

# ICSPP Newsletter

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

*"The Conscience of Psychiatry"*

*2007– Number 4 (Better Late Than Never) Issue*

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And *Northeast Times* is Back!

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And ...

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(While *You* Listen In)

## Newsletter Staff:

**Andrew Crosby, MA**  
**Editor**

**Delores Jankovich, MA, MSW**  
**Co-editor**

## Our Latest Conference - Arlington 2007 *Folks ... That's How You Do That*

After all the planning and anticipation, Arlington 2007 is a done deal. And it was done right, I must say. Many thanks to Dom Riccio, Karen Effrem, Lawrence Plumlee, Lloyd Ross, and Andrew Levine for their energy in carrying out ICSPP's most ambitious conference agenda yet.

They had help, yet again, from Crisilda Rucci, Phil Tenaglia, Geraldine Lewis, and Abe Matus. They kept things moving at the registration table, and pretty much everywhere else. They've really gotten the hang of it, thanks mostly to Crisilda and her boundless energy. (And is she cheerful or what?)

### More Thanks

Thanks so much to our speakers. We had Fred Baughman kicking things off and setting the tone for conference regulars like, Grace Jackson, Karen Effrem, Brian Kean, Jim Gottstein, and David Stein - each of whom took on new material and new angles to share with us. And Bob Folz deconstructed the latest SSRI claims, Vera Sharav called for a child rescue operation, and Jeffery Lacasse and Jon Leo explored recent drug advertising. And we certainly appreci-

ated the contributions of Michael Valentine, Johanna Tabin, and David Keirse.

More thanks yet to three of our newest board members who presented - psychiatrist Joanna Moncrieff of Great Britain, special education teacher Dorothy Cassidy of South Carolina, and pediatrician Bose Ravenel of North Carolina.

And that's just a partial list of (mostly) plenary speakers. We had a wide variety of speakers filling out paper sessions into late Saturday and Sunday afternoons.

Finally - we are grateful to have been joined at Saturday night's gala by Theresa Rhodes and Laurie Yorke who shared their families' run-ins with universal screening and psychiatric drugs.

### And Then for Something Completely Different

Most significant this year was the change-up in our routine for day three. Instead of more presentations we held ICSPP's

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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.

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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.

(Continued from page 1)

first ever congressional briefing. About twenty-five conference attendees piled into vans and trekked across the Potomac to the Russell Senate Office Building on Capitol Hill. Room 325, to be precise.

I must digress: We've taken a couple cracks at press conferences before, but we ain't never had a hall like this. Big room, granite walls, massive ceiling, Roman looking columns all around the place ... I sure felt like something important was going on.

Folks – *That's how you do that.*

Back to our story: So we packed into this *gar-gantuan* hall, and were joined by staff aids from five senators, including Hillary Clinton, and from five congress members, including Ron Paul of Texas and Bill Pascrell of New Jersey. Other guests included representatives from Mental Health America (formerly Mental Health Association) and the Home School Legal Defense Association. And we had two people from Columbia TeenScreen. There was a sprinkling of others as well; it was difficult to get names and affiliations from everybody as things got moving.

### **Once We Got Underway ...**

International Executive Director Dominick Riccio provided introductory comments, mostly explaining what ICSPP was all about. Dr. Karen Efron then presented on the real agenda behind universal screening programs and their inherent risks. Next up was Joseph Tarantolo, a psychiatrist and chair of the ICSPP Board of Directors. Joe offered commentary on the broader issues of universal screening, our culture's quick-fix mentality, and the risks of psychotropic drugs.

Joe provided a Gettysburg Address moment of sorts, deftly capturing the essence of the occasion in simple, palatable language. I could go on and on about it, so I did - please check out the article on pages 5 and 6.

Theresa Rhodes, one of our speakers from the previous night's gala, addressed the group next. She discussed her daughter's reckless labeling at the hands of a simplistic screening questionnaire, and the resulting stress imposed on her daughter and family.

And last, but far from least, Mathy Downing again recounted the tragic loss of her daughter, Candace, from SSRI exposure. This was hardly Mathy's

first appearance – she's a regular on Capitol Hill. And we are pleased to report that Mathy is now also a regular with us; after speaking as a guest at last year's gala, she has joined ICSPP and plans to remain active.

### **Then We Hit the Sidewalks and Hallways**

After the briefing, many of us went off in small groups and strode the halls of several Capitol Hill buildings, delivering a few hundred information packets compiled by Lloyd and the Northeast Group. Lloyd, Dom, and Karen had briefed us on where to go and how to proceed, and with this guidance, we visited the offices of most of our senators and congress members.

We found our way with little trouble, and only got kicked out once when one of us (O.K., me) didn't think quickly enough when challenged as to why a group of seven was trying to get through security hauling three huge suitcases. (Picky, picky.)

We improvised, we got our packets through, and, happily, nobody got shot.

So ... thanks to our speakers, we got a little smarter in Arlington. And thanks to those of us who trudged around Capitol Hill, our government leaders got a little smarter, too. They now have lots of information about the dangers of universal screening and psychotropic drugs at their fingertips - compliments of Karen, Lloyd, and Dom.

And *Us*. You and me. The ICSPP membership.

Once again – *That's how you do that.*

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## **The Journal Update: Happenings at *Ethical Human Psychology and Psychiatry* By Andrew Crosby, MA**

Slowly but surely, things have been moving at EHPP. As it's turned out, Larry Simon and Lou Wynne have retired and will be stepping down as editors effective December 31<sup>st</sup>. Thus, Dominick Riccio has spent much of the last few months seeking the best candidates to take over.

And he's come through; you won't be disappointed.

Stepping up as of January 1<sup>st</sup>, 2008 will be James Tucker, Ph.D., Leighton Whitaker, Ph.D., and Brian Kean, Ph.D. Dr. Tucker holds the McKee Chair of Excellence in Learning at the

University of Tennessee, and has been professor of educational psychology at Andrews University. Leighton Whitaker has been Director of Psychological Services at Pennsylvania's Swarthmore College and has been editor of the Journal of College Student Psychotherapy. He has also written extensively about campus violence, student suicide, and the escalating use of psychotropic drugs in campus clinics.

Brian Kean, as many of you know, is an ICSPP conference regular. Brian has thirty-two years experience in teaching and has held a variety of teaching and consultancy positions in special education. He is currently teaching at Southern Cross University in Australia and has been an active member of ICSPP's Board of Directors.

## No Simple Matter

Dominick didn't just go through a list of random contacts and work the phone – he had some specifics in mind. Of primary concern was that the new editors be active and engaged in a broad range of academic endeavors. He wanted people who were not only writing and publishing, but who attend conferences, meetings, and similar functions in related fields; people with relationships with other researchers and academicians who might contribute to EHPP, and possibly become active with our organization. Thus ICSPP, as well as our journal, is getting ready to grow.

As indicated, Dom has come through, and he deserves our thanks.

And in case you need a third or fourth reminder, I am expanding my newsletter duties to help out our new editors. Brian has already put me to work, asking me to check with Springer Publishers to see if an article or two from each issue could be made available online free of charge. Not wanting to slack on my first assignment, I checked with my contact at Springer and this is in the works. Soon, the EHPP section of Springer's website will feature an article or two available for just the click of a mouse button.

You'll also be pleased to know that EHPP is available online to subscribers, and several issues are also available on a pay-per-view basis. Check Springer Publishers' website at [springerpub.com](http://springerpub.com), go the 'journals' list on the left, and click on EHPP. The subscriber and pay-per-view tabs are in there.

## As for Submissions ...

Remember that Editorial Manager website I've been talking about all year? It'll be here one of these days. You can't rush these things. In the meantime, we still want your articles, so please submit them via email directly to EHPP's Editorial Manager (that'd be me), at: [arcrosby@verizon.net](mailto:arcrosby@verizon.net).

And if you just have questions about what's going on, you can write me as well. If I don't know the answers I'll find out and get back to you.

You haven't heard the last EHPP update. With our new editors and new approach ... you're just hearing the beginning. We'll keep in touch.

## Eras: A Plain and Simple View

By Andrew Crosby, MA

I see our lives as being comprised of a series of eras; periods of time during which certain themes, struggles, or glories predominate and largely define who we are. Nothing fancy; it's just my take on things. This fits in with established theories of personality and development with which many of us are familiar. For anyone unacquainted with these, not to worry; you won't need them where we're going.

Put simply, my life has featured eras I might think of as follows: There was an era where I was a late adolescent seeking direction; an era where I found a direction and started off; and an era that involved an unplanned course change. (I'm leaving out the details, by the way. You know - the *good* stuff.)

Overlapping and weaving throughout, there was an era where I met up with bunch of others who, like me, were trying out a (then) new thing called roller blading. This era was filled with new friends, lots of laughs, and vacations in the sun. And, happily, there was an era during which my relationships with my parents became more grown up, so to speak. That last era has evolved into similar ones, each a bit easier to navigate.

Also weaving through all of this were eras that one might think of as my early, then later, ICSPP years. First, I was just *there*, but inspired. Later, I became more involved, and later, even more so.

Groups go through eras, too, by the way. Their natures are perceived and defined by individuals, so each probably has no single, objective description.

Here's what I'm getting at: I've found that life is especially interesting during times when key elements of our own eras coincide with those of others. We find that we have much in common; we find that we have differences, which, once explored, enhance our understandings; we work more productively together.

We have a heck of lot more fun, too.

In Arlington this fall I came to feel that my current era with ICSPP seems to be coinciding nicely with many others. I found we had more in common than I had known. I found differences that enhanced my views. I found that we work well together.

And, not so incidentally, I had a blast.

So, I feel as though many of our individual eras had matched up, and perhaps our collective one had turned an important corner, at our latest conference. Or maybe it's just me - it's tough to know when looking through the prism of one's own experience. But that's what my world is looking like right now.

Part of me wants to keep writing, say something profound, and cap it off with a zinger that will have you all saying, *Yes. He's so right.* But to be honest, I've made my point, so I think I'll just stop here.

Just wanted to let you to know what I'm seeing – plain and simple.

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# A Few Thoughts About, and From, Joe Tarantolo

## By Andrew Crosby, MA

I sat there listening and absorbing, and a thought stuck me: *You need to know about this guy.* The guy is Joseph Tarantolo, a psychiatrist and chairman of the ICSPP Board of Directors. The you is *you* – a member of ICSPP who maybe can't get to our conferences but is kind enough to read our newsletters. Or maybe you do get to the conferences, but Joe is a pretty quiet guy; you may have missed him.

It's important to know where this occurred to me. It was at the congressional briefing we held on Capitol Hill during our recent annual conference. The concerns we addressed were the ones we've been talking about all year - universal screening programs and the legislation that supports them.

After Karen Effrem's presentation, Joe Tarantolo stepped up to the mike. His voice was relaxed and warm. His stance was casual but upright. He said he'd been depressed all weekend.

That got my attention.

Actually, that's a lie. Joe had gotten my attention earlier when he simply and perfectly framed his comments, and the entire issue, as being non-partisan: "There is enough about these bills that promote universal screening for both sides of the aisle to join in opposition. For conservatives, they are intrusions into the family by government; liberals can easily be seduced into thinking that they fix something that need not be fixed ... a well-meaning disaster."

Then, a zinger: "A colleague reminds me: 'It takes me 20 seconds to write a prescription; it takes me 20 minutes *not* to.'" With that, Joe lamented our quick fix mentality and went on to define an *expert* as "not simply someone who knows a lot; an expert is someone who knows what he doesn't know." Joe is an expert, he told us, largely because (get this) he doesn't know what ADHD is. He doesn't know what depression in children, or anyone else, is either. And he's really lost as to how to describe a normal teenager.

Thirty years of clinical practice, degrees from prestigious schools, first in his class (he was quick to point that out), and he knows *none* of this stuff.

Then he made a point.

Despite all of his training and experience, Joe doesn't know any of this stuff because the more he has learned, the more he has learned that people are profoundly complex. Yet some believe that through a simple questionnaire like Teen-Screen one can divine something substantial about another human being. These people are "spinning their wheels," Joe told the congressional and senate aids who attended. "It's all a ploy."

### "Now, Drugs - Psychotropic Drugs"

With that, Joe introduced a topic that he is indeed most expert about – because he knows less about *it* than anything else. The more he reads the data on mode of action and pharmacodynamics, he suggested, the less he knows. "I must confess, it is a useless practice. No matter how much I read, review, cogitate about (some) new drug – I just don't have a

clue."

Joe explained that if he gave a so called antipsychotic drug to everybody in the room, he'd have no way of knowing how any individual would react. Some would be knocked out, others mildly sedated, others stimulated or agitated. And a small number would feel the effect of one pill for months - "You just won't get over it." Such is the unpredictable nature of psychotropic drugs, Joe explained, likening them to "cannons attempting to unfasten a strand on a spider web."

It was around here, actually, that Joe said he'd been depressed all weekend. He blamed exposure to Karen Effrem's presentations about the "pharmaceutical juggernaut." He was quick to add, however, that his depression had lifted. He left us wondering as to how as he first offered a few vignettes from his work.

There was a ten-year-old boy who had developed a facial tic upon discontinuation of an SSRI. Joe had to renew the prescription so the boy could be gradually weaned. The tic, thankfully, did not recur upon cessation of the drug ... almost a year later. Another boy had lost his appetite and suffered head aches and stomach aches while taking Ritalin.

But Joe wanted to emphasize young adults who had been taking psychotropic drugs for ten or fifteen years. He discussed a twenty-nine-year-old who had been taking Zyprexa, and Depakote since a psychotic break at age nineteen. He was isolated and couldn't even read when Joe first met him. Now, he is off Depakote and is working his way off Zyprexa. He is also reading, interacting with his family more, and "has begun to own his inner voices."

There was a former patient whom Joe had helped wean off of Luvox thus ending her self-mutilating behavior. She sent Joe an essay from college in which she implored the profession to *listen* more to teens, and said that the pros don't have a clue about depression in kids. Joe then read from an essay from another former patient; another young adult who had been harmed by psychotropic drugs, then had been helped to put things back together, then had moved on with her life - but not without being deeply affected.

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***"A word to those of you who  
hate children: Don't apologize,  
I understand; children can be  
such a nuisance."***

## Which Brings Us to Joe's Conclusion

I'll let Joe speak for himself:

A word to those of you who hate children: Don't apologize, I understand; children can be such a nuisance. Why should you care? Well, a simple reason – children grow into adults. And this is why my depression lifted this morning.

I am predicting an epidemic in young adults – those who got caught in the children-drugging pharmaceutical avalanche ten to fifteen years ago. I don't know the actual form of the epidemic – the addictions, the not-yet-determined neurological disorders. And although this is a depressing prediction, there is also, for me, a sign of hope. These young adults are going to be angry. They are going to speak up. They give me hope.

We Americans are slow, but when we finally get it, we get it. And we *are* getting it.

## Which Brings Us to My Conclusion

I wanted you know something about Joe Tarantolo. And now you do. You know where he stands on issues that matter to us. You know how he works with people. You know how he perceives himself. And you know where he sees things going.

And you know something else that is crucial. I'll refresh your memory – Joe is chairman of our board of directors. Think about that. The guy who doesn't know anything about ADHD, depression, or teenagers; the psychiatrist who has yet to figure out psychotropic drugs and who gets depressed once in a while ... he's in a key position for you and me.

My experience with boards of directors, though limited, has been unfavorable. Boards, and the people who comprise them, strike me as distant from the day to day workings, and of the very missions, of the organizations they ostensibly serve. Thus when I was invited to join the ICSP Board of Directors at the 2005 conference my inner reaction was, *No thanks, I've got dinner plans. Have fun at your meeting.* But I went.

True story – They were a plate short at the dinner table, so I had to wait a year. Life's funny sometimes.

I finally got a seat at the table in 2006, though, and I liked who was there. There were a few people I'd chatted with between impressive presentations, a few people who had *given* impressive presentations, and a few people I'd often wanted to chat with but I had been too shy.

And there was this guy with a relaxed, warm voice. He sat at the head of the table, and he ran the meeting with tact. As I sat there listening and absorbing, I recall a thought struck me: *Why didn't I know about this guy?*

Well, now I do. And so do you.

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## Reflections on the 2007 Conference And the Fellowship of ICSP Members

By Lindsay Koskinen, MSW, LCSW

I always return from the annual ICSP conference energized and affirmed in my convictions. This year was no different. One of the ways that I participate in ICSP is by providing workshops to educators and clinicians. I share information about the symptomatology of "ADD" as described in the DSM-IV and draw the connections to the symptoms of depression in children (irritability & distractibility). I discuss the many factors which may contribute to feelings of sadness and stress. These include, but are naturally not limited to, the breakdown occurring in so many families, hurried lifestyles, exposure to violence and separation from parents at young ages. These would all seem intuitively to negatively impact feelings of trust, safety, security and happiness. I go on to discuss that because the pharmaceutical industry funds so much of the research, there is a potential conflict of interest and bias. It is of great concern that while the trials generally last 6 weeks, children are put on these drugs for years! Also, because a drug like Ritalin is a Schedule II drug, (as is cocaine), the potential for addiction and abuse is a significant problem. I tell my colleagues that a drug like Ritalin changes the body chemistry which is very worrisome, not to mention the potential side effects. I share literature from our conferences and recommend books, which many of you have written. I read some excerpts from books like *Broken Brains or Wounded Hearts*.

Another part of my workshop is the recommendation of (nonchemical) ways that schools can help children that are distracted, unhappy or presenting with behavioral issues. Pupil Assistance Committees (more recently named Intervention and Referral committees) provide forums for teachers, parents and clinicians to brainstorm together about ways to assist students. Sometimes this provides an opportunity to refer a family for family therapy. Sometimes it results in a child study team evaluation. Evaluating and classifying children does label them which can hurt self-esteem. However, classification and the development of an Individual Educational Program has the potential for providing an appropriate level of support (special education teachers, reduced class size, modifications in assignments, accommodations, counseling, etc.) which may result in the child experiencing more success. I share with educators and clinicians the legal issues pertaining to the discussion or recommendation of psychotropic medications. I tell them that their words are powerful and that they may significantly alter the path of a young life. I also share Diane Baumrind's research about parenting styles (authoritarian, permissive, authoritative) and the results of her longitudinal study. (I appreciated DuBose Ravenel's reminder of this research which I believe is so important.)

It has been my experience that the workshops are generally well received and appreciated. However, there are those that feel *very* strongly that Ritalin is a good thing and that antidepressants save lives. There is a lot of emotion in the discussion and it is interesting to note how often a colleague's son or daughter is taking one of these medications. One psychiatrist shook his head and

looked at me incredulously saying, “Ritalin is a *synthetic* amphetamine, which is very different from a non-synthetic amphetamine.” As DuBose Ravenel highlighted at the conference, all we need to do is “follow the money.” No doubt, this

***“I know I’m not making money as a result of my position, and I feel like I am forever creating controversy.”***

is the number one reason why our culture has gone so far down the medication road. However, I believe it is also because of the phenomenon known as “confirmation bias.” People are not inclined to seek out information that might disprove what they already believe.

One colleague commented that there are two opposing forces, equal in size and strength, on the psychotropic medication issue. I asked her to consider what the motives of each side might be. I know *I’m* not making any money as a result of my position, and I feel like I am forever creating controversy. Parents get angry when I provide information about drugs like Risperdal. And it doesn’t seem like the “sides” are equal in size and strength. Truth be told, I grow weary of being in the minority. Yet, like each of you, I am compelled to stick to the task of seeking truth and sharing it. I really enjoy attending the ICSP conferences. I need the support and friendship!

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## **Broadening Our Horizons: An Apology to Dr. Jeffrey Brown**

It has become necessary for us here at Newsletter Headquarters to offer an apology. We’re just trying to do good things like the rest of you, but we stepped on some toes in one of our recent endeavors, so, if you’ll forgive us the mixed metaphor, we hereby mend a fence.

We apologize to Dr. Jeffrey Brown, a psychiatrist who was included in our article, “Exercising Self-Advocacy in Healthcare” from our 2007-Number 2 issue. This article focused in part on an interview between ICSP International Director Dominick Riccio and Dr. Brown that was posted on [psychtruth.org](http://psychtruth.org), a website run by Dr. Riccio and his colleague, Dr. Larry Simon.

The interview with Dr. Brown was one of four informative segments on the website’s “Just Say Know to Zyprexa” section, and featured a discussion of Zyprexa’s health risks, and the safety measures that responsible practitioners take to prevent these. The website section also includes a summary discussion by Drs. Riccio and Simon which we covered in our

article.

Our goal was to objectively describe what transpired, and still exists, on the [psychtruth.org](http://psychtruth.org) website podcasts. In doing so, we regret that we may have given some wrong impressions.

For example, by stating, “Dr. Jeff Brown’s answers to questions regarding the risks and benefits of Zyprexa might instill confidence in a naïve consumer,” we may have poorly interpreted comments made by Drs. Riccio and Simon in their commentary, thus implying that Dr. Brown was dishonest in his practice. Similarly, stating that, “Dr. Brown’s comments focused only on the biological cause of illness,” may also have been the result of poor interpretation of what Drs. Riccio and Simon concluded about Dr. Brown’s statements.

We regret any confusion or tensions that may have resulted, and apologize to Dr. Brown, and, most certainly, to those of his patients who were offended by what we wrote.

Dr. Riccio joins the newsletter staff in this apology, and notes that Dr. Brown’s interview comments give us an opportunity to examine our beliefs from his perspective as one who finds value in both the use of medication and a psychodynamic approach in patient care. Dr. Brown, in fact, possesses broad expertise in psychiatry and he is to be commended for his open-minded attitude in discussing his use of Zyprexa, and entering “the lion’s den” with others who believe that medications are over-prescribed.

Dr. Brown is well versed in psychodynamic as well as biological factors affecting behavioral disorders and brain function. He is a nationally recognized Board-certified psychiatrist who has published and lectured extensively on research linking biological factors and brain disorders. He shares the same concern as Drs. Riccio and Simon, and the newsletter staff, that it be of utmost importance that patients have informed consent in the use of psychotropic medications. It is his practice to thoroughly discuss the risks and benefits of all medications with his patients.

Dr. Riccio also notes that the following reference has been recommended by Dr. Brown as one that may assist readers in reaching their own conclusions regarding the presence or absence of research demonstrating a link between chemical imbalance and brain disorder. *The Biochemical Basis of Neuropsychopharmacology*, Oxford, England: Oxford University Press, 2003 (by Jack R. Cooper, Ph.D., Emeritus Professor of Pharmacology, Yale University School of Medicine, Floyd E. Bloom, M.D., Chairman, Department of neuropsychopharmacology, The Scripps Research Institute, and Robert H. Roth, Ph.D., Professor Pharmacology and Psychiatry, Yale University School of Medicine).

Finally, we thank Dr. Brown for participating in an interview with others who may differ in their opinions regarding psychotropic medication use. We appreciate Dr. Brown’s appraisal of the indications for and potential problems in prescribing a powerful medication such as Zyprexa. The newsletter staff welcomes diverse views and open-minded discussion in our readers’ pursuit of knowledge in psychology and psychiatry. We thank all who contribute to our newsletter, and we look forward to the interesting and informative submissions that we will receive in the future.

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# **A New and Potentially Effective Voice in the Movement To Keep Biopsychiatry Honest**

**By Dr. Lloyd Ross**

## **Introduction**

A young man was at the ICSPP conference this year in Washington. He apparently knew no one and it seemed that he felt a bit uncomfortable. However, he listened to every plenary session and workshop. On Sunday, he helped us to stuff the folders we took to Capitol Hill the next day and he gave me a paper with his web site on it and asked me if I would look at it. I promised him that when I returned home, I would look at it and email him back my comments.

Fritz is a psychiatric survivor, even though he looks like he's just a kid. When I looked at his web site, I did not expect to find the brilliance and insight as well as solid research knowledge that was obvious in his writings about his own life. His writing was not done from a clinical viewpoint, but from a view from the inside, which we all need to view and try to understand. We do not have the room to reprint the document that he wrote. Therefore, first I asked his permission, and tried to condense the article. I found this impossible because the information was so important. I therefore decided to reproduce, verbatim, the preface to his article. After you read this, go to the complete article on his website, [www.againstpsychiatry.com](http://www.againstpsychiatry.com) and read the full text.

This bright young man, who was bored by school as a kid, was diagnosed (what else) ADHD and spent several years on stimulants. When drug reactions began to show, they re-diagnosed him multiple times and eventually hospitalized him at age 14, where he was given the wonderful, (excuse my sarcasm), medical help of being physically and sexually abused by his psychiatrist. Fritz describes the details of his ordeal of getting off drugs and the dynamics involved. I found fascinating, the wonderful analysis he did of the social, psychological, educational, political, power, and control issues around why kids are given drugs as well as an incredibly damaging discussion of the field of psychiatry and how he compares the profession of prostitution to psychiatry.

## **“AGAINST PSYCHIATRY: WHY YOU SHOULD OPPOSE THE WAR ON THE MIND”**

**By Fritz Flohr**

### **PREFACE**

What follows is some interesting information about how and why the psychiatric industry harms people, disturbing new trends, opposition, inspirations, and calls to action, interspersed with a personal account of how the failed school system of our authoritarian society led to my abuse at the hands of the Psychiatric industry. My story is only different because it has a happy ending. Happy because I escaped.

I would first like to make it clear that I oppose the pseudo

scientific concept of "Mental Illness" entirely. Unlike physical illnesses that are biologically based and sometimes have chemical cures, "Mental Illness" is a social construct used to justify abuse for the purpose of social control.

In this zine I use different language than what you may be familiar with from pro-psychiatric industry propaganda. I use the word prisoner or person or victim instead of "mental patient" or "mental health client", and I avoid the deceptive euphemism "medication" for what is really simply drugs. People have emotions, not "symptoms." People have personalities, not "brain disorders". I am not "lost" or "missing" because I have broken away from psychiatric abuse. I am a Survivor.

If someone seems "Mentally Ill" perhaps they are suffering from a food allergy, combined with the lasting effects of childhood trauma. Perhaps their spirit is struggling to break free from a stifling corporate job and loveless marriage. Perhaps they are sleep deprived and infected with parasites. Perhaps they are under stress from homelessness and have recently been assaulted. Perhaps they are under the influence of a toxic street or psychiatric drug.

There are any number of real world causes for emotional pain which in a caring, non-authoritarian society people could receive help for. Instead, however, psychiatry chooses to ignore them all and suppress the person's emotional cry for help with brain damaging drugs. This is rather like giving a person with a broken leg a painkiller to shut them up, while neglecting to set their bone back into place. Unconscionable.

Actually, the potential negative repercussions of drugging someone with "psych meds" are far more complex and dangerous than this metaphor suggests because psychiatric drugs cause brain damage and their listed "side effects" include the "symptoms" of every imaginable "psychiatric disease", from hyperactivity, to depression, sleeplessness, paranoia, even hallucinations. How many people are then trapped in an endless cycle, being drugged in an attempt to control the distressing effects that the drugs themselves are causing?

How many people, often with no previous history of "mental illness," perhaps suffering from some legitimate source of grief such as the death of a loved one, will tragically commit suicide due to the confusing and distressing "side effects" of a drug prescribed to them by a psychiatrist to make them "feel better."

Even in the studies done by the drug companies themselves it is shown that many of these popular drugs actually increase, rather than decrease the risk of suicide. It is no mystery why they do not feature this statistic prominently in their ad campaigns.

If these drugs can cause "mental illness" in a "normal" person, why would they cure "mental illness" in anyone else? The drug industry wants us to believe that they do, despite all evidence, so they tell us the lie that many people's brains are so drastically different from "normal" that poisoning them with toxic drugs is somehow actually good for them.



***“Feel free to disagree.  
Believe what you want to  
believe, but first get  
all the facts.”***

## **Exercise Time at Five Oaks Psychiatric Hospital By Candace Barnes**

Not long ago, a friend of mine attended an "open discussion" on mental health in the punk/activist scene at an anarchist community center. It was presented by a group called "The Icarus Project". What she found instead was a pro-drug, pro-psychiatry propaganda session. When she tentatively voiced her difference of opinion they tried to silence her by announcing that she was "obviously in need of drugs."

As she recounted this experience to me later I was aghast. She told me that she had left the anarchist space that day feeling deeply shaken and confused. She also told me that there was currently no one else talking about mental health issues in the punk anarchist scene. Now aware of the need to openly express a dissenting opinion, I began work on this zine. The intention of this zine is to spread far beyond the confines of the DIY punk scene. The information it holds is equally important to anyone.

I am putting these words on paper to free myself from the exhausting obligation to speak them out over and over again. Feel free to disagree. Believe what you want to believe, but first get all the facts. I simply want to present my experience as a survivor of psychiatric abuse turned radical anti-psychiatry advocate, coupled with some suppressed facts and political analysis. This is a radical challenge to the supremacy of the psychiatric industry. Not a surrender to it.

*Editor's Two Cents:* As Lloyd suggests, please check out Fritz's writings at [www.againstpsychiatry.com](http://www.againstpsychiatry.com). Fritz has posted three essays about his life, and his story is likely similar enough to yours to strike a chord, while different enough to broaden your thinking. The guy can write, too, as you've just seen. His style is straight ahead; he pulls few punches and leaves me wondering what more he will have to say.

Fritz has also written four impressive book reviews for the website. These include reviews of Peter Breggin's *Toxic Psychiatry* and *Talking Back to Ritalin*, and Robert Whitaker's *Mad in America*. I know - many of you have read these books, so why would you want to read Fritz's reviews? To see what a 24-year-old "kid" whose been through what Fritz has been through thinks of these works as compared to you. Opinions can be revealing - with regard to author and reader alike. Revealing, in turn, can lead to understanding, which can lead to connecting with others.

Just a few reflections about why writers write - thought I'd reveal that for you. AC

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I was committed to Five Oaks Hospital in late October of 1989. Because of my tendency to self-injure, I had a nurse always assigned to be by my side. I got there late in the day, and as I was settling into my room, I noticed through my window a parade of people in the courtyard that was formed by the concrete block walls of the institution. It was the next day that I joined the parade.

I was just stubbing out my smoke when a male aide came to the doorway of the common room and announced loudly, "Exercise time. Exercise time, come on, move it!" Everyone in the room got up, men as well as women, and mobbed up around a door that led to the inner courtyard. Soon I was walking the perimeter of the courtyard, just as the group I had seen yesterday. No one crossed the courtyard; there seemed to be an unwritten rule that our "exercise" period was to consist in perambulations around the yard until someone called "time." I had the impression that even if the bare earth were soaked, and there were puddles that could be stepped around by going onto the grassy area, we would slog through the puddles rather than violate the invisible line that marked our territory. We moved at a steady pace, nobody talking or making any attempt to pass the person in front. Actually, by now there was no person in front: we were simply a circle of obedient prisoners (I could no longer avoid the word; it fit too well) who were doing some of their time walking in line outside. It wasn't even a nice day, where one could revel in the sunshine, if nothing else. There had been no time to get a coat (not that I had one - put it on the list for my husband), and I was grateful that I was wearing a sweater, rather than a blouse. It was chilly, and the pace was not fast enough to warm me up. The sky was slate gray, without a single cloud standing out against the uniform dullness. The grass gave off no odor - not a leaf was crushed to release the clean, fresh smell of a new-mown yard. By the time the aide, who had spent his time leaning against the building, called, "Time to go inside now. Time," I was ready to go back into the warmth of the common room. Terry, my "babysitter," met me at the doorway, having chosen to stay inside during our exciting foray out into the wilds of the courtyard. She had been wise, as she was wearing no sweater, only scrubs. I wondered whether the exercise periods were mandatory, or if I could skip the next one. I decided that I would try. The "prisoner" idea was only reinforced by that stroll around the courtyard, and I was trying hard to remember that I was not a prisoner in fact, only in my imagination.

Later that day, bored nearly to tears, I heard "Exercise time!" being called from the common room, so I grabbed an extra sweater and moved quickly to get into line with the others. The pace never changed. The direction was always counter-clockwise. The time was always twenty minutes. I looked at the threatening skies, and sensed that today I would find out whether the grassy courtyard was ever violated by feet stepping around the puddles that were sure to form on our "track." While walking, I remembered that yesterday had been my husband Kit's birthday - November 7<sup>th</sup> - and I hadn't done anything or said

anything to mark the event.

***“Not one person stepped  
around the puddles onto the  
virgin grass. I vowed that I  
would when I went out.”***

The next morning the clouds looked sullen and heavy with rain. I brought an extra sweater with me to the common room, where I sat down with the MMPI, the psychologist's joy, a list of over 600 multiple choice questions that were designed to open the secrets held in the patient's mind. I had decided to get started, and had gotten to question twenty, when the room began to fill, and then "Exercise!" was called, and I went out with the others. As I had suspected, it was raining, that cold sullen late fall rain that carries the message of the coming winter. No big puddles yet, so I wasn't tempted to step up onto the inviolate grass, but I vowed I would when the time came. We tramped around and around, until finally we were called inside.

The next exercise period didn't appeal to me, as it was pouring, and I had no umbrella or raincoat (another item for the growing list of things that I wanted Kit to bring when he visited tomorrow night). I passed on it, but watched with Alice to see what the patients did about the puddles that had formed already. As I had theorized, they slogged right through the puddles, splashing water all over their lower legs, and soaking their shoes. Not one person stepped around the puddles onto the virgin grass. I vowed that I would, when I went out and there were the same small lakes. I would walk on the grass, and perhaps the person behind me would do the same. It would be interesting to find out – not so interesting that I was willing to go out now and get drenched in discovering what would actually happen. Maybe this afternoon the rain would have stopped, and I could try out my plan.

I had a late afternoon therapy session that was as fruitless as every other session had been. I just wasn't getting better. At least, that's how it seemed to me. I was just in time for the exercise period, and the rain had stopped. It was finally my chance to challenge the system, and I scurried to throw on an extra sweater, and join in the parade. When I came to the first large puddle, I detoured around it, taking me right to the border of the dirt and grass. I looked behind me and found that the man following me had not followed me up to the grass/dirt divide. Ahead of me was a puddle large enough to classify as a small lake, and this time my detour took me plainly onto the grassy verge. I almost expected to hear a cry from the aide standing by the door, telling me that I wasn't allowed on the grass, but the hue and cry didn't come. Again, I watched the man behind me slosh through the mud puddle, rather than follow me in my act of defiance. There was one more puddle in the circuit, and again I clearly passed the imaginary border that separated permitted territory from "sacred space." After two circuits, I saw another woman walk around a puddle, and by

the end of the exercise period, there were a half dozen women and one man who had joined me in my act of defiance. Apparently, women were more daring than men.

My main amusement over the months of confinement was my defiance of the unwritten "Do Not Walk on the Grass" rule, when the rains created puddles. There were quite a few patients who followed my lead (mostly newer patients, who weren't already indoctrinated), and we were actually creating paths on the grass near the puddles we avoided walking through. As time passed, and the temperature dropped, the puddles started to turn to slush, and eventually to mini ice rinks. Then I was tempted to slide across them in a daring skater's arabesque. Small pleasures, but they were mine. I almost missed them when I finally said goodbye to the hospital and hello to the rest of my life.

(Copyright 2007, Candace E. Barnes)

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## ON LEAVING

I feel like a great open sore,  
Vulnerable as never before.  
My emotions are on the surface now  
And I have to pull them in somehow.  
Here it was safe to cry and grieve;  
It won't be safe when I take my leave.  
I'm afraid to leave this place,  
Afraid to be seen with tears on my face.  
It's hard to leave the safety here,  
And venture out to the world I fear.  
Like a baby bird nudged from the nest,  
Reluctantly I join the rest  
Who've left unsure if they were ready  
Who struggled hard for a voice that is steady.  
My heart imagining terrible things  
Timidly I will test my wings.  
Perhaps after all it will be alright,  
Perhaps I won't die of sadness and fright.  
I'll trust in the lessons I have learned here  
To help me control my pain and my fear.  
While I am frightened, I truly do know  
I'll continue to hope and pray and grow.

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[Editor's Note: You'll be seeing more of Candace's work in future issues.]

# So, What's Peter Breggin Been Up To?

By Andrew Crosby, MA

My editorial assistant duties at *Ethical Human Psychiatry and Psychology* are barely off the ground, but related matters led to a brief email exchange with Peter a while back. During this, he made reference to a couple of projects he's been working on, and it occurred to me that I've had no idea what he's been up to for ... years, actually. Then it occurred to me that, quite likely, you don't know either.

Peter agreed to sit down with me for a talk at our recent conference so we could catch up. We talked about what he's been working on and what makes him happy. I tried to dig for some more riveting stuff, but Peter wasn't having any of that. And, truth be told, I didn't try very hard. You'll see why as we go along.

So ... here's what Peter's been up to. You may be surprised. I sure was.

## The Work

Peter has a few writing projects in the works, perhaps most significantly a new book. The title is *Medication Madness: True Stories of Mayhem, Murder, and Suicide Caused by Psychiatric Drugs*. It's expected to be completed in the spring, and will include 50 to 60 accounts of people who were tragically affected by psychiatric treatment. The book actually began when Peter was updating his 1991 classic, *Toxic Psychiatry*. When he realized how many important clinical stories he had to tell, he set aside updating *Toxic Psychiatry*, and wrote *Medication Madness*.

Peter has also done some updating of other books that *has* proceeded as planned. He finished working with David Cohen on a new edition of the book they co-wrote and published in 1999, *Your Drug May be Your Problem*, and the new edition is now available. Peter is finishing up work on rewriting his 1997 book, *Brain Disabling Treatments in Psychiatry* that will be published early in 2008. This completely updated edition will include a section on the spellbinding effect, or medication anosognosia, about which Peter wrote in the Fall 2006 EHPP (Volume 8, Number 3). He also presented on this at the 2006 ICSPP conference in Bethesda, Maryland.

Peter has continued his litigation work as well, though he's taken things a bit slower and allowed for a recent two-year respite in taking new cases. He discusses a great deal of his forensic work in *Medication Madness*. Although he seems to genuinely enjoy the legal arena, he tells me that it is very stressful and time-consuming, so that he continually tries to cut back on this aspect of his activities. He said that his record as an expert in malpractice and product liability cases remains favorable - almost all of them are settled and many that go to court are won. He also testifies in criminal cases on behalf of people driven into violent medication madness by psychiatric drugs. "It leads to good things," Peter says of litigation and his professional witness duties, despite the inherent adversarial nature of these matters.

With that, Peter did something interesting with our discussion - he changed course. It was a quick but natural transi-

tion. And although I wanted to pry more into his writing and legal work, it just didn't happen.

Good thing. Where we ended up was more revealing than anything I could have facilitated. A heck of lot nicer, too.

## The Country Life

In 2002, Peter and Ginger officially stepped aside from ICSPP, handing matters over to Dominick Riccio, Lloyd Ross, and the board of directors. They headed for New York State's Finger Lakes Region to enjoy, as Peter referred to it several times during our discussion, the country life in a lakeside home.

It seems to have worked out better than they could have hoped. Traveling appeals to many couples who are slowing down (please don't say *retired* - Peter hasn't retired), but the Breggins appear to have no such aspirations. They are homebodies, it seems, and wouldn't have it any other way. Peter said, in so many words, that he really can't leave home for any length of time. He attended a conference in London this year, for example - for the weekend. He "just had to get back home." Attending the recent conference in Arlington was difficult for him as well, made even more so by Ginger's absence. She was busy with family, awaiting the arrival of their first grandchild together. The boy, named Cole, has safely "made his arrival on Earth," according to Peter's recent report to me.

To hear Peter talk about the country life, his affection is understandable. "In the country people have a deep sense that you live life the best you can and take responsibility for all your actions," he said. "City people, university intellectuals, don't have that." Where he lives now, people have known each other for a long time, have grown up together. They talk, they listen, and they care. This fosters a sense of responsibility toward one another that much of the Western world has tossed aside or just can't get around to anymore. This holds special meaning for Peter.

Recall that Peter has dedicated his work and his life to helping people overcome or avoid conflict. Guided by love, empathy, and other concepts alien to many helping professionals, he has engaged in healing relationships that have actually healed people. Yet his professional life—outside the therapy setting—has also been filled with conflict.

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***"Psychiatrists hate the  
brain. And child  
psychiatrists hate childrens'  
brains."***

Oh, yes, he's had to fight. He's had to fight to be heard, he's had to fight to work in an ethical manner; he even had to fight to keep his license when attacked by the psychiatric establishment because of criticisms he made of psychiatry on Oprah Winfrey in the late 1980s.

"There were a lot of times I wasn't sure I'd survive professionally," Peter said, his expression revealing that he meant it. ICSPP was born of this conflict, he recalled, as surrounding himself with a solid group of supporters lent credibility to his positions and helped stave off annihilation. Peter then noted that ICSPP has evolved far beyond that, and, following his wife Ginger's initial work as managing director, he credits Dominick, Lloyd Ross, and many others for making that so.

## The Spiritual Life

Around this point, I asked Peter about comments he had made during his conference presentation earlier in the day. He had spoken about what psychiatric drugs do the brain, concluding that, "Psychiatrists hate the brain. And child psychiatrists hate children's brains." He had added, "Go meet one. Do they seem to like kids?" Everybody chuckled, and not because that was funny - people just tend to laugh when a covert truth is revealed.

When asked, Peter said he is still angry about what psychiatry is doing, especially to children, and he said it is still important to work against these forces. Next, I asked Peter a question I've asked others. It goes something like, "How do you feel about the effectiveness of current reform efforts? How optimistic are you now, compared to how you felt ten, twenty, or thirty years ago?"

Before reading Peter's response, glance back up to the title of this section.

Now that you're back, here's what Peter had to say: "I don't look at success. I don't think about success or results. It's about living right. It's about doing the right thing."

Peter spoke of his spiritual beliefs, and credited his Jewish history for instilling in him the sense that "things don't necessarily get better - the important thing is to live right." In his writing, he regularly refers to the necessity of principled living. The basic principles, from his view, are responsibility, liberty and love.

There is something extraordinarily logical and touching about the central elements of Peter's life, as our discussion revealed them, anyway. Peter has engaged in empathic, caring relationships with people who have been harmed; it's been the right thing to do. He has fought when needed, despite his abhorrence of conflict; *that* has been the right thing to do. Peter founded ICSPP "to have a safe, conflict-free place" within which to work; it was, quite naturally, the right thing to do.

Now, Peter has settled in the country with his family. I didn't have to ask why he chose the country, as he readily offered the information: "I live in the country to be closer to God."

One can only assume - *it was the right thing to do.*

## So Not His Comfort Zone

Peter has withstood withering attacks and criticism. Though he abhors conflict, he has stood his ground when chal-

lenged and has never shied away from a fight that needed to be waged. Strong-willed, quick-witted, and steadfast in his beliefs, he has lived his life as he has intended. He has been unflappable against tremendous odds.

But I know how to rattle him. I know how to shake him up, intimidate him. I've found Peter Breggin's Achilles heel. Well, I didn't exactly *find* it. It just sort of played out in front of me.

Want to know what it is? Want to know how to make Peter Breggin squirm and try to crawl under the table? Here you go FDA people (we know you read this thing); here's how to scare the hell out of Peter Breggin ...

Flatter him. Call him "great," "wonderful," "inspirational." Really want to freak him out? Call him a "*hero*."

In case you're wondering, *no*, I did *not* fawn all over him like that. I didn't have to. We had our talk in the hotel lobby area near where presentations were being held at the conference. I didn't have to fawn all over the guy because twenty other people interrupted us to do so.

And, you know, they didn't fawn all that strongly. Indeed none called him "wonderful" or "inspirational" as I suggested; they just sort of *implied* it. Yet Peter experienced what one might diagnose as flattery-induced akathisia. Technically, that's an inner agitation that makes it difficult to hold still.

I commented on Peter's reaction, asking something like, "You *do* realize you can't come to an ICSPP conference and blend into the scenery, right? Why the jitters?"

"I've never been comfortable with stardom," he said, smiling and crossing his arms tightly before him. "Ginger always reminds me of the impact of my work, and I guess she's right." Peter shrugged and added, "I don't know, it's just not my comfort zone."

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***"No other head of an  
organization would just hand  
it over to other people to run.  
Not before they're totally  
washed up!"***

You needn't take my word for it. By completely random assignment, we were joined by an unbiased, objective observer who supported the premise that Peter's humble manner is as genuine as it is unique.

Tom Bratter, founder and director of the John Dewey Academy in Massachusetts, popped in to say hi. And to heap praise on Peter. When Peter swatted his hand at the flattery saying, "Aw, come on," Tom turned to me and said (I am not making this up), "That's why this guy is so great. That's why this *organization* is so great."

Tom continued: "It's his humility, not taking himself too seriously." Peter tried to change the subject; no dice. "He's responsive, he's supportive," Tom went on. "Most heads of organizations aren't like that."

"Former head," Peter corrected.

"That's another thing," Tom said, jabbing his finger at me. "No other head of an organization would just hand it over to other people to run as they please. Not before they're totally washed up. But Peter did it. That takes humility."

Peter bobbed and weaved, but Bratter added, "Everything Peter said 20 years ago about what would happen has all come true; it's all happened, just like he said it would. He should be apologized to. But no, they still condemn him." Bratter also expressed his contention that *Toxic Psychiatry* "is more valid now than when Peter wrote it. It has survived the test of time."

Demonstrating his gift for colorful language, Bratter said he is often attacked for his own unconventional beliefs. "And you know what I say to them? 'I'm *glad* you're condemning me. If you were praising me, I'd be (*blanked*) up like you.'"

Peter agreed with Bratter's positive take on the message behind the criticism, but hastened to add, "I'm just not *in-your-face* about it like some people." With that, Peter commented that Tom's style is all well and good and works for him. But Peter prefers the conflict-free approach. He really doesn't want to fight anymore. More to the point, perhaps, he no longer feels the need.

## Conclusion - *In the Comfort Zone*

What else has Peter been up to? He spends more time with friends and family. He chats with his neighbors and plays with his dogs. He sleeps in front of the T.V. Along the way, he gets to his email and re-writes a book or two. Battling the world doesn't make the agenda, it would seem, when you're living the country life. We all should be so lucky.

Maybe we *are* so lucky. We belong to the organization Peter founded with the intention of providing a safe, conflict-free place to share ideas. And look at some of those ideas – non-coercive support for people who've been harmed; truly informed consent; a view of human suffering that takes into account the real-world challenges with which we all struggle; healing through relationships.

Perhaps we are not as far along the spiritual path as Peter with regard to contentment. But let's not be too hard on ourselves. We are, after all, *on* that path.

A question for you: How did you find that path? How did you learn of it?

Each of us has a unique answer, but I ask you to think deeper within that answer. When I asked Peter that question about how reform efforts are going, he spoke of not expecting the world to get better, but rather of living well and doing the right thing. Somewhere in there he also said, "I feel as though I've had a calling. And I've done the best I can. I've answered."

I'm going to go out on a limb and suggest that each of us, no matter how we found ICSPP, has had a calling. At some point we all decided to live right and to do good things.

How about that - There's a little bit of *the country life* in each of us, compliments of just being part of ICSPP. So let's keep living right. Let's keep doing good things.

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## Our Help is Needed for An Important Cause

### A Letter From a Friend

Dear ICSPP Members,

Sequoia Psychotherapy Center, a drug-free therapy center originally known as San Joaquin Psychotherapy Center, is in need of financial assistance. Sequoia continues the work started in 1989 by Dr. Kevin McCready in offering assistance to people who want to withdraw from their psychiatric medications. It is important that now when so many people are withdrawing from their psychiatric drugs that we maintain the kinds of helping people and places that offer such a beneficial service.

As a former client working with Dr. McCready and Dr. Mark Popper, who became the executive director of the newly named Sequoia after Dr. McCready passed, I know the value and necessity of the work they do. Getting off these drugs is hard and dangerous, and good, solid, informed support is the most helpful part of the work of withdrawal. Sequoia offers that.

If you can make a donation to Sequoia please send an amount of your choosing to:

Dr. Mark Popper, Director  
Sequoia Psychotherapy Center  
1065 North Fulton Street  
Fresno, CA 93728

I am not a marketer or fundraiser and I do not know about tax deductions or other such information. This is strictly from the heart out of a dedication and hope for this movement in the mental health system of psychiatric survivors making their lives work again. Any amount will do from \$5-10 up to thousands or whatever you want.

Thank you so much for your help, and all you do to help people like me.

Beth Sholtis  
[breths@yahoo.com](mailto:breths@yahoo.com)

# Chemo Brain: A Psychiatric Drug Phenomenon

Grace E. Jackson, MD

The 2007 ICSPP conference focused on the Risks of Mental Health Screening and the Drugging of Children. In keeping with this theme, I presented a case history which illustrated the futility of psychiatric labeling and the danger of psychiatric drugs in a boy who won the battle against childhood leukemia, only to lose the war against epilepsy and dementia. My presentation was divided into three parts: 1) a case history (with the express consent of the patient's family, true identities were not concealed); 2) a discussion of the phenomenon of chemo brain; and 3) an analysis of Depakote and other psychopharmaceuticals as potential inducers of chemo brain.

## CASE HISTORY

### *Acute Lymphoblastic Leukemia*

Stevie MacSwain was born on 11/15/1993, the first and only child of Steve and Claudia MacSwain. At the age of 2 ½, Stevie was diagnosed with acute lymphoblastic leukemia (ALL). This is the most common type of childhood cancer, with approximately three to four thousand new cases diagnosed in the United States each year. Like many other children with ALL, Stevie's bone marrow had become overpopulated with immature white blood cells (lymphoblasts), resulting in bone pain, anemia, and bruising.

Treatment consisted of ten different chemotherapies, administered at intervals between 1996 and 1999. Among the agents which Stevie received were the following drugs: allopurinol (to prevent high uric acid levels); an induction regimen known as "CCG-1882" (vincristine, prednisone, daunorubicin, and L-asparaginase); and consolidation and maintenance chemotherapy with several additional chemicals: cyclophosphamide (Cytosan), 6-mercaptopurine (6-MP), 6-thioguanine (6-TG), cytarabine (Ara-C), and methotrexate. This latter drug was administered orally and intrathecally (via spinal fluid) in an effort to prevent metastasis to the central nervous system. Stevie's leukemia responded well to these treatments. He achieved an early and complete remission, and his cancer did not spread to the brain or spinal cord.

### *Post-Chemotherapy Seizures*

Six months after the completion of chemotherapy, Stevie MacSwain experienced the onset of epilepsy. At first, he exhibited absence ("petit mal") seizures involving brief alterations of consciousness and blank staring spells. Occasionally, he experienced head drop (atonic seizures) and/or jerking movements of isolated muscle groups (myoclonic seizures). By the age of 10, Stevie developed episodes of muscle stiffening and limb extension (tonic seizures). One year later, the seizure disorder expanded to include tonic-clonic events or "grand mal" seizures consisting of the loss of consciousness, muscular stiffening, and convulsions (tremors).

### *Epilepsy Treatments*

Anticonvulsant medications were initiated when Stevie was 7 ½ years old. After brief trials of Tegretol (ineffective) and Lamictal (tremor), Stevie was placed on Depakote (valproate) as the primary treatment for epilepsy. He was also prescribed the stimulant Concerta (methylphenidate) for the purpose of improving his cognitive functions. Grand mal seizures emerged while Stevie continued to take both drugs. Epileptic and neurobehavioral symptoms deteriorated dramatically between the ages of 11 and 12 (2005-2006), prompting several changes in therapy. In August 2005, Stevie received the implantation of a vagus nerve stimulator (VNS). Despite this surgical intervention, the frequency of his seizures escalated to 20 or more episodes per month. In January 2006, two more anticonvulsants (Keppra, Valium) were added to Stevie's drug regimen. Although Keppra caused aggressive behavior which precluded its continuation, Valium was effective and well tolerated.

### *Psychiatric Labeling and Drugs*

In the summer of 2006, Stevie's parents obtained consultations from psychiatric and neurological specialists at a prestigious clinic in the Midwest. Stevie was diagnosed with Childhood Disintegrative Disorder, for which the consulting psychiatrist prescribed an antipsychotic medication (Risperdal) and recommended a higher dose of Depakote. Under the influence of this new treatment regimen -- Depakote, Risperdal, Valium, and the VNS implant -- Stevie became catatonic for one month. He developed slurred speech, a variable tremor, drooling, severe insomnia, parkinsonism, and further cognitive decline.

In January of 2007, the MacSwain family contacted Jim Gottstein at the Law Project for Psychiatric Rights. They were curious to know more about the toxicities of psychiatric medications, and they were ultimately provided with new information about their son's condition and treatments. With the close support and supervision of a local pediatrician, Stevie's parents were able to taper the Depakote and Risperdal successfully over the ensuing four months. In June, the VNS implant was turned off. Stevie responded favorably to these changes. He became verbally expressive. He stopped drooling. He lost weight and became more physically alert and active. He experienced a decline in the frequency of seizures. In the words of his mother, "he got his personality back."

Severe impediments have continued (daily seizures, poor reading ability, limited writing and math skills, slow mental processing, and some motor clumsiness), and Stevie and his family still struggle to find the best combination of pharmaceuticals, dietary modifications, lifestyle, and psychosocial therapies. Nevertheless, the removal of Depakote and Risperdal has resulted in sustained neurobehavioral improvements.



## CHEMO BRAIN

In 2006, Stevie's diagnosis of Childhood Disintegrative Disorder was technically correct but clinically futile. First identified in 1908 by an Austrian educator named Theodore Heller, who then referred to the condition as "*dementia infantilis*" (dementia of the infant), Childhood Disintegrative Disorder is a syndrome involving normal development during the first two years of life. Prior to age ten, however, the child then loses two or more previously acquired skills in language, social functions, play, motor skills, and/or toileting. The problem with CDD is the fact that the *Diagnostic and Statistical Manual of Mental Disorders* (aka, the DSM) neither excludes nor modifies the use of this label when the cause is a clearly identifiable medical condition. By itself, the CDD label provides no information about the underlying pathophysiology, and hence no useful information to guide treatment in a rational, rather than empirical, manner.

*A more useful diagnosis in the case of Stevie MacSwain would have been the explicit recognition of chemotherapy as the cause of a seizure disorder known as Lennox-Gastaut Syndrome (LGS).* LGS is an extremely rare, usually lifelong, and severe condition which affects 1 in 10,000 children and accounts for 5% of all childhood epilepsies. It is characterized by a triad of findings: 1) many types of seizures (absence, drop attacks, myoclonic, tonic, and generalized tonic-clonic); 2) mental retardation; and 3) a slow spike and wave pattern (1-3 Hz) during interictal EEG. Interestingly, Stevie's seizure history, recurrent EEG studies, and neurocognitive difficulties were all consistent with Lennox-Gastaut Syndrome. Moreover, his pattern of transient and limited responses to anticonvulsant drugs was a prognostic finding commonly seen in LGS.

## THE PHENOMENON OF CHEMO BRAIN

The case of Stevie MacSwain is an important example of **chemo brain** – a phenomenon which refers to the immediate or delayed onset of cognitive dysfunction arising from cancer-fighting drugs. Symptoms can include impairment of language, memory, concentration, attention, judgment, planning, information processing, and/or reaction time.

It is only recently that concerned clinicians from around the world have called attention to the reality and significance of **chemo brain**, partly in an effort to acknowledge the concerns of their patients, and partly in an effort to develop strategies for preventing or mitigating its features. Current research suggests that chemo brain occurs very commonly among children (20-30% of ALL survivors) and adults (30-80% of cancer survivors). While the intensity and duration of symptoms can vary widely, it is indeed fortunate that few patients develop a seizure disorder as severe or protracted as the one described above.

The biological causes of chemo brain have been repeatedly identified by neuroscientists. Some investigators have explored the effects of chemotherapy agents upon isolated cultures of brain cells (*in vitro* studies). Other investigators have exposed animals to clinically relevant doses of chemotherapies, followed by a postmortem inspection of brain changes. Research of this kind has revealed that many chemotherapies, such as those given to Stevie MacSwain between the ages of 2 ½ and 5 ½, are even more toxic to healthy brain cells than they are to the cancers themselves.

## DEPAKOTE: FOUR CHEMOTHERAPIES IN ONE

Stevie MacSwain received treatment with Depakote for approximately six years. During this time, his seizures progressed into a full-blown Lennox-Gastaut Syndrome. When Depakote was combined with Risperdal, he developed catatonia, parkinsonism, and further cognitive decline. Brain scans (performed at intervals in 5/2000, 3/2001, 12/2003, 7/2006) revealed persistent abnormalities in the periventricular, deep white matter of the brain. These changes – otherwise known as "leukoencephalopathy" – reflected damage to the fatty insulation (myelin) which surrounds nerve cells in order to facilitate the transmission of electrical signals within the brain.

### *Why did Depakote worsen Stevie's condition of chemo brain ?*

Depakote more than likely contributed to Stevie's deterioration in a number of ways. It is important to understand the mechanisms through which Depakote aggravated or duplicated the toxic effects of Stevie's original chemotherapies. For example, researchers at the University of South Florida have recently employed Depakote as an adjunctive therapy for the treatment of solid tumors, based upon its capacity to alter gene expression. By acting as an HDAC inhibitor (i.e., a compound which inhibits the deacetylation of histone proteins within cell nuclei), Depakote can induce programmed cell death in cancer cells. Unfortunately, it is quite likely that this same process occurs in normal neurons or glia.

Second, Depakote's capacity to increase serum ammonia levels (even when consumed at standard, so-called therapeutic doses) replicates a potential side effect of L-asparaginase. When ammonia levels in the brain become excessive, they deplete energy, impair neurotransmission, decrease the glial uptake of glutamate, increase the formation of glutamine, and ultimately result in swelling and a pathological tissue change known as Alzheimer's Type II astrocytosis.

Third, the capacity of a major Depakote metabolite to inhibit the assembly of tubulin has been demonstrated by an Australian team of researchers, using tissue samples from the brains of cattle. To the extent that the same process of tubulin disruption occurs in the brains of humans, Depakote would be expected to replicate the ototoxic and neurotoxic features of vincristine – a tubulin inhibiting chemical which fights cancer by impeding cytoskeletal development, and by arresting mitosis in rapidly dividing

(Continued on page 18)

# ICSPP Sends Warmest Wishes to Bert and Mary Karon

By Andrew Crosby, MA and Delores Jankovich, MA, MSW

In mid-November we heard that Bertram Karon, one of our most highly regarded members, was hurt in a car crash not far from his Michigan home. Bert's wife, Mary, so frequently seen alongside Bert at our conferences, was beside him in the car as well. While Mary was fortunately unhurt, Bert continues to recover from a spinal injury.

Swelling around Bert's spinal cord caused partial paralysis. This has improved, and Bert was transferred to a rehabilitation facility. Those closest to Bert and Mary reported that Mary has stayed as close to her husband as they'd let her. No doubt her presence is an important element in Bert's continuing recovery.

We need to tell you why Bert is so special to our community. Of course we mention his frequent conference presentations. He has spoken passionately and extemporaneously about his work with the severely troubled, sharing his warmth and his occasionally biting humor. Bert tells it like it is, and when he speaks of his work, he one hears of the relationships he forms with those who come to him for support.

And of course there are his contributions to *Ethical Human Psychology and Psychiatry* and his numerous other writings. Bert's history and contributions to the field are impressive, most notably his classic book *Psychotherapy of Schizophrenia: The Treatment of Choice*. Here, Bert discusses research he completed with his colleagues that supports the position that human contact and support, not drugs, have a true and lasting curative effect. We are very fortunate to have someone of such caliber among us.

But you want to know the *real* reason Bert is special? I tell you the following not because it's unique, but because there are probably a hundred other people in ICSPP who would give much the same account.

It was about a year-and-a-half ago. My older brother (I like to think of him as my *much* older brother) called me up from halfway across the country. He sounded kind of panicked – not like him. He asked me for help, another departure from the routine. It concerned my niece, then almost ten years old.

I won't get personal, but she was having a tough time, and my brother and his wife didn't know what to do. So, my *much* older brother called me saying this was something I might be able to help with.

He was right. I called Bert Karon.

Bert gave me four or five names within an easy drive for my brother's family, four or five more a bit beyond that circle.

How did Bert know about them? He'd taught, supervised, or worked with them. He not only gave names, but phone numbers, addresses ... he even rated them for me. He also asked what my niece was going through, and shared some thoughts. I shared those, along with all the contact information, with my brother. And it helped.

That, ladies and gentlemen, is why Bert is special for us.

I imagine Bert lying in bed, reading this, and wondering who the heck I am. We've exchanged a few words at conferences, but I'm sure he can't put a face to my name. No matter. I know *him*, and I called him. And he called me back with the help my family needed.

So, warmest wishes and best regards for your continued recovery, Bert. All of us whom you've touched have been thinking about you and your family. And we'll keep doing so.

AC

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It was painful and distressing to hear that Dr. Bertram Karon and his wife, Mary, had been in a serious automobile accident and that Dr. Karon was severely injured. My life has been personally helped by Dr. Karon's eloquence, wisdom and caring. I am very grateful to Dr. Karon as his compassionate treatment philosophy has been life-changing for me. His classic book, which he wrote along with Gary R. VanderBos, Ph.D., *Psychotherapy of Schizophrenia: The Treatment of Choice*, is where I turn for understanding in working with severely disturbed individuals.

May Dr. Karon be warmed and sustained by the enormous amount of love and respect that is being sent his way.

DJ

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Bert prepares to speak to the group at the 2005 ICSPP conference. Dom Riccio, International Director and conference co-chair, pulls extra duty as a member of the tech crew. Here, Dom helps Bert with the clip-on microphone.

Photo: Robert Sliclen



Once the sound issues are worked out, Bert gets under way. His topic was "Treating the Severely Disturbed Without the Luxury of Long Term Hospitalization."

Photo: Robert Sliclen



Bert gets to one other annual conference, that held by the International Society for Psychological Treatments of Schizophrenia and Other Psychoses (ISPS - US).

Here, Bert is seen with ISPS colleague Max Day.

Photo: Ann - Louise Silver

(Continued from page 15)  
ing cells.

Fourth, like many other anticonvulsants, Depakote can exert disruptive effects upon a complex metabolic pathway known as the “one carbon transfer pool.” By reducing the levels of folate and/or B6 (pyridoxine), Depakote can impair the synthesis of DNA, RNA, and proteins, and disrupt the integrity of myelin. Like methotrexate (a folate antimetabolite which is believed by some researchers to be the primary cause of chemotherapy-related white matter disease), Depakote can lead to excessive levels of homocysteine. Ultimately, it is this elevation of homocysteine which has been linked epidemiologically and experimentally to numerous pathologies, including vascular damage and stroke, psychosis, seizures, dementia and other neurodegenerative changes (as seen in Parkinson’s and Alzheimer’s disease).

## IMPLICATIONS

It is significant that numerous classes of psychiatric

medications are now being investigated as treatments for a variety of cancers. To the extent that these drugs exert lethal effects upon healthy cells of the central nervous system, in addition to abnormally proliferating targets, they pose a risk for **chemo brain**.

Clinicians and the public should be informed about the surprising nature of existing pharmaceuticals as “covert chemotherapies” in order to anticipate (and, ideally, in order to avoid) their associated toxicities. The fact that the United States is currently experiencing an epidemic of childhood bipolar disorder, for which Depakote remains the most prevalent treatment, only reinforces the urgent need to generate a wide discussion and awareness about the real and potentially tragic consequences of chemo brain.

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## FRANKLY QUOTED

1 November 2007

Leonard Roy Frank, editor

1. How is it that we hear the loudest *yelps* for liberty among the drivers of negroes?

**SAMUEL JOHNSON** (English sage and lexicographer), on American demands for independence from England, *Taxation No Tyranny* (pamphlet), 1775

2. He blam’d and protested, but join’d in the plan;  
He shar’d in the plunder, but pitied the man.

**WILLIAM COWPER** (English poet), “Pity for Poor Africans,” l. 43, 1800

3. What is most extraordinary... and I believe unparalleled in history is that I rose from being a private [individual] to the astonishing height of power I possess without having committed a single crime.

**NAPOLEON**, remark to Dr. Barry E. O’Meara, 5 December 1816, quoted in Maurice Hutt, editor, *Napoleon*, ch. 6, 1972

4. We are members one of another; so that you cannot injure or help your neighbor without injuring or helping yourself.

**GEORGE BERNARD SHAW** (Irish playwright), preface (“The Alternative to Barabbas”) to *Androcles and the Lion*, 1912

5. In 1918, 17 resisters to World War I died in Alcatraz prison from mistreatment.

**JUDITH EHRLICH** and **RICK TEJADA-FLORES** (filmmakers), *The Good War* (film), 2000

6. There is enormous inertia — a tyranny of the status quo — in private and especially governmental arrangements. Only a crisis — actual or perceived — produces real change. When that crisis occurs, the actions that are taken depend on the ideas that are lying around.

**MILTON FRIEDMAN** (economist), preface to *Capitalism and Freedom*, 1982 (1962)

7. The vision of a world community based on justice, not power, is the necessity of our age.

**HENRY A. KISSINGER**, *Years of Upheaval*, ch. 10, 1982

8. [Referring to a dinner party he and Jacqueline Kennedy Onassis attended in 1991:] Jackie remains a glowing beauty. She concentrated her charm, as always, and at one point generously informed me that she would rather sit next to me than any person in New York. This would be more convincing if she ever invited us to dinner. But I adore her.

**ARTHUR M. SCHLESINGER JR.**, *Journals: 1952-2000*, 2007, quoted in Maureen Dowd, “Social Historian,” *New York Times Book Review*, 7 October 2007

9. The United States is committed to the world-wide elimination of torture and we are leading this fight by example. I call on all governments to join with the United States and the community of law-abiding nations in prohibiting, investigating, and prosecuting all acts of torture and in undertaking to prevent other cruel and unusual punishment....

No people, no matter where they reside, should have to live in fear of their own government. Nowhere should the midnight knock foreshadow a nightmare of state-commissioned crime. The suffering of torture victims must end, and the United States calls on all governments to assume this great mission. [closing paragraph]

**GEORGE W. BUSH**, Statement by the President, “United Nations International Day in Support of Victims of Torture,” 26 June 2003

10. The United States does not permit, tolerate, or condone torture under any circumstances. The United States does not transport, and has not transported, detainees from one country to another for the purpose of interrogation using torture.

**CONDOLEEZZA RICE**, Andrew Air Force Base statement, 5 December 2005, quoted in Raymond Bonner, “The CIA’s Secret Torture,” *New York Review of Books*, 11 January 2007

11. *Woman to a man, both seated on a couch in a comfortable living room:* I don’t want to define myself by who I am.

**P. C. VEY**, cartoon caption, *New Yorker*, 25 June 2007

### ***And, Finally, Some Leonard Frank Originals:***

Give as good as you get; get as good as you give.

Give everyone the benefit of the doubt, till you have good reason not to.

Let no one else’s conscience be your guide.

Never ask more or less of yourself than your very best.

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# Northeast Times

## Chronicling the Fictional Lives of the Northeast Membership

*Northeast Times* is a parody of the Newsletter where I poke fun at my Northeast Group friends. This time, I expand a bit to include others in the mayhem. These pages are just for kicks; whatever is not entirely made up is embellished to absurdity. Hence our motto ... *If it never happened, you'll read it here first!*"

### SPECIAL ISSUE !

#### ICSPP Awards Dinner Recap!

Newsletter Editor Honored  
(And He Reacts, to Say  
the Least)

Al Galves Gets a Grip,  
(And a New Clock)

Conference Organizer Gets  
Another Reason to be  
Happy (Like She  
Needed One)

National Director Stands  
Up (And Won't Sit  
Back Down)

Surprise Visitor Inspires  
Newsletter Staff to  
Bond (It's Pretty Cute)

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**Editor and Creator:**

**Andrew Crosby, MA**

### And You Thought He Just Did Great Newsletters

Several dedicated individuals were recognized at the awards ceremony during Saturday night's Gala. Among them was Newsletter Editor Andrew Crosby, although the newsletter was the last thing Dominick Riccio tacked on to Crosby's long list of achievements.

"This guy does it all," Riccio told the crowd. "Whatever has to be done, whatever has been forgotten, whatever nobody thought of, whatever nobody else wants to do - all we've got to do is point Crosby in the right direction and give him a shove. And he just strolls along and does it. He's as valuable as he is fun to watch."

"One typically finds such devotion only among Golden Retrievers," said ICSPP Photographer Robert Sliclen, the proud master of one such loyal canine who answers to the name Cody. "But Crosby puts Cody to shame when it comes to fetching, sitting, and staying. And you don't have to walk him as often."

"Come off it," Cody argued. "I can fetch circles around the guy with one paw tied behind my tail. And if I had opposable thumbs I'd out-type that son-of-a-gun any day of the week."

"Down, boy," said Sliclen.

A gifted writer and master of passionate expression, Crosby surprisingly underwhelmed the crowd with the shortest, least coherent acceptance speech in ICSPP history.

"*Sheesh*," said the Northeast Group's Geraldine Lewis "He only said, like, five sentences. And three of them didn't count since they had no verbs. Let's face it - the guy needs a ghost speaker."

"I was shocked, too," said Phil Tenaglia. "Now I have to wonder if Crosby is capable of any form of com-

munication." Tanelgia (who, for unknown reasons, changes the spelling of his last name every time it appears) wondered if Crosby's disappointing flop could mean his newsletter material is stolen. "I mean, we all *thought* the guy was articulate," Tanailea continued, "but he might just be full of baloney."

Geraldine Lewis agreed with Tanailea on the luncheon meat issue. Her comments, however, were indecipherable through the persistent giggling which had overtaken her.

The possibility that Crosby plagiarizes his newsletter material doesn't concern National Director Lloyd Ross, however. "Even if he's a total fake, he still does so much for us. We have yet to find a task too menial or tedious for him to take on," said Ross, who added, "We're sure going to keep trying, though."

Perennial conference presence Crisilda Rucci, known to conference attendees as *the perky one*, also commented on Crosby's speech. "I wasn't paying attention," she said. "The deserts had just come out and the cannoli was to die for." Perky, I mean, *Rucci*, conceded however, that Crosby contributes in many ways. In addition to personally chauffeuring Rucci to the conference, in fact, Crosby picked up her dry cleaning and painted her garage. "Like Dom says, all I had to do was point him and give him a shove. Then, you know, I scratched him behind the ears. He loves that."

The truth to Crosby's confusing public display, however, may be found in the opening comments of his acceptance speech. As he explained, he experiences anxiety when speaking in public, and pretty much any other time he leaves the solitude of his writing and is forced to interact with actual people.

Unfortunately this explanation was lost to the audience as Crosby's anxiety had caused him to lose his voice upon reaching the microphone. More significantly, perhaps,



Crosby also experienced a frightening sense of depersonalization. “The last person I saw who was that impaired had been overdosing on Halcion for three years,” said Jeff Danco, a long-time Northeast Group member who presented at the conference. “Crosby was so spaced, NASA should classify him as a galaxy.”

After grabbing his award and stumbling from the stage, Crosby wandered through the crowd pleading for a Valium to calm his frayed nerves. An ICSPP conference is a tough venue in which to score something for a fix, however. “Go figure,” Crosby said. “All those freaking doctors in the room, and nobody had a script pad.”

After the gala Crosby obtained solace among his peers in the hotel lounge. “Peer support. Right. *That’s* why I went to the bar,” he said.

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## Also at the Gala ...

Although completely overshadowed by the presentation of the award for “Outstanding Contributions” bestowed upon Newsletter Editor Andrew Crosby, there were a few other things we should note. That way, we won’t have to listen to a lot of stuff like, “Hey, Andy, why didn’t you say anything about (*insert any Northeast Group member’s name here*).”

Crisilda Rucci, who, as you know, is all over the place at these conferences, was honored for “Outstanding Perkiness in the Face of Really Mundane Events.” She was so excited, she declared upon approaching the microphone, that she was speechless. Then she spent twenty-seven minutes telling us about it. I’d recount her acceptance speech, but I’d put on my iPod and cranked AC/DC’s classic album *Back in Black* till she got off the stage. I can only take so much perkiness.

I can tell you this, though: Crisilda was perky throughout the night. For example, when tablemate and Newsletter Co-editor Delores Jankovich asked Crisilda to please pass the salt:

“Why, *yes*, of *course*! I’d love to pass the *salt*! Thank you *so much* for *asking*! Have a *great* day, O-Kay!”

“Sure, fine,” Delores responded. “Can I have the damn salt now?”

“*Absolutely*! You can have *anything* you *want*! *Here* you go, *sweetie*!”

Delores accepted the salt shaker with a pleasant smile and asked, “Do you have an ‘off’ switch, or are we going to have to listen to this all night?”

Another item that went barely noticed by the crowd, because, like we said, Andrew Crosby got this cool award, was the honoring of *really* long-time ICSPP Member Al Galves. Galves was singled out because he’d written a new book. Also because, as Dominick Riccio said over and over, “Al’s pretty old.”

Al’s book, “Get a Grip: Dancing with the Stars on the Dark Side of the Moon,” is actually quite an accomplish-

ment. According to ICSPP Board Chair Joe Tarantolo, Al’s book “is a warm and important plea for each of us to not only accept but *embrace* (yes, Joe can speak in italics) our unique yet often painful hidden qualities.” Joe then added, “At least, that’s what Al told me. Nobody’s actually read the thing as far as I know.”

When asked to discuss his new book, Al had this to say: “It’s a warm and important plea for each of us to not only accept but *embrace* (Al can do it, too) our unique yet often painful hidden qualities.”

When advised that he’d already said that, at least according to Joe Tarantolo, Al said, “Oh. Right. Well, that’s all I’ve got. I haven’t actually read the thing yet.”

I took the opportunity to flip through a few pages of “Get a Grip” at the sales table while Al was double charging my credit card. It appears to me to be a warm and important plea for each of us to not only accept but (you guessed it) *embrace* our unique yet often painful hidden qualities.

With this endeavor, Al appears to have explored these issues (whatever they are) with a style that blends the essence of washed up celebrities appearing on crappy reality shows with the surreal *pathos* of 1970’s progressive rock concept albums. Al’s spent a lot of time in California, I’m told, which would explain this.

Finally, the evening was capped off with the amazing stand-up comedy of National Director Lloyd Ross. Ross truly outdid himself in every respect, if by *every respect* you really mean *total elapsed time*.

During his marathon, Ross shredded such vulnerable and socially marginalized targets as the elderly and infirmed. This was a daring move considering that this description covers, like, seventy-five percent of the organization’s membership, including Ross himself. Most notably, however, the Ross Comedy Marathon featured not one single incident of the “f-word.” When asked about this, Ross slapped his forehead and said, “Oh, (*blank*). I can’t (*blanking*) believe I forgot to say (*blank*).”

When Ross had completed his show and returned to his seat (about 2:00 AM) he boasted - *boasted*, mind you - that none of his material had been original. He claimed it had been ghost written by biopsychiatrist D. Bummer Goofy, another favorite target of Ross’s lampooning.

When reached by phone and asked to comment on this assertion, D. Bummer Goofy said, “Stop me if you’ve heard this one: A penguin, a stripper, and a biopsychiatrist walk into a bar ...” At this point I put my iPod back on, cranked some Bad Company, and waited a sufficient time before removing the ear pieces.

Sadly, I was just in time to hear Goofy deliver the punch line: “So, the penguin say’s to the bartender, ‘No, you (*blanking*) fool. *The brain scan proves she’s got a chemical imbalance!*’”

I put my ear pieces back in and hung up, having concluded that Ross had probably told the truth - he *had* gotten his material from Goofy.

When asked to comment on Lloyd’s Comedy Extravaganza, Northeast Group member Ben Thompson removed his iPod earpieces and responded, “Lloyd was up there?” He added, “Hey - did you hear Andy got a really cool award? Isn’t that great!”

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## FDA Whistle Blower (Almost) Joins Conference Crowd

In a startling development, high-level ICSPP members were approached by an FDA official at their recent conference in Arlington, Virginia. The official hoped to address the attendees to publicly “blow the whistle,” “spill the beans,” and “shoot the breeze” about the FDA’s back room dealings with pharmaceutical companies.

“I’m going to tell you *everything*,” the woman said to ICSPP board member Al Galves.

“What’s your name?” Galves asked the woman, who replied, “I can’t tell you that.”

Simply being seen at the conference could place her career in jeopardy, she explained. Hence she wore a disguise consisting of Groucho Marx nose and glasses and denim overalls emblazoned with the words, “Acme Plumbing, Dynamite, and Rocketry.” Her outfit also featured the likeness of Wile E. Coyote, of Roadrunner cartoon fame.

To further safeguard herself, the FDA official asked for certain assurances from Al Galves, while offering concessions in return.

“If you’ll be my bodyguard,” the woman said, “I will be your long lost pal.”

Galves agreed to the arrangement adding, “I will call you Betty. And, Betty, when you call me, you can all me Al.”

Sadly, however, Betty disappeared shortly after several plenary sessions were postponed to allow her ample time at the podium. ICSPP officials, speaking on condition of anonymity, speculated that Betty either “got cold feet” or was abducted by Homeland Security.

[**Editor’s Note:** The newsletter staff apologizes to anyone who was offended by this article. We regret any misunderstandings and retract the whole thing.]

[**Co-Editor’s Note:** What are you talking about, Andrew? That wasn’t so bad. Why would we retract it?]

**Editor:** Now that I look it over, I guess you’re right. Thanks, Delores. I apologize and retract that statement.

**Co-editor:** Can you do that? Retract a retraction, I mean. You might mean *rescind*.

**Editor:** I don’t know. I guess it doesn’t come up very often.

**Co-editor:** It’s a first for us, that’s for sure. I’ll Google it and see what I find.

**Editor:** What’s it say?

**Co-editor:** It says, “Retraction: See Rescind” Let’s see, now ... “Rescind: See Retraction.” I guess that settles it - we don’t know what the heck we’re doing.

**Editor:** I wouldn’t go that far.

**Co-editor:** You’re right. I apologize and retract that.

**Editor:** Good. We don’t want to confuse our readers. Especially some of those people on the board of directors.

**Co-editor:** That was pretty mean, Andrew. You should apologize.

**Editor:** You’re right; I was out of line. I apologize and retract that.

**Co-editor:** Hey, are you O.K.? You sound like you’re coming down with something.

**Editor:** It’s probably all the coffee I had. I just finished my third pot.

**Co-editor:** Uh, oh. You’re not going to like this.

**Editor:** Break it to me gently.

**Co-editor:** I just Googled ‘caffeine intake.’ According to this, you died eleven cups ago.

**Editor:** Are you sure? Maybe I built up a tolerance. Can you check that for me?

**Co-editor:** Checking ‘caffeine tolerance’ ... It’s prompting me for your height and weight.

**Editor:** I’m six-five, two hundred and twenty pounds.

**Co-editor:** I meant your height and weight *on Earth*.

**Editor:** Oh. Five-eight, one sixty. What’s it say?

**Co-editor:** Sorry. Still dead. How can that be?

**Editor:** Actually, I embellished. I’ve only had three *cups* this morning.

**Co-editor:** So, you’re retracting your statement?

**Editor:** Yes, I apologize.

**Co-editor:** Good. I can’t blame you for drinking too much coffee, anyway. Not after this week. Hasn’t this been the craziest week ever? I’m exhausted.

**Editor:** Me too. It *has* been tough. Hey, Delores?

**Co-editor:** Yes?

**Editor:** Thanks for all you did. You were great. I’m glad to have you around.

**Co-editor:** Get out. You were the one who got us through this. This was the biggest challenge we’ve faced, and you were so supportive.

**Editor:** Me? I thought I was moody and hostile all week.

**Co-editor:** Yeah, you *were* moody and hostile. But in such a supportive way. Oh, my. I can’t believe I said that. I retract that first part.

**Editor:** I accept your apology. Good feedback, though. I'll look at that.

**Co-editor:** You're so lucky, living where you are. You have the whole Northeast Group around you. I'm all alone out here in Kansas. It must be wonderful to have so many active ICSPP members right in your area.

**Editor:** Well, they can be difficult sometimes.

**Co-editor:** I'll bet you're no picnic - *Mr. Moody*.

**Editor:** You're right. They're really great people here in the Northeast; I'd be lost without them. I apologize and retract what I said. Hey, you know something?

**Co-editor:** What?

**Editor:** That might be a great concept for an essay you could write for the newsletter. You know, about what it's like to be the only ICSPP member in your region. I'm sure many readers are in the same position and would appreciate your thoughts and reflections.

**Co-editor:** Nah. I don't see the point. It's just a matter of ... Actually, now that I think about it, that might be a good idea. Yes – I retract what I said and will think it over. But, you know something, Andrew?

**Editor:** What?

**Co-editor:** Even though we're in different parts of the country, working on the newsletter with you is great. The newsletter is so valuable to me; it's a great connection to the organization. Know what I mean?

**Editor:** Yes. I feel the same way. And you're a great partner.

**Co-editor:** We really pulled together this week, didn't we? I think we grew a lot.

**Editor:** I couldn't agree more. And to think I actually resigned because of what happened.

**Co-editor:** What! You resigned!

**Editor:** Don't worry. I retracted it.

**Co-editor:** But you didn't tell me! How could you do something that significant and not tell me about it?

**Editor:** You were going through a lot. I didn't want to bother you.

**Co-editor:** I don't think I can work with an editor who does something like that without telling me. Andrew - I'm afraid I have to resign.

**Editor:** Delores?

**Co-editor:** Yes?

**Editor:** Will you please retract that? I can't do this without you.

**Co-editor:** O.K. I retract it.

**Editor:** Good. Go back to your desk.

**Co-editor:** I don't have a desk.

**Editor:** Why don't we have desks? Make a note, please - we need to request office furniture from Dom.

**Co-editor:** We did request office furniture from Dom. No dice.

**Editor:** Sheesh.

**Co-editor:** Hey, we've got each other. And we're a pretty good team. You know something?

**Editor:** What?

**Co-editor:** I wouldn't give up working on the newsletter with you for anything.

**Editor:** Delores – Will you please *not* retract that?

**Co-editor:** Not a chance. We've been through too much to back down.

**Editor:** Speaking of which, I was thinking that for the next issue we could do something about –

**Co-editor:** Andrew?

**Editor:** Yes?

**Co-editor:** Maybe we should just chill for a while before jumping into the next issue. We've earned it. Agreed?

**Editor:** Agreed. I retract that. Let's get some rest.

**Co-editor:** Good night, Andrew. Talk with you later.

**Editor:** I'll be here.

**Co-editor:** I know. Me too.

\*\*\*\*\*

## 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 32. Purchase what you can, or what you find most interesting. You'll be surprised at what you've missed ... even if you were there.

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### **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**

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

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

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

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

<b>Vera Sharav</b>	Screening for Mental Illness: The Merger of Eugenics and the Drug Industry
<b>David Healy, M.D.</b>	Manufacturing Consensus in Psychopharmacology: The End of Psychiatry as a Science?
<b>Peter Breggin, M.D.</b>	Violence Induced by Psychiatric Medications: Cases, Questions, and Contradictions
<b>Brian Kean, Ph.D.</b>	The Risk Society and Attention Deficit Hyperactivity Critical Social Analysis Concerning the Development and Social Impact of the ADHD Diagnosis
<b>Pam Oatis, M.D.</b>	A Pediatric Practice Using no Psychotropic Drugs, and Teaching Peers and Residents to Treat Difficult Children by Asking How and Why
<b>Toby Tyler Watson, Psy.D.</b>	The Four False Pillars of Biopsychiatry: Examining the Scientific Facts about the Underlying Assumptions of Biopsychiatry - Chemical Imbalances, Inheritance, Genetics, and Adoption Studies
<b>Laurence Simon, Ph.D.</b>	Therapy as Civics: The Patient and Therapist as Citizens
<b>David B. Stein, Ph.D.</b>	Parenting and Treating Difficult Teens Without Drugs or Make Believe Disease
<b>Dominick Riccio, Ph.D.</b>	The Role of Therapeutic Function of the Father in the Treatment of Difficult and Acting Out Children
<b>Matt Irwin, M.D.</b>	Treatment and Reversal of Schizophrenia Without Neuroleptics
<b>George W. Albee, Ph.D.</b>	A Radical View of the Causes, Prevention, and Treatment of Mental Disorders

(2004 Continued)

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<b>Celia Brown and David Oaks</b>	The Continuum of Support: Real Alternatives and Self-Help Approaches
<b>Robert Whitaker</b>	Anatomy of an Epidemic: The Astonishing Rise of Mental Illness in America
<b>James B. Gottstein, J.D.</b>	Psych Rights Legal Campaign Against Forced Drugging and How You Can Participate
<b>Raymond DiGuiseppe, Ph.D.</b>	Is Anger Adequately Represented in the DSM?

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## **2005 - Schizophrenia and Bipolar Disorder: Scientific Facts or Scientific Delusions Implications for Theory and Practice**

<b>Brian Kohler, MD</b>	The Schizophrenias: Brain, Mind, and Culture
<b>Elliot Valenstein, Ph.D.</b>	Biochemical Theories of Mental Illness: Some Hard Facts About Soft Science
<b>Laurence Simon, Ph.D.</b>	Abnormal Psychology Textbooks: Valid Science or Oppressive Propaganda
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<b>Ann Louise Silver, MD</b>	Keeping the Spirit and Philosophy of Chestnut Lodge Alive
<b>Grace Jackson, MD</b>	Allostatic Loads: Exploring the Long-Term Consequences of Psychiatric Drugs
<b>Daniel Dorman, MD</b>	Psychosis as a Fact of the Human Condition
<b>Joseph Glenmullen, MD</b>	Misdiagnosing Antidepressant-Induced Decompensation as “Bipolar Disorder”

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## 2006 – Mental Health and the Law

<b>Robert Dinerstein, J.D.</b>	Human Rights and People with Mental Health Disabilities: The Issue of Capacity
<b>Graham Dukes, MD</b>	The Law and Psychiatric Drugs: Strengths, Weaknesses, and Experience
<b>Stefan Kruszewski, MD</b>	What Happens When the 1 <sup>st</sup> Amendment Butts Heads with Special Interests
<b>Michael Perlin, J.D.</b>	International Human Rights and Civil Disability Cases
<b>Karen Effrem, MD</b>	The Origins and Dangers of Child Mental Health Screening
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## **OVER THREE DECADES OF ICSPP ACCOMPLISHMENTS**

- 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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