ISEPP BULLETIN
International Society for Ethical Psychology & Psychiatry

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2011 - Number 2

What's Inside:

New Name, New Direction, Exciting Conference

2011 is proving to be a transformative year for our organization. Not only are we holding our conference on the West Coast for the first time in ten years, but also we are transitioning to a new name that better suggests the thrust of our work. Our goal is not simply to study psychology and psychiatry, although that is a worthy part of what we do, but to promote its just and fair use with emotionally and spiritually troubled people to help them heal. Our new name also marks the rebirth of our group after the end of our association with its long time leader Peter Breggin whose work in growing our movement we acknowledge and honor. We are moving into the future fresh and invigorated under the able leadership of our new Executive Director Al Galves who embodies the caring, thoughtful spirit of what we want to be.

This year has also been a transitional year for the bulletin. After being ably produced by Andrew Crosby for several years, the editorship is being transferred (gradually) to Sara Bostock. She has had some hiccups getting up the learning curve but hopes to be up and running on a regular basis after this issue. Besides Andrew's continuing support, she has had kind offers of assistance from Marcia Lee, a new member, who specializes in teaching movement to help kids focus and self-regulate without medication, and Maria Mangicaro, who maintains the ISEPP website and blog. We think there is no better time than the present to start using our new name and logo for the ISEPP Bulletin.

In the year to come, look for some changes to the Bulletin. We may possibly transition to a digital only version if our members would be satisfied with that. We would also like to include articles that are truly in the spirit of a *bulletin*, namely, announcements and reports of what our members are doing on an ongoing basis

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The International Society for Ethical Psychology and Psychiatry (ISEPP) is a non-profit, 501C research and educational network of professionals and lay persons who are concerned with the impact of mental health theory and practice upon individual well-being, personal freedom, families, and communities. For over three decades ISEPP (formerly ICSPP) has been informing the professionals, the media, and the public, about the dangers of psychotropic drugs, electroshock, psychosurgery, and the beliefs of biological psychiatry and advocating for safe, humane, life enhancing approaches to helping people in psychological distress.

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

Because we want the Bulletin to reflect and serve our varied membership, much of what appears in our pages is *from* the membership. Some items are from outside, however, because we are 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 forums. 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 without the expressed consent of ISEPP or the Bulletin.
- We ask that authors specify in any subsequent distribution that the work was originally published in the ISEPP Bulletin, 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-editors at the e-mail addresses on the back page of this issue. Please get in touch. 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 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.

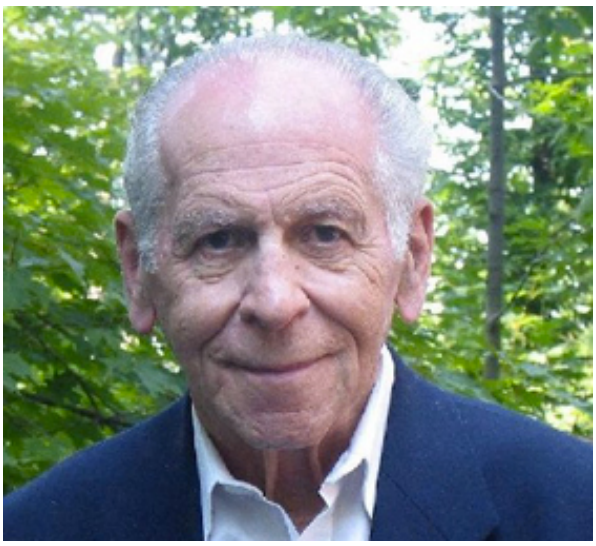
to further our mission. We would like to include reviews of new books consistent with our values and goals – and report on other current events related to our cause. Please contact Sara with ideas or articles at sara.bostock@me.com.

Saving the best for last, I want to draw attention to our ***2011 conference*** that promises to be one of our best ever. To mark our own transformation, our theme is moving from the more traditional critique of current paradigms that has characterized our past conferences to a genuine focus on methods that will provide hope and healing to consumers of mental health services, namely, ***Alternatives to Biological Psychiatry***.

We have a whole host of remarkable speakers including the opportunity to hear one of the original and oldest living critics of biopsychiatry, **Thomas Szasz**. Thomas Szasz is perhaps best known for being a co-founder of the Citizens Commission for Human Rights (CCHR) and the author of *The Myth of Mental Illness*. An excellent summary of his main ideas can be found on Wikipedia.

Szasz consistently pays attention to the power of language in the establishment and maintenance of the social order. "*The struggle for definition is veritably the struggle for life itself. . . In ordinary life, the struggle is . . . for words; whoever first defines the situation is the victor; his adversary, the victim. For example, in the family, husband and wife, mother and child do not get along; who defines whom as troublesome or mentally sick?...[the one] who first seizes the word imposes reality on the other; [the one] who defines thus dominates and lives; and [the one] who is defined is subjugated.*"

Diagnoses of "mental illness" or "mental disorder" (the latter expression called by Szasz a "weasel term")



are passed off as "scientific categories" but they remain merely judgments (i.e. of disdain) to support certain uses of power by psychiatric authorities. Schizophrenia is not the name of a disease entity but a judgment of extreme psychiatric and social reprobation. Szasz calls schizophrenia "the sacred symbol of psychiatry" because those so labeled have long provided and continue to provide justification for psychiatric theories, treatments, abuses, and reforms. The figure of the psychotic or schizophrenic person to psychiatric experts and authorities, according to Szasz, is analogous with the figure of the heretic or blasphemer to theological experts and authorities. According to Szasz, to understand the metaphorical nature of the term "disease" in psychiatry, one must first understand its literal meaning in the rest of medicine. To be a true disease, the entity must first, somehow be capable of being approached, measured, or tested in scientific fashion and demonstrate pathology at the cellular or molecular level.

Psychiatry's main methods are those of rhetoric, repression, and religion. To the extent that psychiatry presents these problems as "medical diseases," its methods as "medical treatments," and its clients — especially involuntary — as medically ill patients, it embodies a lie and therefore constitutes a fundamental threat to freedom and dignity. Psychiatry has become a modern secular state religion. It is a vastly elaborate social control system, using both brute force and subtle indoctrination, which disguises itself under the claims of science.

Dr. Szasz will be speaking on *"Varieties of Psychiatric Criticism."* We look forward to welcoming him. He has laid the foundation for what we do.

Paula J. Caplan, a clinical research psychologist and author, will be another featured presenter, speaking on her latest book *"When Johnny and Jane Came Marching Home: How All of Us Can Help Veterans."* This is a very timely topic for our organization. Scores of young vets are coming home from war in the Middle East to confront an even more insidious challenge in the form of mental health services and lifelong diagnoses and treatments that

threaten to sabotage any possible recovery from the scars of war.

This is what a few reviewers have to say about Paula's book:

"This is a work of profound and astonishing humanity. A distinguished champion of public health, Paula Caplan shows that emotional trauma is often the normal and healthy response of soldiers to the brutalities of warfare. So what we need is not a narrow redefinition of the soldier's experience as a medical 'syndrome' but rather an honest social healing proc-

ess that treats the soldier with dignity and respect -- and as a harbinger of hope for all of society."

"There is no prosthesis for the amputated spirit, but Caplan certainly comes close to discovering just that through her extraordinary insight."

"Dr. Caplan cuts through the smoke of the institutional lies to the true nature of the emotional injuries sustained by these poor souls and offers a detailed and sensible path to healing".

"Paula Caplan's book . . . creates an image of the importance of listening to our war veterans and the stories they have to share. This book provides an opportunity for their message to support life-enhancing and healing experiences."

Certainly this is someone who embodies the spirit of what ISEPP is about.

Robert Whitaker, investigative medical journalist, will also be with us again updating us on further fallout from his extraordinary book that appears to be shaking the establishment to its core with its measured argument and finely supported analysis. He will be speaking on *"Psychiatry's Response to Anatomy of an Epidemic: What the Emperor Says When He Had No Clothes."* We can't wait.

And this is only three of many, many fine speakers – old friends to the organization as well as new faces. There will be panel presentations, roundtable discussions, papers by authors, survivors, and clinicians. What an extraordinary gathering! It's not to be missed. And tell all your friends and colleagues to come too. Consult the ISEPP website (www.psychintegrity.com). for further information and details.

The Six Keys to Learning

For Children of All Ages

By Marcia Lee

Marcia Lee is a Reading Specialist, Certified NM Educational Trainer, ADD/ADHD Consultant, writer, editor, and in-demand public speaker. As the owner of Solutions Without Drugs, Marcia created Children's Brain/Body Balancing to help children focus, self-regulate, and feel calm without the use of medication. Brain/Body Balancing Movements are inspired by yoga, tai chi, qi gong, Super Brain Yoga, and other movement practices.
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As a reading specialist, I worked in public schools for many years with remedial readers. The success rate in helping these children was fair. That changed two years ago on a sunny afternoon in Albuquerque.

I was listening to a frustrated 8-year old Tommy stumble through a paragraph from one of my favorite books, *The Fire Cat*. I knew this child was trying so hard, getting nowhere, and was ready to give up. Instead of going back to the old teaching methods I had learned, I had an idea that blossomed in the moment.

I asked Tommy to stand up and do 20 cross crawls with me. He blushed and seemed to be glued to his chair. He finally stood up and we both laughed our way through the movements. Then we sat down. Tommy picked up the book, and you guessed it, he read easily, fluidly and happily.

So, what happened? Two things. He moved his body and he balanced his brain. The cross crawl movements helped him cross the midline of his body which then balanced the left and right side of his brain. The other huge benefits were that this child now felt relaxed, confident, proud and calm. His attitude and his behavior were as happy as his brain.

So here is the ***first*** important key to learning – learning through movement switches on the brain. Movement helps children create new neural pathways in the brain, pathways that enhance the ability to learn and retain that learning, and there are lots of scientific studies to back this up. Basically learning without movement is like trying to make an ice cream sundae without the ice cream!

The brain communicates with every organ, nerve, muscle and bone in the body. When the communication center/brain is out of balance, messages get garbled and the body struggles. *Movement helps balance our wonderfully pliable brains.*

Do children ever seem to act without thinking, lose the ability to reason, seem overwhelmed or anxious, become emotional and lose their confidence, can't seem to manage being in a group, can't remember facts or find the right words, space out or act like they can't understand you? Well, guess what? That's normal for any child or adult whose right brain is under stress.

What if children seem to try too hard and put out a lot of effort without getting any good results, or become tense and can't understand what a teacher or parent is saying, or seem stubborn and inflexible yet want to do things perfectly, or refuse to work on their own, or seem glum and depressed? Guess again! That's normal for any child or adult whose left brain is under stress.

The key to self-regulation and self-awareness for children is balancing and unlocking the brain through

movement. We can help children restore balance to their right and left brains and feel and act a whole lot better by doing a few simple Brain/Body Balancing Movements.

Will we see positive results? You bet! Children relax, feel calmer, are able to think more clearly and respond to verbal cues, regain confidence and concentration, and can focus and verbalize more easily. They are more comfortable working on their own. Being quiet feels okay. Learning becomes more enjoyable! Behavior labeled ADD/ADHD can be managed without the use of medication.

For a quick look at an example of a Brain/Body Balancing movement, go online to my website, www.adhdnewmexico.com, and check out the Super Brain Yoga video. It's easy to do and the results are immediate. One mother I know had her seven-year old son do Super Brain Yoga in Wal-Mart because he was misbehaving and pulling things off the shelf. Her son calmed down right away and they finished shopping without another outburst!

Remember, the brain and the body are connected. So logically the next ***five*** keys to learning explain how to care for your child's brain *and* body. Here are the food and body care guidelines for healthy children (and adults) that I offer to parents when I coach them.

The ***second*** key to learning is to treat the brain and body with care by eating healthy food. ***EAT ORGANIC!*** Sometimes people think that means just eating organic vegetables and fruits. Please don't stop there! Eat organic eggs and cheese, and organically raised chicken and meat. *A key essential in improving brain function is eating more healthy protein.* Only organic fruits and vegetables and organically produced foods contain high levels of nutrition without the use of chemicals. Add organic protein to a child's diet (and your own!).

The big question is how to find organic products and how to know if they really are organic. Stick to reputable health food stores that provide the good stuff. Look for the numeric code printed on every label placed on fruit and vegetables. This code is universal. 9=organic, 4=conventional, and 8=genetically modified.

The ***third*** key is not only to eat healthy, but also to eliminate foods that contain pesticides, herbicides, preservatives, chemicals, hormones, antibiotics, artificial color, and genetic modifications. *Scientific research indicates that these widely used substances can harm developing brains and nervous systems and have been linked with rising percentages of ADD, ADHD, autism, learning disabilities, cancer, and degeneration of organs and tissues.*

To eliminate unhealthy food choices, become a detective and read the labels on *ALL* food products. This may seem time-consuming at first, but you'll find the bad stuff pretty quickly and never look back. Here are the unhealthy ingredients to avoid:

- Natamycin (antibiotic found in shredded cheese)
- Sodium nitrate and nitrate (preservatives found in lunch meat, hot dogs, bacon)
- FDC artificial colors (chemicals found in jello, canned goods)
- rBGH (Bovine Growth Hormone) and other Hormones (chemicals found in milk, cheese, etc.) Only buy milk products that are labeled "does <u>not</u> contain rBGH".

You can find healthy and delicious replacements for these foods at health food stores.

Too much sugar unbalances a child's brain, body, and emotions. Sugar overload will override Brain Balancing Movements. So the ***fourth*** key to learning is to eliminate processed sugar. Here's where you need to become a detective again.

Sugar is found in food under different names – sugar, corn syrup, dextrose, fructose, sucrose, syrup, etc. Artificial sweeteners (e.g., sucralose, aspartame, saccharin) are chemicals which often have serious long-range side effects in the body. So stick with small amounts of natural alternatives. Try agave syrup, honey, molasses, or stevia.

Our bodies seem solid but their main content is actually water. Studies show that children who drink a little water before taking tests actually get higher test scores! The ***fifth*** key to learning is to drink water. Water turns on the electro-magnetics in the brain! *Children think more clearly and study better when they drink water.* The chemicals in tap water can include arsenic, chlorine, fluoride and other unhealthy substances so be sure water is purified.

The skin is the biggest sponge in the body and what it absorbs goes right into the bloodstream and the brain. You are feeding a child's body and brain through the products they use to wash and moisturize! The ***sixth*** key to learning is to *avoid chemicals in body care products, such as shampoos, soaps, body washes and creams*. Look for the following chemicals on labels and find alternatives that do not contain them:

- disodium or tetrasodium EDTA (preservative)
- sodium lauryl/laureth sulfate (unless produced from coconut)
- FDC colors
- Parabens, phthalates, BHA (preservative), glycol, and phosphates
- Antibacterial soaps
- petroleum derivatives (petrolatum, mineral oil)

Raising healthy children is one of the most important jobs in all of our lives, directly or indirectly. The children of today are our legacy for tomorrow. Give your children the opportunity to build healthy brains and bodies through movement, balance, nutritional food and healthy body care products. And enjoy the way they grow and learn!

Lessons in Neuroscience with Grace Jackson

Mechanisms of Harm

Summarized by Sara Bostock

The ISEPP list serve recently had a fascinating debate trying to tease apart whether or not drugs can "induce" a pathological state or, from the other side, whether they can induce a "healthy" correction of abnormal states. There are clearly many individuals who support reduction in the use of medications who still do not believe in the full spectrum of harm that many of our members – the victims, survivors, and consumers in our group - have witnessed first-hand.

Jeffrey Schaler, an Amercian University professor and Thomas Szasz student/ scholar, parted company with ICSPP and Breggin over precisely this issue, disagreeing that Prozac or any other drug could “make" a person do anything. (Ironically, perhaps, an executive from the makers of Effexor once said the same thing in a suicide trial, alleging that Effexor does and cannot "make" any person do, say, or feel anything, including making a depressed person feel "good" !]

Our own inimitable Grace Jackson, former Navy psychiatrist, long time ISEPP member, and an expert on neuroscience, prefers to put it this way. She thinks it might be more appropriate to suggest that brain-altering chemicals [whether "recreational", dietary, or pharmaceutical] alter the "natural" functioning of brain physiology. For those who advocate the "evolutionary" interpretation of brain functions [such as so-called evolutionary psychologists and psychiatrists], it may be helpful or pertinent to speak about discrete "brain regions" that are allegedly "enhanced" or "disabled" by drugs.

To the extent that psychiatric drugs take the “more evolved” neocortex – especially the frontal lobes - off line, they reduce their consumers to more primitive states of functioning. Many psychiatric drugs induce a change in the ability of a person to make use of the frontal lobe. This is a hypothesis based upon numerous studies of frontal-lobe-damaged stroke/head trauma/and cancer patients. The more that humans are reduced to primitive vegetative functions, the less "rational" [meaning: conscious or intentional or "governed by mo-

rality"] the behaviors become.

This may be the easiest way, perhaps, to understand the potential dangers of any chemical that alters the brain.

For philosophical dualists or even psychophysical interactionists, this model of "brain alteration" is still relevant as the drugs would "alter" the substrate [target] of psychological activity. Hence, a Psyche that intends moral behavior becomes incapable of "executing" moral behavior if or when the brain has been taken "off line" by the drugs.

Most consumers of psychiatric drugs do not commit suicide or homicide or even engage in decidedly bizarre behavior, but this does not obviate the fact that the drugs induce disinhibition in many patients. And this is only one of *many* mechanisms that a toxic substance in the brain might induce.

The point is not that drug A or drug B "contains" suicide or homicide. The point is that Drug A or Drug B alters the substrate of human impulse control.

Alcohol disinhibits many people in a dose-dependent manner. Some disinhibited alcoholics become aggressive and abusive; others become docile and withdrawn; others become hypersexual. The alcohol causes the disinhibition. What the disinhibited person "does" is determined by many factors.

It would be fallacious to suggest that Prozac or other drugs do not "contribute" to suicide or homicide, just because "most Prozac takers" do not commit suicide or homicide. That would be akin to saying: Some numbers are prime. Some numbers are not prime. Since some numbers are not prime, there can be no prime numbers.

If you decide that there can be no such thing as causation, you have chosen never to see causation when it occurs, which is itself something that you have caused.

There is simply no doubt that chemicals have the potential to *cause* very significant changes in perception and behavior.

Grace carries this theme of drug altering changes, something on which she is truly an expert, further, when she also posted this fascinating explanation of the mechanisms whereby antipsychotic drugs cause or contribute to premature death:

There are many mechanisms through which antipsychotic drugs cause or contribute to premature death. Thyroid hormone excess or deficiency is only one potential mechanism (the issue that prompted Grace's response to the list serve.)

When physicians speak of the "endocrine" system, they generally think about the HPA axis = hypothalamus, pituitary (gland), adrenal (glands). The word endocrine means "inside secretion." The organs of the body which are part of the "endocrine" system release chemical mediators that travel into the bloodstream until they hit receptors / targets in other parts of the body.

Dopamine is made by many cells of the body, and is not generally considered to be an endocrine hormone (endocrine chemical that exerts effects at a distance). Under normal metabolic conditions, dopamine suppresses the pituitary [specifically, the anterior pituitary] gland's production and release of prolactin. When dopamine levels fall, as they do on antipsychotics, the anterior pituitary is "released" from inhibition. Hence, prolactin levels climb. This is why many antipsychotic drugs cause gynecomastia (breast enlargement), lactation (milk production and secretion), and infertility. High levels of prolactin have also been

linked to osteoporosis and cardiac disease, and, in some studies, to breast cancer. There are a few published studies that demonstrate a correlation between abnormally high levels of prolactin and auto-antibodies against the thyroid.

As far as I know, there has never been a finding of dopamine receptors on the thyrotrophs of the anterior pituitary gland (the cells that make TSH, Thyroid Stimulating Hormone). *However, studies in animals and humans have demonstrated mixed findings with respect to* ***dopamine*** *and thyroid hormone balance -- several studies of dopamine agonists (such as bromocriptine) have demonstrated a suppressive effect on TSH secretion, but studies of dopamine antagonists have not always found an effect on TSH or other thyroid- related hormones. There have been few studies in antipsychotic-recipients that have tracked TRH, TSH, T4, T3, and auto-antibody levels.*

There is evidence in the published medical literature which supports causal links between many psychiatric drugs and thyroid hormone disruption: most notably, SSRIs, TCAs (tricyclic antidepressants), lithium, and Seroquel, all of which are linked to hypothyroidism; however, some lithium patients have experienced hyperthyroidism.

As for neuroskeletal biology, this is a fairly "young" science; high levels of prolactin promote bone demineralization and bone thinning. Stimulant drugs appear to affect bone morphogenetic proteins (BMPs) which have negative impact on skeletal bone development (and brain growth). I have written about this in <u>Drug Induced Dementia</u>. *Serotonergic drugs (SSRIs, some of the antihistamines, and TCAs) also inhibit bone growth and bone remodelling due to effects of serotonin on bone cells. Anticonvulsants also accelerate bone density loss.*

As for the cardiac toxicity of antipsychotic (and other) drugs, there is no one pathway. To my knowledge, there is no proven link between drug-induced changes in thyroid hormone metabolism and cardiac death. Nevertheless, most of the dopamine antagonists appear to be cardiotoxic. Some of this may be related to drug induced PPL (phospholipidosis), a phenomenon that results, literally, in cell digestion of the cardiac muscle tissue via autophagy. Some of the damage may be caused by inflammatory changes (myocarditis, often due to eosinophilia). Some of the damage may also be caused by hypoxia/ischemia, starving the heart tissue of oxygen [i. e., high prolactin can contribute to platelet clumping, risk of clots, or arterial narrowing; hyperprolactinemia has also been found to promote blood vessel constriction, via B-adrenergic receptors and nitric oxide changes; in lab studies, prolactin has also been linked to smooth muscle cell proliferation in vascular cells]. Some of the damage may also be mediated by prolactin-related heart enlargement (cardiomegaly). The putative mechanism for this is a prolactin induced growth-hormone effect on the heart.

Several animal studies have demonstrated the cardiotoxic effects of antipsychotic drugs. For example in Saito et al (1985 Heart Vessels Supplement), investigators exposed 6 male Wistar rats to daily injections of thorazine for 30 days. 30% of the animals experienced thickening of blood vessels (arterioles) and all of the animals experienced damage to cardiac muscle fibers (fragmentation, swelling, fibrotic scarring). In Belhani et al (2006 "Experimental and Toxicologic Pathology"), investigators exposed male and female New Zealand white rabbits to IM (intramuscular) injections of neuroleptics for 3 months. Drugs used included saline (control group), amisulpride, haldol, risperidone, olanz-

pine, levomepromazine, and two kinds of combinations. ***All*** *of the antipsychotic drugs resulted in cardiac lesions (damage) of variable magnitude. Changes included disorganized fibers, myolysis (muscle disintegration), cell death (necrosis), and scar tissue (fibrosis). Based on their discoveries, the authors recommended that all human patients receive an EKG and cardiac ultrasound (echocardiogram) prior to beginning any antipsychotic drug therapy*

*It is important to remember that "**neurogenic**" (brain-induced) sudden death remains an unexplored and undiscussed problem in dementia and in drug-induced dementia. Although neurologists have finally started to ask the question: how do anticonvulsants affect the process of SUDEP [sudden death in epilepsy]? They are focusing upon brain-mediated interruptions in signals to the heart and lungs, but you will regrettably not find any psychiatrists or neurologists asking this question about antipsychotic drugs. Every time I am interviewed by journalists about "premature death" in patients who take antipsychotic drugs, I mention* ***brain mediated death.*** *The journalists never include my comments, apparently because they cannot grasp the concept that the* ***brain*** *controls the heart and the lungs. Of course, cardiologists and pulmonologists want neurologists to believe that the heart and lungs control the brain.*

* * *

Grace can go on at length describing these mechanisms. It all comes so naturally to her. Her understanding of the biology, neuroscience, and chemistry of it all is impressive. But even to the layman, a lot of what she says makes perfect sense and is straightforward if one just chooses to read it carefully. Our bodies are in allostasis, continually balancing and counterbalancing hormones and neurotransmitters. Throwing something artificial into the mix upsets the delicate balancing act and can lead to profound, life threatening and life changing disruptions.

A Story of Empowerment from the Field

by Randy Cima, Ph.D.

As the Director of a 30-bed facility, the Highlander Children's Services in Riverside, California, I can report that, in 2004, we went from 26 adolescents on psychotropic chemicals when I arrived to 6 in less than 3 years. Nearly all kids arrived medicated; most, in fact, were "dual diagnosed" and taking several chemicals. We never once put a child on chemicals after they were placed with us. We started titrating within a month of their arrival. This happened because we worked closely with the parents. Parents have ultimate authority with their children, not medical professionals as typically thought. We encouraged them to express their authority, plus we could point to our track record.

It takes time to re-educate parents that their children can function without "medication." We were mostly interested in chemical free treatment rather than trying to convince parents their kids weren't "diseased." It was okay with us for a parent to think their child had a "medical condition" because most parents, as you know, have been thoroughly indoctrinated in the medical model, and many consider themselves experts on the subject of "diseases" and "medication" so we just convinced them the "conditions" could be treated without "medication." Many of them, kids included, took pride in doing that, so we left it alone.

But that's not all we did. We increased their activities tremendously. We had sports teams (we won a few championships too!); we added art, music and drama, and we eliminated the incumbent "sophisticated" point and level system that staff members tend to embrace as "the program." We focused on achievement, not pathology, using a treatment model I had refined from my dissertation in 1987.

While there were a handful of professionals we could work with when I arrived, we ended up turning over nearly 75% of the staff in the first 18 months. This was important and necessary. Nothing is more detrimental than "seasoned" professionals, therapists, in particular, who think chaos and drugs are the norm, and that continued failure was the result of how "pathological" these children are. By this time in my career I had no patience with professionals who lived by the credo that success was the result of a good program, and failure the result of a bad child. We were outnumbered when we started. Not true two years later.

We were headed to zero adolescents on chemicals when the much larger agency we were part of was sold. The buyer? Universal Health Services. UHS is a fortune 500, 4 billion dollar company with more than 100 hospital and residential sites in the US. I had been working for non-profits for over 35 years. Despite our admitted success by this for-profit giant - they were interested in how we were able to have such a quiet and safe facility - after nearly a year, and after many threats to close our tiny non-profit facility because "we weren't showing a profit," we got a divorce.

I had been able to run a chemical free, 66-bed agency in the early 90's, but it was easier back then since chemicals and psychiatrists were just beginning to have an impact on my profession. I just said no.

Ten years later it wasn't so easy. I got lots of recriminations. I fired some, including my Clinical Director, and hired others who thought as I did, not to mention the head bumping I had to do with the psychiatrists, who had free rein when I arrived. I must admit, that part was fun.

Net result? From an average of 2 runaways a week, 1-2 fights per day, and 3-4 restraints per week when I arrived, to 2 runaways in the entire last year (both returned), no fights the last 8 months -

and 2 restraints in the final 12 months (one of those was me who had to restrain a boy who was violently harming himself.)

It is important for professionals, parents, and kids to know that a chemical free, mental/physical health environment, with a lot of other changes too, is not only possible, but also preferred, and has been done. We are proud to note we are successfully graduating 90% of our residents when just 3 years ago, it was a coin toss. There was a 50% failure rate, and the kids considered "successful graduates" were still numb-struck with drugs when they left.

We did some good and important work for as long as we could. The fact that we reduced and then eliminated chemicals and made other program changes and behavior improved, is not a coincidence and is undeniable. This, I'm confident, with the right personnel and philosophy, can be repeated with identical results, regardless of "pathology," anywhere.

I conclude with remarks to a colleague on the wisdom of actually getting licensed in a field gone haywire and here are my reasons for saying so:

For what it's worth, and after 35 years of doing this, I say, “Get your license!” For a lot of good reasons: First, you've earned it. You can't get as far as you have without personal sacrifices, in addition to the time, effort and money you've already invested. That means something, and you did so with the best of intentions. That means more. Second, you're on our side - and credentials count - and we can't let the SOB's get us down. We need to forgive them for they know not what the hell they are doing.

Third - and this is my solution to maintain my sanity (there are other solutions) - we can educate parents, and offer alternative treatments. That is the point of our next conference. I choose parents because they have control over their child's medical needs, and we can be a voice they wouldn't have otherwise. I've made a career doing this, with a good deal of success in the right circumstances. Even in the wrong circumstances, you can talk to parents (and adult clients for that matter) about titration, a backdoor way of reducing, and then eliminating chemicals. While some will want to hold onto the idea that they have a disease, their confidence grows when they begin to "manage their disease" without "medication."

I can tell you with confidence there is a huge population of parents (hundreds of thousands or probably even more) who are thoroughly disgusted with the medical model, and who can blame them. Results are miserable, consistently miserable, as if no one keeps score. But, for the most part, they don't know where else to go. That's where, I think, we can have an impact. Also, we must remember we are not alone. There are many professionals who think as we do, yet are also frustratated and don't know where to turn. I think we need to develop a social movement. This is going to take some time - and we need to become a broker for parents (or adults) who want non-medical treatment for their children (or themselves), and therapists who want to treat clients without chemicals. State by state, city by city, we need a referral service to put these two together. I think that would have an immediate impact and a base of grateful parents we could build on.

I have little to no faith in academia They sold their soul about 20 years ago and capitulated to the chemicalizers. Getting a curriculum change in a graduate school is more difficult than getting a meeting with the Pope. While schools may come around eventually, nothing is going to happen anytime soon.

So, my friend and colleague, we have work to do, whether you have a license of not. So, I say, what the hell, go ahead and get what you've worked so hard for, and congratulate yourself when you do.

Either way, I'm on your side.

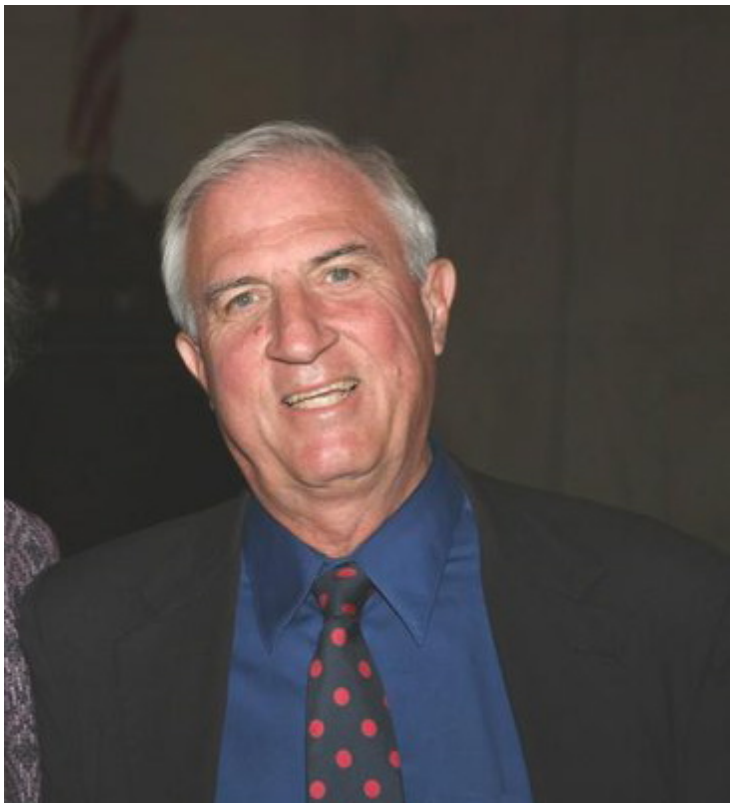
The Meaning of Mania

by Al Galves

Al Galves is a psychologist from Las Cruces, New Mexico, who believes that psychology is too valuable to be used only to help people with psychiatric diagnoses but, rather, should be used also to help healthy people become healthier. So he is writing books and presenting workshops designed to help people use all of their resources, their so-called "negative" emotions as well as their positive ones, the parts they don't like about themselves as well as the parts they do, the parts that are hidden as well as the parts of which they are aware. He is dedicated to helping people use themselves well so that they can live the way they want to live, love the way they want to love, and express themselves the way they want to express themselves.

He is also the new Executive Director of ISEPP. He espouses values that make our organization great. Here is one of his recent signatue articles, slightly abbreviated for our newsletter audience. I include it in this issue so we can all know more about what he is about and applaud his efforts.

There has been a tremendous increase in the diagnosing of bipolar disorder over the past five years. Bipolar disorder has replaced depression as the diagnosis du jour. Unfortunately many doctors, psychiatrists and other mental health providers diagnose bipolar disorder without paying strict attention to the criteria contained in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). My guess is that many people who have never experienced a manic episode have been diagnosed with bipolar disorder.



One of the problems with the current state of psychiatric diagnosis is that there is little agreement about what is causing the symptoms. The current conventional wisdom is that the symptoms are the result of chemical imbalances in the brain and genetic dynamics. But, although it is clear that all states of being are mediated by biochemistry, there is no evidence that states of being such as a manic episode are ***caused*** by biochemistry.

I start with the assumption that all states of being that can be experienced by human beings must have some survival value. Were that not the case, they would have been wiped out by natural selection long ago. After all, human beings have been evolving for the past 30 million years. Certainly that is enough time for natural selection to get rid of states of being that aren't useful.

So how might a manic episode be useful?

Many people who have gone through manic episodes have come to see them as spiritual emergencies which enable them to break through limited senses of themselves and experience a more free, more holy part of themselves that connects with the higher, more positive, hopeful and spiritual parts of life. Sean Blackwell, who has experienced manic episodes, worked hard at understanding them, and believes they are triggered by the collapse of a false sense of self and a deeply motivated move by the psyche to resolve a tension between "who you really are and who you think you need to be in order to survive."

Others have used the manic episode as an impetus to seek wisdom and find answers to big questions such as "What are we doing here?", "In what way am I connected to other humans, other plants and animals and the universe?" and "How can I integrate the dark, spiritual, unconscious, emotional, irrational parts of myself with the rational part that lives in daylight and has to deal with the world and 'reality'"?

Most people who have come to see the manic episode as a spiritual emergency and who have been able to go through it and learn from it regard it as a crucial step in helping them to become more healthy and whole, a useful outcome indeed.

A less spiritual but similar possibility is that the manic episode enables people to get a lot done and to have the internal experience of doing great things, acting on a large stage and dealing with important business.

What kind of a person would find such a state of being to be useful? It might be a person on whom parents had put tremendous pressure to be outstanding, so much pressure that the person didn't think it would ever be possible to succeed – and certainly not in one lifetime or in the time available to do it. Is it possible that this is a kind of charade, a faux attempt to create the illusion that one is doing great things or at least trying to do so?

My experience tells me that this is a real possibility. I asked one of my friends who has been hospitalized twice with bipolar disorder what he thought was going on. "I had a lot to do, Al. I had a lot on my plate," he replied. I then asked him if he had gotten a message from his parents that he had to do great things. "It was never said but it was understood," he answered.

Kay Redfield Jamison, the author of *An Unquiet Mind*, described her father as a very powerful man who became increasingly angry and abusive as he got older and who burdened her with expectations that she would never be able to satisfy.

This fits somewhat with what used to be the conventional wisdom about people who suffered from manic depressive illness, the old name for bipolar disorder. Back then, it was generally understood that "manic depressives" were very creative people, some of whom fed off of their manic episodes to achieve what were, in fact, great things. Some researchers wondered about the connection between creativity and manic depression. They theorized that manic depressives had a unique ability to hold two antithetical and mutually contradictory ideas or concepts in their minds at the same time and that this ability fueled their creativity. So they could hold onto and use such opposites as wildness and constraint, color and drab, order and chaos, strength and weakness, compassion and cruelty.

There are some darker explanations of the usefulness of mania. Perhaps

mania enables people to deny the need to make some of the necessary choices of adulthood and, rather, to maintain the illusion that they can have it all.

So they can have the experience of denying the kinds of choices and sacrifices that "normal" people have to live with as they grow up:

People who are especially vulnerable to rejection and who have suffered the loss of an important relationship might be especially susceptible to this dynamic.

This fits with research that people who experience manic episodes tend to compartmentalize and split the good and bad parts of themselves, have difficulty in realistic goal setting and score low in conscientiousness and high in neuroticism.

And there's another way in which mania might be useful. The manic episode may enable people to avoid having to meet the humdrum, difficult, boring, anxiety producing demands of everyday life – having to work at a job that is not always exciting or fulfilling, having to work out relationships with spouses, children, parents, bosses, co-workers, having to do the hard and sometimes excruciating job of bringing up kids, having to pay the bills and live with all of the constraints involved in that.

So here are at least five ways in which mania might be useful or functional:

- It can enable people to experience a less constrained, less false, more holy, connected, spiritual, hopeful and exalted sense of life and help them integrate that part of themselves with the part that wants to live in the more down-to-earth world of "reality".

- It gives people who have received the message that they should do great things the illusion that they are doing so or, at least trying to do so.

- It enables people to hold opposite and competing ideas or concepts in mind at the same time and, thus, fuels creativity.

- It enables people to deny the need to make the difficult choices and sacrifices of adulthood.

- It enables people to avoid dealing with the mundane, boring, anxiety-producing issues of everyday life – commonplace work, real love relationships, parenting, paying bills, cleaning house, doing the dishes.

This is not to suggest that people choose to be in manic episodes. No, the drive to be in such a state comes from a place in the mind that is deeper and more basic than the rational or consciously intentional mind. And I believe the place from which it comes is fundamentally healthy and wants the person to live a better life.

If I assume that all states of being must have some potential survival value, I also assume that there must be some learning that can be associated with all states of being. So what can a person learn from the manic episode? Let's look at each of the four ways in which the manic episode might be useful.

It can teach people that they can live in a way that is more true to themselves, that is free to experience the holy, spiritual, connected sense of life, that they don't have to create a false self and live a life that is constrained by what others want them to be and that conforms to conventional wisdom.

People who have received the message that they must do great things in order to justify being alive can become aware of the way in which they have

been programmed. They can slowly learn that they don't have to fulfill the roles or live the lives or do the things that their parents programmed them to do. They can come to realize that they can make choices about how they live. They can experience and learn to manage the shame they feel for not being as exalted as their parents wanted them to be. And they can begin to experience and express their justifiable anger at having that kind of pressure put on them. And, once they have expressed their anger at their parents, they can begin to forgive them, knowing that their parents did the best they could in their own situation as they perceived it at the time with the resources they had.

People who use the manic episode to hold onto competing and opposed ideas and concepts that fuel creativity can devote themselves to creating. But, in order to do that successfully, they will have to learn how to settle into the painstaking, dutiful, time-consuming, laborious process of turning the creative impulse into creation without being paralyzed by concerns about how the product will be evaluated by others. They will have to follow the path of one of the most successful artists I know who told me, "Al, I didn't succeed until I was willing to fail."

People who are using mania to deny the need to make the difficult choices of adulthood can learn how to experience the regret that comes with such choices. Every time we choose to do one thing, we also choose not to do many, many other things which might be more fun, exciting, rewarding, even exalting. No wonder we feel the regret of such necessary losses. People can learn how to slowly settle into and accept the realities that come along with growing up. They can learn to accept what is really true about themselves and the world.

People who use manic episodes to avoid having to deal with the mundane, quotidian, everyday issues of life can become more aware of what they want in their work, relationships, social and familial lives and more skilled at learning how to get what they want without hurting, discounting or ignoring the needs of others. They can learn to find the middle grounds that are the keys to happiness for most of us.

Am I making too light of the dangers and pain of mania? Perhaps. I've never experienced a manic episode. And I know they have led people to make ruinous business decisions, hurt themselves physically and emotionally and kill themselves and others. Perhaps, like depression, alcohol and the stress response, manic episodes can be useful when they are moderate in length of time and intensity and dangerous when they are too intense or last too long. People have told me that during mania, their thoughts were racing so rapidly and out of control that they couldn't have a meaningful conversation with anyone and certainly wouldn't have been able to learn anything from the experience. Only with the help of mood stabilizing medication, they say, were they able to participate in therapy.

But I'm convinced that manic episodes, like all states of being, are there for a reason. They are not random states resulting from anomalous biochemical or genetic dynamics. They have meaning and are functional even though not consciously desired. They are opportunities for learning valuable lessons about oneself and can be used as pathways to becoming healthier and happier.

The Woman Who Could Not Forget, Iris Chang Before and Beyond The Rape of Nanking

A Memoir by Ying-Ying Chang

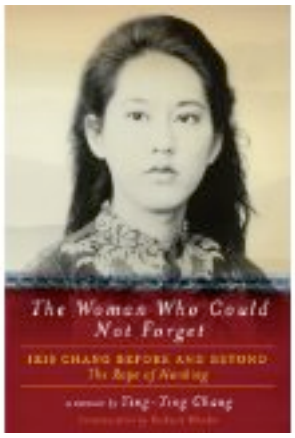
Reviewed by Sara Bostock

Some of you know me as the co-founder (with creator and full-time current administrator, Rosie Meysenburg) of the site www.SSRIStories.com, a

Sara Bostock

sortable database of nearly 5000 media stories in which acts of violence towards one-self or others or other bizarre acts by consumers of antidepressants or "medication for depression" are reported. In very few of these stories do we really know the details of treatment, the dosages, the "cocktails" of medications, the original presenting symptoms and the ultimate changes that occur after treatment has commenced. As a student of these stories for over ten years though, the recurring patterns and themes have become obvious to me. I can almost predict telling details before I hear them, if and when I learn more. Our extensive database is not scientific proof of causation, but it certainly is a demonstration that something is drastically amiss with our mental health system if so many "treated" people go on to commit these horrific acts. What is the purpose of treatment after all? Not to push people over the edge as it certainly seems to be doing, but rather to help people regain control of difficult circumstances and reduce stress and anxiety.

I say all this by way of introduction to this tragic story of a young woman, driven to do her very best and to find justice for her people by exposing the truth about a horrific event in Word War II. Here is a talented and brilliant investigative journalist who became a public figure through her courageous ability to tell a story as she learned it through extensive research. For much of her life she seemed to be a



woman with a golden touch. She worked hard but was rewarded at every turn with success and recognition.

She clearly had a close relationship with her parents and in this book, her mother recounts the details of her life in a touching and heartfelt manner. We get to know Iris Chang as a child, a teen, and a young adult. There are many details that attest to the happiness and love that surrounded Iris throughout her life.

So the fact she dies by suicide certainly does come as a shock. It is so out of character and inconsistent with everything that has gone before. But the concluding chapters of this book provide insights and

an explanation. Iris had a "breakdown" on one of her book tours and was taken to the Emergency Room and from there propelled into the mental health system from which she was never able to escape. Less than six months later she was dead. It started with a prescription for an antipsychotic and ended with a cocktail of an antidepressant, antipsychotic and mood stabilizer. Every reaction, every effort to resist the labeling, the diagnosis, to no avail, is there.

Ying-Ying does a wonderful job in detailing the clinical details right down to dosages and eventually pointing her finger at the treatment as the cause of Iris's untimely death. There are times when it is important for members of our group to read these stories in detail. It can be easy to create another story line when someone like Iris dies, given the dark nature of the topics she wrote about and some of her personal challenges, but when you are aware of all the clinical details and the difficulty of dealing with indecisive and ever-vacillating mental health professionals, it becomes hard to dispute that medications are playing a decisive role in the outcome. I like to draw attention to a story when it is told in great detail because it can make some of the other "simpler" stories on our website more compelling when they are revisited through the prism of such a story.

Peter Breggin interviewed Ying-Ying Chang on October 3rd on his radio show. He knows, as I do, that Iris would have been another candidate for his book *Medication Madness.* Read it and weep -- another promising life lost to the psychopharmaceutical complex and biopsychiatry.

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