

Games Therapists Play

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How Punitive Diagnoses Allow the Fracture
of Patient, Civil, and Human Rights -- with
Impunity

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Dedication

My rapist got six months in prison and no psychiatric diagnosis.

I committed **no** crime and now have twelve psychiatric diagnoses.

My medical records state that I have three forms of depression, two neuroses, three personality disorders, three psychoses, and Personality 8, a diagnosis not even featured in the DSMIVR. I am the **only** person in the United States with Personality 8. **None** of the colleagues of the doctor who gave this diagnosis can explain it to me.

Why do I have so many diagnoses? I have complained to licensing boards eighteen times about unethical therapists. Fifteen times the various boards agreed with my complaint and slapped the therapists' wrists.

And the therapist has access to files **after** the board acts, so they retaliate with diagnoses lacking any basis in reality.

Chapter One – The Terror of Rape

Sexual assault occurs once every two minutes, according to the latest rape statistics. The Rape and Sexual Assault Center in Minneapolis, Minnesota provided this information. Seventy-two of each 100,000 women are raped each year. In 68% of these cases, the victim knew the assailant. Acquaintance rape is the most frequent at 35% percent. The next category of frequency is the boy friend at twenty eight percent. Family members are convicted in 5% of cases. That leaves 22% for stranger rapes, the Jack the Ripper stereotype.¹

Rape experts across America remind the media not to think of the assailant as anyone out of the ordinary. Where it may be true that rapists may seem just like anyone else, that can't be said for certain. This is because the rapist is seldom required to seek psychological counseling.

After arrest, the court might require a psychological evaluation to determine the accused's fitness to stand trial. And after the victim has gone through the ordeal of trial, and the assailant is sentenced, the judge can order time in prison, or in-patient treatment, or incarceration in a state hospital, like the one in St. Peter, Minnesota.

Whether the assailant goes to prison, in-patient treatment, or incarceration in a state hospital, he can avoid mental health stigma, as he won't get a mental health diagnosis while serving time. The victim is the one that gets the "crazy" labels.

Is the treatment for sexual assault effective? Is the sex offender any less likely to re-offend once their in-patient treatment is complete?

Hardly. Alfonso Rodriguez, Dru Sjodin's murderer, spent most of his 23 years in prison in an in-patient program, but he received no new diagnosis while in this program. The only diagnosis he ever acquired was given him just a few months prior to his first offense in 1974. He saw a psychiatrist for depression and anxiety.

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And treatment is not mandated in prison. In the case of Katie Poirier, the Moose Lake, Minnesota teenager, also murdered by a repeat sex offender, Donald Blum received no therapy and no psychiatric diagnosis.

The victim, meanwhile, is advised that s/he must stay in treatment for the rest of his/her life, especially if psychiatric medications have been prescribed. The victim is always the one who acquires the psychiatric diagnoses—and the resulting stigma. S/he is advised that s/he must do everything possible to ensure that the terror and anger resulting from this horrendous crime does not affect any of his/her relationships.

The violent act committed upon him/her is not prima-facie evidence of a twisted mind, however. The victim must take anger management courses and accept the labels given by medical personnel, who incidentally do not record anything in the medical record (after the initial psychosocial history) to explain any of the victim's continuing agony. All that appears in medical records is a list of symptoms that confirm whatever diagnosis has been submitted to the insurance company. These symptoms do not have to conform to the facts of the patient's life, either.

In the Katie Poirier and Dru Sjodin cases, their murderers had at least four previous convictions for rape. Yet neither of them had ever been extensively treated for **their** psychological problems.

And, whereas the court cannot order assailants to mental health counseling, if the victim should become hysterical in public for any reason, he or she can be court ordered. In some cases, the presiding judge in these court commitment cases will not even listen to opposing information provided by friend, family member or pastor.

In the case of Alfonso Rodriguez, his first conviction was in 1974, for sexual assault at knifepoint.² He was sent to St. Peter for six years. In Minnesota, some sex offenders are hospitalized rather than imprisoned. The reasons for this are explained as follows:

The State of Minnesota uses two subdivisions of the Minnesota Commitment Act 3.to civilly commit sex offenders for treatment – the Sexual Psychopathic Personality provision and the Sexually Dangerous Person provision. A court

may commit a person for sex offender treatment if it determines that the individual is a “Sexual Psychopathic Personality,” a “Sexually Dangerous Person,” or both.

A Sexual Psychopathic Personality is a person who, as a result of a mental or emotional condition: (1) has engaged in a “habitual course of misconduct in sexual matters;” (2) has an “utter lack of power to control the person's sexual impulses;” (3) and, as a result of this inability to control his or her behavior is “dangerous to other persons.”

A person can also be committed as a Sexually Dangerous Person. Unlike the Sexual Psychopathic Personality provision, a judge does not have to find that the person has an “inability to control the person's sexual impulses.” A Sexually Dangerous Person means a person who: (1) has “engaged in a course of harmful sexual conduct” that creates a “substantial likelihood of serious physical or emotional harm to another;” (2) the person has a sexual, personality or mental disorder; and (3) the person is likely to engage in harmful sexual conduct in the future.³

Was Rodriguez’ hospitalization anymore effective than imprisonment would have been? Within a few days of release, Rodriguez stabbed another woman and tried to kidnap her. Again, his only psychiatric diagnosis was for depression and anxiety. Depression and anxiety for rape and assault?

And the only treatment Rodriguez ever agreed to was for chemical dependency. It’s useful for the felon, when appearing before the parole board, to show some willingness to change some aspect of his life.

After almost twenty-three years in state hospitals and prisons, Rodriguez was paroled on May 1, 2004. Six months later he was charged with Dru Sjodin’s murder.

Here’s the fascinating thing about his diagnoses for depression and anxiety. Mr. Rodriguez, and thousands like him, can obtain group therapy while on parole. Any rape victim also

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enrolled in treatment programs for depression never knows that a convicted rapist is making ceramics in her occupational therapy class at her Day Treatment program.

Therapists, who manage Day Treatment programs, make no effort to separate perpetrators from victims. Current laws in Minnesota, and most other states, do not require any public health program to be notified about anyone who might be a sex offender. The only thing that matters for Day Treatment programs is the diagnosis. Mr. Rodriguez would have had his ideal victim in such a program.

The only way a rape victim will ever know if her ceramics partner is a rapist, is if she decides to have coffee with him on her way home from the Day Treatment Program. People in his neighborhood have to be warned by law, but other patients in any Day Treatment or similar program are never informed.

Why is it important to say this? President Bush issued an Executive Order stating that all Americans be screened for depression. A teenager with poor grades might end up in such a program.

The public outcry over Dru Sjodin and Katie Poirier murders prompted the State of Minnesota to review its sex offender policies. The governor, Tim Pawlenty, made some spectacular promises in public about locking up sex offenders and thereby ensuring public safety, but then referred the matter to a blue ribbon commission. Usually when politicians don't want to deal with a problem, a commission is formed to study it to death.

This commission has come to some fascinating conclusions, however. It states, "For all of their talents and skills, social workers and psychologists do not have the specialized training to be effective supervision agents. When patients who have been civilly committed successfully complete treatment and are in transition back to they community, they need to be vigorously supervised by well-trained agents."

No such agents can be seen in any Day Treatment program where rape victims might encounter sex offenders. The mental health system makes most of its money by treating victims. It is therefore vital that people continue to view themselves as victims, and most therapists permanently place them in that role. I will support that statement in three ways:

1. I will show how therapists regard their clients from their own journal articles and books
2. I will tell my own story
3. I will retell the stories of other victims of abuse by therapists, by quoting published articles and books.

Chapter Two – Help to Heal?

I was living in Laurel, Maryland, when my neighbor broke into my mobile home one chilly November night and changed my life forever. During my long association with the U.S. military, I had been stationed in Maryland more than any other place. My ex-husband was a medical entomologist and Army officer. We had lived on military bases for most of the eighteen years that we were married, so there wasn't much equity in the house we had bought in Anne Arundel County.

Having been a full time mother for most of our married life, I was not making enough to do much more than squeak by. I had managed to earn a bachelor's degree between two duty assignments. But I had only begun to work in that field. My salary reflected my lack of experience. But I was making a name for myself – literally. And one of the perks of being an associate editor was having free passes to concerts and movies. It stretched my salary.

I didn't know my neighbor very well. I was a busy single mother, working for a newspaper in Annapolis, and participating in Toastmasters. That was better than any of the singles groups that seemed to be everywhere. They offered little in the way of friendships with the opposite sex – just a pairing off process that left a lot to be desired.

We were sharing custody at that time. The rape occurred when my son was with his father. Any other weekend that he'd be spending with his father would have been full of some kind of social activity, but that weekend my arthritis was flaring up.

I'd been in an automobile accident three years before that and had damaged my right kneecap, so I was on pain meds when Mr. Jackson entered my house unannounced. Whenever I had to take that drug, I could never sleep well. So I knew, at an intuitive level, the moment my neighbor entered my bedroom.

I woke up screaming as soon as he entered the bedroom. That surprised him, and he stood at the foot of the bed for an

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instant, as though in the sights of a gun. Too bad I didn't have one that night.

As he moved toward me, I braced against the hard headboard, trying to disappear into it, I guess. I should have continued to scream, but I was in shock. I tried to reason with him.

I knew instantly who it was, although I didn't know my neighbor well enough to remember his name. The mailboxes were outside, affixed to a long, flat bar. I'd seen him at the mailbox the day before. He'd noticed my limp as I approached, and I told him about the accident, and the fact that it only bothered me when the seasons changed.

As he came closer to the bed I could see that he was wearing black jeans and a dark blue windbreaker, like mechanics wear. It had his name emblazoned above his right pocket. I didn't know him well enough to even be sure where he worked or what he did for a living. I was so busy with my life, I didn't know much about any of the neighbors.

On the night of the rape, I tried to reason with him, reminding him of the pain I was in, to no avail. Even while I was pleading with him, I was also wondering whether he might have a gun or knife, and praying that he didn't.

My heart pounded as he climbed on top of me. He pressed his rough hand on my mouth and the fingernails dug into the corners of my lips. I couldn't breathe, and my heart pounded in my ears. I wondered if I would live through this horror. He smelled of machine oil and stale whiskey. And I almost threw up as he pressed into me.

“Shut up if you want to live,” he growled.

Without removing his hand from my mouth, he slapped me so hard with the other hand that I fainted for a moment.

He did not need to tear my clothes as I was wearing a ragged old nightgown. I wasn't expecting anyone, and it was easy to use when I needed to put ice on my knee as a pain reduction device. He just pulled it up and unzipped – very neat and clean for him.

When I came to awareness again, he was grinding himself into me. My stomach churned and I shrieked. Again he slapped me and I went under.

The next time I woke, I pretended to still be asleep. His mouth was on mine as he drove into me. My stomach churned and I prayed he would be done soon and just leave. It was the worst feeling I've ever had.

It seemed like forever, but finally he stood, zipped up, and said, "Say one word and I'll be back."

"I won't," I promised, just wanting to be sure he'd go.

As soon as he left, I ran into the shower and let the warm water flood over me. I washed every part of me, until the water began to turn cold.

So began a frightening experience that would forever change my life. Over the next few weeks, the anger that he deposited inside of me would grow like a parasite. I began to devolve into a person I did not know. It took a major effort not to inflict my pain on my son.

At the hospital, the nurse who conducted the initial interview and took the samples for the court insisted that I contact the county rape crisis center for help in dealing with the fracture of rape. The groups were useful. Others in the same situation provided such compassion it was amazing.

But that rape center did not provide any advocacy for the interrogations by police. I went through all those endless personal questions by the police by myself.

I think the detective got a sexual thrill by asking some of the questions he asked. And the female officer assigned to the case after I protested was no better. At one point, she told me, "If you need someone to hold your hand through this, maybe you shouldn't go to court."

I could not believe how cold and hard she was. The male cop, I could understand. Corporal Hewitt was a real hard driving, macho guy. He obviously thought he was god's gift, the way he sashayed around. He even flirted with Agnes Moultrie, the cold, hard female officer.

It became clear that Cpl. Hewitt really didn't want to take this case to the county attorney. He made a practice of calling at work, and my boss asked if I had committed a crime. So I had to tell him that I'd been assaulted. I didn't say whether it was physical or sexual assault, but his attitude toward me had definitely changed.

In a way that was worse than the act itself.

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I asked Hewitt not to call at work, as I'd like to be able to feed myself and my son for as long as possible, but that had no effect on him. A day after I made that request he called to set up another meeting.

He said he had talked to my neighbor, and had some follow up questions. When I asked if he had arrested the man and he said he couldn't do so until I answered these additional questions I said, "Oh that's wonderful. Just wonderful. He said he'd come back for me if I said anything. I could be long dead, by the time you decide to arrest him."

I think my boss heard that conversation, though he was in another room when that happened. I had to go stand outside for a while. I didn't want anyone at work to see my tears.

And I began to hate Cpl. Hewitt.

At our next meeting, I told him I knew he was walking all over my rights and that if he scheduled another meeting before arresting my neighbor I would bring an attorney with me.

Agnes Moultrie popped up with; "You don't need an attorney. Once it gets to court, the county attorney will represent you."

I cried. I couldn't help myself. "For it to come to court, I have to be alive. My neighbor could easily make sure I'm not. But I can't really afford an attorney, so I'll bring a tape recorder if I have to go through all these details again."

Cpl. Hewitt didn't hear me at all. Before the meeting ended, he checked his schedule and gave me another time. When I came in for another interrogation, he said, "The desk sergeant saw you with a tape recorder. Tape recording an officer of the law is against the law."

Fortunately my tape recorder was jammed, so I dumped out my purse on his desk, and said, "See, I don't have my tape recorder with me. I'd like the name and badge number of your desk officer. And I'm now in a place where I can file suit against you."

He back-pedaled so that his behind was almost out his office window.

I then said, "Look, if my neighbor is not arrested in the next twenty four hours, I'll splash this all over the front page of The Publick Enterprise and start an investigation of this police

station.” (I was bluffing, as TPE was a business-oriented newspaper – part of the alternate press in Annapolis.)

Then I turned on my heel and left.

As I pulled into my driveway, a police cruiser pulled up next door. Moments later, my neighbor was finally taken into custody.

My neighbor sneered at me as he was loaded into the squad car. His wife gave me the finger. But I did not care. With him in custody, my sense of safety and my ability to sleep nights would grossly improve, and just the fact that I would not have to see Cpl. Hewitt again, was a blessing.

Was I imagining that the police did not want to arrest my neighbor? Not at all. It’s still quite common for police to decide not to work all rape cases that are reported to them. The woman’s movement has had little effect on this tactic. This is why the FBI can continue to state that violent crime is on the decline, when everyone knows otherwise.

The following table reflects data taken from a study available at www.rainn.org:

Reliability of FBI Rape Statistics

Police Dept.	Avoidance Tactics	Resulting Reports
Philadelphia	Use of code 2701	More than 700 cases not worked in five years
Phoenix	“Information only” cases	Up to 1/3 of cases not worked
St. Paul	“Cleared*” 108% of annual cases	Allowed city to claim 90% effective rate

- FBI reporting rules allow police to “clear” cases without arresting suspects
- Other cities solve about 1/3 of reported cases

Prior to this tragedy, I had had no psychotherapy. My ex-husband and I had about six months of marriage counseling, but were transferred to another base in the middle of it. But I took no

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psychiatric diagnosis into the police interrogations or into the court case.

My character therefore, was not in question during the period between my neighbor's arrest and trial.

The stress of this trauma did not result in job loss either, at least not directly. A husband and wife team owned The Publick Enterprise. It operated on such a tight budget, that neither of them was covered by health insurance. When Margot required a mastectomy, two-thirds of the staff was laid off. The graphic artist was the first to be eliminated and I was the third.

Out of work, I took advantage of the time and went to stay with a friend in Northern Virginia. I did temporary office work while staying there. I needed time away from the neighborhood in which the crime had been committed. It was very rejuvenating, as she and her husband were renting a farmhouse and boarding horses to augment their other income. That meant I could ride after supper in exchange for grooming the horse and cleaning the stall.

Six weeks passed before the court contacted me for a brief meeting with the county attorney. That was easy to cope with, compared to the interrogations with the police. I repeated all the details just once and was given information on how the court functions. The docket was so full, it took almost eight months for the case to come to trial.

I was not required to maintain residence in the state in order for the case to go to trial. But even though I was keeping busy with clerical assignments, the situation was becoming difficult. I was a third wheel in Kathy's household.

So I found a job in the county west of Laurel, for another small newspaper. By this time, I was also referred to a psychologist for more intensive treatment than provided by the Rape Crisis Center.

Chapter Three - Another Kind of Rape

After completing the therapy program at the rape crisis center, I was referred to a psychologist as I was still having flashbacks. I was also told that while the trial was pending, it was vital that I continue treatment in order to avoid inflicting my agony on my family relationships and friendships.

The name on the business card I was handed was Joan Roberts Field, PhD. I was told that her use of hypnotherapy would help with my flashbacks without any need for medication. I like the idea that I would not need medication, so I made an appointment the next day.

Her office was in a large business complex that included lawyers, dentists, stockbrokers, and computer repair companies. It was lavishly decorated and had a view of the golf course. On the walls were prints of famous artists and her credentials framed in gold.

On a teak coffee table in her waiting room, was a copy of Baltimore magazine, featuring an article about Dr. Field. Her picture was on the front page of the magazine. The article chronicled all her achievements, including the most recent: first female president of the Maryland Psychological Association.

I therefore assumed that I had the best of the best. If her peers held her in such high esteem that they elected her to run their professional organization, I was sure I had nothing to worry about. Of all the possibilities in that state, I had found the best qualified to treat my rape trauma.

As we began our sessions together, I had not passed through the probationary period at work and had no corporate health benefits. Fortunately, I did still have coverage from CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) as my marriage to an army officer had exceeded ten years.

I had traded away my share of his retirement benefits, in exchange for a new car and five years of alimony. I was working at the time of our separation and could not predict the rape or any

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of its long-range consequences. I was hopeful that by the time the alimony expired I would have sufficient income to make it on my own.

But in order for Dr. Field to use my CHAMPUS benefits to pay for psychotherapy, she needed to submit a diagnosis. She chose clinical depression and posttraumatic stress disorder. PTSD is a common diagnosis for rape victims, and divorce leaves most people with some form of depression for some part of their lives. Being a single parent causes so much stress for both parties, and their children, that depression is quite common.

My marriage had lasted eighteen years. Now, more than half of marriages end in divorce and second marriages do not fare much better.

CHAMPUS allowed weekly sessions at that time, for the first six weeks, after which it would only pay for bi-monthly sessions. Dr. Field assured me that even though I had an incredible amount of stress as a single mother with a rape trial pending, there should be no problem complying with the framework established by CHAMPUS.

So we began counseling immediately. Hypnosis was very helpful in controlling most of the anxiety brought on by those arduous police interrogations. Self-hypnosis, at key times, resulted in a degree of relaxation that I still think allowed me to take care of my son without inflicting him with the deep anger I had toward both my rapist and the police.

I was very fortunate that I had a good support system. I lost no friendships during this period. Even though I was no longer an officer's wife, I still had a dozen friends I had made while traipsing all over the world.

Not only that, but I had remained friends with Margot and Frank, despite the lay-off from The Publick Enterprise. Margot had come through the initial stages of breast cancer and was adjusting well to the mastectomy and follow up chemotherapy.

And self-hypnosis was fun. It gave me a tool when the world started to crash in on me. I could ignore some of the stress as I dealt with the pain of rape. And the deep relaxation I got from trance also allowed me to continue to prioritize the things that needed to be done so that I didn't get overwhelmed.

But then one of Dr. Field's other clients committed suicide. She told me this over coffee at Clyde's, a restaurant

favored by the movers and shakers in that part of the state. On my budget, coffee was the only thing on the menu that I could afford. But Dr. Field paid for our meal with her credit card.

I felt as though I was specially favored by having social contact with the president of the Maryland Psychological Association. I even hoped that she might introduce me to one of the lawyers that frequented Clyde's – someone with prestige and money.

As we waited for our meal, she described her anorexic client, Mary. I found out that Mary had grown up in an alcoholic home and had gotten no compassion or support from her parents. Her anorexia, according to Dr. Field, was a statement about her sterile environment. Controlling her food intake was a silent announcement of her extreme distress.

Then Dr. Field smiled and said that if Mary's parents had not removed her from treatment with her, that Mary would not have committed suicide. "She gained twenty five pounds while she was my client and her grades improved markedly in school."

She went on to say that she wanted to tell Mary's parents that at the funeral, but choked back the words.

I wanted to ask her if it was common for therapists to attend the funerals of their clients and add to the parents' misery, but I didn't want to be excluded from Clyde's and my chance to find a wealthy mate. Still, I was concerned about the fracture of Mary's confidentiality.

I ought to have called her on that; because in the weeks that followed, I began hearing about all of Dr. Field's other clients. There was Judy the Artist, who was so lacking in self-esteem that she would never get the promotions her talent should ensure.

This may or may not have been true. Dr. Field's undergraduate degree was in fine arts. Her first professional job had been as an apprentice to a visual artist, who only allowed her to mix colors for his murals. Since that was not very satisfying, and the salary was not suitable, she decided to become a psychologist.

There was Don the Snake-man, who had a penchant for sado-masochistic sexual activities. He was a successful businessman, and Dr. Field laughed about how adept he was at handling his secret life. Whenever I shared the waiting room with someone in a three-piece suit, I wondered if it was Don.

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Spotting the Dresden Doll was very easy because she preferred pastel blouses and was withdrawn socially. Dr. Field also told me that her father was very critical of her when she was growing up. She could never do anything right in his eyes. He told her she would never amount to anything.

That was one of the reasons she decided to change from being an artist to being a psychologist. She decided that having a good salary would prove him wrong. Being able to drive a brand new Cadillac was one way in which she challenged her father's low opinion of her.

I began to wonder about **my** confidentiality and whether CHAMPUS should pay **me** to listen to all of her problems. I had essentially become her therapist. She told me about problems in her marriage, even interrupting a session to call her husband, to chew him out.

Then one day when I came for a session, I saw her pacing the floor and staring out the window. Someone she had helped convict had been paroled and had left a scary message on her answering machine.

It slowly became clear to me that despite her status as President of the Maryland Psychological Association, Dr. Field needed lots of help herself.

I asked a friend I'd known while I was an officer's wife, stationed in Japan. Cheryl had a master's in social work when she married Dale Simpson. She became a full time mother immediately thereafter and had never used her degree.

Cheryl and Dale were now stationed at Walter Reed Army Medical Center and had a nice house in Bethesda. I spent a Saturday with Cheryl and asked her what I needed to know.

She comforted me about the rape and said I should report Dr. Field to the licensing board, not only about breaches of confidentiality, but also for the dual relationship aspect of the code of ethics.

She explained that therapists are not supposed to have social contact while they are conducting psychotherapy. It has to do with transference, a necessary ingredient in therapy. Transference is the tendency to project unmet needs for affection unto the therapist. According to Cheryl, if handled correctly, it can assist the client in doing some real work. She then said I had a

responsibility to myself and all of Dr. Field’s clients to report her lack of ethics.

Cheryl said that I owed it to myself to find another therapist as my healing from that rape had been compromised by Dr. Field’s problems. When I expressed some reluctance to do so, she said, “One bad apple does not spoil the barrel.”

But Jeffrey Masson, in *Against Therapy*, says, “Abuse of one sort or another is built into the fabric of psychotherapy. The ways that a therapist can harm a patient are as varied as they are in any intimate relationship.”¹

My formal complaint to the licensing board resulted in another round of interrogations with three officials in the Department of Mental Hygiene.

And now, with another load of trauma, I was hospitalized for suicidal ideation. Though I had no symptoms of psychosis, I was given Mellaril in addition to Prozac, to control my nightmares.

I subsequently learned by reading *Toxic Psychiatry*, by Peter Breggin, MD, that psychiatrists commonly prescribe a low dose of an anti-psychotic in hopes that by so doing, Prozac’s potential for making patients’ violent, could be averted. So many murder cases have shown that Prozac and its sister medications can cause violent obsessions that this tactic has been shown ineffective.²

Basic Info provided by Toxic Psychiatry

Psychiatric med	Effectiveness	Side effects
SSRI antidepressant <ul style="list-style-type: none"> • Prozac, Zoloft, Luvox, Effexor, etc. 	Equal to placebo	Increased suicidal ideation, gastric pain, weight gain, loss of libido
Neuroleptics – Anti-psychotics	Can increase hallucinations and delusions	Gross changes in gait, heart rhythm, kidney, brain damage
Lithium	Variable	Heart rhythm, kidney disease, birth defects

That was four years prior to the publication of *Toxic Psychiatry*, and I was not told this at the time I was medicated,