We can take care of that. We’ll have you out of here within an hour or so

²⁶ Wayne Ramsay, J.D., *The Case Against Psychiatry: Why Psychiatry is Evil and Must Be Abolished*, www.wayneramsay.com

²⁷ *Id.*

feeling much better. Just lie down on this electroshock table while I use this head strap and some electrode jelly to attach these electrodes to your head...” In fact, there is no reason such a scene couldn’t actually take place in a psychiatrist's office today. Some psychiatrists *do* give electroshock in their offices on an outpatient basis. Realizing that physicians in the other, the bona-fide, medical and surgical specialties accept biological psychiatry and



the quackery it represents as legitimate made (and makes) me wonder if physicians in the other specialties are undeserving of trust also. I left the dermatologist’s office without having the mole removed, although I returned and had him remove it later after I’d gotten opinions from other physicians and had done some reading on the subject. Physicians in the other, the *real*, health care specialties accepting biological psychiatry as legitimate, and their failure to recognize nonbiological psychiatry (psycho-

therapy or counselling) as something other than health care, calls into question the reasonableness and rationality not only of psychiatrists but of *all* physicians.

On November 30, 1990, the *Geraldo* television talk show featured a panel of former electroshock victims who told how they were harmed by electroshock and by psychiatric drugs. Also appearing on the show was psychoanalyst Jeffrey Masson, Ph.D., who said this:

Now we know that there's no other medical specialty which has patients complaining bitterly about the treatment they're getting. You don't find diabetic patients on this kind of show saying, "You're torturing us. You're harming us. You're hurting us. Stop it!"

In 2003 in his book *Schizophrenia Breakthrough*, psychologist Al Siebert, Ph.D., says "Psychiatry is the only medical specialty that must arrange for police protection against demonstrations by ex-patients when they hold national conferences."²⁸

There is no need for a supposed medical specialty such as psychiatry. When real brain diseases or other biological problems exist, physicians in real health care specialties such as neurology, internal medicine, endocrinology, and surgery are best equipped to treat them. People who have experience with similar kinds of personal problems are best to provide counselling about dealing with those problems.

Despite the assertion by Dr. Torrey that psychiatrists can choose to practice real health care by limiting themselves to the 5% or less of psychiatric patients he says

²⁸ Al Siebert, Ph.D., *Schizophrenia Breakthrough* (Practical Psychology Press 2003), p. 163

do have real brain disease, as even Dr. Torrey himself points out, any time a physical cause is found for any condition that was previously thought to be psychiatric, the condition is taken away from psychiatry and treated instead by physicians in one of the real health care specialties:

In fact, there are many known diseases of the brain, with changes in both structure and function. Tumors, multiple sclerosis, meningitis, and neurosyphilis are some examples. But these diseases are considered to be in the province of neurology rather than psychiatry. And the demarcation between the two is sharp. ... one of the hallmarks of psychiatry has been that each time causes were found for mental “diseases,” the conditions were taken away from psychiatry and reassigned to other specialties. As the mental “diseases” were shown to be true diseases, mongolism and phenylketonuria were assigned to pediatrics; epilepsy and neurosyphilis became the concerns of neurology; and internists handled delirium due to infectious diseases. ... One is left with the impression that psychiatry is the repository for all suspected brain “diseases” for which there is no known cause. And this is indeed the case. None of the conditions that we now call mental “diseases” have any known structural or functional changes in the brain which have been verified as causal. ... This is, to say the least, a peculiar specialty of medicine.²⁹

Neurosurgeon Vernon H. Mark, M.D., made a related observation in his book *Brain Power* in 2003:

²⁹ E. Fuller Torrey, M.D., *The Death of Psychiatry* (Chilton Book Co. 1974), pp. 38-39

Around the turn of the century, two common diseases caused many patients to be committed to mental hospitals: pellagra and syphilis of the brain. ... Now both of these diseases are completely treatable, and they are no longer in the province of psychiatry but are included in the category of general medicine.³⁰

The point is that if psychiatrists want to treat bona-fide brain disease, they must do so as neurologists, internists, endocrinologists, surgeons, or as specialists in one of the other, the *real*, health care specialties—not as psychiatrists. Treatment of real brain disease falls within the scope of the other specialties. Treatment of real brain disease is not within the usual scope of practice of psychiatrists. It's time to stop the pretense that psychiatry is a type of health care. In the words of Anna Law, M.D., an emergency room physician—

It would be good if all the medical professionals who are *really* practicing medicine and *really* trying to help people, based on scientific fact and what they can best do to improve the lives of others, if they would recognize, just be able to look at this fact—it's hard to look at it, but look at this fact—and be ethical, and be honest, and clean up the profession by getting rid of this fraudulent part of it: psychiatry.³¹

In his book *Do Doctors and Nurses Kill More People Than Cancer?* British physician Vernon Coleman devotes eight

³⁰ Vernon H. Mark, M.D., *Brain Power* (Houghton Mifflin Co. 1989), p. 130

³¹ "The DSM: Psychiatry's Deadliest Scam", YouTube.com, at the 1 hr, 15 minutes point, accessed August 15, 2012

consecutive pages to a devastating and outspoken critique of psychiatry. What follows are a few of his remarks. Italics are Dr. Coleman's:

The idea that anyone would describe psychiatry as a science is utterly absurd. Nothing that psychiatrists claim as “fact” can be proved by any means recognized by scientists... Psychiatry is black magic masquerading as science. ...psychiatry is the greatest con on earth. Officially, one in two people in Britain is incurably mentally ill. ... The bald truth is that psychiatry is no more a science than witchcraft. It is a perfect example of pseudoscience running riot. ...there is no proof to show that any psychiatric disorders really exist. ... Many psychiatrists claim (apparently meaning it) that we are *all* mentally ill and that we *all* need treatment. ... The sad truth is psychiatry is a nonsensical specialty. And all its treatments are unproven rubbish.³²

In 2016, American psychologist Philip Hickey, Ph.D., declared, “psychiatry is a destructive, hocus-pocus, facile sorting activity which assigns so-called diagnoses, and distributes neurotoxic drugs to people whose problems are not medical in nature.”³³

Eighteen (18) years after I published, as a pamphlet, the first edition of this essay advocating the abolition of psychiatry as a medical specialty, I attended a lecture by psychologist Bruce E. Levine, Ph.D., on the subject “Can psychiatry as an institution be reformed or does it need to

³² Vernon Coleman, MB ChB, *Do Doctors and Nurses Kill More People Than Cancer?* (European Medical Journal 2011), pp. 28-36, available for purchase at vernoncoleman.com

³³ Philip Hickey, Ph.D., “Psychiatry Bashing”, *Behaviorism and Mental Health*, March 7, 2016.

be abolished?” Dr. Levine’s conclusion is that while “in the 1970s psychiatry could have been reformed”, today “psychiatry has become psychotic” because of psychiatrists’ loss of touch with reality, that psychiatrists have become a “threat to others”, and that psychiatry as a profession “needs to be abolished.”³⁴

The American Board of Psychiatry and Neurology should be renamed the American Board of Neurology, and there should be no more specialty certifications in psychiatry. Organizations that formally represent physicians such as the American Medical Association and American Osteopathic Association and similar organizations in other countries should cease to recognize psychiatry as a part of their profession. Medical licensing boards should stop accepting psychiatry residency or specialty training programs as prerequisites for physician licensure.



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³⁴ Bruce E. Levine, Ph.D., lecture at annual conference of National Association for Rights Protection and Advocacy (NARPA.ORG), Cincinnati, Ohio, September 8, 2012

Recommended Reading

Richard P. Bentall, Ph.D., *Doctoring the Mind—Is Our Current Treatment for Mental Illness Really Any Good?* (New York University Press 2009)

Peter R. Breggin, M.D., *Toxic Psychiatry—Why Therapy, Empathy and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the “New Psychiatry”* (St. Martin’s Press 1991)

Peter R. Breggin, M.D., *Brain-Disabling Treatments in Psychiatry, Second Edition* (Springer Publishing Co. 2008)

Vernon Coleman, M.B.Ch.B, D.Sc.(hon), *How to Stop Your Doctor Killing You* (European Medical Journal 2003) (especially the chapter titled “Why Mental Health Care Isn’t Always Worth Having”)

James Davies, Ph.D., *Cracked—The Unhappy Truth About Psychiatry* (Perseus 2013)

Dr. Peter C. Gøtzsche, *Deadly Medicines and Organized Crime* (CRC Press 2017)(especially Chapter 17, “Psychiatry: the drug industry’s paradise” and Chapter 18, “Pushing children into suicide with happy pills”)

Dr. Peter C. Gøtzsche, *Deadly Psychiatry and Organized Denial* (People’s Press 2015)

Stuart A. Kirk, D.S.W., Tomi Gomory, Ph.D. & David Cohen, Ph.D, *Mad Science—Psychiatric Coercion, Diagnosis, and Drugs* (Transaction Publishers 2013)

Joanna Moncrieff, M.B.B.S., M.Sc., MRCPsych, M.D., *The Myth of the Chemical Cure—A Critique of Psychiatric Drug Treatment, Revised Edition* (Palgrave Macmillan 2009)

Joanna Moncrieff, M.B.B.S., M.Sc., MRCPsych, M.D., *A Straight Talking Introduction to Psychiatric Drugs* (PCCS Books 2009)

Joanna Moncrieff, M.B.B.S., M.Sc., MRCPsych, M.D., *The Bitterest Pills—The Troubling Story of Antipsychotic Drugs* (Palgrave MacMillan 2013)

Colin A. Ross, M.D., *The Great Psychiatry Scam—One Shrink's Personal Journey* (Manitou Communications, Inc., Richardson Texas 2008)

Colin A. Ross, M.D., and Alvin Pam, Ph.D., *Pseudoscience in Biological Psychiatry* (John Wiley & Sons, Inc. 1995)

Thomas Szasz, M.D., *Psychiatry: The Science of Lies* (Syracuse University Press 2008)

E. Fuller Torrey, M.D., *The Death of Psychiatry* (hardcover: Chilton Book Co./paperback: Penguin Books, Inc. 1974)

Advance praise for this booklet from British physician
Dr. Vernon Coleman, M.B.Ch.B., May 23, 2020:

Dear Wayne Ramsay
Thank you and many congratulations.
Brilliant and important.
Spread it far and wide.
Best wishes
Vernon