

ISEPP Bulletin

International Society for Ethical Psychology and Psychiatry, Inc.

ISEPP Conference, Nov 13-15, 2014

2014 - Number 4

Message from ISEPP Executive Director

Dominick Riccio

Hello all new and old members. This is our first Bulletin sent as email only. I hope you all like it. If not, please send me your objections and suggestions to my email address: djriccio@aol.com This edition is dedicated to the upcoming conference, which, as you know, is right around the corner on November 13-15, 2014 at Culver City, California at the Double Tree Hilton Hotel. All the registration information is contained on page 3 of this bulletin and the early registration discount has been extended to October 15. So please register NOW!

David Cohen and Michael Gilbert have put together an outstanding group of international speakers on the topic of "Transforming Mad Science and Reimagining Mental Health Care". David Cohen is a member of ISEPP and a past Chairman of the Board of the organization and is now affiliated with UCLA as a sociology professor. He has teamed with Michael to pull together a great conference consisting of new international thinkers and writers. In addition, some members of our organization are presenting on Thursday in one hour sessions on the same topic. So it should be quite an experience in terms of new thinking and writing about Mental Health.

As part of the promotion for the speakers David Cohen took the time to interview some of the international speakers and those interviews appear on the following pages. I hope they whet your appetite to hear more from these original writers and practitioners drawn from around the world to speak to our conference participants. The first speaker interviewed (very astutely by David) is Tomi Gomory, Ph.D.. The second person is Peter Gotzsche, M.D., a European physician who has access to pharmaceutical data and comes to different conclusions than the drug companies about their data; followed by Bob Fancher, Ph.D., a neurobiologist and finally Francois Ganon, Ph.D. is interviewed and speaks about his interests in misleading media. Enjoy!

REGISTER NOW FOR THE CONFERENCE!

GO TO WWW.PSYCHINTEGRITY.ORG

What's Inside:

Conference Info!

Registration Form
Plenary Speakers

Mini Interviews

With selected Conference
2014 Presenters

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

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

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

ISEPP Bulletin Submission Policies

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

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

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

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

A Cautionary Note

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

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

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

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

ISEPP ANNUAL CONFERENCE

TRANSFORMING MAD SCIENCE AND REIMAGINING MENTAL HEALTH CARE

A JOINT CONFERENCE WITH UCLA LUSKIN

NOVEMBER 13-15 2014

DOUBLETREE BY HILTON (LA WESTSIDE) – CULVER CITY LA

WWW.PSYCHINTEGRITY.ORG

REGISTRATION FEES:	<i>Full Conference</i> <small>(11/13-11/15)</small>	<i>Thursday-Friday</i> <small>(11/13-11/14)</small>	<i>Friday-Saturday</i> <small>(11/14-11/15)</small>	<i>Thursday Only</i> <small>(11/13)</small>	<i>Friday Only</i> <small>(11/14)</small>	<i>Saturday Only</i> <small>(11/15)</small>
<u>Advanced</u> (by 8/31)						
Individual	\$250	\$135	\$235	\$40	\$110	\$135
ISEPP Paid Member	\$225	\$120	\$210	\$35	\$100	\$120
<u>Registration</u> (after 9/1)						
Individual	\$300	\$175	\$275	\$60	\$135	\$170
ISEPP Paid Member	\$265	\$150	\$245	\$50	\$120	\$150
OPTIONAL OTHER FEES:	Awards Dinner Friday 11/14		\$60	CEU Certificate		\$25

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Organization/School: _____

REGISTRATION AMOUNT ENCLOSED: \$ _____

Please send completed form and registration fee made payable to ISEPP to:

Michael Gilbert 100 Bradford Heights Road Syracuse, NY 13224

ISEPP/UCLA Conference
Transforming Mad Science and Reimagining Mental Health Care
Culver City, CA
November 13-15, 2014
PLENARY SPEAKER INFORMATION
David Cohen, Ph.D.
Conference co-organizer

BRIEF LIST OF PLENARY TALKS/SPEAKERS

CONFIRMED:

Grounded "Eutopianism"—Piecing/Peace-ing our Way Together: Toward a World with Commons and without Psychiatry
BONNIE BURSTOW, Ph.D., Faculty member, Department of Leadership, Higher, and Adult Education, Ontario Institute for Studies in Education, University of Toronto, Canada, author, *Psychiatry Disrupted: Theorizing Resistance and Crafting the (R)evolution* (2014), and the forthcoming *Psychiatry and the Business of Madness*.

Reclaiming Humanity: Building a Post-Psychiatry World through Inner-Exploration, Mutual Support, and Community Building
LAURA DELANO, Psychiatric liberation activist, writer, and community organizer, Boston, USA

Moral Competence and the Decline of "Health"
BOB FANCHER, Ph.D., Psychotherapist, Life Therapy Counseling Services, Portland, Oregon, USA, author, *Cultures of Healing* (1996).

Where Ethics Meets Practice In Psychiatric Diagnosis And Treatment
ALLEN FRANCES, M.D., Emeritus Professor of Psychiatry, Duke University, NC, USA, former DSM-IV Task Force Chair and author, *Saving Normal* (2013) and *Essentials of Psychiatric Diagnosis* (rev ed, 2013).

Toward a De-medicalized Non-coercive Educational Approach for Mental Health: Its Possible Model and Funding
TOMI GOMORY, Ph.D., Associate Professor of Social Work, Florida State University, USA, co-author of *Mad Science: Psychiatric Coercion, Diagnosis, and Drugs*

We Need a Revolution in Mental Health
PETER GØTZSCHE, M.D., Director, Nordic Cochrane Center, Denmark, author, *Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Health Care* (2013).

The Neuroscience Discourse Actually Supports Withdrawing Alleged Psychiatric Diseases from Medicine
FRANÇOIS GONON, Ph.D., Institute of Degenerative Disease, Université de Bordeaux, France, neurobiologist, specialist in dopaminergic neurotransmission and in science communication.

We Have a Dream. (Getting Engaged to a Doctor.)
DAVID HEALY, M.D., Professor of Psychiatry, Hergest Unit, Bangor, Wales, UK

Consumer reporting of the psychotropic drug experience: Toward an integrated knowledge base
SHANNON HUGHES, Assistant Professor of Social Work, Colorado State University, Fort Collins, USA

The misunderstanding between patient and healer drives mental health research. How might we progress in caring for psychologically distressed people? The situation in France.
PASCAL-HENRI KELLER, Ph.D., Professor of Psychology, Université de Poitiers, and psychoanalyst, France, author, *Open Letter to the Depressed* (2012) and *The Dialogue of Body and Mind* (2010).

The Problem of Medical Journals, And What To Do About It
JEFFREY R. LACASSE, Ph.D., Assistant Professor of Social Work, Florida State University, Tallahassee, FL, USA, and JONATHAN LEO, Ph.D., Professor of Anatomy, Lincoln Memorial University, Harrogate, TN, USA

Creating Evidence Based, Effective and Humane Mental Health Services: Overcoming Barriers to a Paradigm Shift
JOHN READ, Ph.D., Professor of Psychology, University of Liverpool, UK, co-author, *Models of Madness: Psychological, Social and Biological Approaches to Psychosis* (2nd ed., 2013), and *Experiencing Psychosis: Personal and Professional Perspectives* (2012).

The Barrier to Rethinking Psychiatry: The Guild Interests of the American Psychiatric Association
ROBERT WHITAKER, Journalist, editor and lecturer, USA, author of *Mad in America* (2002) and *Anatomy of an Epidemic* (2010).

Demedicalizing Memory Dysfunction and Neutralizing Neuromania
PETER WHITEHOUSE, M.D., Ph.D., Professor of Neurology, Case Western Reserve University, Cleveland, OH, USA, author of *The Myth of Alzheimer's Disease* (2007) and co-founder, The Intergenerational School.

TO BE CONFIRMED (POSSIBLE):
KEITH HOELLER, Ph.D., Seattle, WA, USA
NICHOLAS LANGLITZ, PHD, New School, NY, USA
JOANNA MONCRIEFF, M.D., University College, London, UK
BRIAN KEAN, PhD, and NIALL McLAREN, Australia
JAMES B. GOTTSTEIN, PsychRights, Alaska, USA

★ **ISEPP CONFERENCE HOTEL INFORMATION** ★
★ **DOUBLETREE BY HILTON – LOS ANGELES WESTSIDE** ★
★ **6161 W. CENTINELA AVE., CULVER CITY, CA 90230** ★
★ **SPECIAL HOTEL RATE OF \$109/NIGHT (UNTIL OCTOBER 14 2014)** ★
★ **RESERVATIONS NUMBER #1-800-222-8733** ★
★ **GROUP CODE IS ISE TO BOOK ONLINE AT DOUBLETREE BY HILTON** ★
★ **GROUP NAME: ISEPP CONFERENCE** ★

MINI-INTERVIEWS WITH SELECTED CONFERENCE 2014 GUEST SPEAKERS

COLLECTED BY DAVID COHEN, PHD, JULY-AUGUST 2014



TOMI GOMORY, PhD

What main goals have been driving your work these last few years?

To try to identify critical issues in the explanation of troubling/troubled/ deviant behavior using the assumption that all behavior has reasons and functions. This implies that deviant/mad behavior is explainable along principles derived from what organizes all behavior. This then helps to supply tentative approaches to address mad behavior.

What do you find most exciting about the work you're doing at the moment?

The most exciting element may be the convergence of scientific work regarding the failure of medicine and its model to explain and address mad behavior (or for that matter behavior in general). This opens up the possibilities of reengaging the ideas and efforts of social scientists who may be better suited to grapple with the human existential situation. That is, how to live in a world we cannot but have

helped create? A world in which we cannot but help struggle to resolve the problems of living we are as a result confronted by.

When you look at the "mental health system" today, what concerns you the most?

Coercion. In our mental health system, involuntary social management—which is a necessary component of all societies but which should be applied last—is in fact the overarching framework within which the “helping” professions operate.

What's a neglected issue that you wish mental health professionals of any stripe would pay more attention to?

In order to address mad behavior we would need a general explanation (a testable theory) to explain *all* behavior acceptable to most social scientists such as Einstein's the general theory of relativity is to physicists. We have none. Discussion of this theoretical vacuum seems nowhere to be found.

Do you see a key challenge facing your own profession right now?

The confusion between helping and policing faces all “helpers.”

Over the last decade, what promising or positive changes have you seen occurring in mental health research?

The research, as it has improved its rigor, highlighted the failure

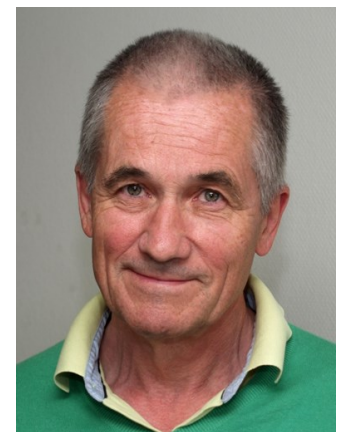
of the ideology of medicine as a meaningful one to address mad behavior.

Over the last decade, have there been developments in mental health care that you consider especially positive?

The increasing ability of “deviant” scholars and ex-patients to publicize the problems of the current system and its approaches to an increasingly larger and larger audience. (This conference is an example).

When you're not busy working, what do you enjoy doing?

I am a dedicated race walker and bicyclist and a consumer of the written word.



PETER GÖTZSCHE, MD

What main goals have been driving your work these last few years?

I came into this area because a midwife contacted me in 2007

with an idea for a PhD, which was: "Is history repeating itself: A comparison of benzodiazepines and SSRIs." One of her most interesting findings was that 37 of 42 withdrawal symptoms were the same for the two classes of drugs, and yet they were only called dependence symptoms for benzodiazepines. For patients, it doesn't matter what drug companies and their paid allies call their symptoms, as it can be hard for patients to get off either type of drug. I realized early on that leading psychiatrists built their practice on a number of myths, for which there was not only no reliable evidence, but they also contributed to harming people, putting far too many people on drugs for far too long. I therefore decided to take up this research area.

What do you find most exciting about the work you're doing now?

Our scientific work is fascinating. We have access to unpublished clinical study reports from the European Drug Agency on antidepressants and they tell us a quite different story than what the pharmaceutical companies have published and than what leading psychiatrists tell us.

When you look at the "mental health system" today, what concerns you the most?

Virtually everything. The loose way diagnoses are made, the belief that drugs are the answer to virtually all problems, the pervasive corruption—not only in monetary terms but also of the evidence base where outright fraud is an important issue—the widespread illegal marketing of psychotropic drugs with its lethal consequences, and the massive overtreatment of our citizens, very few of whom benefit from the

drugs they take whereas most get harmed by them.

What's a neglected issue that you wish mental health professionals of any stripe would pay more attention to?

That most drug trials are deeply flawed, e.g., by recruiting people who are already on treatment, whereby abstinence symptoms are inflicted on the placebo group, which are often erroneously interpreted as if the patients still need the drug.

Do you see a key challenge facing your own profession right now?

The pervasive corruption of doctors within all specialties.

Over the last decade, what promising or positive changes have you seen occurring in mental health research?

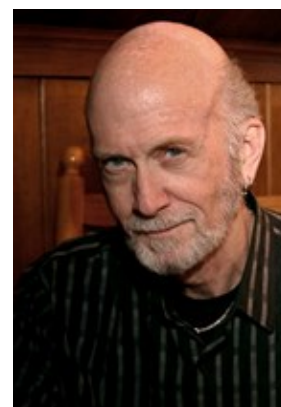
Some of the leaders in psychiatry have realized that their specialty is in deep crisis because of the blind faith in all the unscientific, consensus-based diagnoses and in the false wonders of biological psychiatry.

Over the last decade, have there been developments in mental health care that you consider especially positive?

Not really, as we are drugging our populations to a greater and greater extent with psychotropic drugs.

When you're not busy working, what do you enjoy doing?

Reading, playing tennis and golf, running in the forest and cycling as fast as I can with my wife on our racer bikes, which many Danes do.



BOB FANCHER, PhD

What main goals have been driving your work these last few years?

I've had three very different sorts of driving purpose the last eight years or so.

For one, I've had to figure out how to practice clinically in a setting very different than the one in which I trained and worked the first fifteen years of my career. My training and early career were in Manhattan; there, self-understanding is a cultural value, and insight-oriented depth therapy is integral to the culture. In Portland, not so much. And Portland's neo-hippie, post-Protestant hedonism is very different from Manhattan's competitive cosmopolitan drive. Adapting what I know to this new context has been an interesting challenge, and it has made clearer than ever to me that notions of "health" and "care" are local.

The second driving goal has been to incorporate into my clinical understanding research literature from sciences that don't concern themselves directly with mental health—research psychology, cognitive neuroscience, sociology, anthropology, ethology, evolutionary sciences, even a bit of economics, mainly. While my work is still insight-oriented, I've come to think that the

self cannot be understood in isolation, and clinical research sheds far less light on people's problems than other fields.

Third, as I have become confident that little of the suffering that brings people into therapy has anything to do with health or illness, I have been trying to understand the clinical process as something resembling secular pastoral care.

What do you find most exciting about the work you're doing now?

In the last year, I've been preoccupied intellectually with understanding *believing*. Lots of people talk about "beliefs"—the ideas that people believe. But I'm interested in the activity of believing. Why do people believe? What functions does believing serve? How do we go about it? What are the virtues of better and worse believing?

I'm convinced—though I'm saddened by this—that *believing* has less to do with *knowing* than we generally assume. Whether an idea is true rarely controls whether one believes it, for most people most of the time and all people some of the time. That raises the question of what most believing's for, and how one does it wisely and well since traditional intellectual virtues—the virtues of truth-seeking—don't cover the range of action. So I'm trying to sort through the work of believing, and what—besides truth-seeking—makes for responsible believing.

When you look at the "mental health system" today, what concerns you the most?

Insurance and the Law of Unintended Consequences. Mental health professionals have pushed for insurance parity, and

they've gotten it. The unintended consequences include the almost-certain triumph of the medical model, and a strong bias toward short-term treatment aimed mainly at teaching people to manipulate their moods.

Almost universally and entirely, clinicians will now be dependent on insurance for their livelihoods. Insurance companies, out of economic necessity, will become stringent in requiring of mental health professionals what they require of all other care providers: proof of medical necessity.

Therapists won't long be able to maintain the cognitive and moral dissonance of claiming to provide medical care while disbelieving the medical model. Money will out. The need to prove medical necessity strongly biases both research and clinical work toward certain sorts of evidence-based care for which proof-of-effectiveness is easiest to get. The clinicians who prosper will be those comfortable with this sort of work. The rest of us will probably become like buggy-whip makers after the invention of the automobile.

What's a neglected issue that you wish mental health professionals of any stripe would pay more attention to?

The side effects of their work. Talk therapists, including many radical reformers, excoriate biological psychiatry for the side effects of its work, but rarely look into the side effects of their own therapeutic beliefs and practice—there's almost no research on this. The ways we help people feel better ramify far beyond the patient and his or her moods. You can help people feel immensely better without doing them, or their loved ones and col-

leagues and communities, any big favors.

Do you see a key challenge facing your own profession right now?

The intellectual work of exposing the false claims of the psychiatric mainstream has been well accomplished, and it has changed almost nothing. Despite all the august and trenchant criticism of DSM-5, for instance, there it is, in place, governing research and care. The key challenges are no longer intellectual, but institutional and economic. The professional guilds—of psychiatry, psychology, counseling, and social work—have largely solidified their hold on the mental health industries, and—with mandatory licensure sweeping the country—consolidated their control over the labor supply. All of the guilds have embraced the psychiatric vision of mental health, even when they don't think medication is the correct intervention. The medical model has, for the foreseeable future, won.

Those of us who disbelieve it are fighting a rear-guard action, and we have ever-dwindling access to institutional bases and economic resources for our work.

Over the last decade, what promising or positive changes have you seen occurring in mental health research?

I think the more promising research is taking place outside the mental health establishment. At least four areas of rigorous research in basic science have grown by leaps and bounds in the last twenty years or so and should eventually bear fruit for clinical work: emotions, moral psychology, self-knowledge, and cognitive neuroscience.

Over the last decade, have there been developments in mental health care that you consider especially positive?

Sadly, no. I think the dominant directions in talk therapy—CBT and mindfulness, for instance—are as ill-conceived and disheartening as the drive for drugs within psychiatry. I'm quite concerned about the near future of mental health care in general.

When you're not busy working, what do you enjoy doing?

Other than the things everyone enjoys—books, movies, wining and dining, friends and intimates—I play jazz bass.



FRANÇOIS GONON, PHD

What has been driving your work these last few years?

I am trying to understand why there is a huge gap between neurobiological observations related to mental disorders and the reporting of these observations in mass media.

What do you find most exciting about your work now?

I initially thought that journalists were mainly responsible for the misleading representation of neuro-

science findings. However, after systematic investigations, I demonstrated that neuroscientists, their institutions and the process of scientific publications represent the main sources of data misrepresentation. In particular, using the case of ADHD, I've pointed out that mass media preferentially report on initial findings and almost never inform the public that most of these are refuted by subsequent studies.

When you look at the mental health system, what concerns you the most?

The misleading representation of neuroscience findings in mass media. I observed, with the case of ADHD, that neuroscience findings are put forward in most media reports to support a biomedical understanding of mental health issues. While the DSM only defines mental disorders according to symptoms, most mass media erroneously portray them as “real brain diseases.”

What's a neglected issue that you wish mental health professionals of any stripe would pay more attention to?

The long-term effect of psychotropic drugs remains poorly investigated. Recent studies showed that antipsychotics, antidepressants and ADHD medications are much less effective and more harmful in the long-term than anticipated from short-term studies. Another concern is polypharmacy, defined as the concomitant use of two or more psychotropic drugs. It is frequent in adults and not uncommon in children. However, few studies have evaluated its benefit/risk ratio.

What do you see as a key challenge facing your own profession right now?

I've been working for 35 years as a neurobiologist investigating neurotransmission mediated by dopamine. At the beginning of my career, research laboratories were evaluated on the basis of their results. Nowadays we have to write countless projects to apply for grants. It's counterproductive because we're spending so much time writing and reviewing others' projects. But the worst consequence is that we need to claim that our projects will result in improved diagnosis and/or treatment of mental disorders. This means that at the end of the funding we're expected to publish positive results to successfully apply for the next grant. This expectation pushes scientists to bias the observations, to misrepresent the data and to overstate the relevance of their research. I now work in the field of science communication. My research shows that these distortions of the neuroscience discourse are the rule rather than the exception and that they spread in the mass media without much criticism.

What promising or positive changes have you seen occurring recently in mental health research?

The most promising change in mental health research has been perfectly expressed in 2010 by Sonuga-Barke, a well-recognized British child psychiatrist. He said: "Now, all but the most dogged of genetic determinists have revised their view of the primacy of genetic factors so as to encompass a central role for the environment in the development of mental disorder. This is the case even for the most heritable conditions. For instance, in my field, ADHD, despite the remarkable early advances using candidate gene

approaches, subsequent progress has been slow: we are now using larger and larger samples of patients to demonstrate smaller and smaller molecular genetic main effects." During the two last centuries psychiatrists interpreted the fact that mental disorders often run in families as a proof of genetic determinism. Thanks to recent genetic studies we now know that genetic factors are not or weakly associated with mental disorders.

Have there been recent develop-

ments in mental health care that you consider especially positive? Since 2010 the drug industry is increasingly shying away from mental disorders. Most major companies have closed their brain research facilities because developing new psychotropic drugs becomes high-risk. They still spend a lot of money marketing drugs still protected by a patent. However, when these patents will end, we might expect a progressive decline in brain drug marketing. At the same time, more clinical studies report

that psychotropic drugs are less effective and more harmful than previously claimed. Both changes should result in decreased prescriptions of psychotropic drugs. I anticipate a renewed interest in psychotherapies, including psychodynamic ones.

When you're not busy working, what do you enjoy doing?

I recharge my batteries by walking in the countryside.