

# ICSPP Newsletter

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

“The Conscience of Psychiatry”

2008– Number 2

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2007 Conference DVDs  
Are Here!!

## Newsletter Staff:

**Andrew Crosby, MA**  
Editor

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

## Tampa 2008 Takes Shape - Don't Miss It!

Dominick Riccio, Lloyd Ross, and company have not let up. Planning for our 2008 conference is nearing completion; we're getting ready for Tampa.

Our title is *Effective Treatment Approaches to Emotional Suffering: Recovering the Soul of Psychotherapy*. More details can be found on page 4 and, more importantly, on the registration form on page 3. Please check it out, fill it out, and send it on in to Crisilda quickly. And don't wait ... call the hotel early to get the group rate for rooms.

Many have applied to present, and there is still time for you - check out the Call for Papers on pages 5 and 6 for details.

The tropical locale is only one change we've made. We've also modified the schedule to accommodate travel plans. And, to alleviate the problem of choosing between conflicting workshops, we'll have repeated sessions.

Speakers for plenary sessions and workshops will include *Mad in America* author Robert Whitaker and our own Bruce Levine, author of *Surviving America's Depression Epidemic*. We've also lined up

David Stein, Joanna Moncrieff, Toby Tyler Watson, and are talking with Graham Dukes, who was one of our primary speakers in 2006.

And, of course, there will be the awards dinner for relaxation and laughs. Please don't miss out.

Is that all? No, it's just all we'll commit to in writing at this point. We'll have full details in our next issue, and on the website. Till then check out the tentative schedule below. You'll note that we're on for Columbus Day Weekend as usual.

### **Tampa 2008 Tentative Schedule Outline**

Friday October 10th  
1:00 PM to 7:00 PM

Saturday October 11th  
8:00 AM to 5:00 PM

Saturday Evening  
Annual Gala - 6:00 PM

Sunday October 12th  
8:30 AM to 1:00 PM

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

**1036 Park Avenue, Suite 1B**

**New York, N.Y. 10028**

**(212) 861-7400**

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

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

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

### **ICSPP Newsletter Submission Policies**

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

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

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

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

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

### **A Cautionary Note**

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

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

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

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

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

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

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

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

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

ICSPP MEMBER BEFORE JULY 31	\$250.00	_____
Members not current with their 2008 dues will receive the non-member registration fee.		
ICSPP MEMBER AFTER JULY 31	\$300.00	_____
NON-MEMBER BEFORE JULY 31	\$275.00	_____
Any non-members joining ICSPP simultaneously with the registration for the conference will be given the member rate for the conference.		
NON-MEMBER AFTER JULY 31	\$325.00	_____
ICSPP 2007 MEMBERSHIP	\$100.00	_____
STUDENT with copy of current ID (50% off \$300 reg. fee)	\$150.00	_____
Gala Saturday Awards Banquet	\$50.00	_____
All speakers must register.	TOTAL	_____

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

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

Your 10 – digit phone # \_\_\_\_\_

Name and address as \_\_\_\_\_  
it appears on your \_\_\_\_\_  
credit card bill \_\_\_\_\_

Credit Card # \_\_\_\_\_

Signature \_\_\_\_\_

## **\*\*\* CONFERENCE ANNOUNCEMENT \*\*\***

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**Eleventh Annual Conference of the  
International Center for the Study  
of Psychiatry and Psychology, Inc. (ICSPP)  
in collaboration with Amedco, LLC**

**To take place in Tampa, Florida  
On Friday through Sunday October, 10th, 11th and 12th, 2008**

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

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

*focusing on*

Adult, Child And Parental Treatment Issues and Strategies  
Validity and Reliability of Mental Screening Tests  
Efficacy and Side Effects of Psychotropic Drugs  
Effective Humanistic Approaches to Child Development  
Theoretical and Practical Approaches to Successful Resolution of Human  
Emotional issues and Maladaptive Life Strategies  
Helping Seniors Cope with the Difficulties of Life

(Presenters ... Please See the Call for Papers on Next Two Pages)

## **CALL FOR PAPERS**

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Effective Humanistic Approaches to Child Development  
Theoretical and Practical Approaches to Successful Resolution of Human Emotional issues and Maladaptive Life Strategies  
Helping Seniors Cope with the Difficulties of Life**

**The Conference committee is seeking papers (45 min.), workshops (90 min.) and panel presentations (1-2 hr.) on the aforementioned conference topics. Please submit your proposals for presentations in Microsoft WORD format by email before May 31, 2008 to:**

**jeffreylacasse@mac.com  
Jeffrey Lacasse, MSW  
Visiting Lecturer  
FSU College of Social Work  
Tallahassee, FL 32306-2570  
Phone number (850) 645-5769.**

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

**Intervention strategies for problems in child development: birth to adolescence  
Critiques of mental health screening: practice realities  
Critical evaluations of parents and children's rights in schools  
Critical evaluations of aging issues: psychological, social and economic  
Critical evaluations of studies of non drug treatment protocols for children and adults  
Surveys and descriptions of existing and/or planned non drug treatment programs  
Comparisons of efficacy of drug and non drug treatments  
Political and economic considerations**

**For registration forms and information see our website: [www.icspp.org](http://www.icspp.org) or call 212 861-7400**

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

**Graduate students** get a 50% discount on registration fees and are eligible to win a \$500 cash prize for Best Student Presentation

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

**CEU credits** will be available for those attending this conference.

### **Submission of Abstracts** **11<sup>th</sup> Annual ICSPP Conference**

*Your presentation must include the following elements:*

Oral presentation, seminar or poster

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

Last name, First name, Initial

Highest academic degree

Affiliation

Full mailing address

Telephone and Fax

Email

Title of presentation

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

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

Audiovisual aids required

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

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

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

# Being Right is Important – Proving it, Not so Much

By Andrew Crosby, MA

It was an ugly fight, waged between remote, faceless opponents. As the dust settled, battered casualties, also remote and faceless, lay everywhere. Participants and observers alike had to be asking: How did we get here?

If you're wondering what fight I'm referring to, that doesn't matter. They're all pretty much the same. (If you disagree, fine. Just play along, O.K.?)

As for how we got there, the list of reasons would fill a book. I'll just comment on one. Put simply, *some people wanted to win*. Sounds logical. Winning a fight could be crucial. There may be much at stake - your jaw, your life, or those of a loved one.

Thing is, the matter to which I refer started out as a discussion; the fight part came later. While winning a fight may be crucial, the stakes in a discussion are different. The chances of getting your jaw busted with a 2 by 4 in a discussion are pretty slim - barring escalation into (you guessed it) a fight.

Which brings us to what I said about people really wanting to win. Here I define **wanting to win** as *steadfastly trying prove you're right*. And I define **people** as *people*.

Follow: Each of us **people**, at various points in our lives (mostly when under age six, but, hey, we're all imperfect) have engaged in discussions during which we refused to give in. We **wanted to win**! We had to convince our opponents that we were right and they were wrong. As if that weren't enough, we also insisted that our opponents ad-

mit defeat, capitulate. (Here I define **opponents** as *other human beings*.)

Discussions about vital topics are, well, *vital*. And here at ICSPP, we have no shortage of weighty issues to spark discourse. Psychotropic drugs, diagnostic labels, approaches to helping people – these are just a few headliners. Each issue has any number of angles to consider and positions to support.

*But, sure, you say, here at ICSPP we are all of the same thinking.*

If only life were that simple. Yes, we share certain values and principles. But as for specifics on any issue, we've got at least one opinion per name on our membership list.

*Ah, but we're all experienced and intelligent, you say. That should keep matters in check, no?*

No!

While we are all experienced and intelligent, we also suffer from the insurmountable problem of being human. Remember that six-year-old I mentioned? Well, he or she lives within each of us, no matter how old or smart we get. Those six-year-olds don't care if we've read lots of books or have advanced degrees. They don't even care if we've *written* lots of books. Sometimes being smart makes us **want to win** all the more; we're still **people**, after all.

Fortunately, we have a way to keep a discussion from going ballistic. We can recognize this: We are smart, and might be right about something. We

may *know* we're right, and might actually *be* right. I submit, though, that it is enough to *be* right, make our point ... and leave it at that. Yep, just leave it.

Sharing our views in the clearest manner our skills allow is enough for the purposes of discussion. Striving to prove we're right - to **want to win** - takes us beyond discussion. That's called an **argument**, which I define here as *the step immediately preceding a fight*.

The threats we face during a discussion fall well short of annihilation. So, when we feel that need to win - when we really want to pick up that 2 by 4 - we need to ask ourselves the following: What does it matter if we don't prove to others that we are right? (It doesn't.) What do we lose if others continue to disagree? (Not a damn thing.)

I know at least some of you disagree. Some may even think I've exaggerated to make a point. (Me? Not in a billion years.)

Recall, however, that my intent has been to share a point of view for your consideration – not your capitulation. I'm not trying to prove a thing. This is just a discussion, and you're invited to listen, chime in, and disagree if you like.

Just check your 2 by 4 at the door.

# Thor's Triumph

By Delores Jankovich, MA, LMSW

The word had spread like wildfire about the remarkable story in Kansas, the student who was doing some truth telling about the mental health system! Thor Nystrom was sharing his odyssey through the system, on the front page of The Kansan, the student newspaper for the University of Kansas. USA-CSPP Director and sleuth, Lloyd Ross, noted that this was a story that needed to go in the ICSPP Newsletter. And that is how I came to find myself tooling down the highway on a sunny Sunday to Lawrence, Kansas, to meet Thor Nystrom, KU student and survivor of a terrifying journey in the mental health system.

Thor's home is Baxter, Minnesota, a city of around 6,000 in a county having the poetic name of Crow Wing. His father is a pharmacist and his mother is a member of the county board. Thor has a sister, Quinn, and a younger brother, Will.

Thor chose the University of Kansas, with a student body of 30,000, based on the experience of family who had attended the school and also on the school's stellar athletic history. It was exciting, and yet intimidating, to be in the midst of a thriving, stimulating university where the population was about five times the size of his home town. KU had two things Thor hoped to find at his university of choice, a fine journalism department and great sports teams!

Thus, it all began when Thor was a 19 year-old Freshman at the University of Kansas. He eagerly embraced the campus scene including the traditional partying that accompanies initiation into university life. One evening Thor, taking Adderall and Paxil at the time, was drunk in a campus parking lot. An altercation occurred between Thor and other students. He invites their blows. He is down, lying in his own blood, when the cops come. He is hauled off to the hospital. Still drunk and filled with despair, Thor tells the cop, "Shoot me in the head. No one has to know."

Thor was escorted in a squad car to Stormont Vail Regional Medical Center where, after a ten minute interview, Thor

was given a diagnosis of schizophrenia. Along with the diagnosis came a number of drugs.

Henceforth, to cope with schizophrenia, he would take a drug cocktail, including the anti-psychotic, Geodon. Thor didn't question the psychiatrist. He assumed schizophrenia must be the medical problem behind his aberrant experience. It was not like him to be aggressive or to invite destruction. He felt taking the drugs would make him feel better. After all, his Dad was a pharmacist. However, his Dad only filled the prescriptions. Thus, neither Thor nor his family had any reason to believe there was a problem. Take the drugs and he would get better.

His narrative published in the UDK ([http://www.kansan.com/stories/2008/05/hell\\_and\\_back](http://www.kansan.com/stories/2008/05/hell_and_back)) States: "I had no way of knowing then that this doctor's diagnosis would start a year-long journey into the mental health system and the depths of hell. It would feature seven different diagnoses, 13 different mind altering drugs, more than a dozen psychiatrists and psychologists, hundreds of hours of therapy, drug overdoses, self-mutilation, a suicide attempt, a weight gain of 140 pounds and being committed by the state of Minnesota for four months into three separate mental institutions."

Thor found himself spiraling down, crying and spending time alone in his room. He was having great difficulty meeting academic requirements. He managed to make it through the semester, however, he did not return at the end of the holiday break. Instead he transferred to North Dakota State and that didn't work out. He lived at home and continued course work at the local community college. He soon learned that he could not do the work. His first love was writing and he could no longer write. Thor hired a friend to write the papers that were necessary for him to finish out the semester.

At home, Thor's behavior puzzled his family. His usual ebullient self and fun-loving nature were no longer accessible. He silently withdrew from his family or

yelled and screamed at them. He became aggressive, overreacting, once pushing his 12 year-old brother into the wall when he didn't clean up after the family dog. Looking back, Thor thinks his family should have kicked him out. But they were doing what they know how to do, giving unconditional love.

He loaded up on fast foods and soon found his weight ballooning. He would gain 140 pounds in a little over a year. His face no longer resembled the picture on his driver's license. He hardly recognized himself. His hygiene disappeared. He stunk.

Finally, on his sister's graduation night, Thor decided he could no longer endure his suffering. He took charge by stuffing the muffler of the family Jeep with rags, taping it secure with duct tape, and after swallowing a massive dose of prescription sleeping pills, turned on the engine and waited to die. In the wee hours of the morning, at 5:15 a.m., Thor's sister, Quinn, was returning from her all-night graduation celebration, and decided to retrieve some presents she had left in the back of the Jeep. She discovered Thor, barely alive, because the rags had dislodged.

Thor's family scheduled an emergency session with Thor's psychiatrist who threatened to report the family to social services because they had not had Thor admitted to the hospital. When his psychiatrist asked him if he would tell his Dad if he intended to commit suicide, Thor said "No," resulting in him being involuntarily committed for four months.

Another condescending psychiatrist informed Thor that his days at a competitive university had ended, that he "processes" more slowly than other people. Enraged, Thor, who, in the past had been the class clown and possesses the timing and rapid response of a natural comedian, bolted from the room. He was crushed, having been determined to return to the University of Kansas.

When it came time for his



commitment hearing, Thor was clear and articulate. Thor's statement to the judge (quoted from his original narrative) was, "I understand I was put here because people thought I was a danger to myself. I don't dispute this. But I am no longer. I'd really like to get on with my life. I don't see how anyone is served by me being locked up out here."

Though the judge recognized Thor's clarity, Thor was involuntarily committed on the basis of the psychiatrist's recommendations.

Thor's last diagnosis of Borderline Personality Disorder qualified him for a reduction in medication and made him a candidate for a stint in a therapy program, Dialectical Behavioral Therapy, often used for people with such a diagnosis. Many facets of this program were not helpful. However, Thor utilized such statements as "Get in your wise mind. Step back. Give yourself a minute to be sad and then regulate" These served to help him balance his responses.

When Thor was released from the hospital he was determined to return to Kansas. His parents were concerned for him and his psychiatrist recommended that he not do so. He moved back to Lawrence. He commuted to Johnson County Community College in Overland Park, Kansas, and successfully completed 18 months of academic work at JCCC before returning to KU. His sense of freedom was euphoric and it was a relief to once again drive his car.

"It was amazing to have control, again," he said.

Upon his return to Lawrence, he went off all his prescription drugs. Thor informed his pharmacist father of his decision. Thor's dad was cautious and said he should at least stay on the Adderall. Too late. Thor had made up his mind and went off "cold turkey." He immediately felt better. Thor's decision to counter psychiatry was not premeditated, rather it was a moment of clarity. He felt he knew what he had to do.

After success at Johnson County Community College, he resumed his role as a student at KU. He completed his degree in journalism and was awarded his diploma on May 17, 2008. Thor wrote his story of his experience in the mental health system as an in-depth project. He knew he wanted to write about his "journey through hell" for himself, to close a chapter in his life, and move on to another phase. He had never verbally

shared any of this experience with his family members, his close friends or his current girlfriend. It was a cathartic experience.

His friends were shocked! They had no idea what he had gone through! His girlfriend was speechless! The outcome was positive. He sent his story to old friends in Minnesota and they were happy to hear from him.

Thor's life changed for the better when he began to take charge and took back control. His suicide attempt was the first decision he made for himself. He does not regret that decision today. He was aware of the consequences.

***"The outcome is that  
he knows himself to  
be a person of internal  
strength."***

Once he took charge, came back to Kansas, got off drugs, and returned to a competitive campus life he flourished. He had stared down the faces of entrapment and won. He began a whole new fitness regimen. He follows a strict no-carb diet and goes to the gym daily. Thor is an energetic, confident, articulate and empathic young man whose healthy good looks reflect his Norwegian background.

While at KU he was a reporter for The Kansan and a sports writer for the Basehor Sentinel in Basehor, Kansas. He goes on now to his dream job as Associate Reporter for mlb.com. He'll be covering his favorite team, the Minnesota Twins, in Minneapolis. But that won't be all the writing! He has plenty of material for a book and it is in the planning! He will likely include some of his wicked humor along with the hard facts! He has the ability to articulate his experience and the consciousness to tell his story.

Thor believes spending a year in the mental health system prepared him for anything and removed any naiveté. The outcome is that he knows himself to be a person of internal strength. As for advice for others, Thor would say,

"Remember who you are. Keep fighting."

Thor indicated: "You have to go through adversity to have perspective." He said this quote from Winston Churchill comes to mind, "If you're going through Hell, keep going."

Undoubtedly, Thor's name suits him. He is set to stir up some thunder! He is an incredible resource for himself and for others! He is among this writer's heroes!

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NOTE: Parts of this article are derived from Thor's article, "To Hell and Back," published in The Kansan, the University of Kansas Student Newspaper.

CAUTION is advised for anyone who may be planning to withdraw from psychotropic drugs. Each person needs to consult with a competent physician when withdrawing and pursue his own individual regimen.

This writer wishes to express grateful appreciation to Thor Nystrom for providing this interview.

Access Thor's article, "To Hell and Back," at The University Daily Kansan at [www.kansan.com](http://www.kansan.com). Read Thor's interview at the Lawrence Journal World at [www.ljworld.com](http://www.ljworld.com).

## Newsletter Book Review

### *Surviving America's Depression Epidemic: How to Find Morale, Energy, and Community in a World Gone Crazy*

By Bruce E. Levine, Ph.D.

Chelsea Green Publishing Company

By Andrew Crosby, MA

I read somewhere that good writing is honest writing, and that when one is honest, some will inevitably get ticked off. What I enjoy most when ICSP members write is their penchant for straight talk; they seek peace, yet know they might ignite fireworks.

With "Surviving America's Depression Epidemic," Bruce Levine has struck a match. While he has held it up to a fuse, he clearly has the loftier goal of illuminating something few consider – *the big picture*. And the picture is very damned big, but don't let that dissuade you. Bruce's message is still simple and warmly delivered.

The topic under illumination is nothing less than our industrialized, market-driven consumer culture and how it harms us. Bruce relies on literature with which many of us are familiar, including drug studies and reports from the surgeon general and World Health Organization, as well as books and articles from all sides of the psychotropic drug debate. He further draws from such accomplished social thinkers as Howard Zinn, Erich Fromm, and (apparently Bruce's hero) William James.

Not to worry, though, if you're unacquainted with any of these. Bruce takes the relevant concepts and promptly applies them to his aims, and does so in a non-academic and jargon-free manner. In fact, terms appearing most commonly in "Surviving" include, *healing, connecting, belief, faith, and community*. Thus it works when Bruce speaks of the lives and teachings of Buddha and Jesus to further support his thoughts.

If that makes "Surviving" sound like a mish mash of contradictory elements, be

assured that is hardly the case. Bruce introduces his premise early, and proceeds logically: We live in what has become an extreme consumer culture. Here, technology, money, and consumer products are valued above all else and we must seek and embrace these to be successful. Success essentially means that we obtain enough money to buy technological products. How does one obtain enough money? By producing and selling consumer products, of course. This is how to be happy, and you damn well better be happy or you'll likely be unable to keep up with the rest of us. And things move fast around here.

This is our world, and we largely accept it without question; it's just the way things are. This fast-paced, serve-the-machine existence comes at a price, however - alienation; a sense that we don't belong, and that we lack connection with others and with nature. There's a word for that - depression. Bruce defines depression as a strategy – what we depress is our *beings*, and we do so to quell the pain of alienation.

It gets worse. As our consumer culture has gained momentum more people than ever are becoming depressed. And while depression once challenged us when we were well into our adulthoods, the phenomenon now strikes when we are much younger.

For those of us who are unhappy, our extreme consumer culture has developed solutions. We have a mental health system full of professionals with all kinds of technologically advanced (technologically advanced = good!) products and services for sale. These include pills and anger management or

social skills training, and are often delivered by doctors (doctors are technologically advanced - also good!).

The problem, which you may have seen coming, is that the mental health system is part and parcel of the machine, and does little to acknowledge or ameliorate the bewilderment of alienation and overwhelm – the pain of not being accepted or understood. Bruce is honest, and necessarily unkind, in appraising his profession's practice standards. He characterizes psychologists and other helpers as conformists, compliantly grinding through their educations, then going into practice with one frightened eye always on the regulations of licensing boards and managed care panels lest they color outside the lines.

Lost, frightened, and frustrated people, however, need more than what the factory has manufactured to help them. What they need is a relationship with someone who understands and can help them bear their pain ... and then *energize them*. To Bruce, an effective helper is a risk-taker who is willing to be spontaneous and irreverent when needed. These types seldom seek professional training, however, and since the system seeks and rewards compliance, mavericks need not apply, nor stick around should they somehow get through the door.

The lexicon of "Surviving" is wonderful. While some decry the medically-tinged vernacular common to the helping professions, and call for an overhaul, Bruce does neither. He simply states his case using a non-medical language that already exists - it's called English, and it suffices beautifully.

Words are inspiring and meaningful to Bruce. The term *depression* takes a back seat to phrases such as *lacking morale* and *feeling unwhole*. *Psychotherapy* makes far fewer appearances than *energizing one through a relationship* and *connecting with community*. And try these: The opposite of *depression* is not happiness but *vitality*; the opposite of *wholeness* is *alienation*, and of *love*, *fear*.

As Al Galves does in “Lighten Up. Dance with Your Dark Side,” (reviewed in our last issue), Bruce emphasizes the important and necessary aspects of feeling alienated or demoralized. These are normal and understandable, if painful, reactions to what has happened or is happening to us. By exploring the pain of our inner worlds we grow, become whole, and learn how to heal ourselves and others. We become resilient (another great word) and we reconnect with others and with nature. We also become better citizens – another significant theme in “Surviving.”

What’s more good news, unhappy, disheartened people are valuable to society. They serve as “canaries in the coal mine,” sensing and reacting to social problems first, and warning the rest of us. Their sensitivity is thus an important social barometer, and society ignores the messages of the demoralized at its own peril.

Bruce also discusses some of the world’s most influential people who have been dispirited and discontented. Artists such as Beethoven and Van Gogh created wonders out of their suffering. Abraham Lincoln became stronger after struggling through despair, and helped guide a country through a hellish trial. Siddhartha Gautama, born to royalty in Northern India in 560 BC, struggled for years with discontentment. Finally he isolated himself, sitting under a fig tree for 49 days meditating, concentrating, desperately seeking meaning.

It paid off. We now know him as Buddha, the Enlightened One. Thank Heaven for misery. And for fig trees.

There is all this and more in “Surviving.” The book is direct and unapologetic, but while Bruce commits “cultural and professional heresy,” he does so wisely and because he cares. He cares because we are all wounded to varying degrees, and because society itself is wounded. And it seems against Bruce’s

nature to stand by without acting; he is, after all, a risk-taking healer. With “Surviving,” he has acted with a deft mixture of two parts moxie and three parts warmth and kindness.

“Surviving” is 184 pages, well organized into six chapters with a brief, spunky epilogue. Although the tone is not of the text book variety, I suspect, and certainly hope, that it has found a place on some college and university reading lists – if so, I’m guessing sociology. Psychiatric survivors and family members will easily take in “Surviving,” and will appreciate its candor and scope, as would, I believe, any socially conscious and curious members of the general public.

Professionals need to read it. Period. Even the ones that’ll get freaked out.

And those wish to overhaul the reductionist, medical sounding jargon that pervades our field can take heart; Bruce provides a great example of how it’s done.

“Surviving” should also do well on the Self Help bookshelves, both real and cyber. Anybody seeking morale, whether they know they are doing so or not, will likely be inspired and energized. Judging from the reader reviews for “Surviving” on amazon.com, which I encourage you check out, this seems to be the case.

Final word: Very well done, Bruce; you energized me. William James would be proud.

Did I mention Bruce loves words? He knows how to use them to set the tone, too. Here are a few especially great lines from “Surviving:”

“Ultimately, the healing of our wounds expands our humanity.”

“When we feel our pain is loved, our pain will no longer be a demon.”

“Sadly, however, the mental health profession has evolved into another industry, another component of the market economy, rather than as a critic of its limitations.”

“Extremist consumer culture is, in one sense, an attempt to achieve a world where there is no pain. In such a world, love is unnecessary.”

You can read more from Bruce, *much* more, by checking out [alertnet.org](http://alertnet.org) where he contributes a regular column.

# In Memoriam: Hyman Spotnitz, MD, Med, ScD

By Delores Jakovich, MA, LMSW

April 18, 2008, marked the passing of Hyman Spotnitz, a giant in the field of psychoanalysis. In his obituary in the New York Times, it stated:

“His techniques revolutionized the non-drug treatment of schizophrenia and other narcissistic disorders and had a profound effect on clinicians in agency settings and private practice. The Board of Trustees, students, faculty, staff and alumni of the Center for Modern Psychoanalytic Studies mourn the loss of Hyman Spotnitz who inspired the ground breaking treatment of modern psychoanalysis.”

The following is noted in “Just Say Everything,” a Festschrift in Honor of Hyman Spotnitz, edited by Sara Sheftel, et al, in 1991, by the Association for Modern Psychoanalysis, New York, New York:

Dr. Spotnitz authored over 100 articles published in professional journals. He was the author of a number of books including “Modern Psychoanalysis of the Schizophrenic Patient,” “Psychotherapy of Preoedipal Conditions,” and with Phyllis W. Meadows, PhD, “Treatment of Narcissistic Neuroses.” He has also written “How to Be Happy Though Pregnant” and “Wandering Husband,” written with Lucy Freeman. As a pioneer in group psychotherapy, he wrote



Dr. Hyman Spotnitz, MD, who passed away in April at the age of 99. (Photo: New York Sun)

“The Couch and the Circle,” intended for both professionals and lay people.

He was a distinguished teacher and lecturer and frequently conducted supervisory demonstrations, seminars and workshops for large audiences, numbering in the hundreds.

Dr. Spotnitz received the Sigmund Freud award from the American Society of Psychoanalytic Physicians for his contributions to psychoanalysis and psychiatry. He was made a Fellow by the American Association for the Advancement of Science and The American Psychiatric Association also honored Dr. Spotnitz in January, 1991, for his 50 years of service to the Association and the field of psychiatry.

Now we turn to the real experience of

our own leader, ICSPP Director, Dominick Riccio, who shared his own profound and illuminating comments about Hyman Spotnitz. Spotnitz was Dominick’s teacher, colleague, analyst, supervisor, group analyst, group therapy facilitator, and trainer in individual and group work. Dr. Spotnitz simultaneously had all the above roles in Dominick’s life from around 1986 through 1996. Generally, it has not been so accepted for someone to serve as both an analyst and supervisor at the same time, however, Dr. Spotnitz did so, and Dominick believes it is an appropriate practice which enables an analyst to effectively coordinate his own personal growth with the treatment and growth of his patients.

The most important legacy that Dr. Spotnitz leaves is, “that he was a man who truly understood the unconscious. He practiced what he preached, in his individual and his group work and in the way he lived his life. He had the consistency, humanity and kindness that are the unique characteristics of all great analysts.”

Dominick was led to Dr. Spotnitz through another important figure in psychoanalysis, Yonata Feldman, who had worked with Dr. Spotnitz at the Jewish Board of Guardians. Ms. Feldman was a great lady in her own right and was a leader in the field. Ms. Feldman was both a sensitive practitioner and insightful supervisor. Dominick was in a 5-day a week analysis with Ms. Feldman for two years and in supervision with her for four years. Ms. Feldman advised Dominick that he needed to be in analysis and supervision with Dr. Spotnitz. Dominick concurred and was simultaneously in supervision and analysis with both Ms. Feldman and Dr. Spotnitz for one year before Ms. Feldman died.

Both Dr. Spotnitz and Ms. Feldman specialized in the treatment



of psychotic conditions as well as any preoedipal conditions. Dr. Spotnitz and Dr. Phyllis Meadows started the Modern Psychoanalytic movement. Dr. Spotnitz proceeded from Freudian theory and amplified his understanding of Freud by integrating other theories and techniques so that the analyst could tailor the analytic treatment to the specific needs of the client. Dr. Spotnitz's great contribution to the field of psychoanalysis was that he was the only analyst who elucidated a theory and techniques of working with preoedipal conditions and described all the emotional techniques in detail. He actually gives a blueprint for dealing with the phenomena observed in working with preoedipal people. In counter distinction to people like Sigmund Freud, he was a great practicing analyst as well as theoretician.

Dr. Spotnitz originally started out as a neurologist as Freud did. Under the influence of his first wife who was a psychotherapist and social worker, whom he loved very much, he became interested in psychoanalysis. He studied Freud and psychoanalysis and was convinced of the power of psychoanalysis to treat previously untreatable preoedipal conditions. Dr. Spotnitz chose to focus on preoedipal conditions because when he was at the Jewish Board of Guardians he observed the intractability of preoedipal conditions and realized that classical interpretative analysis was ineffective.

Dr. Spotnitz conducted analytic research with individual patients until he realized that anger and aggression were a major factor in the development of schizophrenic defenses. Therefore, he developed techniques and strategies for eliciting the repressed rage and aggression and building ego strength. He employed emotional techniques which respected the ego defenses as well as primitive defenses and enabled the ego to handle powerful affective experiences. All these theories and techniques are fully elucidated in his brilliant book, "Modern Psychoanalysis of the Schizophrenic Patient," which is currently in its third edition.

When psychosomatic psychoses are expressed in life threatening illnesses such as Crohn's disease or cancer, Dr. Spotnitz's techniques can be utilized to alleviate these psychosomatic conditions.

Dr. Spotnitz believed that psycho-



Dr. Dominick Riccio, Ph.D., gives opening remarks at ICSPP's 2007 Conference in Arlington, Va. Dominick was supervised by Dr. Spotnitz for about ten years.  
(Photo: Andrew Crosby)

analysis is basically a "talking cure." He believed that the only goal of psychoanalysis is to resolve the patient's resistance to expressing all thoughts and feelings. That essentially is the talking cure! Patients cure themselves by saying everything!

Dominick shared, "One of my most profound experiences in group psychoanalysis with Spotnitz occurred when I personally talked about never feeling loved. Spotnitz asked, 'What would make you feel loved?' I said, 'I don't know.' He responded by saying, 'Would you feel loved if I gave you a hug?' This came from a man who rarely touched a patient and even lectured on the dangers of shaking hands. At this point he got up in the group, walked across the room, asked me to stand up, and gave me a hug! I can't say it was life changing, however, it did touch me deeply and it demonstrates Dr. Spotnitz's willingness to do whatever needs to be done to cure a patient irrespective of theory.

"Dr. Spotnitz was always totally comfortable with any and all feelings, especially aggression, but emphasized the importance of balancing love and aggression. As long as I knew him I never knew him to prescribe a psychoactive drug. As far as I know I've never known a case where someone was on drugs and in treat-

ment with him.

"Dr. Spotnitz believed that all analysts should be in their own analysis and in their own professional supervision.

"He was a great human being who always made everyone feel accepted no matter what their thoughts or feelings were. You always thought it was O. K. to say *anything* to Dr. Spotnitz. The same with supervision. You could always acknowledge all your mistakes in supervision and he would help you understand your feelings and what was helpful and not helpful to the patient. Finally, he was the most effective interviewer, in that, with gentle questioning, he could help you express all of your thoughts and feelings and feel totally accepted and understood."

[Co-editor's Note: The Newsletter staff extends special thanks to Dominick Riccio for generously sharing his experiences and thoughts regarding Dr. Hyman Spotnitz.]

It's summer time, and we're winding down here at Newsletter Headquarters. So here's a little something new - a few pages of short fiction, photos, a drawing, and a poem.

Think of this as *The Easy Section*.

And by the way ... Enjoy your Summer.

## Heavy Metal Chocolate

By Andrew Crosby

Jamie reached the front steps of West Milford High School, and took them two at a time. She yanked open the door and whipped through, her long hair trying to keep pace. She pretended not to hear Brian calling from the sidewalk.

"Hey, Jame! Wait up!"

*Not now*, Jamie thought.

She plowed full steam through the crowded hallway, tightening her grip on the books under her arm.

"Hey, Jame!" The noise of Brian's sneakers clomping on the floor grew louder in the clamor of the hallway. "You O.K.?"

Winded, Brian pulled up beside her. He smelled her hair, and thought of a meadow. They reached the stairway that led to their second floor lockers, and Jamie double-timed it again. Brian veered to avoid on-coming traffic while Jamie kept on plowing.

"You gotta cut back on the Starbucks," Brian said, laughing. Then, "Hey, where's your book bag?"

"At my mom's," Jamie said over her shoulder.

"Oh." They reached the top of the stairs. Brian bumped shoulders with a kid, apologized, and said to Jamie, "Hey, what happened last night? I thought you'd be at Derek's."

"I was busy."

"Oh," Brian said again, and apologized for another collision. "Doing what?"

"Stuff," Jamie said, wishing she could have dodged this encounter. She wanted to grab Brian by his extra-large Rat Death t-

shirt and pitch him back down the stairs. And hated herself for it.

"Hey, are you O.K.?"

"Brian, I'm really not -"

"I just, you know, thought you'd be there last night."

"I was busy."

"Yeah. I know. I just -"

"I never *said* I was going." Jamie turned a corner and the strange smelling biology teacher, coming the other way, swerved around her and crashed into Brian. Brian was too surprised at the odor, much stronger up close, to apologize. Besides, he had to catch back up with Jamie.

"I just thought you'd be there. You know?"

"You said that already."

"Yeah. Guess I did. I just, you know, kind of thought -"

"I know, Brian."

"Hey. Are you O.K.?"

Jamie drew in a breath. "Brian, really. I've got -"

"It's just, you know-"

"Brian -"

"- you said you wanted to download those songs, and Derek said, 'come over,' so, I thought, you know, you'd be there or something."

"Sorry," Jamie said, sounding anything but.

"I found another great web site, too," Brian said. "They've got Rat Death and Snakes in the Trunk!"

"Now's not a great time."

They reached Jamie's locker, and she let go of her books. They walloped to the floor as she reached for the lock. Brian froze.

Some girls are book droppers, Brian had observed. Others slowly kneel, set down their books, adjust their sweaters so

as not to flash too much back, then rise to work the lock. To Brian, one of Jamie's most appealing qualities was that she was a slow-kneeling-sweater-adjuster. Brian was stumped.

"Hey. Are you -?"

Jamie wheeled around, hair flying, and screamed, "*Damn it, Brian. Not now!*"

Both barrels. Point blank. Her voice cracked, she'd yelled so hard. The hall went dead, and so did Brian. His face felt hot, and he couldn't breathe. He stared at Jamie's locker door as she shook off her coat, stuffed it in her locker, and slammed books around.

"Sorry," Brian said, just above a whisper. Then, even quieter, "See ya. See ya, Jame." Head down and shoulders slumped, he turned and walked away.

All he could think was ... *She yelled at me.*

Brian didn't lift his head until third period. It took that long to occur to him. He glared out the window, barely seeing the rain that slashed down in sheets. And he thought, *Please don't let it be her mother. Anything but that.*

An hour later, Brian stepped off the lunch line with his spaghetti and chocolate milk. He had no desire to eat, but this was the cafeteria - you get lunch and sit, that's the rules. He turned, and there was Jamie. Hamburger special and cranberry juice again. She didn't look ready to eat either.

"Can we talk?" Jamie asked. She didn't wait for an answer. "Meet me over there," she said, nodding toward an empty table. She returned to her usual table, grabbed her pocket-book, and headed off to join Brian, her friends wondering what was up with her.

"I'm really sorry I blasted you this morning," she said, after settling across from Brian. "Really, *really* sorry."

Brian's voice was thin: "How's your mom? If you don't me asking."

Jamie almost exploded, it hurt so much. But she smiled inside, too. Brian could do that. He was a geek, but a nice geek. Sitting there, looking at him, Jamie recalled when she and Brian had walked home from Derek's

one night last fall.

**Brian's mom: "*The cookies are ready! Quite cranking the Rat Death tunes and come and enjoy!*"**

It was the first cold night of the year, and Jamie had only a sweater. Brian was boring her, blabbing about some CDs that Derek had burned for him. Then he'd said, "Oh, here," and suddenly his jacket was around her shoulders. It was warm, and smelled of chocolate chip cookies. Home-made. And Brian had just kept blabbing.

Walking in the chilled air, under the sporadic glare of the street lights, Jamie had looked at Brian, imagining his mother calling from the kitchen. Something like, "Brian - the cookies are ready. Quit cranking the Rat Death tunes and come and enjoy!"

Now, Jamie sat across from Brian, numb to the cafeteria din, her arms folded across her stomach. She fought to keep the dam from bursting.

She answered Brian's question: "She had to go to the hospital last night. It was bad. The worst ever."

Brian didn't know what to say. "I don't know what to say."

"And I don't know what to *do*. Good team, huh?"

"Yeah. Good team." Brian looked at his spaghetti, then opened his chocolate milk and sipped.

"Brian? What if this is ... You know. What if it's ..."

"What if it's not?" Brian asked, his confidence surprising him.

"But, what if it *is*?" Jamie asked. She was loosing it, felt it going.

"It's not," Brian said. "It's just not." His confidence had evolved into conviction, a new experience for him. He took another sip of his chocolate milk, still holding Jamie's eyes with his.

"My dad won't let me see her."

"You'll see her."

"But my dad won't -"

"You'll see her," Brian said, and he sipped again. "You're mom's rallied before. She'll rally now."

Hot tears let loose and streamed down

Jamie's cheeks. She wiped away what she could with her sleeve, but they kept pouring. Brian pushed some napkins toward her.

"This has happened before, Jame. You'll see her. And she'll come home."

Jamie wiped her face with a napkin, and spoke, her voice tight. "When I asked my dad this morning if I could go see her, he got all mad. He yelled at me."

"You'll see her."

"He *yelled* at me," she said, still mopping her face. "And what makes *you* so fucking sure of everything all of a sudden?"

"The chocolate milk," Brian said. He pushed the half-pint carton across the table to her and added, "Think I'm lying?"

Jamie looked at the small, square carton, then back into Brian's eyes. They were fixed on her with a strength she'd never seen before. The dam burst. It was more laughter than tears at first. Then more tears. Then, more laughter again. Soon, she and Brian were both laughing, and struggling to breath.

"You're such a *dork*," Jamie sputtered, wiping her face again. "Who drinks chocolate milk with spaghetti, anyway? You *have* to be a dork to that, don't you?"

"No," Brian corrected, "it's optional."

They talked. They talked about Jamie's mother, about her father, and about how this might turn out. And, no surprise, they found more things to laugh about.

When the bell rang they dumped their trays and joined the mob melding into the hallway. Jamie felt half normal - a major improvement. They reached the split in the hall, stopped, and faced each other before heading separate ways. Jamie considered giving Brian a peck on the cheek, but thought it would make him squirm.

She sensed something. She looked into Brian's eyes, expecting to see the confidence that had held her from across the cafeteria table. She saw that, but something else as well - Brian was scared. She tightened her grip on her books against her chest.

"No shit, Brian," she said. "What if this is really bad?"

"Then, no shit," Brian said. "We're gonna need more chocolate milk."

## Hero

**By Jada Fabrizio**

As usual, his tie is crooked. If Sister Josephine sees it she will give him a beating for sure. So, with more pluckiness than one would expect from a six year old, Elisa leans across her school desk and protectively whispers, Bryan, hurry, fix your tie!"

Alone in the cloakroom, Sister Josephine leans over and envelopes Elisa in her veils. Her lips touch Elisa's ear when she says, "You must understand how not to speak."

She blindfolds Elisa, and then demands she stick out her tongue. Sister Josephine places a narrow strip of paper onto its tip. With the scissor from her desk, the nun snips the bit of paper that hangs over the edge of Elisa's tongue.

When Elisa is sent back to her desk she presses her lips together tight, the other children plead, "Lemme see, lemme see."

On the walk home, a discipline note pinned onto her uniform, Elisa walks slowly, without self, without center, as if she were thrown up into the sky by a wind.

Bryan Kane, the blond haired boy from her class, the dork whom no one likes, falls into step beside her. He reaches over, pulls the note away from her school uniform, crumples it and tosses it away.

(Jada Fabrizio resides in Maywood, New Jersey. She is a graphic artist, photographer, and writer of flash fiction.)

# **Evil**

**By Delores Jankovich**

The suffering long lost to them is in the other.

So it can be killed rather than lived.

And in the killing,

The suffering of life itself,

The blood of creation,

The cup and content,

Is wrested from both the killer and the killed..





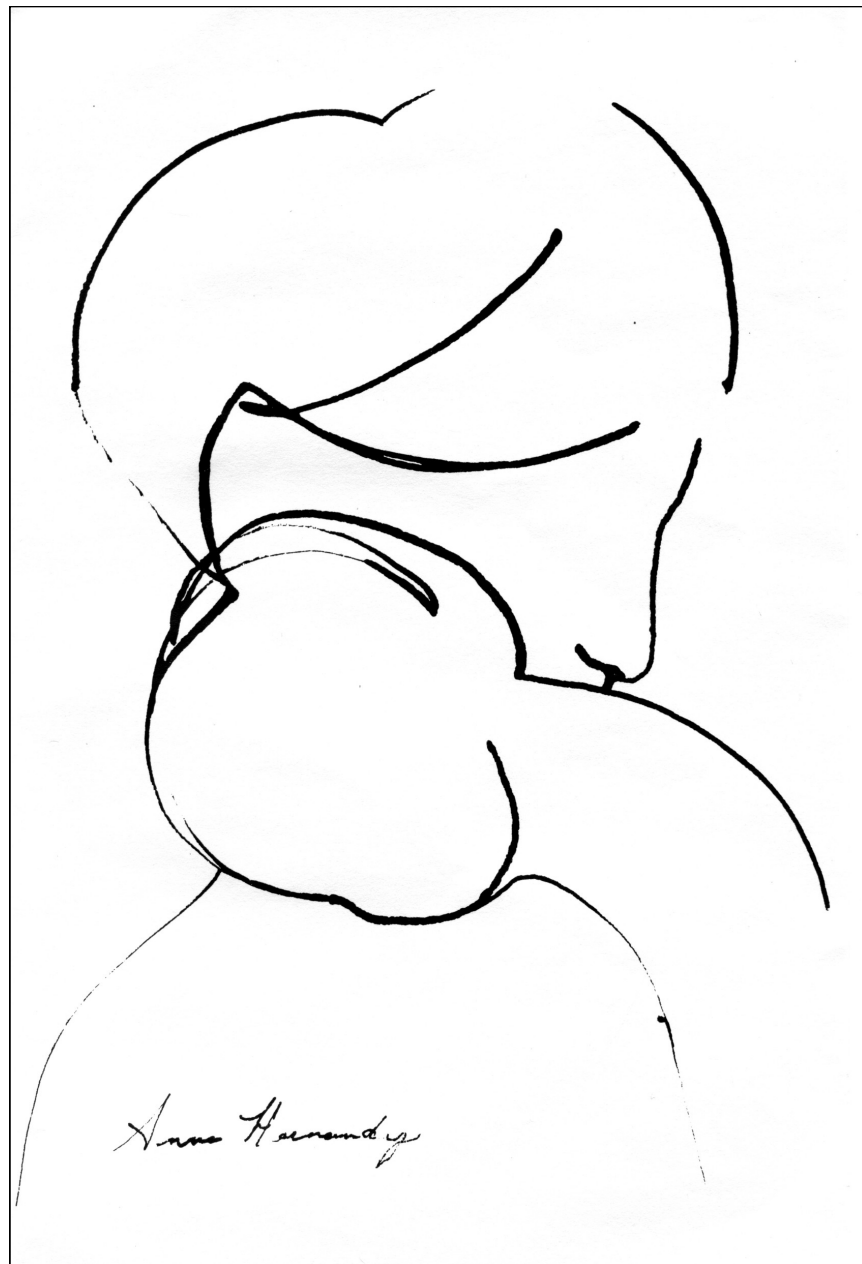
Saddle Brook County Park, Saddle Brook, New Jersey  
February 22, 2008. It was the last snow of the season.

Photo: Lee Chabrier of Fairlawn, New Jersey



Another look at the same spot, June 1, 2008.

Photo: Andrew Crosby



## Nurturing

By Anne Reece - Hernandez

Anne Reese-Hernandez comments on her drawings:

"What is special about my line drawings are that they are immediate, and it is raw emotion coming out before you have time to think, so they are a pouring out of the soul."

Joy Beck, Art Historian, has said of Anne's art:

"Anne Reese-Hernandez's work is reflective with just that tiny twinge of sadness to make even the joyous paintings poignant. Her paintings are about memories and the longing for a more peaceful time. Her drawings, sculptures and paintings evoke a compassion."

## 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 24. 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)

<b>Nadine Lambert, Ph.D.</b>	The Contribution of Childhood ADHD, Psychostimulant Exposure, and Problem Behavior to Adolescent and Adult Substance Abuse
<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
<b>Clarence McKenzie, MD</b>	Delayed Posttraumatic Stress Disorder from Infancy and the Two Trauma Mechanism
<b>William Glasser, Ph.D.</b>	Defining Mental Health as a Public Health Problem
<b>Peter Breggin, MD</b>	Current Trends in Treating Bipolar Disorder in Children and Adults
<b>Dominick Riccio, Ph.D.</b>	Why Mental Health Professionals Fail in their Treatment of “Schizophrenic” and “Bipolar” Diagnosed Clients
<b>Bertram Karon, Ph.D.</b>	Treating the Severely Disturbed Without the Luxury of Long-Term Hospitalization
<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
<b>Susan Stefan, J.D.</b>	Evolving Views of Psychiatric Evidence
<b>James Gottstein, J.D.</b>	A Coordinated Campaign to Successfully Change the Mental Health System
<b>Plenary Legal Panel</b> <b>Andy Vickery, J.D.</b> <b>Don Farber, J.D.</b> <b>Michael Mosher, J.D.</b> <b>Derek Braslow, J.D.</b>	Prescription Drugs: Civil and Criminal Liability Cases and Concepts
<b>Grace Jackson, MD</b>	Parens Patriae, Parens Inscius: Beware the Dangers of the Incompetent State
<b>Peter Breggin, MD</b>	Medication Spellbinding (Iatrogenic Anosognosia): A New Concept
<b>Joseph Glenmullen, MD</b>	SSRIs, Akathisia, and Suicidality: The History of the FDA's 2005 Black Box Warning on Antidepressant-Induced Suicidality
<b>Thomas Bratter, Ed.D.</b>	When Psychotherapy Becomes a War: Working with Gifted, Alienated, Angry Adolescents Who Engage in Self-Destructive and Dangerous Behavior
<b>Tina Minkowitz, J.D.</b>	Remaking Human Rights: Advocacy by Users and Survivors of Psychiatry
<b>Anne Marsden</b>	You Decide Who Decides – Yeah Right!

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## 2007 – Universal Mental Health Screening And Drugging of our Children

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

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- 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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