

## Correspondence

**Cite this article:** Kabir A (2023). Psychiatry in the service of repression. *Psychological Medicine* **53**, 5868–5869. <https://doi.org/10.1017/S0033291723000545>

Received: 29 January 2023

Revised: 12 February 2023

Accepted: 14 February 2023

First published online: 22 May 2023

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Psychiatry as a medical specialty has the power to eliminate freedom and also violate human rights. Some countries use psychiatry and psychiatric treatments for political purposes and to undermine the rights of political opponents. This abuse of psychiatry though limited, is commonly used in totalitarian countries, especially the Soviet Union, where political dissents are given a diagnosis of ‘sluggish schizophrenia’ and subjected to torture and control (Van Voren, 2010). Such countries stigmatize and marginalize opponents, labeling them as psychiatric patients.

Mrs. Mahsa Amini’s death in September 2022 led to the formation of a widespread social movement, which took the totalitarian regime of Iran by surprise. Protestors were severely suppressed. The government asserts that it is has the best sociopolitical system in the world and so there is no logical reason for protests or opposition from the people. Protestors are considered to be afflicted by ‘an ideological sickness’ brainwashed by the enemy and best treated by psychiatry. In fact, this is their means of imposing political and social repression, control and stifling dissent. The government through state-controlled psychiatrists abuse psychiatric treatments by subjecting imprisoned protestors to thought reformation processes, brainwashing them with biased information so as to induce feelings of guilt and regret. This is done under extreme sensory deprivation and physical restraint creating terror in the victim and destroying their identity thus making them change their beliefs and personalities. This sharply contrasts with the actual identity of the protesters leading to them developing dissociative disorders. Such brutal methods make the imprisoned protestors helpless and inevitable suffer psychiatric problems (Kabir, 2022a, 2022b).

Dissociative disorders are characterized by ‘disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior’ (American Psychiatric Association, 2019). People with this diagnosis have difficulty with general function and are subject to impulsive behaviors. The relationship between traumatic experiences and dissociative disorders is well established (Sar, Alioğlu, & Akyüz, 2014). Up to 86% of people with dissociative disorders report non-suicidal harm<sup>4</sup> and up to 72% report suicide attempts (Foote, Smolin, Neft, & Lipschitz, 2008; Putnam, Guroff, Silberman, Barban, & Post, 1986; Saxe, Chawla, & Kolk, 2002). In fact, the government’s inhumane and brutal treatment of protestors in prison has led to suicides of at least 4 protestors after release from prison, even though none had a history of psychiatric illness prior to their arrest.

The governments labeling of protestors with mentally illnesses promotes their propaganda that the political convictions of the protestors are the consequence of a disturbed mind and hence cannot be taken seriously. The government has recently announced that it will send the children who were arrested, all of who were school students to the ‘Correctional and Rehabilitation Center’ to prevent them from becoming antisocial personality disorder (Jay, Mahdanian, Tavakoli, & Puras, 2022; Kabir, 2022a, 2022b). This label and stigma of having a mental illness weaken the credibility of protestors within their own community. Further, with a diagnosis of mental insanity they are placed in a mental hospital where they cannot have any legal recourse to their defense.

Such an abuse of psychiatry that puts the imprisoned protestors’ health at risk is also a serious violation of the Hippocratic Oath. The Global Health and Psychiatric Associations, including the World Health Organization and the World Psychiatric Association must condemn these abuses of psychiatry. Imprisoned protestors should undergo a psychiatric assessment by independent psychiatrists and mental health experts who will act in an unbiased manner within the professional ethical code of conduct, free from government interference or control, enabling proper diagnostic and management decisions based on factual clinical evidence.

**Acknowledgement.** None.

**Author contributors.** AK developed, planned and conducted the content of this paper. AK contributed to the writing of the finalized article. AK responsible for the overall content as guarantor

**Financial support.** This study received no specific grant from any funding agency, commercial or not-for-profit sectors.

**Conflict of interest.** None.

**Ethical standards.** Not required.

**Patient consent for publication.** Not required.

**Data availability statement.** Not required.

## References

- American Psychiatric Association. (2019). American psychiatric association.
- Foote, B., Smolin, Y., Neft, D. I., & Lipschitz, D. (2008). Dissociative disorders and suicidality in psychiatric outpatients. *The Journal of Nervous and Mental Disease*, 196(1), 29–36.
- Jay, M., Mahdanian, A. A., Tavakoli, E., & Puras, D. (2022). Political abuse of Iranian psychiatry and psychiatric services. *The Lancet*, 400(10367), 1923–1924.
- Kabir, A. (2022a). Feminist revolution in Iran: The need for immediate action to reduce psychiatric disorders. *The Lancet Psychiatry*, 9(12), e55.
- Kabir, A. (2022b). Iran's protester children do not belong in a correctional and rehabilitation centre. *The Lancet*, 400(10367), 1923.
- Putnam, F. W., Guroff, J. J., Silberman, E. K., Barban, L., & Post, R. M. (1986). The clinical phenomenology of multiple personality disorder: Review of 100 recent cases. *The Journal of Clinical Psychiatry*, 47(6), 285–293.
- Sar, V., Alioğlu, F., & Akyüz, G. (2014). Experiences of possession and paranormal phenomena among women in the general population: Are they related to traumatic stress and dissociation? *Journal of Trauma & Dissociation*, 15(3), 303–318.
- Saxe, G. N., Chawla, N., & Kolk, B. V. D. (2002). Self-destructive behavior in patients with dissociative disorders. *Suicide and Life-Threatening Behavior*, 32(3), 313–320.
- Van Voren, R. (2010). Political abuse of psychiatry – An historical overview. *Schizophrenia Bulletin*, 36(1), 33–35.