

# Peter Breggin's Private War

by ROBERT J. TROTTER

**S**ome time ago surgeons learned to poke around inside people's heads in order to change what was considered bad behavior. A Washington, D.C. psychiatrist and writer has taken a profound dislike to this practice and, together with his wife, has mounted an attack on it. Recently, the battle front has been extended; there are some other things about the way we treat patients that he doesn't like either.

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A whole field of psychiatric research and technology has been put on the defensive by one man. The field is psychosurgery, a form of brain surgery used to modify behavior. The man is Peter Roger Breggin, a 37-year-old psychiatrist and novelist who works in Washington, D.C. For the past two years, he has been saying that all forms of psychosurgery should be outlawed because they represent the grossest kind of mutilation of brain tissue. The surgeons, of course, feel their work is a scientifically sound method of treating some cases of mental illness.

Psychosurgery was first performed in 1936 by Antonio de Egas Moniz, a Portuguese physician who reported that he had relieved a patient's anxiety by cutting communication between the brain's frontal lobes and the thalamus. Within six months, the operation known as a lobotomy was being performed in the United States. Breggin describes these first operations as "swishing an ice pick around

behind the eyeballs to destroy portions of the brain's frontal lobe." The father of this type of surgery in the United States, says Breggin, was Walter Freeman who performed 4,000 lobotomies before William Allison White, at St. Elizabeth's Hospital in Washington, prohibited him from operating there on the grounds that he was not a surgeon and that the operation was a mutilation. Freeman then began teaching and preaching the procedure in state mental hospitals. This was the beginning of what Breggin calls the first wave of psychosurgery. He estimates that 50,000 mental patients were operated on before the fad died down in the 1950s. Developments in electroshock and drug therapy made lobotomy obsolete.

There is no doubt that the lobotomies were effective in calming and controlling the patients but, explains Breggin, "destruction of frontal lobe tissue is immediately reflected in a progressive loss of all those human functions related to the frontal lobes—insight, empathy, sensitivity, self-awareness and so on." And follow-up studies of these patients show that surgery did not help them at all. "In fact," says Breggin, "they were severely brain damaged and there was a high mortality rate."

The man who has been so vocal about what he calls "one of the horrors of psychiatry" is surprisingly soft-spoken and almost gentle. But when he makes his numerous charges against psychosurgery and psychiatry, he becomes a different, more intense person. He changes from warm and playful to hard and serious. Breggin is a small man with deep-set eyes, wavy salt-and-pepper hair and



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begin to fade. It becomes quite clear that psychiatry and psychosurgery are things he feels strongly about.

When asked if his intense feelings cause him to lose sight of objectivity, he replies: "I don't feel that I am being one-sided at all, any more than to be against Nazi experimentation is to be one-sided. I really feel very strongly. These people are destroying normal brain tissue, and to destroy normal brain tissue is to cause damage to the human personality. The Russians outlawed psychosurgery in 1951 because you cannot possibly help people by giving them defects in their personalities. And these operations—one and all—produce defects in the personality. The continuation of an atrocity is not objectivity!"

ter (heated olive oil has been used). "All of these operations have one thing in common," says Breggin, "they mutilate nondiseased tissue and they blunt the overall emotional and intellectual responsiveness of the mind." Breggin's research led him to charge that 1,000 such operations are being performed each year. Those in the field admit to 500 or 600 operations a year.

Among the justifications given for the operations are the relief of a variety of emotional problems including homosexual behavior, frigidity, agoraphobia, compulsive gambling, depression, anxiety, neurosis, schizophrenia, delusions, criminal behavior and alcohol and drug addiction. Psychosurgical techniques are also used to relieve pain and to treat brain diseases such as epilepsy. Whenever possible, Breggin has quoted surgeons and psychiatrists on their use of "sedative neurosurgery" to treat violent ghetto dwellers, prisoners, neurotic women and hyperactive children.

Breggin attacked especially O. J. Andy of the University of Mississippi School of Medicine. Andy has used psychosurgery on at least 14 children (six to 19 years old) to reduce hyperactivity to manageable levels. Other targets of Breggin's criticism are William Sweet of Massachusetts General Hospital, Vernon Mark of Boston City Hospital and Frank Ervin, who recently moved from Boston to the University of California at Los Angeles. In recent years, these researchers have received funds from the National Institute of Mental Health (NIMH) and the Department of Justice to explore the relationships between brain dysfunction and violent behavior. They wrote in the *Journal of the American Medical Association*, after the Detroit riots, that the goal of their research "would be to pinpoint, diagnose and treat those people with low violence thresholds before they contribute to further tragedies." Breggin retorts that this is just an attempt to use psychosurgery for social control.

Answering Breggin's charges and explaining his position, O. J. Andy has stated that he believes psychosurgery should be used on patients considered to be a detriment to themselves and society. It should be employed, he says, for custodial purposes when a patient requires constant attention, supervision and an inordinate amount of institutional care. It is also desirable, he went on at recent hearings on Capitol Hill, when patients require so much medication that it makes them



Peter Breggin enjoys a cup of coffee while going over psychosurgery research notes at the National Library of Medicine in Bethesda, Maryland.

a trim athletic body. Under most circumstances—in his small office at the Washington School of Psychiatry, in a restaurant or at home with his attractive young wife, Phyllis—he is completely at ease. Discussing himself, the weather or almost anything except psychiatry, he speaks in a relaxed, quiet voice. But when the talk turns to the thing he says he knows most about, psychiatry, he goes through a perceptible change. He sits forward a bit, his green eyes open wider and he begins to speak a little louder and faster. The words and ideas begin to fly. When he gets started on psychosurgery, he can go on nonstop for a half hour or more, punctuating his monologue with names, dates, facts, figures, quotations and journal references. During such discussions, Breggin's otherwise everpresent smile and sense of humor

The first time Breggin made public these feelings was in February 1972. With the support of Rep. Cornelius E. Gallagher (D-N.J.), he placed in the *Congressional Record* a vitriolic research document titled "The Return of Lobotomy and Psychosurgery." It was a 20,000-word review of nearly 1,000 recent examples of psychosurgery. "We are in the midst of a second wave of lobotomy," he declared. The ice pick is out (Freeman actually used an ice pick to perform lobotomies in his office), and stereotactic equipment is in. With this kind of head-holding apparatus, a neurosurgeon can precisely place a small lesion at a particular point on or deep within the brain. Favorite targets are the amygdala, the cingulum and the hypothalamus. The lesions can be made with a knife, ultrasonic energy, radiation, electricity or by the injection of foreign mat-

nonresponsive and noncommunicative. "Finally," Andy said, "it should be used in the adolescent and pediatric age group in order to allow the developing brain to mature with as normal a reaction to its environment as possible."

Other neurosurgeons and psychiatrists, including Ervin, have said that Breggin is getting more worked up than the situation calls for. But Ervin admits: "The whole scene of behavior technology—of which surgery is only a tiny piece—is bustling along at full tilt and getting better all the time, i.e., more powerful all the time. And this is one of those technologies that we damn well better keep on top of socially and politically."

This is just what Breggin has been trying to do. His charges in the *Congressional Record* aroused public interest and he was launched on a



Breggin and his wife, Phyllis, share lunch at sidewalk cafe in Washington.

media-minded campaign that has taken him back and forth across the country, to Europe and to Canada. His contagious enthusiasm and his consciousness-raising efforts have gained him support from national organizations such as the American Orthopsychiatric Association, the National Association for Justice, the Medical Committee for Human Rights, the National Health Federation, the National Organization for Women, the American Civil Liberties Union and Ralph Nader's Center for the Study of Responsive Law.

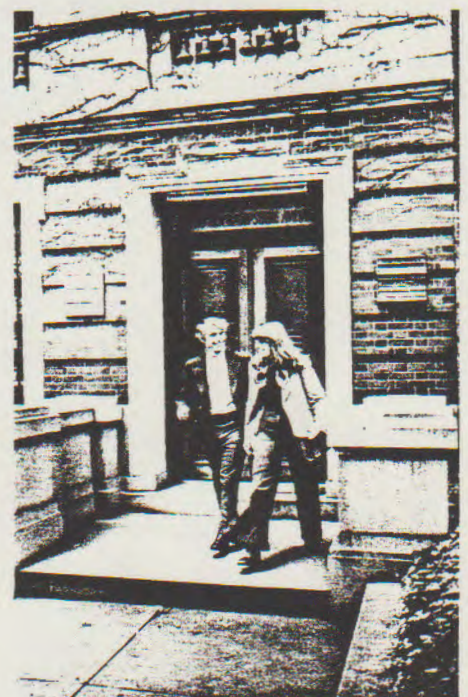
Early this year, Breggin testified at hearings of the Senate health subcommittee. "If America ever falls to totalitarianism," he told the subcommittee, "the dictator will be a behavioral scientist and the chief of police will be armed with lobotomy and psychosurgery." Legislation that would strictly control medical experimentation on humans is expected to come out of these hearings. And psychosurgery is considered by experts, including the head of NIMH, to be an experimental procedure.

In addition to his actions before Congress, Breggin has taken his case to the courts. One lawsuit involved the Lafayette Clinic at Wayne State University in Detroit. The Michigan legislature gave the clinic \$228,400 to compare psychosurgery to a drug therapy (chemical castration) as treatments for violent behavior. One prisoner opted for the surgical procedure, which if successful would allow him to be reintegrated into society. If it was unsuccessful, he would go back to prison. Before the operation could be performed, however, Gabe Kaimowitz, a Michigan Legal Services lawyer, found out about it and charged that the circumstances made informed consent impossible and that public funds should not be used for such operations. The publicity surrounding the case forced the Michigan legislature to withdraw support from the research. The court released the prisoner on the grounds that he was being held unconstitutionally and, after testimony by Breggin on the danger of psychosurgery, ruled that psychosurgery may not be performed on prisoners or mental patients confined against their will.

In Louisville, a woman was blinded during a prefrontal lobotomy. Breggin gave testimony in a lawsuit against the surgeon. The 30-year-old woman, he said, was lobotomized for pain of psychological origin without being given a chance to seek help in psychotherapy. "For the first time in history," he says, "a lawsuit was settled against a lobotomist." The blinded woman accepted a large out-of-court settlement from the surgeon.

"We have yet to lose a major battle," brags Breggin, and the record seems to bear him out. All identifiable psychosurgery funded by the federal government has been stopped. When Mark Ervin and Sweet applied to the Department of Justice last year for \$1.3 million, they were turned down. Breggin attributes this in part to the bad publicity they have received since

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The Breggins leave Peter's office.

he began attacking their work. The same researchers were also turned down by NIMH before they could even make a formal bid.

The Veterans Administration told the Senate health subcommittee that it is now restricting psychosurgery in its hospitals. Breggin was not directly involved in this decision, but he feels that his efforts had something to do with it. Also, at least five bills that would either outlaw or restrict psychosurgery are now pending in Congress. Breggin's research and consultation contributed to two of them.

"I was just a fat hippie and Phyllis was a teenybopper when all of this started," he states, obviously proud of what he and his wife have been

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Peter relaxes in yard of his Bethesda home with dog Teddy before work.

able to accomplish. Two years ago, he was seeing clients two or three days a week—"just enough to keep us alive." The rest of his time was devoted to the leisurely writing of a second novel. Phyllis, Peter's second wife, was studying music and writing songs. "We were living happily as a couple of uninvolved artists," Breggin says.

But those days are long gone. The Breggins have recently moved into a large old house in a middle-class suburb outside Washington. They dress and live conservatively. They

don't smoke or drink, and most of their activities are directly related to the antilobotomy campaign. On the weekends, they enjoy spending time with Peter's two daughters from his first marriage, but during the week they each put in 50 to 60 hours keeping the campaign going.

The Breggins are very close physically and philosophically. They drive into the city together where Peter sees his clients and where Phyllis operates out of a small office a few blocks away. "I couldn't have done it without Phyllis," Peter says. From her office, Phyllis and one assistant organize and keep track of Peter's activities. They answer inquiries and send out news releases. Phyllis also finds time to research and write articles on subjects related to their work. Her recent articles include one on aversive conditioning in prisons for *Psychiatric Opinion* and another on drugs and hyperactive children for *Mental Hygiene*. Phyllis and Peter discuss and usually agree on every facet of their work, including the ideas that are going into a nonfiction book on psychiatry that Peter is now writing.

If Peter Breggin's lifestyle has changed in the past two years, his singlemindedness on the subject of psychosurgery has not. Across the dinner table or the Ping-Pong table, Peter pops out with personal accusations such as: "Skinner actually mentions Communist China as a good direction for the world to be going in. He is an outright totalitarian!" or, "Did you see that very Fascist thing Ernst Rodin has written about castrating dumb young males before they impregnate dumb young females?" (Rodin, a neurosurgeon at the Lafayette Clinic, was involved in the Detroit psychosurgery trial.)

The intensity of Breggin's statements gets his point across, but his refusal to give ground or to compromise has turned off people who might otherwise have been on his side. For instance, when a liberal spokesman of the scientific community, Bertram S. Brown of NIMH, says the literature on psychosurgery is so bad that perhaps we had better put some money into research, Breggin says, "The literature is so bad because psychosurgery is so bad. It should be outlawed, not researched." But such talk is anathema in a society in which science is a religion and research a sacred cow.

This type of intensity has also tended to overshadow what he sees as the real issues in his campaign.

"What I am doing on lobotomy and psychosurgery," he explains, "is but an attack on the most obvious psychiatric atrocity. My real concern has to do with the whole question of psychiatric totalitarianism. The issue is considerably bigger." It is this bigger issue that will be set forth in the book he is now writing—*Man Against Psychiatry*.

Moving from lobotomy to robotomy, Breggin plans to come down hard on all forms of psychiatric behavior modification. A basic hypothesis of the book will be that behavior modification should be seen not as a scientific endeavor but as the implementation of totalitarian politics—the control of the individual in the interest of a higher ideology. And Breggin's definition of behavior modification is broad. It includes psychosurgery, electroshock, drugs, involuntary confinement, most individual and group therapy and even the relatively benign programs of giving rewards to children for doing their schoolwork. Behavior modification, he says, is any setting in which individuals are treated as objects rather than as subjects, as objects that cannot cause anything but that are caused by things. Behavior modification treats people as bodies rather than as individuals who have bodies. It treats them as if they cannot originate thoughts or emotions but rather have these things in them by virtue of the external environment or their genes. From the point of view of morals, behavior modification treats human beings as if they did not have personal responsibility. From the point of view of personal relationships, it treats them in an authoritarian fashion as if they cannot be their own authority. In politics, says Breggin, behavior modification is totalitarianism.

The first name that comes up in Breggin's attack on behavior modification is B. F. Skinner. "What you have to understand about Skinner," Breggin says, "is that what he is doing is not science, even though he may go about it in a scientific manner. Instead, behavior modification has to be looked on as a philosophical rather than a scientific approach to human beings. As far as I understand it, this is a totally misunderstood area. If you read the typical critique of Skinner, the notion is that this is the natural outgrowth of science. Well, that's untrue. Skinner and behavior modification are the natural outgrowth of totalitarianism."

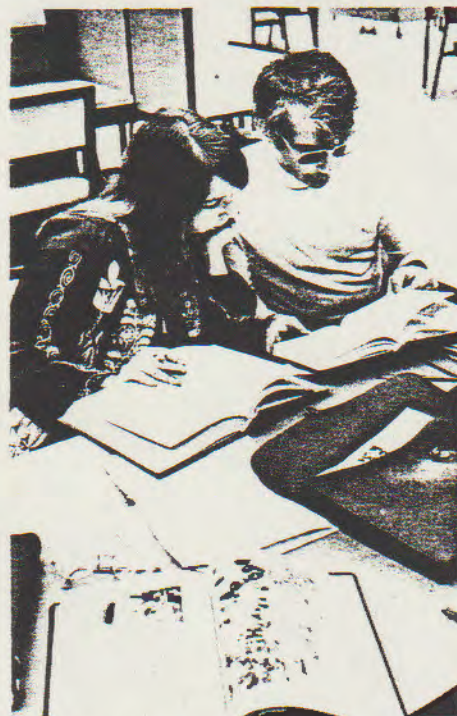
José M. R. Delgado of Yale University and Robert G. Heath of Tulane University also come under attack as totalitarian behavior modifiers. They have developed methods of mind control that involve implanting electrodes to stimulate various centers of the brain. Extreme pain or pleasure can be elicited by the stimulation. The electrodes can be self-activated by the patient or remotely activated by a therapist or a computer. "X-rays give the impression of a living pin cushion," says Breggin. Heath has implanted electrodes in the brains of at least 65 patients. In one case, a male homosexual was turned into a heterosexual by being given repeated pleasure stimulation while watching stag movies. Another experiment reported by Heath involved two chronic marijuana users. "Since this treatment program was carried out," Heath said, "and since they were stimulated particularly in the pleasure circuitry, neither one of them has wanted to touch marijuana. The pleasure with marijuana did not begin to approach the stimulation of the pleasure sites."

This type of therapy shows a complete disregard for human individuality, says Breggin, and to make the point that behavior modifiers have no regard for the individual, he quotes Delgado, who wrote in 1969, "The individual may think that the most important fact of reality is his own existence, but this is only a personal point of view which . . . lacks historical perspective, for the brief existence of one person should be considered in terms of the world population, mankind and the whole universe."

Breggin's contention is that psychiatry, since its earliest days, has always been the most extreme form of behavior modification within the society. Having pretty much exhausted lobotomy and psychosurgery to exemplify this charge, Breggin now intends to use history to make his point. One well-documented chapter in *Man Against Psychiatry* will assert that psychiatry was responsible for the philosophy that led up to the extermination of the Jews, that psychiatry was the first institution to use the crematorium and the gas chamber and that it was the first institution to develop the theory of genocide. In 1920, for example, a German psychiatrist published *The Destruction of Life Devoid of Value*. This book outlined genetic theories of mental illness and advocated mercy killing as a solution to the problems of public health and suffering of the afflicted individ-

ual. This kind of thinking (which was echoed in England's *Lancet* in 1933 and the *Journal of the American Medical Association* as early as 1928) eventually led to the extermination of Germany's mental patients, says Breggin. Between 1939 and 1946, the population of Germany's psychiatric hospitals was reduced from 300,000 to 40,000. Programs for disposal of mental patients were referred to by psychiatrists as "killing the incurably diseased," "the destruction of useless eaters" and "The Final Solution."

By 1939, says Breggin, German psychiatrists had established six extermination centers, complete with carbon monoxide gas chambers and crematoriums. It was these centers that Hitler took over and used to exterminate the Jews. Psychiatrists, however, were kept on to train the SS and to man the centers.



Phyllis and Peter go over research.

"The 1930s in psychiatry," Breggin says, "were very similar to what we are getting into again. The notion was that there was such a thing as mental illness, that it was biological and genetic and that people should be castrated and given lobotomies. I think it is a continuation of the behavior modification approach to human beings. The move goes from drugs to electroshock to psychosurgery and castration to extermination. Germany simply had the most advanced psychiatry at the time and came up with the Final Solution. And the history of

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Breggin spends many hours in libraries studying information on psychosurgery.

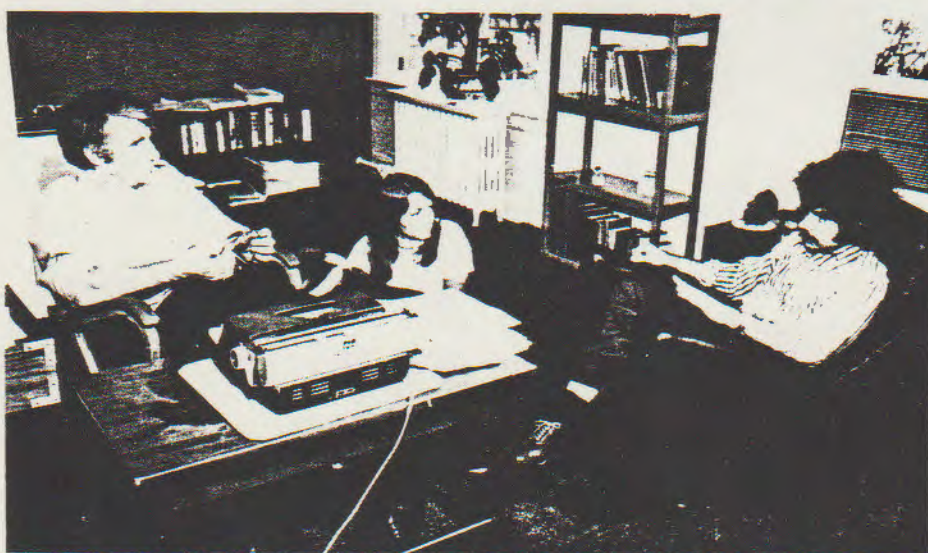
the Final Solution confirms what I have more recently found in the campaign against lobotomy and psychosurgery: psychiatry cannot be left alone to police itself."

How can a man who feels this way about psychiatry call himself a psychiatrist and continue to see clients? Breggin says there are alternatives to what is usually called psychiatry. "One aim of my book," he says, "is to set up a situation where alternatives to institutional psychiatry are possible. To me, the basic principle is that, given a free society, people will develop these alternatives. If the problems of guilt, shame, anxiety, depression and psychosis were not

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belief in individuality. Five years ago, he was a humanistic, interpersonal, hug 'em and kiss 'em, be-warm-with-your-patients, supportive therapist. Now he says he is a person who really believes in the individual autonomy and freedom of his clients. "The purpose of therapy is not attention, love, affection or support. The purpose of therapy is to liberate the person to get all that somewhere else."

First of all, Breggin explains, "I don't participate in any of the ordinary psychiatric procedures. I never give any drugs. I never refer anyone to electroshock. I never hospitalize anyone or talk to a client's relatives. If the person is suicidal or psychotic, I don't bring in the authorities. I treat each human being as a totally respon-



The Breggins talk to Dr. Gerald Dubin, a psychiatrist, about psychosurgery.

under the control of this viciously totalitarian system that we call psychiatry, lots of alternatives could be implemented."

As it is now, he explains, psychiatry has such control that it can successfully attack any alternative that comes along. It attacks megavitamins. It attacks Scientology. It attacks and isolates men like Carl Rogers and R. D. Laing. It attacks and condemns Thomas Szasz, developer of a whole notion of nonmedical psychiatry. It attacks Peter Breggin.

"What I hope to do is actually cut into this psychiatric hegemony, monopoly and power," he says. "You know, if psychiatry didn't have the alternatives of involuntary treatment, electroshock, drugs and psychosurgery, psychiatry might even develop some alternatives."

Breggin's own alternative, the therapy he practices, is based on his

sible person." It is only in this environment, he says, that people can wrestle with responsibility. It is only in this environment that they can find out what they are and what they want to be. "If a client of mine becomes psychotic or suicidal, I don't reach for my hip and shoot him with Thorazine so that he can't feel anything. I don't throw him into a hospital so that I indicate to him that I don't think he can take care of himself. Rather, I do just the opposite. I become even more careful to help him get to his feelings, to get deeper into his anguish so that when he is with me he has no fear at all of my intervening. He knows that he can get to the depths of what he is feeling. In my experience, this is not only the only ethical way to deal with another human being, it is also the only practical way. If you intervene in another person's life when he feels as if he has no personal

sovereignty, you reinforce the feeling. You modify the person to believe that suicide and psychosis are what he deserves. I find that by refusing to oppress a person when he is feeling crazy or suicidal, the person is left without any reinforcement—from me, at least—to hate himself and can deal with the issues and work toward becoming more personally responsible."

Breggin's alternative, he readily admits, certainly isn't the answer for the debilitated, down-and-out person who gets thrown into a state mental hospital. That person, he says, will need other alternatives that will have to be worked out.

These and the other ideas that will be expressed in *Man Against Psychiatry* are not new to Peter Breggin. He has been attacking psychiatry in one way or another since his college days. A member of the eastern establishment, Breggin became involved during his freshman year at Harvard (1954) in an attempt to reform the state mental hospital system. Each of 15 students from Harvard and Radcliffe spent one afternoon a week with a patient at the state hospital in Waltham, Massachusetts. "They gave us," he says, "what they called burnt-out schizophrenics, on the grounds that we couldn't hurt them." In the first year of the program, 11 of these patients (including Breggin's) were released from the hospital. To him it was a clear lesson that "what was going on here was the degradation, abandonment and oppression of human beings."

After this experience Breggin, who had planned to be a lawyer or novelist, decided to go into psychiatry. He expected, he says, to participate in the reform of psychiatry from within the system. At Western Reserve School of Medicine in Cleveland, he wrote and published papers on the psychophysiology of anxiety. "As I looked into this area," Breggin explains, "it became increasingly clear to me that while we might be explaining the mechanisms of how the human body expresses its misery and turmoil, we still weren't getting near what produces the misery and turmoil. So, my position has never been that the body isn't an important element in human misery. The body expresses the misery of a being or a person who is separate from the body, who exists on his own independent right. This was the start of an increasingly spiritual orientation to who we are."

As an intern at the New York Upstate Medical Center in Syracuse,

Breggin followed this trend and wrote papers on the coercion of voluntary patients in an open mental hospital, the volunteer in a mental hospital and the role of the mental patient. But professional literature, he began to feel, was not the medium in which to express the ideas he felt were important. "I was dealing with loneliness and alienation and unhappiness and the way psychiatry just increased and worsened it."

He started to work out his ideas in a novel about psychiatry. The book, *The Crazy from the Sane*, took five years. In it Breggin tried to discover what psychiatry was and what was salvageable in it. He says, "I think, essentially, I wrote myself out of psychiatry because I could find nothing worthwhile in it." He decided that psychiatry was not reformable and started on a second novel. In this one, *After the Good War*, he describes a 23rd-century society in which psychiatry has become the ultimate weapon of a totalitarian government.

It was while writing this second novel that Peter Breggin was forced back into an activist role. In April 1971, he saw a headline in *Psychiatric News* that claimed psychosurgery could be used to cure certain neuroses. "This was one atrocity that I just couldn't sit back on. I had to be at least one person to do something about it," he says. This led to 10 months of research on psychosurgery and eventually to the antilibotomomy campaign.

What has all this meant to Peter Breggin? Contrary to popular opinion, he says, it hasn't cost a lot of money, but it has been painful and frightening at times. This May, for instance, at the meeting of the American Psychiatric Association in Hawaii, Breggin was told that a group of prisoners who wanted psychosurgery were going to assassinate him if he didn't stop criticizing psychosurgery. The threat was relayed to Breggin by a neurosurgeon who said 60 prisoners who wanted his surgery had written to him about Breggin. "We don't know if there were any prisoners involved or if he made up the story," says Breggin, "but certainly the prisoners throughout the country are very much on our side. I've never even received an angry letter from a prisoner. So this was probably an attempt to blackmail and intimidate me, and it shows that the psychosurgeons are hurting because of my campaign against what they are doing."

Attacks like this, says Breggin,

force him to fight even harder. "After all, I was a 135-pound high school fullback. You can't be a fullback that size if you aren't going to take the attack to the other side."

Where will the attack on psychiatry lead? Breggin has formed a Naderlike institute, the Center to Study Psychiatry, that will provide an alternative for people to turn to on issues of psychiatry and behavior modification. As a nonprofit research and educational organization, it will examine the impact of psychiatric theory and practice upon personal freedom and privacy, individual rights and civil liberties. Breggin is seeking private funding for the center and plans to incorporate in the near future.

Getting such a project going, he



The Breggins have dinner at home with daughters Sharon (left) and Linda (right), Dr. Dubin and Phyllis's sister, Bonnie Lundy (far right).

says, has not been easy because psychiatry seems to be the darling of the establishment. "It is the do-gooder's ultimate paternalism and a tool for social control," he asserts. "Also, of course, many people in the establishment have had psychiatric treatment themselves in the form of private therapy, or have a psychiatric skeleton in their closet. Almost everybody seems to have done in somebody with psychiatry or been close to somebody who has been done in—a mother in a state hospital, a sister who has had electroshock therapy. They may hate what has happened, but they have to confront it in order to support me."

But the center is now underway with Peter Breggin as director and Phyllis Breggin as associate director. Other members of the board are Richard Allen, professor of law at

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Georgetown University; Robert Kephart, publisher of *Human Events*; and Phyllis Chesler, psychologist and author of *Women and Madness*.

Even without support, however, it is not likely that Peter or Phyllis would have given up the attack on psychiatry. As Phyllis says, "The work that Peter and I are doing is right in the direction of the kind of freedom I always envisioned people would have and we hope our work can be expanded to encompass all the people who are hindered in their freedom by psychiatry." Or, as Peter puts it, "Institutional psychiatry is an oppressive force. And once you begin to face oppression, it becomes both a personal and a political process. You become interested in the overall oppression in society. You become a freedom fighter." ■