

ISEPP Bulletin

International Society for Ethical Psychology and Psychiatry, Inc.

2015 - Number 4

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CHIATRIC RESEARCH*

All In The Family

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From the Director

Another Revitalizing Conference in 2015

Chuck Ruby, Ph.D.

Executive Director

I am happy to have both the opportunity to review this year's conference, Understanding Trauma: Responding Beyond the Medical Model, and to thank the ISEPP Board of Directors for selecting me as your new Executive Director. I am always amazed at how much spirit and fellowship springs forth when ISEPP members convene each year for this annual event. It is a reminder of how our organization serves as a welcoming home for each of us in our difficult struggle against the conventional medical model and our efforts to restore humanity to life.

The 2015 ISEPP Conference theme was a very fitting choice for this

year, as we've witnessed many traumatic events occurring across the globe. We've watched with horror in the aftermath of



This and all photos in this Bulletin courtesy of Robert Slicen

mass shootings, felt heart-broken at the continually staggering problem of childhood abuse and neglect, grown tired of the suffering endured by our military and veterans, and stood in shock at the mil-

lions of Syrian refugees forced to flee their homes. These are just a few examples of the traumatic experiences that can lead to a lifetime of emotional angst and impairment.

During our conference we were fortunate to have hosted some of the top authorities in the field of trauma. Dr. Barry Duncan's talk highlighted the importance of focusing on the relationship between provider and client, and in particular on the clients' beliefs, values, and felt senses, rather than on how the worn-out medical model privileges the authority of the provider and objectifies the client. The importance of zeroing in on the client's felt sense of experience, particularly somatic

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About the International Society for Ethical Psychology and Psychiatry: The International Society for Ethical Psychology and Psychiatry (ISEPP) 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 ISEPP has been informing the professionals, the media, and the public, about the potential dangers of drugs, electroshock, psychosurgery, and the biological theories of psychiatry.

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

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

ISEPP Bulletin Submission Policies

We want the Bulletin to reflect and serve our varied membership and much of what appears in our pages is from the membership. Some items are from outside, however, because we're interested in anything that might interest our readers. Our submission policies therefore are quite simple.

Authors may submit work to the Bulletin while simultaneously submitting to other publications or forums if they choose. Where this is the case, we ask that authors inform Bulletin staff so that our readers may be advised accordingly.

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

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

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 ISEPP'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.

experiences, was continued by Bessel van der Kolk, M.D. He showed how early experiences of trauma can affect sub-cortical brain development and how somatic- and body-oriented therapies can help reverse this course. Our own David Walker, Ph.D., Joanne Cacciatore, Ph.D., and Bruce Levine, Ph.D. shared their thoughts and experiences about trauma. Dr. Walker's unabated work in Indian Country demonstrates how the forced application of the medical model serves as a continuation of historical trauma suffered by these original inhabitants of the Americas. Dr. Cacciatore's work with bereaving parents was a touching and profound reminder of how an inhumane psychiatry treats grief as an illness, exacerbating the grief that none of us wants to know. On the last day of the conference we were once again privileged to hear Dr. Bruce Levine's thoughts on the conventional psychiatric machine as a macro-system of blaming the canary for the mine's defects. Rather than understanding how oppressive societal forces can cause children to do poorly in school, employees to suffer emotional pain, and citizens to resort to crime, the debunked profession of psychiatry continues to wield power to present these problems as illnesses, thus further perpetuating the traumatic experiences of its victims.

There were far too many other plenary and breakout session speakers to mention them all. They all spoke of the differing ways that the mental health industry's idea of "treatment" can serve as further trauma and how alternative methods are more humane and effective. Such topics included peer-focused and non-medical oriented work with veterans of war horror, psychiatry's dislocating and dehumaniz-

ing effect on family members of so-called "patients", the pathologizing of gender and sexual expression, and how traditional individual-focused forms of intervention for traumatic experiences serve as additional forms of trauma.

On the last day of the conference our annual in-person Board of Directors meeting was also revitalizing. In addition to it always being a once-a-year time of camaraderie when we get to meet face-to-face and share our lives, our stories, and our concerns, we also made some significant changes to ISEPP. As I mentioned already, I was honored by being selected as your Executive Director. Dominick Riccio, Ph.D., was selected to be the Chairperson of the Board. But perhaps of more importance, we unanimously elected three new people to serve on the Board. These are Joanne Cacciatore, Ph.D., Mary Vieten, Ph.D., and Noel Hunter, M.A., M.S. I know of their work and I'm very excited to see them join ISEPP's leadership. I'm confident they will bring new perspectives and energy to our efforts of battling the traumatizing mental illness industry.

Lastly, I want to share with you my priorities as Executive Director. Taken directly from our website, ISEPP's mission is to "... use the standards of scientific inquiry to address the ethics of psychology and psychiatry. We strive to educate our members and the public about the nature of 'mental illness', the de-humanizing and coercive aspects of many forms of mental health treatment, and the alternative humane ways of helping people who struggle with very difficult life issues". But, our message is like a whisper in a shouting match. The pharmaceutical industry, medical associations, and grass-

roots organization (the latter two heavily funded by the first) have nearly unlimited resources to inundate the media with their message about "mental illness". My thoughts about trying to turn this situation around is to focus on two main tasks: 1) increasing membership, and 2) leveraging the Internet to broadcast our message.

In order to increase membership, we've launched a few initiatives. One is to identify ISEPP-friendly articles in the media and contact the authors to suggest they join ISEPP. We have already been successful in attracting the interest of some of these authors. Another is to set up a sub-committee tasked with recruiting younger members in order to benefit from new ideas, new ways of thinking, and especially Internet-savvy minds. Laura Delano and Jim Tucker have agreed to head up this subcommittee.

The second task has been addressed with the creation of a standing Research and Public Education Committee. This committee has so far been focused on retooling our website to make it more interactive and informative, publicizing our reaction to national and international news items, and showcasing the many things that ISEPP members are doing across the globe. We have also been working with a public relations firm to explore ways to increasing our public footprint.

I look forward to the future of ISEPP. We have a very important message for the world and we must be vigilant in keeping the pressure on. When it comes down to it, our value lies in each ISEPP member being a spokesperson for our ideas. I encourage all of you to speak up each day and spread the word!

ISEPP Begins New Membership Cycle

Chuck Ruby, Ph.D.

Executive Director

Starting in 2016, ISEPP is changing to a calendar year membership cycle. We will no longer have staggered cycles with the membership year starting on the day a member pays dues. This means all membership terms will start January 1st and expire December 31st each year. We are sending out a notice via email and postal mail to all members announcing this change and for everyone to renew their membership by January 1, 2016. Starting October 2016 and every October after that, we will send out a notice reminding all members of the renewal for the upcoming year. We are also going to advertise around July or August of each year to encourage non-members to join, in order to take advantage of the reduced annual conference fee for members. Those who do join this way will have their membership status start the following January.

The change to a January - December membership year is meant to produce a streamlined and smoother system. However, we do recognize an important issue that some members have noticed as we transition to that calendar year cycle. A member who joined or renewed part way through 2015 may wonder about the abbreviated year for them. But the fact is that the bulk of each member's annual dues is used to produce our excellent peer-reviewed journal, *Ethical Hu-*

man Psychology and Psychiatry, published by Springer Publishing. As far as we can tell at this time, all current members will have received the three copies of Volume 17 of *EHPP* to which they are entitled, with the receipt of the upcoming Number 3 in January 2016. So the shift to a calendar membership will, in fact, yield no loss to them. We have a way to verify this for all members and encourage anyone who thinks they haven't received all editions of the journal or have other concerns about the abbreviated year issue to contact our Membership Chair, Robert Sliclen, Ph.D., at sliclen@optonline.net or 201-664-2566.

Members can renew by going to our website at www.psychintegrity.org and click on "Join/Renew Membership" at the top of the page, or the "Join/Renew ISEPP" button on the right side about halfway down the page. You will notice that members do not have to log in anymore and create a profile with username and password. We've found in the past this caused confusion not only regarding the membership issue, but also in registering for conferences. The only thing a member needs to do is select the level of membership and type of payment. All credit card payments are handled securely through PayPal. All payments by check are handled via postal mail.

The member can download the membership form, complete it, and mail it in with a check. Payments by credit card can also be made via postal mail for people not comfortable using PayPal.

Another change made is that we've eliminated the "no-journal" membership levels. The main reason for this was to enhance the distribution of our journal, which is perhaps the biggest way of publicizing ISEPP. For those who believe they cannot afford the full membership fee, they can still request a financial hardship and offer a reduced membership fee by contacting Robert Sliclen, again, at sliclen@optonline.net or 201-664-2566.

We also want to make sure all of ISEPP Listserv members are paid members. We've noticed over the years that with the staggered membership cycle, it was almost impossible to keep track of this. The new calendar year cycle will fix this problem. Each January 31st, our Listserv monitor will check the membership roles and make sure members who do not renew will be removed from the Listserv.

I encourage everyone to renew promptly each year in order to take advantage of the benefits of ISEPP membership, and to help us in our mission to restore humanity to life. You are all very important in that mission and I look forward to working with you.

Conference Review & Bio Reductionism

David Jacobs

I enjoyed the conference very much as usual but bio reductionism (and scientism) has established more than a beachhead in the form of neuro-babble (neuroscience). The new back door is that psychological trauma causes brain pathology, so *mirabile dictu* we are really talking about genuine medical conditions after all and chastised apologies to biopsychiatry. But let us question.

Horrendous personal experience is not like being hit in the head with a brick. Psychological “trauma” is a trope. In the 19th century it was thought that railway accidents physically jangled the nerves, thus “trauma” was invoked to speculatively “explain” enduring post-accident psychological and social difficulties. Then as now no actual neurological injuries could be detected. Today (maybe) neuroimaging shows that people subjected to “jangling” personal experience who are persistently upset are neurologically active in areas of the brain that are active when a person is upset. This is not evidence of brain pathology and not evidence that brain pathology is responsible for psycho-social problems. If certain areas of your brain are active while you are reading this post, this only shows that certain areas of your brain are active while you are reading this post. Nothing of how you manage to read the text and

what you make of it is thereby explained. It emphasizes nothing. This is the gap between neuroscience and psychology.

If you think of psychological trauma as like being hit in the head with a brick, then post-trauma psycho-social sequelae naturally fall into neurology, not psychology. The person’s biological reaction to horrendous experience is biologically self-damaging, according to the formulation now popular. It is the biological (neurological and hormonal) damage that is the real problem. Bessel opined that post-trauma people are too freaked out to be in psychotherapy---because their brains are pathologically altered due to the neuro-hormonal effects of trauma. Talking and relating to another person is a very ineffective way to ameliorate brain damage. Thus he’s pushing neurofeedback hard on the internet. The problem really is altering how the brain is functioning, stupid.

If trauma was dropped from the psychological lexicon, then people would be obliged to say what they are talking about minus jargon that invites reification. What we are talking about is experience that has harmful psychological effects. This obviates debate about what kinds of experience, considered abstractly as categories, are traumatic. If we dropped the idea that “trauma” jangles and harms the

nervous system, then we could talk about an individual’s experience and how it affected him/her. We can only grasp how an individual’s experience affected him by getting to know him. Individuals are affected by their experience individualistically. Once trauma is reified it is natural to think about the effects of trauma, because it has impersonal, general, and predictable biological and mental consequences. There would be less temptation to do this if instead of “trauma” we said we were interested in the effects of intensely adverse experiences on actual, identifiable people. Then we find some commonalities at a certain level of abstraction and individuality at the fine-grained “clinical” level. Mostly as clinicians we are interested in the enduring effects of maltreatment during the course of growing up as opposed to car accidents and so forth. In each case of maltreatment the devil is in the details, so generalities are of some but not that much value. The difference between studying and working with a body vs. studying and working with identifiable people is such that research in the latter case cannot prepare the clinician for this person in terms of either expectation or treatment (manuals and protocols will always have to be revised *ad lib*). The preceding comment bears on the hope that psychology can be science.

Science and individuality are incompatible. We don't want physicians to ad lib, but psychotherapists have to.

I'm not making a pitch from the perspective of a psychotherapist that "we" need more access to psychotherapy. I'm trying to make logical and conceptual points. The sad truth as I see it is that a lot of the damage done by people to people cannot easily be undone, if it can be undone at all. There will be well-off people who can avail themselves of long-term, multiple sessions per week psychotherapy. That will not change until the world changes. It's not at all clear how much can be undone by any means once a certain amount of damage is done. This is not at all a popular topic among psychotherapists. Joanne Greenberg ("I Never promised You A Rose Garden") was Frieda Fromm-Reichmann's signature clinical success. But in her biography of Fromm-Reichmann, Gail Hornstein makes it clear that Joanna Greenberg was the exception, not the rule (you get the point).

Please note that I have no ambition to deny that actual brain pathology can disrupt (impair, etc.) the "mental" realm. The villain of the piece is the notion that there is a mind (a sort of thing with properties, functions, abilities...) and that it is the same thing basically as the brain and how it functions (note the brain is an it and only an it, while you are not an it). When we speak of the mind in a reifying spirit a fatal mistake has already been made; a mistake with lots of potential and actual consequences. People

think, feel, act, plan, reflect, etc. but not via a mental "organ" that is them and not them at the same time and which actually does the work. Having a mind, using your mind, etc. is just a way of talking---a way of referring to a person thinking, feeling, etc. You cannot be your brain because your brain is just a physical organ. Your brain, to repeat, is an it, but you are not. The key concept here is the difference between necessary and sufficient. If a certain part of your brain is damaged you will not be able to read. But your brain does not read, you read. The entity that reads and speaks and so forth is an enculturated person (cf. the mereological fallacy). You think, judge, evaluate, etc. but by contrast you do not digest your food---your body does it. Your digestive system is not an enculturated person and neither is your brain. The brain is not the mind and the mind is just a way of speaking about what a person can do. How does the brain generate thought? It doesn't. An enculturated person thinks. No brain no thought, but likewise no alphabet no novels. Necessary but not sufficient. This sounds frustrating and evasive if you are committed to certain isms (materialism, empiricism, scientism, positivism, reductionism...). (Paying attention is what a person does, not what a brain does. The unanswerable question from the isms perspective is who is paying attention---who is attending to the matter at hand or declining to pay attention).

The core conviction of biopsychiatry has always been

that enduring deviation from feeling good and thinking and acting "normally" must be a manifestation of biopathology of some sort. The absence of evidence decade after decade does not and cannot alter this conviction. The sought after evidence always lies in the future. Chemical imbalance has finally run its course as a purely verbal explanation; bad neurocircuitry is now in. Look at neuroimages; "psychiatric" brains are different than normal brains. Um, aren't those images actually group averages? And, uh, aren't you confusing cause with effect (are tears the cause of grief?)? Etc. What we have to face is that mental life is mainly outside what is voluntary and rational. This is perhaps not so glaring when conditions of living are benign, but it becomes glaring when we confront the mental life of people that have been subjected to serious and protracted maltreatment during the course of growing up. Clients, in short.

No one does or can self-direct his psychological development growing up. Little by little a person becomes more self-conscious during the course of growing up. Ultimately a thoughtful adult that is self-directed in some ways may emerge. None the less most mental activity (how one construes and reacts to situations, emotional reactions of all sorts, basic self-regarding attitudes and sentiments, etc.) is outside of voluntary control or modification. About the only useful thing we can say about psychological development is that love and other forms of good treatment results in more desirable

psychological capacities and traits than bad treatment. It's uncomfortable to think about ourselves being shaped by the outside but there it is. We might say that psychological development no more lies within an individual than changes in the vernacular over time lies within an individual. A lot of complexity here that I suspect will never be figured out. But the sad and problematic results of protracted bad treatment growing up must still be addressed at the psychological level. There's no point reifying "trauma" and becoming enamored with the idea that psychological difficulties can be understood at a more basic level via neuroscience. The maltreated child or maltreated child grown up does not have a bad brain. This only leads back to interventions that address the wrong thing and are useless (beyond a temporary Hawthorne effect) or flat out harmful (we should never forget that psychiatry feels no discomfort at all about

the terrible things it has done and continues to do. In America history is regarded as irrelevant. Thus I doubt if younger psychologists know anything at all about the history of physical treatment in psychiatry. You would think the APA would create a document *mutatis mutandis* like the West German constitution, but no).

To conclude via summary: Reifying "trauma" is a bad idea for a variety of reasons, neuro-babble being one. It is of course critical to understand the effects of brain injury on mental life, but it is no help to construct purely verbal neurological explanations in the absence of evidence of real (literal) neuro injury. Finally, the grim fact is that events and influences that create feeling unsafe in the world, unsafe with people, and so on, are highly resistant to alteration because such feelings, convictions etc. are outside the reach of self-talk and only partly if at all inside the

reach of after the fact dialogue and relationships (thus multiple successive therapies or interminable therapy are common).

Our organization is dedicated to unmasking and opposing making believe that psychological distress is a real medical condition. Likewise we are dedicated to unmasking and opposing treatments that do not address the actual problem and are harmful in themselves to the person being treated. In my view neuroscience is being used to create a new form of babble and mystification about what ails people that have been badly mistreated (the modal client). The real problem is that severe negative experiences (usually conditions of living, not discrete and isolated experiences) have enduring harmful psychological consequences that may not self-remit and may be highly resistant to any kind of treatment. My punchline might be reification and mystification are bad.



Joe Tarantolo making a point

Conference Review

Al Galves

People who are going through very hard times need places and people who will help them. In today's mental health world, they are unlikely to find such places and people. MindFreedom's mission is to change that, to significantly expand access to such places and people. Our latest effort was the mini-conference we put on the day before the 2015 ISEPP annual conference in Boston.

We brought together people who are operating alternatives to the mainstream medical model and people who want to learn more about those alternatives and continue to expand them and we gave them an opportunity to spend some quality time together. Thus, the conference theme: Continuing the Creative Revolution in Mental Health.

Following are the alternatives that were included and the people who represented them:

Soteria-type Sanctuary Houses

These are home-like residences which provide people who are experiencing the extreme states known as "psychosis" with the physical and psychological safety and affirmation they need to move through that process and towards health at the other end.

Susan Musante, Founder and Past Executive Director of Soteria Alaska, Laura Nicole-Sisson, Staff of Soteria Vermont

Open Dialogue Approaches

Involves an intensive series of meetings of people who have a relationship with and care about the

person who is experiencing an extreme state for the purpose of exploring, in an open and non-judgmental setting, what has happened and what might be some avenues of support and help.

Dr. Sandy Steingard, Medical Director, Howard Center, Hanover, NH, Dr. Ed Altwies, Psychologist, Parachute Project, New York City

Intentional Peer Support

A way of using peer-to-peer relationships to help the participants grow, learn and create new ways of seeing, thinking and doing; a way of connecting and interacting in ways that foster, openness, curiosity and exploration.

Sherry Mead, Founder of Intentional Peer Support, Chris Hansen, Director of Intentional Peer Support

Peer-run Crisis Respite Programs

Residential programs which provide people in need of temporary respite with safety, affirmation and support. Dani Scott, Western Massachusetts Recovery Learning Center

Hearing Voices Network

Support groups of persons who experience and understand hallucinations in ways that are not pathological, but rather, as meaningful and potentially useful. Noel Hunter, Hearing Voices Network, Berta Britz, Hearing Voices Network, Marty Hadge, Hearing Voices Network

Sunrise Center for Withdrawal

from Psychiatric Drugs

A program which uses Re-evaluation Counseling to help people withdraw safely and effectively from the use of psychotropic drugs. Barbara Deck, Sunrise Center, Glenn Johnson, Sunrise Center, Betsy Ames, Sunrise Center

Wellness Recovery Action Plan (WRAP)

A program which helps individuals who are experiencing hard times develop their own plans for wellness and recovery through training sessions and workbooks. Jane Winterling, Director of Training, Copeland Institute

Al Galves, Treasurer of MindFreedom opened the conference with a message noting that all of these alternatives invoke the self-healing powers of humans. They are non-medical in the sense that they don't regard difficult and painful states of being as pathological and that the "treatment" approach is to provide people with safe and supportive environments in which they can use their self-healing powers to move towards health.

The program also included a keynote speech by Robert Whitaker, author of *Anatomy of an Epidemic* and an award to Sherry Mead, the Founder and long-time Director of Intentional Peer Support.

This was another example of the value of collaboration between MindFreedom International and the International Society for Ethical Psychology and Psychiatry.



Al Galves receiving his award from Dominick



Brenda LeFrancios speaking on Violence, Trauma, and Distress.



Barry Duncan presenting The Heart and Soul of Change



Al Galves and Cathy Cave chatting



Chuck Ruby, Bessel van der Kolk, and Dominick Riccio



Toby Watson, Bessel van der Kolk and Laura Delano



David Walker presenting Mental Health
Oppression in Indian Country



Chris Chapman presenting Psychology and
Ethics



Joanne Cacciatore receiving an award



Toby Watson at the keyboard



Rachel Waddingham presenting Sense,
Interrupted



Maria Liegghio spoke on Trauma Work as Political Work



Laura Delano after receiving The Mary Karon Memorial Award for Humanitarian Concerns



Cathy Cave presented—More than Words: An Integrated Framework for Trauma Informed Approaches



Noel Hunter presented Creating a Trauma-informed Approach to Serious Mental Illness.

NURSERY RHYMES, FAIRY TALES, & PSYCHIATRIC RESEARCH

Lloyd Ross, Ph.D.

This column in the ISEPP Bulletin is specifically directed to the children of the world in order to help them to truly understand the fundamentals of modern psychiatric research. This episode will be somewhat of a history lesson. In the following segment we will focus upon psychiatric diagnoses, including all of the DSMs as well as the ICDs. All of these diagnostic classifications, as I have previously stated, are based upon extensive research that has been done in a clandestine undisclosed location, hidden under layers of rock inside a mountain, somewhere in middle America.

Below I have listed some of the profession altering findings of some of our members who have slaved for years in their laboratories to come up with these amazing advances in psychiatric research, pushing the field way beyond anyone's expectations.

In August of 1999, one of our esteemed members, the late Dr. Kevin McCready, after extensive research, diagnosed himself as: **"DSM XIII 3.142, Independent Thought Disorder (with psychotic features and large fries on request.)"** As it turns out, most of the members of ISEPP, to Dr. Allen Francis' consternation, can also be accurately classified under this diagnostic category, although Dr. Ross also diagnoses himself as **"Oppositional Defiant Disorder and Proud of It,"** a dual diagnosis patient.

Recently, after years of collaborative research, Dr. Tom Greening and I produced a diagnosis that would fit approximately 90% to 95% of all U.S. psychiatrists. In fact, in a quadruple blind study using randomly selected individuals, it turns out that the reliability of this diagnosis was 99.9%, a remarkable figure in this field. The diagnosis, of course, is **"DSM IV-TR 666.2, Pervasive Labelling Disorder,"** which causes most psychiatrists to give a DSM number to everyone that they meet, and then offering them either psychiatric medication or ECT, whichever costs more. We also researched the best treatment for this obviously biological and genetic disease and finally agreed upon a three stage treatment approach, which, after clinical trials, proved to be more effective than any of the psychiatric drugs given for other DSM diagnoses. The primary treatment for this disease (**Pervasive Labeling Disorder**) is a trial of arsenic and, after a six week trial, if it does not appear to be effective, only then would we switch to cyanide. If that doesn't work, any one of the neuroleptics will do (My personal favorite is Haldol). We feel that it is our duty to treat this horrible psychiatric disease until it is eradicated.

Twenty years ago, I had a discussion with one of our ISEPP members from across the pond, Craig Newnes, who is editor of the Journal of Critical Psychology, Counselling and Psychotherapy and

commissioning editor for the Critical Division of PCCS Books. He was editor of Clinical Psychology Forum, the house journal of the British Psychological Society's Division of Clinical Psychology and Past-Chair of the BPS Psychotherapy Section. Craig says that, "The problem with any form of categorization is that a small powerful elite invariably categorize the (usually poorer) many. Hence we don't see categories like:

Drugaphilia: The irrational belief that drug companies are good for us.

Povertyphobia: The wish to earn more money than other people.

Psychobabbilia: The need to categorize people according to perceived deficits."

Craig went on to suggest that, "if the DSM is to be reworked, we should give it to some obscure African sect to do, just to make the categories more interesting."

If we go back about 20 years, Dr. Thomas Greening, after many objective, controlled, quadruple blind studies, has developed a diagnosis of **DSM V: 696969.3, Spiritual Deficit Disorder**. Psychiatrists who fall under that diagnosis, can even prescribe themselves entheogens, (**a chemical substance used in religious, shamanic or spiritual context that may be synthesized from natural species such as psychedelics, peyote, psilocybin mushrooms, avahuasca, cannabis or bhang**). It could be declared below the "standard of care" and

thus it would be unethical to refrain from such prescribing. Therapists diagnosing this horrible newly found disorder could even recommend involuntary commitment to monasteries, meditation centers, etc. Dr. Greening goes on to point out that, “Many people suffer from spiritual deficits but do not know it, and thus are not responsible for making decisions about whether to obtain treatment and what kind of treatment. Their moral souls are in grave danger and they may be a danger to others.”

At almost the same time this breakthrough was occurring in California, on the other coast, Dr. Dominick Riccio was doing more breakthrough research of a slightly

different kind at a psychoanalytic institute in New York. In an outcome study with depressed people, he and his colleagues found that: “When chimp therapists were compared to imipramine use and to therapy sessions by old crusty psychoanalysts who never talked, the chimps were found to be much more effective than either the imipramine or the old crusty non-talking therapists.” Unfortunately, the treatment modality was abandoned, due to a problem with the toilet habits of the chimp therapists.

This has been another remarkable pharmaceutical moment brought to you by the pharmaceutical companies that care about you.

I hope you enjoyed these his-

torically accurate children’s lessons. We will be back in the next edition of the Bulletin with another chapter of “**Nursery Rhymes, Fairy Tales, & Psychiatric Research.**”

If anyone has a story you would like us to print, please send it to Lloyd Ross at dr.lloydross@gmail.com. In addition, if anyone has a new diagnosis that they would like to submit to the ISEPP Bulletin to be evaluated for inclusion in our new, upcoming ISEPP DSM I, please send it to me at the above email and our clinical research team will rigorously research it.



Bruce Levine presented - How a Coercive, Traumatizing and Crazy Society is Maintained by Psychiatry -- and How to Counter This

All In The Family

Lloyd Ross, Ph.D.

In this edition of All in the Family, rather than doing a biographical sketch of one of our members, I decided to do a history of the trials and tribulations that led from the beginnings of the International Center for the Study of Psychiatry and Psychology to the birth of its child, the International Society For Ethical Psychology and Psychiatry. For reasons you will understand after reading this article, I have entitled it:

THE FIVE MUSKETEERS

The International Center For the Study of Psychiatry and Psychology was originally founded by Dr. Peter Breggin in the previous century, and for a number of years, was run basically as a vehicle for Dr. Breggin to present his ideas and new books as they were written, along with a number of people whose views were similar going to the meetings and giving support. This can be seen in the original Newsletters, produced by Mrs. Ginger Breggin, which eventually morphed into the ICSPP Newsletter. The group met for a small conference once per year in Bethesda, Maryland, where Dr. Breggin lived, and people who joined the group made brief presentations during those meetings.

In 1998, I joined the group because of a phone call from my daughter, who was in a freshman psychology class at Vassar College. She called me and said that she was reading a book called "Toxic Psychiatry" by Dr. Breggin, and he was talking about all the things that I

would tell her about the dangers of psychiatric drugs. I told my daughter that I never heard of Dr. Breggin or the book and she told me that she would send me her copy saying, "You'll like what you read in this." After reading the book, I was thrilled that I was not alone in my view that psychiatric drugs did major harm to people who took them and I quickly did two things. First I spoke to a friend and colleague of mine who had similar views, Dr. Robert Slicen. I then called Dr. Breggin who invited us to the next meeting in Bethesda.

That fall, on Columbus day weekend, Dr. Slicen, my daughter, Holli, and I drove from northern New Jersey to Bethesda, to go to the meeting. During that three day meeting, we met a great many people, including Bert and Mary Karon, Leonard Roy Frank, Kevin McCready, Ty Colbert, David Oaks, Loren Mosher, Candice Pert, Steve Baldwin, Peter and Ginger Breggin, Tom Bratter (better known as the gunfighter), David Stein, Graham Dukes, David Cohen, Joe Tarantolo, Brian Kean, Clemmont Vontress, Ron Hopson, Tom Schiff, Larry Plumlee, Grace Jackson, Al Galves, Emmy Rainwalker, Ron Leifer, Lenore Walker, Keith Hoeller, and Steve Baldwin, each of whom spoke briefly. This was the first time I ever heard Leonard Roy Frank speak, and when he described his multiple shock "treatments," all I could think of was the one time I was hit by lightning, and I cried listening to him.

At the same time, Dominick Riccio was also attending this meet-

ing for the first time, along with Andrew Levine, Larry Simon, and several other New York psychologists and social workers. We met them for the first time at the conference and hung out together. Some of us also spent a great amount of time into the wee hours of the morning listening to Burt and Mary Karon talk about their experiences with Margaret Mahler and Anna Freud as well as others, a truly spellbinding experience. When we came home, we (The New Jersey and New York people) got together and formed the Northeast Regional Section of ICSPP. All of this took place just before the turn of the century, which makes us all old. The Northeast group then added new members and had their own listserv. Both Dominick and I shared leadership of it.

Originally there was a newsletter for ICSPP that was totally done by Dr. Breggin's wife, Ginger, which was a few pages long and consisted mainly of several articles and commentaries by Peter Breggin as well as commentaries on his books, research, legal cases, and the implications of his various testimonies in court. Sometimes, an article written by another member would appear in the newsletter also. It was published sporadically. By 2002, Dr. Breggin decided to give up the directorship of the organization and talked about disbanding it, which is when the Northeast Group went into action. Dominick Riccio agreed to head the international organization provided the other four key members of the Northeast Group worked with him to the full-

est extent possible and to do whatever was needed. The original members of the group were Dominick Riccio, who became the International Director, Lloyd Ross, who became the North American Director, Robert Slicen, who became the Membership Director, Andrew Levine, who became the Communications director and set up our listserv and web-site, and Larry Simon who agreed to edit the newsletter. Initially, because humor was very important to the survival of a group of men who weren't even sure of what they were getting in to, we called ourselves the "Five Kings." After a couple of years, Larry dropped his interest and no longer edited the Newsletter. One of our much younger Northeast members agreed with great gusto to take his place, and with the addition of Andrew Crosby (d'Artagnan) to the group, we became the "Five Musketeers," Paris, Porthos, Athos, Aramis, and d'Artagnan, although it doesn't matter who was who.

Andrew Crosby immediately created an additional section about the fictional exploits of the Northeast members, a very welcome humorous addition to the Bulletin. He actively invited other members to contribute articles and the Newsletter became the Bulletin. It also became a lot thicker and more informative than it was before, with fresh ideas, articles, and assorted items. At that time he got me to write a regular column called "All In the Family" that you are reading. Later on, he recruited Dolores Jankovich as co-editor of the Bulletin.

Dr. Riccio took over as Executive Director in 2004 and the next five years produced major conferences, primarily organized and de-

veloped by the five amigos (Musketeers.) We had one major conference in Manhattan, NY, two in Flushing, Queens, two in Newark, NJ and one in Arlington, Virginia during which we marched on congress. We also had one in Tampa, Florida, during which Dominick Riccio, Jim Gottstein, Bruce Levine, and Peter Breggin wound up in a TV interview. In 2008, Dominick said that he wanted time for other things and stepped down from leadership. Eight months later, Dr. Breggin resigned from the organization and would not release the ICSP web domain name, forcing us to rename ourselves.

After a great deal of intrigue, which I will not go into here because it would take up the entire issue of the Bulletin, Toby Watson, who had replaced Dominick as the International Director, and was the main recipient of the tumultuous transition, decided that he did not want a second term and Al Galves, a work horse in this organization, agreed to come in for a term to take Toby's place until all the smoke cleared. During that time, we decided that in order to modernize, be more accurate in our name, and to make the break with the Breggins clear, we needed to come up with a new name, hence the arrival of "The International Society For Ethical Psychology & Psychiatry." We also established a new web site (psychintegrity.org) and very interestingly, other than for the Breggins leaving the organization, we did not lose a single member. At the end of Al's term as Executive Director, our Journal Editor-in-Chief, Brian Kean, became the new Executive Director. Unfortunately, due to a new work schedule at his University, he was forced to give up the position. The Board of Directors then

decided that our stability would best be regained if we begged Dominick to return as Executive Director. In spite of some health problems, he agreed to do it for a year, and we are now stronger than ever.

In 2011, the legendary Thomas Szasz was our central Plenary speaker at our Los Angeles conference. Sorry, folks, after Szasz, nobody else from the 2011 conference gets mentioned by me. At our 2012 Conference in Philadelphia, we had Bertram Karon, who most of us could and did listen to for hours. In addition, there was Irving Kirsch, and Salman Achtar as plenary speakers, not to mention the lady who brought down the house, our very own Grace Jackson who all of us can listen to forever. When Dr. Jackson speaks, it is the only time I have ever seen a row of psychiatrists in the audience furiously taking notes; a very funny scene.

For our 2013 Conference in Greensboro, North Carolina, both Robert Whitaker and Bruce Levine were superb, and Bose Ravanel introduced us spectacularly to the world of alternative medicine. In 2014, we were back in California where the stars from my point of view were Bert Karon, David Cohen, Robert Whitaker, and David Healy. Allen Francis, from the foreign world of bio-psychiatry also spoke, although most of us refused to accept his statements very well and he was totally outshined by Robert Whitaker when it came to knowing the research, but we did have fun with his being there and our blood certainly circulated.

Finally, some young blood entered our leadership, both on our Board of Directors and in the officer positions. When Dominick returned as executive director, one

of our “younger” members, Chuck Ruby, became the Chairman of the Board. At our last Board meeting during this year’s Conference in Boston, Chuck was unanimously elected as Executive Director and Dominick agreed to stay on as Chairman of the Board. We all know how hard and aggressively Chuck has worked for this organization from the moment he became a member and we have great confidence in his ability and commit-

ment. The five musketeers pledge our service to him for whatever (within legal limits) he wants us to do. Welcome Chuck. We are with you.

Dominick, thank you for being the key person in holding this organization together during some very extraordinarily rough times.

I hope this piece has given you all at least a sketch of how we got to where we are as an organization. Although I realize that I left out a

great many details, it would have been impossible for me to include everything that happened without cursing and swearing and I tried hard not to do that. Also, there may be some minor inaccuracies in this because it was all from memory but I think for the most part it is a relatively accurate description of where we came from and how we got here.



Bruce Levine receiving his award for his Writing and Active Promotion of the Values and Goals of ISEPP

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