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Psychiatry's Rightwing and Progressive Bigotries

How Each Enables the Megamachine

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chiatry; however, as long as the hierarchical dehumanizing megamachine remains, another enabling ideology and institution will simply replace psychiatry.

So what did Lewis Mumford recommend when it comes to the dehumanizing power system of the megamachine? In *The Myth of the Machine: The Pentagon of Power* (1970), he concludes:

“Each one of us, as long as life stirs in him, may play a part in extricating himself from the power system by asserting his primacy as a person in quiet acts of mental or physical withdrawal. . . . Nothing could be more damaging to the myth of the machine, and to the dehumanized social order it has brought into existence, than a steady withdrawal of interest, a slowing down of tempo, a stoppage of senseless routines and mindless acts. And has not all this in fact begun to happen?”

Withdrawals of interest can manifest as inattention, substance abuse, dissociation, and depression—and can sometimes be self-destructive. However, not all extrications from the power system of the megamachine are self-destructive, as wise and strategic ones can be quite joyful and rewarding.

would up her dose or try another medication. ‘I was living in a body hijacked by the medication,’ said Gansky, 29, who is still struggling to wean herself off an antidepressant.”

This *Wall Street Journal* article then makes a case that nondrug therapies would be more helpful. Not only does it discuss behavioral therapy, it includes an entire section on “Unhealed Trauma.”

While this *Wall Street Journal* conclusion may seem radical to some readers, it is not. As long as misery is seen as caused by an individual defect, even if its source is trauma and not an innate biochemical flaw, a singular focus on trauma-healing treatments does not threaten the megamachine. While those of us who are critics of barbaric kid drugging certainly prefer trauma-healing treatments, a complete emphasis on *any* individual treatment—absent of efforts at dismantling the dehumanizing social system—is acceptable for the megamachine.

History tells us that it is not impossible that psychiatry’s kid drugging will disappear, as some of its other barbaric biological treatments have disappeared, but only to be replaced by other barbaric treatments. The arc of the eugenics movement also tells us that entire enabling ideologies and institutions, when they become an embarrassment for the megamachine, have also disappeared; and this reality is the major source of establishment psychiatry’s existential anxiety.

Unfortunately, history also tells us that megamachines and power systems rarely disappear, and even when a given variety does, it is replaced by another. For example, Czarist Russia was replaced by Soviet totalitarian communism, which was ultimately replaced by the Putin-topped kleptocracy.

So, we can continue to play the game of whack-a-mole, in which successful discrediting of a psychiatry theory or treatment triggers its replacement by another unscientific theory and damaging treatment. We can even work to whack the entire institution of psy-

Psychiatry’s abysmal record has been acknowledged by the then National Institute of Mental Health (NIMH) director in 2011 (“Whatever we’ve been doing for five decades, it ain’t working”), and again by the *New York Times* in 2021 (“Almost every measure of our collective mental health—rates of suicide, anxiety, depression . . . went the wrong direction, even as access to services expanded greatly”). Despite treatment outcome failure, psychiatry continues to grow in influence because it enables the social order—the megamachine—which in turn rewards psychiatry with status.

What do I mean by the terms *megamachine*, *rightwing bigotry*, and *progressive bigotry*?

The *megamachine*, a term coined by historian and social critic Lewis Mumford (1895-1990), is an impersonal hierarchical social system that functions like a gigantic machine in which human beings are cogs stripped of autonomy and meaning. The megamachine is a type of “power system,” which Mumford explains “can operate as a single, largely invisible unit, over a wide area” resulting in the human being becoming “a passive, purposeless, machine-conditioned animal.”

Megamachines and power systems have existed throughout history. An ancient example of its cogs are the massive workforce that constructed the pyramids in Egypt when ruled by Pharaohs in a theocratic monarchy. In the modern megamachine, increasingly powerful technologies dominate not simply gigantic corporations and other large bureaucracies, but virtually the entire economic, political, and social system. Examples of cogs in the modern megamachine range from Amazon employees scurrying around giant warehouses with zero human contact and robotically moving boxes, to physicians and patients stripped of autonomy by insurance companies and medical practice bureaucracies.

In the last century, whether the brand of the autonomy-stripping megamachine has been German Nazi fascism, Soviet totalitarian communism, or U.S. corporate capitalism, psychi-

atry has been an enabler of the megamachine—more later on psychiatry’s role in each of these systems.

Bigotry is a narrow-minded prejudice, an intolerance to those people and beliefs that differ from one’s own, who are seen by bigots as not simply different but as inferior and defective.

When many people think of bigotry they associate it with *rightwing bigotry* based on race, gender, sexual orientation, and religion. Rightwing ideology includes a devotion to the traditional social order and its hierarchy, and so if the social order consists of racial, gender, sexual preference, and religion inequality, then bigotry in these areas is necessary to maintain this inequality and hierarchy. Historically, rightwing bigotry has allowed those at the top of the hierarchy to retain power by: (1) granting some groups superiority on the basis of their race, gender, sexual orientation, and/or religion, thus providing them with psychological and social benefits that foster their loyalty to the status quo system; and (2) creating conflict between the more and less privileged groups, which subverts the unity necessary to overthrow a dehumanizing social system.

Progressive bigotry, in contrast to rightwing bigotry, is directed against *all* people who do not comply and adjust to the megamachine. The progressive bigotry hierarchy is not based on race, gender, sexual preference, or religious beliefs, but rather on one’s superiority or inferiority of compliance and adjustment to the social system. Progressive bigots view themselves as *progressive* because: (1) they believe that all people—no matter what their race, gender, sexual preference, or religious beliefs—can adjust to the megamachine and even rise to the top of the hierarchy; and (2) unlike rightwing bigots—who murder, imprison, and enslave those at the bottom of their hierarchy—progressive bigots believe that education, training, and treatment can improve the efficiency of those with inferior compliance and adjustment to the social system.

Psychiatry is today embarrassed by some of its rightwing bigotry; and the professional guild of U.S. psychiatry, the American

In that 2025 *New York Times* article “Have We Been Thinking About A.D.H.D. All Wrong? the *Times* actually reported on the 36 month results of the Multimodal Treatment of Attention Deficit Hyperactivity Disorder Study (MTA). As *Mad in America* readers have long known, the MTA study found that after 36 months, the advantage of children taking stimulant drugs such as Ritalin completely disappeared; and that the only long-term effect of these drugs was the suppression of growth, and that nine years later, the height gap remained. The *Times* also reported that no biological marker has been found for ADHD, and that scientists are now challenging the idea that ADHD is a medical disorder caused by brain deficits requiring medical solutions; and instead, concluding that its symptoms should be seen as a social and environmental problem. And the *Times* reported on the social and personality price paid by medicated children, who lost their sense of humor and felt less alive.

An even stronger indictment of psychiatry’s kid drugging was reported in the 2025 *Wall Street Journal* article “Millions of Kids Are on ADHD Pills. For Many, It’s the Start of a Drug Cascade.” The article begins with the plight of Danielle Gansky, who at 7 years old attending an upscale private girls’ school was a bubbly and creative kid, but distracted in class with sloppy schoolwork; and so her school told her mother that the girl should see a psychiatrist, who then diagnosed Danielle with ADHD and prescribed a stimulant. The article continues:

“But the pills made Gansky agitated, moody and angry. So another doctor put her on Prozac. More pills followed. Over the years, Gansky was always on two and sometimes three or more psychiatric drugs at once. By her late 20s, she had taken 14 different kinds of psychiatric pills. None of it ever felt right. The pills dulled her mind and made her irritable or sleepy. But when Gansky complained about the drugs, her doctors

It is important to keep in mind that the eugenics movement was as mainstream as is contemporary psychiatry. Eugenics was promoted by mainstream scientists and societally respected reformers and intellectuals. It received extensive funding from corporate foundations such as the Rockefeller Foundation and the Carnegie Foundation and from the wealthy Harriman family. This influential movement actively pushed for eugenics legislation and was successful in the passage of sterilization laws in the majority of U.S. states.

So, how did the eugenics movement become a U.S. embarrassment and disappear? A significant blow to the movement was recognition that it had directly inspired Nazi atrocities including murder and sterilization, and so eugenics came to be seen as a Nazi ideology.

Less influential in the eugenics movement's demise, but not unimportant, was the loss of credibility of its scientific claims, as scientists discovered that the movement's targeted traits that it sought to eliminate were more complex and heavily influenced by environmental and social factors.

Another factor in its demise is that eugenics-energized sterilizations resulted in a media sensation. Paralleling events of today, when a barbaric technology is applied to poor people, there is no public sensation; however, when the wealthy become involved and abused, the media pays attention. So in 1934, when twenty year old Ann Cooper Hewitt, heiress to one of the largest fortunes in the United States, discovered that she had been sterilized because her mother claimed she was feeble-minded, Ann filed a damage claim against the surgeons and her mother for sterilizing her without her knowledge or consent. The story of the "sterilized heiress" became a sensation in 1936, and was a major nail in the eugenics movement coffin.

Is psychiatry's ubiquitous "kid drugging" also vulnerable to extinction? The mainstream media has finally begun to report on the scientific failure of kid drugging and its tragic outcomes.

Psychiatric Association (APA), has apologized for one component of it—more later on this. Most psychiatrists today would be dumbfounded by the concept of progressive bigotry, as they equate compliance with the demands of the megamachine with "mental health"—more later on this.

Psychiatry also has a history of *rightwing-progressive combination* bigotry. In this combination bigotry, the rightwing element is the victim of bigotry, which is based on traditional rightwing targets; while the progressive element is a belief in "treatments" aimed at adjustment and assimilation.

Three examples of this combination bigotry include: (1) Benjamin Rush (1746-1813), long considered by the APA to be the "father of American psychiatry," who targeted African Americans but believed that blackness in skin color was a medical condition which he called "Negritude" that could be cured by medical treatment; (2) targeting of Native American children by psychiatrists (as well as by other mental health professionals and educators), not with the standard rightwing approach of massacre/murder, but by instead using forced assimilation into dominant white society through the use of residential schools aimed at eradicating Native American culture; and (3) psychiatry's targeting of homosexuality—considered a mental illness until gay activism in the 1970s forced its ultimate illness abolition—which psychiatry believed to be a medical condition that could be treated by various means.

Psychiatry's Rightwing Bigotry: Acknowledged and Unacknowledged

In 2021, the APA acknowledged its history of racism, issuing the "APA's Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry."

In its "Historical Addendum to APA's Apology," it mentions *drapetomania*, the mental disorder attributed to enslaved African

Americans who attempted to flee slavery, but neglects to mention that the creator of this so-called mental illness, Samuel Cartwright, was a student and apprentice of Benjamin Rush. It also neglects to mention that Cartwright also created another diagnosis for enslaved African Americans called *dysaesthesia aethiopica*, leveled at enslaved African Americans who were inattentive, perceived as “lazy,” and otherwise task noncompliant (Cartwright believed that this dysaesthesia aethiopica affected nearly all free African Americans).

Much of the APA apology was about segregated treatment, stereotyping of African Americans, and how historically the APA did not speak out against U.S. racism. The addendum did include a mention of how “late 20th century psychiatrists commonly attributed their minority patients’ frustrations to schizophrenia, while categorizing similar behaviors as ‘neuroticism’ in white patients,” and includes the following: “One study found that a sample of largely APA members diagnosed more Black than white patients with schizophrenia, even when both had otherwise identical vignette-style clinical presentations.”

In a mildly critical article of this APA apology, the *New York Times* reported, “For critics, however, the A.P.A.’s apology and task force amount to a long-overdue, but still insufficient, attempt at playing catch-up.” Omitted in the APA apology and addendum but reported by the *Times*, “In the late 20th century, psychiatry’s rank and file became a receptive audience for drug makers who were willing to tap into racist fears about urban crime and social unrest.” The *Times* noted that in the journal *Archives of General Psychiatry* in 1974, there was an advertisement showing an African American man with a raised fist that read: “Assaultive and belligerent? Cooperation often begins with Haldol.”

The APA omitted other components of psychiatry’s racism, and it has not apologized for its rightwing bigotry directed against its other victim groups, including women and homosexuals.

Can “Kid Drugging” Become as Embarrassing as Eugenics for the Megamachine?

While *Mad in America* reports of psychiatry’s failures annoy establishment psychiatry, what scares the hell out of psychiatry is when its failures that have been previously reported in *Mad in America* then go mainstream—and that is exactly what happened in 2025. One example is the April 13, 2025, lengthy *New York Times* article “Have We Been Thinking About A.D.H.D. All Wrong?” and even more frightening for psychiatry was the lengthy November 19, 2025 *Wall Street Journal* article “Millions of Kids Are on ADHD Pills. For Many, It’s the Start of a Drug Cascade.” More later on these articles.

Psychiatry, at an existential level, knows that if it retains embarrassing treatments, it will itself become embarrassing in the eyes of the public; and the megamachine will replace it with an entirely different enabling ideology and institution. Thus, during the last century, psychiatry’s treatment technologies such as surgical lobotomy and insulin coma used to coerce compliance, when finally seen by the general public as barbaric, were replaced by psychiatry with other technologies.

While the megamachine needs enabling ideologies and institutions, no particular ideology or institution—including psychiatry—is immune from extinction and replacement. This is evidenced by the historical arc of the eugenics movement.

While the enslavement of African Americans and genocide of Native Americans are known by many Americans to be shameful events in U.S. history, a lesser known shame is “The Eugenics Crusade,” the title of a PBS *American Experience* 2018 documentary. The eugenics movement was an extremely popular U.S. social movement of the late 19th early 20th centuries, peaking in 1920s and 30s.

One of many examples of psychiatry as a component of the corporate-capitalist megamachine is psychiatrist Joseph Biederman (1947-2023), whose personal obituary proudly describes him as the “father of pediatric psychopharmacology.” Chief of the clinical and research programs in pediatric psychopharmacology at Massachusetts General Hospital and a professor of psychiatry at Harvard Medical School, Biederman has been credited for the invention of “pediatric bipolar disorder” and the resulting 40-fold increase in this diagnosis between 1994 and 2003.

In 2008, the *New York Times* reported that Biederman received “at least \$1.6 million in consulting fees from drug makers from 2000 to 2007.” Much of that money came from the drug company Johnson & Johnson, makers of the antipsychotic drug Risperdal, which is used to treat Biederman’s pediatric bipolar disorder invention. Sales of Risperdal peaked in 2007 at more than \$4.5 billion for that year; and overall since its inception, a recent estimate of Risperdal’s total gross sales is approximately \$40 billion.

Biederman is by no means alone among psychiatrists who have been on the take from drug companies. In 2021, utilizing the Open Payments database (which resulted from the 2013 federal legislation that requires pharmaceutical companies to disclose their direct payments to physicians), journalist Robert Whitaker reported: “From 2014 to 2020, pharmaceutical companies paid \$340 million to U.S. psychiatrists to serve as their consultants, advisers, and speakers, or to provide free food, beverages and lodging to those attending promotional events.”

Open Payments lists 31,784 psychiatrists (roughly 75 percent of the psychiatrists in the United States) who, Whitaker noted, “received something of value from the drug companies from 2014 through 2020.” During that time period, sixty-two psychiatrists received one million dollars or more; nineteen psychiatrists received over two million dollars; and the leading recipient, Stephen Stahl, received over eight million dollars.

Maintaining a patriarchy is a longstanding goal of rightwing bigotry, and women are longstanding victims of psychiatry’s rightwing bigotry. The *Canadian Medical Association Journal* (CMAJ) reported in 2018, “By 1952, an estimated 50,000 patients in the United States and Canada had been lobotomized. . . . most lobotomized patients were women, although most institutionalized patients at the time were men.”

CMAJ also reported, “Valium (diazepam), marketed as an antidote for socially dysfunctional women—the excessively ambitious, the visually unkempt, the unmarried and the menopausal misfits—was the best-selling drug in the world as well as one prescribed overwhelmingly to women.” Valium, the benzodiazepine coined “mother’s little helper” in the 1960s, has given way to an array of antidepressants that are also disproportionately prescribed to women.

Antidepressant use for women is more than twice the rate as for men. The CDC reported in 2020, “During 2015–2018, 13.2% of adults aged 18 and over used antidepressant medications in the past 30 days. Use was higher among women (17.7%) than men (8.4%).” Furthermore, 24.3% of women older than 60 who were surveyed reported taking antidepressants. Unlike psychiatry’s embarrassment over its disproportionate use on women of lobotomy and Valium, it is instead troubled that not enough men are taking antidepressants.

Similar to establishment psychiatry’s perspective about the disproportionate use of antidepressants by women is how it views the disproportionate use of electroconvulsive therapy (ECT) on women. A *Journal of ECT* 2020 review of the demographics of ECT (commonly called electroshock) on data obtained on 62,602 patients receiving ECT in three states (California, Illinois, Vermont) reported that 62.3% of these ECT patients were women. While much of society views ECT as barbaric—with many people believing that ECT is no longer a psychiatric treatment—psychiatry is proud of ECT, which it deems to be the “standard of care” for patients who are, in their terms “treatment resistant” (its

term for patients who do not improve with medications or other treatments).

Psychiatry has routinely pathologized responses to trauma, and so women, who have been disproportionately victims of domestic violence, have been disproportionately victimized by psychiatry through its pathologizing their reactions to trauma. Reactions include rage, anxiety, and hopelessness; and historically, pathologizing these reactions followed by hospitalizations have been used to invalidate, disempower, and control women in legal systems and elsewhere.

In the more anti-authoritarian era of the 1960s and 1970s, prominent feminist authors (including Betty Friedan, Kate Millett, Phyllis Chesler, and Judi Chamberlin) had receptive audiences to their critiques of psychiatry's disempowerment of women via pathologizing reactions to trauma, along with its pacifying "treatments" that included lobotomy, ECT, and drugs used to control women so as to be more obedient.

Today, however, as the psychiatric-pharmaceutical complex has convinced the mainstream media and much of society that psychiatry provides treatment rather than numbing pacification, what was once seen as psychiatry's bigotry toward women is seen very differently. And so while the APA has offered an "Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry," it has offered no apology to women.

Nor has the APA offered an apology to homosexuals for pathologizing their sexual preference and its aversion therapy treatments, which included electric shock to the genitals and nausea-inducing drugs administered simultaneously with the presentation of homoerotic stimuli (The American Psychoanalytic Association did issue a public apology in 2019 for its past treatment of homosexuality as a mental illness).

Rightwing bigotry, as noted, enables a megamachine hierarchy by granting some groups superiority on the basis of their race, gender, and sexual orientation, thus providing them with psycholog-

Many monkey-wrench children and teens are diagnosed with a so-called "disruptive behavior disorder." One such disorder is conduct disorder (CD), which became an official *DSM* diagnosis in 1968, evolving from what was once called childhood delinquency. For other noncompliant children who, unlike CD young people, are *not* engaged in any illegal practices, the more popular disruptive disorder is oppositional defiant disorder (ODD)—characterized by defiant, argumentative, and irritable behaviors towards authority figures. ODD became an official *DSM* diagnosis in 1980.

In 2012, the *Archives of General Psychiatry* reported that between 1993 through 2009, there was a sevenfold increase of children 13 years and younger being prescribed antipsychotic drugs, and that disruptive behavior disorders such as ODD and CD were the most common diagnoses in children medicated with antipsychotics, accounting for 63% of those medicated.

In addition to these so-called disruptive behavior disorders, attentionally-noncompliant children and teens are now routinely labeled with attention deficit hyperactivity disorder (ADHD). While CD and ODD behaviors are overt rebellions in the manner of Samuel Cartwright's drapetomania (his diagnosis for enslaved African American who attempted to flee slavery), ADHD parallels Cartwright's dysaesthesia aethiopica (his diagnosis for enslaved Africans Americans who were inattentive and otherwise task noncompliant).

While not every young person labeled with CD, ODD, and ADHD is an *anti-authoritarian* who is pained and angered by coercion, unnecessary rules, and illegitimate authority, it is far more likely that young anti-authoritarians will get these labels. So, a potentially huge group of young anti-authoritarians is being depoliticized by mental illness diagnoses and by attributions that their disruptiveness is caused by defective biochemistry—and not by their alienation from a dehumanizing megamachine. And most of these labeled young people are being drugged.

ther of American psychiatry,” diagnosed those monkey wrenches rebelling against the newly centralized federal authority as having an “excess of the passion for liberty” that “constituted a form of insanity,” which he labeled as the disease of *anarchia*.

Both racism and political abuse by U.S. psychiatrists in the 1960s are detailed in Jonathan Metzl’s *The Protest Psychosis: How Schizophrenia Became a Black Disease* (2010). In an interview, Metzl stated: “The main story of my book is about Black Power activists in Detroit who were swept up into the mental health system after protesting. They ended up in psychiatric hospitals and diagnosed with schizophrenia.”

Psychiatry Bigotry in the Corporate-Capitalist Megamachine: Enabler and Component

In the contemporary corporate-capitalist megamachine, psychiatry has more prominence than ever. Psychiatry does not simply enable the megamachine in the same manner it has historically done—by pathologizing those deemed “inefficient” and by marginalizing political dissent. In addition, it also is a component of the corporate-capitalist megamachine. Today, psychiatry and its drug company partners financially exploit the megamachine’s monkey wrenches who become markets for their drug products.

An example of how psychiatry has become an even more prominent enabler and component of the megamachine is in its increasing targeting of noncompliant children and teenagers. Such young people are monkey wrenches for the megamachine’s standard school system, and also for some parents who, drained of energy by the megamachine, have reduced frustration tolerance. Moreover, these noncompliant young people threaten the social system by their potential of becoming anti-authoritarian political dissenters.

ical and social benefits that foster their loyalty to a social system, and such bigotry also subverts the unity necessary to overthrow it. Psychiatry’s rightwing bigotry has enabled the megamachine’s hierarchical social system, for which the megamachine has rewarded psychiatry with status.

Progressivism, Megamachine Efficiency Devotion, and Psychiatry Bigotry

All megamachines demand machine-like efficiency, and megamachines need a component to deal with “monkey wrenches” that disrupt and interfere with such efficiency. In different megamachines during the last century, the role of psychiatry has been to eliminate noncompliant monkey wrenches and/or to coerce compliance from them.

The early twentieth-century movement called Progressivism was a mixed-bag of ideas aimed at improving society. Today, many self-identified progressives are proud of some of these ideas—such as a belief in greater economic equality, opposition to corporate monopolies, and regulations to create a healthier food supply and safer workplaces. However, a major component of the progressive movement to improve society included a devotion to *greater efficiency*, which is why progressive causes also included alcohol prohibition, eugenics, and compulsory sterilization.

While progressives’ eugenics movement was initially ignited in the United States and Great Britain, it was Nazi Germany, with massive sterilization and murder, which acted most decisively to accomplish eugenics goals of ridding society of individuals it considered burdensome. When Hitler—an admirer of U.S. eugenic policies—came into power, he sought to first catch up with and then surpass the United States in eliminating psychiatric patients that the Nazi’s infamously labeled as having a “life unworthy of living.” Approximately 200,000 to 300,000 psychiatric patients

were murdered in Nazi Germany in what was later referred to as its T4 program.

During the Nazi regime, when word got out about the organized murder of psychiatric patients, there were actually some protests led by prominent religious figures; and in 1941, Hitler ordered the suspension of T4. However, the murdering secretly continued, orchestrated by enthusiastic doctors, including psychiatrists. A 2012 *Public Health Reviews* article, “How Ethics Failed—The Role of Psychiatrists and Physicians in Nazi Programs from Exclusion to Extermination, 1933–1945,” notes: “Psychiatrists deceived their patients and patients’ families. Physicians were complicit in forcing their patients to be sterilized, arranged their deaths, used them as test subjects for research, performed ‘involuntary euthanasia’ and participated in the Final Solution.”

In the Soviet Union’s totalitarian megamachine, “efficiency” meant compliance with the dictates of the Communist Party/government, and psychiatrists played a key role in marginalizing the monkey wrench of political dissent. Establishment psychiatry acknowledges this political abuse of psychiatry, as a 2009 *Schizophrenia Bulletin* article (“Political Abuse of Psychiatry—An Historical Overview”) reported that in the Soviet Union in the 1970s and 1980s, approximately one-third of political prisoners were locked up in psychiatric hospitals.

Individuals who opposed the Soviet regime were diagnosed by psychiatrists as seriously mentally ill, infamously labeled with “sluggish schizophrenia.” While a small group of psychiatrists were following orders from the KGB, for most Soviet psychiatrists, it was not the KGB that was coercing them; rather it was their own belief that “mental illness,” as the *Schizophrenia Bulletin* article noted, was “a very logical explanation because they could not explain to themselves otherwise why somebody would be willing to give up his career, family, and happiness for an idea or conviction that was so different from what most people believed or forced themselves to believe.”

In “The World of Soviet Psychiatry” (*New York Times*, 1983), psychiatrist Walter Reich pointed out, “In the context of Soviet society, dissidents constitute a deviant element. They behave and speak in ways that are different from other Soviet citizens, and, for that reason, they come to be seen as strange. After all . . . isn’t it strange when someone openly does and says things that, under the conditions of Soviet political life, everyone knows to be dangerous?” Reich concluded, “The sense that someone is strange is not infrequently followed by the suspicion that the strangeness may be due to mental illness.”

What is crucial to keep in mind is that the majority of Soviet psychiatrists who incarcerated political dissenters in psychiatric hospitals were not coerced by the KGB, but instead were ordinary psychiatrists who viewed maladjustment to a social system status quo as mental illness; and in this sense, they were no different than contemporary U.S. and other Western psychiatrists.

U.S. psychiatry, as noted, has been involved in eugenics and forced sterilization in the manner of Nazi Germany as well as political abuses in the manner of the Soviet Union.

In the early part of the twentieth century, energized by the progressive movement, the United States led the world in forced sterilizations of the mentally ill, and by the end of the twentieth century, over 70,000 U.S. psychiatric patients were sterilized. In 1941, at the annual meeting of the APA, neurologist Foster Kennedy presented a paper entitled: “The Problem of Social Control of the Congenital Defective: Education, Sterilization, Euthanasia.” He argued that “It was a merciful and kindly thing to relieve that defective—often tortured and convulsed, grotesque and absurd, useless and foolish, and entirely undesirable—of the agony of living.” In 1942, the *American Journal of Psychiatry* published that paper.

The practice of psychopathologizing political dissidents is certainly not exclusive to the old Soviet Union or to communist China. In the United States, the practice began at the very beginning of the nation. In 1805, Benjamin Rush, who as noted is considered “the fa-