

ICSPP Newsletter

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

“The Conscience of Psychiatry”

2009 – Number 2

What's Inside:

New Director's Greeting

Updates and Announcements

Labels and Occam's Razor

A Look at Forced Treatment

Chemical Imbalance Basics

Arts and Leisure Section:

Poems:

No Way Home

Another Kenn Original

Short Fiction:

A Social Work Saga

2009 Conference:

Overview - Pages 1 & 3

Registration Form - Pg. 22

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Plan to Be at ICSPP's Next Conference in Syracuse, New York: Here's Why

As I sat writing the usual appeal for our annual gathering it occurred to me there are two reasons to attend an ICSPP conference. The first and obvious reason is that it is a time and place where people with unique common interests gather to hear brilliant and renowned speakers, and learn more about honest, ethical, and caring ways of understanding and helping.

The second reason has been voiced in various ways by probably every attendee I've spoken with each October for the past ten years. It is simply this: Each and every ICSPP conference is a time to be refreshed,

validated, supported and rejuvenated, all in preparation for another year in the real world – the one in which we are not yet understood or accepted.

A big part of that second reason has to do with what happens *outside* the meeting rooms. As wonderful as the presenters always are, it is between the speakers' remarks – in the hallways and lobbies, over lunch and dinner tables, in the lounges and on the sidewalks – when much of the magic of an ICSPP conference occurs. If you have yet to experience that, make this your year to find out what is about.

Cost may be an issue; it always is for

(Continued on page 3)



Toby Tyler Watson (left) taking the Executive Director reigns From Dominick Riccio. More on page 3.

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

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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.

(Continued from page 1)

me. And, yes, time may be tight and there are all those tasks that come with going away, even when it is only for two or three days. Again, for those of you who have yet to join us at a conference I ask you to trust me on this: It is worth whatever cost and effort it takes. I say this not because we want your money, but because we want you to feel as good as the rest of us feel when we get together. We guarantee you won't forget it. The registration form is on page 22. Fill it out and send it in today.

And Now The Usual Stuff

Our conference planners, Toby Tyler Watson, Burt Seidler, Sue Parry, and Jake Johnson have been hard at work putting together all the details (you wouldn't believe how many there are!) for the Syracuse meeting. We are set once again for Columbus Day

Weekend, and we hope to see all of you there – you long-time members as well as the many who've joined us in recent months.

We have yet another outstanding line up, with a mix of old favorites and impressive newcomers. Of the former you'll hear from PsychRights attorney Jim Gottstein, Brian Kean, Ph.D., David Stein, Ph.D. (author of "Ritalin is Not the Answer") DuBose Ravenel, M.D. (co-author of "The Diseasing of America's Children"), EHPP Managing Editor, Robert Folz, Psy.D., Dominick Riccio, Ph.D., and Fay Karpouzis, D.O., Ph.D. Of course Peter Breggin will address the group again, and there will be many more familiar voices. We will even hear from Jay Joseph, Psy.D., author of "The Gene Illusion" and "The Missing Gene."

The newcomers list includes award-winning *Boston Globe* journalist, Alison Bass, author of "Side Effects: A Prosecutor, a Whistleblower, and a Best-

selling Antidepressant on Trial" and Martin Irwin, M.D., professor of psychiatry at Louisiana State University and author of "Treatment of Schizophrenia Without Neuroleptics: Psychosocial Interventions Versus Neuroleptics." We'll also hear from Toni Heineman, Clinical Professor of Pediatrics and Psychiatry at the University of California, San Francisco, and founder of the Children's Psychotherapy Project. Dr. Heineman is also the author of "The Abused Child: Psychodynamic Understanding and Treatment."

As usual there are many more names, because, as usual, ICSPP attracts uniquely intelligent people. But, as I said before, intellectual pursuits are just half the story of an ICSPP conference.

Find out for yourself. Come along, join us ... and get rejuvenated.

Change of the Guard: ICSPP Under New Management

A Word From Our New Executive Director

**Dr. Toby Tyler
Watson**

It is with great pleasure and honor the ICSPP Board of Directors saw it fit that I might be able to carry the torch and position of Executive Director in the coming year. I have been working hard with Dominick and the Board of Directors to keep the ethical integrity, moral values and personal convictions or oaths we adopted in our lives, practice, and as members of ICSPP while this transition oc-

curs. Despite our economy, our organization is not only strong in membership, drive and quality, but financially, we are stable and excited about next year's Oct. 9-12th conference in Syracuse, NY. By combining efforts with other organizations and placing more interested members in key positions to take on specific duties, we are already seeing the benefits of relying upon our ICSPP community.

I encourage you right now to submit one idea about how we may generate new membership. ICSPP has always been a community of inclusion, and thus, we are hoping you will invite others to dialog with us about what dehumanizes individuals and also heals our emotional wounds.

Love, empathy, compassion, spirituality, play, laughter, artistic expression and respect is the essence of our humanity, and thus, when our humanity is infringed upon, it is these elements that need to be restored. These above basic elements combined with our fundamental inclusion ICSPP's academic researchers and experts that critically analyze the research for all of us, allows all members of ICSPP to appropriately and cautiously educate at large and those suffering find a course of healing in a turbulent mental health sea. I encourage you right now, yes, right now, to make contact with someone about joining ICSPP.

More Announcements and Updates

Peter Breggin Biography in Press – And Not Far Off

As Peter and Ginger Breggin mentioned in their membership appeal on the front page of our last newsletter, they've been working on a new project that they want to share with the ICSPP membership. It's a new book, currently still in press, that explores Peter's life and career – through the words of those whom his work has touched and influenced.

Roughly two thirds of the biographical work, entitled "The Conscience of Psychiatry - The Reform Work of Peter Breggin, MD," is comprised of essays and testimonials that were generated a while back when the staff of the ICSPP journal, *Ethical Human Psychology and Psychiatry*, were putting together a

festschrift for Peter. While several contributions were appropriate for that project, many were more personal in nature. And, let's face it, there was a ton of material sent in. What to do with all that? That's where Ginger Breggin stepped in. She has compiled and organized the contributions, and combined them with excerpts from book reviews, articles, and interview transcripts from various media sources spanning fifty years.

It's an impressive and sizable project, weighing in at 475 pages. Many of the testimonials are from familiar names: David Stein, Bert Karon, Nora Porter, Lloyd Ross, Karen Effrem, Brian Kean, and Doug Smith – just to give you a

taste.

There are also reprints of commentaries from people who are no longer with us. Loren Mosher, Kevin McCready, Rae Unzicker, Steve Baldwin, and Marvin Scolnick - all of whom made important contributions to ICSPP's more formative years - are featured.

The book is touted as being "Edited by ICSPP," which, I guess, is not inaccurate. The real credit, however, belongs to Ginger Breggin as she is the creative force behind the project, and is the one attending to all the eight or ten million details such projects require for completion. (And I don't think she's missed a thing.)

[Editor's Note: As indicated, the book will be available free of charge to current ICSPP members, but due to expenses, copies can only be provided to those who've paid at \$50.00 or more.]

Membership / Website News

There are more changes and improvements in the works for the ICSPP website, compliments of our new incoming Executive Director, Toby Tyler Watson, and as always, Andrew Levine, our communications director. These changes will allow membership renewals to be electronically processed online.

The system will also generate email notifications when renewals are due. Efforts are also being made to permit conference registration online at the website,

although the old fashioned mail and fax way of doing things is still in effect.

We know what many of you are thinking: *Big deal – Every organization does stuff online these days.* Yes, of course that's true. But it still costs a few bucks to set up and operate this kind of thing, and it requires a fair amount of monitoring and oversight to ensure all goes according to plan. Please remember that ICSPP has always counted on dedicated volunteers,

and we depend on your membership fees and contributions to keep things moving. Please make sure you are current with your memberships to help support this service. And for those of you who are able to do so, an additional tax-deductible gift would go a long way.

As for when these changes should go into effect, you might as well log on to the icspp.org and check right now since *right now* is roughly when things should be getting under way.

A Personal Note About a Personal Note

As membership director, Robert Slicen is often the person to whom ICSPP members reach out when they have something to say. Since the business at hand usually involves membership, the sentiments often pertain to how someone learned about ICSPP or why he or she decided to join or renew.

Sometimes these stories involve the newsletter, and, gentleman that he is, Robert always brings these to our attention.

We here at Newsletter Headquarters are always pleased to hear that the newsletter is reaching and touching people, but Robert recently received a note that was especially warming. He contacted the author, who generously agreed to allow us to share her thoughts about ICSPP and the newsletter with you. So, here it is:

April 29th, 2009

Dr. Peter Breggin and ICSPP offices

My daughter K was sent for "evaluation" at age five because she acted out in class. I was overwhelmed by the teacher's complaints on a daily basis. I knew no better than to buy their lies. What I later learned was my parenting style needed updating, and in time the scam that was being sold me as "medical condition ADD/ADHD" was revealed. I write you today that my beautiful young lady is attending school and is just a normally behaved child. This whole process of growth as a parent for me has been made possible by being informed through Dr. Breggin's books and receiving the ICSPP newsletters. You've made a big difference in one family's life. Thank you!!!

ML
Queens, NYC

[Editor's Note: And thank you, M.L., for being part of ICSPP.]

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!

Subjective Vs. Objective Labels: A Plea for Occam's Razor

by Jan Hunt, M.Sc.

I am often asked, sometimes heatedly, about my dismissal of labels like "ADD". Parents tell me they are grateful to have a label that seems to explain - at last - their child's challenging behavior. Other adults tell me that the ADD label has helped them to understand the difficulties they themselves have faced in life. So what is wrong with using labels that seem to explain so much? Nothing - if we are talking about objective labels. Everything - if we are using subjective ones.

The definition of "objective" is "having actual existence or reality." In medicine, objective labels such as cancer, brain damage, dietary deficiencies, and sleep disorders can be verified in the laboratory.

The definition of "subjective" is "proceeding from or taking place in a person's mind rather than the external world". Subjective labels (ADD, ADHD, sensory sensitivity etc.) are given casually, arbitrarily, with no laboratory or other medical proof - and thus are not valid; they are based on a list of subjective feelings and experiences which can change from one day to the next, and thus are not reliable. The only brain damage that has ever been associated with so-called "learning disorders" has been found in children or adults who were already taking a strong medication such as Ritalin. The similarities between Ritalin and cocaine have prompted concern that the unknown dangers of Ritalin could be similar to the known dangers of cocaine.¹ The use of such dangerous drugs are especially unjustified as there is no true laboratory evidence of the "disorders" that Ritalin is supposed to cure. In a study of 5,000 children followed from adolescence to adulthood, psychopharmacologist Susan Schenk of Texas A&M University found that children treated with Ritalin are three times

more likely to develop a taste for cocaine.²

Subjective labels, being neither valid nor reliable, have no usefulness. They do, however, have many unfortunate consequences. First, all subjective labels are self-fulfilling. If I believe that I am "clumsy", the next time I drop something I will view that as further proof of that label, when there may be a much simpler reason. Perhaps my sleep the previous night was disturbed or I am not paying attention because I am worried about a friend who is ill.

We truly are what we believe we are. In fact, there are many understandable, human reasons for clumsiness, sadness, forgetfulness, distraction and all the "symptoms" of "learning disorders". Anyone - at any age - can drop things, forget things, and over-react to frustration if they haven't had sufficient rest, their diet hasn't been adequate, or their life is currently stressful. These reactions are universal. They are understandable. They are human.

In contrast, a true medical condition, like cancer, is objective. This type of label serves the very useful purpose of telling us about something that can be treated, and ideally cured. A subjective label like ADD distracts us from the true causes of human behavior. If I believe that it is "my ADD" that has brought about clumsiness, I am likely to miss the actual cause (such as lack of sleep) and solution (changing my lifestyle to get sufficient rest).

Subjective labels not only distract us from true causes and solutions, they fool us into thinking that the only solution is medication. Millions of dollars are spent for drugs that, at best, have a placebo effect, and at worst cause severe side effects.

The labels "ADD" and "ADHD", because they have been applied to millions of children, who are then given dangerous, addictive drugs, are especially troublesome. We all owe it to children to avoid using these labels. Every time we use them, we are proclaiming their validity.

There is a philosophical tool called "Occam's Razor", a handy device for cutting through preposterous theories: the simplest theory that fits the facts of a problem is the one that should be selected. Applying Occam's Razor to the so-called "symptoms" of subjective disorders, we could say "I'm feeling sad because my best friend moved away." "I'm tired because I didn't sleep well last night." "I'm dropping things because I'm tired." "I'm overreacting to criticism because my partner and I argued this morning." "I'm restless because I had coffee today." "I can't concentrate right now because I'm worried about finances." "This child is distracted in school because he is being bullied / because the presentations are boring / because he needs more physical exercise / because he would rather learn through play."

Not only do such explanations make more sense and fit Occam's Razor, they can help us to find and fix the true causes, and improve our lives and relationships. If we focus directly on our current feelings and circumstances, we can begin to discover the real difficulty. Only when we know the real problem - the true objective cause - can we find a real solution. When we are talking about children, the true "problem" is often the simple fact that they are children, who are naturally energetic, playful, and curious.

Objective labels (true physical disorders that can be tested and verified in a lab) are the simplest explanation for many conditions. If someone has a brain tumor, that is the simplest explanation for his distractibility, confusion or clumsiness, and the sooner it is detected the better the outcome can be. Objective labels are enabling - they help us to look for real solutions for real problems. They fit Occam's Razor.

Subjective labels are disabling - they convince us that the problem is permanent and unavoidable (so there is no reason to focus on improving our sleep, diet, relationships, lifestyle choices, or personal habits) and convince us that the only solution is a dangerous drug. Subjective labels like "ADD" do not fit Occam's Razor - they are far from the simplest explanation - and in fact they are the most obscure and arbitrary, and do nothing to further our understanding of true causes. Instead, they bring only further confusion, and lead us away from creative, realistic and useful solutions to life's challenges.

Perhaps the greatest danger of using such labels is that they medicalize both the child's and his parents' view of

his way of being - and to what end? ADD, ADHD, Asperger's Syndrome, "selective mutism" and other similar terms are all subjective labels based on a negative interpretation of the child's unique approach to life and learning. Like all negative labels, they affect the child's self-concept and the way other children and adults view him. In that sense, all of these labels are detrimental, limiting and self-fulfilling. The misunderstood behaviors behind the labels demonstrate the child's understandable attempts to cope when overwhelmed by fear or frustration (these "disorders" appear almost exclusively in the school environment). Fortunately, there is a new alternative view called "neurodiversity". Thomas Armstrong has shown that what we regard as "disabilities" in our culture have at other times and in other cultures been considered assets and advantages. Dr. Armstrong calls for a new approach based on deep respect and a celebration of natural differences.³

Learning disability labels assume that children should act like adults. Why can't we let children be children, with all their natural energy and playfulness? Have we all forgotten what it was like to be a child? Expecting five-year-olds to act

as though they are thirty-five is both unfair and unrealistic. They will grow up soon enough!

1 Koerner, Brendan I. "Is Ritalin "Chemically Similar" to Cocaine?" *Slate*, Jan. 6, 2003

2 Schenk, Susan and Emily S. Davidson. "Stimulant Pre-exposure Sensitizes Rats and Humans to the Rewarding Effects of Cocaine" NIDA Monograph 169, p. 56-82.

3 Armstrong, Thomas, Ph.D. "Special Education and the Concept of Neurodiversity", *New Horizons for Learning Online Journal*, Vol. XI, No. 3, Fall, 2005.

Jan Hunt, M.Sc., is the Director of the Natural Child Project (www.naturalchild.org), author of *The Natural Child: Parenting from the Heart* and *A Gift for Baby*, and co-editor of *The Unschooling Unmanual*. Jan offers telephone counseling worldwide, with a focus on attachment parenting and natural learning.

My Forced Treatment

By Gianna Kali

Yesterday someone mistakenly assumed I had not undergone forced "treatment" and therefore could not understand the plight of so many people labeled with mental illness. The truth is I *was* forcibly "treated," restrained and left in isolation a number of times. My memories of the events are blurs, but I wish to recall as best I can what happened. I should say, some particular events are as vivid as though it happened yesterday. The memories have a wave to them, some come back in detail and others are lost in a mist. I will tell the story of one of my forced "treatments." Probably the most dramatic and I believe it was the first of no less than

three.

I had taken multiple hallucinogenics for several days; I was pre-menstrual; I was psychotic. I believed I was the messiah or something like that. I did not believe I was the second coming of Christ. She was in my womb waiting to be born.

I went to the local Psychic Institute believing I would be recognized and dealt with accordingly. I was having a rough time and wanted some help.

I went to the institute and presented myself. They balked at me and told me to leave. I refused and sat on the floor in the corner, knowing this was where I

was supposed to be. I was not violent, nor was I scary, except I imagine they were scared. We are not understood when we are psychotic. They called the cops.

The cops came in yelling at me to get up and out. I didn't budge. They approached me, big and bulky and grabbed me by both arms. They dragged me across the floor to the front door and *threw* me down the stairs. A whole flight of stairs. I was not fighting—I was simply not cooperating. I was dead weight and they threw me down the stairs rather than carry me. I injured my arm pretty badly, but I could have been hurt much worse.

They then started trying to force me into their car. At this point I put up a struggle. They had thrown me down the stairs, what else might they do? I was scared. I was pushed and man-handled into the car and *tied up with a*

rope hands and feet, like a cow at the rodeo.

I was then hauled off to the community public mental hospital. I was injected in the butt with haldol. The next thing I remember is waking on a gurney in restraints. I had wiggled around in such a way so that my arms were above me and I was splayed out in what to me felt like Jesus hanging on the cross. I did not think I was Jesus, but I identified with the torture. I was pinned down and couldn't move. I was terrified and I was alone in a small dirty room with the door shut. The door had a window in it that was about four by six inches. I could see nothing on the other side of that door. I did not know how long I would be in there and indeed it was hours.

I called out. Screamed, really. What the fuck was going on? I had to go to the bathroom. I yelled for 10, 15 minutes. No one responded. I peed my pants and cried.

For the naive among you, you may think I was out of control, what else could they have done? But this is where TAC and everyone else who supports forced treatment go so wrong. I was not violent. I was peacefully sitting on someone's floor. Perhaps I was trespassing at that point. I'll give you that. But I did not need to be dragged out and thrown down the stairs. I was not dangerous and I was not fighting nor violent in any way until they tried to put me in the car—after the insult of the stair throwing.

***“He got agitated,
stood up, drew a
long butcher knife,
and swung it
ominously in front
of me.”***

From having had a knife held to me by two psychotic individuals I speak from experience when I say psychotic people can be talked to. They can be calmed. They can be disarmed (literally and figuratively.) I don't hesitate to say

that I imagine that 99.9% of agitated psychosis can be quelled with *love*.

What if the cops had been trained to deal with me? What if they hadn't assumed I was dangerous (since I was not.) What if they had taken the time to sit with me on that floor and have a chat with me. What if they had listened? I was not violent. I did not have a weapon. What if, god damn it, they had treated me with kindness? What was the terrible hurry to treat me like a dangerous criminal?

I loved the people who held knives to me. It's that sweet and simple. I had compassion for them. I saw their fear and I did not respond with fear. In one instance the man holding the knife was a client in my office. I was alone in the office with him. He got agitated while talking to me and stood up and drew out a long butcher knife and swung it ominously around in the air in front of me, threatening. I became very calm and I began to speak soothingly to him. “You don't want to hurt me, S____. Give me the knife.” I repeated this a few times. He looked confused, hurt, pained—then he gave me the knife and apologized. I escorted him out of the building and he left.

The second guy who held me at knife point was someone out of his mind on LSD. We were on the streets at 3 am. He jumped wildly about me, yelling, “I'm a crazy mother-fucking Indian on acid!! You better watch out.” I calmly started asking him questions. “When did you take the acid? Do you know that you're scaring me? I don't think you want to hurt me.” He too came down quickly. He backed off and also apologized. He went on his way.

I can't imagine I hold any special secret. Granted not everyone has this skill—I don't imagine that either. But many people can learn this skill and if they were sought after and put on teams of mental health workers, much pain, anguish and torture could be obliterated.

The late Loren Mosher ran a [house](#) for psychotic schizophrenics where the staff was taught to listen and love the residents. They all lived together as house-mates and there was 24 hours care for these individuals. Only 3% of the schizophrenics were ever drugged and this was only in extreme cases when they were truly violent—the drugs were also used in low doses and only until the crisis was over. Most people could be

talked through whatever trauma they were going through and drugs were not even necessary. 85 to 95% of the people that stayed there were able to return to the community without traditional hospital “treatment.”

***“Subtle coercion
can be equally
devastating. And
that is the violence
most often endured
by survivors.”***

I'd like to end by saying that one not need be forced in this violent fashion to experience the violence of psychiatry. Subtle coercion can be close to equally devastating on mind, body and soul. And that is the violence that is most often endured by survivors. That is what I endured for 20 years following my forced “treatment.” I'm not convinced the coercion was terribly different in what it did to my self-esteem and belief in myself. I was systematically gaslighted to believe I was crazy and would never recover. That by itself is violence too.

**Be Sure to Check Out
Gianna's Blog:**

bipolar-
blast.wordpress.com

If I think an angry thought or make myself feel angry, I can make my face red! A Reconsideration of the Chemical Imbalance Idea

Burton Norman Seitler, Ph.D.

In the '90s we were told to say NO to drugs. Now more Americans than ever are on drugs. Only this time, they are on prescription drugs: men, women, and children. How did this happen? Because of "Big Pharma's" pervasive, and often quite enticing, media hype, many people were led to believe that depression is caused by a chemical imbalance in the brain. Not only have many consumers bought into this idea, but also a number of respected therapists. Yet research tells us something different. The truth is the biochemical imbalance idea has never been scientifically substantiated, much less consistently confirmed by well-controlled, independent, and unbiased research. Sadly, as we all know, an untruth repeatedly told, begins to sound like the truth. This essay is intended to examine the assumptions that have been passed off as facts and to see whether or not there is good science to back them up.

There are 3 fundamental assumptions associated with the chemical imbalance proposition, which have been prematurely and peremptorily treated as though they were foregone conclusions:

- The claim that depression, or for that matter all emotional problems, are due to chemical imbalances in serotonin levels in the brain,
- The assertion that selective serotonin reuptake inhibitor (SSRI) medications are more effective than psychotherapy in treating emotional problems; and
- The contention that psychoactive medications are not the least bit dangerous.

LaCasse and Leo have pointed out, "contemporary neuroscience research has failed to confirm any serotonergic lesion in any mental disorder, and has in fact provided counterevidence to the explanation of a simple neurotransmitter deficiency."¹ They further state, "there is no scientifically established ideal

'chemical balance' of serotonin, let alone an identifiable pathological imbalance." Furthermore, speaking to the issue of a monoamine deficit explanation for depression, Stahl, author of the respected medical textbook *Essential Psychopharmacology*, tersely states, "there is no 'real' monoamine deficit."²

A morass of diametrically opposing positions and contradictory research findings abound. Yet, despite a whole array of research contradictions, many are led to believe--albeit without basis--that these thorny issues and contradictory findings have been settled, and there is complete consensus among the researchers on the matter of a biochemical cause for depression. There is no evidence to support this claim.

The biochemical imbalance notion has been around for quite a while. Its proponents have steadfastly maintained that there is a single neurobiochemical mechanism that accounts for depression. However, every time the putative neuroreceptor has been identified, studies later came along to refute it. But, undeterred by the evidence, the pharmaceutical companies have performed a clever bait-and-switch tap dance, and substituted fancy footwork (in the form of a different neurotransmitter) in the place of facts. In science-fiction writing, creatures that can transform their identities at will are called "shape shifters." In the pharmaceutical industry, this amounts to changing from one set of chemicals to another, all the while rigidly holding on to the idea that a chemical imbalance is at the root of emotional problems. At this time, the neurotransmitter du jour is *serotonin*.

Before the current serotonin explanation, there was the cholinergic-adrenergic, then the cholinergic-monoaminergic, the adrenergic, noradrenergic, dopaminergic hypotheses, and so on.... But, a simple chemical imbalance that explains complex and rather diverse emotions is yet to be con-

clusively shown. Nevertheless, even when each chemical *cause* was repeatedly refuted, the pharmaceutical hydra grew another chemical explanation limb. Because of the creative usage of mass advertising and manipulation of the media, it may feel natural to embrace a biochemical solution to disturbing feelings. After all, it is a quick, easy, non-guilt inducing explanation. If we regard our feelings to be the result of biochemistry, then we have nothing to do with what we are going through. Similarly, parents are spared feelings of responsibility for their children's emotions. And, for that matter, an individual's personal history, under such a proposition, would also have no bearing on his/her ensuing feelings.

Explaining complex human feelings and behavior by pointing to a few chemicals as the responsible culprits for producing specific thoughts or particular emotions is premature, overly simplistic, and highly reductionistic. If we think angry thoughts, we can increase our blood pressure, quicken our pulse rates, and even make our faces red. *It is our angry thoughts and feelings that create the physiological changes, not the other way around.* This is neither due to an excessive amount nor to a deficiency in our serotonin levels.

The effectiveness (and dangers) of anti-depression medications have been called into question (as well as the ethics surrounding the research into and production of psychoactive drugs) by a number of leading psychiatrists, psychopharmacologists, researchers, and other respected specialists in the field. Many researchers, have indicated that psychotropic medications in general are much more harmful than people are being told.^{3,4,5,6,7,8,9,10} When independent researchers went into the archives of a number of pharmaceutical companies,

negative, or equivocal results regarding the effectiveness of SSRIs were discovered. Interestingly enough, the data accumulated by various pharmaceutical houses themselves also indicate that their medications barely outdo placebo, and fail by a wide margin to outdo "active placebos."^{11,12,13,14,15,16} Curiously, many of these negative results were not made available for inspection when the FDA was reviewing particular drugs in question for efficacy.

Moreover, the literature has shown that other non-medical alternatives such as psychotherapy, exercise¹⁷ relaxation procedures, yoga, or even bibliotherapy¹⁸ have been just as effective, and certainly did not have any of the side-effects, except perhaps some mild soreness, in the case of exercise or yoga.

Now here is the real skinny. During the interlude between getting drugs to the marketplace and subsequent publication of research that shows that the drug in question is not what it was claimed to be, the drug companies make billions of dollars in profits. Angell, executive editor of the prestigious New England Journal of Medicine, teacher at Harvard, and a woman of some standing in the American Psychiatric and Canadian Psychiatric Associations, pointed this out in 2002. She stated, "the top 10 drug companies in the United States made more profits that year (2002) than the other 490 companies on the Fortune 500 put together." As part of their strategy to sell more drugs, Angell informs us, "Drug companies increasingly promote diseases to fit drugs, rather than the reverse. They try to persuade people in affluent countries that they are suffering from conditions that need long-term treatment. Thus, normal people come to believe that they have dubious or exaggerated ailments..."¹⁹ She has spoken out strongly against what she regards as highly deceptive practices by the drug companies.²⁰

But when the unsubstantiated Gospel-like "truths" put forth by the pharmaceutical industry are disputed, dissenters are marginalized as extremists, treated as people who do not know the "latest and greatest research on 'wonder' drugs," or are dealt with as heretics. Worse still, scientists who refute the chemical imbalance idea are sometimes pressured to shut down their research or spin their findings around so that they conform to, or support the neuro-bio-chemical pre-

sumption.^{21,22,23} Recently in fact, the Wall Street Journal blog reported (3/13/2009)²⁴ that one of the editors of JAMA (Dr. Catherine DeAngelis) said that researcher Dr. Jonathan Leo was "a nobody and a nothing" and executive deputy editor of JAMA, Dr. Phil Fontanarosa phoned Dr. Leo and was quoted as saying, "...who do you think you are? You are banned from JAMA for life. You will be sorry. Your school will be sorry. Your students will be sorry." All this came about because Dr. Leo reported that the principal author of an article (Dr. Robinson) that appeared in JAMA, failed to disclose that he (Robinson) had previous ties with Forrest pharmaceutical labs. This represented a conflict of interest because he had been on the speaker's bureau for Forrest Labs, manufacturer of Lexapro, the SSRI under investigation by the author. Leo said JAMA could have known of the author's conflict of interest had they taken the time to do a simple 5 minute Google search.

"When we think of people with emotional problems, we are referring to emotions born of human experience, not biological substrates. Everything does not boil down to a twisted molecule."

Being open to a serious consideration of whether this idea of chemical balances holds up would require giving up sacred cow assumptions of chemical causation and necessitate asking different questions, something proponents of psychopharmacological agents have been reluctant to do. For example, how would a strict chemical imbalance position explain a red face caused by nothing more than angry thoughts? Rather than ask different questions, which might lead to different answers, instead, different biochemical propositions are substituted. It is much like the reasoning that says; *the barn is filled with manure, so there's gotta be a pony in there somewhere.* Moreover, not one peer-reviewed pub-

lished article exists, of which we are aware that is a primary (rather than secondary) reference source supporting the serotonin deficiency idea.

Because of all the drug promotions, it is easy to assume--without examination--that drugs are effective, and are not harmful and that it would make sense to include them in our therapeutic armamentarium. But if we look closely, we see that here too, the public has been misled. There is a long history of not telling the public of the potential hazards inherent in medications. Only relatively recently (as a result of extensive public pressure brought to bear on the pharmaceutical companies), has direct to consumer advertising disclosed some of the perils of prescriptions. In reality, not a single psychoactive medication exists which does not have serious aftereffects.

Wanting to ease someone's pain is understandable. What never is addressed however, is that using "medications" does not come without a cost. Whenever negative effects of drugs are mentioned, if they are at all, we frequently hear that there is a risk to benefit ratio and are often told that the effectiveness outweighs the potential risk. But research shows that serious effects of drug use do exist and occur more frequently than most of us are told. Serious aftereffects (they can no longer be considered to be merely "side-effects," which imply that they are either rare or not very severe) have been established to exist by extensive research. These aftereffects include, but are not limited to: tardive dyskinesia, akathisia, retinitis pigmentosa, mania, suicidal and homicidal ideation as well as behavior, neurological tics, cardiac arrhythmias, tachycardia, etc..^{25,26,27,28,29,30,31}

When we think of people with emotional problems, we are referring to human emotions borne of human experiences, not biological substrates. Everything does not boil down to a twisted molecule, faulty neuron, or chemical reaction or reagent. Human problems arise in the co-constructed milieu of human relationships and need to be resolved in that context. Over time, we have been systematically sold a "quick fix" bill of goods and distracted from listening to our inner voices, while at the same time,

discouraged from utilizing the curative power inherent in interpersonal interactions and human relationships. All of this has been an impediment to resolving our human problems with psychosocial solutions. It takes time for a person who has a physical wound to heal. Why should we expect that it would be any different for a person that has an emotional wound?

[Editor's Note: Burt has been an active member of the Northeast Group for many years now - between softball games, anyway - and he is also on the planning committee for the Syracuse Conference. We're happy he was able to make this newsletter contribution between the innings of both activities.]

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Arts and Leisure Section

No Way Home

Terror spikes its way into me.

The gate to my center closes.

The shattering begins.

There is no way to me. No form. No image.

I don't feel. I watch. I sit. Mute.

The impulse within stillborn.

Helplessly waiting for someone to name this rage against me.

I lose myself, pray for a guide that will recognize me.

Protect me from this returning loss.

I am alone. Bereft of connection.

Still I am alone. Still. I am alone.

- Delores Jankovich

(Untitled)

They lived in New York on a condemned one-way street,
the lady was old, the girl in her teens.
One was crippled, the younger was blind,
both shared the same apartment, and found peace of mind.
Every day the lady went in her beat up wheelchair
trying to make a dollar, no matter how, no matter where.
The blind girl, too, sold pencils in a can.
Both lived day to day, not having a plan.
But, at night they sat together over a dinner made from scraps
telling "Prince Charming" stories that made them cry and made them laugh.
They would tell you that's what kept them going in their dismal life of tears and pain.
They said if they ever lost each other, their lives would surely end.
And for a while I was allowed to enter and share their world of fear and dreams,
until one day it came to pass that fire took their "flat"!
The young girl managed to get away, the woman died in bed.
I heard the alarms, I cried and ran to try to save them both.
I knew if one had perished, the other one would also go.
They finally quelled the fire, took the woman's body away;
never found the blind girl, not even to this day.
You know I'll never forget her, that's the way I am,
because I know that someday I'll see her standing on a corner,
selling pencils in a can.

for Emily and Louise

- Kenn A.

Short Fiction

Dear Diary

By Andrew Crosby

Chris sat with his feet on his desk reclined to the very limits of his office chair, and the laws of physics. For the moment he focused intently on his computer screen. It displayed the most perplexing Spider Solitaire layout he'd seen in weeks, if not months. This was his third shot at this particular game, having restarted it twice when stumped on the final draw. He was determined to crack it.

Of course he still had to handle the phone call, the one from the screening unit. The screener had given Chris the basic information – kid's name, mother's name, address, *blah, blah, blah* – but had digressed into something administrative, so Chris's thoughts had wandered. He always kept an active Spider Solitaire game on hand for such moments, although sometimes he read a book.

As the screener droned, Chris clicked and dragged cards. "The reason the mother is calling," the screener finally said – and Chris grabbed his pen again – "is the child expressed suicidal ideation in school earlier today."

"Really?" Chris asked, perking up.

"Yes," the screener said, barely disguising her impression that this was a stupid question. "*Really*."

It wasn't the suicidal ideation that intrigued Chris. He scanned his scribbled notes, found the child's date of birth, and did the math. "This girl is *six*," he said, forgetting the card game. "What the hell did she *say*?"

"I don't know. I didn't get that."

You didn't *get* that?"

"Nope. Didn't get that."

"What *did* you get?"

"I got, 'The child expressed suicidal ideation in school earlier today.'"

"Her mother told you *that*?"

"Yes."

"In *those* words?"

"Yes."

"This woman calls about her pre-

cious six-year-old, and says, 'The child expressed suicidal ideation in school earlier today.' Is *that* what you're telling me?"

"Yes."

"Get real," Chris said. "What did the woman actually, you know, *say to you*?"

The lady snickered, finally catching on. Chris felt relieved – she probably wouldn't complain about him. He'd gotten slick at confronting the screeners, and it had been a whole month since the director had called him into his office for one of their "little chats."

"The mother said the girl drew a picture of a cemetery, with a headstone, in her journal. The headstone had her name on it. The girl said that she wanted to be with her grandmother in Heaven."

"That's more like it," Chris said. But of course he thought, *That's suicidal thinking like picking your nose is self-mutilation*. He kept that bit of wisdom to himself, though.

"The way it played out," the screener clarified, "is the girl told this to her teacher, who told the social worker, who told the principal –"

"- Oh, man, here it comes –"

"- who told the school psychologist, who called the mother –"

"- And freaked her the hell out by saying 'suicidal ideation,'" Chris concluded.

"Bingo."

"You have the mother on the line?"

"Yes. She's holding."

"Good," Chris said, "Let's help this poor woman, then screen the school psychologist for Panic Disorder."

The screener burst out laughing.

Chris introduced himself to Ms. Garner and asked about her daughter. Ms. Garner sounded young and scared.

"Yes, she's here now. Home. With me. I just picked her up from school. She seems fine. I guess. I'm

really sorry to bother you with this, but ..."

"It's not a bother," Chris said after waiting.

"The school told me what happened – you know, what she drew in her journal and what she'd said about it. They gave me your number, and said I should call. I just don't know what ... She shows me her journal all the time – she's only *six*. She just didn't show me last night. I'm really sorry to ..."

"You're close by," Chris said, before the silence grew awkward. "I can be there in half an hour if that works for you."

"Well, sure. I guess. I'm just sorry to ... But, you know, I just don't know what else to ..."

"We'll talk when I get there," Chris said.

Since Chris was the last one in the office, he called Marco to tell him he was on his way out and was forwarding the phone line to him for the next case. Marco was out helping Monica with *her* latest case – a runaway just picked up by the police, with his mother faking like her cell phone suddenly didn't work. Chris was the lucky one this afternoon.

Next, Chris grabbed a folder stuffed with forms he'd probably forget to use, shoved some papers into his desk drawer, and scanned the Spider Solitaire game one last time. Figuring he'd crack it during his next phone call, unless he was too busy reading, he saved the game, killed the lights, and locked up the office for the weekend.

Chris sat at the kitchen table of the small ranch house, thanking Ms. Garner as she handed him a tall glass of iced tea. He was impressed: it was real tea, with a real lemon wedge tucked in with the ice cubes. Though small, the home was charmingly furnished and smelled of freshly baked bread. And of flowers, which seemed to be everywhere.

"My father loves fresh bread," Ms. Garner said with a nervous smile. "I make it once a week or so for him now. And the flowers are from my mother's garden out back. Dad loves them; says they make a house a home, you know?"

She took the seat across from Chris, lowered her head, and folded her hands in her lap. Her smile evaporated. All of five foot – two, perhaps, with wavy dark hair pulled back in a loose pony tail, Ms. Garner looked like a kid

herself. Chris sipped his iced tea, guessing that six-year-old Carli's mother was not yet twenty-five. He noted her posture - straight, even proud, despite the head slump. He resisted an urge to slouch.

"She's in her room, playing with her hamsters," Ms. Garner said. "It keeps her from watching Cartoon Central all day and night, you know?"

Chris smiled.

"I freaked out when the school called before; just lost it, right there in Wal-Mart. I didn't know *what* to do."

"What *did* you do?" Chris asked after a moment.

"I wanted to call my father, but couldn't right off. I thought it would kill him if anything happened to Carli. She's the world to him. I couldn't let him know."

Chris sipped some more iced tea, feeling the liquid cool it's way down to his stomach. It occurred to him this was probably the best iced tea he'd ever had.

"I *did* tell him, though," Ms. Garner continued. Her hands were folded on the table now. "I called him right after I spoke with you. The school gave me your number, by the way. Said I should call. Just to make sure that ... You know. They know the history, I guess. They told me I have to watch Carli closely. They said I have to be real careful."

"What did your father say?"

She started to speak, but caught herself. She stared nowhere. Her shoulders settled. "He said, 'I'm sure everything's alright, Sweetie. There's nothing to be afraid of.'"

Chris looked at her, imagining that she was hearing her father's words again. "He didn't freak out."

Ms. Garner chuckled softly. "No, I had that covered. I was freaking out for both of us."

Chris looked at the beads of condensation forming on his glass. He slowly wiped a fingertip along near the rim. Then he looked back to Ms. Garner; she was absently-mindedly twirling her wedding ring.

"He said he'd leave work and come right home," she continued. "Even said he'd meet me at the school if I wanted. You know, if I needed him, I guess."

"Generous offer," Chris said.

"Yeah. Just knowing he could

be here if I ... you know. It seemed like a lot to ask, though. He does so much for us I figured he shouldn't have to leave work for this."

Chris intended to ask more about Ms. Garner's father, but she spoke again.

"And besides, Carli wasn't even upset or anything. When I picked her up, I mean. It was just like any other day or something."

"So ... yeah," Chris said. "How *is* Carli?"

"Chris looked at the iced tea glass, then to his tattered memo pad he'd set on the table off to the side. It laid there, still unopened."

"She's the greatest," Ms. Garner said, beaming. Chris was intrigued, though not surprised, with her take on the question. She overflowed, telling about Carli's passion for drawing, reading, and making up stories - funny ones, mostly about animals with magical powers. She told of Carli's love for her hamsters and her rabbit, Scooter, who lives with her dad across town. Carli had a knack for inventing games with her friends, and one of her greatest joys was picking out presents for their birthdays and Holidays. Carli was the hub of the local play date circuit: "Every time the phone rings, it's for Carli. She's *six!*" Ms. Garner laughed softly to herself, then fell quiet again.

She looked at Chris, who seemed right at home in her kitchen, then to the flowers in the blue vase on the windowsill. "I couldn't have made it through this without Carli. She kept us strong - me and my Dad - while my mom was sick."

"It was bad?"

"Yeah," Ms. Garner said to the blue vase. "Cancer. It was horrible. But taking care of Carli through all that ... made us realize ..."

"What?"

"I'm sorry," Ms. Garner said, cov-

ering her face and laughing with embarrassment. She rocked back in her chair and tucked a loose strand of hair behind her ear. "You're here about Carli. I'm sure you don't want hear all *that*."

Chris waited. "What did Carli make you and your dad realize?"

"That life matters," Ms. Garner said after a long moment. She picked up the small vase of flowers from the table, and stroked them gently. "*Really* matters, you know? Life matters above everything. Even ..."

"How long?"

"My mother? Three months. Three months and a week. And a day."

Chris looked at the flowers as Ms. Garner set them back down. Slowly she slid the vase back to the center of the table, paused, then drew her hands back to her lap. Chris sipped his iced tea again. "You said 'history' a while back."

"Huh? Oh, yeah. Depression. It runs in families, you know?"

"So I'm told."

"The school said I have to be extra careful with Carli. Because of her father."

"The school," Chris said.

"Yeah, I told them what her father's been going through, and they told me to watch her. Just in case. And now, with my mother gone ..."

Chris looked at the iced tea glass, then to his tattered memo pad he'd set on the table, off to the side. It laid there, still unopened.

"Talk to her," Ms. Garner said. "Will you please? Talk with her? I have to know if anything's wrong. I'm really worried. You know, about what she drew in her journal. If anything happens -"

"What's the deal with Carli's father?" Chris interrupted. He hadn't noticed, but he'd slouched in his chair.

Tom Garner had gotten some lousy breaks, and didn't seem to be able to fight his way out. He'd lost his job when his high school buddy's printing business went belly up, so Ms. Garner had taken on a second job to keep them in their apartment while Tom looked for work. Then, her mother was diagnosed and soon needed so much care that Ms. Garner stopped working to help out. Bill collectors started hounding them, and, unable to afford the apartment, they'd moved in with Tom's parents - they had

the bigger house.

But Tom's parents were constantly pissed off that their boy had married so young. And that they'd had Carli right away. "Carli was an *oopsie*," Ms. Garner said with a smirk. "But a beautiful *oopsie*, you know?"

It wasn't long before Ms. Garner had to move back in with her parents since her mother needed so much care. Carli went with her, and Tom was to join them once Ms. Garner's father converted his study into a bedroom.

"His father kept hounding him, though, because he could only find work driving a truck."

"What's wrong with that?"

"Nothing. Unless you're Tom's father." Ms. Garner looked Chris in the eye, and said softly, "His father's just plain mean. Doesn't have a nice thing to say about anybody. And Tom's always gotten the worst of it from him."

Chris waited.

"He felt like a loser," Ms. Garner said. "That's what he kept saying, 'I'm such a loser.' I kept telling him we'll get through it, don't worry, we'll be O.K. Then, Tom's father told him he seemed depressed and said he should call a doctor."

"Did he?"

"Boy, did he," Ms. Garner said. "The pills made him worse. He started having weird dreams and thoughts. You know, like he wanted to ... They put him in the hospital, to figure out the meds, or whatever. They've got him on, like, four different things now. He wants to see Carli, but he's so zoned out he can barely -"

The ripping noise distracted her. She hadn't noticed Chris had been writing in his note pad. He slid the sheet of paper across the table to her; it had two names with phone numbers.

"The first one's a psychiatrist," Chris said. "A guy I know."

"We can't afford -"

"He's expensive. But he'll work with you."

"He can stabilize Tom's med's?"

Chris almost laughed out loud. "Something like that."

"And the other name?"

"A lawyer. If you want some help with those bill collectors. He's expensive, too, but -"

"He'll work with us?"

Chris smiled. "Tell them I said to call."

Ms. Garner looked at the sheet of paper. "Thanks. Really. Thanks a lot." She went to the refrigerator, pulled out the pitcher of iced tea, and poured herself a glass. She raised the pitcher towards Chris.

"Half a glass, please."

She poured. "Can you talk with Carli? Please? About her journal?"

"Sure."

Ms. Garner returned the pitcher to the refrigerator. When she turned back to Chris, tears streamed down her cheeks.

"She won't talk with me about it," she said, burying her face in her hands. "She won't even show me what she drew."

"Even with all that's gone on, it sounds like -"

"I want my family back," Ms. Garner said. She wiped her face with a napkin as she returned to her chair. Chris heard the soft *pitter, patter* behind him, but didn't turn around. "I want my family back. Before -"

"Mommy?" the tiny voice behind Chris said.

Ms. Garner gathered herself quickly, seamlessly. Chris was impressed yet again. "What is it, Sweetie?"

"It's time to feed Alfie. He's hungry."

***"Chris employed a tactic
that always served him
at times of great clinical
challenge: He gave up."***

Ms. Garner introduced Carli to "the nice man I said was coming to talk with us" while Carli leaned against her, gently cradling Alfie the hungry hamster. Carli stared suspiciously at Chris as he used his rapport building skills, his knowledge of child development, and his natural charm and tact - everything he had - to engage the child.

Carli didn't buy it one bit.

Alternating between chagrin and near-panic, Ms. Garner did all she could to facilitate matters, but remained stumped. She was amazed: her little angel, who routinely poured out her soul to complete strangers at the super market and to the entire staff at Friendly's, was

tongue-tied with the laid back guy slouching at their very own kitchen table.

Relying on his experience, Chris employed a tactic that always served him at times of great clinical challenge: He gave up.

Carli, who could have been her mother's clone, pony tail and all, nuzzled closer to her mom, focusing on Alfie. Ms. Garner gave Chris one more apologetic look, and enveloped the child in her arms. She kissed Carli's forehead and spoke, her voice just above a whisper.

"Mommy asked you not to take Alfie or his friends out of their cage when I'm not around. Remember?"

"But he's hungry," Carli said. "He wants his dinner now."

"What about his friends?" Ms. Garner asked. "Aren't they hungry, too?"

Carli gently stroked Alfie as she thought this over. She looked up at her mom with conviction. "Yes. But Alfie is *most* hungry; they want him to go first."

"Well, that's nice of them," Ms. Garner said. "But don't they all eat dinner *in* their cage?"

Carli pondered anew. "Not always. On Fridays they go out like we do."

Ms. Garner giggled. "I don't think hamsters have pizza night, Sweetie."

Carli looked at Chris, then back to her mother. "When are we going to have dinner?"

"When Grandpa gets home, like we usually do." She cradled Carli's chin with her fingertips. "And you need to keep Alfie in his cage when Mommy's not around. Otherwise he might get lost."

"That's O.K., Mommy. We'll find him."

"I know. But he might be all scared *before* we find him. We don't want Alfie to be scared, do we?"

"No," Carli said, petting the soft fur some more.

Chris felt like he had a front row seat to a play. He was a licensed mental health professional with two master's degrees, and had read more about the human condition in the last month than most of his peers had in a decade. He wondered if he should, perhaps, say something.

"Is Susie coming over tonight?" Carli asked her mom.

"Sure she is," Ms. Garner answered. She turned to Chris. "That's Carli's cousin. My sister brings her over every Friday night. Carli loves it because we let the kids stay up and watch Cartoon Central while we grown-ups talk."

Chris felt something click. He looked at Carli. "Do Alfie and his friends like Cartoon Central, too?"

"Yep," Carli said with a decisive nod.

"I wonder if I can meet Alfie's friends."

Ms. Garner took the lead. "Yeah, let's show Chris! Come on!"

Still cupping Alfie in her hands, Carli led Chris and her mother down the hall to her room. Once through the door, she trotted to the elaborate plastic hamster cage, and gently returned Alfie to his friends – Chris was relieved to find that Alfie had *two* friends.

"Wow," Chris said, "Look at all this!" He knelt, admiring the elaborate plastic hamster dwelling. It had winding tubes leading to different compartments containing food and water dishes, wheels, and other gadgets and gizmos. He pointed to one contraption near the far end. "What's *that* thing for?"

Carli bubbled over as she systematically explained how everything worked and fit together. She was quite the authority on hamsters, it turned out, and offered a seminar worthy of a conference presentation on the species.

But she'd left something out.

"Tell me something," Chris said. "Alfie's two friends ... are their names Luke and Bennie?"

Carli turned to her mom, who leaned in the doorway, arms gently folded.

"I didn't tell him, Honey," Ms. Garner said. She threw a perplexed look at Chris, who turned to Carli and delivered the clincher.

"So, what's the scoop, C.J.?"

The arcane reference was lost on Ms. Garner, who wondered if Chris had taken in too much caffeine. Carli, however, lit up as she instantly recognized the tag line from her favorite Cartoon Central show.

"YOU KNOW CARRIE JANE, STAR REPORTER!"

Chris shrugged. "Everybody knows Carrie Jane."

Carli ran to her bedside table and scooped up a book that had been lying face down. With a beaming smile, she held it up to show Chris. There, on the cover, red-haired, blue-eyed Carrie Jane, high school news paper reporter, honor student, and world renowned crime fighter, dangled precariously on a rope hanging from a helicopter. For the moment, the super heroine was in peril, to be sure. But C.J. and her side kicks, Alfie, Luke, and Bennie, always get the scoop. And they never loose.

Neither does Chris, so it would seem. Standing there, looking into Carrie Jane's blue eyes, Chris knew he had just been given something.

It's called *gold*.

"Is that your journal?" he asked Carli.

"Yeah! Wanna see what's in it?"

"Journals are *private*," Chris warned. "You don't have to show *anybody* what's in your journal."

Kids. They never listen.

Carli tossed two pillows to the floor. She plunked down on one, and patted the other with her hand. "Sit *here*," she told Chris. "And *don't* slouch; it can hurt your back."

"O.K.," Chris said, "Promise."

Carli pulled open the cover and explained that each page had a picture and each picture had a story. "That's how journals *work*," she advised. "They have *stories*. They're like *books* and stuff."

"Hey, that's a rabbit!" Chris said, pointing to page one.

Carli told Chris all about her rabbit, Scooter, and his magical powers, all of which were depicted in the drawing.

"I know who *these* guys are," Chris said of page two.

And Carli told the story of Alfie, Luke, and Benny, and how they caught bank robbers.

"Is that a *giraffe*?"

Ginger the Giraffe, it turns out, figured out how to stop global warming and save the polar bears. "The polar bears are on the *next* page," Carli announced, and went on to explain how *they* saved the rainforests.

When Carli reached page seven, Chris said, "Hey, that looks like a cemetery."

Standing in the doorway, Ms. Garner's heart jumped.

"That's where grandma is," Carli said. She looked up at Chris, her expres-

sion conveying patience. "She's not *really* there. It's kinda hard to explain."

But she explained anyway. The story for this drawing was longer than the others, and Chris got the whole scoop – beginning, middle, and the end. Sort of.

"The *real* end doesn't come for a long, long time," Carli said. "That's when Mommy and me will see Grandma again."

Ms. Garner leaned in the doorway, staring at the scene before her, the fingertips of one hand raised to her lips. She was thinking, *Holy shit*.

Back at the kitchen table, Chris sipped the last of his iced tea while Ms. Garner slouched in her chair across from him.

"So, basically I was freaked out over nothing."

"Basically, yeah," Chris said. "If you can call loosing your mother, your job, your apartment, and almost your husband 'nothing.'"

She crinkled her eyebrows. "Was that supposed to make me feel better?"

"How *does* it make you feel?"

Ms. Garner smirked. "I was wondering if you were ever going to ask that."

A long moment passed between them. Chris looked at the flowers on the table, and marveled again at the lingering smell of fresh bread. "So, what's your answer?"

Ms. Garner sighed and thought out loud: "I miss my mom. I'm sad Carli doesn't have her grandma anymore. I'm delighted that Carli is so wonderful. I'm scared for Tom, and our marriage. I'm grateful my dad is so terrific." She paused. "And I want to kick the school psychologist in the balls for telling me Carli was suicidal."

She looked for a long moment at Chris and added, "I feel ... everything."

Chris nodded. "Enjoy pizza night."

Ms. Garner smiled. "Don't forget your note pad."

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- Alerting professionals to the dangers of dementia produced by long-term neuroleptic drug use (1983).
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- 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).
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