

THE MEANING OF LIFE EFFACED, article in the DAGENS NYHETER, the leading Swedish daily newspaper, March 25th, 1990, with the question Who Killed McMurphy?

DN.
DEBATT

Varje dag får 100 000 människor i Sverige neuroleptika - ett "antipsykotiskt läkemedel." Endast få av dem måste tvingas med fysiskt våld. Men frågan - den oerhörda frågan som inte borde lämna oss någon ro - är om inte alla dessa människor egentligen är offer för oetisk tvångsmedicinering, tvångslobotomi. Det skriver Lars Mårtensson, med. dr och docent.

"Livets mening utplånas"

100 000 människor utsätts för kemisk tvångslobotomi, skriver Lars Mårtensson.

Neuroleptika måste särskiljas från andra typer av psykofarmaka. De är lugnande och slötningsmedel för Valium och Rohypnol, och inte medel mot depressioner (se Anafilan och Kaverin). Tvångsmedicinering är det nästan alltid neuroleptika som ges. Vid den psykiatriska behandlingen som omfattas i Sjukvårdslagen tidigare hänvisades till det neuroleptika som användes. Sedan neuroleptika har lobotomier.

Neuroleptika kallas även "antipsykotiska läkemedel". De ges till patienter med psykisk, i en schizofren, men också till många andra, inte minst till gamla

på psykiatriska avdelningar som vanligtvis används för att behandla dem. "Är optimalt för att ge ett par minuters behandling." (i) Ospecifikt, svårare effekt, eller alltså lugnande och slötningsmedel, lämnar de snabbt.

Man kan förstå effekterna i och i på liknande sätt. Många av de psykiatriska avdelningarna i de främsta delarna av sjukhusen innehåller mental sjukvård, där patienterna får psykiska strategier. Dessa verkar på alla neuroleptika, därför används neuroleptika spridningsverkan är med andra ord att göra individen tillgänglig.

kombinerade neuroleptika och lugnande - slötningsmedel.

Förutom verkningarna på psyket har neuroleptika många andra verkningar, såsom rullningar av muskulatur och hormonalinnehåll, vilket även psykiska betraktas som "biverkningar" till den "terapeutiska (förhållande) effekten". Dessa psykiatriska förhållanden har som huvudsak att överskrida neuroleptika med mindre "biverkningar". Men om den egentliga verkan, verkan på psyket (effekt i och i) inte är en grov "antipsykotisk effekt", utan den egentliga med allvarliga skadorna av neuroleptika, tar sig den psykiatriska förhållanden

Är mer övertygande än skiftande data har det varit för mig personligen. Det är som om jag skulle vilja patienter som (som psykiater) ännu till idag, kanske löst, neuroleptika, när de behövs för att inte komma att leva ett rikt och skapande liv, ett liv som utmärkt med neuroleptika.

De neuroleptika verkar genom att hämma och störa aktiviteten i den frontallösliga hjärnan, grunden för tankar och känslor, är den här neuroleptiska styrningen till att förtäta att neuroleptika kan spelera rollen i individens personliga, personliga utveckling och ett



Every day 100.000 people in Sweden receive neuroleptics – "antipsychotic drugs." Only few of them must be forced by physical means. But the question – the momentous question that ought not to give us any peace – is whether all these people are actually victims of unethical forced medication, of forced lobotomy. This writes Lars Martensson, physician and medical scientist.

THE MEANING OF LIFE EFFACED

100.000 PEOPLE ARE SUBJECTED TO FORCED CHEMICAL LOBOTOMY, WRITES LARS MARTENSSON.

NEUROLEPTICS MUST BE DISTINGUISHED from other types of psychiatric drugs, from minor tranquilizers (such as Valium and Rohypnol) and from drugs against depression. In forced medication the drug employed is almost always a neuroleptic. In the psychiatric treatment of dissidents in the Soviet Union in earlier years the main drugs used were neuroleptics. Only neuroleptics have an effect similar to that of lobotomy.

Neuroleptics are also called "antipsychotic drugs". They are given to patients with psychoses, e.g. schizophrenia, but also to many others, in particular to old people when they are confused or otherwise troublesome. The dying are often given neuroleptics for pain and anguish. While true analgesic drugs may primarily reduce the pain itself, neuroleptics affect the experience of pain by means of the lobotomy effect, i.e. by more or less effacing the subject enduring the pain, the very self of the person.

The following neuroleptic drugs, listed by their trade names, are registered for use in Sweden (1990): Buronil, Cisordinol, Dridol, Esucos, Fluanxol, Haldol, Hibernol, Leponex, Luvatren, Mallorol, Navane, Neulactil, Nozinan, Orap, Pacinol, Siqualone, Stemetil, Terfluzin, Theralen, Tindal, Trilafon, Truxal. (Common neuroleptic drugs in the U.S. in 2004 include: Clozaril, Geodon, Haldol, Loxitane, Mellaril, Moban, Navane, Permitil, Prolixin, Risperdal, Serentil, Seroquel, Stelazine, Thorazine, Trilafon, Zyprexa.)

The purpose of this article is, first, to explain how neuroleptic drugs act, secondly, to show how the psychiatric language misleads, and thirdly, to show why the use of neuroleptic drugs is contrary to medical ethics and to central values of our society.

IN THE *HANDBOOK OF DRUGS* (*Läkemedelsboken*) for Swedish physicians, professor Goran Sedvall of the Karolinska institute, who is an international authority on the subject, describes the mental effects of neuroleptic drugs in three points:

1. Specific sedative effect. A subduing of mental life that is not associated with tiredness or sleepiness. Occurs rapidly.
2. Specific antipsychotic effect. Reduction of psychotic symptoms such as delusions and hallucinations. "Is not optimal until after a few months of treatment."
3. Non-specific sedative effect, in other words a general calming and hypnotic effect. Occurs rapidly.

Effects 1 and 2 can be understood as follows: Neuroleptic drugs block the receptors for dopamine in the brain which reduces mental energy, mental motivation. All neuroleptic drugs have this effect, by definition. In other words, the proper effect of neuroleptic drugs is psychic indifference.

The indifference immediately manifests itself as effect 1, the "specific sedative effect". I am awake but passive. I still largely retain my ideas, values, loyalties, but only in a passive sense, for I am no longer able to assert my convictions, to feel for them, to maintain and develop them.

If the neuroleptic treatment goes on so that I remain in a state of indifference, my personal ideas, values, loyalties will fade with time. This is effect 2, in psychiatry called the "specific anti-psychotic effect". There is no reason, however, to assume that psychotic experiences are reduced more than other emotional experiences. It would be more appropriate to speak of a "specific anti-psychic (anti-mind) effect".

Furthermore, neuroleptic drugs tend to cause psychotic symptoms. This effect may remain when the drugs are discontinued, so that a person becomes more psychosis-prone after a period with neuroleptic drugs than he was before. A vicious circle ensues. Thus neuroleptic drugs may become a trap. For these reasons the term "antipsychotic" is both false and dangerously misleading.

While effects 1 and 2 are common to all neuroleptics, effect 3 varies: it is weak with *e.g.* Haldol and Trilafon, strong with *e.g.* Thorazine and Mellaril. Effect 3 may reflect the fact that different neuroleptic drugs, to varying degrees, block receptors in the brain other than the dopamine receptors. One might say that Haldol and Trilafon have a relatively pure neuroleptic effect, while Thorazine and Mellaril combine the neuroleptic effect with other kinds of calming effects.

BESIDES THE MENTAL EFFECTS neuroleptic drugs have many other effects, such as movement disorders and endocrine disturbances, which are regarded as "side effects" to the "therapeutic effect". A major aim of psychiatric research is the development of neuroleptic drugs with fewer "side effects". But if the neuroleptic effect itself, the main mental effect (effect 1 and 2) is not a beneficial and valuable "therapeutic effect", but rather the most seriously harmful effect of the neuroleptic drugs, then the huge psychiatric research effort to produce "better neuroleptic drugs" is obviously misdirected.

Psychiatrists record that neuroleptic drugs reduce symptoms, *e.g.* anxiety, agitation, aggressiveness and hallucinations, and furthermore, that patients on neuroleptics as a group require less hospital care in the short term than patients not on the drugs. But can we really regard such data as evidence of a "therapeutic effect", if the patients at the same time have been deprived of their emotions and their inner life and so have lost their creativity and capacity to develop as human beings.

The patients become quiet and passive. In psychiatry this is referred to as "improvement". But in effect the apathy of the patients simply reflects the fact that higher brain functions have been more or less paralysed. When the inner life of a person is destroyed with neuroleptic drugs his or her development deteriorates. Life as a whole becomes wasted.

Psychiatrists claim that the "efficacy of neuroleptic drugs" is well proven in "controlled clinical trials," because the "psychiatric status of the patients is improved" in the short term, but cannot present any studies to demonstrate that the drugs are good for the patients in the long run. The fact is that no studies exist that show a positive long-term effect of neuroleptic drugs. On the other hand, there are scientific studies showing that the development of a group of patients without neuroleptics in a favourable human environment is more positive than that of a group in psychiatric care with neuroleptics.

EVEN MORE CONVINCING than such data, for me personally, has been the experience of knowing seriously schizophrenic patients, who were condemned under psychiatric care to long-term, probably life-long, neuroleptic treatment. When they were liberated from this fate they went on to live rich and creative lives. Such lives are inconceivable with neuroleptics.

Since neuroleptic drugs act by inhibiting and disturbing the activity in frontal and limbic areas of the brain, which integrate intellectual and emotional functions, it is easy from a neurophysiological point of view to see why these drugs may spoil a person's autonomous development so that his or her life becomes wasted. On the other hand, from a psychiatric management point of view **the patients' loss of autonomy** means that they become compliant and "maneuverable."

A patient wrote: "When a human being is deprived of her sense of meaning and at same time is silenced, from the existential point of view she has been annihilated." With words such as "I am an automaton. I am a zombie," patients drugged with neuroleptics tell us about their impotence and inner emptiness.

Young, intelligent patients usually desperately resist neuroleptic drugging. Many others – the old, the dying, the mentally handicapped – are unable to question the treatment they receive. Since neuroleptic drugs are an effective means of breaking a person's will, "non-compliance" is usually only a short-term problem: after some time of neuroleptic drugging by force or by persuasion the resisting patient has usually turned more or less compliant. Such compliance is called "insight." It should rather be called a trap of powerlessness (Ger. Ohnmachtfalle).

Every day 100.000 people in Sweden receive neuroleptic drugs. Only a few of them are forced by physical means. But the question – the momentous question question that ought not to give us any peace – is whether these people are really the victims of unethical forced medication, of forced lobotomy.

CAN WE BELIEVE that people really want to relinquish that which makes them human? Can we believe that people really want to be turned into zombies – have their inner life subdued and thus be made governable from the outside? Can we believe that it is by insight and free will that people allow those brain functions, that are the very basis of insight and free will, to be paralysed? Must we not rather recognize that people who submit to neuroleptic drugs do so from resignation, dependency, dejection, hopelessness, foolishness, self-destructiveness – in a word, from self-abandonment?



Who killed McMurphy? In the film "One flew over the Cuckoo's nest" McMurphy, the hero, played by Jack Nicholson, was finally lobotomized. One night after the lobotomy Chief Bromden (to the right) chokes McMurphy to death with a bed pillow. The Chief knew that the real McMurphy would not have wanted his body to live on as a mockery of the person he was before the lobotomy. Someone who loves a person who has been drugged with neuroleptic drugs may feel what The Chief felt for McMurphy, writes Lars Martensson.

If we do choose to understand the predicament of these people we should realize that it is not of their free will that they live their lives drugged by neuroleptics. They were in great need, they needed a human presence and a human response, but they met with merciless coercion, and from then on their protest was silenced by the zombifying action of the neuroleptic drug. They are victims of a treatment that is contrary to medical ethics and to the most essential of our common values. They are victims of an unethical forced lobotomy.

When Randle Patrick McMurphy in "One Flew Over the Cuckoo's Nest" had been lobotomized Chief Bromden helped him extinguish a life that was no longer his own (see legend of picture). When the possibilities in life are annihilated with neuroleptics, suicide may seem to be the only act of one's own that remains. Many patients who have received neuroleptics for long take their life.

A human being receives neuroleptic drugs. One who loves her sees that she has been deprived of her Life. The beauty, the aliveness, the creativity, the passion that made her lovable and gave her life meaning has been effaced. Something – something as momentous as it is intolerable – has happened. But the psychiatrist sees nothing. The psychiatrist records "improvement," "reduction of symptoms," "insight," "therapeutic effect," etc. His language makes him blind.

Neuroleptic drugs have no "specific antipsychotic effect." No more so than a surgical lobotomy. These psychiatric treatments are simply different ways of disabling those brain functions that characterize human beings.

May we do such things to people?

LARS MARTENSSON