

ICSPP Newsletter

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

“*The Conscience of Psychiatry*”

2008– Number 3

What’s Inside:

Tampa Conference Schedule

Essays:

Awakening

Rambling

Arts and Leisure Section:

Book Review -
“Medication Madness”

Play Review -
Distracted

Flicks:
Lars and the Real Girl
Disturbing Behavior

Poetry:
(Three Good Ones)

Newsletter Staff:

Andrew Crosby, MA
Editor

Delores Jankovich, MA,
LMSW
Co-editor

Just in Case You’re not Totally Convinced About This Thing Yet ...

The Overview

Our eleventh annual conference is coming to Tampa and it’s coming soon. For the details on who’s doing what where, check out pages 5 through 11 – *but not yet*. First, peruse these highlights ...

Our very distinguished guest, **Dr. Graham Dukes**, will be addressing us. Dr. Dukes is former medical director for the Netherlands equivalent of the FDA, and former editor of the *International Journal of Risk and Safety*. Those who joined us in 2006 will recall that Dr. Dukes is a pleasant and eloquent speaker. This year he will pleasantly and eloquently speak about 300 years of disease mongering. We are fortunate that he’s able to be with us again.

And journalist and “Mad in America” author **Robert Whitaker**, is back. Robert addressed the group in 2004, and brings a fresh perspective. As a journalist, he is a mental health outsider of sorts – but he is no outsider to us. He has a new book coming, and will no doubt have much to discuss.

Speaking of books, our own **Bruce Levine**, author of “Surviving America’s Depression Epidemic,” will be presenting. You’ll recall from the review in the last newsletter that Bruce has much to say about his broad per-

spective on the problem of demoralization and lacking energy. (You might also recall that Bruce hates the term *depression*.)

Impressive Newcomers

We’ve got many more familiar faces, of course. Peter Breggin, David Stein, Jim Gottstein, Toby Tyler Watson, Dominick Riccio, Michael Valentine ... Again, pages 5 through 11 spell it out.

But we are excited about some new faces, too. **Gwen Olsen** spent fifteen years in the drug industry, then left and wrote the book “Confessions of an Rx Drug Pusher: God’s Call to Loving Arms.” She speaks often on her life in the drug industry, and we are pleased she will be visiting with us.

And **Dr. Howard Glasser**, executive director of the Children’s Success Foundation in Tucson, Arizona will be speaking. He is designer of The Nurtured Heart Approach and author of “Transforming the Difficult Child.” Dr. Glasser attributes most of his understanding to on-the-job training of sorts – is a former difficult child himself.

Still iffy about joining us in Tampa? Then please turn to page 4, then to page 3. (You’ll see why when you get there.) And don’t worry about skipping page 2 – *everybody* skips page 2!

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

**ICSPP Newsletter
Submission Policies**

Authors may submit work to the newsletter while simultaneously submitting or distributing to other publications or forums if they choose. Where this is the case, we ask that authors inform newsletter staff so that our readers may be advised accordingly. Other publications will have their own guidelines, however, of which authors should be aware.

Authors retain full rights to and ownership of their work once it is submitted to, or published in, the newsletter. Authors may subsequently submit or distribute their work to other publications or forums, where appropriate, without the expressed consent of ICSPP or the newsletter.

We ask that authors specify in any subsequent publication or distribution that the work was originally published in the ICSPP newsletter, noting the relevant issue number.

Authors are responsible for the content and accuracy of any statements made in their contributions.

Submissions or inquiries may be sent to the editor or co-editor at the email addresses on page 35 of this issue. We look forward to hearing from you.

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.

“Effective Treatment Approaches to Emotional Suffering: Recovering the Soul of Psychotherapy”
International Center for the Study of Psychiatry and Psychology, Inc.
2008 CONFERENCE Friday October 10th – Sunday 12th REGISTRATION FORM

Double Tree Tampa Westshore Airport Hotel
 4500 W. Cypress Street; Tampa, Florida 33607
 Phone: (800) 222-8733 / Fax (813) 873-2401

The room rate is \$119.00 for a single or a double. Space is limited at the conference venue so book upon receipt of this form. You must book by Sept. 5th 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 _____

11th ICSPP CONFERENCE FEE SCHEDULE

ICSPP MEMBER BEFORE JULY 31	\$250.00	_____
Members not current with their 2008 dues will receive the non-member registration fee.		
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	_____
All speakers must register.	TOTAL	_____

Write checks payable to: ICSPP /or/ pay by credit card

Please print clearly & mail to: ICSPP Conference; c/o Crisilda Rucci; 124 Hidden Drive; Blackwood, NJ 08012

Your 10 – digit phone # _____

Name and address as _____
 it appears on your _____
 credit card bill _____

Credit Card # _____ Exp. Date: _____

Signature _____

This Just In!! ICSPP Conference Coming on Fast!!

As you know, the traditional media engage in sensationalism to grab ratings. Everything is a SPECIAL REPORT! or BREAKING NEWS! The adage, *If it bleeds, it leads*, has been amended to include, *and if doesn't bleed, make it sound like it does!* This is standard practice in our conformist, corporate-driven, consumerist culture.

Of course the ICSPP Newsletter is, and will forever remain, above the sensationalism

and fear-mongering found in tabloids and on the 24-hour cable news channels.

But we can't help wondering what it would be like if we were to become part and parcel of the traditional media. What if we *were* to conform?

Thus, as a little experiment, we here at Newsletter Headquarters bring you

THE TOP TEN HORRIBLE THINGS THAT WILL HAPPEN IF YOU DON'T REGISTER FOR THE CONFERENCE SOON !

10. Your breath will stink and nobody will like you.
9. The price of gas will rise - again.
8. You will be spoofed in *Northeast Times* - again.
7. Your identity will be stolen and used to publish pro-drug research.
6. The United States will become an imperialist, world dominating ... (Oh, wait. Never mind.)
5. As you speak, your cell phone will transmit *what you are actually thinking*.
4. The terrorists will win.
3. Your book will be trashed in the next newsletter review.
2. A super well-known drug company will name an antidepressant after you. (Example: ZYLLOYDROSSYTOL)

***And the number one horrible thing that will happen
if you don't register for the conference soon ...***

1. When you actually *do* show up at the conference, you will be given a *Kick Me* sign instead of a name tag! (Please turn to page 3 now. Thank you!)

Keep Your Affection and Support for Bert Karon Coming!

By Delores Jankovich

Thanks to Lloyd Ross's contact with Bert's wife, Mary, we have a brief up-date on Bert's progress. Bert speaks well and is walking with a walker! He continues to work diligently on his rehabilitation and is focusing on strengthening his arms and upper torso. He does not receive calls from anyone other than Mary and his sons. However, he continues to love receiving cards and letters, especially humorous ones! So keep the good wishes and loving support going, folks! All correspondence should continue to go to Bert at his home address:

Bertram Karon
420 Wayland
E. Lansing, Michigan 48823

Special thanks to Mary for all that she does and for updating us on news of Bert!

Bert plans to see us all in Tampa and is looking forward to renewed contact. Let's keep our deep appreciation for Bert flowing as we look forward to seeing him at the annual Conference! See you in Tampa, Bert!

*A THREE-DAY MULTI-DISCIPLINARY SEMINAR CONFERENCE FOR PROFESSIONALS, STUDENTS,
AND THE GENERAL PUBLIC*

PRESENTED BY

THE INTERNATIONAL CENTER FOR THE STUDY
OF PSYCHIATRY AND PSYCHOLOGY, Inc.

With the collaboration of

AMEDCO, LLC

DOUBLE TREE HOTEL

Tampa Westshore Airport
4500 W. Cypress Street
Tampa, Florida 33607
Phone: (800) 222-8733

OCTOBER 10th, 11th and 12th, 2008
8 A.M. – 7:00 P.M.

**EFFECTIVE THERAPEUTIC APPROACHES TO EMOTIONAL SUFFERING:
RECOVERING THE SOUL OF PSYCHOTHERAPY**

focusing on medical, psychological, legal, and economic issues

Adult, Child And Parental Legal Rights and Responsibilities
Efficacy and Side Effects of Psychotropic Drugs
Effective Creative Approaches to Child, Adult and Senior Life Issues
Policy and Economic Aspects

2008 ELEVENTH ANNUAL INTERNATIONAL

CONFERENCE PROGRAM

OCTOBER 10th, 11th and 12th, 2008, 8 A.M.-7:00 P.M.

DOUBLE TREE HOTEL

Tampa Westshore Airport

4500 W. Cypress Street

Tampa, Florida 33607

Phone: (800) 222-8733

NOTE: CONFERENCE BEGINS AT 1:00P.M.

AND THIS IS A TENTATIVE PROGRAM

FRIDAY, OCTOBER 10TH, 2008

12:00P.M. - 01:00P.M. REGISTRATION

AFTERNOON SESSIONS:

01:00P.M. – 01:30 P.M. Welcome & Introduction: Dominick Riccio, Ph.D. Executive Director, ICSPP and Conference co- chair
Lloyd Ross, Ph.D., ICSPP U.S. Director and Conference co-chair
Jeffrey Lacasse, Ph.D., ICSPP Board Member and Conference co-chair
Peter R. Breggin, M.D., Founder of ICSPP, Exec. Dir. Emeritus ICSPP

01:30 P.M. – 02:15 P.M. Plenary Session: **Presenter: PETER BREGGIN, M.D.**

Why Drugs Are Never the Answer. And Why Human Services Are Always Best

02:15 P.M. – 03:00 P.M. Plenary Session: **Presenter: GRAHAM DUKES, M.D., J.D.**

Three Hundred Years of Disease Mongering: A Question of Ethics?

03:00 P.M. – 03:45 P.M. Plenary Session: **Presenter: GWEN OLSEN**

The Psycho-social Impact of Industry Influence and Disease Mongering in Mental Health Practices: Where Are the Ethics?

04:15 P.M. – 04:30 P.M. Plenary Session: Presenter: **JAMES GOTTSTEIN, J.D.**

The Psychiatric Drugging of America's Children: Legal Rights of Children and Parents

04:30 P.M. – 04:45 REFRESHMENT BREAK

04:45 P.M. – 06:15 P.M. WORKSHOPS

WORKSHOP 1
Boardroom

LLOYD ROSS, Ph.D., BERTRAM KARON, Ph.D., ABE MATUS, MA

Part I. The Psychotherapy of the Depressed, Suicidal Child, Adolescent and Adult Without the Use of Brain Disabling Medications

WORKSHOP 2
Crystal City Club

MICHAEL VALENTINE, PH.D.

Part I. Dealing with the Difficult and ADHD Diagnosed Child: Strategies That Work

WORKSHOP 3
Salon F

DOMINICK RICCIO, Ph.D.

Treating Psychotic Conditions in College Students

WORKSHOP 4
Salon G

BURT SEITLER, PH.D.

Autism: New Information That People in High Places Do Not Want You to Know. The Psychotherapy Treatment of a Child Diagnosed with Autism

WORKSHOP 5
SalonH

GEORGE STONE

Rediscovering Ritual

PAPER PRESENTATIONS

06:20 P.M. – **07:20 P.M.**

PRESENTATION A
Boardroom

Jeanne Stolzer, Ph.D

Confronting the DSM IV: Dissenting Views on the Validity and Reliability of Current ADHD Assessment Procedures

PRESENTATION B
Salon F

Elizabeth Root

Hearye, Hearye! Neurobiological Theory Debunked by Its Own Scientists!

PRESENTATION C **Jeanne Seitler, Ph.D.**
Salon D
Transactional Analysis Revisited: A Creative Modality for Teaching Effective Communication Skills; Useful in the Workplace, Family and Intimate Relationships

PRESENTATION D **Toby Watson, Psy.D.**
Room 217
Forced Medication and Commitments: A Practical Guide to Squashing Medication and Commitment Orders

PRESENTATION E **Burton Seitler, Ph.D.**
Salon E
Successful Treatment of an Adolescent without Medication, ECT or Psychosurgery

PRESENTATION F **Jack Currie, Ph.D.**
Salon G
It's Not Really the Economy, Stupid! Are Meds Really the Most Cost Effective Means for Treating Common Childhood Annoyances?

Board Meeting 07:30 -10:00 P.M.

SATURDAY, OCTOBER 11TH, 2008

MORNING SESSIONS:

07:30 A.M. – 08:30 A.M. COMPLIMENTARY CONTINENTAL BREAKFAST
Potomac Ballroom

08:30 A.M. – 09:15 A.M. Plenary Session: **Presenter: JOSEPH TARANTOLO, M.D.**
You Are Not Broken

09:15 A.M. – 09:45 A.M. Plenary Session: **Presenter: BOSE RAVENEL, M.D.**
Training Children for Self Control, Self-efficacy, and Empowering Parents to Take Back Control

09:45 A.M. – 10:45 A.M. Plenary Session: **Presenter: HOWARD GLASSER, Ph.D.**
Transforming the Difficult Child: The Nurtured Heart Approach

10:45 A.M. – 11:00 A.M. REFRESHMENT BREAK

11: 00A.M. – 12:00 P.M. Plenary Session: Presenter: ROBERT WHITAKER

Anatomy of an Epidemic: A Look at What’s Causing the Astonishing Rise in the Number of People Disabled by Psychiatric Disorders in the U.S.

12:00 P.M. – 01:00 P.M. Plenary Session: Presenter: BRUCE LEVINE, PH.D.

A Treatment Resister’s Guide to Depression: An Alternative Model With Commonsense Solutions

01:00 P.M. – 02:30 P.M. LUNCH

**AFTERNOON SESSIONS:
WORKSHOPS**

02:30 P.M. – 04:00 P.M.

**WORKSHOP 1
Boardroom**

LLOYD ROSS, Ph.D., BERTRAM KARON, Ph.D., ABE MATUS, MA

Part II. The Psychotherapy of the Depressed, Suicidal Child, Adolescents and Adults Without the Use of Brain Disabling Medications

**WORKSHOP 2
Crystal City Club**

MICHAEL VALENTINE, PH.D.

Part II. Dealing with the Difficult and ADHD Diagnosed Child: Strategies That Work

**WORKSHOP 3
Salon F**

TOBY TYLER WATSON, Psy.D.

The Four False Pillars of the Biological Model: An Examination of “Mental Illness”; Genetics, Chemical Imbalance, Twin/Adoption Studies and Brain Scans

**WORKSHOP 4
Salon H**

PETER BREGGIN, M.D.

The Core Principles of Psychotherapy and How to Apply Them

**WORKSHOP 5
Salon I**

DAVID STEIN, PH.D.

Working with Difficult Teen Cases: Getting Obnoxiousness and Obstinacy Under Control

04:000 P.M. – 04:15 P.M. REFRESHMENT BREAK

PAPER PRESENTATIONS

04:15 P.M – 05:15 P.M.

PRESENTATION A
Boardroom

Steve Hayes, Ph.D

Anti-Depressant/Anti-Psychotic/Anti-Anxiety Drug Detox

PRESENTATION B
Crystal City Club

Vera Rabie, Ph.D.

Favoritism Theory: After Freud and Behaviorism, Finally! A New Theory of Human Personality Development

PRESENTATION C
Salon F

Kathie Zatzkin, Ph.D.

Recovery From the Corporate Message: Has Doublespeak Become the World's Lingua Franca?

PRESENTATION D
Salon D

Phil Sinaikin, M.D.

Is Free Cheap Enough? A Psychiatrist's Argument in Support of Emotions Anonymous

PRESENTATION E
Room 217

Alexandra L. Adame, M.A. & Larry M. Leitner, Ph.D.

Relational Devastation, Psychological Suffering, and Healing Through Meeting: Experiential Personal Construct Understandings of Extreme Experiences

05:20 P.M – 06:20 P.M.

PRESENTATION F
Room 217

Fay Karpouzis, Ph.D.;

One Month data from a RCT of the Neuro-Emotional Technique, a Biopsychosocial intervention for Children with ADHD (report of an experiment)

PRESENTATION G
Crystal City Club

Charles J. Sigler, D.Phil.

Is Buprenorphine Just a New Head for the Hydra?.

PRESENTATION H
Salon F

Julius Lanoil

Positive Emotional Intervention

PRESENTATION I
Salon D

Jeanne Seitler, Ph.D.

An Integrative Paradigm For Understanding

PRESENTATION J
Salon E

Thomas Garcia, Ph.D.

Confessions of a Dangerous Mind

06:30 P.M. – 09:30 P.M.

GALA AWARDS DINNER
in Ballroom

Keynote Speakers: to be announced

PLEASE PURCHASE YOUR \$50. TICKET IN ADVANCE. SEATING IS LIMITED

SUNDAY, OCTOBER 12TH, 2008

08:00 A.M. – 08:30 A.M. COMPLIMENTARY CONTINENTAL BREAKFAST
Potomac Ballroom

08:30 A.M. – 09:30 A.M. Plenary Session: **Presenter: NORBERT WETZEL, Ph.D.**

Growing Up in Contexts of Violence, Desire and Deprivation

09:30 A.M. – 10:30 A.M. Plenary Session: **Presenter: Brian Keane, Ph.D.**

Reconceptualizing Attention Deficit Hyperactivity Disorder: Identifying Social, Educational and Environmental Strategies to Reduce Stressors on Children

10:30 A.M. – 10:45 A.M.

REFRESHMENT BREAK

10:45 A.M. -11:30 P.M. Plenary Session: **Presenter: David Stein, Ph.D.**

The Unethical Ganging Up On Our Children and Teens: The Real Psychosocial Causes of Child Problems

11:30 A.M.- 12:15 A.M. Plenary Session: **Presenter: James Tucker, Ph.D.**

Three Principles of Learning That Are Routinely Overlooked—An Ethical Dilemma

12:15 P.M. – 12:45 P.M. Summary and feedback

From Withdrawal to Awakening: A Continuing Journey

By Gianna Kali

Before I went out on disability due to acute psychiatric drug toxicity I was a social worker. I worked first in hospice and HIV and then for many years I worked in mental health with the so-called "severe and persistently mentally ill." During this time I was on more medication than any client I ever met. My cocktail at its height, when I was driven out of the work force, was 11 mg of Risperdal, 400 mg of Lamictal, 200 mg of Zoloft, 50 mg of Seroquel, 3 mg of Klonopin and at the end I was put on a round of trials with multiple stimulants since I could hardly function on the sedating cocktail I was on. When I had my conversion and figured out, with the help of Peter Breggin that "my drugs were my problem," I was on 7 medications. I've been withdrawing from them for four years now. What follows is an essay I wrote on the symptoms I deal with, mostly directly associated with the process of withdrawal and not really any underlying problem, since basically there was no real substantial underlying problem.

When I was 19 I took LSD and became psychotic and manic. On this basis alone I was diagnosed bipolar. It's pretty clear to me now that had I simply had a supervised washout period at that time, the next 20 years didn't have to be what they were: life heavily drugged and lived in a stupor. I now, as my mind clears as a result of the withdrawal, find myself awaking to feelings that have been numbed for twenty years. It's a challenge, but one I seem to be rising to.

I have been on medication for approximately 20 years and I've been doing my withdrawal essentially as Peter Breggin recommends in *Your Drug May Be Your Problem*. I also include a rigorously healthy diet and nutrients to support my ravaged body. Lately, changes I've made to my nutritional regime seem to have been key in allowing for some

very noticeable improvements in my physical well-being. Meditation and exercise play a role as well. I believe that healthy living all around is what helps us heal. I try to address, as the cliché puts it: the body, mind and spirit.

I'm currently down to .27 mg Risperdal -- yes, that's *point 27* mg down from 11 mg -- 77.5 mg of Lamictal down from 400 mg, and 3 mg of Klonopin. No more antidepressant, stimulant or Seroquel. A huge reduction, but it's taken 4 years. I hope I might be able to complete the process by my next birthday in February.

The symptoms I am having as a result of withdrawal are first and foremost physical. I've been rendered physically disabled by the drugs -- specifically a crushing fatigue has struck me. I am sometimes bedridden and often do not feel safe driving. This is a result of my particular body and history on medications. Certainly not everyone who deals with withdrawal will get physically sick like I have. Lately, as I've said, with the help of intensive nutritional counseling I have been improving markedly.

The psychological symptoms or psychiatric symptoms I deal with are no worse than what I've dealt with at various times on a large cocktail of medications. In fact some of my symptoms have improved greatly--like anxiety and other symptoms that were actually drug induced.

I am experiencing feelings that are sometimes overwhelming but quite welcome after years of being numbed out. These feelings include pain from an abusive childhood and love for my husband that could never be deeply felt prior to the great reduction in medications. In other words, flooding me now is a smorgasbord of emotion I should have been experiencing and processing my whole life. Instead

they were muted and numbed for the last 20 years.

As I refuse to medicate away the uncomfortable feelings they become easier and easier to deal with. I am forced to accept them and therefore I learn to cope with them naturally. Once I stopped searching for the quick fix in a pill -- which ironically led to more pain -- I started simply accepting my reality. This makes living with pain much easier and is the first step to healing in my mind. I believe the symptoms I have now are primarily caused by the withdrawal itself and the recovery of lost emotions associated with coming off the numbing medications.

I suffer at different times with anxiety, irritability, and depression and despair—mania is not in the picture and actually has not been for at least 15 years—some bipolar I am. The symptoms I do have are much worse when I'm premenstrual. That's when despair can kick in if I'm unable to get out of bed for any length of time---again a reaction to my physical disability, not a clinical issue in a psychiatric sense. I simply feel like I'm missing out on life much of the time and I mourn the life I might have had had I not been caught in the psychiatric trap of lies and iatrogenic illness.

I am up now after midnight. When I laid down to bed tonight I was struck with anxiety. In the past I would have panicked and popped a Klonopin and been to sleep within an hour. Now I don't panic. The anxiety is manageable and it still passes within the hour. Panicking as a result of feeling anxious is worse than the anxiety itself. I can't tell exactly how I've come to this point where I generally don't panic anymore. I've read a lot about mindfulness and acceptance and I meditate so when I became determined to get off the drugs I had no choice but to face my demons. Still, this is a process and I'm slowly learning how to deal with them gracefully.

My meditation involves really feeling and experiencing difficult emotions and sensations without judgment. We are usually told instead to ignore our feelings and force ourselves to do things in spite of feeling miserable. I do the oppo-

site. I embrace the feelings, sit with them and truly experience them and they pass much faster. Resisting our strong feelings causes them to worsen. Taking drugs was a way for me to resist my feelings. And then to add insult to injury the medications made me feel worse in a myriad of ways---I was often medicating side-effects of drugs, as I've come to realize.

Depression and despair are harder to deal with when they strike, but they too pass relatively quickly within hours or sometimes a few days. They seem almost always linked to my severe physical disability. When my physical energy picks up, I feel better. I also spend a lot of time physically ill in a fine mood. I just get tired of the physical illness sometimes and I'm basically mourning at the loss of being able to do all my favorite things including hiking in the mountains where I live. Seems like a pretty normal response to me. Though I believe a deeper acceptance of my situation can conceivably get me to a place where this despair will also pass.

I've been up writing this for the last hour or so. The anxiety that got me out of bed is gone. No extra Klonopin. Just a bit of writing and contemplation. We are built to deal with our angst naturally.

To be clear, I'm still on a maintenance dose of Klonopin but I have long since reached tolerance and it does nothing but keep me from entering deeper drug withdrawal. Before long, I'll gradually withdraw from Klonopin as well. Perhaps I'll face more anxiety then. I don't know. It was prescribed for sleep. The anxiety came when I became tolerant to it, a common adverse reaction to long-term use.

I will mention some other symptoms specific to my experience of withdrawal. I am extremely sensitive to light and noise. This seems to happen to many people (though not all) withdrawing from any psych med, from antidepressants to neuroleptics as I've seen in the online withdrawal groups I participate in. From this communal resource I have been able to collect hundreds of anecdotal accounts of withdrawal. The light and noise sensitivity seem to be a physical symptom—a distraught central nervous system. I can watch very little TV and

almost no movies. Loud noises of any kind are hard to bear. My dog's high-pitched bark is hard to bear. The vacuum cleaner has a piercing sound and is difficult. If I'm walking close to traffic that noise is vexing. Sometimes noises feel like an assault on my body. Light is similar. I sometimes need to wear sunglasses indoors and sometimes I have to shut myself in a dark room. Severity of both these symptoms vary. The noise sensitivity never goes away completely.

“I see crying as a great plus ... I couldn't cry for years and I missed it so.”

And lastly I'm acutely emotionally sensitive---especially when premenstrual, but this intensity comes with the withdrawals as well. My feelings are hurt very easily. And I'm sensitive to stress of any kind. I have to be careful about when I take phone calls for example---they amount to stimulation that can aggravate. Things people wouldn't consider stress are stress for me. But these sensitivities come and go, so sometimes I can get out and about and see people and chat, and so forth. Sometimes I need to control all stimulus whatsoever. The light, noise and general sensitivity can trigger sometimes severe irritability. This is difficult for my husband and anyone living with me for any length of time.

In any case, as I practice acceptance all these symptoms are diminishing. Perhaps not the light and noise sensitivity---hopefully time will heal those symptoms too. All the other stuff— anxiety, depression, irritability etc are getting better as I practice acceptance, mindfulness and meditation. I may still feel them but they don't have the same power over me as they once did. I do, however, still have a long way to go in freeing myself from the distress they can cause.

I have a few other "symptoms." I cry easily, I can be mildly paranoid and sometimes I have issues of envy. In essence I guess I am pitying myself when I am envious. These I see as purely imperfections in my being that can be healed through acceptance too or not--- I'm human after all. I often see crying as a great plus---I couldn't cry for years and I missed it so! I really believe all these feelings are profoundly human and are simply pronounced in some of us that are sensitive. Again, all these feelings come more frequently when I'm premenstrual so clearly, my hormones play a major role in how I feel. But all feelings are chemistry—joy and love too. That does not suggest a chemical disorder or imbalance of any kind.

In my mind some of these feelings come from not loving myself. And in practicing acceptance the goal is to love myself. Sometimes now when I meditate I am flooded with love for a brief while. All the negative goes away.

In any case, what I want to share here is that through acceptance and loving oneself during the process of psychiatric drug withdrawal, healing is possible. I trust that I am on that journey and thankfully have many role models to look to.

We will never stop being human and with our humanness we will always feel good and bad, but how we interpret, deal and cope with those feelings can be profoundly altered by how we choose to interpret and experience our feelings and difficulties.

To read more from, and about, Gianna, check out her blog at ...

bipolarblast.wordpress.com

MY RAMBLINGS

DR. LLOYD ROSS

INTRODUCTION

One day, after working with about 14 people in a long day at my office, I sat down and began to think about what people were experiencing out there in the world of psychiatry. I wrote this that evening, put it on one sheet of paper, and placed copies in my waiting room so people coming into my offices could have a feel for my thoughts. I hope it inspires you to think and ramble also.

ACCORDING TO THE RESEARCH I HAVE READ AND MY EXPERIENCE AS A THERAPIST, WHEN PEOPLE TAKE SSRI ANTI-DEPRESSANTS THEIR EMOTIONS ARE BLUNTED, ESPECIALLY THE EMOTIONS OF GUILT, SHAME, AND CONSCIENCE. THEY DON'T CARE ABOUT THINGS THAT THEY WOULD HAVE CARED ABOUT HAD THEY NOT BEEN ON SSRI'S. SOME PEOPLE WOULD DEFINE THAT AS FEELING BETTER.

IF YOU TAKE NORMAL PUPPIES AND REMOVE THEM FROM THEIR MOTHERS, LIKE PUPS OF MOST SPECIES, THEY WILL FRANTICALLY SCREAM. IF FOR A WHILE YOU FEED THEM SSRIS, THEY WILL NOT REACT WHEN THEY ARE REMOVED FROM THEIR MOTHERS. MANY CALL THESE DRUGS "WELL WHATEVER" DRUGS. A "WELL WHATEVER" DRUG ENABLES NORMAL PUPS TO NOT BE UPSET WHEN THEY ARE REMOVED FROM THEIR MOTHER.

A COLLEAGUE WHO TOOK AN SSRI MEDICATION SO HE COULD RELAX DURING A VACATION BECAME ALARMED AFTER HE RETURNED BECAUSE, WHEN HE WAS LISTENING TO PATIENTS TALK ABOUT THEIR PROBLEMS, HE KEPT THINKING, "WHO CARES."

MANY CHILDREN WITH WHOM I WORK WHOSE MOTHERS ARE ON SSRIS HAVE SAID TO ME THAT THEY WISH THAT THEIR MOTHERS WERE NOT TAKING THOSE PILLS. WHEN I ASK THEM WHY, THEY INVARIABLY SAY, "THEY JUST DON'T SEEM TO CARE AS MUCH ABOUT ME."

IF "GET BETTER" MEANS TO FEEL BETTER OR NOT FEEL SO BAD BECAUSE THE PATIENT HAS TAKEN A MEDICINE THAT DULLS HIS FEELINGS, HE OR SHE IS GETTING IN THE WAY OF A FINELY TUNED MECHANISM THAT HAS BEEN EVOLVING OVER 200 MILLION YEARS TO HELP HUMAN ORGANISMS PROTECT THEMSELVES, AVOID THREATS, AND GET WHAT THEY WANT. THAT'S A BIG PRICE TO PAY FOR "FEELING BETTER." AND, OF COURSE, THAT IS WHAT ALL PSYCHOTROPIC DRUGS DO - INCLUDING ALCOHOL, MARIJUANA, COCAINE, ECSTASY, HEROIN, SEDATIVES AND STIMULANTS - THEY HELP PEOPLE AVOID THEIR FEELINGS. THAT'S WHY THE MAJORITY OF MEN WHO BEAT UP THEIR WIVES ARE DRUNK WHEN THEY DO IT.

AND THE IDEA THAT THE SSRIS ARE CORRECTING SOME KIND OF CHEMICAL IMBALANCE IN A VERY PRECISE, CAREFULLY HONED WAY IS AN ILLUSION. A PATIENT BEING GIVEN A DRUG

THAT WILL DULL HIS REACTION TO WHAT HAS BEEN UPSETTING TO HIM WILL APPROACH IT VERY DIFFERENTLY THAN A PATIENT GIVEN A DIFFERENT SPIN, THAT THE DRUG IS TREATING A CHEMICAL IMBALANCE THAT IS CAUSING HIS AILMENT. THEY WILL GIVE DRUG TREATMENT A SECOND THOUGHT IF WARNED THAT SSRI ANTI-DEPRESSANTS MIGHT EFFECT THEIR JUDGEMENT. THESE DRUGS ARE TOTALLY MISNAMED. THEY ARE NEITHER SELECTIVE IN THEIR APPROACH, NOR DO THEY CURE DEPRESSION. THEY MERELY CREATE A FEELING OF "APATHY" OR "WELL WHATEVER" ALONG WITH SOME UNPLEASANT SIDE EFFECTS.

AND WHAT ABOUT THE 1 OUT OF 4 PEOPLE WHO DEVELOP SUICIDAL OR HOMICIDAL IDEATION AND AGGITATION (AKATHESIA) AFTER TAKING SSRIS. THIS ALSO HAPPENS AT THE SAME RATE IN SUBJECTS WHO HAVE NEVER BEEN DEPRESSED. AND KEEP IN MIND THAT SSRI ANTI-DEPRESSANTS ARE ASSOCIATED WITH A MUCH HIGHER RELAPSE RATE THAN IS THERAPY.

WE HAVE TO APPROACH PROBLEMS IN LIVING, NOT USE A REDUCTIONISTIC DISEASE MODEL. RESTRAINT IS NOT TREATMENT, ESPECIALLY SINCE THESE DRUGS SUPPRESS OUR HUMANITY. AND HOW ABOUT REINFORCING THE NOTION THAT THE WAY TO DEAL WITH UNCOMFORTABLE FEELINGS IS TO TAKE A DRUG THAT MAKES THEM GO AWAY? WHAT DO YOU SAY TO YOUR KID WHO IS SMOKING DOPE???

Summer is over, people; it's done. The kids have to go back to school, *you've* got to get back to work, and vacations are a thing of the past. No more fun in the sun. No more barbecues, no more picnics, and *definitely* no more trips to exotic locales or long weekends at the beach.

Well, that gloomy reality can only mean that it's time for

The ICSPP Newsletter Special *Arts and Leisure Section*

[Editor's Note: At press time it was actually still mid-summer. So, we here at Newsletter Headquarters still wanted to have a little fun.]

From the Department of
"Seen Any Good Movies Lately?"

Movie Review

LARS AND THE REAL GIRL

by Delores Jankovich

This incredible story of a troubled, introverted young man who falls in love with Bianca, a plastic sex doll that he purchases on the internet, will warm your heart with its humanity and pathos. Directed by Craig Gillespie and written by Nancy Oliver, who writes for *Six Feet Under*, it shows how a community of people can learn from a sensitive, delusional young man and provide the love and acceptance needed for him to change his life.

When asked about her inspiration for writing this screenplay, Ms. Oliver was quoted in the *New York Times* (10/07/07) as saying, "What if we didn't treat our mentally ill people like animals? What if we brought kindness and compassion to the table?"

Indeed, after experiencing *Lars*, you may find yourself pondering new ways to introduce such community in your own life as well as into the lives of those whom you know are going through emotional suffering. You will

laugh hilariously one moment and be moved to tears the next as you follow this love affair. Ryan Gosling is superb as Lars who is leading an isolated existence in a garage apartment behind the family home now occupied by his brother, Gus, played by Paul Scheider, and his wife, Karin, played by Emily Martinez. Gosling's performance as Lars is powerful and authentic.

Dr. Dagmar, played by Patricia Clarkson, is Lars' skilled and loving doctor who initially provides therapy by attending to Bianca's "illness." Kelli Garner plays Margo, the office co-worker on the sidelines who has an eye for Lars but patiently stands aside as Lars goes through his infatuation with Bianca.

When Gus consults Dr. Dagmar about the fact that he thinks his brother is nuts, Dr. Dagmar tells Gus that Lars is experiencing a delusion and that they must let it be and not interfere.

Bracing themselves for what their neighbors and church members will think, they tell them that Lars has a new girlfriend and inform them of the situation, asking for their understanding. Lars introduces Bianca to his church congregation where the two of them are warmly accepted. He takes

Bianca to his office party, and despite strange looks, his co-workers embrace Lars and his new paramour. Over time Dr. Dagmar's insightful care results in Lars being more connected to his friends and church members. In the meantime, Bianca's "illness" is worsening. There is a priceless scene where Bianca lies near death and the church ladies keep vigil while knitting. They inform Lars that this is what they do when a tragedy is happening.

This beautiful, engrossing story is a perfect example of a traumatized person experiencing healing change through the embrace of a patient and loving community. It is a type of witnessing through affirmation of Lars's journey from past hurts to integrity and wholeness.

Lars and the Real Girl would be a perfect teaching tool for medical, psychology and social work schools. It could provide an excellent focus for discussion of tolerance and acceptance in small church settings since churches often provide the foundation for community.

As for myself, I found myself wanting to meet these wonderful people and be present with Lars in his sweetness and kindness.

Movie Review

DISTRURBING BEHAVIOR

by Andrew Crosby

Disturbing Behavior follows a high school kid, Steve (James Marsden), whose family has just left the big city for bucolic Cradle Bay after a family tragedy. Cradle Bay is indeed a safe community - unless you're a troubled teen.

Steve meets his first new friends in the cafeteria during his first day at his new school. Social outcast Gavin (Nick Stahl), and his quirky, perpetually stoned side kick, U.V. (Chad E. Donella), join Cradle Bay's newest newcomer and inform him of the school's cliques and social classes: the Motorheads are the car jocks; the Microgeeks are the computer nerds; the Skaters live for gnarly grinds on half pipes. And off in one corner are the Blue Ribbons - "Good kids: bake sales, car washes, kiss a lot of adults."

The Blue Ribbons are the brain child of Dr. Caldicott (Bruce Greenwood), a psychiatrist whom Steve also meets on his first day at school. Caldicott unsuccessfully encourages Steve to join the Blue Ribbons, describing the group as "a motivational workshop."

But Gavin knows better. Now hanging out at the *Yogurt Shoppe*, awash in the dulcet tones of Wayne Newton, some of the Blue Ribbons are Gavin's former friends - ex-social outcasts, ex-troubled teens. Gavin knows the transformations these kids have undergone are too striking to have resulted from any workshop. He's also witnessed the horrific *adverse effects* some Blue Ribbons have experienced from their *treatments*. Though still in the dark as to specifics, Gavin sees a terrible plot at work.

Steve is supportive, but doesn't believe Gavin's admittedly paranoid sounding rants. Nor does Gavin's

other good friend, Rachel (Katie Holmes). Steve and Rachel are ultimately compelled to believe, however, and are forced to act. They are assisted in part by crucial information provided by a minor character, the school's janitor, Mr. Newberry (William Sadler). While everybody is fooled by Newberry's goofball persona, Steve wins Newberry's trust and is rewarded when Newberry confides the story of the town's dark side: Like Steve's family, Cradle Bay has experienced a tragedy.

"That broke the town's back," Newberry explains, and led to Caldicott's arrival to help Cradle Bay's teens. While Newberry knows not the depth of Caldicott's work, like Gavin, he knows trouble when he's seen it. "Kids don't drive drunk in Cradle Bay no more," Newberry sums up for Steve. "Of course, they don't laugh or dance neither."

Still there are missing pieces, so Steve and Rachel infiltrate Caldicott's other place of employment, Belknap Psychiatric Facility. Here, key revelations are disclosed - locked in the backest of back wards, and awash in the dulcet tones of Barry Manilow. Think *Cuckoo's Nest* meets *Clockwork Orange* meets *Breakfast Club*. Trust me, the combination works.

And trust me on this: You'll appreciate how *Disturbing Behavior's* themes resonate with the concerns that we share about our children and our communities. These are especially well explored when Caldicott facilitates a PTA-like Blue Ribbon meeting with worried parents, and when Steve and Caldicott face off in the movie's climactic confrontation. Here, Steve informs Caldicott, "It's over ... You're finished." And Caldicott responds coldly, "Finished? There'll always be other towns. Other troubled teens.

And other worried parents." Holding up his palm as if bearing the holy grail, Caldicott concludes, "*Science is God.*"

Then, of course, they clash in earnest.

Yes, this is a Teen movie - but not really. And yes, director David Nutter goes for a science fiction feel, but the affection you'll develop for the characters as they struggle to cope overshadow any weirdness if that's not your thing.

Besides, you'll suspect the movie makers were inspired after reading, for example, "Medication Madness." (See review on page 17.)

The DVD features several deleted scenes, at least two of which are crucial in that they feature Newberry's explanation of the town's backstory, and Caldicott's ostensibly touching disclosure of his own family's experience - which adds remarkable significance to Steve and Rachel's visit to Belknap. The option of running the director's commentary while viewing (even on the deleted scenes) is also included in the disk's special features. Here, Nutter clarifies superbly many of the film's subtleties.

There is profanity and some violence, and some viewers may be uncomfortable with the hospital scenes (*Cuckoo's Nest* - *Clockwork Orange* - *Breakfast Club*, remember?). But *Disturbing Behavior* is a fine example of art reflecting life - perhaps presenting only a minor embellishment on how we as a society disturbingly behave toward our youth.

Newsletter Book Review

Check This Out

Book Review

Medication Madness: A Psychiatrist Exposes The Dangers of Mood-Altering Medications

Peter Breggin, MD, St. Martin's Press, 2008

By Andrew Crosby, MA

Quite arguably we know what to expect from Peter Breggin. He'll detail the extensive risks of psychiatric drugs, and expose the drug company research in which these risks were revealed. Next, he'll expound upon the subsequent evidence that further substantiates these dangers, and he'll tell of the disturbingly successful machinations of the pharmaceutical juggernaut designed to shape public and professional opinions of stimulants, tranquilizers, antidepressants, and neuroleptics. And he'll do all of this in spades, perhaps with an ace or two pulled from each sleeve.

You are hereby advised: With "Medication Madness," Peter delivers as expected. The Rolling Stones, after all, wouldn't take the stage and fail to deliver *Brown Sugar* or *Gimme Shelter* - and Peter has been in business almost as long as Mick Jagger and company.

It will only be the casual reader, however, who will believe that Peter merely meets expectations with his latest endeavor. The rest will recognize that "Medication Madness" represents an evolution in Peter's thinking and writing.

While the project began as an effort to update 1991's "Toxic Psychiatry," something happened along the way that prompted Peter to shift focus. Perhaps he realized he had a different story to tell. Perhaps he'd learned so much in the intervening years that he

found himself telling the same story, but with such a broader knowledge base and lexicon, change on the molecular level was inevitable.

Whatever the case, with "Medication Madness" Peter impressively integrates upwards of fifty case histories and assessments from his legal work with the critique-related material with which so many of us are familiar. Throughout, and especially at the end, he also blends in more than a touch of philosophy - his own, of course. In doing all of this, he has produced not "Toxic Psychiatry 2," by whatever name, but a new, though certainly recognizable, creature.

While integration is a key to the book's effective structure, the emphasis throughout is on two elements. One is *medication spellbinding*, a concept Peter has been elucidating in earnest, in articles and presentations, since 2006. Spellbinding, more technically referred to as *intoxication anosognosia*, refers to one's inability, when intoxicated, to comprehend one's own mental and emotional impairment.

The second element so prominently featured here is *people*. This book is not about drugs, treatment, or the psycho-pharmaceutical complex as much as it is about people - those who have been harmed, those who have suffered, and, in some cases, those who have healed.

Most of the chapters throughout the first two-thirds of "Medication Madness," prominently feature the detailed case histories. The material presented is authentic - not dramatized - and is taken from Peter's interviews with, and assessments of, the victims, as well as on interviews with family members, witnesses, and various collateral sources. He also draws from police reports, medical records, and toxicology and autopsy reports.

Thus informed, Peter takes us into his consultations, onto the witness stand, and along harrowing journeys of

medication spellbinding.

We meet thirty-eight year old Harry, a good husband, good citizen, and good guy. While taking Paxil, he eventually concluded that he needed to kill himself. The best way to accomplish this, he reasoned, was to obtain a gun, and the best way to accomplish *that* was to run down a cop with his car and steal one. It seemed logical to Harry.

We meet Adam, a college-aged kid not too interested in college. He was no trouble maker, though, and his parents believed he'd settle down eventually. He was also prescribed Paxil, and robbed nine gas stations, most of which were in his neighborhood, all in broad daylight, and while using the family car. Not unlike Harry, perhaps, this all seemed logical to Adam.

We meet Martin. Briefly. This one is fairly quick since Martin jumped off a hotel roof after a short time on Halcion. He wasn't *staying* at the hotel, mind you. Perhaps he saw the place and just thought it seemed logical.

We meet some children, too. There is Andy, "not quite twelve years old," a sensitive kid to whom life had dealt some early losses, then some Zoloft. There is Emily, another sweet kid, who just really came to think she should kill her mom with a knife. Did I mention the Prozac? Oh, yeah, she was taking Prozac. There is Jennie who ... well, if your heart's not already broken by the time you meet Jennie, her story will break it.

Make no mistake - while most of the accounts in "Medication Madness" are less than fatal, this is not a collection of stories with happy endings. This is the real world of medication spellbinding. In this world, lives and families are terribly and irreparably damaged. In this world, the wild and horrific are strangely logical. You just have to know what to look for.

And Peter tells us. In chapter one he delineates the criteria for medication madness. These include a recent change in dose of medication, sudden onset of abnormal thoughts or behavior, and, most significantly, a history indicating that the thoughts and behaviors are uncharacteristic and unprecedented *before* drug exposure.

It is also emphasized that medication madness is the result of *involuntary intoxication*. This distinction is crucial as it speaks to the difference between those of whom Peter writes and others who commit criminal acts while under the influence of alcohol or illegal drugs. Someone who is drunk, for example, is *voluntarily* intoxicated, and is therefore expected to have anticipated possible tragic consequences of his or her actions.

It's a different matter, however, for someone experiencing medication madness. Such a person was not only *involuntarily* intoxicated, and would therefore have no way of anticipating tragedy, but he or she wouldn't even know to suspect that the drug was causing trouble.

To further explicate his thinking about medication madness, Peter cleverly discusses the perpetrator profile he'd developed for his 1992 book, "Beyond Conflict." He uses this to make point by point commentary with some of the subjects in his case histories. Thus Peter underscores the distinctions between those who commit heinous acts while involuntarily intoxicated and spellbound, and those who do so for truly criminal reasons.

In the event you missed it, let me clarify: By describing the criteria for medication madness, combining that with the perpetrator profile, and clarifying the matter of involuntary intoxication, Peter tells us how he evaluates those who come to him for help – *he tells us what he does and how he does it*. These are important and welcomed insights into the man and his work, as well as into a way of conceptualizing what is going on with people who behave outrageously while taking psychotropic drugs.

While the early focus is on SSRI antidepressants, "Medication Madness" gives equal time, in material and case histories, to the stimulant drugs used for ADHD, as well as to benzodi-

azepines and neuroleptics. There are also sections devoted to the challenges of expert testimony and to providing behind-the-scenes glimpses into Peter's more well-known and dramatic legal cases, Wesbecker and Lacuzong.

***“Where should we
turn when
overwhelmed and
desperate - to
science, or to
something more
profound?”***

Consistent with many of Peter's books, there are also chapters and sections devoted to the problems of clinical drug trials, the ineffectiveness of the FDA and its overt partnership with drug companies, and about marketing myths and truths about psychiatric drugs. Ever a fan of the point by point comparison style, Peter gives thorough treatment to all of the above. He also relies on up-to-date references, in addition to important historical ones, so readers may be assured – "Medication Madness" is current.

In the latter portion of "Medication Madness," Peter provides a guide to withdrawing from psychiatric drugs, and he concludes with chapters exploring personal responsibility, values, and principles.

He also discloses some insights about the evolution of his beliefs regarding psychiatric treatment and free will over the years ... and he talks about a little something he calls our "last resort." Here, he asks two intriguing questions: Where would we be if we were to relinquish our reliance on psychiatric drugs? and, Where should we turn when overwhelmed and desperate – to science, or to something more profound?

Peter's answers, while not easy, are empowering.

Though devoid of rancor, Peter's

writing is often direct – he pulls no punches in his critiques and commentary on biopsychiatry. Much of the time, however, and certainly throughout the case histories, Peter writes with compassion. So, while your heart will break, your hand will be held throughout these difficult passages. In case you're wondering, yes – that *does* help.

The publisher says that "Medication Madness" reads like a true-crime story and medical thriller, but don't believe it. True-crime stories titillate and thrillers thrill while the unadorned truths in "Medication Madness" do neither. Rather they hold up a mirror and call out, "See this. *Know* this is happening."

Harry, Emily, Jennie and the rest are neither headlines nor characters, they are real. They are not merely among us, they *are* us. And Peter has afforded them due reverence in "Medication Madness." This is *their* chronicle.

Peter's intent with "Medication Madness" seems to be to elucidate for the mental health and legal communities - and to humanity - a clear conceptualization of what happens when people are horribly effected by psychiatric drugs. Whether intended or not, he has done just that – in spades.

Humanity will listen sooner or later.

***“The publisher
says that
‘Medication
Madness’ reads
like a medical
thriller, but don’t
believe it.”***

Seen Any Good Plays Lately?

Play Review

DISTRACTED

By Sue Parry

“Giving Ritalin to a child with ADHD is like giving insulin to a child with diabetes. Or giving a child with astigmatism glasses. The world comes into focus for the first time.” Of course, we’ve all heard this justification for using meds to treat ADHD and if you want to hear it again said onstage then you’ve got to see **DISTRACTED**.

DISTRACTED written by Lisa Loomer had its world premiere in March 2007 at the Mark Taper Forum in Los Angeles. Now The Roundabout Theatre Company in New York City will begin performances from February to May, 2009 at the Laura Pels Theatre. **DISTRACTED** is a fast-paced and disarmingly funny look at parenting in the age of the Internet and Ritalin. Mama, which will be played by Tony Award-winner Cynthia Nixon, is desperate to find a “cure” for her 9 year old son Jesse.

She multi-tasks as she races from one health professional to another eventually ending up in

New Mexico. Dad is convinced that Jesse’s just being a boy. Well-meaning friends and neighbors chime in with opinions of their own, confusing the issue still further. What is it that Jesse really needs? Does he need medication? Or does he need anything at all? Who, or what, is really out of focus here? And what is ADD in an ADD world? Loomer has created a comic and moving meditation on what it feels like to be a parent in this high speed, multi-tasking, sound-bite, “crazy-busy world.”

An interview with Lisa Loomer reveals that she wrote this play because since her son was born she’s been very attuned to anything that has to do with children and she’d heard a lot of talk about ADD. She was fascinated about whether ADD is a disability or a difference and whether children are being helped in an increasingly stressful world.

On a personal note, I saw **DISTRACTED** at the Shakespeare Festival in Ashland, OR

last summer and it was both hilarious and really sad. I wanted to see it again but could only spend one day that day in Ashland so to know it’s in NYC is a thrill.

This play will be especially meaningful to anyone, and that’s just about everyone, who’s had to deal with the ADHD fiasco/epidemic/debacle/mess either professionally or personally. I’ve already assembled my “posse” of friends/moms who had the ADHD phenomenon creep into their lives and we’re descending on NYC in mid-April attend.

NYC will never be the same!!!!!!!!!!!!!! I hope you’ll make an effort to see this play. It’s a **MUST-SEE** if you’re as outraged as I about how ADHD is impacting so many children and their families.

Tickets will be available in fall 2008 by calling Roundabout Ticket Services at 212.719.1300, online at www.roundabouttheatre.org.

Oregon State Hospital's Forgotten Ones

by Delores Jankovich

Once forgotten, unwanted....

Now transformed by fire.

As hidden in death as they were in life.

Just as their souls once lived in bodies that were abandoned

They were sitting in canisters, unknown, stowed away

At last, Oregon State is taking note, a new asylum will be built.

So finally in death these bodies wrought their influence.

Still they remain unrecognized, unclaimed, unwanted.

How will this new asylum be different? Who will remember

those coming in the door?

We must remember the hidden, the discarded

Lest we deny those parts of ourselves.

Homage to Billy Collins

I never even heard of you
Until that lovely Lolita poetess
Struck with picnic lightning.

I barely knew you
When you rescued me from drowning
In a three year divorce.

I consulted you daily
While perched on porcelain,
On matters of death and the heart.

And I flocked to hear you
When the 92nd street Y finally
Acknowledged the new Poet Laureate

You seldom disappoint
With your sly wit and x-ray vision
Of everyday life.

I salute you
Oh, great transformer!
Of the ordinary into the extraordinary.

And I thank you
For the many moments of pleasure
Infused into my too-human voyage.

D.J Riccio 6/8/03

Creedmore State Hospital, 7/10/67

Dearest Mommy,

I am writing this letter
right before shock treatment.
I want to thank you
for all of your loving efforts ,
and the wonderful memories,
you have given to me,
before I lose my memory
or life permanently.
Doctors say forgetting will help me
to feel better
(but I never believe them).

Hard to believe that I have been here
for over five years.
Too terrible a place for you to visit,
reminds you of your mother.
I understand.
And the staff forbids visits
from you, because they know
I don't deserve a visit from anyone
as good as you.

Thanks for the birthday card
with mama bear and goldilocks.
Remember when I used to have golden locks
and we had birthday parties,
just you and me?
Hard to believe I'm 35
I'll always be "your baby".
I didn't deserve such a wonderful childhood.

Mommy, dearest mommy,
I have a terrible secret to tell you.
You gave birth to a monster!
Not your fault.
I must have the genes of that man,
you know who---
the one who abandoned you
just because I was born.

"Never be like him", you said.
Was he Hitler, Dracula or a Martian?
I ask, because sometimes I am all three!
and sometimes, they even announce it on tv.
I tried so hard to be good
and to obey all your rules.
I realize now, I never could;
cause I am a failed case
of miscegenation.
I don't deserve a mommy as good as you.

But I will always,all ways
love you, love you, lube you;
just like you used to lube me.
Remember? you always said, " I lube you so,
that the water spitting, caca licking
snake wouldn't bite"
me, as you lovingly ensured
I was regular each and every day.
Twice a day.
Nurses here are so mean.
I beg them to clean
the filth out of me like you did,
but they laugh and make fun of me
and sometimes, I'm filled with filth for weeks!
And then I get so mad!

Mama,I want to come home,
but I know I am too bad to be with you
and even though I don't deserve it,
I realize, how fortunate I am to have a lubing
mommy like you.

Yours truly,
your monstrous son

By Anonymous

ICSPP Conference DVDs – Check Them Out

ICSPP conferences are unique. We share and acquire information that can be gleaned from nowhere else, and, perhaps because of this, we share a strong sense of community.

Viewing the DVDs is an excellent way to experience these events if you've been unable to attend, and to re-experience the inspiration you felt if you'd made the trip. They also offer a valuable way of introducing ICSPP's ideals to others. Sharing conference experiences by viewing the DVDs with colleagues is an excellent way of spreading the word and supporting your views.

The order form, with prices, is on page 28. Purchase what you can, or what you find most interesting. You'll be surprised at what you've missed ... even if you were there.

2000 - Psychosocial Solutions vs Psychiatric Drugs: The Ethics and Efficacy of Treating Children and Adults with Brain Disabling Drugs When Science Indicates That Psychosocial Approaches are More Effective and Non-Toxic

Peter R. Breggin, M.D. David Cohen, Ph.D.	Your Psychiatric Drug May Be Your Problem
Peter R. Breggin, M.D. Pam Clay, J.D. Donald Farber, J.D. Danny McGlynn, J.D. Michael Mosher, J.D.	Psychiatry, Malpractice, & Product Liability Issues
Peter R. Breggin, M.D. Kevin McCready, Ph.D. Loren Mosher, M.D. Tony Stanton, M.D.	The Treatment of Deeply Disturbed Children & Adults Without Resort to Psychiatric Drugs
Peter Breggin, M.D. Ron Hopson, Ph.D.	Children In Distress: ADHD & Other Diagnoses
Tony Stanton, M.D.	Working With Very Disturbed & Traumatized Children
Paula Caplan, Ph.D.	What is Wrong With Psychiatric Diagnoses? : Biopsychiatry and the DSM
David Cohen, Ph.D.	Drugs In Psychiatry As A Socio-Cultural Phenomenon
Gerald Coles, Ph.D. David Keirse, Ph.D.	Why We Shouldn't Label Our Children ADHD or Learning Disabled
William Glasser, M.D.	Psychotherapy Vs. Drug Therapy With Children
Hon. Marion Crecco	New Legislation, Children, and Medication Abuses
Louise Armstrong, Ph.D.	And They Call It Help: How Psychiatry Has Failed Our Children
Peter R. Breggin, M.D. Jake Johnson, Ed.D.	Reclaiming Our Children

2003 - Treating the Difficult Child: ADHD, Bipolar, and Other Diagnoses: Challenging the Status Quo with Solution Based Therapy

- Peter Breggin, M.D.** The Biological Basis of Childhood Disorders: The Scientific Facts
- David Cohen, Ph.D.** New Research on the ADHD Drugs: A Comparative Study of Stimulants
- Brian Kean, M.A.** The Dangers of Diagnosing Children: Results of the Multi-Modal Treatment Approach Study
- Robert Foltz, Ph.D.** Bipolar, ADHD and Conduct Disorder: The Diagnostic Dilemma.
- Bruce Levine, Ph.D.** Common-Sense Solutions for Disruptive Children Without Drugs or Behavioral Manipulation
- Dominick Riccio, Ph.D.** Family Therapy: The Treatment of Choice for Working with Difficult Children
- Kevin McCready, Ph.D.** Psychodynamic Therapy with Children and Families
- David Stein, Ph.D.** A Drug-Free Practical Program for Children Diagnosed with ADHD and Most Other Behavioral Disorders
-

2004 - Critiquing Disease Models of Psychosocial Distress and Implementing Psychosocial Theories and Interventions

- Vera Sharav** Screening for Mental Illness: The Merger of Eugenics and the Drug Industry
- David Healy, M.D.** Manufacturing Consensus in Psychopharmacology: The End of Psychiatry as a Science?
- Peter Breggin, M.D.** Violence Induced by Psychiatric Medications: Cases, Questions, and Contradictions
- Brian Kean, Ph.D.** The Risk Society and Attention Deficit Hyperactivity Critical Social Analysis Concerning the Development and Social Impact of the ADHD Diagnosis
- Pam Oatis, M.D.** A Pediatric Practice Using no Psychotropic Drugs, and Teaching Peers and Residents to Treat Difficult Children by Asking How and Why
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Michael Perlin, J.D.	International Human Rights and Civil Disability Cases
Karen Effrem, MD	The Origins and Dangers of Child Mental Health Screening
Susan Stefan, J.D.	Evolving Views of Psychiatric Evidence
James Gottstein, J.D.	A Coordinated Campaign to Successfully Change the Mental Health System
Plenary Legal Panel Andy Vickery, J.D. Don Farber, J.D. Michael Mosher, J.D. Derek Braslow, J.D.	Prescription Drugs: Civil and Criminal Liability Cases and Concepts
Grace Jackson, MD	Parens Patriae, Parens Inscius: Beware the Dangers of the Incompetent State
Peter Breggin, MD	Medication Spellbinding (Iatrogenic Anosognosia): A New Concept
Joseph Glenmullen, MD	SSRIs, Akathisia, and Suicidality: The History of the FDA's 2005 Black Box Warning on Antidepressant-Induced Suicidality
Thomas Bratter, Ed.D.	When Psychotherapy Becomes a War: Working with Gifted, Alienated, Angry Adolescents Who Engage in Self-Destructive and Dangerous Behavior
Tina Minkowitz, J.D.	Remaking Human Rights: Advocacy by Users and Survivors of Psychiatry
Anne Marsden	You Decide Who Decides – Yeah Right!

2007 – Universal Mental Health Screening And Drugging of our Children

Fred Baughman, MD	Who Killed Rebecca Riley?
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Karen Effrem, MD	Universal Mental Health Screening: The Facts
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Peter Breggin, MD	The Truth about Bipolar Disorder
David Oaks	I was a College Student Mental Patient: How Psychiatric Survivors and Mental Health Professionals can Unite for a Nonviolent Revolution in Youth Mental Health Care.
Vera Sharav	America’s Children Need a Child Rescue Operation
Jeffrey Lacasse, MSW and Jonathan Leo, Ph.D.	Consumer Advertising of Psychiatric Medications: Lessons Learned and Future Challenges
Joanna Moncrieff, MD	Deconstructing the Chemical Imbalance and Justifications for Drug Treatment
Maurine Kelly, Ph.D.	The Trials (and Tribulations) of One Therapist’s Struggles to Provide Effective Psychotherapy to Children on Psychotropic Medications
Johanna Tabin, Ph.D.	Psychoanalytic Understanding of Why ADHD Behavior Occurs
Debose Ravenel, MD	Common Behavioral and Learning Problems in Children -An Alternative Approach: A Pediatrician’s Perspective
James Gottstein, J.D.	The Psychiatric Drugging of America’s Children: Legal Rights of Children and Parents
David Stein, Ph.D.	Weaknesses in Psychologist Training: Why Low Treatment Efficacies and Invalid Tests
Michael Valentine, Ph.D.	Analysis of Actual Adult-Child Interaction and Communication Patterns that are a Drug Free Alternative to the Medical Model’s View of ADHD
Dominick Riccio, Ph.D.	Common Sense and Integrity in Psychotherapy when Working with Children and Families
David Keirse, Ph.D.	How to Help Troubled and Troublesome Kids in School and How to Stop the Criminal Behavior of 21 st Century Psychiatrists
Plenary Panel: Brian Kean, Ph.D. James Tucker, Ph.D. Noelene Weatherby-Fell Thomas Cushman, Ph.D. Dorothy Cassidy, M.Ed.	Whose Disorder is it? Protecting Normal Children: Preventing Bullying and Creating Effective Learning Environments Without the use of Psychiatric Diagnoses and Drugs

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- Stopping the worldwide resurgence of lobotomy and psychosurgery on adults and children, and all psychosurgery in federal and state institutions.
- 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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