

# FSU's Gomory against psychiatric coercion

word count: 544

Professor's book tackles certain methods, medications

By Lindsay Marshall  
Democrat writer

Tomi Gomory doesn't mind taking a strong position.

An associate professor in Florida State's College of Social Work, he expresses his views against certain psychiatric practices such as coercion and the use of medications in a book he recently co-authored along with Stuart Kirk of the University of California-Los Angeles and David Cohen of Florida International University, "Mad Science: Psychiatric Coercion, Diagnosis, and Drugs," released this spring.

"We all got our Ph.D.s at different times at Berkeley, so we got to know each other," Gomory said. "I had the idea to get together and write this book. Stuart Kirk is the expert on the DSM (Diagnostic and Statistical Manual of Mental Disorders), David focuses on psychotropic drugs, and I look at mental health treatment."

Gomory became interested in the field of mental health and psychiatry

as a social worker dealing with people labeled as mentally ill. When he decided to get his Ph.D, he wanted to focus his research in that area. Gomory, Kirk, and Cohen believe that three fundamental areas of psychiatry: treatment, coercion and diagnosis, have no medical science behind them and detail the issues stemming from them in "Mad Science."

"The principle problem we see is coercion, or forcing people who don't wish to be treated," said Gomory. "There's no difference between a locked ward and prison. We just use different language to make it sound more benign."

For this reason, Gomory believes that rather than coercing these individuals into locked wards to prevent them from harming others, they should be given the choice of whether or not to accept treatment, and if they do harm someone, the law should determine their fate.

"If you're trying to control behavior, we have the justice system," said Gomory. "If they're trying to harm themselves, the literature says we can't lock them up and help them."

"Everyone agrees on this — we cannot prevent someone from killing themselves or predict if

“  
*There's no difference between a locked ward and prison. We just use different language to make it sound more benign.*

**TOMI GOMORY,**  
FSU College of Social Work

they will. Coercion doesn't save lives. We have no research that says it does."

Psychiatric nurse practitioner Peter Gannon from New Beginnings Recovery Center in Palm Beach Gardens agrees that coercive treatment is never necessary for patients.

"People are allowed to make their own decisions," Gannon said. "They're allowed to make bad decisions and that makes them human. I give them my recommendations and what they do is up to them."

Gomory also explains that many of the medications prescribed to pa-

tients have profound adverse effects, and are even black labeled by the Food and Drug Administration, as are cigarettes. However, Gannon believes that the potential good outweighs the risks of medications and recommends them to a majority of his patients.

"With any medication you have to weigh the pros and cons," Gannon said. "When someone is truly suffering from depression or screaming from schizophrenia, it's unethical to let them remain that way. According to research, 40 percent of people respond to medication and 40 percent respond to therapy. Medication works faster than therapy, and together the two have an effective rate of 80-90 percent."

While Gomory expresses concern over the adverse effects of medications, he is not opposed to patients choosing to take their own risks. He instead is in favor of psychosocial treatment, or simply talking to the patient.

"If someone wants to take an upper to feel better, I have no objections," Gomory said. "It's the same way people drink coffee or booze. But psychosocial approaches work very well. I think we already have good tools and we just need to stop coercion."