

# ICSPP Newsletter

International Center for the Study of Psychiatry and Psychology, Inc.

“*The Conscience of Psychiatry*”

2007 - Number 1

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Sorry - *Northeast Times Highlights* is on Brief Hiatus (Too Much Real News)

## Editor:

Andrew Crosby, MA

## Co-Editor:

Delores Jankovich, MA, MSW

## Also Read the ICSPP

**Journal: *Ethical Human Psychology and Psychiatry***

## Planning Under Way for Tenth Annual ICSPP Conference - Arlington, Virginia

Building on the momentum of last fall's gathering, ICSPP has jumped into planning its next conference. Our organizers are Karen Effrem, M.D., Andrew Levine, MSW, Lawrence Plumlee, M.D., Lloyd Ross, Ph.D., and Dominick Riccio, Ph.D. Mark your calendars - we're set for the weekend after Columbus Day, October 13, 14, and 15, 2007.

The venue will be the Crystal City Marriot, in Arlington, Virginia. The committee has finalized arrangements, and it's time for us to do so as well: you'll find the registration form on page 4.

Consistent with ICSPP's theme, the title for the conference is, "The Universal Mental Health Screening and Drugging of our Children - Risks vs. Benefits."

ICSPP is exploring co-sponsoring the event with other groups. These include Concerned Women of America, Eagle Forum, and National Physician's Center. Establishing these relationships is important. According to Dominick Riccio, "We're hoping to have wider participation in the effort to stop universal mental health screening, and the promotion of prescription drugs for children." Riccio's words speak to the unique format of this year's conference.

## Conference Structure

Our previous conferences consisted of three days of presentations and workshops. This time, Saturday and Sunday will be devoted to these, while

Monday, day three, will feature a press briefing on Capitol Hill, just across the Potomac River. It will also involve us, the conference participants, meeting with congressional staff to express our concerns about federally funded screening efforts.

Nervous? Wondering what you'd possibly say? Final question: do you think we'd throw you in unprepared? No need to worry.

First, you will be mailed a packet upon registration, with contact information for your congressional representatives and their staff. You will then contact the appropriate office to schedule a meeting time for October 15<sup>th</sup>.

Also, preparation time is planned for Sunday. This will focus on the formalities of addressing congressional staff, and how to best present your thoughts.

As for precisely what you will say, you either already know or you soon will. You can refer to Lloyd Ross's article in the last newsletter, or to the Universal Mental Health Screening information on the ICSPP website. And you will no doubt learn much more about what you'd like to say on October 13<sup>th</sup> and 14<sup>th</sup>. You will not be lacking for information, ladies and gentlemen.

## Hate to Rush You, But ...

To register for the conference, the main thing is *please register soon*. You need to receive your information packet and contact your congressional office

*(Continued on page 3)*

**International Center for the Study of Psychiatry and Psychology, Inc.**  
**1036 Park Avenue, Suite 1B**  
**New York, N.Y. 10028**  
**(212) 861-7400**

About the International Center for the Study of Psychiatry and Psychology: The International Center for the Study of Psychiatry and Psychology (ICSPP) is a nonprofit, 501C research and educational network of professionals and lay persons who are concerned with the impact of mental health theory and practice upon individuals well-being, personal freedom, families, and communities. For over three decades ICSPP has been informing the professionals, the media, and the public, about the potential dangers of drugs, electroshock, psychosurgery, and the biological theories of psychiatry.

ICSPP is supported by donations and contributions. Officers receive no salary or other remuneration.

**Help us continue our work by sending a donation to ICSPP today.**

### Update from Newsletter Headquarters

With this issue, we welcome Delores Jankovich, MA, MSW, our new co-editor. Delores sought a greater role in the organization; we trust she won't be disappointed. She introduces herself on the next page, contributed the Soteria-Alaska article, and helped with decision making. We're already planning our next issue.

### A Note From the Membership Director

Robert Sliclen, Ph.D.

As part of our ICSPP awareness drive, I'm encouraging members to consider people they know, be they personal friends or professional colleagues, who might be interested in learning about and supporting ICSPP.

Please email his/her name and address, and we'll send out the next one or two newsletters to them to make them aware of our organization and to whet their appetite to join. It would, of course, be helpful if you tell them how/why they will be receiving the newsletter. Please email the person's information to [sliclen@optonline.net](mailto:sliclen@optonline.net).

### A Cautionary Note

Given that you are reading this newsletter, you are at least acquainted with psychotropic drugs, the risks they pose, and the potential hazards of discontinuing their use. All psychotropic drugs produce adverse effects, can be addictive, and can lead to physically and emotionally distressing withdrawal reactions when modified or discontinued.

Consistent with ICSPP's mission, the information in this newsletter is meant to inform and educate. It is not intended as a substitute for proper individualized psychological or psychiatric care. Nothing in this newsletter is intended to be taken as medical advice.

If you, or someone you know, are taking any psychotropic drug and are considering stopping, you are encouraged to do so gradually and under the supervision of a knowledgeable and responsible professional.

This is the safest and healthiest way to proceed. It is also the most likely to be successful.

quickly to schedule a time to meet the appropriate representative on October 15<sup>th</sup>. Again, specifics will be provided in the materials you will receive.

**Also, the hotel is requiring that we register by May 31, 2007 to get the discounted conference rate for the rooms.** So, don't delay. Please check the registration form on page 4, or print it from the ICSPP website, and send it in. And ... call the Marriot for your reservations.

Also, for all you prospective presenters - please check out the Call for Papers on pages 18 and 19.

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## Changes Finally Coming For *Ethical Human Psychology* and *Psychiatry*

By Andrew Crosby, MA

We've teased about changes coming for managing *EHPP* submissions. Nothing has been said recently because things were moving slowly, and we had little to offer. Finally, we have an update.

Starting soon, journal submissions will no longer be sent via email attachments to editor, Larry Simon. They will instead need to be sent electronically to a website, Editorial Manager, set up by Springer Publishing Company. Authors will go to this website, log in, and submit their work. For a first submission with this process, authors will need to register. The site is easy to navigate, and will walk you through the steps.

Prospective authors, aspiring authors, or the just plain curious, can go the website now to take a look ([www.editorialmanager.com/ehpp](http://www.editorialmanager.com/ehpp)). It is still under development, so you will be unable to register, or do much else. You are, however, invited to look around and get acquainted. You'll at least be able to note the 'Register' and 'Login' prompts, a link for 'Instructions for Authors,' and check out some general information.

Once the site is operational, another development will occur - I'll add to my newsletter work, and step in as *EHPP's* Managing Editor. I will administer the site, primarily retrieving and distributing submissions to (who I refer to as) the *real* editors. That's what they tell me, anyway. Other responsibilities likely await; life is like that.

My training will be sometime in March. The website development will proceed from there, and we'll see what develops.

And we'll let you know.

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## Collaborating to Strengthen Our Mutual Commitment

by Delores Jankovich, MA, MSW  
Co-Editor

I am grateful for this opportunity to collaborate with Andrew in bringing news to you of the critical work done by all who come together in ICSPP to address human rights and provide options for care for those who are experiencing life challenges or emotional suffering. Certainly ICSPP has changed my life, filled it with renewed purpose and passion, and brought me together with people with similar professional values.

The sharing provided through the newsletter contributes to the cohesion of our efforts to end coercive and/or damaging treatment and promote needed change for the freedom, optimal development and well being of each individual. I join with Andrew in hopefully bringing accessibility to the dedicated and talented people in our organization, and promoting a sense of community and mutual connection. It is through mutual connection that we will be empowered and changed. That change within us furthers the change in our world.

I know that the hard work and expertise of our members in promoting the rights and health of children and youth in 2007 will prevail in informing families and providing more loving and healthy alternatives for care for our children. For a long time I have had the following quote by Theodore Roethke on my wall: "What we need are more people who specialize in the impossible." I believe that very well may be what we have here - people who specialize in the impossible.

I deeply appreciate my growing connection with members of ICSPP and value the contributions you have made to my life and to the people whom we serve. We will undoubtedly come together to make 2007 the best year yet!

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**“The Universal Mental Health Screening and Drugging of Our Children ... Risks vs. Benefits”**  
**International Center for the Study of Psychiatry and Psychology, Inc.**  
**2007 CONFERENCE October 13<sup>th</sup> – 15<sup>th</sup> REGISTRATION FORM**

Marriott Crystal City at Reagan Airport  
 1999 Jefferson Davis Highway; Arlington, Virginia  
 Phone: 703-413-5500

The room rate is \$139.00 for a single or a double. Space is limited at the conference venue so book upon receipt of this form. You must book by May 31<sup>st</sup> to get the conference rate.

Name \_\_\_\_\_  
 (Please print your name the way you want it to appear on your nametag.)

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**10<sup>th</sup> ICSPP CONFERENCE FEE SCHEDULE**

The advanced registration fee for the three-day conference is \$275 for non-members and \$250 for ICSPP members.

Members not current with their 2007 dues will receive the non-member registration fee.	ICSPP MEMBER BEFORE JULY 31	\$250.00	_____
	ICSPP MEMBER AFTER JULY 31	\$300.00	_____
	NON-MEMBER BEFORE JULY 31	\$275.00	_____
Any non-members joining ICSPP simultaneously with the registration for the conference will be given the member rate for the conference.	NON-MEMBER AFTER JULY 31	\$325.00	_____
	ICSPP 2007 MEMBERSHIP	\$100.00	_____
	STUDENT with copy of current ID (50% off \$300 reg. fee)	\$150.00	_____
	Gala Saturday Awards Banquet	\$50.00	_____

Non-invited accepted speakers must register. **TOTAL ENCLOSED** \_\_\_\_\_

Write checks payable to: **ICSPP** and mail to:

ICSPP – Conference Registration  
 Crisilda Rucci, MA  
 124 Hidden Drive; Blackwood, NJ 08012-4430  
 (856) 784-0647

OR pay by credit card Name \_\_\_\_\_  
 (as it appears on the credit card and print clearly)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Teen Screen Update

## The Bad News:

By Lloyd Ross

A great deal of opposition to this phony “Mental Health Screening” has been created by the issues that have been raised with the public through ICSPP, through EdWatch, through Karen Effrem, through the Teen Screen Petition, through David Oaks’s Psychiatric Survivor’s Coalition, through Psychtruth.org. through Congressman Ron Paul (R-Texas), through The Alliance For Human Research Protection, through The Association of American Physicians and Surgeons, through Parents Against Teen Screen, and by several reporters and editorial writers around the country as well as another Mother Jones article about NAMI, the sales arm of Teen Screen.

This unexpected opposition to these screening programs have bruised it to some extent. However, there is big money in pharmaceutical sales potential here so don’t expect the drug industry to just lay down and go away any time soon.

## The Good News:

The Teen Screen Petition has almost 18,000 names on it at this point and is certainly swaying some towns to avoid getting into the battle. Also, Karen, Ed Watch, and our ICSPP volunteer speakers have shaken up some groups and towns resulting in schools that would have started this program, instead avoiding it. Gary Null has devoted a segment of his radio show to Teen Screen and has said that he will talk about it some more. In San Francisco, the public schools refused Teen Screen “because it can generate false positives and drain counseling resources.” However, the parochial schools in the area are using the screening.

Among the other places in the country that refused or dropped Teen Screen were the following:

Bridgeport Public Schools-----Connecticut  
Bassick High School-----Connecticut  
Harding High School-----Connecticut  
C.W. Woodbury Middle School----Nevada  
J.F. Kennedy Catholic H.S.-----New York  
E. Syracuse/Minoa School Dist.----New York  
Clio Public Schools-----Michigan  
Clay High School-----Indiana  
Southbend Community School Dist.---Indiana  
West Burlington Jr./Sr. H.S.-----Iowa  
West DesMoines Schools-----Iowa  
Valley High School-----Iowa  
Washburn School Dist.-----Wisconsin  
Wisconsin School For The Deaf----Wisconsin  
Flagler Palm Coast H.S.-----Florida  
Hillsborough County-----Florida  
Pinellas County-----Florida  
Cobb County-----Georgia  
Urbana High School-----Illinois  
Moore County School Dist.-----North Carolina  
Douglas High School-----Oklahoma  
Emerson High School-----Oklahoma  
Linden School Dist.-----Washington

Many States and school districts are in the process of developing plans to implement these programs. For example, New York now has a plan in place to screen 400,000 kids. The Federal government continues to actively promote the screening programs, especially toddlers and preschoolers in places like daycare centers, preschools, and foster care programs. These programs are easy for the Screening programs to get into because their clients (victims) have no political power. Federal grant programs are feeding the push for these screenings.

The federal grants are also driving state policies throughout the country. The poor bear the brunt of this as Medicare costs for these screenings increase up to 300%. And who benefits by this: Only the drug companies that are lobbying for it. The specific legislation that funds all this is discussed in detail at [www.edwatch.org](http://www.edwatch.org).

Other Screening programs are springing up to get in on the profits from screening and each of them is marketing their own program to agencies and schools. One example is “Signs of Suicide” (SOS). (Pretty catchy name.) It is produced by Screening Mental Health which has received millions of dollars in pharmaceutical company funding. Eli Lilly alone has funded this project to the tune of over two million dollars, and Pfizer with almost \$300,000.00. These multiple programs confuse and confound the playing field and make these programs harder to fight.

Many school districts and state legislatures have been influenced by the offer of federal grants and don’t see that, in the long run, these screening programs and the follow-up to them will virtually bankrupt their systems. An education plan needs to be developed to enlighten these districts as to the major costs they are developing for themselves.

Lisa Loring, the Managing Editor of the Daily Kenoshan Newspaper, and a parent of children in the Kenosha Wisconsin public schools, told me that the school board there is trying to implement a Teen Screen program. They have organized a parent’s group to fight it but face continued pressure and stiff opposition from NAMI and from Big Pharma, who are coming in to have meetings with parents and present their propaganda. The school board there is particularly lured by the funding grants offered to them to implement the screening program.

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***“The pharmaceutical industry sees this as a huge opportunity to expand their markets in psychiatric drugs.”***

The parents group that was organized to fight against Teen Screen has asked to use the ICSPP Handout on Teen Screen and Universal Mental Health Screening as well as the Talking Points that we developed. As of this writing, they are distributing these to parent's along with the "opt-out" form that we developed. Ms. Loring feels that they are in for a long battle and thanked us for the materials we sent.

The pharmaceutical industry sees this Universal Mental Health Screening mandate as a huge opportunity to expand their markets in psychiatric drugs. Make no mistake about it. They will allocate their vast marketing resources to this initiative and will only stop if there is enough pressure and bad publicity to turn off the politicians who are lending support to this initiative. To put it more succinctly, we're fighting a hungry Goliath with a handful of pebbles.

### **What You Can Do As An Individual And As A Member of ICSPP:**

There are a number of things each member of ICSPP can do to end Universal Mental Health Screening. I will list them for you. Please take the time to follow through and tell us about it. I am compiling a file on how ICSPP members supported this fight. It's also something you can contribute to without spending one penny of your money. Please let me know what you have done to help in this fight. Send the information to me at [LLOYDROSS1@WORLDNET.att.net](mailto:LLOYDROSS1@WORLDNET.att.net)

- 1) Sign the TeenScreen petition. It will not take you more than five minutes. The web site is [www.petitionline.com/TSscreen/petition.html](http://www.petitionline.com/TSscreen/petition.html). The petition was started by Theresa Rhodes, a mother who's daughter was subjected to this with ominous consequences, and she is fighting back and trying to sound the alarm.
- 2) Go to the TeenScreen locations website, [www.teenscreen-locations.com/index.htm](http://www.teenscreen-locations.com/index.htm). There you will find a list of schools by state that are now using Teen Screen. They also list the superintendent of schools, school board members, and other officials along with their addresses, phone numbers, and email addresses. Write them a letter challenging the program. Use the ICSPP Talking Points as a reference if you want. If you would like me to send you an email copy of the Talking Points, just email me at the above address and I'll send them out to you in 2 forms, a transcript and in 8x11 card format which is helpful if you are doing a talk. I'll also send you a copy of both the "Opt- Out" form for parents to submit to the school and the front/back flyer that summarized the problems with both Teen Screen and universal Mental Health Screening in general. This is particularly effective if you live in the State where the program is in effect, and even more so if you live in the same town as the school district. An example would be New Jersey. The Cherry Hill New Jersey schools have Teen Screen in full operation. I have written letters and emails to all the officials of the district. If one of you lives in Cherry Hill, New Jersey, letters or emails or both from you would be even more powerful.

- 3) Write a letter to the Superintendent of Schools and Chairman of the Board of Education where you live warning them of the up and coming pressures that will become evident when Teen Screen tries to move into their school system. Let them know the problems they will face.
- 4) Write a letter to the editor of your local newspaper about the screening program and its problems.
- 5) Write an editorial for your local newspaper and see if you can get it published.
- 6) Volunteer to make a presentation to the local PTA or parents group in your town.
- 7) Write a letter to your local congressman, senator, the state legislator from your district, and the Governor of your state as well as the head of the State Department of Education regarding Teen Screen and Universal Mental Health Screening. Let them know where you stand. You can obtain the names, email addresses, and mailing addresses of The President, your 2 Senators, your Congressman, your Governor, and your state representatives at the following web site: [www.usa.gov/Contact/Elected.shtml](http://www.usa.gov/Contact/Elected.shtml). Again, if you want the Talking Points, Opt-out form and flyers, just email me at the preceding address and ask for the set. Remember, when you send all your legislators an email, you can craft one and then send it to all of them. No need to write more than one letter. Just change the heading on each of them.

I would like to thank all those who volunteered to take an active part in this project. Please keep going out there and talking about it. A special thanks to Dr. Karen Effrem, who is the motivating force behind our efforts and EdWatch's efforts. She is also in regular contact with our legislators and has devoted countless months to this fight.

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# Jim Gottstein and Friends Meet Eli Lilly: The Legal Battle Over the Zyprexa Documents

By Andrew Crosby, MA

Most of you know, or know of, James B. Gottstein, Esq. Jim's an attorney in Anchorage, Alaska who specializes in mental health law. He's fond of working pro bono, and likes strategic cases – those with the potential to change mental health policy. The Faith Myers case, discussed in the last newsletter, is one example.

Jim's a busy guy, and for all the right reasons. He's been busier than usual since mid-December, however, compliments of Eli Lilly and Company. And their lawyers. For those unfamiliar with the situation, or who could use a summary, here you go. When you're done reading this, I'll have a favor to ask.

## The Basics

August, 2004. A class action suit against drug manufacturer Eli Lilly reached a settlement in which Lilly agreed to pay about 700 million dollars to some 8,000 plaintiffs. The plaintiffs had sued for damages caused by the company's best-selling neuroleptic, Zyprexa (olanzapine). Specifically, they claimed the drug caused obesity and diabetes.

While Lilly agreed to pay up, there was a trade off. Lilly documents provided to certain parties during the course of the trial came under the protection of a court order. Those in possession of the documents signed agreements prohibiting them from disseminating the materials or discussing their contents. The documents ostensibly contained trade secrets - should Lilly's competitors get hold of them, Lilly would be harmed. We'll get back to that.

Fast forward to late November, 2006. Dr. David Egilman of Massachusetts, a professional witness for the plaintiffs in the class action suit, contacted Jim. Egilman explained that he was in possession of Eli Lilly materials that would be of interest to Jim, given his advocacy work. Jim was also contacted by Alex Berenson, reporter for the New York Times. Berenson was interested in the documents as well. Small world.

The particulars of who contacted who, who said what, and why all this talk occurred, has become the subject of major legal wrangling, with Jim at the center. The reason? Jim ultimately sent Egilman a subpoena for the documents, for use in one of his strategic cases. That was on December 6, 2006. As specified in the 2004 protective order, Egilman promptly notified Lilly that he'd received the subpoena, and waited a reasonable time for their response before complying with the subpoena.

The response came on December 14<sup>th</sup>. Council for Eli Lilly instructed Egilman not to send any documents, and told Jim to quit asking for them. Thing is, having waited a reasonable time, Egilman got busy sending materials to Jim ... on December 12<sup>th</sup>.

Oops.

Once in possession of the documents, and not being subject to any protective order himself, Jim shared them with a number of friends and colleagues. Lilly didn't like that.

The recipients included Peter Breggin, Vera Sharav, David Cohen, Will Hall, and Robert Whitaker. Oh, yeah. Jim sent stuff to Alex Berenson at the Times, too

Lilly didn't like that, either.

On December 17<sup>th</sup>, the Times ran the first of five articles in as many days on the Zyprexa documents. These included two items for the front page and an editorial. All focused on Eli Lilly's practices regarding Zyprexa, and all were scathing.

Eli Lilly brought Jim, and everyone else, into court. Well, almost everyone – the New York Times was essentially given a pass. Jim was ordered to cease dissemination, arrange the return of all materials he'd sent, and to name the people to whom he'd distributed the documents. Jim complied, though he questioned why such materials would have been designated confidential, indicating they appeared to fall outside such an order. Injunctions were also sent to the parties to whom Jim had sent the documents, ordering them to neither disseminate, nor to *facilitate the dissemination* of the materials – an unusual move.

Lilly really wanted to reign this in.

## Why All the Fuss?

From a purely legal standpoint, Lilly states that the documents had been obtained and disseminated in violation of a protective order. They contend that Jim did not properly subpoena the documents, and that Egilman did not properly release them. They claim that Jim, Egilman, and Berenson conspired to circumvent the protective order to get hold of sensitive material.

Jim maintains that he acted properly and within the law. He has testified, and stated in briefs, that one of his goals regarding the documents was public disclosure, consistent with the mission of Psychrights.

No small thing, that last point. And here is where the story evolves beyond the purely legal ... because of what's in the Zyprexa documents.

## What's In The Zyprexa Documents?

The New York Times reports the Zyprexa documents contain Eli Lilly's research findings and marketing information from 1996 to 2004. They link Zyprexa to alarming rates of obesity and diabetes, and show that Eli Lilly knew of this from the outset, ten years ago. They show that Lilly was worried about the ramifications of these health problems should the public learn about them.

And they show that Lilly made great efforts to keep the public from learning.

They show that Eli Lilly downplayed and denied Zyprexa's health risks. They show that Eli Lilly promoted off-label use, encouraging doctors to prescribe the drug for reasons for which it was never approved. While doctors have the right to prescribe drugs for off-label uses, federal laws prohibit manufacturers from encouraging such practice.

Why would Lilly do all this? Zyprexa is Lilly's biggest selling drug, taking in 4.2 billion dollars in 2005, or 30% of the company's revenues that year. Sales had been rising steadily all along, in fact, doubling from 1.5 to 3 billion dollars from 1999 to 2000. According to the Times, the documents explain that this was the result of marketing campaigns with names like "Viva Zyprexa" and "Zyprexa Limitless." Lilly's expressed aim was to keep bad news from hurting profits. The documents say that, too.

These marketing efforts included encouraging physicians to prescribe Zyprexa to the elderly for dementia, an unapproved use. The campaigns also targeted general practitioners since they were less likely than psychiatrists to ask pesky challenging questions.

Prescriptions increased, the Times goes on to say, and money rolled in. Michael Bandick, brand manager for Zyprexa, is aptly quoted in the Zyprexa documents, and the Times: "Olanzapine is the molecule that keeps on giving."

Question: Which is more important – Eli Lilly's right to privacy regarding these documents, or the public's right to be informed of health risks that a corporation wants hidden?

A legal question, ladies and gentlemen. But not purely legal. There's too much at stake.

## **The Concerns of Other Concerned Parties**

In mid January, Jim appeared in hearings held before the Honorable Jack Weinstein at the United States District Court in Brooklyn, New York. Some trip from Alaska, and no, Eli Lilly didn't pay his expenses. Some of those who were forbidden to disseminate, or even to facilitate the dissemination of, the Zyprexa documents were also present. They had much to say.

On January 17<sup>th</sup>, after Jim wrapped up his second day of testimony, Vera Sharav of the Alliance for Human Research Protection took the stand. After fielding challenges as to what she knew regarding the circumstances by which Jim had obtained the documents (nothing), Lilly attorneys asked Ms. Sharav about what she'd been told about the contents of the documents prior to receiving them.

Ms. Sharav crafted her responses well, getting Zyprexa's already established track record of health risks on the record. While saying she was told nothing about *these* documents, she spoke at length of risks that have been known for years. She cited Robert Whitaker and his book, "Mad in America."

She was just warming up. In response to another question about how Jim had obtained the documents, Ms. Sharav managed to get in the following:

It was validated in my mind when they appeared on Sunday in the New York Times front page, then again on Monday on the front page. Then, of course, the editorial calling for congressional hearings about the content of the documents, and that is really my interest. My interest is the content because the documents (show) that Eli Lilly knew ...that Zyprexa causes diabetes. They knew it from a group of doctors that they hired who told them, "You have to come clean." That was in 2000.

And instead of warning doctors who are widely prescribing the drug, Eli Lilly set about ... an aggressive marketing campaign to primary doctors. Little children are being given this drug. Little children are being exposed to horrific diseases that (shorten their lives.)

Now, I consider that a major crime. And to continue to conceal these facts from the public is ... not in the public interest. This is a safety issue.

When she came up for air, the Lilly attorney moved to, "strike as nonresponsive to my question."

The Judge's concise response: "Denied."

Ms. Sharav gave an even hotter speech when her attorney, Alan Milstein, asked her to characterize the documents. The Lilly attorney again moved to strike, with as much success.

Vera Sharav wasn't alone. Milstein, who also represents Dr. David Cohen in this matter, was given an opportunity to speak at length. He challenged the contention that the documents contained trade secrets, saying, "Lilly in no way fears dissemination of these documents to their competitors, to Merck or to Glaxo. What Lilly wants to prevent is the public at large, the consumers of its products, from seeing these documents and learning the truth about the product that Lilly produces and the way it markets it."

## **The Court's Decision - The Fallout Begins**

On February 13, 2007, the court handed down its decision. Judge Weinstein held that Jim acted improperly. He referred to Jim, Dr. Egilman, and Alex Berenson as conspirators, and called their actions irresponsible. And worse. He said that Eli Lilly has been irreparably harmed by their actions.

Jim promptly sent out a press release: "I vigorously dispute this," sums it up pretty well. An appeal is likely in the foreseeable future.

Jim's not done yet.

And what of Eli Lilly and their conduct? The Times reports that since this has blown up, attorneys general in Vermont and Illinois have joined with 3 other states and initiated investigations. Lilly has been ordered to turn over documents, and executives may be called in for sworn testimony. Jim has also been asked to provide a summary of matters to facilitate congressional hearings into Lilly's actions.

Who called for congressional hearings? The New York Times, as Ms. Sharav noted in her little speech above. Jim sent that summary, by the way. Didn't waste time.

Where all this will lead is anybody's guess. Drug manufacturers are frequently the subjects of such investigations; it's part of the game, as the Times indicates. To paraphrase Ted Chabaski,



with all those billions in profits, all this legal wrangling is just the cost of doing business for companies like Lilly.

Again, I pose the question: Which is more important – Lilly’s right to privacy, or the public’s right to know? The jury is still out that one, it seems.

But we know this much: Jim didn’t do what he did for kicks. Zyprexa’s dangerous, Eli Lilly knows it, and they celebrate their profits while their drug harms. They sacrifice public health for their corporate interests.

And the system permits them to do so.

As several of the briefs submitted in this matter attest, litigation and the power of subpoena is often the only way drug company information is made available. Where that information is vital to public safety, somebody needs to step up.

Recall what we learned at the 2006 conference. Attorney Michael Mosher, discussing how drug companies handle inconvenient information, said they simply withhold it. Because they can. They typically don’t have to tell doctors, the public, or the FDA what they don’t want to. As Mosher said of such information, “The only way you see it ... trial lawyers. God bless us all, I like to say.”

Well, God bless Jim Gottstein. He stepped up. He stepped up for people who are being damaged by Zyprexa. He stepped up for their families who also face the aftermath.

He stepped up for the public’s right to know. He stepped up for you and me.

And he stepped up *against* Eli Lilly, ladies and gentlemen. Most of us only wish we were as brave.

### **In Conclusion: Remember That Favor I Mentioned?**

As noted, all this litigation is the cost of doing business for Eli Lilly. For Jim, it’s a different story. His courage comes with a price tag, regardless of outcome. He’s already racked up serious bills, and one of Lilly’s aims has likely been to run up expenses. Why? To discourage Jim or future trouble makers from messing with their profits. Or, as they like to say, “trade secrets.”

Jim stepped up to help psychiatric patients, the public, and us. Now, we must step up to help him. Send a tax-deductible denotation to “ICSPP/Jim Gottstein Legal Defense Fund” at the address below. Jim sacrificed for this cause, professionally, personally, and financially. It is *our* cause, however, so we must sacrifice, too. Use either a check or credit card, and please send what you can reasonably bear.

For Lilly, this is business. For us, it’s personal. Lilly wants to hurt Jim, and they have the power to do it. We want to help ... and we have the power to do that.

Please send tax deductible donations to:  
ICSPP / Jim Gottstein Legal Defense Fund  
c/o Dominick Riccio  
1036 Park Avenue, Suite 1B  
New York, NY 10028

For Credit Card Donations - Please complete the following, and mail to the above address.

FOR ICSPP / JIM GOTTSTEIN  
LEGAL DEFENSE FUND

Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_  
(as it appears on the credit card - please print clearly)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

[Editor’s Note: This article is based on the several New York Times stories dated December 17, through December 21, 2006, and on the briefs, letters, and transcripts relevant to the case. All this material is easily accessible on the Psychrights website, as are several articles by Evelyn Pringle of OpEdNews. Please read all about it - there is much more to the story than could fit in here.]

## Here's What You Can Do

Below is a letter written by Lloyd Ross, ICSP's National Executive Director, to Congressman Bart Stupac, chairman of the House Subcommittee for Oversight and Investigations. Lloyd expresses his concerns about Eli Lilly's practices, including impressive detail along the way, and respectfully calls on the committee to take action.

Lloyd asked that this letter be shared with the newsletter readership, so that you may borrow from this and write your own. The more people who do so, the more our voices will be heard.

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Honorable Bart Stupac  
Chairman, House Subcommittee on Oversight  
and Investigations  
2352 Rayburn House Office Building  
Washington, D.C. 20515-4735

Dear Congressman Stupac:

I am writing to you about the following matter because you are now the Chairman of the House Subcommittee on Oversight and Investigations, and because I am familiar with your deep concern for the problems that involve mental health. I am urgently asking that your committee look into a matter that has brought great shock to many of us in the mental health field.

The pharmaceutical company Eli Lilly, which produces an anti-psychotic drug which goes under the trade name Zyprexa was found to have withheld research, completed by their own company, which found that the drug causes excessive cases of diabetes, obesity, and several other life-threatening ailments. Since the drug's approval by the FDA in 1996, Zyprexa has been prescribed to about 20 million people worldwide, and is by far, the company's biggest seller, accounting for 30% of the company's total revenues for 2005, or \$4.2 billion. The information was exposed as the result of a lawsuit and the drug company is maintaining that the results of their testing are proprietary and should not be released to the public, even though that information will save lives. When the drug was approved by the FDA, these results, which the company knew, were not handed over because the drug would not have been approved. Withholding that information has cost the lives of many U.S. citizens and has resulted in thousands more becoming diabetic or developing tardive dyskinesia or obesity, with all its secondary problems. The company's files show that the manufacturer not only hid vital information about the drug's safety from patient's taking the drug, but also from the physicians who wrote prescriptions for it. The extremely high incidence of obesity and diabetes in those taking Zyprexa (olanzapine) was clearly apparent to Lilly researchers during phase III clinical trials and before,

during the early and mid-1990s. Eli Lilly has settled numerous lawsuits over this drug for around \$700 million, a small price to pay for their profits on the drug of over \$4 billion each year. Yet they are still able to keep their vital research hidden and protected by the courts and the FDA does nothing. In my moral code, I would consider this kind of treachery a deliberate act of homicide based on nothing more than greed. Please keep in mind that independent studies have shown that the older anti-psychotic drugs produce the same results without these deadly side effects. They are also much cheaper. As far as I know, the company continues to suppress this information and is pressuring the court system to prosecute anyone who exposes this information publicly, even though it appeared on the front page of the Sunday New York Times last month.

I am asking that your office begin the steps needed for a complete House investigation into this before more people die from this drug. I would also be interested in knowing if the federal government is planning to prosecute those in the drug company who withheld this vital information from the public and just knowingly sat back and watched people die so that they could gain a substantial profit. I understand that there are now criminal investigations ongoing in New York, Florida, Pennsylvania, Illinois, and Vermont, and other states are looking into this, regarding accusations that Eli Lilly illegally and aggressively marketed Zyprexa for unapproved uses, resulting in hundreds of millions of dollars in additional costs for people, insurance companies, Medicaid, and Medicare (our tax dollars). Unfortunately, as all this goes on, our FDA does nothing but defend the drug companies.

Because this material was exposed in the New York Times, even the president of the American Psychiatric Association, Pedro Ruiz, M.D., a firm supporter of the pharmaceutical industry, felt impelled to write a letter to the New York Times in which he said: "Physicians and patients need as much information as possible about the risks and benefits of medications. America needs an open, mandatory, public database of all clinical trials now."

In my discussions with many professionals, I have come to realize that people now see the pharmaceutical companies in this country as more villainous than the oil companies and any legislator who tackles this issue will be considered heroic by the majority of Americans. I am calling upon you to begin this endeavor for the safety and well being of the American consumer. I also certainly recognize the political power of the pharmaceutical industry on both sides of the aisle and the bravery that is needed to question what they are doing. My feeling is that if anyone can rise above this, it is you. If your office pursues this investigation, I and many of my colleagues would be glad to supply your office with the names of people who can speak directly to these issues.

I hope to hear from your office regarding any help that I can provide. I am writing this not only as a professional psychologist who has been in practice for over thirty years, but also as a citizen who is outraged by this criminal behavior on the part of those responsible parties in this drug company.

Sincerely,

Lloyd Ross, Ph.D., FACAPP.

# Soteria-Alaska: Recovery Through Relationship

by Delores Jankovich, MA, MSW

Soteria-Alaska, an alternative to traditional mental health treatment, is now becoming a reality and will soon provide humane and innovative recovery opportunities for those diagnosed with a mental illness and not desirous of neuroleptic drugs. Soteria-Alaska President, Jim Gottstein, is demonstrating success on every front in eradicating human rights violations of those deemed mentally ill, making his personal and professional values consistent with those he expresses in both the legal and treatment arenas. Jim's integrity and broad understanding of those suffering from mental illness diagnoses is readily forging new ground for clients and those who care for them.

## Changing Laws and Adding Treatment Alternatives

Jim Gottstein's recent win in the *Myers vs Alaska Psychiatric Institute* case now makes it illegal to utilize forced drugging when there is a less restrictive alternative. Jim then tackled the right to effective counsel for the mentally ill in the *Wetherhorn vs Alaska Psychiatric Institute* case which sought to gain effective legal counsel in involuntary commitment and forced drugging cases in Alaska. A decision was made on January 12, 2007, regarding the gravely disabled portion of the case, stating no one could be committed for being gravely disabled unless she or he were incapable of surviving safely in freedom. The court ruled the ineffective assistance of counsel claim had to be raised in another proceeding where her lawyer had a chance to explain why she didn't do anything on behalf of her client.

Jim has been concurrently planning a residential setting so that severely disturbed persons may experience alternative treatment and be free to recover without the use of neuroleptic drugs if they choose to do so. Soteria-Alaska, modeled after the beloved psychiatrist Loren Mosher's Soteria Project, will provide non-coercive care in a home-like setting with no or minimal psychiatric drugs. Jim's work is demonstrating his thrust to eliminate coercive treatment, establish effective legal representation for those diagnosed with mental illness, and provide effective non-coercive opportunities for recovery. Jim is a living example of the international human rights lawyer, Karen Tse's, claim that, "Closing the gap between your own personal values and the work you do outside is where justice begins."

## Moving Ahead with Soteria

Soteria, which means "deliverance" or, "to save," is

the name for the treatment concept spawned by psychiatrist, mentor and human rights advocate, Dr. Loren Mosher. The Soteria Project, in operation from 1971 through 1983, created by Dr. Mosher and colleagues, provided a drug-free alternative to hospitalization for people diagnosed with schizophrenia.

When his untimely death occurred, Dr Mosher had been working with Jim Gottstein to establish a residential setting incorporating Soteria principles. Plans for a Soteria continued to progress when investigative journalist Robert Whitaker was invited to present to the Alaska Mental Health Board, corroborating the need for alternative care for those receiving a diagnosis of serious mental illness such as schizophrenia.

## Need and Funding Established

Robert Whitaker's work has further substantiated that individuals experiencing first episodes of psychosis who do not receive neuroleptics are much more likely to recover and not become chronically ill. Several prominent and very experienced psychiatrists who were familiar with alternative treatment were willing to add their expertise to help establish Soteria. In addition Alma Menn, ACSW, principal investigator on the original Soteria Project, has agreed to be available as a consultant on an ongoing basis.

Funding has now been established for the development and start-up of Soteria-Alaska through the Alaska Mental Health Trust Authority. It is considered imperative that Soteria-Alaska be a part of the State mental health system in order to assure that it is sustainable. Alaska psychiatrist Dr. Aaron S. Wolf, engaged to assist with a business plan, has been active in exploring additional funding sources including the possibility of some private insurers.

## Unique Aspects of the Soteria Concept

The treatment setting, ideally, is a home in a neighborhood, with space for 8-10 people. Size is important as when the number is too small it may cause residents to become more isolated. Too large a number may encourage residents to break off into groups and to lessen cohesiveness. The goal is not to cure but to allow individuals' experiences to unfold, honoring any feeling, thought or behavior for its ability to contribute to the development of the person. There is recognition that psychosis, if not suppressed or negated, may bring forth creativity and the person may reach an even higher level of integration and functioning than prior to experiencing the psychosis.

The "work" is composed of the interpersonal relationships established at the residence. Maturation will occur through "being with" in a setting where autonomy and flexibility is encouraged and expected. Individuals are self directed and fully informed regarding the process at Soteria and about the risks and benefits of all psycho-

tropic drugs.

## Susan Musante and the Role of Operationalizing Hope

I was recently fortunate to interview Soteria-Alaska Project Manager Susan Musante by telephone on January 26, 2007. Susan, who joined the Project in May, 2006, is a key person in the development of Soteria-Alaska. Besides bringing extensive professional experience in both Mental Health and Vocational Rehabilitation, Susan brings the passion, sensitivity and understanding inherently necessary in this most important work.

Susan worked in a state hospital setting for a year and was so disturbed by the treatment of the residents that she knew when the opportunity arose, she would do whatever she could to make it a better system. When the position of Project Manager at Soteria-Alaska became available, the time had come for Susan to fulfill her commitment to disturbed individuals in need of alternative care. She would be present from Soteria-Alaska's inception and would fulfill a major task of interfacing with stakeholders including the state facility, the Alaska Psychiatric Institute, and other providers and consumers.

Susan has an MS in Counselor Education from the University of Bridgeport and a BA with Honors in Psychology from the University of Connecticut. She is a Licensed Professional Clinical Counselor (licensed in New Mexico), and a Certified Psychiatric Rehabilitation Practitioner. She has worked as a licensed psychotherapist and has had extensive experience in program development. She was at the University of New Mexico Psychiatric Center for 5 years, and then left to establish herself independently, focusing on recovery-based programs.

Susan's first love is Mental Health. Her desire is to create a dynamic, innovative and supportive environment that allows self determination to be strengthened in individuals as they recover. It is significant that she comes to Soteria-Alaska with an understanding of how Soteria Recovery differs from both traditional hospitalization and conventional mental health practices. Individuals will enter Soteria for the social aspects which allow them to change and recover through family-like relationships with staff and volunteers, rather than relying primarily on neuroleptic drugs. There will be no specific time limit on their stay and residents will be free to come and go for activities in a normal way, and to end their stay when they are ready. Soteria differs from conventional rehabilitation practices in that residents do not end their relationships with staff and other residents when they leave the facility and return to the community. Former residents are welcome to return to visit, do volunteer work, or apply for paid positions.

There is no such thing as visiting hours, and family and friends may visit any reasonable time and participate in activities or meal time, though they may not stay over-

night. Family involvement is encouraged by those residents permitting it, however, no formal family therapy occurs. Careful attention is given to acclimating the neighborhood to the operation of Soteria-Alaska. Neighbors may also choose and are encouraged to interact with residents as they would with anyone in the neighborhood.

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***“Those who will work at Soteria-Alaska will be expected to demonstrate ‘that the practitioner believes that the person will improve and recover.’”***

The target date for opening Soteria-Alaska is tentatively set for January, 2008. The facility will accept adults age 18 or older from anywhere in Alaska who are experiencing their first psychosis or are newly diagnosed. Someone with a brief history of hospitalization may also be considered. The goal is to promote recovery, with the awareness that those who do not receive neuroleptics are less likely to develop chronic illness. Soteria will not be closed to those living outside Alaska although it is expected that the majority of the house residents will be from Alaska.

Paramount to Susan's key role is the fact that she understands what will help people get better. Susan emphasized that those who will work at Soteria-Alaska will be expected to demonstrate “that the practitioner believes that the person will improve and recover.” Not only must the staff member “hold hope” but she or he must “know how to use it.” Often people are capable of having hope but do not know to “utilize hope in relationship.” Susan remarked that her primary job is to demonstrate “how to operationalize holding the hope.” There must be respect and concern for all people and relationships must be free of patronizing or controlling behavior.

Another important consideration when hiring staff is to employ people who have passionate interests and are adept and enthusiastic at sharing them. This encourages residents to join in staff members' interests and ignite their own passions. Interests may cover a broad range from cooking, playing a musical instrument, sports, crafts, the visual arts, or just about anything that brings in positive energy and an opportunity to come together in learning.

Susan stated that the philosophy of Soteria-Alaska, in “being with” and promoting equality between staff and residents, lends itself to compassionate, understanding staff who are patient and persevering and are not interested in being in a position of authority. This may not necessarily be someone with mental health training. She indicated that the hiring advertisement for staff won't be an ad “seeking mental health practitioner.” Rather, “ordinary people” who would like to make a difference in lives may be the best candidates for the job.

Soteria-Alaska has several important events scheduled during

February to inform people about this very important project. President of the board of directors of Soteria-Alaska, Attorney Jim Gottstein, Soteria-Alaska Project Director, Susan Musante, Soteria pioneer and principal investigator, Alma Menn, consulting psychiatrist and medical director, Dr. Aaron Wolf, and investigative reporter and author, Robert Whitaker will be making presentations. For anyone in the area or those ready to venture to Alaska to learn about alternative residential care, be sure to keep abreast of what is going on with those involved in planning and development.

## The Principles of Dr. Loren Mosher's Soteria Live On

Though Soteria-Alaska will have unique and needed additions to its operation, crafted by those who head this project, Soteria is a new-old idea with an already proven track record, sure to improve the lives of both the residents and staff that choose to participate in recovery through relationship building and community. The legacy of Loren Mosher and other key people who pioneered this work lives on in Soteria-Alaska. Jim Gottstein, Susan Musante, Dr. Aaron Wolf, Alma Menn, Robert Whitaker and other informed individuals are bringing new hope to Alaska's most vulnerable.

### Sources for this Article:

Websites: [www.psychrights.org](http://www.psychrights.org) and <http://soteria-alaska.com>

Mosher, L. R. (1999) Soteria and Other Alternatives to Acute Psychiatric Hospitalization. *The Journal of Nervous and Mental Disease*, 187, 142-149.

Mosher, L. R., Hendrix, V. (With Fort, D.C.) (2004) *Soteria: Through madness to deliverance*. Xlibris Corp.

Soteria-Alaska, A Pilot Project Proposal, August 8, 2004.

Soteria House staff with Mosher, L., Menn, A., Vallone R. & Fort D. (1992). Treatment at Soteria House: A manual for the practice of interpersonal phenomenology, Unpublished Monograph published in German as: *Dabeisein—Das manual zur Praxis in der Soteria*. Bonn. Psychiatrie Verlag, 1964.

Tse, K. (2006, December) Justice of the peace. *Ode*, Vol 4, Issue 10, 16-17. Whitaker, R. The case against antipsychotic drugs: a 50-year record of doing more harm than good. *Medical Hypotheses* (2004) 62, 5-13.

## ICSPP Active in Southwest

By Susan Parry and Andrew Crosby, MA

Several ICSPP members are planning a major community event in Las Cruces, New Mexico on Wednesday, April 18, 2007. The cast includes Susan Parry, Al Galves, and John Ryan. Louis Wynne (EHPP Editor) of Albuquerque, and Sara Bostock of California, also hope to attend.

Robert Manciero, producer of the documentary, "Prescription: Suicide?" will attend, to say the least. The event will feature a screening of "Prescription: Suicide?" at Club Fusion, a teen recreation center in Las Cruces, from 7:00 to 9:00 PM.

The guest list promises to be impressive, with invitations to be sent to medical personnel, school officials, and city, county, and state office holders. Police officers, church youth groups, and the National Alliance for the Mentally Ill (NAMI) are also to be invited.

Club Fusion can hold 200 people, and the group hopes for a capacity crowd. The invitation letters include a description of ICSPP, "Prescription: Suicide?," and TeenScreen. Also, the group plans to distribute articles on psychiatric drugs, suicide, and a two-page bibliography listing books (many by ICSPP authors) and websites. And, yes, ICSPP membership forms will be available.

The event was Sue Parry's idea. A retired occupational therapist and long-time ICSPP member, Susan caught a listserv posting from Vera Sharav of Alliance for Human Research Protection about "Prescription: Suicide?" She thought the public should know the story, so she's making it happen.

## You, Too, Are Cordially Invited to Attend ... And to Run Your Own Show

The format of the event will include introductory comments about the movie and ICSPP. The hour-long movie will then be shown, followed by a question-answer period. Susan and the group invite us to attend, and hope for a large contingent of ICSPP members. You can do so by contacting Susan at [sparry@zianet.com](mailto:sparry@zianet.com).

Susan and the group encourage us to arrange similar events in our communities. Quite a few of us have presented in the community, and know the benefits. Others will not knock on our doors to ask what we think and know - we need to make first contact.

For those who are interested, but need help organizing such an event, Susan is offering support. She can provide copies of the hand-out materials (for about \$8.00 to cover copying and postage), and will be able to make suggestions. Then, as Susan suggests, "Get a copy of 'Prescription: Suicide?,' and let it rip."

For those who are curious as to the event's outcome, you need not wait long. Susan will be writing about it for our next newsletter, due out in June. We're looking forward to checking that out. Meanwhile, thank you, Susan, Al, Lou, John, Sara, and Robert ... thanks for stepping out and making contact.

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# Historical and Cultural Forces Behind The Biopsychiatric Juggernaut

By Albert Galves, PhD

The power and speed with which Americans have embraced psychotropic drugs as the response to troubling emotions and thoughts is dramatic and arguably without precedent. The combined sales of antidepressant and antipsychotic drugs jumped from \$500 million in 1986 to nearly \$20 billion in 2004, a 40-fold increase (Whitaker, 2005). The frequency of antipsychotic prescriptions for children increased from 8.6 per 1000 children in 1995-96 to 39.4 per 1000 children in 2001-2 (Cooper et al., 2006). The use of methylphenidate, a stimulant similar to cocaine, was more than 7 doses per 1000 persons in 2004. This compares with less than 1 dose per 1000 persons in the United Kingdom, Germany and Australia (Aldhouse, 2006).

This fact is all the more amazing in view of the evidence that the drugs are very harmful to human beings, causing impairment of the ability to walk and control muscles, heart disease, diabetes, mania, psychotic symptoms, impaired immune function and early death (Jackson, 2006; Whitaker, 2005; Whitaker, 2002); and that they disable the fine-tuned emotional faculty that has been evolving over millions of years to enable humans to know what is important, what is threatening, what is precious and what needs to be protected.

What are the forces that have driven this phenomenon? Can it be attributed wholly to the drive of pharmaceutical companies to make money and of mainstream psychiatrists to finally become “real medical practitioners?” Or are there other forces at work here?

This article is an attempt to name and describe some of the historical and cultural forces behind the zeal and credulousness with which consumers are using mind-altering drugs and which might explain how a newspaper editor would fashion the following headline for a story about a randomized, double-blind clinical trial which found a placebo to be more effective in treating depression than either Zoloft or St. John’s wort: “Antidepressant Outdoes St. John’s Wort in Treating Depression.”

First, there is the Age of Reason, which has been ascendant with minor eclipses for the past 800 years. This movement that celebrates and honors the rational faculty has dishonored and discounted the emotional and intentional faculties that are just as crucial to healthy human functioning. If you want proof of this, spend some time in a typical American public school. You will find almost total focus on developing the rational faculty. Some lip service is paid to emotional development but it consists mainly of browbeating children into believing that certain emotions – love, happiness and kindness – are good and should be favored and others – anger, jealousy and sadness – are bad and should be extinguished. And you’ll find virtually no attention paid to the development of the intentional faculty, the wills of children. In fact, you would think that human beings didn’t have wills, at least not ones worthy of attention or development.

I propose that this overvaluing of the rational faculty and discounting of the emotional and intentional faculties makes it easier for people to use drugs that impair their emotional processing. Since they don’t value the intricate, fine-tuned emotional processing mechanism that has been evolving over millions of years, there is little resistance to disabling it with drugs. One wonders if consumers would be as ready to take drugs which impaired their rational functioning.

Second, there is the Rise of Scientism. “Scientism” is defined by Webster’s New Collegiate Dictionary as “an exaggerated trust in the efficacy of the methods of natural science to explain social or psychological phenomena, to solve pressing human problems, or to provide a comprehensive unified picture of the meaning of the cosmos.” Scientism has convinced us to discount anything that can’t be quantified, measured, touched, seen or physically manipulated. No wonder then that we put so much faith in a pill and are so skeptical of the value of learning to manage our emotions, integrate the parts of ourselves we don’t like, become more objective in our thinking, use the stress response to address things that are threatening us and develop our assertiveness skills.

Along with the Rise of Scientism has come the Cult of Professionalism, the idea that people with degrees and credentials are smarter and more effective than we are, that they have a mysterious hold on a fount of knowledge and skill to which we are not privy. This has caused people to lose faith in their bodies and their minds. It has taken away their sense of agency, of being able to figure things out for themselves. It has caused them to become overly dependent on experts.

In his book *The Coming of Post-Industrial Society*, Daniel Bell predicted that the major conflict of the 21<sup>st</sup> century would be between professionals and non-professionals (Bell, 1973). That it appears there will be no such contest is testimony to the power of credentialism and the higher education industry and the inability of non-professionals to organize in any meaningful way.

And there’s the Industrial Revolution, which turned people from craftsmen who took responsibility for an entire piece of work from start to finish to assembly line workers who are small cogs in a big machine. Again, a force that takes away the sense of agency and dependence on oneself.

And the Technological Revolution which reinforced the belief that the important things are the things outside of ourselves – machines and computers.

The combination of these forces has caused people to lose faith in their bodies and minds. Since they can’t see their immune system and understand how it functions, they would rather depend on an antibiotic, which they can see and understand. Instead of understanding that fever and vomiting and mucous build-up are evidence of healing mechanisms, they use substances to counteract them. Instead of appreciating the value of shutting down for a while and using an internal focus

to take a look at their lives, do a mid-course appraisal and, perhaps, adopt a creative change of course, they take an anti-depressant. Instead of trusting themselves and their organizations, they trust the expert.

Here is Theodore Roszak's description of the forces at hand:

“The same revolutionary movement that made the universe safe for democracy made it no fit home for such archaic superstitions as “sanctity” of any kind, because sanctity is no empirical finding, no verifiable hypothesis. Rather, it is an intuition of the sacramental. We are dealing here in political mysteries that trace back to the charisma of kings, the taboo of tribal priests.... Whenever humanistic spirits rush forward to defend our personal dignity from invasion or insult, though they may not know it, they invoke an authority which we inherit from priest and prophet. They are asserting the personality as a locus of magical powers. *But* the idea has been cut off at its historical and psychological roots, because the severely logical eye, obedient to the best scientific standards, finds no place for magic in the universe; it simply cannot admit the legitimacy of sacramental experience.... In this, then, we find the darkest irony of the revolutionary tradition. The justified anticlericalism of the Age of Reason has become a sweeping rejection of all sacramental experience.” (Roszak, 1978, p. 101)

One of the pieces of “magic” that is being ignored and discounted is the self-healing power of the human organism.

There are also some uniquely American forces at work. One is the Myth of the Heroic American. We have received a barrage of messages telling us that we are a favored people, the greatest country on earth, anointed by God as the only remaining superpower on the planet, the shining city on the hill. This puts pressure on us – pressure to be successful, happy, rich and prosperous. It's really not OK to be sad, down, depressed, unhappy and upset. What's wrong with us? We live in the greatest country on earth. What more do we want? So, if we're not rich, exalted, famous or outstanding we attribute it to our shortcomings. I guess I'm just not good enough. I couldn't make it. We get down on ourselves, become anxious and depressed and grab for the quickest and easiest remedy - psychotropic drugs.

There's another force which reinforces that pressure: The Myth of Equal Opportunity. We are constantly told that Americans are equal before the law, that, unlike other, more traditional societies, we all have an opportunity to be rich, famous, good-looking, happy and successful. If we aren't, it's our own fault. We just aren't good enough. There's something wrong with us. We're deficient.

In other societies, there are explanations which are less

pejorative. If I am not doing well in India, it is because of the caste I was born into. If I am dissatisfied with my status in Great Britain, I can attribute it to the class, neighborhood, family into which I was born. What do you expect from me? I don't even speak with the right accent.

This is the message of Michael Moore's film *Bowling for Columbine*. Moore asks why there is so much violence in the United States. He dismisses the pat answer – more guns – by disclosing that there are more guns per capita in Canada and the murder rate in Canada is one-twentieth of the murder rate in the United States. After considering other explanations, he comes down to the insight that this is not a very compassionate country. And the compassion that is lacking is not so much for other people as it is for ourselves. People who lack compassion for themselves are prone to violence.

Because of these two myths, Americans are allergic to “blaming” themselves for their “shortcomings.” They are especially reluctant to take responsibility for whatever deficiencies or doubts they might have about themselves. So if they are feeling sad, agitated, upset, angry, anxious, down, discouraged it's much easier to blame it on chemical imbalances that result from genetic inheritance than it is to blame it on anything they have control over. Instead of taking a good look at myself, doing some self-reflection and some repair work, I'll just take this pill that will correct my chemical imbalance.

Finally, there is the Myth of Progress. These psychotropic drugs fit nicely into that myth. Isn't scientific medicine wonderful? Look, we cured malaria and polio. We do heart transplants and artificial hips. Now there are medicines that cure mental illnesses. Amazing. What will they come up with next?

This is my short list of historical and cultural forces:

- The Age of Reason
- The Scientific Revolution
- The Cult of Professionalism
- The Industrial and Technological Revolutions
- The Myth of the Heroic American
- The Myth of Equal Opportunity
- The Myth of Progress

There may be other, more important forces at work. Something is going on that is bigger than the power of the pharmaceutical companies and mainstream psychiatry. I encourage readers to wonder and search.

But suppose it is true that these forces are driving the movement to embrace psychotropic drugs as the answer to these painful states which, being devoid of clear physiological etiology, are called “mental illness.” What can we do about the forces? They are large and inchoate. How do we counter them? I think we chip away at them little by little in the same way that dissidents chipped away at the former Soviet Union. When the Soviet Union collapsed in 1989, it seemed to happen rapidly, almost overnight. But the seeds of that demise were being planted and fertilized over the previous 60 years by ordinary Russians telling jokes about the system, talking to each other behind closed doors and, in some courageous cases, protesting in public. I think that is how the biopsychiatric juggernaut will eventually be brought down – through a constant, even if often dim, shining of light on the harm done by psychotropic drugs and their lack of effectiveness and through the slow, steady development of more safe, humane and effective ways of helping people who want help in their effort to overcome suffering.

## THE METH / MYTH EPIDEMIC

Steven Rubin MD

Adult & Geropsychiatry

[geroldoc@hotmail.com](mailto:geroldoc@hotmail.com)

Morris Berman describes the characteristics of American culture that mark it as a culture in the process of dying, dying because we have lost track of what is important, we have allowed unconscionable inequalities to exist, we are squandering our resources on killing people, we are losing our common sense, our wisdom and our spiritual awareness. And he asks: what recourse is available to those who see what is happening and who want to protect and nurture what is being lost? His answer is that they should do what the monks did in their monasteries during the Dark Ages. During that period between the Greek and Roman empires and the Renaissance, the monks scribed the works of the great Greek and Roman philosophers, clerics and scientists so they would be available to future generations. Berman suggests that those who are aware of what is happening and who want to protect what is being lost do so by living their lives according to what they know to be true and by continuing to speak that truth in all the ways they can (Berman, 2000).

Organizations like the International Center for the Study of Psychiatry and Psychology, the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses and MindFreedom International are important and valuable mediators and repositories of that truth.

The other thing people can do is reform our public schools so they become places in which young persons can learn to use their wills, emotions and critical faculties to make up their own minds, find their own answers and pursue their own truth free from the oppressive mantle of the educational establishment, an establishment which is the paradigmatic reflection of, and a major propagator of the Age of Reason, the Rise of Scientism and the Cult of Professionalism.

### References

Aldhouse, P. (2006). Prescribing of hyperactivity drugs is out of control. *New Scientist*, March 31, 2006.

Bell, D. (1973). *The coming of post-industrial society: A venture in social forecasting*. New York: Basic Books.

Berman, M. (2000). *The twilight of American culture*. New York: Norton.

Cooper, W.O., Arbogast, P.C., Ding, H., Hickson, G.B., Fuchs, D.C. & Ray, W.A. (2006). Trends in prescribing of antipsychotic medication for U.S. children. *Ambulatory Pediatrics*, 2006, No. 6, 79-63.

Jackson, G. E. (2005). *Rethinking psychiatric drugs: A guide for informed consent*. Bloomington, IN: AuthorHouse.

Roszak, T. (1978). *Person/Planet: The creative disintegration of industrial society*. Garden City, NY: Anchor Press/Doubleday.

Whitaker, R. (2002). *Mad in America: Bad science, bad medicine, and the enduring mistreatment of the mentally ill*. Cambridge, MA: Perseus Publishing Group.

*Offprints.* Requests for offprints should be directed to Albert Galves, Ph.D. at 2711 Sunrise Point Road; Las Cruces, NM 88011. E-mail: [agalves2003@yahoo.com](mailto:agalves2003@yahoo.com)

Recently there has been media attention appropriately directed at the epidemic of methamphetamine drug abuse. The problem is local and national. Methamphetamine is a substance that causes euphoria by stimulating dopamine and adrenaline chemicals in the brain. Many variations of this drug are available in powder, tablet, crystal, liquid and skin-patch form, legally and illegally.

Like alcohol and other mind altering agents, methamphetamine affects perceptions, logic and judgment. The more novel and potent the drug exposure is, the stronger the experience of distorted sensations. Many people find this brain-altering activity quite pleasurable or refining. With repeated exposure, however, there is development of tolerance. Sleep disruption and drug withdrawal can occur along with other side effects that can harm the individual's well-being. At times, other substances are used to either supplement or offset the stimulant use.

Short or long-term exposure to methamphetamine and its variants can cause cardiovascular, respiratory, kidney and nerve problems. Parkinson's type dementia, a condition of brain and body movement problems, is another side effect of these stimulant drugs.

Methamphetamine abuse can hurt not only the users but those around them. Sometimes the damage may not be realized until years later. The financial tolls include drug cost, lost productivity, and time spent working extra to pay for the drugs. More important costs include the consequences on one's own physical and mental health, the effect on families, careers, the community and the future.

Abuse of methamphetamine illicitly obtained on the streets is only half the story.

If people are serious about the methamphetamine problem, then we need to confront the reality that these drugs are as available in the doctor offices as they are on the streets. Prescription stimulants are now contributing to almost as many emergency room traumas as are illegal stimulants. Young children ( ages 3 – 5 ) are increasingly being prescribed and exposed to medicinal stimulants. A leading brand name drug for Attention Deficit Disorder is the preferred stimulant by college students seeking to stay awake the entire night for purposes of studying or partying.

We confuse children by warning them away from "drugs" and then dispensing prescriptions to them. Prescription stimulants are publicly advertised along with all the other medication, alcohol and pleasure product advertisements. We have become desensitized to this phenomenon.

Defining the appropriate use of any drug or medication is subject to controversy. The debates over medicinal versus recreational use are as old as the drugs themselves. For thousands of years people have appropriately and inappropriately used alcohol, opiates, coca and other natural and synthetic stimulants. That there is stimulant abuse is not new. The ability to produce and distribute mass quantities of drugs is not new either. Prescription stimulants have become a billion dollar industry, and that is contributing to the methamphetamine abuse epidemic.

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# Something Else to Write About

Introduction by Andrew Crosby, MA

If this issue has a theme, it is this: letters. From universal screening to Eli Lilly investigations, and on to social workers and big pharma (page 20), ICSPP is big on writing letters these days. Well, we hope you're in an epistolary mood, because here's another.

As the January 2007 meeting of ICSPP's Northeast chapter wrapped up, Dr. Jeffrey Danco, psychologist from Bound Brook, New Jersey called for our attention. We were tired, it'd been a long meeting. Good thing we gave Jeff the floor, though. He had something interesting to say.

Jeff spoke of one of the hassles he's faced since putting his practice together some years ago - that of dealing with insurance companies who, among many inequities, determine benefits differently according to diagnosis. Those with biologically-based conditions (see where we're going with this?), for example, benefit more substantially and are permitted more sessions than others.

Jeff can play the game as well as anybody who's income depends on it. But it hurts, shoveling along with the rest of the world. So, what follows is Jeff's response, in the form of a letter to various insurance companies. It will be signed by ICSPP members who attend the next Northeast meeting. Note the emphatic tone, no doubt familiar to you by now. That's what I like about you people in ICSPP – you get to the point.

Dear Sir/Madam:

For some time now, our psychotherapy clients have been subjected to a discriminatory two-tier benefits scheme foisted on them by the insurance industry, including your company.

Clients with a so-called biological diagnosis receive a superior class of benefits, which may include a lower deductible, a lesser co pay, or unlimited sessions within a benefit period. Other clients, ostensibly less impaired, find that their insurance company will pay less or in some cases almost nothing at all to allow them to receive needed—and desired—services. We even know of one plan having a \$2,500 deductible for nonbiological diagnoses and no deductible whatsoever for Major Depression, Schizophrenia, Bipolar Disorder and the other “biological” conditions.

We are writing you to say emphatically and unequivocally that this distinction is false, misleading, unfair and not grounded in the best scientific research. Our organization, composed of psychiatrists, psychologists, clinical social workers, and other interested professionals, has studied the research evidence extensively for several decades. This is what we have concluded:

1) There is no replicated, commonly accepted study, which proves that any mental health problem is caused by a gene or combination of genes.

- 2) There is no replicated, commonly accepted study, which proves that any mental problem is caused by a specific, identifiable brain disease with the exception of the Organic Brain Syndromes.
- 3) No study has supported the notion that depression is caused by biochemical imbalances in spite of voluminous research to attempt to do so.

Biological psychiatry, supported by the pharmaceutical industry, has sold the public on the biological vs. nonbiological myth. It is in their financial interest to further this misconception. And yet ICSPP remains steadfast in our determination to promote the truth about emotional problems and their remedy.

The public interest is not served by calling people “sick” when science offers no basis to render that diagnosis.

We the undersigned respectfully request that you cease making these discriminatory benefits calculations and offer people fair coverage for psychotherapeutic services.

Thank you.

(Signatories from ICSPP-NE)

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# CALL FOR PAPERS

Tenth Annual Conference of the  
**International Center for the Study  
of Psychiatry and Psychology, Inc. (ICSPP)**

in collaboration with

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**For more than four decades ICSPP ([www.icspp.org](http://www.icspp.org))**, a nonprofit, 501 (c) research and educational network of professionals and lay persons that has been informing professionals, media, and the public about potential dangers of biological theories and treatments in psychiatry.

The **ICSPP** Annual conferences serve as unique thought provoking forums to exchange critical ideas about the impact of contemporary mental health ideologies on personal and community values, and to disseminate models of therapeutic intervention that disavow all coercion and the compromise of ethics, rationality and scientific principles.

**Participants** include mental health professionals, academics, and researchers from the educational and academic communities, the medical and social sciences, mental health lawyers, law professors and law students, psychiatric survivors and members of the public. It is no exaggeration to state that most attendees find the annual conferences the most stimulating, useful, intellectually challenging, and friendly meetings they ever attend. The Tenth Annual Conference will be held in Washington, D.C., and promises to be the best ever.

### **Presentations may include among others:**

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Critical evaluations of parents and children's rights in schools

Critical evaluations of parents right to decline drugging their children

Critical evaluations of studies of non drug treatment protocols for children

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Political and economic considerations

Presentations may be roundtable seminars, oral presentations, workshops and posters on any topic pertinent to **ICSPP**'s educational mission:

**Presentations** may consist of scholarly reviews, empirical studies, or practice descriptions. Oral presentations are 30-45 minutes long. Presenters are responsible for their registration, accommodations, and travel costs. Further details will be made available at [www.icspp.org](http://www.icspp.org)

**Graduate students** get a 50% discount on registration fees and are eligible to win a \$250 cash prize for Best Student Presentation

**Accepted presentations** will be eligible for publication in the peer-reviewed journal of ICSPP, *Ethical Human Psychology and Psychiatry: An International Journal of Critical Inquiry*. Indexed in *PsychInfo*, *Sociological Abstracts*, *EMBASE/Excerpta Medica* and *Medline* ([http://www.springerpub.com/store/home\\_ehss.html](http://www.springerpub.com/store/home_ehss.html))

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Title of presenter: Dr., Prof., Mr., Mrs., Ms., no title

Last name, First name, Initial

Highest academic degree

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Title of presentation

Aims and contents of presentation (for inclusion in program handbook: do not exceed 150 words.)

Biography of presenter (for inclusion in program handbook: name, profession, experience, interests, accomplishments – do not exceed 80 words)

Audiovisual aids required

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*Send by email and as **Word attachment** only to:*

**Lawrence Plumlee, M.D., Co-chair, Scientific Committee, at [Laplumlee@pol.net](mailto:Laplumlee@pol.net)**

**For more information call (301) 897-9614**

*Deadline for Submission June 30th, 2007*

# National Association of Social Workers and Big Pharma

Introduction by Andrew Crosby, MA and Jeffrey Lacasse, Ph.D. Candidate

Last October, the National Association of Social Workers (NASW) sent an email entitled, "Invitation to Join The National Adherence Initiative for Schizophrenia" to its Specialty Practice Sections on mental health and private practice. This was followed by an article discussing this initiative in the November 2006 NASW News.

Here is the gist: NASW was contacted by Janssen, L.P., the pharmaceutical company, to engage "in a nationwide data collection effort" pertaining to compliance with neuroleptic treatment by those diagnosed with schizophrenia. NASW agreed, and set about recruiting social workers to participate. Hence the October email, which concludes thusly: "Please consider enrolling today and contributing to this important initiative, which is sponsored by Janssen, L.P., *in partnership with NASW* (emphasis mine).

The following letters represent 1) an initial response by 19 social work academics, including current advisory council members Stephen Wong and Jeffrey Lacasse, 2) the response from NASW, and 3) a final response to NASW. Please read these all the way through; they start good, and get better and better. Gave me a shot in the arm.

You are also encouraged to check out the authors' website, [www.manufacturedconsensus.net](http://www.manufacturedconsensus.net). You can add your name to the list of signatories and see all 115 names currently signed on, which includes many members of ICSP. You can also check out the references indicated in the letters, which space precluded us from listing here.

## **Letter to NASW - December 2, 2007**

To: Elvira Craig de Silva, DSW, ACSW  
President, National Association of Social Workers

Elizabeth Clark, PhD, ACSW  
Executive Director, NASW, and President, NASW Foundation

On October 6, 2006, the National Association of Social Workers (NASW) sent to its Specialty Practice Sections on mental health and private practice an emailed "Invitation to Join The National Adherence Initiative for Schizophrenia." An article in the November issue of NASW News also announces and describes the initiative (1).

The brief text in the email asked social work-

ers to consider enrolling "in a nationwide data collection effort." It stated: "Partial adherence is a significant problem in the treatment of schizophrenia ... and can affect up to 75% of patients." It invited participants to "identify up to 10 clients with schizophrenia that you feel are at risk for partial adherence."

The last line of the text informed that this initiative "is sponsored by Janssen, L.P. in partnership with NASW." The pharmaceutical company Janssen, a subsidiary of Johnson & Johnson, markets Risperdal (risperidone), an antipsychotic drug that grossed \$2.3 billion in US sales in 2005 (2). Social workers who enrolled received a packet from Janssen, with the "study instrument," that spoke of nothing but the importance of drug treatment adherence for schizophrenia.

The undersigned social workers and social work educators and researchers are, for several reasons, concerned about the NASW's active participation in this pharmaceutical company marketing initiative.

First, now is a time of unprecedented awareness of the pharmaceutical industry's stake in framing how distress and mental disorders are seen and how they are treated (3). This industry has used every means at its disposal—including one-to-one enticement of professionals (4), sponsorship and delivery of continuing "education" (5), sponsorship of advocacy groups, ghost-writing of "scientific" articles and dissemination of unsupported "medication algorithms" (6), direct-to-consumer advertising, intense legislative lobbying (7), as well as suppression of research findings, illegal marketing of psychotropic drugs for off-label purposes (8), and cash payments to state officials to include atypical antipsychotics on Medicaid formularies (9)—to remain the dominant player in health and mental health. Regardless of evidence of drugs' efficacy or safety, the industry's unrivaled ability to spread money to influence thinking, practice, and policymaking means that the mental health system serves the industry, rather than the opposite.

Second, as non-industry funded studies increasingly identify the limitations of its products and exaggerated claims made about them, the industry greatly diversifies marketing efforts to dilute any impact of bad news on drug sales. Countless

seemingly “independent” professional and advocacy activities are today carefully orchestrated and funded by marketing firms to reach specific prescription goals (8). The stark truth is that no mental health profession and no professional activity is safe from drug industry influence. Moreover, mere awareness of the issue cannot guard against being used as part of the industry’s marketing efforts. As authors from psychology have recently recommended, mental health professions need to build a “firewall” between marketing and science. (10) Authors from medicine similarly call for “a strict sequestration of commercial and scientific activities, and a fundamental internal reevaluation of the interactions between individual physicians, professional organizations, and the industry” (8). Did the NASW consider such warnings, now so numerous in the literature as to defy counting?

Third, it seems to us that the NASW did not sufficiently scrutinize an “adherence initiative” in 2006. Treatment compliance is an old issue in schizophrenia care. Everyone in this field knows that antipsychotic drugs’ unpleasant effects make them extremely undesirable to patients. The Janssen initiative closely follows the government-sponsored CATIE studies’ findings that three quarters of patients on atypical antipsychotics such as Janssen’s Risperdal—falsely touted for a decade as vast improvements over older drugs—stop taking their prescribed medication because of “inefficacy, intolerable adverse effects, or other reasons” (11).

The study instrument mailed to social workers consists of eight “yes/no” questions, each describing a “deficit” in patients that would put them “at risk” of “partial adherence.” In our view, no information not already well known from dozens of previous studies on adherence to neuroleptic treatment, including the \$45 million CATIE studies on nearly 1,500 patients, is likely to come from this Janssen-NASW study. The adherence initiative repeats that “partial adherence” is a significant problem in the treatment of schizophrenia—but the more significant problem lies rather with the drugs’ now well established ineffectiveness and adverse effects.

Fourth, and more to the point, Janssen’s exclusive patent to market oral risperidone will expire in 2007, and the company stands to lose significant revenue as cheaper generic versions come to market. Janssen is therefore now emphasizing the long-acting injectable version of risperidone, which it markets as Risperdal Con

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***“Rather than lend even more credence to pharmaceuticals, the NASW should spearhead an initiative to publicize available psychosocial treatments.”***

sta—on which it still holds patent for several more years (and which sells for more than the oral version). The history of antipsychotic drug use shows that one notion, and one notion only, has ever justified using long acting injectable antipsychotics: adherence (compliance). In this light must Janssen’s “adherence initiative” be more fully appreciated.

Finally, even as social work researchers lead the questioning of a failed paradigm constraining explanation and intervention in the lives of persons who experience psychosis (12), we are mystified that the NASW allies itself with Big Pharma, rather than lead the unbiased search for veritable innovations in care. Improvement rates in schizophrenia, after more than 50 years of drug treatment, are worse now than they were 80 years ago (13). Given that mental disorders and psychosis are strongly correlated with environmental factors such as low socioeconomic status (14) and childhood trauma (15), the NASW should formally endorse the preventive research of social workers that attempts to protect youth from harmful experiences or to foster healthy lifestyles and psychological resilience.

Rather than lend even more credence to pharmaceuticals, the NASW should spearhead an initiative to publicize available psychosocial treatments that teach coping skills, interpersonal skills, and independent living skills that allow clients to function with minimal reliance on costly and potentially harmful drugs.

The undersigned consider this “adherence initiative” a campaign directly promoting the drug treatment of schizophrenia and indirectly promoting Janssen’s image and products. The “adherence” sought is that of social workers and other professionals to a treatment model guided by drugs—Janssen’s drugs. That this initiative seeks to enroll social workers in a seeming research effort for the benefit of patient care simply cannot be taken as its primary purpose. More than anything, the initiative

expresses to outside observers that yet another professional organization could not remain independent of the pharmaceutical industry's influence.

It is our understanding that Janssen initiated the contact with the NASW, remunerated the consultant from the NASW, and made a donation to the NASW Foundation in return for this collaboration. (No mention of this donation appears in the NASW News article.) The other organizations partnering with Janssen in this initiative include the National Alliance on Mental Illness, the (American) Psychiatric Nurses Association, and Schizophrenics Anonymous, all of which benefit from drug company largesse.

We request, first, that the NASW publicly backtrack on this initiative; second, that for the sake of transparency the NASW discloses the amount that Janssen donated to the NASW Foundation; and third, that the NASW inform its membership and the broader constituencies it aims to serve precisely how it intends to protect itself from other pharmaceutical industry initiatives certain to follow this most unfortunate precedent.

#### **Signed:**

David Cohen, PhD; Stephen E. Wong, Ph.D.; Tomi Gomory, PhD; Jeffrey Lacasse, PhD Candidate; Dennis Saleeby, PhD; Stuart A. Kirk, DSW; John Bola, PhD; Eileen Gambrell, PhD; Linda Vinton, PhD; Scott Ryan, PhD; Kia J. Bentley, PhD; C. Aaron McNeece, PhD; Wendy Crook, PhD; Mark A. Mattaini, DSW; Nicholas Mazza, PhD; Blace Nalavany, Ph.D.; Devon Brooks, Ph.D.; D. Lynn Jackson, Ph.D.; Donni P. Whitsett, Ph.D.

**The authors note NASW's response on [www.manufacturedconsensus.net](http://www.manufacturedconsensus.net). It is reproduced below.**

On December 7th, 2006, Dr. David Cohen received a response from Betsy Clark, Executive Director of the National Association of Social Workers (NASW). The response was 308 words long. We asked permission to publicly post this response from NASW on this website, but Dr. Clark objected. On January 19th, we replied to the NASW.

#### **Second letter to NASW, dated January 19, 2007:**

To:

Elizabeth J. Clark, Ph.D.  
Executive Director, NASW

Dear Dr. Clark:

Thank you for your prompt reply to Dr. David Cohen, dated December 6, 2006, in response to our correspondence concerning the NASW's participation in a "National Adherence Initiative for Schizophrenia" sponsored by Janssen, L. P. Although we appreciate receiving your reply, we are very disappointed by its content and your failure to address any of the substantive issues raised by our letter.

To begin, we find your use of the collective "We" and "NASW" vague and furtive regarding parties and processes leading to participation in this initiative. You write that "NASW carefully considers its interactions..." and "We judiciously assess our involvement..." Our letter, signed by nineteen social work educators and researchers — including some who investigate the drug industry's influence on the mental health system — resolutely expresses a reasoned argument against the NASW's participation. Based on your rather perfunctory reply to our letter, we see little evidence of balanced weighing of "diverse perspectives" on this initiative as you have assured us.

We are disappointed that you did not address or even acknowledge any of the following issues highlighted in our letter:

1. You ignored our comments about the limited efficacy, adverse side effects, and high cost (relative to older drugs with expired patents) of "atypical antipsychotics" including Risperdal and Risperdal Consta, manufactured by Janssen, L. P. It is incredulous to us that NASW would partner with a drug company in a project on drug adherence (thereby implicitly supporting the goal of drug compliance) without critically examining factors of therapeutic efficacy, negative side effects, and cost efficiency. Dr. Jeffrey Lieberman, Chairman of Psychiatry at Columbia University, wrote in an editorial in the October 2006 issue of Archives of General Psychiatry: **"The claims of superiority for the [atypical antipsychotics] were greatly exaggerated. ... the aggressive marketing of these drugs may have contributed to this enhanced perception of their effectiveness in the absence of empirical information."** As described in our letter, the efficacy and adverse side effects of

drugs are particularly difficult to ascertain due to the pharmaceutical industry's infiltration of the research enterprise and its history of manipulating and filtering scientific data available to the public. As we write these lines, Eli Lilly and Company is in Federal Court to prevent independent advocates, scholars, and activists from publicizing internal company documents that were described in December for five straight days in the New York Times, revealing the company's withholding of data on life-threatening adverse effect of Zyprexa from doctors and the FDA, while aggressively expanding off-label promotion of the drug! This continuous blurring of the facts by the drug industry makes it even more crucial that social work professionals openly discuss these issues, which you elected not to do in your reply.

2. You chose not to respond to our warning about pharmaceutical companies' strategy of initiating and supporting joint ventures with professional organizations as a means of developing relationships, legitimizing drug treatments, and influencing professional practice. You write, "We are guided by approved policies, policy statements, and legal guidelines." Again, understand that this does not assuage our concerns that the NASW seems unaware that it and social work are not immune to corporate influence. Note that the professions of psychiatry and psychology have publicly recognized this threat to professional integrity and independent practice. Your further statement, "we concluded that it was our responsibility to be at the table ... when important decisions are being made" strikes us, we are sorry to say, as naïve, unless you inform your membership what exact social work perspective you promoted while sitting at the industry's table, or what interests distinct from drug company interests NASW represented at these meetings.

3. Although the National Adherence Initiative has been presented to the NASW membership as a "study" you failed to describe or even hint at what new knowledge, either scientific or clinical, might be gained by this project that would justify your collaboration. Indeed, it is absolutely critical that you or other NASW staff identify what valuable data might be obtained from this project to prove that this initiative is not merely another drug company tried-and-true marketing campaign, in this case increasing awareness and acceptability of Janssen's products by collaborating on "research" with a national professional organization.

4. You gave no rationale as to why NASW

has engaged in a formal cooperative study of medication adherence — thereby emphasizing drug treatment for schizophrenia — rather than support other social and environmental interventions for this disorder. We are troubled that NASW should devote its limited resources to a program highlighting a treatment for behavioral change that legally must be administered by medical professionals, while gigantic for-profit corporations are already intensely involved and highly successful in this venture. At the same time, NASW is paying little attention to under-funded and scarce psychosocial treatments that can be directly provided by social workers. In adopting in this initiative, NASW has also turned a blind eye towards recent research into preventive interventions, in which social workers can play key roles in averting the development of mental disorders by helping to provide healthy environments, giving protection from harmful and traumatizing events, and teaching coping skills. It seems to us that NASW should be emphasizing interventions that are at the core of social work values and practice, and that aim to improve clients' functioning and quality of life, instead of the products of well-financed corporations.

Furthermore, despite our inquiry regarding Janssen's donation to NASW, you disclosed no specific figures. To establish an atmosphere of openness and trust, these amounts should be immediately disclosed to the NASW membership. Even if these amounts are "small" as you describe, the NASW membership should be informed as to how minor financial investments by outside agents can instigate important national initiatives within the organization. Indeed, imagine that Janssen had offered NASW \$1 million or \$10 million to participate in this initiative. Would the NASW have weighed its participation differently? We suggest to you that NASW's participation was worth—in increased recognition and visibility of Janssen and its products among the largest mental health profession—at least \$1 million, and, if Janssen obtained this advertisement with only a "small honorarium," then Janssen got a bargain.

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***"I wonder how I can continue my support if NASW does not withdraw from its participation in this effort."***

When we sent our letter of December 6, we established a website, [www.manufacturedconsensus.com](http://www.manufacturedconsensus.com), where we posted the letter and signatories and invited others to add their signatures. To date, with barely any publicity, 108 individuals have signed. Unless you have any objections, we will post your reply of December 6 as well as this letter on the website, and any future correspondence, as we begin to publicize the website. Here is a sample of the public comments that new signatories have added over the holidays, which suggests to us that many NASW members are definitely ahead of the NASW on this issue, and are quite troubled by NASW's action:

*"As a member of NASW for probably fifty years or so, I am deeply troubled about this action of the organization. So troubled that I wonder how I can in all good conscience continue my support if NASW does not withdraw from its participation in this effort." (LCSW, BCD Clinician)*

*"Thank you for calling to my attention the questionable alliance of Janssen and the NASW. To approach the question of "partial adherence" in such a manner avoids asking important and pertinent questions concerning the necessity or appropriateness of such a drug to begin with, and is an affront to human dignity as well as questionable ethics. Are we truly this desperate for professional self-esteem? I am ashamed to be associated on any level with such an approach!" (MSW Candidate)*

*"I find it difficult to believe that NASW knowingly participated in this pharmaceutical initiative. Is there more to this story that might explain how this could happen?" (MSW Therapist)*

*"Medication works well for some people. Many more suffer from being forced or coerced to take medication that does not work for them. Peoples choices are taken from them. They suffer terrible side effects. The dominance of medical model practice diminishes the validity of the social work profession, counseling, and psychology. Recovery happens through human connection. We need to stop overvaluing the magic pill." (Assistant Clinical Director, Behavioral Health Care Center)*

*"I had seen the email from NASW and just deleted it, not realizing the issues that you delineated so well. Thanks for letting NASW know that we expect better from them, and from ourselves as professionals." (Clinical Social Worker, LCSW)*

We see your reply of December 6 as dismissive and as trivializing important issues for the social work profession. We, and apparently others, believe that you are continuing to overlook unstated assumptions underlying this initiative and the strategic significance of collaboration with a pharmaceutical company. NASW should, for the sake of social work values and ethics and the welfare of our clients, reconsider its position on this initiative.

Sincerely,

Stephen E. Wong, Ph.D.  
Associate Professor, Florida International University

David Cohen, Ph.D.  
Professor, Florida International University

Tomi Gomory, Ph.D.  
Associate Professor, Florida State University

Jeffrey Lacasse, M.S.W., Ph.D. Candidate  
Visiting Lecturer, Florida State University

Cc: Elvira Craig de Silva, DSW, President, National Association of Social Workers

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### Closing Comments—From the Editor

Thanks to all who are confronting NASW and not letting this partnership move forward unchallenged. Thanks also to Jeffrey Lacasse for proofing this feature.

As noted in the introduction for "Something Else to Write About," (page 17), I am impressed by the direct, unequivocal language we have seen. My favorite writers, fiction and nonfiction, have one thing in common - when they have something to say, they say it. No hedging, no waffling, no ambiguity.

This is not a skill particular to ICSPP membership, but it is one in which we particularly excel. Good thing. Works of writing occasionally spur great social change.

As 1776 came to a close, George Washington's army had been kicked from Long Island to Pennsylvania, a solid year of defeat. And more colonists preferred English rule to the flimsy rebellion. So Thomas Paine wrote an essay that began, "These are the times that try men's souls." He rallied the country and converted "summer soldiers" and "sunshine patriots" to fighters and supporters.

Writing can change the world, ladies and gentlemen. It takes other factors, too, of course, and we can't control many of those.

But, have we got the writers, or what?

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# *All In The Family*

By Lloyd Ross

Hi Folks:

This article is a continuation of the Column that has appeared in several of our newsletters involving getting to know our fellow ICSP members. The previous column was an introduction to Ty Colbert and his prolific writings. The current column highlights one of my heroes; a man who has undergone extreme pain, torture, and turmoil and who has emerged as a modern day folk hero to those who know him.

I joined ICSP in time to attend the Second Annual International Conference which took place in a Bethesda hotel, several blocks from our founder, Peter Breggin's home. I heard and was impressed by multiple speakers and by the friendly, family-like atmosphere of the conference. After the coffee break, I settled down to hear the next speaker and a very serious looking tall, thin man with a long beard and long hair and penetrating eyes came to the microphone and introduced himself. He described his background which included a stint in the army and graduation from the University of Pennsylvania's Wharton School.

After graduation he sold real estate in New York City, Florida and then in San Francisco and found it very unfulfilling. He took a fresh look at himself and began reading profusely. He immersed himself in readings that involved self-awareness and spirituality; readings such as the Bible, the "Bhagavad Gita," Lao-tzu's "Way of Life," and the writings of Ghandi, Lincoln, Emerson, Thoreau, Arnold Toynbee, and Abraham Heschel.

Following the teachings of Ghandi, he became a practitioner of nonviolence and vegetarianism. When his parents came to visit, they saw these new interests and lifestyle changes as signs of "mental illness" and eventually, arranged to have him committed.

According to his psychiatric records, psychiatrists used as signs of "psychosis," the facts that he grew a beard and long hair, was a vegetarian, refused inoculations and medications, was evasive and "passively resistive" with the psychiatrists, and had "religious preoccupations." Based upon this, they diagnosed him as a "paranoid schizophrenic," even though he had not hurt anyone, caused any disturbances, nor did he behave threateningly.

In 1963, at age 30, they transferred him against his will to another hospital (prison), where they proceeded to begin to give him what eventually would be 85 shock "treatments." Fifty of them were insulin shock and 35 of them were electroconvulsive shock (ECT.)

As this man described in detail the horrific experience he went through, I listened in amazement and

started to drift back in my mind to when I was 24 years old and hit by lightning, a veritable nightmare for me. Here I was, listening to an extremely articulate man who was deliberately attacked and repeatedly zapped in what amounts to severe closed head trauma not once, but "**85 TIMES.**" I sat there and cried through the remainder of his presentation and I probably looked like a fool. I had no question in my mind that if that had happened to me, I would have spent the rest of my life sitting in a corner rocking and drooling. Yet here was a man who fought back aggressively, through and in spite of his memory losses, Manchurian Candidate type torture, and brain cell damage. As further "therapy," the psychiatrists shaved off his beard and cut his hair.

I would like to point out here the frightening issue of memory loss in all this. He has pointed out to me that, to this day, he has no memory of the procedures themselves except for coming out of the last coma, which was torturous.

When he was released from the mental hospital (prison) in 1963, he did not cave in. Instead, he went on to reeducate himself and to steep himself in literature. And since then, he has penned numerous articles, mostly dealing with ECT, in addition to editing ten books of quotation. In particular, I would recommend to you "The History of Shock Treatment"(1978), probably the most thoroughly researched book on the subject that I have ever seen. I would also strongly recommend to you one of his articles, "Electroshock: Death, brain damage, memory loss, and brainwashing." That article can be found in the *Journal of Mind and Behavior*, 11, Nos. 3 - 4, summer-autumn, 1990: 489-512.

This powerful and resourceful man went on to help found the modern patient's rights movement. He was a staff member of Madness Network News beginning in 1972, and then became the co-founder of the Network Against Psychiatric Assault in 1974, both dedicated to ending abuses in the psychiatric system. He is also an original member of the Advisory Board of ICSP. Recently he published "The Electroshock Quotationary," which, in my humble opinion, is the best book available to learn about the horrific reality of ECT. This book may be downloaded free of charge at:

[http://www.endofshock.com/102C\\_ECT.PDF](http://www.endofshock.com/102C_ECT.PDF)

Some of his other books are: "Random House Webster's Quotationary"(1998), "Random "House Webster's Wit and Humor Quotationary" (2000), Freedom: Quotes and Passages From The World's Greatest Free Thinkers" (2003), and five small collections of quotes titled "Love," "Inspiration," "Wisdom," "Wit," and "Money" (each with a subtitle of "The Greatest Things Ever Said" (2003), and "Influencing Minds: A Reader in Quotations" (2003).

Hopefully, by now, you all know who I am describing in this article. If you don't know, I am talking about **LEONARD ROY FRANK**, one of my personal heroes, and in my conversations with Dr. Peter Breggin, one of his personal heroes also.

Robert F. Morgan, who wrote the book "Electroshock: The Case Against" (1991), acknowledged Leonard Frank as follows: "His written work on ECT and advocacy against it have straddled the decades covered in this book. Initially disabled by ECT, Leonard devised some particularly ingenious organizational and memory techniques to overcome his resultant learning disabilities. He has devoted his life to addressing and correcting abuses of the psychiatric system, particularly ECT. Although he has been a strong and effective figure in this history over the decades, it is particularly now that he has emerged as a key figure. A tough, gentle, articulate and consummately effective organizer, he has probably done more to advance survivors' rights than anyone else. A former editor of Madness Network News (survivor journal) and current primary leader of the opposition, both scientist/professional and survivor, he has been the role model and integrity for a very diverse coalition of independent individuals."

In his testimony before the Mental Health Committee of the New York State Assembly, in May, 2001, Leonard eloquently described ECT. He stated: "Over the last thirty-five years I have researched the various shock procedures, particularly electroshock or ECT, have spoken with hundreds of ECT survivors, and have corresponded with many others. From all these sources and my own experience, I have concluded that ECT is a brutal, dehumanizing, memory-destroying, intelligence-lowering, brain-damaging, brainwashing, life-threatening technique. ECT robs people of their memories, their personality and their humanity. It reduces their capacity to lead full, meaningful lives; it crushes their spirits. Put simply, electroshock is a method for gutting the brain in order to control and punish people who fall or step out of line, and intimidate others who are on the verge of doing so." He ended his testimony with this statement: "If the body is a temple of the spirit, the brain may be seen as the inner sanctum of the body, the holiest of holy places. To invade violate, and injure the brain, as electroshock unfailingly does, is a crime against the spirit and a desecration of the soul."

In hearing Leonard's history, I was struck by how our society treats any deviation from the norm and a song registered in my brain that I think describes what happened to this truly great man. It's by a folk singer who came to fame in the sixties for his anti-war songs about peace, and his sarcastic humor. I thought of the song and said to myself: "My God, he wrote that about

Leonard Frank!" The song is called "The Pause Of Mr. Claus," and was written by Arlo Guthrie. Unfortunately, I can't also produce the music that goes with the verse here.

### The Pause of Mr. Claus

Why do you sit there so strange?  
Is it because you are beautiful?  
You must think you are deranged?

Why do police guys beat on peace guys?

You must think Santa Claus weird?  
He has long hair and a beard.  
Giving his presents for free.

Why do police guys mess with peace guys?

Let's get Santa Claus cause.....

Santa Claus has a red suit he's a Communist.  
And a beard and long hair must be a Pacifist.  
What's in the pipe that he's smoking?  
Mr. Clause sneaks in your house at night.  
He must be a dope fiend.  
Puts you uptight.

Why do police guys hit on peace guys?

If you come to one of our conferences and happen to meet Leonard Frank, don't say very much. Just listen. And chances are, you will learn something about the Gandhian approach to active, clear, fully transparent, nonviolent resistance, and a wisdom learned, destroyed, and relearned over the years. He was attacked and an attempt made to destroy his mind and his humanity with massive doses of insulin and electroshock because he was minding his own business, had "vegetarian food idiosyncrasies," had long hair and a "big black bushy beard" and "religious preoccupations" (according to his psychiatric records).

It is now more than 40 years later, and after helping to organize a psychiatric reform movement and editing ten books, Leonard Frank is still a vegetarian, still has his long hair and beard, and his spiritual beliefs. Moreover, he still has his humanity. The thing that changed: He no longer minds his own business – when it comes to the rights of people being subjected to psychiatric abuse. Let him be a role model to us all.

Submitted with great respect,

Lloyd Ross

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## FRANKLY QUOTED

1 December 2006

Leonard Roy Frank, editor

1. My observation on every employment in life is that wherever and whenever one person is found adequate to the discharge of a duty by close application thereto, it is worse executed by two persons, and scarcely done at all if three or more are employed therein.

**GEORGE WASHINGTON**, letter to Secretary of War Henry Knox, 24 September 1792

2. We all know the rule of umbrellas — if you take your umbrella, it will not rain; if you leave it, it will.

**RALPH WALDO EMERSON** (philosopher), journal, 1873

3. I had never had a piece of toast

Particularly long and wide

But fell upon the sanded floor

And always on the buttered side.

**JAMES PAYN** (English writer), 1884, quoted in Robert A. J. Mathews, “The Science of Murphy’s Law,” *Scientific American*, April 1997

4. I asked a man in prison once how he happened to be there and he said he had stolen a pair of shoes. I told him if he had stolen a railroad he would be a United States Senator.

**MARY “MOTHER” JONES** (Irish-born U.S. labor leader and social activist), speech, 1903, *The Autobiography of Mother Jones*, 1925

5. The instinct of conventionality, horror of uncertainty, and vested interests, all militate against the acceptance of a new idea.

**BERTRAND RUSSELL** (English mathematician and philosopher), “Individual Liberty and Public Control,” *Atlantic*, July 1917

6. An epoch will come when people will disclaim kinship with us as we disclaim kinship with the monkeys.

**KAHLIL GIBRAN** (Lebanese poet, 1883-1931), “Sayings,” *Spiritual Sayings of Kahlil Gibran*, translated by Anthony R. Ferris, 1962

7. *Visitor* (noticing a horseshoe hanging on the wall of Niels Bohr’s country cottage): Can it be that you, of all people, believe it will bring you luck?

*Bohr*: Of course not, but I understand it brings you luck whether you believe or not.

**NIELS BOHR** (Danish physicist, 1885-1962), format adapted, quoted in Clifton Fadiman, *The Little, Brown Book of Anecdotes*, 1985

8. Idealism is the noble toga that political gentlemen drape over their will to power.

**ALDOUS HUXLEY** (English writer), recalled on his death, *New York Herald Tribune*, 24 November 1963

9. We are not going to be able to operate our spaceship earth successfully nor for much longer unless we see it as a whole spaceship and our fate as common. It has to be everybody or nobody.

**R. BUCKMINSTER FULLER** (visionary, architect and poet), “Technology and the Human Environment,” published in Alvin Toffler, editor, *The Futurists*, 1972

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- The creation of a federal Psychosurgery Commission by Congress (1970's)
- Alerting professionals to the dangers of tardive dyskinesia in children (1983). Tardive dyskinesia is a potentially devastating neurological disorder caused by neuroleptic or antipsychotic drugs.
- Alerting professionals to the dangers of dementia produced by long-term neuroleptic drug use (1983).
- Motivating the FDA to force the drug companies to put a new class warning of tardive dyskinesia on their labels for neuroleptic drugs (1985).
- The withdrawal of a large multi-agency federal program to perform dangerous invasive experiments in inner-city kids in search of supposed genetic and biochemical causes of violence (the violence initiative) (early 1990's).
- The initial cancellation and later modification of a potentially racist federally sponsored conference on the genetics of violence (early 1990's).
- Alerting the profession to danger of down-regulation and dangerous withdrawal reactions from the new SSRI antidepressants such as Prozac, Zoloft, and Paxil (1992-4).
- Monitoring, and at times modifying or stopping unethical, hazardous experimental research on children (1973-present).
- Encouraging that NIH Consensus Development Conference on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder to raise serious concerns about "ADHD" and stimulants for children.

While each of these critiques and reform projects was initially considered highly controversial, and while each was frequently opposed by organized psychiatry, most are now widely accepted as rational, ethical, and scientific. For example, Psychosurgery is no longer widely practiced and not at all in state or federal institutions or on children in the United States; the multi-agency federal program aimed at using invasive biological procedures on inner-city children has been disbanded; the conference on the genetics of violence was delayed and then vastly modified; all experts now recognize the dangers of tardive dyskinesia in children; many researchers have confirmed that the neuroleptic drugs produce dementia, and experienced doctors now recognize the potential for dangerous withdrawal effects from the SSRIs.

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