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Irreconcilable Memory Culture in Psychiatry – Congratulations on Dorothea Buck's 100th birthday

Peter Lehman

SUMMARY: This tribute to psychiatric survivor and activist Dorothea Buck celebrates her seventy-year struggle on behalf of those oppressed by psychiatry.

KEY WORDS: Coercion, sterilization, electro-shock, Psy-survivor, psychosis, Nazism, Kraepelin

On April 5, 2017, the Honorary Chair of the German Federal Association of Users and Survivors of Psychiatry celebrated Dorothea Buck's 100th birthday. In Germany, she is considered and as one of the 'century women' (Seggelke, 2015, pp21–27) – women strong in character and with a course of life that encourages us to get old. For her particular birthday, a Dorothea Buck Symposium took place at the Hamburg University the day after (see www.bpe-online.de/buck/2017-04-06.pdf). Dorothea, who lives in a nursing home for elderly people, was connected by Skype. All people who could not attend this meeting in person can instead watch her keynote lecture, 'Seventy Years of Coercion in German Psychiatric Institutions, Experienced and Witnessed' to the congress 'Coercive Treatment in Psychiatry: A Comprehensive Review,' run by the World Psychiatric Association in Dresden in June 2007. Her lecture, translated into English, is available on the Internet at <http://ki-art-multimedia.de/dresden/doro-english.htm>.

Dorothea Buck, survivor and fighter

Dorothea is an extraordinary woman; gentle, clear, unbreakable, productive. Aged 99, she contributed her manuscript 'Psychose verstehen – Erfahrungen der Betroffenen anhören und ernst nehmen' (*Understanding psychosis: Listen to the*

patients' experiences and take them seriously) to Kirsten Becken's book *Seeing Her Ghosts* and repeated her central message: Psychiatrists should talk with the people and not treat them as soulless objects, and people with psychoses should try to make sense of their symptoms. In the book's prelude, the American writer Siri Hustvedt backs this message:

In the rush to explanation, to diagnosis, to treatment, the particular drama and singular narrative of the patient is often forgotten. No human being is a diagnosis, and no subjective state can be reduced to the objective information provided by a brain scan (Hustvedt, 2017).

Twenty years ago Dorothea's friend Brigitte Siebrasse translated her biographical notes into English. Dorothea had written about her post-war activities (available on her website www.dorothea-buck.de):

Together with the work group of (ex-) users and survivors of psychiatry within the holding-organization of psychosocial aid organizations and many individual fighters, we founded our registered association Bundesverband Psychiatrie-Erfahrener (BPE; Federal Association of Users and Survivors of Psychiatry) in October 9-11, 1992.

Since May 1996, in cooperation with my sister, the publisher Dr. Anne Fischer-Buck, I have been working on information and on a collection of signatures against medical research on persons who do not have the ability to consent – even when the research is not for their personal benefit – which is being planned by the *Bioethical Convention of the European Council*. We keep collecting signatures until April 30, 1997. By January 1, 1997 we have gathered 30.000 signatures.

We experienced the fate and life-destroying psychiatric interventions of forced sterilization and medical mass murder on patients, its missing insight and knowledge because they withheld dialogue with us. Now we demand an empirical psychiatry, based on the experiences of the (ex-) users and survivors of psychiatry, as we all – the psychiatrists included – can only know for sure, what we have experienced personally.

Dorothea was a victim of forced sterilization during the Nazi era. Beside this mutilation, she also suffered buckets of cold water poured over her head, lengthy baths in a tub covered with canvas, cold wet sheets, cardiazol-, insulin- and electro-shock, injections of paraldehyde and she witnessed the effects of neuroleptics in her fellow patients. (She also uses the name Sophie Zerchin, rearranging the letters of the German word for 'schizophrenia.') In her article 'Seventy Years of Coercion in Psychiatric Institutions, Experienced and Witnessed' she looked back on the

most modern psychiatric treatment and wrote:

During my last psychotic episode in 1959, I experienced for the first time, along with all of the others on the ward, an immediate injection of high dosages of anti-psychotic drugs. I considered this to be a total dictatorship which prevented us from thinking and feeling and also caused extreme physical weakness; it was deeply repulsive. (Buck-Zerchin, 2007, p25).

After the liberation from the Nazi dictatorship, Dorothea Buck worked as independent artist (sculptor) and taught art and handicraft at the Technical College for Social Pedagogy in Hamburg from 1969 to 1982. Since 1970, she was active in the self-help movement. In 1992, she was not only one of different co-founders of the German BPE, but the key actor. Now she is BPE's Honorary Chair. In 1997, she was awarded with the Bundesverdienstkreuz erster Klasse (decoration of the Federal Republic of Germany for service to the community), and in 2008 with the Großes Verdienstkreuz des Verdienstordens der Bundesrepublik Deutschland, the greatest decoration of the Federal Republic of Germany for service to the community. You can find all these dates on her website, which is also available in English (see www.bpe-online.de/english/dorotheabuck.htm).

Emil Kraepelin, intellectual fire raiser

I shared some years with her as board-member of BPE. Since we both left the board, I have been her webmaster. On April 5, 2017 I had the honour to be one of the lecturer at the symposium on the occasion of her 100th birthday. Together with psychiatrist Martin Zinkler, an opponent of forced treatment (Zinkler, 2016), I spoke about a psychiatric system without force, where the life, health and dignity of the patient are protected.

As Dorothea and myself wrote a lot about psychiatry during fascism and the time before, I used the possibility to refer to a German psychiatrist that neither Dorothea nor myself like: Emil Kraepelin (1856–1926). In 1916, Kraepelin lamented:

The lunatic is dangerous and will stay dangerous until his death which fortunately occurs rapidly! (Kraepelin, 1916, p3).

Two years later, he prognosticated:

An unrestricted ruler, who – guided by our present knowledge – could ruthlessly interfere with the habits of man, would in the course of a few decades be able to achieve a corresponding decrease in insanity. (Kraepelin, 1918, p270).

In order to 'reduce (the incidence of) madness,' Kraepelin began to recommend ruthless intervention in people's lives through dictatorship as early as 1918. In November 1920, he lectured to the Department of Genealogy and Demographics at the Psychiatric Research Institute in Munich, demanding a broadening of psychiatric practice in the following manner: to intervene against all possible forms of moral decay, against the lack of a clear and uniform direction in feeling, thinking and action and against 'Internationalism' (Marxism). He termed this 'social psychiatry' a means of internal colonization. The necessity to develop a social psychiatry in Germany became apparent to psychiatrists in the wake of World War I: 'mentally ill' soldiers (those with anti-war sentiments and lack of discipline) were deemed responsible for the military defeat and the 'pauper's peace' of Versailles; 'mentally ill' left-wing politicians like Erich Mühsam and Ernst Toller were frequently identified with the 'debased' Jewish people and its 'decadent forces of internationalism' (Kraepelin, 1921, pp7–8; more at Lehmann, 1994).

The result of Kraepelin's prophecy is well-known. Hundreds of thousands of psychiatric patients, disabled people and otherwise unproductive 'ballast existences' were sterilized or killed by psychiatrists and their supporters, as soon as the requested ruler (Adolf Hitler) gave them the possibility to act unrestrictedly. After the gas chambers had been successfully tested on psychiatric patients and other defenceless people by psychiatrists, this 'treatment' was used to kill Jewish people.

Reduced life expectancy of psychiatric patients today

Back to Dorothea Buck and today: we know that, in Europe, the life expectancy of psychiatric patients is reduced by, on average, 23 years. In the USA, where the rate of junk food and sugar consumption seems higher, the life expectancy is reduced by about 30 years. In 2006, Joe Parks, Chair of the Medical Directors Council of the American National Association of State Mental Health Program Directors, warned:

It has been known for several years that persons with serious mental illness die younger than the general population. However, recent evidence reveals that the rate of serious morbidity (illness) and mortality (death) in this population has accelerated. In fact, persons with serious mental illness (SMI) are now dying 25 years earlier than the general population (Parks, 2006).

Parks' statement was confirmed by many researchers; even the drug firm Janssen Pharmaceuticals stated:

Research has shown that the life expectancy for people living with a serious mental health condition is, on average, 25 years shorter than the general population (Janssen Pharmaceuticals, 2012).

It is no surprise that mainstream psychiatrists and drug companies do not consider the potentially toxic effects of their drugs as the cause of this disaster, but suggest instead that it is the unhealthy living conditions of the patients, especially their bad health. If they were right, would it be not an even bigger crime to administer potentially toxic drugs to such a vulnerable group?

Ongoing appreciation of the intellectual fire raiser Kraepelin

Knowing the wishful thinking of Kraepelin, it is no surprise that the catastrophe of increased mortality in psychiatric patients is accepted by mainstream psychiatry as a matter of course, without a second thought. Still today, they honour him. Eugen Kahn, for example, a fellow worker of Kraepelin, published his appreciation for Kraepelin in the *American Journal of Psychiatry*. On the centenary of his birth, Kahn wrote:

Emil Kraepelin died 30 years ago. The influence of his work in psychiatry continues; it may be greater than we are aware of, particularly in view of the recent efforts biologically and physiologically to get closer to the solution of many of our problems (Kahn, 1956, p289).

Some years later, in the context of his experience as a dispenser of neuroleptics, the Harvard psychiatrist Gerald L. Klerman gave credit to Kraepelin's trailblazing work regarding modern psychiatry:

American, British and Canadian psychiatry today is in the midst of a Kraepelinian revival, that is becoming the dominant force among research and academic leaders (Klerman, 1982, p7).

If you think that, in light of more facts about the psychiatric crimes during 1933 and 1945 the enthusiasm for Kraepelin declined, I have to disappoint you. On the website of the psychiatric Ludwig-Maximilian-University (LMU) in Munich, whose medical director is Peter Falkai, 2010-2012 president of the German Psychiatric Association and currently member of the Scientific and of the Organizing Committee of the World Conference of the World Psychiatric Association in Berlin in October 2017, you can read still today, that Kraepelin was an excellent scientist "with outstanding importance" for all of psychiatry to the present time (Psychiatrische Klinik, 2017a):

The Psychiatric Clinic of LMU was set up in 1904 by Emil Kraepelin in the heart of the city of Munich. Many famous psychiatric researchers have here made decisive progress (Psychiatrische Klinik, 2017b).

Emil Kraepelin was the first medical director of the LMU Psychiatric Clinic. At the beginning of the twentieth century, he gained worldwide recognition in the psychiatric field (Psychiatrische Klinik, 2017a).

Also, thanks to the indifference of mainstream psychiatrists to Kraepelin's intellectual fire raising, the psychiatrist is still appreciated by the general population. On February 15, 2006 on the occasion of Kraepelin's 150th birthday, a memorial stone in his town of birth was unveiled. Then, Mayor Andreas Grund proudly announced:

This day merely marks the beginning of a more intensive preoccupation with one of our city's great men, a prominent psychiatrist, and therefore aims to make his life and work accessible to the public (Grund, 2006; cited after Neustrelitz Leben, 2006, and Discher, 2017).

At the same ceremony, Neustrelitz' school director Henry Tesch praised Kraepelin as 'pioneering psychiatrist, researcher and organizer of science, as it is acknowledged by a special stamp of the city of Neustrelitz' (Tesch, 2016, p15). In 2006, psychiatrist Rainer Gold, obviously involved in dirty drug testing procedures in the former GDR (organized to procure money from Western drug firms for the Stalinist party SED – see Spiegel, 1991), wrote about that ceremony in *Carolinum* (a journal founded in 1935 during the Nazi era). He stated that, on the occasion of the 150th birthday of the famous son of the city, the citizens of Neustrelitz 'naturally' expected a commemorative event and the revelation of a memorial plaque at the wall of the house where Kraepelin's family had lived (Gold, 2006, p75). Not surprisingly, psychiatrist Hans-Jürgen Möller (who has received grants and is a consultant for and on the speakership bureaus of AstraZeneca, Bristol-Myers Squibb, Eisai, Eli Lilly, GlaxoSmithKline, Janssen-Cilag, Lundbeck, Merck, Novartis, Organon, Pfizer, Sanofi-Aventis, Schering-Plough, Schwabe, Sepracor, Servier, and Wyeth – see Fountoulakis et al, 2013), from the psychiatric university clinic in Munich, had sent compliments:

It is nice to hear from you that you keep the memory of Emil Kraepelin at his birthplace – this psychiatrist and researcher, who is not only historically important but also still today, and you honour him by the *Kraepelin Days* which take place in sequence. (...) My dear predecessor, Prof. Dr. Hanns Hippius, as well as myself feel very much obliged in Munich to the Kraepelin tradition (Möller, 2006; cited after Gold, pp76–77).

Gold added to Möller's profession of faith to Kraepelin:

Professor Möller also pointed out the edition of Emil Kraepelin's collected writings, which is – from a biographical, scientific-historical and psychiatric point of view – extremely interesting... (Gold, 2006, p77).

Mainstream psychiatrists celebrated the 100th birthday of their hero Kraepelin. And they inspired German politicians and citizens to join their chorus. These are simple symptoms of normality and the agents of compulsive normality: mainstream psychiatry.

A biased appreciation

Let us celebrate the 100th birthday of our Dorothea Buck, remember the many victims of psychiatric treatment and stay together – in the spirit of the Declaration of Dresden (13) and the Declaration of Vejle (Lehmann et al, 2007) – against violent psychiatric behaviour, against the reduced life expectancy of psychiatric patients and for an appropriate and humanistic support for people in psychosocial distress.

All the best for you, Dorothea, and thanks forever for all your work!

Remark

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