

ISEPP Bulletin

International Society for Ethical Psychology and Psychiatry, Inc.

SAVE THE DATE Conference 2015 October 9-11 Boston MA
Understanding Trauma: Responses Beyond the Medical Model

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All in the family

NURSERY RHYMES, FAIRY
TALES, & PSYCHIATRIC RE-
SEARCH

Science Tells Us Psychotherapy
Is An Art, Not A Science

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Transforming Mad Science and Reimagining Mental Health Care

Conference 2014 Review

The 2014 ISEPP conference in Los Angeles this year lived up to expectations. The core plenary speakers garnered from around the world and the U.S. by ISEPP member, UCLA sociologist and noted author, David Cohen were terrific. They presented original research that was fascinating and expounded opinions about the state of affairs in the field of psychiatry, psychology and research. They each only had 30 minutes to talk and each did an excellent job.

The proceedings opened up with Laura Delano, speaking from her heart and her own gruesome experience with Psychiatry and prescription drugs, appealed for an elimination of psychiatry and a turning to more humanistic approaches to solving human trauma. This was followed by John Read, Ph.D. who urged various strategies to overcoming the resistance to paradigm shifts in mental health approaches. Then others such as Shannon Hughes, Ph.D., David Healy, M.D. and Peter Whitehouse, M.D., Ph.D. addressed the issues stressing communication, listening to patients and enhancing patients as part of the treatment process. One of my favorites was Francois Gonon, Ph.D. a basic researcher who described a situation in which he was misinterpreted by the press and the information spread like wildfire from newspaper to newspaper and formed public opinion that mental illness was biologically based. He then turned his research to address the question and discovered and then published several experiments that demonstrated that mental illness was NOT biologically based. I'm sure that all who attended the conference had their own favorites. However I'm sure that most enjoyed immensely the spontaneous debate that developed between Allen Frances, M.D. (apologist for psychiatry) and Robert Whitaker, author of "Mad In America" which went on for two days at the active behest of Allen Frances. All or most declared Whitaker the winner of the debate which was quite acerbic and at times very entertaining. Of course all of the presenters were very stimulating especially David Cohen, Ph.D. who proposed selling all drugs over the counter without prescription and allow

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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.

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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.

(continued from page 1)

ing the consumer to choose whether they want to use drugs themselves.

Finally it should be noted that on Thursday before the plenary speakers spoke ISEPP members presented for an hour each and were quite fantastic. There was a lively debate between Laura Delano and Joe Tarantolo, M.D. about whether to abolish psychiatry. Bert Karon, Ph.D. presented a fascinating case of “incurable schizophrenia” which he proceeded to cure over a period of many years and gave insights into the treatment approaches without drugs. There were 10 more presentations that were all excellent and exceeded our usual standards.

In summary, it was an outstanding conference. If you missed it, do not fear, ISEPP and UCLA will be publishing parts of the presentations within the next few months.

- Dominick Riccio -

The 2014 conference went back to our roots, the evidence-based critique of mainstream psychiatry – or is it the critique of “evidence-based psychiatry”? In the 2012 and 2013 conferences we focused on alternatives to biopsychiatry, that is, what do we do if we don’t use drugs as the primary modality of treatment? This year our conference focused on the lack of evidence behind biopsychiatry, the reasons behind the strange phenomenon of biopsychiatry’s widespread support in the United States and the various ways in which mainstream psychiatry, the drug companies and their clients – medical journals, medical schools and the Food and Drug Administration obfuscate,

misrepresent and hide the truth about psychotropic drugs and psychosurgery.

For me the highlights of the conference were:

(1) The visions of Bonnie Burstow and Laura Delano: a society in which the extreme and troubling experiences which lead people to be diagnosed with mental disorders would be seen as meaningful, self-healing responses worthy of being worked with and through with the help of friends, communities and non-medical healers.

(2) The debate between Laura



Al Galves and Jim Gottstein

Delano and Joe Tarantolo about the future of psychiatry. I re-learned there something I learned several years ago at the PsychOut conference in Toronto. Psychiatric survivors, that is, persons who have been hurt by psychiatry and whose rights have been violated by psychiatry – and especially, for some reason, female survivors – have the following attitude towards psychiatry and the healthcare industry. “If you are going to consider extreme states of being and so-called ‘mental illnesses’ as diseases, we don’t want any part of you and we will do what we can to take every ounce of power away from you.”

(3) The impromptu debate between Allen Frances and Robert Whitaker. My take on this is that Frances places most of the blame for the scourge of mainstream psychiatry on the drug companies while Whitaker places it on the psychiatrists. My bias tells me that Whitaker won the debate. I don’t expect much more from drug companies than efforts to make as much money as they can for their stockholders, executives and employees. History is replete with the crimes committed by corporations in the pursuit of profit. But psychiatrists are medical providers who presumably have agreed to do no harm. That they would harm people who come to them for help is unconscionable.

The conference was well attended by about 160 people. We had a great variety of plenary speakers – psychiatrists, researchers, professors, authors, survivors, psychologists and scientist-entrepreneurs – and there was a decidedly international flavor with six of the 18 plenary speakers being non-Americans.

- Al Galves -



Allen Frances and Robert Whitaker

ISEPP in LA: Transforming Mad Science? Missed Opportunities

All right, I had my hopes up too high. Yearning for a “paradigm shift” I was setting myself up for disappointment.

The best part of the conference for me was the “debate” I had with fellow board member and friend, Laura Delano (“Psychiatry, A Troubled and Troubling Profession: Abolish or Reform” – I took the “reform” position, Laura the “abolish”). Laura is an advocate for those trying to escape the stranglehold of the psychiatry-governmental-pharmaceutical complex. The debate was mutually respectful, lively, fun, and it engaged the 50-60 attendees who were there to observe and participate. More about the debate below, but I bring up its success first because we missed the opportunity to use more debate formats which could have, I think, kindled more serious and interesting investigation. I’ll give some examples.

We had David Healy (his presentation: “We Have a Dream - Getting Engaged to a Doctor”), a renowned British psychiatrist and psychopharmacologist who has been a severe critic of the pharmaceutical industry, particularly of their cover up of the suicidal potential of SSRI’s -- see *Let Them Eat Prozac*. Fine, everyone agrees. That’s the problem, everyone agrees. He also is a champion of electroshock therapy (see *Electroshock Therapy* by Edward Shorter and David Healy). Here, everyone does not agree. He made one uncomfortable allusion to ECT, some grumbled in the audience, and that was that. No debate.

ISEPP is lacking in humility and debate

We had Allen Frances, the American psychiatrist who brought the DSM-IV to market and then became the turncoat critic of DSM-V. He was famously quoted by Gary Greenberg in his book *The Book of Woe* as calling the DSM “all bullshit.” What he meant was the DSM’s penchant for overdiagnosing without reliability or validity. Again, everyone agrees. But when Robert Whitaker attempted to engage him about the problem of the corrupt “guild” of psychiatry and challenge his criticism of “psychosocial reductionism,” again there was no formal debate, just a few minutes

of silly glad handing on the stage. It was also clear to me, for example, that Frances equated the “bio” part of the so-called bio-psycho-social model (b-p-s) with giving a drug to a psychologically broken individual. What this model (b-p-s) is supposed to mean is that when you get physically ill, it has an impact on your psyche and when you get psychologically upset, it has an impact on your body, and it all affects you sociologically. He didn’t get it. No debate.

A third example. Tomi Gomory presented a model of psychotherapy that was strictly “educational” in nature, i.e., the therapist/counselor/social worker is there to teach the customer how to solve problems in everyday life (SPIEL). Although this is a highly regarded viewpoint, there would be many in the psychoanalytic tradition who would find his theory wanting. But again, no debate.

Another example. David Cohen, the mastermind of the conference and co-author of *Mad Science* (Kirk, Gomory, and Cohen) presented a well thought out proposal for study, viz., to abolish prescription privileges and make all drugs openly accessible to the public without the prescription from a physician. But instead of a hearty debate, he had to pull his punches and present “both sides” of the argument. I spoke to one young psychiatry resident afterwards who was quite shaken by this idea – “Does my MD degree mean nothing?” Indeed, there was no opposing idea to counter Cohen’s stance. Another missed opportunity.

A final example. Keith Hoeller, a friend and colleague of the late Thomas Szasz and an existential philosophy scholar, took up Szasz’s themes of the quest for freedom and life/family-as-tragedy. Szasz is probably the most controversial and comprehensive critic of psychiatry ever. Can you think of another who equals him in making mischief? His ideas have been revered and maligned for the past 50 years. Again, my complaint, no thorough debate since all of ISEPP (seemingly) agrees with or worships him. If ever a debate is needed, here it is.

My gripe is this: because we “know” drugs are “bad” and therapy is “good,”

because we “know” ECT is inhumane and dangerous, because we “know” forced hospitalization is never a proper strategy, because we “know” there is no biological basis for the various psychiatric illnesses, our conferences lose vitality. We’re just too sure of ourselves. Scientific and philosophical vitality is lost when it becomes immersed in certainty. In my decades of practice and life observations it is clear to me that no one has all the answers about what the hell makes us humans tick, what makes us sick, what makes us get well. Can anyone really define the human will? There is much room for humility in the quest to understand the human condition and not enough humility in our organization to fill that room.

Back to my debate with Laura. There really was no winner, rather an appreciation unfolded of the enormity of what contributes to illness, mental or otherwise: homelessness, violence, unjust penal system, poverty, poor education, impoverished philosophies, corrupt politics, social isolation. My most important point, I think, was that psychiatry’s problems are only part of a much more pervasive problem within medicine and society. When I reminded the crowd that the medical model doesn’t work in psychiatry, Peter Whitehouse (who presented “De-medicalizing Memory

Medical model doesn’t work for Medicine

Dysfunction” later in the conference) retorted from the audience, “The medical model is not good for medicine in general!” And as I reminded the group that most psychotropics are prescribed by non-psychiatrists (other docs vastly outnumber psychiatrists), Laura correctly noted that we psychiatrists lend “scientific” (actually pseudoscientific) legitimacy to this wholesale psychiatric corruption. What I took away from the debate was Laura was not talking about some legalistic banning of psychiatry but rather abolishing attitudes that undermine love and the human spirit. Someone asked from the audience, “Is a medical degree really supposed to be about love?” My answer, “If not, it’s not worth the paper it’s written on.”



Laura Delano, Joe Tarantolo, Rob Wipond



Francois Gonon and Peter Whitehouse



Shannon Hughes



Tom Greening and David Cohen



Tom Greening



Lloyd Ross and Bert Karon



Dominick Riccio



Ty Colbert and Chuck Ruby

THE UNFORTUNATE PASSING OF LEONARD ROY FRANK

By Lloyd Ross

Unfortunately, I have some very sad news to report. I just received word from Dr. Ronald Bassman that Leonard Roy Frank, died this past week at age 82. Although he was fairly well known in the professional community, he was a beacon to psychiatric survivors. Leonard Roy Frank (born 1932) was a psychiatric "survivor" and activist in the patients' rights movement. In 1962, he was committed to a psychiatric hospital after being diagnosed as 'paranoid schizophrenic' and given 50 insulin coma treatments and 35 ECT treatments. Later, he was on the staff of "Madness Network News," a publication that was of great value in the early survivors' movement. In December 1973, he and Wade Hudson founded Network Against Psychiatric Assault (NAPA), a patients' and survivors' advocacy group. That was an inspiration for the formation of MindFreedom.

Leonard wrote multiple books such as "Webster's Quotationary." However, his most famous book was compiled and edited in the 1970s called "**The History of Shock Treatment**," which is the most detailed history of how and why ECT came to be and a

must read for anyone interested in ECT. In it he presents a completely documented history of ECT. He wrote in the Preface to this 1978

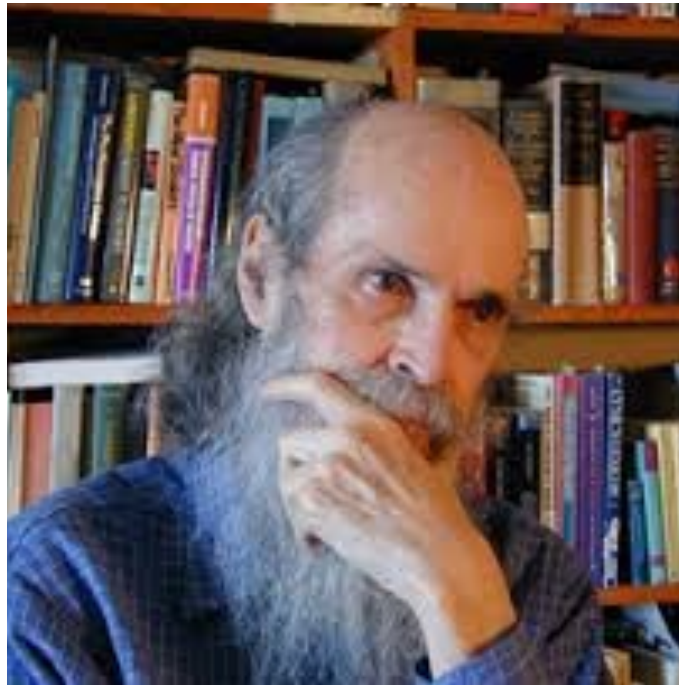


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book, "Psychiatrists have written thousands of articles and books recording and purporting to explain the nature, techniques, and effects of shock treatment, and why and under what circumstances it is used. Most of these writings appear in professional journals and reflect a positive attitude toward the procedure. Someone reading them would get little sense of its seriously disabling effects and the horror and outrage experienced by many who have been shocked. Nor would it be

apparent from these materials that there has emerged a small but growing number of professional and lay people who are highly critical of the procedure on moral, legal, and medical grounds."

I met Leonard Frank at the second conference of the old ICSP that Peter Breggin had formed in the early 1990s. He was a guest speaker. When he got up and was introduced, he was a striking gentleman who was quite tall, thin, and angular with a long full beard down to his waist. He probably could have passed as Ron Bassman described him, for John the Baptist. He was a powerful speaker and in his description of the 50 insulin shocks he underwent and the 35 ECT zaps he received, all I could think of was the time I was hit by lightning in Viet Nam, how that felt, and how this man was standing there in front of me talking about it. I have never cried listening to a lecture, but I sure did this time. A lot of us who knew him will miss him and his courage. He formed the basis for the psychiatric survivors movement and empowerment.

Rest in peace Leonard.

Many of you may not know that our youngest ISEPP board member, Laura Delano, is also a very active and important player in Robert Whitaker's "Mad in America" website and organization as well as an author and activist for those who have suffered at the hands of psychiatry. In fact Laura Delano was the organizer and leader of Mad in America's First International Film Festival dedicated to the exhibition of movies and plays related to issues of mental illness and mental health. Laura personally contacted, reviewed, and invited a select group of cinematographers from around the world who had made films about the issues of mental facilities and various approaches to "helping" people to negotiate life's trauma. In addition there was an excellent play and several talks given by experts in the field. I was unfortunately able to attend only two of the four days. However, I was mesmerized in my seat for both days watching 11 well made films and one fantastic play which captured the insanity of the psychiatric system's approach to a simple medical problem which resulted in years of psychiatric drug abuse. But before I rant on further, here is Laura Delano's review and report of the event. DJR

Reflections on MIA's Film Festival and Our Collective Human Future

Laura Delano

Originally published on the Mad in America website

Three weeks have passed since Mad in America's International Film Festival took place at the Regent Theatre in Arlington, Massachusetts, USA. I've been spending a lot of time in solitude, reflecting and processing the whole thing, for in the Festival's wake, I was taken over by a powerful, albeit interesting mix of great physical and mental fatigue and even greater emotional energy. Most importantly, what the Festival has set off in me is a resurgence of hope—hope for Mad in America's future as an organization and an ever-growing space for people to come together in community, hope for this mission we're on to transform the way the world makes sense of the experiences that get called "mental illness", and

hope in our collective human capacity for personal and collective transformation.

It's been difficult for me to write this post. When I say 'difficult', what I really mean to say is *nearly impossible*, as though something inside of me has been holding me back from trapping something so big and meaningful behind one telling with the written word. I'm also aware of how important it is both to me in my own personal process of meaning-making and to our community as a whole—both those who attended and those who couldn't make it to Arlington—to have a written record of our time together. But over the past few weeks I've had moments of feeling totally disconnected from the whole thing, as though it was all just a

dream. It's so strange, because in the months and weeks leading up to the weekend the Festival was my life, like I was it and it was me and now, it's as though we'd never met each other, those four days and I. But perhaps, as has been suggested to me, it's quite the opposite—that this post has been so difficult to write not because I'm disconnected from the Festival, but because I'm so deeply connected to it. Whatever the case may be, I'm pleased to say that my sense of determination has now outweighed my desire to avoid writing this piece, so here I am, at my computer, typing away. I'd like to share with you some reflections on my experience of the Festival from two perspectives: first, as the organizer of the event and as a

part of the Mad in America team, and second, as an ex-psychiatric patient.

Through my lens as organizer

Over the course of our Festival, I'd estimate that over four hundred people were in attendance, some for only part of one afternoon, others for the entire weekend. We knew from the beginning that we were asking a lot of our attendees: fourteen-hour days, non-stop screenings and talks and panels, and short, sporadic breaks from an unrelenting stream of intense pain, joy, darkness, light, despair and hope on the big screen. Just as we hoped, people came and went as they saw fit, carving out time with old friends and new acquaintances to sneak away for a bite to eat or a cup of coffee or a drink, but there's no doubt about it: our four days together required a huge amount of mental, emotional, and physical energy. That so many people spent so much of their time sitting in that one space together, I believe, is a powerful testament to the commitment our community has to challenge the current medical model paradigm. It speaks to a deep sense of humility in the presence of personal narrative, for many of our films highlighted the stories of individuals who'd been psychiatrically labeled and individuals who work in The System in alternative ways. It speaks to an earnest desire for a continual expansion of learning and knowledge. It speaks to a passion for social justice and human rights, which sat at the core of our Festival's mission. And it speaks, I think, to an appreciation of and respect for one another and for the communal space we created together.

This, I'd say, was the most im-

pactful for me as the Festival's organizer: the undeniably powerful sense of community that blossomed over the course of those four days, which I'm still feeling the stark absence of in my physical surroundings, but the strong presence of in my heart. We came from Iceland, Sweden, Germany, Denmark, England, Ireland, Canada, Costa Rica, and all across the United States. Among us were ex-psychiatric patients; current users of psychiatry; family members of current users; critical psychiatrists, psychologists, social workers, and counselors; Boston-based mental health lawyers; local mental health practitioners and nurses who'd been previously unaware of Mad in America or the 'Psychiatric Survivors Movement'; journalists; and local undergraduate and graduate students. It was an eclectic mix, and this, I believe, is what made the growing sense of connection all the more meaningful. Here we were, people from all over the world, with all different kinds of life experiences and varying opinions on psychiatry and the "mental health system", intersecting in this one space in Arlington, Massachusetts, to spend four full days together around one shared mission: to rethink psychiatry. One could imagine the many ways that this gathering could have fallen apart into chaos, but quite the opposite occurred, even at the most heated moments of tension during our weekend: we came together in solidarity. I can only speculate, but I'd say that at an energetic level, our alignment with one another was driven by a shared love of truth, justice, and humanity, which outweighed any ideological differences that existed between us.

When Bob Whitaker and I first began to discuss this Festival nearly

two years ago and I agreed to be the organizer, I never in my wildest dreams could have anticipated what I was in for. I'm chuckling as I write these words, because on more than one occasion, as we sat across from each other in his office, Bob asked, "Are you feeling confident in taking this on? Do you feel ready and prepared?" I'd always look back at him and say yes, I was, I was ready to take it on. But I had no idea what I was doing—really, I didn't—and as the months passed and we moved closer to October 9th, 2014, I realized that the task I had before me was going to be one of the biggest and most complex I'd ever taken on in my life. I can tell you without a doubt that if Bob had asked me to organize the Festival a year or two prior to when he did, my answer would've been a resounding no, for then, at the start of my relationship to Mad in America and to a life post-Psychiatry, I was full of fear and insecurity and self-doubt. But this is the beautiful thing about my experience of coming off psychiatric drugs and leaving behind a "mentally ill" identity—the progressive nature of my coming alive, and my growing surety of self. And so, when Bob asked me if I felt prepared to take on this tremendous responsibility, while the residue of my psychiatrized self whispered *No, you can't handle this!* my reclaimed humanity called out, *Yes, you can.*

I listened to that part of myself. I am so grateful that I did. I'm not going to lie: over the past year, there were many moments in which I felt horrifically afraid and unsure of my ability to get this Festival off the ground. There were many moments in which I curled up in a ball on my sofa and felt bombarded with anxiety about the seem-

ingly unending list of responsibilities I had on my plate to pull this thing together. Bob, of course, was right there beside me throughout the whole journey to collaborate with, but what impacted me most of all was his sense of faith in me—that he was trusting in me to organize something that would help Mad in America grow as an organization; that he believed I was powerful and strong and capable enough to do it. His faith in me helped me get through those many moments curled up on the sofa, when I'd be terrified of going forward. I'd think, *If Bob believes in me, why shouldn't I believe in myself?*

What I've come to realize about the experience of organizing a large community event like the Festival is that it's a kind of birthing process. I carried this thing in my mind and my heart for a long time, cultivating it daily with the support of my colleagues at Mad in America. It existed solely in my mind throughout those many months, until time brought us to the unlocking of the theater doors on opening day and the Festival freed itself from me as an idea and became its own living, breathing thing in real time and real space. I, too, felt free as I realized that I no longer had any control over it; that I'd done everything I possibly could to bring it to fruition and now here it was, happening on its own terms. As people began to stream in for the opening night cocktail party, I felt a profound weight lift from me, and a sense of calm take hold. I watched the waiters pass hors d'oeuvres and people sip glasses of wine and the circles of dialogue slowly growing larger and the sound of conversation slowly growing more lively and I realized, *Wow, this thing has its own beating*

heart: the festivalgoers, themselves. People came up to me throughout the weekend asking how I felt, if I was handling it OK, if I was totally stressed out, and my answer every time was, "I'm totally good, actually. It's its own thing now." I was aware that I could have full trust in our community to build this thing moment by moment, together—strangers and friends and coworkers and allies and even ideological "enemies", alike.

I have so many snapshots of memory circling through my mind from the weekend. I can picture individuals embracing each other for the first time in person, celebrating the occasion of their face-to-face connection after knowing each other for years on the internet, or through the commenting section of Mad in America.

I can picture a woman walking down the aisle towards her seat, proudly wearing the Mad in America hoodie sweatshirt she'd just purchased and pulled right out of the bag to put on.

I can picture Richard Adams, the cameraman for ASYLUM, shedding tears of love and gratitude from the stage as he spoke about how meaningful his six weeks in R.D. Laing's Archway community were in the 1970s as he shot the film.

I can picture Evan Goodchild, Earl Miller, Caroline White, and Wyatt Ferrera of the Western Mass RLC as they sat on stage for the Non-Compliance Panel in a pitch-black theater (our one technical snafu of the weekend), their faces lit up by cell phone flashlights as they spoke about resisting psychiatric oppression with humor and camaraderie and confidence and a commitment to human rights.

I can picture the brave woman

who traveled all the way to Arlington by herself from central Canada after discovering that she wasn't the only person in the world who'd been harmed by psychiatric "care", and that she needed to connect with others about what she'd gone through.

I can picture twenty mental health practitioners from a nearby community mental health organization as they lined up to take their seats towards the back of the theater to watch a day of films about the history of psychiatry, anti-psychiatry, and alternatives to the medical model.

I can picture a packed theater absolutely riveted to the stage and so quiet you could hear a pin drop as Elizabeth Kenny performed the climax of her play, *SICK*.

I can picture the tears I saw going down the face of a woman sitting near me as she listened to Dylan Tighe tell the story of how he reclaimed himself from a "bipolar" label through his musical performance of *RECORD (REMIX)*.

I can picture the hugs—the countless hugs—that I witnessed over the weekend, and the countless exchanges of eye contact as people shared their passions with one another.

I can picture the Gala dinner with the hanging lanterns and the tea lights and the blue tablecloths on the twenty round tables and I can hear the jazz music and lively conversation and laughter.

I can picture Bob on the stage next to me at the Gala dinner as he asked the audience if anyone had attended every single one of the thirty films over the weekend, and the collective inhale of surprise and respect as Richard Adams and Bill Steele, cameraman and soundman

of ASYLUM, raised their hands, stood up, and received a hearty round of applause.

I can picture the sight from the balcony above as David Oaks gave an inspiring recorded talk to the Gala dinner and the crowd listened and laughed and cried and reflected on the history of “The Movement”, and on the significance of David’s decades of activism and of MindFreedom, International.

I can picture my hands on the steering wheel as I drove away that last night, realizing that the next morning I wouldn’t be watching people roll in to start the day, some with slightly disheveled hair and nearly all with coffee cups held tightly in their hands.

On one of the evenings, Bob and I leaned side-by-side in silence on the wall behind the last row of seats in the theater, our chins resting in the crooks of our folded arms as we looked out over the vast sea of bodies before the big screen. I don’t know what he was thinking about in that moment, but I remember vividly what I was. I was thinking—and feeling—that these two hundred and fifty human beings before us were all oriented towards that one big screen and everything it represented over the course of those four days. I was thinking that each and every one of the festivalgoers had carved out time and resources in their lives to be there in that moment. As we bore witness to this, it hit me, as well, that I’m a part of something—something so important to the future of our human family. I’m a part of a mission that is meaningful and just. I’m a part of Mad in America, a realization that I imagine many of my fellow festivalgoers also felt in conscious and unconscious ways throughout that weekend. I’d never

felt a part of something as much as I did in that moment. There were tears quietly moving down my cheeks as I savored it, and reflected on the fact that had my life not unfolded exactly in the way that it did—had I never met psychiatry and fourteen years of psychiatric labels and countless bottles of psychiatric drugs, I’d likely never have been there at the back of that theater with my dear friend and colleague and a whole roomful of people who share the same commitment to social change as I feel.

Through my lens as ex-patient

When I reflect on the many years I spent as a mental patient, one of the things that stands out starkest to me is the absence of space I had to explore my thoughts, my feelings, my sensations, and my identity outside the confines of the medical model. What’s most concerning to me is that I can look back to see that at some point along the way I was no longer even aware of this imprisonment, for I’d been so indoctrinated into thinking of myself as a “chemically imbalanced”, “sick” person (and of course, my cognition was so impaired by the “meds”) that I’d completely lost sight not only of any other framework to make sense of what I was experiencing, but also of the fact that there even *were* any alternative frameworks, at all.

In my work as an activist today, I can say without a doubt that the message I put forth more than any other is the importance of self-education. I speak this message strongly because it’s been my experience that liberation from the medical model has come through a process of de-educating myself of the many stories I was taught to believe

by psychiatry about who I was and what my suffering meant, and re-educating myself through immersion in critical perspectives on the current “mental health system” and broader social forces of oppression in our world today. To me, there is nothing more sacred than entering into this space of questioning, a space in which there’s no ideological model incarcerating you within its bars. I view this as a human right, in fact.

Had I stumbled upon Mad in America’s International Film Festival during my time as a mental patient, I can’t say for sure whether I would have been receptive to it, or entirely threatened by it. For many years I felt incredibly protective of my “mentally ill” identity, because it gave me an understanding of myself, and even a sense of belonging somewhere. At that time, a challenge to its legitimacy or validity would have left me feeling offended and invalidated (i.e. “How dare you tell me my suffering isn’t evidence of illness! Are you saying you don’t think I’m really in pain?”), and it also might have pushed me further into reliance on the “mental health system”. I imagine there are many out there in the world today who’d respond similarly—for whom, in other words, the time is not yet right to hear about “a different way”—but this doesn’t mean that we mustn’t strive daily to force open spaces for dialogue in our communities, whether they’re four-day film festivals like ours, or one-hour panels in community centers, or a conversation with a stranger while waiting in line for a cup of coffee. Speaking for myself, I see it as my human obligation to be a part of making these spaces available to people, and this is one of the many reasons why I became

a part of Mad in America.

When I first left the “mental health system” four years ago, I [needed to go through a process of grieving](#), of reckoning with everything I’d lost during my time as a patient. I needed to be full of rage and indignation at what happened to me. I needed to be a victim. I needed to want nothing to do with any person who had any “mental health” degree of any kind... In fact, I needed to feel hatred for them. I needed to change the channel when I saw an ad for Abilify or Prozac on the TV (OK, I still need to do that, actually!) and I needed to tell myself that any person who had anything to do with psychiatry was fundamentally bad. Over time, however, I began to heal from the physical, emotional, mental, social, and spiritual trauma I experienced at the hands of my “mental health treatment”. I slowly began to recognize that just as I had been misled by the medical model, so had countless numbers of good-hearted people who’d pursued careers on the other side of the double-locked doors and the prescription pad and the clinic window. I slowly came to understand that it is at the institutional level of the Psych-Pharma-“Mental Health” Industry that I should target my protests and activism, not at the level of individuals, for they’d been educated the very same way that I’d once been: to unquestionably believe in and have faith in the medical model. And if I’d come to a place at which I’d let go of the anger and self-loathing and disbelief I’d felt towards myself for buying into the medical model as much as I did, how could I not let go of those same feelings

for the many individuals who’d done so as practitioners? Over time, I began to develop relationships with social workers, psychologists, and psychiatrists who today have become some of my closest friends. Many of these folks are aligned with me ideologically, but many of them aren’t, and that’s OK, for just as I’ve reclaimed myself from psychiatry, I’ve also reclaimed my ability to feel love and empathy and respect for my fellows, even when I have different ideologies and beliefs. They are on their own journeys, too, just as I am, and we are constantly evolving as human beings.

You might be wondering why I’m sharing all of this here, and what it could possibly have to do with my experience of the Film Festival. What I find so valuable about Mad in America is that it is a meeting place for all kinds of people at all different points of all kinds of personal journeys to come together to rethink not only psychiatry, but the world we live in. When I reflect on how much transformation has happened in my own life since [I’ve awakened from psychiatric indoctrination](#), I can’t help but be full of faith in the capacity of every single one of my fellows to have his/her/their own transformation, as well, even those who’ve been total believers in the medical model as patients or practitioners—for that’s who I once was, too. I believe that we’re all on journeys of discovery, and that even those who appear to be the most closed minded are always capable of change. You just never know, so why not believe it’s possible? And it is in spaces like ours online at Mad in

America and in “real time” at our Film Festival that conversations happen and openings widen and people begin to reflect on themselves and the unfolding of their lives.

I hope that as Mad in America continues to grow, our community can come together around this sense of shared faith in the human capacity for growth and change, even when evidence of it isn’t necessarily visible. This isn’t to say that we have to like one another’s view points—for I surely don’t much of the time—but more to say that respect and dignity and empathy, I believe, must sit at the core of the dialogues we have and the debates we engage in if we are to forge a new, humanized way forward out of the dehumanizing medical model. I know what it’s like to be invalidated and silenced and made to feel like a subhuman specimen—I had countless psychiatric encounters that left me feeling this way, until I internalized those feelings totally within myself. It feels important to me to not replicate the harm that was done to me via ideological domination when I engage with others who are at a different point in their journey. And I believe this was one of the most valuable parts of our Festival—that despite the many differing ideologies that were articulated over the course of those four days, our community stayed connected to this deep sense of faith in and respect for our common humanity, and we didn’t resort to dominating each other via ideology, but rather listening to each other and tolerating the discomfort of difference.

I am honored to be a part of

Mad in America, and look forward to nurturing it as it grows over the coming years both here on our website and increasingly out there in “real time”. Already, for example, we are strategizing about how to take our Film Festival on tour to other states and countries in a variety of different formats. (If you’re interested in screening films in your

community, or in having a Mad in America-produced Film Fest of your own, stay tuned...) It is my hope that all of us—ex-patients, users, practitioners, family members, lawyers, journalists, students, et cetera—can work together to create space for dialogue, for this is what will lead us towards a society free from psychiatric oppression.

There’s a long road ahead of us, and undoubtedly there are many obstacles big and small, but there’s not a doubt in my mind that we can change the world... One Film Festival, one blog, and one dialogue at a time, if we cling tight to a faith in and respect for our common humanity.



Keith Hoeller and Tomi Gomory



Chuck Ruby, David Cohen, Peter Gotzche



Grace Jackson, Ty Colbert, Sue Parry



Jeffrey Lacasse and Jonathan Leo

ALL IN THE FAMILY

Lloyd Ross, Ph.D.

In this issue, I decided to highlight one of our newer members. She is both a professional in the helping professions and is herself a survivor of the mental health system in this country, although the last thing she would want to be seen as is a psychiatric survivor. The person I am talking about is Monica Cassani, an ISEPP member who posts regularly on the ISEPP listserv.

Monica has seen the “system” from both sides. As a social worker for about fifteen years she worked on one side of the system. She is also a person whose life was severely ruptured by psychiatric drugs. Since that time, she began to write about the system and about ways of healing. That part of her life has expanded exponentially as she continued to collect vital information both critically and extensively both about the system and about holistic pathways of healing without medication. However, whatever you do, do not call Monica Cassani a “psychiatric survivor.” This is a lady who does not feel that she needs yet another label and does not want her life to be defined by that phase of her experience. (The members of ISEPP are known for their fierce autonomy and Monica certainly fits into the same pattern as the rest of us.)

In 2007, Monica started her “Blog,” titled **“Beyond Meds.”** She has been developing this Blog for the past 7 ½ years of what she calls a “transformative journey.” She proudly points out that she is no

longer the same person who started the blog. In fact, during the first 5 years of the Blog, she used a pseudo-name, . . . No, I take that back. She used another name to identify herself. She used the name Gianna Kali during the beginnings of her Blog. Now she uses her given name, Monica Cassani. I feel that her using her given name is a measure of the strength and courage that she has developed over the years, but hey, as a psychologist, I interpret every chance that I get.

Originally, Monica acquired a Bachelor’s degree in Religious Studies at the University of California, Berkeley. After graduation, an MSW friend helped her to get accepted to a graduate internship program for social workers at the San Francisco AIDS Foundation. She completed the program with a group of social work graduate interns from the University of California, Berkeley and San Francisco State University MSW programs. Monica was then hired by the San Francisco AIDS Foundation as a social worker, working with people who were labeled with severe psychiatric diagnoses. She later worked at other mental health agencies, working as a social worker alongside psychiatrists and other social workers. She did this for many years, again with people diagnosed with “severe mental illness.”

When Monica wound up on the other side of the system, she was grossly over-medicated, a common story these days. One of the

things I find amazing about Monica is that with everything she was put through, she is able to continue to converse with the psychiatrist who over-medicated her. She says that he is not in full agreement with her, but he does listen and she feels that his intentions were good. She goes on to describe her psychiatrist as well regarded and he tries his best to honestly listen. Yet she describes him as having “cognitive dissonance.” I am again amazed at Monica’s understanding and kindness toward someone who almost destroyed her, meaning well or not. I honestly could not do what she describes and admire greatly her ability to do just that. She states quite powerfully: “while many assume I’m anti-med because I speak frequently about their dangers, it would be a mistake to assume I am stridently opposed to all meds all the time. I am first and foremost pro-choice and always have been. The crime that happens every day in virtually every psychiatrist’s office is that options and alternatives are neither discussed nor recognized. Also, there exists no infrastructure of care to support people in crisis, often leaving no alternative for people who do not have financial or emotional resources to do otherwise. It’s excruciatingly complex. There simply is not effective and viable care for too many people.”

Monica’s problems were triggered in college by an illicit drug which triggered mania. When she was given psychiatric drugs, they

gave the illusion of living, while continuing to really be in a fog. Eventually, Monica was given six drug combinations at high doses that later required over six years of withdrawal. The drugs caused severe iatrogenic illness and “withdrawal Syndrome.” At their height, the drugs caused her mind and body, to use her own words, “to literally stop cooperating, under a fog of neurotoxic chemicals.”

I would strongly suggest that people who have been through psychiatric drugging for any significant length of time, read Monica’s description of what it is really like. Her description may help others get through it. Now, free of drugs, Monica’s mind is clear, yet she is physically partially impaired by the lasting effects of these drugs. If any of you want to read more about the history of Monica’s personal journey in and away from the psychiatric system, she recommends the following two pieces: (1) The aftermath of polypsychopharmacol-

ogy: my story on Dr. David Healy’s site; and (2) Everything Matters: A Memoir From Before, During, and After Psychiatric Drugs; a mini memoir at Mad In America.

Monica is now the author and editor of an awesome mental health blog that contains articles not just about psychiatric drugs, but about mental health in a broad way. The blog also offers extensive information regarding alternatives to psychiatry. **Beyond Meds** is a treasure trove of information about anything associated with psychiatry, emotional trauma, alternatives to psychiatric treatment, and about holistic ways to heal without medication. In fact, it is so incisive and inclusive that I find it one of the major go-to sources to find articles regarding anything even indirectly related to healing. Just to give you a quick sample from her blog, **BeyondMeds.com**, I stumbled upon her conversation with Dr. Grace Jackson, and Dr. Jackson’s reply to her question about antipsychotic

drugs, thyroid and cardiac disease. I also got interested in her review of a book about deadly medicines and organized crime, and also, a collection of articles on empowerment. The blog has drop down menus updated regularly. It reminds me of when I used to go to the library as a kid for a specific reference and wind up sifting through the stacks for hours because it was all so exciting and interesting.

In 2014, Monica was presented the “**Mary Karon Memorial Award For Humanitarian Concerns and Reaching Out to Others,**” for her constant giving to others who are suffering from psychiatric biological interventions, and for her outstanding website and free sharing and helping others.

Thank you for being there for all of us Monica.



Standing left to right Robert Slicen, Joe Tarantolo, Grace Jackson, Lloyd Ross, Al Galves, Dominick Riccio, David Cohen, Jim Gottstein. Front row left to right Ty Colbert, Bert Karon, Toby Watson

NURSERY RHYMES, FAIRY TALES, & PSYCHIATRIC RESEARCH

Lloyd Ross, Ph.D.

This column in the ISEPP Bulletin is specifically directed at the children of the world in order to help them to truly understand the fundamentals of modern psychiatric research. This story shows how hard work and perseverance leads to future success in the world. The names have been modified to prevent cursing and swearing as well as to protect the guilty. After all, this is intended to be a teaching aid for children.

THE STORY OF LITTLE SYDNEY

Once upon a time there was a little boy who had to do chores on his parent's farm. He saw an advertisement for a burro in the newspaper and decided that this would help him to get his work done more easily. He called the farmer who was selling the burro and asked how much it was. The farmer said he would sell it for \$5.00 and little Sydney, who had saved up \$5.00 over the years, said O.K. That evening, the farmer delivered the burro to little Sydney and little Sydney gave the farmer his \$5.00. It was time for bed and Sydney went to sleep, dreaming about how he could use his burro to do all the physical work that he used to do himself.

The next morning, Sydney got dressed and rushed out to see his new burro. But to his shock, the Burro had died. He called the farmer, told him what had happened and asked the farmer for his money back, but the farmer apologized, saying that he had already spent the money and it was gone. So Sydney thought for a moment

and told the farmer that he would keep the dead burro, raffle it off, and make money. The farmer said that he couldn't do that because no one would buy a raffle for a dead burro, but Sydney insisted. Sydney got busy and after two days, he sold 200 raffle tickets at \$2.00 apiece to win the burro.

A week went by and the farmer, being curious as to what happened when Sydney raffled off the dead burro, stopped to see Sydney and asked him about the raffle. He said that it was a great success and he had made \$397.00 from it. The farmer was shocked and asked what happened when the winner of the raffle found out that the burro was dead? Little Sydney said it was no problem at all. "I apologized, gave him back his \$2.00 and gave him another \$1.00 as a consolation prize and he was fine with it.

Many years later, little Sydney grew up and became the CEO of one of the largest pharmaceutical companies on the world.

I hope that you children enjoyed the story. I have one additional thought, however. Success-

ful scientists must survive the experience of rejection if they are eventually to be successful. Very few successful people start out successful. Theodore Geisel (Dr. Seuss) took his first book to 20 publishers before the 21st accepted it. Inventor Thomas Edison often made as many as 50,000 trials before coming up with a workable product. That, by the way, is about how many trials the drug companies have to do when testing new psychiatric drugs, before being able to achieve three successful trials, enough for the Food & Drug Administration to approve the drug for marketing to the public.

I hope you enjoyed this historically accurate children's story. We will be back in the next edition of the Bulletin with another chapter of **"NURSERY RHYMES, FAIRY TALES, & PSYCHIATRIC RESEARCH."**

(If anyone has a story you would like us to print, please send it to Lloyd Ross at dr.lloydross@gmail.com)

Science Tells Us Psychotherapy Is An Art, Not A Science

Chuck Ruby, Ph.D.
Chairman of the Board of Directors

Lockstep “evidence-based” psychotherapy, ostensibly in line with the exhausted scientist-practitioner Boulder model, ironically has little scientific basis. In the past four decades, psychotherapy researchers and practitioners have spread an illusion of medical science, claiming a surgical precision that just doesn’t exist. The result is something that looks good on paper and pleases third-party payers. But in substance it offers only superficial interventions that are applied across the board, regardless of the individual people involved and their unique and diverse lives. In the process it ignores individual dignity and meaning, and removes humanity from the craft of helping others. I’d like to get into the weeds of research statistical analysis to explain five key weaknesses of this “evidence-based” approach. Because of these weaknesses, the very science of psychotherapy demonstrates it is an art and not a science.

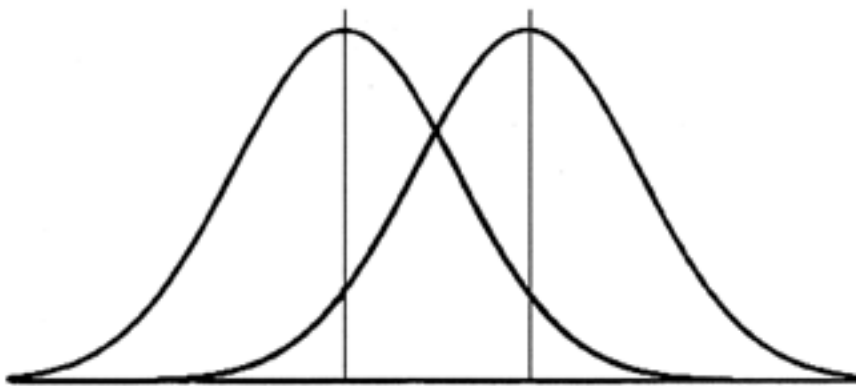
Research is based on averages.

Nomothetic psychotherapy research statistical analysis relies heavily on differences between group averages. For instance, the typical clinical trial compares at least two groups of people: 1) those who undergo an experimental psychotherapy, and 2) those who don’t - the control group. When the experimental group average is better than the other group, the researchers conclude that the experimental group is “evidence-based”, and therefore, a justified form of intervention. Only psychotherapy that can demonstrate this is permitted as “standard of care”.

The problem with this type of analysis is that group averages have little to do with the individuals in the groups. An average is a measure of central tendency, and a way to describe many people with just a single number. It is a research necessity if we want to subject the group to statistical analysis. But, it washes out all idiographic variation. It turns people into caricatures. There is no other way, (besides using correlations, and they have similar problems) to study psychotherapy in order to come up with universal conclusions about its effects. In the end, we really don’t know how the particular psychotherapy model will work with a particular individual who is struggling with a particular problem.

Research group distributions overlap greatly.

In a related issue, meta-analyses demonstrate that the distributions of research groups overlap quite a bit. The figure below shows the distributions (bell curves) and averages (the vertical lines) of clinical scores for two groups. It roughly represents the effect size, or the difference typically seen in research between an experimental psychotherapy group (on the right) and the control group (on the left). On the surface this figure implies that the experimental psychotherapy works better than the control. But even though the difference between the group averages shown below reaches statistical significance, it also shows an all too often ignored, yet serious, problem.



If you look at the portion of the control group that is greater than the average of the experimental group, you'll notice that many people in the control group do better than the average of the experimental group. Similarly, many of the people in the experimental group do poorer than the average of the control group. Most people in both groups do about the same (the area where the groups overlap).

How could this be if the “evidence-based” treatment is more efficacious? The answer is it isn't more efficacious. This issue is called “practical significance”; in other words, does the difference in the group averages really make a difference in real life? The only thing studies like these can justifiably conclude is that something going on in the experimental group had an effect on some people in that group, not that the particular form of psychotherapy is efficacious.

Research studies do not prove hypotheses.

A little known fact is that the statistical analysis used in psychotherapy research is geared toward disproving hypotheses, not proving them. On the surface, researchers hypothesize that the experimental psychotherapy group average will be better than the control group average. But in fact the statistical analysis tests whether the groups do not differ. This is called testing the “null” hypothesis. So when the analysis shows a difference between the groups, we “reject the null hypothesis”. Rejecting the hypothesis that there is no difference between the groups means there must be a difference. This demonstrates that research never proves the efficacy of a particular form of psychotherapy. It only disproves the hypothesis that it has no effect. To be faithful to science, we can never say a particular psychotherapy is efficacious. We can only say it isn't worthless.

The notorious “p-value”.

When the above null hypothesis is tested, a “p-value” is derived. This p-value is a measure of the probability (that's why the “p”) that the difference between the averages of the experimental and control groups is not due to the experimental psychotherapy, but to other factors that we haven't measured. For example, a p-value of .15 means there is a 15% chance that the difference seen between the group averages is not a result of the psychotherapy. By convention, a p-value of .05 is considered acceptable and so if the p-value that is derived is .05 or less, we can say there is at least a 95% probability that the difference we see between the group averages is really due to the experimental psychotherapy. But this also means there is a 5% chance that the psychotherapy is not what caused the difference.

Statistics used in research are estimates, not precise scores.

According to measurement theory, any score is an estimate of the true value. This is because we can never develop a measurement tool that is 100% precise. Therefore, all the numbers used in psychotherapy statistical analyses (e.g., a Beck Depression Inventory score, a group average, a p-value, a Likert scale score, an MMPI paranoia score, a WISC IQ score, etc.) are in error to some degree. Certain scores are more erroneous than others. With the typically used clinical tests (like the Beck or MMPI), some of the scores are very much in error. So for convenience sake, we may use a score of 7 on a 10-point scale in the statistical analysis. But to be more accurate, we would have to say something like, “We are 95% confident that the true score is somewhere between 5 and 9.” But we can't conduct a statistical analysis using that statement. This shows that we must boil down real life to numbers in order to conduct statistical analyses. What this means is all research is inherently inexact and some research conclusions are made on very flimsy evidence.

The lesson we learn from the results of psychotherapy science is that psychotherapy is largely an art. Science is not irrelevant to the psychotherapy project. But, it's main value is in telling us what we don't know. It tells us that human experience and behavior are extremely individualized, complex, and arcane. It demonstrates that we cannot prescribe so-called “treatments” in order to fix or cure a person like we would prescribe insulin to someone with diabetes. It demonstrates that we are forever stuck in a world of uncertainty and challenged with the application of the general principles of human nurturing, setting limits, and patience.

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