ICSPP Newsletter

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

"The Conscience of Psychiatry" *2008 – Number 4 (Better Late Than Never) Issue*

What's Inside:

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ICSPP Takes a Turn on Fox

Well, *this* was new and exciting. On October 8, the day prior to our Tampa conference, some of our key people took to the airwaves for 30 minutes (minus commercials – you know how television is) of talk about the dangers of giving our children psychiatric drugs. It was impressive talk, and high profile as it took place on the local Tampa affiliate of Fox News, on the highest rated show for the noon time slot.

The show was Your Turn, hosted by Kathy Fountain, and the distinguished guests were none other than ICSPP's Executive Director, Dominic Riccio, and founder, Peter Breggin, along with Jim Gottstein and Bruce Levine.

What did they talk about? A heck of a lot.

After framing the issue by discussing the alarming increase in the use of psychiatric drugs among children, Kathy Fountain posed the first question to the panel: "What percentage of kids in America today are on medications that should not be?" Peter's answer was no surprise: "*All* of them."

With that, things were off and running. Peter elaborated on what was to be a key theme of the discussion – that "the answer is not medicating the minds of children," but rather "the power is in the hands of the adults to bring up children – and we've lost sight of that." Soon, Bruce Levine, author of "Surviving America's Depression Epi-

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Dominick Riccio and Peter Breggin with Your Turn host, Kathy Fountain.

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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 (ISCPP) 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.

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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 the inside back page 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.

Important Message About Your ICSPP Membership!

ICSPP membership dues for 2009 are now due.

If you have yet to for 2009, the deadline is ***March 15, 2009*** to remain part of ICSPP.

Please Use the Membership Form on the Next Page.

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You know the reasons for staying with us: the newsletter, EHPP, discounts for conference registration and DVDs. And, of course, belonging to an organization that holds important and unique values.

For those of you who don't pay, this will be your last reminder … and your last newsletter.

ICSPP MEMBERSHIP FORM
2009

ICSPP is a nonprofit 501 (c)(3) organization. We are a volunteer organization with no officers receiving salaries or other financial benefits. **All annual memberships in ICSPP** includes our ***ICSPP Newsletter***, and other mailings, and helps us to continue to respond to the hundreds of information queries we receive from the public, the media, and concerned professionals. All members have the satisfaction of supporting our mental health reform efforts as described in our Mission Statement. Our journal, **Ethical Human Psychology & Psychiatry**, is vital to those who seek to read, write, and publish on issues critical to institutional psychiatry as well as to the life of **ICSPP** as a scientific and educational institution.

___ **$100** for **U.S. MEMBERSHIP** or **$110 US** if **International Address.** This includes a **ONE YEAR'S SUBSCRIPTION** to **EHPP**

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How did you hear about us? _____

Psychotherapy Referral Source: If you are a licensed clinician who subscribes to the ICSPP philosophy (see our Mission Statement on the ICSPP website) and are interested in receiving referrals, please check here _____ and indicate the state in which you are licensed _____.

_____ Check here if you are interested in joining the **ISCPP Online Discussion Group**.

Complete this form and credit card info or write check or money order to **ICSPP** and send to:

ICSPP - Membership Office
Dr. Robert Sliclen
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demic," spoke about the key issue for most kids and their families, loss of parental authority and mutual respect between parents and children. Kids know what is really going on – that there is actually no problem within *them* – and they hope that professionals will understand and help to ameliorate what is really happening in their lives.

Things evolved further when Jim Gottstein clarified that there are no demonstrable brain abnormalities until *after* psychiatric drugs are introduced. Dominick grabbed an opportunity in here to comment on how damaging it is to a child's developing self-esteem to assign a label such as Bipolar or ADHD. We are essentially telling children, "Your brain is defective; *you* are defective," and he declared it "tantamount to criminality" that we create such labels based on bad science, then introduce toxic chemicals into children's brains.

The host then asked how young some of these children are, and was surprised when told that six-month-olds have been prescribed Risperdal – a drug originally intended to quell psychotic symptoms. "Well, you tell *me* what a psychotic six-month-old looks like," Jim said.

It was underscored that professionals are disempowering parents, keeping them from believing that they can raise their own children. Indeed, Peter pointed out, we are disempowering all adults from believing their relationships with children matter; as soon as a teacher, for example knows "this child has ADHD," expectations plummet and helplessness sets in. And that's where the drugs come into play.

Dominick soon worked in the special issue of Florida's foster children, and the alarming rate at which they are diagnosed and drugged. This led to a discussion of what Dominick termed the "diagnosis *de jour,*" bipolar disorder, and the deploring lack of reflection involved in the application of this label. He also emphasized the practical advantage, to the drug companies, of this diagnosis – that it leads to more medications since one can now medicate a variety of moods.

Kathy Fountain proved to be a well informed host, laying out issues for discussion in a manner that showed she'd done some homework and knew what to ask. One such moment involved her asking about

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Photos:

Top: Dominick Riccio, Ph.D.

Center: Peter Breggin, MD, with Your Turn Host, Kathy Fountain.

Bottom: Jim Gottstein, JD

elaborate psychiatric evaluations she'd seen portrayed on television, and how parents could possibly know how to find such attention. Peter started the response by saying that such evaluations are performed by people invested in prescribing, and concluded, "As a psychiatrist I can tell you, the most dangerous thing you can do is take your child to a psychiatrist."

In the closing moments, Bruce returned to the theme of lost parental authority and mutual respect. He clarified that these are common struggles with which any of us can become engaged – and he was optimistic about outcomes when diagnoses and drugs are avoided. Why? Because there are reasons these things happen, and these reasons can be explored and understood. As Dominick added a short time later, there is story behind every acting out kid and every struggling family. We need to ask about those stories, because kids and families need to learn the influences they exert.

Well, the story of ICSPP's Fox debut is this: Bruce, Jim, Dom, and Peter did good. Individually they were relaxed and well-spoken. As a team, they were terrific. They made *us* look good, and we thank them for a job very nicely done.

We also thank Ann Marie Fagler, Your Turn producer, and host Kathy Fountain for her preparation and straight forward interviewing.

[*Editor's Note: You can check out clips from the show on You Tube, as well as clips from Peter's subsequent Your Turn appearance*.]

Photos:

Top: Bruce Levine, Ph.D.

Center: (L. to R.) Kathy Fountain, Bruce Levine, Jim Gottstein.

Bottom: The group during a break in shooting.

All photos courtesy of Larry Towe.

Announcements

About Ethical Human Psychology and Psychiatry

To Hopefully Clear Up Confusion Regarding Our Journal and Its Publisher …

During the past year there has been some confusion regarding subscriptions for our journal, Ethical Human Psychology and Psychiatry, and, more recently, about renewal notices that some of you have received from its publisher, Springer Publishing. We hope the following clarifies these matters.

EHPP Renewal Notices:

Due to computer updating processes that occurred at Springer Publishing, some of you have received renewal notices in the mail for your Ethical Human Psychology and Psychiatry subscription. If you have paid your full ICSPP dues, and are therefore to receive the journal, *please disregard these letter notices* as they were sent in error.

EHPP Subscriptions

Responding to member concerns, we have decided to attempt to align annual ICSPP dues membership with complete volume – rather than split volume – subscriptions. Therefore, those of you who paid dues for 2009 during the ending months of 2008 will have their subscription start with Vol. 11 No. 1 (the first issue of the next volume). In other words, your 2009 dues will cover all three issues of Volume 11 instead of you winding up with a split between Vol 10 and Vol 11. However, this will apply only to those who pay dues at the beginning of the year. If you pay your dues later in the year you will again receive a split volume, this time between Vol 11 and Vol 12.

If you have any questions, please contact Robert Sliclen at sliclen@optonline.net

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About Our Website: icspp.org

For some time now our communications director, Andrew Levine, has wanted to improve and update the ICSPP website. For various technical and administrative reasons, this was a hassle. But the problems have been resolved and the hurdles overcome. If you haven't visited the site in a while, please do so. Andrew worked hard on the project, and it came out great.

Andrew improved the entire look and layout, made things far more easy to navigate, and was even (after too many technical hassles to count) able to get a bunch of our newsletters on there.

Most notably, however, Andrew included a membership and information form on the home page which has promptly led to several website visitors joining the ICSPP community.

So, thank you, Andrew, for your valuable contribution … and thanks *especially* to our new members.

Andrew Levine enjoys the buffet lunch at the Tampa Conference with Bonnie Levine (wife of Bruce Levine, top of previous page).
[Photo: Andrew Crosby]

About What's Happening with Burt Karon

Lloyd Ross has been in touch with Burt's wife Mary and brings us the current news of Burt Karon. We missed them in Tampa. Burt had a setback and had to spend time in the hospital, resulting in him losing some ground in his rehabilitation. He is now back at the rehabilitation center working to regain momentum

Mary reports that cards and letters are extremely helpful to Burt in his recovery process. So keep the cards and letters coming and add lots of humor and love!

She added that they are preparing their house so that Burt can return home, hopefully very soon. He will continue to need physical therapy, as the accident left him with residual paralysis, mostly to the upper half of his body. He is walking with walker, however, and continues to make gradual progress.

Mary is also recovering from a bout with pneumonia, which no doubt added to their stresses, but is doing well.

Lloyd shares that, "Most of the staff at the rehabilitation center now know who Burt Karon is and have come to Burt for counseling about their children and families. Anyone knowing Burt knows that he doesn't refuse anyone."

We are all looking forward to seeing Burt and Mary in Syracuse at our Conference next year!

Warm thoughts are with Burt as he moves forward in his recovery!

Send all cards and letters to:

Bertram Karon
420 Wayland
E Lansing, MI 48823

Journalist Thor Nystrom Wins Prestigious Writing Awards

By Delores Jankovich, MA, LMSW

Thor Nystrom continues his triumph with his harrowing but inspiring account of his journey through the Mental Health System. He recently shared that at the end of the Spring, 2008, semester, his professor at the University of Kansas submitted his article, "To Hell and Back," to Rolling Stone Magazine.

Thor subsequently won the Rolling Stone Annual College Journalism Competition for his story. "To Hell and Back." Newsletter subscribers may recall reading about Thor this past summer in the ICSPP Newsletter. Thor's article is in the October 16, 2008, issue of Rolling Stone Magazine and he is the recipient of a $2500.00 monetary award from Rolling Stone Magazine. Congratulations, Thor!

Thor also took second place nationally in featuring writing from the Hearst Journalism Awards, netting an additional award of $1,500.

Not one to loiter, Thor has begun preliminary work for an upcoming book that will be an adaptation of the award-winning story. It will chronicle his experiences of professional misdiagnosis which led to hospitalization on a psychiatric unit along with other varied encounters on his journey back to a drug-free life. He is currently looking for literary representation and has made strides in that pursuit, moving closer to aligning with an agent.

Thor is enjoying widespread readership from a varied audience. He has been particularly pleased to receive notes from old high school friends that read the story. Many people have reached out to him via the social networking website Facebook to express appreciation over the publication of the story or share their owns tails of misfortune. His creative endeavor continues to touch lives with his fine storytelling and profound candor! ICSPP Newsletter Staff plan to track Thor's continued success and keep you up to date!

The Jim Gottstein Legal Defense Fund

ICSPP board member Jim Gottstein is in a legal battle with Eli Lilly over the exposing of Zyprexa documents. He is being legally bullied by the powerful corporation and needs our support in raising money for his legal defense which will be very costly. If we want people like Jim (who, by the way does all his legal work for psychiatric survivors on a pro bono basis) to be able to stand up to the psychpharma power bloc, we need to help him to weather this storm financially.

Read all about what Jim Gottstein is doing on his website: www.psychrights.org

Please send as much money as you can, whether it be $1 or $1000 as soon as possible to:

Jim Gottstein Legal Defense Fund
c/o Dominick Riccio, Ph.D.
1036 Park Avenue, Suite 1B
New York, NY 10028

Make the check out to the Jim Gottstein Legal Defense Fund, ICSPP.
Your contribution is tax deductible.

Thank you all for your support!

About a Big Change Coming

In a surprise development, Dominick Riccio, ICSPP's International Executive Director, publicly announced at the 2008 Gala that he will step down from his post effective May 31, 2009. He cited health reasons for this decision, but not to worry; he assured the group he is not unwell, just needs to take better care of himself. Heading up this organization can certainly be taxing. For one thing, Dom has had to put up with pesky Newsletter staff.

The news was truly a surprise. When Dom made his initial announcement at the Board of Director's meeting, the night prior to the Gala, hardly anybody saw it coming. One board member theorized that if Dom had told those closest to him ahead of time, we would have pleaded for him to reconsider. This is likely true, and if pleading had failed, some of us would have resorted to threats of physical violence. (We know where he lives.)

But change, though difficult, is a good thing. Case in point, Dom's successor effective June 1, 2009 will be Dr. Toby Tyler Watson. Toby has many accomplishments and credentials that make him a superb candidate for the position, not the least of which is that he was a protégé of one of ICSPP's most influential early members, Dr. Kevin McCready.

After the Gala, Dom (Right) symbolically passes the torch of leadership on to Toby.

We will have more on this matter, along with articles by both Toby and Dom, in our next issue. At that point we will officially welcome Toby, and thank Dom for more than six years of leadership, energy, and dedicated service.

Special Winter Issue
Arts and Leisure Section

Essay

David Foster Wallace
R.I.P.
By Robert Sliclen, Ph.D.

Just a musing from me about something that caught me in my throat ...

I don't know how many of you caught the news that David Foster Wallace committed suicide last month. I've liked some of his writings --- some were not my taste --- so I thought I'd look into the circumstances surrounding his death.

Not surprisingly, I found well over two dozen obituaries and I read/scanned a few of them. I hit one in the first few that said that he was struggling with his medications and wasn't able to find the right (cornucopia) mix. No other essays came anywhere near touching the latter part of that issue. Plenty said that he had a long struggle with depression and some articles were even entitled so.

I found him an interesting and complex writer -- though I never made it through one of his books. He wrote a variety of in-depth magazine articles, such as, David Lynch for Premiere, holiday cruises for Harper's, for the US Open for Tennis magazine. He covered John McCain's 2000 presidential campaign for Rolling Stone. His 2000 Rolling Stone profile of John McCain -- reissued this past June as a slim, stand-alone volume "McCain's Promise: Aboard the Straight Talk Express With John McCain and a Whole Bunch of Actual Reporters, Thinking About Hope" -- is a vivid example of his style. Reviewers wrote that his article about a tennis 'great' made you feel like you really knew the man.

Comments about his work abound. But in fact, it was Wallace's odd sense of double vision that most defined his sensibility. He was a humanist who could not help but see both sides of the story, who imagined himself into the gray middle areas of his writing. Even his titles "A Supposedly Fun Thing I'll Never Do Again," or "The Broom of the System" have that split.

He wrote about the complacency of daily life. I find it poignant that Wallace's work was often built around the difficulties of communicating --- though, till his last work, never about suicide. No one ever commented about a self-destructive theme in his work.

At his 2005 Kenyon College address, he told the graduates that the purpose of education was to teach "how to keep you from going through your comfortable, prosperous, respectable, adult lives dead, unconscious, a slave to your ... natural default setting of being uniquely, completely, imperiously alone".

As I read what I've just written, it certainly sounds like he had a slide into oblivion. But here's the clincher:: "He was being very heavily medicated," he (his father) said. "He'd been in the hospital a couple of times over the summer and had undergone electro-convulsive therapy. Everything had been tried, and he just couldn't stand it anymore." Anyway, here's a piece of his that I think we can resonate with:

Some psychiatric patients – plus a certain percentage of people who've gotten so dependent on chemicals for feelings of well-being that when the chemicals have to be abandoned they undergo a loss-trauma that reaches way down deep into the soul's core systems — these persons know first hand that there's more than one kind of so-called `depression.' One kind is low-grade and sometimes gets called anhedonia280 or simple melancholy. It's a kind of spiritual torpor in which one loses the ability to feel pleasure or attachment to things formerly important. The avid bowler drops out of his league and stays home at night staring dully at kick-boxing cartridges. The gourmand is off his feed. The sensualist finds his beloved Unit all

"The world becomes a map of the world. An anhedonic can navigate, but has no location."

of a sudden to be so much feelingless gristle, just hanging there. The devoted wife and mother finds the thought of her family about as moving, all of a sudden, as a theorem of Euclid. It's a kind of emotional Novocain, this form of depression, and while it's not overtly painful its deadness is disconcerting and . . . well, depressing. Kate Gompert's always thought of this anhedonic state as a kind of radical abstracting of everything, a hollowing out of stuff that used to have affective content. Terms the undepressed toss around and take for granted as full and fleshy happiness, joie de vivre, preference, love are stripped to their skeletons and reduced to abstract ideas. They have, as it were, denotation but not connotation. The anhedonic can still speak about happiness and meaning et al., but she has become incapable of feeling anything in them, of understanding anything about them, of hoping anything about them, or of believing them to exist as anything more than concepts. Everything becomes an outline of the thing. Objects become schemata. The world becomes a map of the world. An anhedonic can navigate, but has no location. i.e. the anhedonic becomes, in the lingo of Boston AA, Unable To Identify.

280. Anhedonia was apparently coined by Ribot, a Continental Frenchman, who in his 19th-century Psychologie des Sentiments says he means it to denote the psychoequivalent of analgesia, which is the neurologic suppression of pain.

David Foster Wallace from his book **Infinite Jest**

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Poetry

Orange

Orange , the color of hope.
Orangemen eclipse hope.
They burn fire red;
they spew yellow bile;
about pounds and power as
mothers plead and tug
at the green coats
of resolute sons,
and then inter them
with tears
before manhood,
Cause orange muzzle flames
spit "just" bullets that
split big hearts and little heads
like random pumpkins falling from rolling wagons at every bump,
on the orange brick road of hope.

You warm the cockles of my heart

You worm the cockles of my heart.
Like oil you seep into my very essence
and slather the surface of my body
with licks that drive me local
and for two weeks you stroke me like a harp.
Then -
Your caustic needles cure
My clouded eyes.
You kick me in the crown jewels
When say you feel like a sister to me
And announce our breakup to Rhoda,
The school radio.

BLACK

Black is…..
what is not there.
It is silence
Between sentiments.
Sleeping lonely
Between night cold sheets.

Black is the denigrated.
A witch's hat.
The devil's heart.
The hue for hate,
The sign of slate
heartedness.

Black is hard
To figure.
It is ignorance,
Mysterious, and curious
Ignominious and
Most sacred.

Black shrouds shameful acts
In psychic shadows;
Hides hideous thoughts
In locked chambers
of cockled minds

Black is the womb.
The Artesian stream
That flowed fire and
Poetry and the Pieta.

Black protects:
Flagrant lovers
From jealous eyes;
Precious prey
From hungry eyes
Pressured people
From critics' eyes.

Black is gentle
Sleep that repairs
Fractured feelings
And weary bones.

Black is Good
Friday
And Halloween.
Christ died
And all souls rise
From the black hole
Of one life alone.

All poetry contributed by Dominick Riccio, Ph.D.

Newsletter Book Reviews

The Great Psychiatry Scam: One Shrink's Personal Journey Colin Ross, MD

By Andrew Crosby, MA

Psychiatrist Colin Ross is an accomplished and prolific author of original research and literature reviews whose work has been cited by such notables as Peter Breggin, David Cohen, and Ty Colbert. His latest offering is a memoir, perhaps so chosen because he has reached a stage in his life and career where he wishes to more plainly speak his mind. Whatever his motives, this book was an important opportunity for a seasoned professional to enlighten and inspire readers.

The author seems to have had something else in mind, however, and the results are unfortunate, and, at times, disturbing. To understand this book one must understand its fundamental back story: Colin Ross is openly critical of established psychiatry; established psychiatry has taken exception to Ross's views and work, and has made that known to him in unpleasant ways; Ross is very displeased with the treatment he's received, and he's done something about it; that something is "Scam."

The book really only purports to be a memoir, as it also does to be a critique, and even a joke book. Ultimately, however, it is Ross's reaction to the treatment he has received at the hands of his profession. And he is one unhappy guy, if the sarcasm, coarse language, and profanity that fill the volume accurately reflect his inner world.

The book's flaws present early, and the most significant is the author's choice to adopt a *very* casual voice for the narrative. A significant part of this style – and we are told this up front – is the author's liberal use of jokes and satire of his own irreverent fashion. The tone is far too loose, however, and the jokes … well, despite the author's claims, they really aren't jokes.

It becomes apparent all too soon that Ross's humor fails to play as ostensibly intended. He concludes his introduction, for example, with a spoof of "AA people" ("'Ya got ta surrender ta yer higher power,'") and shots at Sigmund *Fraud* and *Fraudian* psychoanalysis (italics mine). Ross's tone is derisive rather than comic, signaling that he really isn't going for laughs. So, what *are* his intentions? It's difficult to say exactly, but as the book proceeds, he just seems to want to vent.

Even in "Scam's" first section, where the author is still quite tame, he harshly criticizes almost everyone he encounters as he discusses his childhood and adolescence. And his language is … well, *harsh*. After being "recognized as a gifted child" in elementary school, for example, he suffers "intellectual persecution" in junior high as one teacher "abused and hurt me …in my spirit and my imagination." From another teacher he learned that grown ups sometimes "bullshit their way out of a jam." Ross points out, however, that he was the highest scoring basketball player all three years.

This pattern – mistreatment by inferior elders and star basketball player – recurred when Ross later attended boarding school at what he describes as "the absolute ultimate in suck hole schools." Soon we are along with Ross (as a high school drop out) as he works blue collar jobs in the Canadian Arctic, stacking oil barrels faster and higher than anybody who has ever lived.

The pace is choppy and clipped, an effect worsened by sentence fragments and short paragraphs – reflections of that too-casual tone. What truly rankles, however, is the utter lack of emotion and follow-through in the narrative. Lines such as "Uncle Bob had two wives die of cancer" convey as much import as "I remember one time it rained a lot." Indeed the writing is so flat that when Ross's hand is mangled in a fork-lift mishap, it is difficult for the reader to care.

But it's more than just clunky prose that hinders empathy for our hero, and herein lies another key flaw: by the time we get to his hand mangling, Ross has fallen short of painting himself as a likable star in his own story. He manages this primarily by taking interesting themes (such as: bright kid faces challenges; takes unconventional path to early adulthood; overcomes obstacles) and *not* talking about them. The profanity, and his frankly condescending tone, don't help much either.

When Ross reaches pre-med, with a wife a two children (we surmise a relationship has occurred), he is vastly more experienced and cultured than his "classmates who were children." Here the author solves problems Einstein left in relativity theory, and handles another physics matter involving a thermometer in a frictionless environment. He explains these at length, and using language that even a child – though none of his professors – would understand. (I didn't get it either, actually, and I *really* wanted to hear about his family.)

Intolerance of others continues as a theme in later sections, and few in Ross's world are spared. On nurses: "They've got their panties in a knot because they don't have enough politi-

cal power in the system." On doctors: "Actually, many doctors are very dumb. Dumber than average people. They are uneducated barbarians in many ways. Louts." On his fellow medical school students: "The stupid, inane, narcissistic, entitled, relentless humor of my classmates was a major stress to me."

As he does often in "Scam," Ross *almost* accomplishes something important here. He tells us that doctors are not *educated*, rather they are *trained* (great point), and that much of the training is geared towards ignoring, devaluing, and thus *eradicating* their humanity. There is an important story in here, and Ross is in a superb position to tell it. But instead he complains about others while describing at length how he outperformed bungling superiors.

When Ross moves on to discuss his psychiatric training, he returns to Sigmund Freud and his theories. These receive special attention since Ross views psychoanalysis as "the biggest of all psychiatric scams." With this new section and fresh subject matter one hopes Ross will graduate on to reasoned argument, but is quickly disappointed when he starts off:

> Fraud ruled the roost before (biological psychiatry). He was the main cock. The shrink chickens gobbled around in his shadow. Tried to swallow his shadow. Become pregnant with his genius. It was an oral fixation.

This sets off a disturbing, five-paragraph outburst of poetry (I use the term loosely) in which the word "cock" appears in almost every line, often capitalized. Hardly rare, "Scam" is spiked with protracted digressions, some wacky, some enraged, some profane. All, however, are distractions from the narrative, and raise doubts about the author's early assurances (stated in the preface) that his mental health is intact despite what some may conclude based on the book's content – Ross correctly anticipated this coming into question.

Ross's gripes against psychoanalysis largely center around two problems – the technique's inability to be scientifically studied and its lame implementation by the know-nothing psychoanalytic psychiatrists who supervised him back in the day. Ross approaches a sincere examination of these, but soon deteriorates, slaying his superiors without mercy for engaging in absurdly incompetent practices. To Ross they are "posers" (an unflattering skate boarder term) and psychoanalysis is "major league mega-sick. Off the scale sick. Wacko sick," and "a bunch of intellectualized pedophilia."

"Ross is so invested in mocking his enemies that he makes himself into a caricature of them."

The snide verbiage is tiring, and broadcasts that Ross is angry about something substantial. In this chapter, he finally tells us what that something is. While denigrating practitioners for being too lazy and stupid (I paraphrase, Ross is nastier) to conduct research on psychotherapy's efficacy, he mentions his 1997 outcome psychotherapy study for multiple personality. This, he informs, was a sorely needed example of what should be done, and he, probably rightfully, expected praise for his efforts.

Instead, however, Ross was assailed by the psychiatric establishment. Careful research, after all, would expose the fraud / Fraud that psychoanalysis and psychiatry only pretend to be medical, scientific endeavors; it would bring down the closely guarded house of cards.

Ross's ire at being vilified, though understandable, unfortunately sets the tone for the rest of "Scam," and readers are in for a volatile ride. Ross hops, skips, and jumps from one crucial topic to another, relentlessly teasing that he is taking us somewhere important, only to crash and burn on takeoff. He is simply too angry to be trusted at the controls.

While discussing the importance of understanding research methodology and statistics, for example, Ross incessantly chants, "The shrink can't think," to emphasize how dense psychiatrists are. After expounding on his own extensive knowledge and prolific use of statistics, Ross adds spitefully, "Yet I still have to take shit in professional journals from people who don't believe in multiple personality and can't grasp basic science."

Ross lights on the issue of how chemicals in our foods can have shocking effects by describing a woman who became manic after drinking excessive amounts of ginseng tea. Ross cracked the mystery, and reflectively comments, "I was struck by how fragile sanity is, in all of us." He then squashes this rare warm moment by concluding, "I realized that health food nuts really are nuts." In another brush with sensitivity Ross criticizes psychiatry's treatment of borderlines by ignoring incest and trauma. He is so caught up in denigrating the profession, however, that when he finally mentions those diagnosed with borderline phenomena he says, "the leading sluts (in his old neighborhood) were probably all incest victims."

Similarly, Ross takes psychiatry to task for striving to detect genes for mental illness in utero with the prospect of making abortion an option. While rightfully expressing scorn for such policy, Ross is too busy ranting to speak supportively of women, or indeed to say something – *anything* – that smacks of altruism. And the title for this chapter, "Vacuum Baby Vacuum," is patently offensive. I get the sardonic "joke," but here, as throughout the book, Ross is so invested in mocking his enemies that he makes himself into a caricature of them.

The shocking lack of altruism is also keenly felt when Ross discusses his work promoting the tranquilizer Buspirone for Bristol Meyers. He explains this was "the biggest gold mine I ever hit in psychiatry," as he raked in "*beaucoup* dollars" and "got perked big time major league." World travel, fancy hotels, lavish meals, advising inferior dolts to hide placebo results – the fun never ended! Until Ross moved to Texas and "had to let go of the drug company with regret."

Yes, Ross provides behind-the-scenes glimpses into drug company marketing, *and* he elaborates on the broader scam of using a biological agent for non-biological phenomena. But the relevance of these

matters is lost in the self-absorbed rambling, and, amazingly, he betrays not the slightest discomfort for having been a card-carrying player in the hoax. Of course, this may be an example of the author's attempted satire, but the writing is so drowned in sarcasm that discerning the intended message, if even possible, would require too much effort.

Ross also has a few severe meltdowns that especially sap the reader's energy – and some truly frighten. One such outburst covers two paragraphs and includes, "Anybody who offers anything better gets treated like shit," "I am so sick of those Neanderthal grins and comments," and, "After a school shooting the shrinks mind fuck the shooters by making psychiatric diagnoses … the way my colleagues treat me."

Are you shocked? Disturbed? Concerned for Ross's well-being? Me too. It is difficult to bounce back from such antipathy-laced passages, and impossible to reconcile them with the book's dedication: "To all victims of The Great Psychiatry Scam." With such a lofty purpose, we would expect Ross to have mentioned a kind word or two on behalf of psychiatric survivors. But our exploited friends and loved ones are all but absent from the book; this is not their chronicle.

Late in the book Ross includes a brief chapter entitled "Burning Out, Flaming Out." While there is scant deep reflection, we do see a man beaten down by the system. Coming shortly after another chapter in which Ross tells us that established psychiatry was instrumental in getting him sued by patients on two occasions, we finally glimpse enough of the author to feel he deserves our understanding. But this is hardly sufficient to offset so much unnecessarily disagreeable material; burnout excuses neither "Scam's" mean-spiritedness nor its sloppiness.

Ultimately "Scam" is disheartening for Ross's true biography surely must be compelling. Underneath the crass rhetoric one sees parallels to the likes of Peter Breggin, Grace Jackson, and Doug Smith. Like these individuals, Ross entered psychiatry because he saw it as the quintessential helping profession only to become disenchanted and marginalized – yet he persevered. Sadly, however, Ross's story reads like a bitter, scathing first draft; one truly wonders how this manuscript made it to the book shelves without a substantial rewrite. That the publisher, Manitou Communications, Inc., is Ross's own company, may provide a clue.

What I said at the outset remains true: Ross has made valuable contributions, and you are encouraged to read his work – but not *this* work. Devoid of true substance, "Scam" is merely a 277-page tirade, replete with poopy jokes and fart references (no kidding), intended to blast established psychiatry. But since it is also the literary equivalent of a dirty bomb the casualties inevitably will be innocent civilians – in other words, *readers*. You best maintain a safe distance.

We can sympathize with Ross regarding the abuses he has suffered at the hands of his profession. But we would *care* were he to have worked through and processed his rage before the book's final draft so as not to dump all over his readers.

To wit, a final "Scam" quote:

> Am I bitter? No. Why? I wrote this book, and got the shit out of my system. You can have it, colleagues. Puke. Fart. Belch.

Thank you, Dr. Ross. We're glad you're feeling better now.

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The Diseasing of America's Children: Exposing the ADHD Fiasco and Empowering Parent s to Take Back Control

John Rosemond, M.S. and Bose Ravenel, M.D.

By Andrew Crosby, M.A.

It's happened more times than I can count, and has probably happened to many of you as well. Knowing my views about diagnostic labels and psychiatric drugs, a friend, family member, or co-worker will approach and excitedly give me a run down on somebody they've come across whose behavior is so troubling that even *I* would agree a chemical imbalance is at play. Since that (no surprise) doesn't happen, the person asks me something like, "Don't you think ADHD is real?" and I'll respond with, "It depends what you mean by *real."* Perhaps they'll counter, "So, you don't *believe* in ADHD?" only to be met with, "Well, what do you mean by *believe?*" To my inquisitor, this is merely one more frustrating encounter with a stubborn zealot. To me, it is a necessary line of reasoning that I hope gets through one day. (I suspect we're both right.)

To my surprise and pleasure, ICSPP members John Rosemond and Bose Ravenel open their fine and well organized new book with a discussion of just such encounters. They cover five "slippery words," in fact, which also include *know, have,* and *work* (as in, "Don't drugs *work* for ADHD?"). Thus the book's first layer is concisely presented – that so-called childhood disorders are not disorders, but constructs, albeit those which have been designed by committees, propagated by economic interests, and legitimized as biological entities. Most of *us* know that already, but many stressed parents and teachers still seek answers. Well, Rosemond and Ravenel have responded with a book that should make a difference. And it gets off to a great start.

After the semantics discussion the authors move right on to debunking the accepted beliefs (you know, "facts") of the biological theories of ADHD, Oppositional Defiant Disorder (ODD), and

Early Onset Bipolar Disorder (EOBD), the authors' main bugaboos, as they are overwhelmingly the most common childhood diagnoses. The criteria for ADHD and ODD are spelled out and called what they are: subjective descriptions of typical toddler behavior. A thorough but concise history of these diagnoses is presented, and the authors trace this thread through the evolution of the Diagnostic and Statistical Manual (DSM) from its inception to the present day. This includes a fine critique of the key flaws of the DSM, including the problems its creators had with attempting (sort of, but not really) to define and describe so-called mental disorders.

Soon the authors focus on the establishment's drive over the past 25 or so years to define more people as disordered, and at younger ages. This includes chilling (even for the jaded, like me) examples of efforts to diagnose ADHD and Bipolar Disorder in infants based on, for example, activity level. Many familiar names pop up as the authors proceed through chapters on biological theories and politics: Peter Breggin, Grace Jackson, Fred Baughman, Jeff Lacasse and Jonathan Leo, and Paula Caplan are all featured nicely. The authors also extend appropriate praise to evolutionary geneticist Richard Lewontin, lead author of "Not in our Genes," an important book that dates back to (interestingly, perhaps) 1984. The contributions of these individuals are duly noted as chemical imbalances, brain scan studies, genetic/family/twin studies, and diagnostic practices are dealt with accordingly.

But all of that is just the opening act for Rosemond and Ravenel, and sets up what's to come. By this point in the book they have stated that many children do indeed exhibit troubling behaviors – those typical of toddlerhood – well into their school years and beyond (they *believe* these are *real*, so to speak). But they have also pointed out, quite convincingly, that such disruptiveness was exceedingly rare in school children prior to the 1970s. While that alone substantially debunks genetic theories of such phenomena, it leaves questions about what is going on. Why are so many kids so troubled *now*? Why are so many people stuck in their "terrible twos?"

The answer, we are told, can be found by examining the postmodern culture into which we stepped during the 1960s. Among the many social changes that tumultuous period engendered was a disdain for traditional ways of parenting – a paradigm shift encouraged by mental health professionals, primarily clinical psychologists as their profession came of age during that time. "Traditional child rearing," the authors state, "emphasized proper training of the child's character, the linchpin for which is respect for others. The new paradigm … emphasized the development of high self-esteem."

"Parents try to be friends with their children, and pay too little attention to their relationship with one another."

The problem is that high self-esteem does not a healthy or contented human being make. Indeed high self-esteem is associated with low motivation and antisocial behavior. Furthermore, the opposite of high-self esteem "is not depression, but a character that embodies the traditional … values of humility and modesty." The benefit of traditional parenting practices was that they addressed the child's self-discipline and self-control, and in so doing, "cured toddlerhood" by age three. By contrast, parents in the postmodern age talk to their kids too much, bargaining and over explaining everything for fear of harming their confidence. When kids continue to misbehave, the parents yell out of frustration, then feel guilty and dispense favors to make up for it. It is far more practical to simply correct misbehavior, instill appropriate discipline, and leave it at that. The message *This is how to behave* is conveyed more clearly by calm, direct instruction than by all the explanation in the world.

A related problem with postmodern parenting is that families have become child-centered, as opposed to adult-centered. Parents often try to be friends with their children, and pay too little attention to their relationship with one another. They cater to children's whims and demands to protect them from frustration, and ferry them to endless soccer games and other activities. Thus children "learn to *expect* from others, which is contrary to developing *respect* for others," and may remain demanding and petulant way beyond the "terrible twos." While this approach may result in high self-esteem, as intended, the authors advise "Self-respecting people build culture; self-esteeming people, because they are intent on self-gratification, undermine culture."

Culture is no incidental matter as ensuring good citizenship and regard for others is central to parenting, and the book holds that traditional methods naturally place the child on this path. Indeed this is how the authors explain the absence of excessive disruptiveness in school-aged children prior the 1970s – because of traditional parenting practices, kids arrived at school socialized (respecting adult authority) and ready to learn. Teachers could thus focus on teaching, not classroom discipline.

There is more than parenting style behind disruptive behavior in recent decades, however. The authors denounce the proliferation of electronic media and gizmos, citing research and anecdotes along the way. Heavy exposure to T.V., video games, and computers undermine cognitive development, and impair learning styles and attention span, the authors attest, and increased impulsiveness is a natural consequence. And the educational system (also adversely influenced by postmodern thinking) receives its own thorough chapter wherein practices, policies, and politics are all examined with a critical eye. A central point is that reading used to be taught in second grade, but, in an ineffective attempt to improve sagging performance, is now being pushed in kindergarten, and even in academic preschools (the authors *hate* academic preschools!). Kids that young are not yet developmentally ready for the task, however, so frustration and distraction are inevitable.

As for what can be done about all of this, the authors hardly leave readers hanging. The final two chapters offer many specifics on how parents can avert "ADHD," and how they can regain control and respect when these have been lost. The emphasis is on empowerment as op-

posed to blame as parents of disruptive kids are seen not as inept, just as adhering to the ineffective mores of post-modern parenting. The authors demonstrate how to communicate clear directions and expectations (not making protracted pleas and requests) to children, and making the family parent-centered; mothers and fathers are also husbands and wives, of course, and children benefit from recognizing and respecting that relationship. Parents must not be afraid to be a couple – and must not be afraid to convey to children that they are jointly in charge.

> ***"Good manners consist of efforts to make other people feel comfortable."***

Parents are also encouraged to limit set and avoid indulging children to avert complications. Problems with children refusing to pick up their toys are more easily managed when they have only a few toys instead of dozens (and you are not bad parents if your kids have less than a million toys). Comparable suggestions are offered regarding handling finicky eaters, and even temper tantrums. I especially liked the discussion of teaching children good manners as a means of character education. A line from the movie *Blast from the Past* is effectively quoted: "'Good manners are a way of showing respect for others' and not … a means of calling attention to oneself." The authors conclude that good manners "consist simply of efforts to make other people feel comfortable," and separate men from boys and women from girls, even more so than good grades.

As greater challenges are presented by older kids who have already become disrespectful and disruptive, the examples given here are correspondingly more dramatic, even shocking at times. One mother cuts her daughter's long hair short to keep her from twirling it excessively in school – her teacher thought the habit indicative of ADHD, while the mother simply sought a non-medical way to ensure the girl would pay attention. (She was allowed to grow her hair again when her attention improved.)

In a more dramatic example, a boy is padlocked out of his bedroom, blocking him from his T.V., computer, and video games, for acting out at school and at home. His parents allowed entry for only 15 minutes in the morning to dress for school, and in the evening to get ready for bed. He then had to leave his room and sleep on the couch. The point here is that the parents, after being too permissive, finally overcame their reluctance to employ "outrageous consequences" to instill discipline. Though outrageous, the authors swear these strategies helped quickly, enduringly, and without destroying any child's psyche.

As an overview and primer of the non-disease approach to problematic behavior, "Diseasing" succeeds nicely, and is among the best treatments I've read. As a "how to" book of sorts it is just as good, primarily since it avoids sounding like a "how to" book. The authors appropriately thank Dr. David Stein, author of "Unraveling the ADD/ADHD Fiasco" and other works, in the Acknowledgements as his contributions are seen clearly in "Diseasing."

The bashing of electronics feels a bit overdone, but the authors' points are credible and effective, and I never feared they wanted to separate me from my iPod. There are also three or four brief references to traditional parenting practices being "biblically based," which I found vaguely off-putting. The authors never preached, however, and the central point that such practices promote respect for others and regard for community remains unclouded.

The book is skillfully structured, with enough detail (including well-referenced research) to inform thoroughly while never feeling tedious or dry. This is a pleasurable read, which is likely a reflection of the lead author's experience of presenting to parents, teachers, and others in the community. He knows how communicate, and readers will feel that confidence from start to finish.

Finally, in addition to informing and supporting in so many ways, the authors just plain nail their objective. Early on they convey that the disease model benefits a lot of people, including therapists who evaluate and treat alleged disorders, physicians who prescribe drugs, and pharmaceutical companies; "The only person the disease model does not benefit is the child." They later point out that troubled kids don't have disorders, and indeed don't *have* anything. Rather they *need* something.

And thus we find ourselves back to a discussion of semantics. No coincidence, I suspect, as what we say reflects what we believe. And we need to understand that kids are only diseased in so far as we *believe* they are.

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"Diseasing" co-author, Bose Ravenel, presenting to the group at our Tampa Conference.

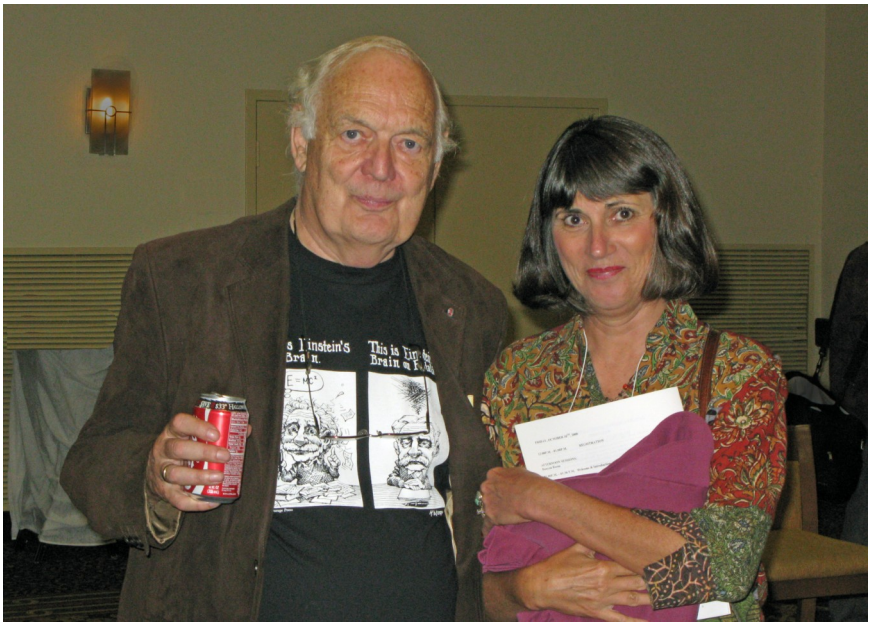
The title of the presentation was "Training Children for Self-Control, Self-Efficacy, and Empowering Parents to Take Back Control."

[Photo: Robert Sliclen]

A Look at Tampa 2008

Above: Toby Tyler Watson, Dominick Riccio, and Ginger and Peter Breggin gather at the conclusion of the 2008 Gala.

Left: Brian Kean and Jim Tucker - Two of our editors for Ethical Human Psychology and Psychiatry. (Leighton Whitaker, and Managing Editor Robert Folz were unable to be with us this year. We're looking forward to seeing them in Syracuse for 2009.)



Dr. Graham Dukes and Susan Parry chat between sessions.

ICSPP Board Chair Joe Tarantolo.

As a special treat, we had some magic at the 2008 Gala. Here, Vince Boehm (right) borrows and destroys a twenty dollar bill belonging to Executive Director Dom Riccio, then retrieves it from inside a lemon.

Nice one, Vince. We hope you perform for us in Syracuse.

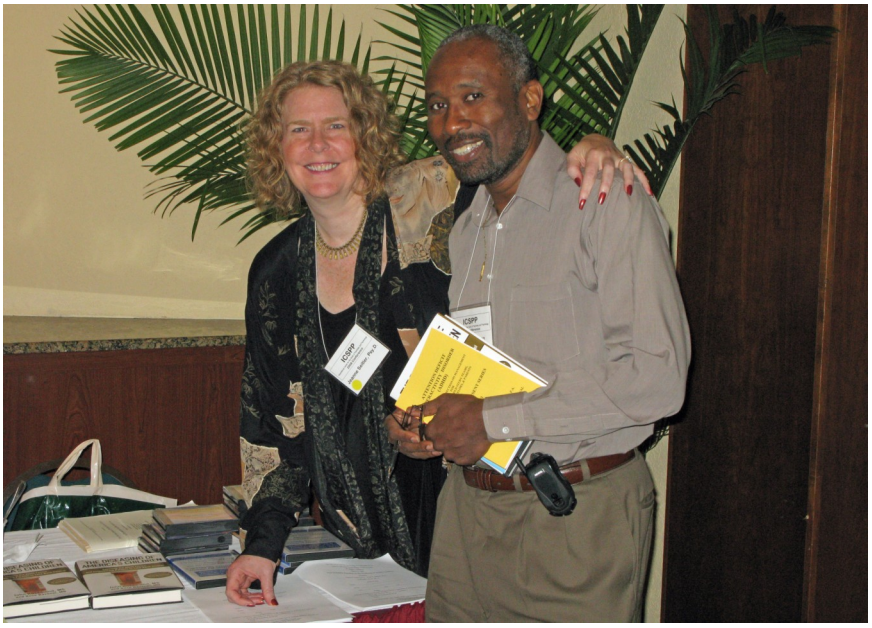
Geraldine Lewis, who covered registration matters this year, hangs out with Robert Sliclen, our Membership Director.

Robert is also our main photographer, and usually spends so much time *behind* the camera that we have very few pictures of him. We're finally amending that problem.

Fay Karpouzis (left) presented this year again, and also brought along her daughter, Connie.

Research shows that adolescents who attend ICSPP conferences are 43% less likely to develop a chemical imbalance.

Dom Riccio (left) with National Director Lloyd Ross.



Drs. Jeanne Seitler and Jake Johnson, out by the registration and book tables.

Geraldine Lewis again, here with Dr. Burt Seitler.

Dr. Graham Dukes with Psychrights attorney Jim Gottstein.

Fay Karpouzis and Connie again, here at the buffet lunch with Toby Tyler Watson.

Research shows that 64% of people surveyed were unable to pronounce Fay's last name correctly.

Left: Tom "Gunfighter" Bratter clowns with fellow tough guy Lloyd Ross.

Right: Leo the Therapy Dog takes in a plenary session with Elizabeth the Therapy Human.

Below: The Northeast Group - Dedicated professionals, lousy line dancers.

(L to R: Robert Sliclen, Andrew Crosby, Lloyd Ross, Geraldine Lewis, Burt and Jeanne Seitler, Dom Riccio.)

(Photo: Larry Towe)

All photos by Robert Sliclen and Andrew Crosby, except where noted.

And we'll have many more pictures from Tampa 2008 in our March Newsletter!

Family Consultations with Adolescents in the Post-Modern Capitalist Era – Practicing "Outside the Box" of the "Mental Health System"

By Norbert A. Wetzel

The Center for Family, Community, and Social Justice, Inc., Princeton
www.cfcsj.org

A seventh grade boy from one of the Middle Schools in Camden, NJ, made the following comment right after the destruction of the twin towers in New York: "I feel safe here," he said. It was an amazing statement because most people were shocked and scared. "You're not afraid?" he was asked. "No," he said. "I'm not afraid because if the terrorists fly over Camden, they'll think they have done it already." (www.poetofpoverty.com)

Similar statements could be made about many of the neighborhoods and schools in which the teams of the Center for Family, Community , and Social Justice, Inc. work with students and families. The learning context of the students is characterized by overcrowded and outdated schools that appear like prisons with security guards everywhere on school grounds. The students and their families live in inner city areas of New Jersey set apart from the rest of the state (one of the richest in the nation) by a paucity of job opportunities, insufficient and dilapidated housing, poor transportation, no health insurance coverage and few support services essential for multi-stressed families such as grocery stores, banking facilities, safe playgrounds, day care, drugstores, police presence, health care, social services. Increasing levels of violence, easy availability of drugs, powerful street gangs, and high rates of pregnancies, alcoholism, hunger, depression, anxiety, school drop-out and criminalization make the students' and families' daily life tough, challenging, and sometimes outright dangerous. Against great odds economically disadvantaged families (most from ethnic "minority" groups) have to marshal the resources to guide and support their teens' development. Adolescents have to gather the personal strengths and educational qualifications to grow up to become adults able to lead productive and fulfilling lives. Growing up in contexts of violence, desire, and deprivation, of illusionary promises and surprising resilience young people and the network of adults supporting them struggle daily not to lose hope, to preserve dignity and self-respect, to overcome racist oppression and illegality, to nurture relationships and to remain committed to learning and education as the ways out of the destructive cycle of deprivation, despair, and dependence on public assistance.

ICSPP and the life of the Others in the inner cities

While the protest against the use and the excesses of psychiatric medications, especially for young people, remains essential ICSPP, I think ICSPP's core point can be significantly strengthened by examples of therapeutic work that use language and practice models that constitute real life alternatives to the dominant medical paradigm and that achieve results. We should be able to point to such alternative models where we have the opportunity to engage in a public or private discourse with psychiatrists or, in general, "mental health providers." Among such alternatives, the "Family Empowerment Program" (FEP), a model conceived and implemented by the Center, constitutes one example. It is specifically, although not exclusively, geared toward family consultations with adolescents who live in urban or rural areas of economic deprivation and racial oppression. These teens and their families deserve particular attention because they strive to function outside the middle-class world with which most of us are familiar and they show great resilience and strengths.

As I will sketch out, just barely, some of the fundamental assumptions and epistemological principles underlying the FEP model a second point will emerge. In its reflections ICSPP would do well to adopt (not exclusively, but as part of its diversity of views) a rigorously relational and context-oriented epistemology as a fundamental alternative to the individual epistemological paradigm that has dominated Western discourse since the times of classic philosophy. In the history of medicine, this latter "classic realism" paradigm served to construct impressive technological and pharmaceutical advances. It is woefully inadequate, though, for serving as a framework for conceptualizing relational processes between people in general and "doctors" and "patients" in particular. In the average medical and "psychotherapeutic" practice this paradigm frequently comes

dangerously close to being the basis for "objectifying," manipulating, "treating" others called patients with the (arrogant) assumption that we, the (privileged) experts, are able to comprehend them, to diagnose and assess their ills, and to provide the right cure for them. At the heart of our debate with bio-psychiatry lies the inability or failure of the "classic realism" paradigm to conceptually come to terms with our relationship to other people (or clients, perhaps better called "guests") as Others who may not be like us, whose mystery we may never fathom, with whom we find ourselves in a relationship that we cannot control or manipulate, and from whom we have to be willing to learn so that we may understand.

The Center for Family, Community, and Social Justice, Inc.

The Center is a not-for-profit educational institution. The primary mission of the Center is to train mental health and human services professionals to support and facilitate the development of children, adolescents, and adults within their families and communities.

The Center provides training, psychotherapy, counseling, case management, consultation and research from a perspective which emphasizes the social, economic, and cultural realities of people's lives. With a focus on social justice in mental health and human service delivery, our mission is to strengthen resources within families, individuals and communities. The Center's approach is ecosystemic. We seek to understand and support people within their bio-psycho-social context. Exploration and intervention highlight understanding human struggles and challenges with consideration of the specific importance of socio-economic class, ethnic culture, gender, sexual orientation, and religion for each individual.

Social Justice as part of the mission statement of the Center

The families, couples, and individuals we encounter in our work at the Center face personal and interpersonal issues that arise not just from their biological, psychological, and social development or from their individual choices or family dynamics. The people our teams are working with are exposed to many stressors that have multiple roots in our society's structural injustices, such as economic exploitation and disparity of wealth, rigid walls between social classes, racism, gender role bias, or homophobia, to name but a few.

The separation of (biological or psychic) inside and (social) outside is an artificial construc intended to make us overlook the power of unjust societal and economic structures that contribute to emotional pain. Injustices inherent in our society's history and structure and experienced in persistent daily doses are significant factors in human suffering, psychic pain, and physical illness. Context sensitivity therapy cannot ignore social injustice.

Social justice, then, in our Center's name indicates the persistent struggle for:

- equal human and civil rights before the law;
- fair economic, educational, and social opportunities as the foundations of liberty;
- dignity and respect for all cultural and racial groups;
- elimination of societal prejudices regarding gender, sexual orientation, and any form of "disability;"
- equal access to health care and social support;
- ongoing critique of the language used in the dominant discourse about health and emotional well being

Social Justice and Public Service Systems

We see psychotherapy as a collaborative relationship governed by compassion and relational justice between the partners of the counseling process.

Compassion alone leads to a paternalistic attitude on the part of the helping professional and the social service systems, in general. Compassion, therefore, tends to perpetuate the very societal conditions that contribute to suffering and psychic pain.

Relational justice in the therapeutic process or social justice in the community surrounding the counseling process needs to be balanced by compassion lest it degenerates into ideology or cruelty.

Often relational justice and compassion need to be restored as an integral part of the healing process within a couple or family relationship. Healing occurs when justice and compassion are present and experienced in a person's life, in her or his relationships, and in the societal contexts of people.

Social Justice, then, as guiding principal in the therapeutic context indicates:

- we strive toward compassionate justice in our counseling relationships with fellow human beings
- we contribute to just and compassionate structures surrounding individuals and families as the therapeutic process frees people up to become empowered to act in solidarity with others in their community, locally and globally.

In concordance with the Cen-

ter's mission everybody, i.e. administration, faculty, teams, and representatives of the families served, participated in a two day anti-racism training. The Center understands itself as an anti-racism organization.

The Family Empowerment Program FEP

FEP is a case management and counseling model designed originally (1992) to support and treat youth at risk for substance abuse by engaging the youth and their families in the counseling process. The Center employs most of the FEP teams and its nationally and internationally known faculty supervises and trains all FEP staff. The Family Empowerment Program staff, at each site, consists of two-person teams of a Family Systems Specialist (FSS) and a Community Resource Specialist (CRS). The teams receive extensive weekly supervision by faculty members of the Center and meet monthly for a full day of training. Often, there are additional telephone exchanges between supervisors and teams to respond to urgent situations with students or families.

At this point, the scope of the model has expanded conceptually and in terms of the number of sites. FEP teams offer services in over 20 middle and high schools within the State of New Jersey. Since many young people can only be reached within the context of their school, it makes sense that the FEP teams operate out of offices located within the school and are part of the larger NJ School Based Youth Services Program (offering medical services, individual and group counseling, employment support, after-school programs, additional educational support).

The program is funded by the Division of Prevention and Community Partnerships in the NJ State Department of Children and Families (DCF).

The objectives of the Family Empowerment Program (FEP) can be summarized as follows:

- to make effective counseling and case management available to adolescents and their families within the school setting;
- to counteract successfully the multiple risk factors inherent in the youth's contexts and to prevent substance abuse, school dropout, criminalization, illness, violence and recurrent despair; and
- to assist adolescents in maximizing their strengths and opportunities for more effective functioning in all areas of their lives, particularly regarding their school careers and their hopes for a future after high school graduation.

The FEP team at each school site, in cooperation with the family and after an initial assessment, plans and implements the clinical process involving the student and the family. At each step the team is guided by the family's expressed goals and expectations, by respect for the family and the family's sense of well-being as well as by any need for concrete social services. Each team is charged by the DCF to provide ongoing counseling support services during the school year for at least 60 students and their families throughout the middle and high school years. For most teams the actual number are higher.

The FEP model's innovative characteristics:

The Family Empowerment Program (FEP) has become a model for intervention with adolescents in inner city and rural areas and is distinguished by a number of unique and innovative aspects.

- Academic failure and school dropout, substance abuse, criminalization, depression, violent acting out, behavior problems, and "mental illness" are conceptualized as resulting from the convergence of a complex set of factors involving the adolescent (including the teenager's bio-physiological make-up and individual development), the peer group (including gang involvement), the multigenerational family system, and relevant contexts such as the school system, the neighborhood community, and society at large.

- Beginning counseling the FEP team creates a new context consisting of the adolescent, the family, the school, the community, and the peer group that aims at providing a consistent structure for the youngster and the family throughout the school years. The emphasis of the FEP model on collaboration is the basis for partnerships with community agencies including the school, the lead agency from the community, and other formal and informal institutions. This collaboration is geared toward developing effective coherent partnerships that are specifically aimed at addressing all risk factors that hinder the student's progress toward graduation.

- This newly established relational network is linked with community resources i.e. institutional systems (school, religious congregations, hospitals, courts, social welfare agencies, the state's youth protective services, crisis centers, employment resources) and informal groups and individuals from the neighborhood (sports groups, family next door, peers, store managers providing employment) in order to strengthen the adolescent and the family. Some FEP regularly collaborate with the courts to create alternatives to incarceration. NJ drug courts now allow students who broke the law to continue their education at school while

they receive family and context oriented treatment from the local FEP team.

- The collaboration of a "Community Resource Specialist" (CRS) with a "Family Systems Specialist" (FSS) makes the community orientation of this model real and credible. Students and families are profoundly impacted by the character of the inner city neighborhoods surrounding the schools. Availability or paucity of jobs, the quality of housing, ethnic composition, sense of safety, presence or absence of social and medical services, degree of vitality of religious congregations, presence and strength of local gangs – all these factors co-determine the emotional life, the behavior and the health of the students and their families. The CRS represents the responsibility of the FEP team to consider the social environment of each family and to assess available assets in the community, but also the chronic stresses the student and the family are experiencing.

- The FEP model, therefore, is strengths focused (or "asset-based"), i.e. the team seeks to highlight and expand the existing strong features of a student's family rather than searching for individual or collective pathologies in the family. And the model is resource oriented, i.e. the family is linked to the formal and informal resources available in the different contexts, i.e. in school, community, and peer group, rather than continuing the middle class pretense that the adolescent or the family is living in a social vacuum.

- The Family Empowerment Program model enhances the teams' sensitivity and competency in the counselor-client relationship, particularly regarding socio-economic class, culture and "race," gender, religion, immigrant status, and other important social factors in the students' and the families' lives. The model emphasizes the collaborative nature of the clinical process, i.e. the student and the members of his/her family are joined in a mutually respectful and cooperative process around the issues that prompted the student's or the family's request for assistance. The family is the subject in the counseling process and will only own the assistance from the FEP team if the family members' expertise about their lives is privileged and they can have leadership positions in the cooperative venture.

- The integration of the FEP team into the larger School Based Youth Services enables the FEP team to draw on the resources of this group, to serve as a catalyst for context oriented thinking and practice among the colleagues, and to collaborate with teachers, guidance counselors, and administrators in each school. Navigating the complex school systems and being part of the overall school context while providing specific, sometimes critical support and assistance services to the students and their families remains an important challenge for FEP teams. Especially families who are overwhelmed by the sheer size of the school, are mistrustful based on harmful experiences with school personnel, or do not dare to get involved in school activities because of language difficulties or immigration problems need the practical and relational assistance from the FEP teams.

- The ethnic background of the FEP team members reflects, wherever possible, the cultural identities of the school's student population. During the selection of the teams particular attention is paid to the ethnic and cultural background of the team members so that there is as much as possible cultural congruence between the FEP teams and the majority of the school's population. Through weekly supervision and monthly training all teams are expected, of course, to become culturally competent in all aspects of their work with a family. A noteworthy and intended by-product of the FEP model is the education and training of a significant number of "minority" professionals in family systems therapy. Some of them have already moved up into positions of leadership in the social service field.

- Ongoing evaluation of the Family Empowerment Program, case histories, the demand for assistance from the students themselves, and large-scale outcome research of somewhat similar models (carried out by major academic research centers such as at the University of Miami) show the effectiveness fo the FEP model in the prevention and containment of teenage substance abuse, school drop-out, criminalization, marginalization, and despair. Three aspects of the model contribute in particular to its success according to the research data: a) the involvement of the student's family in the counseling process; b) cultural sensitivity and competence of the counselors; and c) ongoing intensive supervision of the FEP teams.

Conceptual Reflections:

Adopting a relational and context oriented Epistemology the Center in general and the FEP teams in particular approach their clinical work based on a number of underlying post-modern assumptions.

Relatedness to others precedes cognition. We find ourselves always already in a relational connection with others. This experience logically precedes our attempts at cognitive comprehension of other people and the world around us. The experience of our intimate connectedness to others constitutes our most basic experience. The guiding paradigm in the work of the Center is not the outgoing conquering mind that subsumes the others under its own preconceived ideas, notions and assumptions. Rather, it is our own inner experience of finding ourselves already relationally involved with others before we are trying to understand or cognitively master them. It is this interconnectedness that supports the process of individuation, just as the individuation process furthers the intensity and depth of our connectedness with others.

What we see depends on who we are as related beings and how we look. Our choice of perspective, i.e. scientific, empathic, artistic, investigative or therapeutic determines the kind of "reality" we can "see." The "world" is a project constructed jointly in the minds of the observing participants in a complex reciprocal process. Our mind's project of the "world" and of the people around us rests on the ongoing relational process in which the "observer" is part of the "observed" and as such profoundly defined by and defining the other. The other remains, however, while accessible within the complex relational process, at the same time forever beyond the comprehension of the observing partner, i.e. the other is not a comprehensible, quantifiable object.

In their clinical work, the teams use, therefore, a Kaleidoscope of Seven "Lenses" or set of perspectives that help them look at and perceive the most relevant aspects of the young people's and their families' contexts:

- Socio-economic class (including immigration history);
- Culture, ethnicity, "race" (including racial oppression history);
- Gender and gender role definitions;
- Sexual orientation and relationship education;
- Religion, spirituality; membership in a religious congregation;
- Health and addiction (history and present status);
- Age; individual and family developmental life cycle stage.

Based on these epistemological assumptions the FEP model emerges as an example of a rigorous application of relational family therapy toward multiple contexts. According to the choice of perspective the teams can focus on any one of the multiple layers of relational complexity, from the genetc, cellular, bio -physiological and psychological lefels of an individual to any form of social interconnectedness, i.e. dyadic, family, societal relational networks. Since most human phenomena that we subsume under the heading "symptoms" manifest themselves on a social level, i.e. become apparent as parts of interactions and communications between people, it seems pragmatically plausible and most useful to look for and understand these phenomena on the interpersonal level first. The teams enter into a counseling relationship at the interpersonal level where they can hear the others.

The FEP model functions for the most part outside the traditional "mental health system" (which operates according to the medical model of treatment base on the "classical realism" paradigm. The goals of the Family Empowerment Program are attained without DSM diagnoses, without psychiatric intervention or psychological tests, and without psychotropic medication. In emergencies and crises, the teams, FEP supervisors, school personnel and appropriate social services collaborate with the families to provide a safe and healing environment for students and their family members intended to avoid, if possible, the need for psychiatric hospitalization, psychotropic medication or state sponsored coercive interventions such as by youth protective services or police.

Context sensitive therapy cannot ignore social injustice. The most fundamental perspective in the work of the FEP teams and in the Center's teaching and training is the social justice perspective. It calls sometimes for acts of public remembrance in families, communities, and societies of the suffering and catastrophic injustices inflicted on people who lived before us. The Holocaust, the enslavement of African people in the New World, or the perilous journey of immigrants from Latin America are examples of such remembrances. The FEP teams' transformative work can lead to an act of witnessing of family members' history. Other times, social justice calls for the empowerment of families to take personal and collective action to promote non-violence in their community and to establish equitable social participation, giving families and neighborhoods the possibility to live with dignity, self -determination, and physical and psychological well-being.

For further reference, please, consult:

Wetzel, N.A. & Winawer, H. (2002). *School-Based Community Family Therapy for Adolescents at Risk.* In: Kaslow, F.W. (ed.) Comprehensive Handbook of Psychotherapy, Vol. III: Interpersonal, Humanistic, Existential Approaches to Psychotherapy. New York: John Wiley & Sons; pp. 205 -230.

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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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