

Networking issue — please read & pass it on! (Ask for free extra copies!)  
reports on psychiatry \* human rights \* alternatives

Psychiatry causes  
an epidemic of  
brain damage!  
see pages 3 to 6

# DENDRON

NEWS \* issue #11 \* March 15, 1989 \* \$1.

**WARNING: labels!**

**FIRST CLASS**

The following article  
was written by an actual  
person who was once  
given an *official*  
**psychiatric  
diagnosis!**

by Janet B. Foner

We people labeled "ex-patients" (consumers, psychiatric inmates, survivors, etc.) are as spontaneous and creative a bunch as I've ever seen.

Society tries to put everyone into little boxes which no one really fits into. We take on the role of the child in the "Emperor's New Clothes" story and say "Hey, those boxes don't fit!" Then they label us "crazy."

Because we've already been through the psychiatric system and labeled, we don't worry as much about staying inside those boxes and we keep our creative and spontaneous juices flowing. Lots of so-called "normal" people are more afraid to be creative and act differently from others, to step outside societal roles, because they might be labeled "crazy."

This was all shown to me again at a recent statewide symposium held in Pennsylvania on the future of the mental health system. Those of us attending were in charge of a "consumer empowerment evening." At the last minute the group which was to present an

continued on page 14→

## Mass media takes a glance at *electroshock*

Three major national television programs with magazine-type formats have aired or will soon air segments on electroshock: PM Magazine, USA Today, and 60 Minutes. These programs follow a Morton Downey television show criticizing electroshock. (A Sally Jesse Raphael TV show touched shock and slammed commitment; Alan King also criticized psychiatry.)

"There has been a surge of media interest in ECT this winter. The basic news being reported is that use of ECT is increasing," states Marilyn Rice, shock survivor & Washington D.C. spoke for the shock-survivors group, Committee for Truth in Psychiatry.

Marilyn says the medical news magazine *Hippocrates* just printed an article in their March issue on ECT. Another article has been published in the *San Jose Mercury News* (December 13) which was republished in the *Chicago Tribune* (January 9). [This article is available from CHRP.]

However, the story about the shock-survivors battle to keep a  
continued on page 10→

## National press also takes swipes at:

☆ **Psychiatric drugging  
of senior citizens...**

see page 11

☆ **Psychiatry's assault  
on teenagers...**

see page 12

# DENDRON

The goal of *Dendron* is to provide an independent service to the many individuals & groups concerned about human rights in — and alternatives to — the current psychiatric system.

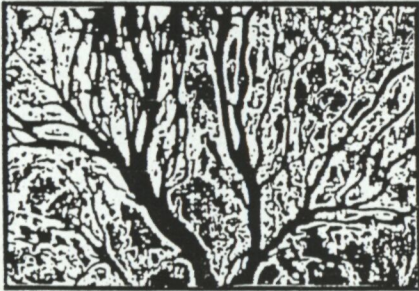
Published by the non-profit organization Clearinghouse on Human Rights & Psychiatry (CHRP). Edited by David Oaks. Write to:

**CHRP**

**PO Box 11284**

**Eugene, OR 97440**

To make an additional donation, tax exempt under 501(c)(3), please make the check to "McKenzie River Gathering," and send to CHRP.



Send your articles, letters, poetry & art work now, and network with other active citizens! Space is limited. Please type, write very clearly, or use any Macintosh disk. Your name & address will be printed, and your writing might be edited, unless you say otherwise. Return of what you send isn't guaranteed, but is helped if you ask & include a self-addressed stamped envelope. Thanks! Act now!

Ask CHRP about: Free bulk copies of this special issue. Work exchange. Back issues for \$1. each. Classified & display ads. How to contact CHRP on the international PeaceNet computer bulletin board.

Telephone: Leave up to a 30-second message at (503) 341-0100. We can call back more easily if you say we can call collect, & you give the best time to call. Or please give your address for our response.

**Subscribe!**  
**See back cover.**

## Editor's note:

During the past 15 years, the Movement of people campaigning to create alternatives to psychiatry's incredible assault on humanity has grown, split, faltered, endured.

In the mid-80's the Movement split into three parts: 1) Admittedly pro-psychiatry Joe Rogers led a faction. 2) The National Alliance of Mental Patients, dedicated to stopping all violence by psychiatrists, led a second. 3) But what happened to the other folks? Many experienced people with radical views of psychiatry retreated and are isolated. Why?

I — perhaps luckily — have been in Oregon during much of this splitting. Here's an outside opinion:

As the Movement grew, and as federal & state money was granted, people were faced with a fact of life: National rights organizations were inevitably going to form.

But active survivors, admirably far more vigilant than most other movements when it came to guarding against political domination, had no good model for growth. Many relied on networks of very dedicated people — through friendships, a newspaper (the defunct *Madness Network News*), or the large teleconference — to somehow lead & provide cohesion.

Without a model for growth, there was a vacuum. (In a way, we need to sympathize with those who dominated politically. Such a vacuum helps pull forward the very assertive to take charge.)

One way out of this: That radical advice to learn from other movements. Peace & justice movements offer many models for mediating conflicts & coalition building.

A good example for us is the "team" or "affinity group" model. Here, small groups — with members trained in democratic decision making — are the basic unit. They link up with other small groups through "spokespeople." As five or so groups link up, they form a "cluster," to link with their sister coalitions. It's simple. It's fair. It's powerful. It works. \*

## networking:

where readers... write

**"I have to learn to butt out..."**

**Lillita Powell; Bronx, New York:**

I have a son who was been labeled mentally ill since he was 22 years old. He turned forty years old in February.

He has been in the hospital twice since his disability started. He has been out of the hospital for four years and has not taken any medication since then.

He has his own apartment and is generally self-sufficient. He was diagnosed as "schizophrenic."

Reading the articles in two issues of *Dendron* opened my eyes to a lot of negative thoughts I have thought about my son. I realize that he has the right to make his own

**continued on next page →**

### Correction—

Please note the zip code below, listed incorrectly in the last issue:

#### Tapes from rights conference available:

**Freud and child sex abuse**  
with Jeffrey Masson

**Tardive dyskinesia suits**  
with Breggin, Gruber, Pittle

**The myth of the rights of mental patients**

with Thomas Szasz

**Anti-electroshock**

with Breggin, Frank, McKague

**Psychiatry's central role in the Nazi holocaust**

with Peter Breggin and Jeffrey Masson

**Myth of schizophrenia**

by Peter Breggin

These superb tapes are being distributed at cost. Suggested donation is \$5. per tape. Write to:

**Dennis F. Nester**

**4510 East Willow Avenue**

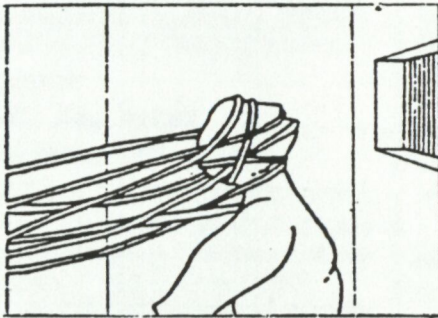
**Phoenix, AZ 85032**



# PSYCHIATRY: briefing **Common drugs create epidemic of brain damage!**

**Brand names include:**

Thorazine, Haldol, Prolixin, Navane,  
Mellaril, Stelazine, Compazine,  
Dartal, Daxolin, Lidone, Loxitane,  
Moban, Orap, Permitil, Prokettazine,  
Quide, Repoise, Serentil, Sparine,  
Taractan, Tindal, Trilafon, Vesprin.



One of the most widely used families of psychiatric drugs can injure the brain in several different ways. Taking any of these drugs, called "*neuroleptics*," can at times result in permanent disabilities such

as muscle twitching or loss of higher-level mental abilities. Medical research has especially focused on a brain injury from neuroleptics known as "*TD*," which has become a health crisis of epidemic proportions.

TD is a type of brain damage characterized by bizarre and sometimes disabling involuntary movements of the mouth, face, limbs, and trunk. TD can involve only one part of the body, or several areas at once. TD is an abbreviation for the syndrome's name: "*tardive dyskinesia*." Many authorities and studies put the risk of getting TD — for all people taking the drugs long term — at close to 50 percent.

Sometimes the involuntary movements of TD eventually go away by themselves. But for most people TD does not go away. It varies from mildly disabling to severely disabling. There is today no effective treatment known for TD. **Warning:** Withdrawal problems often occur from stopping the drug abruptly.

Significant clinical and research evidence reveals that the neuroleptics produce other forms of irreversible brain damage in a large percentage of people. Some of these types of brain damage are: Lobotomy-like apathy. Severe emotional distress. Painful & persistent muscle spasms, including another syndrome: "*tardive dystonia*." Very disturbing speeded-up activity. Seeing and hearing imaginary things. Loss of higher-level mental functions, such as blunted learning abilities.

The above brands form a family of very powerful psychiatric chemicals called "*neuroleptics*." Now given to 3,000,000 Americans, they are also known as "*anti-psychotics*" or "*major tranquilizers*." They are far stronger than "*minor tranquilizers*" such as Valium.

Few doctors fully inform neuroleptic-users of possible health hazards, which can include death. In fact, neuroleptics are frequently given by physically-forced injections inside institutions, or by court-ordered dosages outside institutions.

Effective alternatives are not adequately explored or offered.

**Help *break*  
the silence!**

**Please copy, hand  
out and post this!**



Write for free fact sheet to:

*Dendron News* [published  
P.O. Box 11284 3/89]  
Eugene, OR 97440

# **PSYCHIATRY: facts** **Common drugs** **create epidemic** **of brain damage!**

## **Brand names include:**

Thorazine, Haldol, Prolixin, Navane, Mellaril, Stelazine, Compazine, Dartal, Daxolin, Lidone, Loxitane, Moban, Orap, Permitil, Proketazone, Guide, Repoise, Serentil, Sparine, Taractan, Tindal, Trilafon, Vesprin.

### **Can taking psychiatric drugs such as Thorazine cause brain damage?**

**Yes.** One of the most widely used families of psychiatric drugs can injure the brain in several different ways. Taking any of these drugs, which are called "neuroleptics," can at times result in permanent disabilities such as muscle twitching or loss of higher-level mental abilities. Research has especially focused on a brain injury from neuroleptics known as "TD," which has become a health crisis of epidemic proportions.

### **What is TD?**

TD is a type of brain damage characterized by bizarre and sometimes disabling involuntary movements of the mouth, face, limbs, and trunk. TD can involve only one part of the body, or several areas at once. TD is an abbreviation for the syndrome: "tardive dyskinesia."

### **What are my chances of getting TD?**

A large percentage of people taking neuroleptics for a period of six months to one or two years develop TD. A much smaller percentage of people who are given the drug for weeks or a few months also develop the disease. The most conservative authority — the American Psychiatric Association, in a 1980 report — estimates that a more than minimal degree of this disease develops in at least 10 to 20 percent of all people receiving the drug for several months to one or two years. The rate increases with age, and may exceed 50 percent in older people. Many authorities and studies put the rate of risk for all people taking the drugs long term at close to 50 percent.

### **Does TD ever stop?**

For a number of people who develop TD (some researchers estimate up to half) the involuntary movements eventually go away by themselves. But for most people TD does not go away, according to current studies. TD is usually irreversible, and varies from mildly disabling to grossly disabling. Some people with TD suffer from severe involuntary movements — every waking moment — for the rest of their lives. There is currently no effective treatment known for TD.

### **If I develop TD, what happens if I keep taking neuroleptic drugs?**

Neuroleptic drugs mask the muscle movements caused by TD. Therefore, TD's spasms are often revealed only *after* people stop taking these drugs. If you have TD, then continuing to take the drug or switching to another neuroleptic brand only hides the symptoms of TD, while the TD itself may be getting worse. **Warning:** Withdrawal symptoms often occur by discontinuing this drug quickly!

### **What other brain damage can be caused by neuroleptic drugs?**

There is significant clinical and research evidence that the neuroleptics produce other forms of irreversible brain damage in a large percentage of people. Some of these types of brain damage are: Lobotomy-like apathy. Severe emotional distress. Painful & persistent muscle spasms, such as another syndrome: "tardive dystonia." Very disturbing speeded-up activity. Seeing and hearing imaginary things. Loss of higher-level mental functions, including a blunting of learning abilities.

### **Background:**

The above brands form a family of extremely powerful psychiatric chemicals called "neuroleptics." Developed in 1950 by French researchers experimenting on rats, neuroleptic use rapidly spread throughout the world. Now, about 3,000,000 Americans — from children to senior citizens — are given neuroleptic drugs.

Also called "anti-psychotics" or "major tranquilizers," neuroleptics are far stronger than "minor tranquilizers" such as Valium.

Few doctors fully inform neuroleptic-users of possible health hazards, which can include death. In fact, neuroleptics are frequently given by physically-forced injections inside institutions, or by court-ordered time-released dosages outside institutions.

Effective alternatives are not adequately explored or offered.

The source material for this fact sheet was reviewed for accuracy by Peter Roger Breggin, M.D., psychiatrist & author of the book *Psychiatric Drugs: Hazards to the Brain*. Responsibility for content rests with *Dendron News*, which published this fact sheet March, 1989 for public distribution.

**Help break  
the silence!**

**Please copy, hand out  
and post this!**



**Dendron News**  
P.O. Box 11284  
Eugene, OR 97440  
**human rights & alternatives**



York and Tabor Roads  
Philadelphia, PA 19141

Significant research evidence shows that a major family of psychiatric drugs can at times cause brain damage.

In this letter, the current President of the American Psychiatric Association — the official organization of U.S. psychiatrists — admits concern about this possibility:

Dr. Fink writes, "I agree with you that there should be some concern about neuroleptic induced brain damage." Neuroleptics are also known as "anti-psychotics" and include Thorazine, Stelazine, Mellaril, Haldol & Prolixin.

Paul Jay Fink, M.D.

Chairman, Department of Psychiatry  
Albert Einstein Medical Center

February 21, 1989

Medical Director  
Philadelphia Psychiatric Center

David Oaks, M.D.  
P.O. Box 11284  
Eugene, OR 97440

Dear Dr. Oaks:

NOTE

I am responding to your letter of February 7 regarding the American Journal of Psychiatry and some conflicting and contradictory articles that appeared therein. I am sure you will be receiving some response from Dr. Nemiah. I agree with you that there should be some concern about neuroleptic induced brain damage. I have noted over the years that both the American Journal of Psychiatry, as well as the Archives and other major publications in psychiatry do deal regularly with issues of side effects and injury caused by these drugs. Nevertheless, a great deal of research is going on and sometimes the reports do appear to be contradictory. I hope that you will be tolerant and continue to read the Journal and gain as much information as you can from the various prospectives presented therein.

Sincerely yours,

Paul J. Fink, M.D.

PJF:iaf  
2140L/5

cc: Melvin Sabshin, M.D.  
John C. Nemiah, M.D.

Correspondence to:

PHILADELPHIA  
PSYCHIATRIC  
CENTER

Ford Road and Monument Avenue  
Philadelphia, PA 19131  
(215) 581-5494  
(215) 879-4533 FAX

Dr. Fink's letter was in response to a letter from David Oaks, which did not identify Oaks as an "M.D."

Oaks is Editor of *Dendron News*. For more information about psychiatric drugs, human rights & alternatives, write to DENDRON NEWS, P.O. Box 11284, Eugene, OR 97440.

# Psychiatrists meet in S.F. Ex-inmates plan nonviolent protests.

by David Oaks, Editor

The American Psychiatric Association (APA) Annual Meeting — which gathers thousands of psychiatrists together — takes place May 6 to 11, 1989 in San Francisco. The theme: "Overcoming Stigma."

At the same time, people who have been stigmatized by psychiatric labels plan a protest outside. For information, call Sally Zinman, who is a survivor of psychiatry and a staff member at a user-run drop in center in Berkeley: (415) 486-1612.

Since the APA manufactures much of this stigma through its labeling, their topic is good, but especially ironic. This would be funny, except that being labeled by the APA can & often does have terrible results: You might receive forcible electroshock. A court might lock you up for years. You might be dangerously & forcibly drugged until an early death. You might experience some of the worst discrimination heaped on any hated minority in the US, except for AIDS survivors.

The APA even publishes an international "Bible" of their labels called the DSM III (that stands for Diagnostic and Statistical Manual, Third Try). DSM III is not created by a mysterious scientific method — it is created by discussions & negotiating. Enormous sums of insurance & government money are at stake in forming a common language of professional classification.

Recently, feminists won a victory by fighting back against some of the sexist labels in DSM III.

Years ago, gays & lesbians won a victory by having "homosexuality" almost — though not totally — removed from DSM ... by APA vote!

Even if these laws of behavior — never voted upon by the public — were created "objectively," their enforcement is a hidden atrocity.

Take a look at the APA defini-

tion of that grab-bag label, "schizophrenia." Included in the long list of "symptoms" are such gems as: "Marked impairment in personal hygiene & grooming." Didn't know there was a law about appearance on the books, did you? Yet local, state & federal governments give their stamp of approval to such ambiguous rules by legislating enormous power to psychiatry.

A revealing sign of "schizophrenia" in DSM III: "Odd beliefs or magical thinking, influencing behavior & inconsistent with cultural norms, e.g., superstitiousness, belief in clairvoyance, telepathy, 'sixth sense,' 'others can feel my feelings...'"

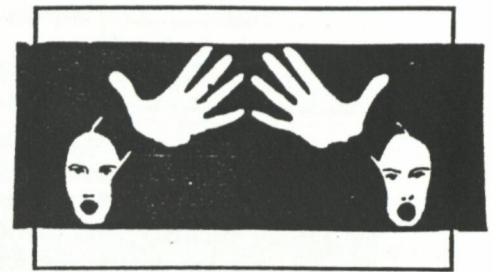
First, note this definition admits it is "culture specific," that is it changes from culture to culture. Believing the environment directly sends you messages is a part of ancient religions still practiced today. Many Native Americans believe that trees, the sky, ancestors, animal spirit guides and the Great Spirit at times directly give them messages.

It's revealing that in this high-tech world claiming the radio or TV is directly talking to you is perhaps THE most common sign of "schizophrenia." (But obeying TV commercials & political sound bites without thinking or feeling on your own is called "normal.")

Once labeled, one is stigmatized. The APA wants to lower that stigma to make it more acceptable to see a psychiatrist. And in turn more people would then be labeled!

## Who will say "NO"?

The last time the APA met in San Francisco, several dozen former psychiatric inmates sat down & shut off one of the entrances through nonviolent civil disobedi-



ence. Many APA meetings in other cities — such as Toronto — have seen peaceful grassroots protests.

One idea raised for this year: An alternative conference for survivors, as a revival of the old International Conferences on Human Rights and Against Psychiatry.

Meanwhile, inside, ex-inmates will also be an official part of the

**Psychiatrists call  
for end to "stigma"  
but help create it in  
the first place!**

APA program in a panel coordinated by Joe Rogers, President, National Mental Health Consumers Association. Joe

was just pictured in the APA's official newspaper with the president of the APA. Joe was quoted as saying only 5% of psychiatric inmates are "radical," and the rest want to work in partnership with psychiatry. The article said he defined this goal as *collaborative care*.

5%? Then why are so many psychiatric inmates "treatment resistant," as it is called. Why is forcible drugging used so frequently? Studies show "treatment resistance" is often based on rational reasoning, such as past experience that the drug would cause harmful effects.

Openness with psychiatrists & workers is vital. But I hope to be with the protesters, AND start peaceful dialogues with psychiatrists on the SF streets. (Want to do nonviolent street theatre, and video tape it?!) If you have creative ideas to help draw the public's attention to the psychiatrists soon gathering in a traditional hotbed of movement activity, call Sally now!

Peacefully talk to the doctors. Organize the workers. But don't just collaborate. DEMONSTRATE! \*

→ Shock & Media  
continued from page 1

little-known Food and Drug Administration restrictive label on electroshock procedures is having trouble getting publicity. Says Marilyn: "So far as I am aware, the long-suppressed fact of FDA's high-risk classification has not been divulged." She hopes the new media interest will break this silence.

If you'd like to follow-up on this campaign, be sure to get a copy of the CTIP newsletter (contact addresses at end of article).

**Downey Down on Shock**

A recent Morton Downey television show debated electroshock, and guests included George Ebert, member of a Syracuse, New York advocacy group "The Alliance." You've probably heard of public criticism of Downey's methods. But George reports things went well.

George writes in the excellent new Alliance newsletter (called "the fine line") that the event "showed the psychiatric system as it is. A close-up of my button ABOLISH FORCED PSYCHIATRIC TREATMENT was prominently displayed for any viewer to consider."

George says the reason for Downey's sympathy came out loud and clear: "His sister — a child — was drugged, shocked, and lobotomized and finally killed by psychiatric treatments." A videotape of this show is now available from the Alliance.

**Video on shock available**

While the mass media might be good for some "sound bites" about shock, there are other ways of using television to spread warnings about this atrocity, in the grassroots.

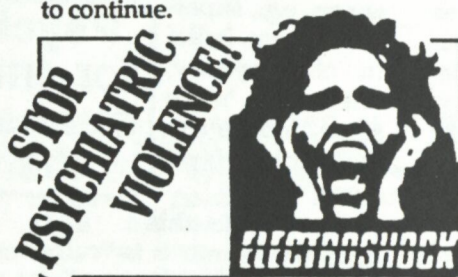
Four videotapes indicting electroshock will be available this spring for cable-TV broadcast or home VHS use, according to the fine line newsletter.

This documentary series — produced by Bill Clodakis for cable-TV distribution in New York — stresses the inexcusable omission by

medical researchers of quality high-tech "before" and "after" tests for brain damage.

Also in these episodes is testimony from shock survivors and activists including George Ebert, Linda Andre, and Janet Gotkin. One of the exposes in the series: Doctors who conducted fatal experiments on unknowing subjects are still out there practicing. Each tape is 27 minutes long. The Alliance review warns against seeing these intense tapes back-to-back: overwhelming sadness may result.

But overwhelming empowerment will result by getting feedback — by videotapes, mass media or word of mouth — to the society that has allowed these atrocities to continue.



**Contact information:**

Are you on the Truth in Psychiatry mailing list? They are a national organization of shock survivors and they need your support. Write to their D.C. representative:

CTIP, attn: Marilyn Rice  
2106 S. 5th St.  
Arlington, VA 22204  
phone (703) 979-5398

Write to the Alliance to obtain the Morton Downey show tape Or a copy of that very informative seasonal newsletter, *the fine line*, now in its second issue:

The Alliance  
826 Euclid Avenue  
Syracuse, NY 13210  
phone (315) 475-4120.

Interested in rental or purchase of those four videotapes on shock?

Write to:  
Bill Clodakis  
175 West 93rd St.  
New York, NY 10025

Price reduced for classic video resource

**Hurry tomorrow**

(VHS; 76 minutes; 1974; available now for \$105.)



Hurry Tomorrow is a powerful statement about the loss of human rights suffered by psychiatric inmates & offers a shocking portrait of the side of psychiatry that is ordinarily hidden from public view.

Filmed over a five-week period in a locked ward at a state hospital, HURRY TOMORROW shows patients tied down with straps and cuffs, forcibly drugged with tranquilizers, reducing them to helpless and zombie-like states. The film shares moments of warmth between inmates trying to keep some dignity in a dehumanized environment.

**Review excerpts:**

Don Weitz says it's, "Without question the most powerful and consciousness-raising film on psychiatry..." Don is editor of a new book on Canadian psychiatry, *Shrink Resistant*, available from Bookpeople in Berkeley (call 800-227-1516).

"Shocking . . . an act of courage and a warning about mind control told with compassion and rage." *Los Angeles Times*.

"It is enough to make you swear off anything stronger than warm milk forever." *New York Times*.

"Awesomely true and inspirationally powerful . . . an excellent training experience." N.A.R.P.A.

Hound Dog Films

P.O. Box 1012

Venice, CA 90291

Telephone: (213) 827-8252



## National media covered a major study published in *New England Journal of Medicine*: Senior citizens attacked by powerful psychiatric drugs!

These drugs include the "antipsychotics" such as Thorazine, Stelazine, Mellaril, Haldol, Prolixin. Physicians agree these super-powerful drugs — also called "neuroleptics" — can at times cause brain damage and even death. The elderly are especially vulnerable. Many alternatives are available that are less harmful and far more effective than these chemical strait jackets. But the neuroleptics are now given to 3,000,000 Americans — young and old alike — creating an epidemic of brain damage! For more news write:

**Dendron News; P.O. Box 11284; Eugene, OR 97440**

## Rest homes criticized on drug use

Newhouse News Service

More than half the residents of adult rest homes receive mind-altering drugs, most without competent medical supervision, a new study suggests.

In a survey of about 1,200 rest-home residents in Massachusetts, researchers from Harvard University and the state's Department of Public Health found that 55 percent of the residents were taking at least one psychoactive drug, a category that includes antipsychotics, antidepressants and tranquilizers, and 18 percent were taking two or more drugs.

"In most cases, the prescriptions had been written in the remote past and were refilled automatically," the researchers report in today's *New England Journal of Medicine*. "A sizable proportion of patients have minimal meaningful contact with a doctor or none at all for long periods."

In a follow-up study focusing on the residents taking antipsychotic drugs, the researchers found that a third showed signs of impaired thought processes that could have been caused by the drugs.

Most of the medications were administered by rest-home staff, who are not required to have any medical training, the researchers said. A questionnaire testing staff knowledge of drugs revealed that many did not recognize the side effects of the drugs they were administering.

Most of the rest-home residents in the study were elderly or former psychiatric patients. Half were 75 or older, two-thirds were women, and one-third had histories of psychiatric hospitalization.

Previous studies have pointed to overuse and poorly monitored prescription of drugs in nursing homes. The current study is the first to review use of medications and staff training in rest homes, the authors said.

## Psychologists fret over drugs

WASHINGTON — The nation's elderly are being "needlessly and inhumanely" drugged by doctors who are inexperienced in treating older patients and who rely on drugs to control behavior, the American Psychological Association said Friday.

Many of these patients could benefit from lower doses of the medications they need to treat chronic illnesses and from alternative, non-drug therapies, such as psychological counseling, the association said in asking Medicare to cover their services.

Too often the elderly are "needlessly and inhumanely being left and psychologically abandoned to drug-induced stupors," said Bryant Welch, executive director of profes-

sional practice at the association. "Antipsychotic drugs must be used appropriately, for specific documentable reasons, not simply to control behavior, perhaps more for staff convenience" at nursing homes, said William Simonson, associate professor of pharmacy at Oregon State University, who joined Welch at the briefing.

The American Psychiatric Association agrees that physicians need more training about prescribing psychotropic drugs — medications used to control behavior — for the elderly. The association started such a program two years ago, said spokesman Dr. Harvey Ruben.

However, Ruben said it is "naive" for the psychologists to believe that many nursing home patients could be treated with alternative, non-medical therapies. He said 60 percent to 70 percent of nursing home patients have some form of dementia and most would not benefit from behavior modification.

Science News, p.88  
February 11, 1989

## Medication concerns in rest homes

Rest homes, originally intended as room-and-board facilities for relatively healthy elderly residents, are increasingly taking in patients released from state mental hospitals. One consequence of this trend, according to a report in the Jan. 26 *NEW ENGLAND JOURNAL OF MEDICINE*, is the widespread use of psychiatric drugs in rest homes, with little medical supervision or understanding by staff members of the potential side-effects of these drugs.

Jerry Avorn and his colleagues of Harvard Medical School in Boston surveyed a random sample of 55 rest homes in Massachusetts. They find 55 percent of the 1,201 residents took at least one psychiatric medication. Thirty-nine percent got antipsychotic drugs; the rest received antidepressants, tranquilizers or lithium (commonly prescribed for manic depression). Most prescriptions "had been written in the remote past and were refilled automatically," the researchers note.

They then looked at 837 residents of 44 rest homes with particularly high levels of antipsychotic drug use. More than two-thirds of these individuals had spent time in some type of psychiatric facility. Although 82 percent of them were taking one or more antipsychotic drug, medical records showed nearly half had no evidence of physician participation in decisions regarding their mental health care during the previous year.

About 6 percent of the follow-up sample had moderate or severe symptoms of a movement disorder, known as tardive dyskinesia, caused by antipsychotic drugs (*SN*:7/20/85, p.45). Another 17 percent had mild signs of tardive dyskinesia.

Interviews with rest home staff responsible for patient care revealed that about half were unfamiliar with the purpose and side-effects of commonly used psychiatric drugs.

Front page story.

## Children's Wards Teen-Agers End Up In Psychiatric Hospitals In Alarming Numbers

### Family Turmoil and 2 Careers Are Factors in the Trend; Results So Far Are Mixed

### The Profits for the Institutions

By JAMES R. SCHIFFMAN

Staff Reporter of THE WALL STREET JOURNAL  
MINNEAPOLIS—When Pat Hobbs discovered that her daughter Stephanie was getting drunk regularly, she took what is fast becoming a modern parental approach. She placed the 16-year-old in a psychiatric hospital.

But after about a month at the Golden Valley Health Center near here, what appeared to be a case of teen-age alcoholism became something else altogether. As Mrs. Hobbs watched with growing alarm, Stephanie began cutting her arms with broken glass and slamming her hands into walls. The hospital gave her blond-haired daughter different drugs and then changed its initial diagnosis of chemical dependency. Stephanie, the doctors decided, was afflicted with the serious psychiatric condition of "borderline personality disorder."

After a while, Mrs. Hobbs, a divorced mother of two, took Stephanie from Golden Valley. Now, two years later, the adolescent is a college freshman. She is also another name on a growing list of young people who are veterans of psychiatric wards.

#### A Convergence of Trends

The number of Americans between the ages of 10 and 19 discharged from psychiatric units between 1980 and 1987 ballooned 43%, to 180,000 from 126,000, according to the National Center for Health Statistics. The figure is all the more striking because the population of that age group shrank 11% during that period.

Many mental-health experts say the rise of teens in psychiatric wards isn't due to a national epidemic of crazed kids, but to a convergence of trends in the 1980s that favor incarceration over other kinds of care. Family turmoil—divorce, remarriage, frequent migration—and two-career households have left many parents either too busy or too distracted to deal with adolescents. Psychiatric treatment has lost some mystery, and insurance for inpatient care has become more widespread as churches, schools and other institutions that helped guide earlier generations through adolescence have lost influence.

At the same time, psychiatric facilities have become one of the most profitable sectors of the hospital industry, whose traditional acute-care business has fallen on hard times. For-profit hospital chains have concentrated on building psychiatric wards and on advertising services to parents frightened by teen-age suicide, sex and drug use.

#### Successes, but Also Questions

Hospital-company executives say these psychiatric units provide a last line of defense against ever-worsening teen-age problems. About 12% of children under 18, roughly eight million kids, need mental-health services, according to the National Association of Private Psychiatric Hospitals. "Everybody today is under a tremendous amount of stress," says J. Larry Ashley, administrator of Charter Peachford Hospital, a for-profit psychiatric facility outside Atlanta.

Certainly, these hospitals produce some successes. Rick, an 18-year-old from Minneapolis who had been sexually abused by a male friend of his father, spilled his horrible secrets to an understanding counselor during a three-month stay at Golden Valley last year. He says that if he hadn't, "I'd probably be in a cemetery, six feet under." Instead, Rick is back in high school, making plans for college.

But the increase in institutionalization is raising troubling questions about the necessity and effectiveness of such treatment, the ethics of marketing psychiatric services, and the stigma of hospitalization that can follow a person like a rap sheet.

"Hospitals are becoming new jails for kids," says Ira Schwartz, director of a University of Michigan center that studies youth issues. Bill Johnson, patient advocate at the Mental Health Association of Minnesota, believes most troubled youths would be treated more effectively at home or in a doctor's office. "The primary motive of hospitals is profit," he says, "and because of the competitive atmosphere they're in, I think the pressure causes their objectivity and, at times, ethical considerations to go right out the window."

#### High Fees, Big Profits

Unlike struggling acute-care hospitals, psychiatric units don't require carefully designed operating theaters, expensive scanners or a small army of skilled technicians. A handful of staff psychiatrists can oversee a hospital load of patients, and their fees are high. A day on a psychiatric ward can cost as much as \$800, and in most cases those fees are paid largely by insurance companies.

All this adds up to big profit margins for major chains such as Charter Medical Corp. of Macon, Ga.; Hospital Corp. of America, in Nashville; and National Medical Enterprises Inc. of Los Angeles. These chains plan to build at least 45 more psychiatric hospitals in the next three years.

To fill their beds, such hospitals have turned to marketing as never before. Charter Medical recently bought a half-hour of prime television time in Atlanta to broadcast a "documentary" that purported to tell the story of troubled teens and how

Please Turn to Page A 7, Column 1

FRIDAY, FEBRUARY 3, 1989

★★

VOL. CXX NO. 24

For more news write:  
Dendron News  
PO Box 11284  
Eugene, OR 97440

# Children's Wards: Many Youths End Up in Psychiatric Hospitals

Continued From First Page

hospitals are helping them. As a "correspondent" presented chilling statistics about teen-age suicide and "interviewed" former teen drug users who were saved at a hospital, the telephone number of a local Charter hospital was displayed across the screen. The production was interspersed with Charter commercials. One of them, filmed starkly in black and white, showed a teen-ager guzzling a beer while a voice said: "Call us today before he finds real trouble."

Hospitals are sending seductive messages to parents who are tired of dealing with teen-agers. A print advertisement for the Devereux Center in Kennesaw, Ga., equates certain "dirty pictures" with a teen's interest that "isn't healthy."

Last July, Charter Redlands Hospital, a Redlands, Calif., member of the Charter Medical chain, started giving entry blanks for a raffle to employees who helped get patients admitted. The grand prize was a Caribbean cruise. The contest was canceled after a patient-rights advocate complained.

"I think that's a good example of the worst kind of inappropriate use of the business mentality" in providing health care, says Dr. Joseph T. English, director of psychiatry at the non-profit St. Vincent's Hospital in New York. Peter Kaapcke, Charter Redlands's director of marketing, says the hospital was aiming only to admit patients that might have gone to other hospitals.

Appearances, too, are part of the marketing strategy. These new psychiatric hospitals aren't the stark wards of late-night slasher movies. Charter Peachford Hospital outside Atlanta, for instance, looks like a condominium. Walls are salmon pink, decorated with landscape paintings. The hospital has a tennis court, two swimming pools and a fully equipped gym. Doctors, staffers and patients wear casual clothes. And the place doesn't smell like a hospital. In one adolescent unit, youths are sprawled on easy chairs in a lounge, watching a videotape of Gregory Peck in "To Kill a Mockingbird."

## The Full Treatment

But those appearances can be deceiving. Once inside an institution like this, a young person is in for full-blown psychiatric treatment. In a windowless "quiet" room, for instance, an 11-year-old boy is lying motionless, his wrists and ankles strapped to a bed. John B. Hardman, the hospital's medical director, explains that the boy, a victim of sexual abuse, needed the "four-point" restraints because he had started banging his head on a wall and had tried to bite his own shoulder.

At Hospital Corp.'s Truckee Meadows Hospital in Reno, Nev., when staff members decide to put a patient in restraints they page "Dr. Armstrong," a code name for a team of at least five strong-armed employees. The hospital's medical director, Dr. William Terry, says restraints are generally used only when adolescents are out of control. But in the case of a 14-year-old boy, the doctors tried the restraints as therapy. They decided the shackles in this case might serve as a sort of metaphorical hug.

Critics charge that restraints, drug therapy, isolation and other treatment techniques can do a troubled teen-ager more harm than good. They say hospitalization should be used only in the worst crises, and then only for a matter of days, not weeks and months. "Staying in a psychiatric hospital is one of the most depressing things that can happen to you," observes Barbara Friesen, a professor of social work at Portland State University in Oregon.

Kathy Kosnoff, an attorney with the Minnesota Mental Health Law Project, objects to the classification "conduct disorder," a diagnosis psychiatrists sometimes use as the basis for hospitalizing teen-agers. "There was a time when disorderly conduct was understood to be part of coming of age," she says.

## Differing Diagnoses

Certainly, some families come away from a hospital experience wishing they had chosen another approach.

The parents of Stephanie, the teen-age drinker, believe the young woman's condition was aggravated by her six-month stay at Golden Valley. "I think she was driven crazy in the hospital," Mrs. Hobbs says.

After taking their daughter out of the hospital, the Hobbsses had her evaluated at the Mayo Clinic in Rochester, Minn. Stephanie's records show that doctors there arrived at a significantly different diagnosis than Golden Valley's physicians: adolescent adjustment problems, chemical dependency and depression. They didn't find any grave "borderline personality."

Then there is the case of Becky. She was placed in Golden Valley by her construction-worker father after their generational differences—she considered him too strict, he found her defiant—erupted into physical violence one night.

The doctors determined that Becky, had a "possible personality disorder with borderline masochistic, narcissistic and schizotypal features." They also reported that she was allergic to soap. She stayed in the hospital for two months, and would have been there longer if not for a Minnesota law that allowed her to check herself out when she turned 16.

Although her official prognosis was poor, Becky rebounded. She has returned to getting respectable grades, plays in a band and holds a part-time job in a fast-food restaurant. A high-school senior, Becky hopes to go to college. She considers her hospital stay a waste of time.

## Living With a Stigma

Golden Valley declines to discuss the cases, saying that talking about former patients would violate confidentiality. But Steven Kamber, administrator and a principal in a private group that recently bought the hospital, says Golden Valley's own studies show that an overwhelming majority of its patients are satisfied with the care they receive.

While questions about appropriate insurance payments, care and behavior may be argued in shades of gray, there is at least one certainty: When teen-agers are checked into a psychiatric hospital, they still acquire an instant stigma. "Try going back to your high-school class after you've been a mental patient," says Jean Matulis, a patient-rights advocate in Martinez, Calif., who was once hospitalized in a mental ward. "People think you're weird, brain damaged or a moron."

The effects can last a lot longer.

Laura, a 23-year-old Minneapolis woman who was institutionalized for six months in the early 1980s, says the memories haunt her every day. She hasn't told her employer about her past, for fear of losing her job. She hasn't even confided in the man she is dating. But reminders are everywhere. While registering for college, she says, she ran into a fellow patient from her days at the hospital. Both women stared at each other, but neither said a word. "You can't say in public, 'Oh, weren't we roommates on the psych ward?'" Laura says.

Also from the front page  
of *The Wall Street Journal*  
December 27, 1988:

## RISING COSTS of psychiatric and drug-use care eclipse other health-care rises.

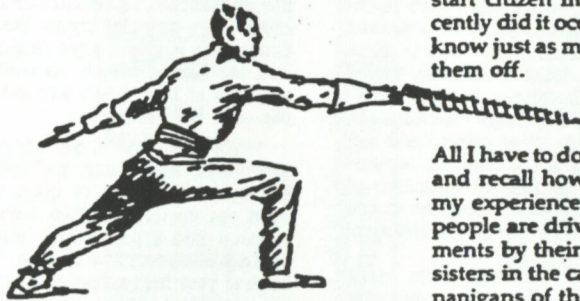
Employees' psychiatric and substance-abuse treatment costs are climbing twice as fast as those for health care generally, largely because more people are entering inpatient centers, says Joan Pearson, of consultant Towers Perrin's TPF&C unit. Four times as many "stressed adolescents" are being admitted to psychiatric facilities, as in 1980, she says.

Alcoa has fewer controls over psychiatric care than for other health-care programs. But Hewlett-Packard now requires workers to be cleared for in-patient psychiatric or drug treatment before checking in. Willamette Industries, a lumber company, will do so starting Jan. 1. Piper Jaffray, an investment firm, seeks use of family counseling and other less-costly programs.

# Ten Ways to Kill A Citizen Movement

By Byron Kennard

As a VETERAN COMMUNITY ORGANIZER, I know a lot about how to start citizen movements, but only recently did it occur to me that I probably know just as much about how to bump them off.



All I have to do is count my battle-scars and recall how I got most of them. If my experience is any guide, far more people are driven out of citizen movements by their own dear brothers and sisters in the cause than by all the shenanigans of the enemy put together.



## Friendly Fire on the Social Change Front

Here is how it works. Suppose you want to kill a citizen movement and you come to me for expert advice. I would suggest first that you join it and then proceed to follow these ten basic, simple rules, any one of which will drain the vitality out of a movement faster than you can say Ronald Reagan.

**1 FORGET YOUR ORIGINS.** Citizen movements for social change nearly always originate in humble, obscure, or disreputable circumstances. Think of the Wobblies, the early labor organizers, who were jailed, deported, and even massacred for their opposition to industrial abuses. Think of Rosa Parks refusing to take a seat in the back of the bus. Think of the bra-burners who endured derision and scorn to help launch the feminist movement, or of the housewives who chained themselves to trees rather than allow the trees to be bulldozed. Later on, when the movement is off the ground and running, these origins become embarrassing to the careerists who have latched onto it in search of gold and glory. At this point, it becomes necessary to re-write history in order to drop the identity of the movement's founders down the memory hole.

It is said that revolutions eat their fathers. Citizen movements do something rather worse; they forget their mothers. The revolutionary who gets beheaded is at least memorialized by history, but you can plow through most history books without finding a clue to the identity of the small bands of volunteer activists—usually women, in my experience—who initiate needed social change.

**2 PUT EXPERTS IN THE DRIVER'S SEAT.** Volunteers and generalists may have been good enough to organize the movement, but they aren't good enough to run it. So when money starts to come in, it is time to kick the volunteers and generalists out and to hire "qualified" persons, preferably someone with a Ph.D. in physics, economics, or an Ivy League law degree. (Please note: It is extremely important that such persons be untainted by any direct experience in community organizing. If you have a plethora of job applicants, it may be necessary to employ this test. Put each of the applicants into a paper sack. Only those who *cannot* organize their way out will be eligible for employment.)

**3 GET SERIOUS ABOUT YOUR WORK.** I mean, real serious. Work too hard. Put in extremely long hours. Practice looking grim and depressed. If possible, grow morbid. When you have mastered all this, persist in calling your colleagues' attention to the fact of your martyrdom. Broadly hint that if they were as serious about the cause as you, they would emulate your example. If this doesn't make them feel sufficiently bad, you might want to go a step further and physically maim yourself. For example, you might shoot yourself in the foot. Screaming in pain, you then demand that your colleagues drop whatever they are doing and rush to aid and comfort you as you suffer from this needless and self-inflicted wound.

**5 MOTIVATE OTHERS BY APPLYING GUILT.** If a group is working to save endangered species, attack it for its insensitivity to the poor. If they are working to help the poor, attack them for their insensitivity to endangered species. Whatever you do, stick them in a no-win situation. Once they perceive that their work is futile, they will, of course, redouble their efforts.

**4 ADOPT IMPOSSIBLY HIGH AND RIGID STANDARDS OF PERSONAL CONDUCT, NOT ONLY FOR YOURSELF, BUT FOR OTHERS TOO.** Human frailty has no place in a citizen movement. Whenever it rears its ugly head, you must be prepared to smash it to smithereens. Even slight deviations from your standards must not escape punishment. If, for example, you catch a nutrition activist eating a hot-dog in a fast-food restaurant, condemn him on the spot for the Judas that he is (neglecting, of course, to mention that you popped in to buy a pack of cigarettes).

**6 TALK A LOT ABOUT THE NEED TO COOPERATE AND TO SHARE, BUT FOR HEAVEN'S SAKE, DON'T ACTUALLY DO IT.** What you actually should do is attempt to dominate all proceedings through the force of your intellect and personality. However, should you encounter other persons who are foolish enough really to cooperate and share, by all means, take them for everything they're worth.

**7 GET YOURSELF INTO A DITHER AND STAY THERE.** Become over-excited. Remember, the end of the world is coming and we haven't got much time. Thus, to demonstrate dedication, everybody should run about like a chicken with its head cut off. If some people in the movement are striving to work calmly and deliberately, making them agitated and anxious should become your priority task.

**8 WHATEVER YOU DO, NEVER SHARE ANY CREDIT.** Look, it's perfectly clear that the whole thing was your idea in the first place. And no body, living or dead, contributed anything really important to you. So why should you share the credit? If, through some terrible miscarriage of justice, other people in the movement begin receiving credit, try to grab it from them. Or try spreading the word that they really don't deserve it. If these techniques don't work to your satisfaction, fly into a rage and kick nearby objects or people. (Please note: Regrettably, there's no guarantee that these techniques will actually divert credit and recognition away from others and toward yourself. However, such techniques are almost certain to detract from what pride and joy the recognition might give those receiving it. This is a small pleasure, to be sure, but by this time you will have learned not to sneeze at small things.)

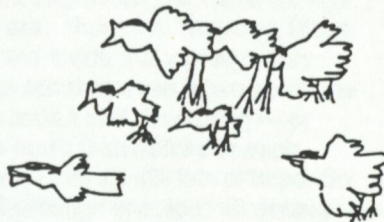
**9 REMEMBER THAT INTENSITY OF COMMITMENT IS BEST MEASURED BY THE AMOUNT OF INCIVILITY YOU DISPLAY.** Here again, little things mean a lot. For example, you should never be on time for meetings. But when you do arrive, be sure to get interrupted by telephone calls at least once every five minutes. The rest of the time should be consumed by your talking as loudly as possible in accusatory tones. The thrust of your comments should never vary. Again and again, you must make clear that both the truth and the democratic process will be gravely damaged unless you get your way. Throw a wild card or two into the agenda and insist that old questions which have previously been resolved be re-opened. Having made these comments, leave the meeting early without helping to clean up the coffee cups or put the room in or-

der. Now these are fine points, I know, but if you are going to kill off a social movement, you might as well do it in style.

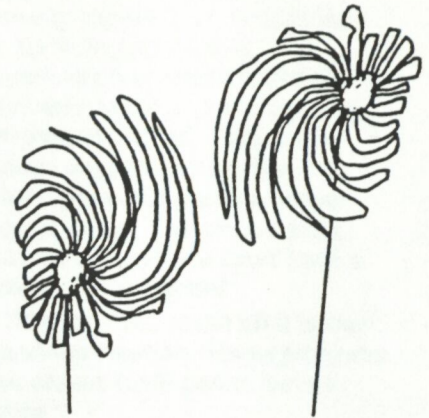
**10 LASTLY, YOU MUST AVOID DOING ANY REAL WORK FOR THE MOVEMENT WHILE CREATING THE WIDESPREAD IMPRESSION THAT YOU ARE GIVING YOUR ALL.** Scrupulous fulfillment of these ten rules will demand all your time and energy, so none will be left to fulfill any duties to the movement. But don't let this stop you from assuming as much responsibility as you can get. Insist on being part of everything. If possible, try to be put in charge. Then take great care not to deliver on any of your obligations and commitments. Should others have the gall to point out the discrepancy between your responsibility and your performance, observe in hushed and sorrowful tones how painful and demoralizing this is to you, especially after all you've done. Then nail them to the wall by asking this key question: *Don't they realize that we've all got to stick together?*

—Byron Kennard, a community organizer, is the author of *Nothing Can Be Done, Everything Is Possible* (Brick House Publishing Company, 1982).

Reprinted from  
Not Man Apart.



... Freedom doesn't come  
Like a bird on the wing  
Doesn't come down  
Like the summer rain  
Freedom, Freedom  
Is a hard won thing  
You have to work for it  
Fight for it  
Day and night for it  
And every generation  
Has to win it again.



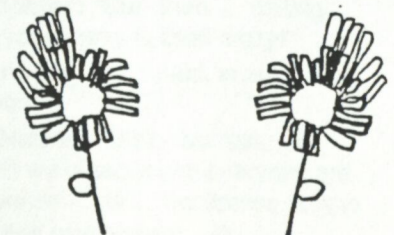
*If I had my life to live over . . .  
I would pick more daisies.*

If I had my life to live over, I'd dare to make more mistakes next time. I'd relax, I would limber up. I would be sillier than I have been this trip. I would take fewer things seriously. I would take more chances. I would climb more mountains and swim more rivers. I would perhaps have more actual troubles, but I'd have fewer imaginary ones.

You see, I'm one of those people who lives sensibly and sanely hour after hour, day after day. Oh, I've had my moments, and if I had it to do over again, I'd have more of them. In fact, I'd try to have nothing else. Just moments, one after another, instead of living so many years ahead of each day. I've been one of those persons who never goes anywhere without a thermometer, a hot-water bottle, a raincoat and a parachute. If I had to do it again, I would travel lighter than I have.

If I had my life to live over, I would start barefoot earlier in the spring and stay that way later in the fall. I would go to more dances. I would ride more merry-go-rounds. I would pick more daisies.

*Nadine Stair, 85 years old  
Louisville, Kentucky*





# Imagine no labels!

## a play by a human being

**Human:** "Doctor, please imagine no labels."

**Doctor:** "That's insane, human! Each year, more than 15% of the American public is officially diagnosed as mentally disordered. Fifteen percent!"

**Human:** "But if you label anyone crazy, then just about everyone would have to be labeled 'crazy.'"

**Doctor:** "No! Not scientifically speaking."

**Human:** "Yes! The ecology of the Earth is now being hurt. That's a scientific fact. So if you label anyone, then tearing up our planetary nest must logically be one of the craziest of all behaviors of all time. And standing by apathetically — just letting this happen — that would also be crazy. And feeling deep sadness as we watch this — you would call that depression, wouldn't you? So, who doesn't have these 'symptoms'?"

**Doctor:** "That's meaningless. Should we doctors treat everyone? Should we drug the whole planet? Wait, hmmm, I'm beginning to get an insight here...."

**Human:** "No, put away that hypodermic needle! Wow, your syringe is as big as a missile! First of all, Doctor, strong emotions such as sadness or anger or mysticism — that you label 'crazy' — are not all bad. We need creativity ... diversity ... spirituality. We need to act differently from what is called 'normal.' We need to protest. We even need to communicate directly with the Earth itself. This kind of irrationality is good, and ... well ... It's rational."

**Doctor:** "Then what about all the polluters & couch potatoes? Let's electroshock them... God, think of the insurance payments! The Earth is my ward!"

**Human:** "Tempting, isn't it, doctor? But, I have a question. Did you pay your taxes last year?"

**Doctor:** "My accountant avoided most taxes, but I still... What's your point, human?"

**Human:** "Then you help make plutonium and hydrogen bombs. You're guilty. Those people hearing our words out there might be guilty, too. After all, cars are hurting the environment. Even refrigerators have a chemical that is wrecking our protective ozone layer!"

**Doctor:** "Huh? What people out there? Are you, crazy?"

**Human:** "What I'm saying is: Ultimately, is anyone a perfect, active world citizen? I'll bet if such a rare person existed they would say: *'Everyone shares responsibility for global problems... and for global healing.'*"

**Doctor:** "So... we DO shock and restrain everybody? I think some Nazi doctors researched that technique."

**Human:** "No! We might be headed that way unless it's stopped. There are better ways to help. There's a Movement of people who have survived psychiatric brutality. They all agree on one name for who they are: "humans." Anyway, these humans made a discovery. They found out that even when someone feels rotten and despairing — or even hurts themselves or each other — there's still lots of hope. So we Earthlings shouldn't all destroy ourselves by addiction or violence. Let's explore alternatives based on equality, respect, freedom, and empowerment. Let's try mutual support ... wholistic living ... Yes, let's try loving each other. We can muddle through! Earthlings will be more humble for it."

**Doctor:** "Ha, idealistic fantasy! You're imagining things..."

**Human:** "As the song goes: 'We're not the only ones.' Grassroots political and cultural and spiritual change are happening now."

Groups like Greenpeace and Amnesty International and [ad lib] are sprouting up globally. Movements like feminism and civil rights and peace and ecology start with mutual support. They break through despair and silence ... to action! The world needs a mutual support group! The world needs wholistic support! We could have a nonviolent revolution!"

**Doctor:** "Oh, come off it human. Grandiose ideation. These problems have always been part of human nature."

**Human:** "Yeah, it's crazy, isn't it doctor? But actually, much of human history — even many cultures today — don't share your belief system. You probably didn't even know you had a world view, did you? So I'll tell you. You have been taught the 3-D philosophy: distance, divide and dominate. There are other dimensions. Before your controlling civilization existed — and deep down in human hearts today — there are roots of love for each other ... and respect for nature."

**Doctor:** "Words! Just words! Here's reality: I've got a head-injured patient — trying to kill herself — locked up in solitary confinement. Now, she's different!"

**Human:** "Labeling her is also just words. And just confining her is crazy. She needs even MORE — not less — of the real life, wholistic support every single human being also needs."

**Doctor:** "But you're just lumping her in with everyone else. You act like she's equal to me or to you, or to all the imaginary people you keep talking about!"

**Human:** "Yes, she's equal. Some of us hold that truth to be self evident."

**Doctor:** "But, then ... calling everyone crazy is itself crazy!"

**Human:** "As I said, imagine no labels!"

**Doctor:** "Look, human, the labels we doctors use everyday are as real as ... as ... my license here to practice psychiatry!" \*

# Subscribe now to:

# DENDRON

NEWS

... and network with a revolution sweeping the field of emotional support!  
***Dendron News reports this revolution of CITIZEN EMPOWERMENT!***

In the past year, many concerned citizens in the U.S., Canada and Europe have read — and written for — *Dendron*. How would you label these *Dendron* readers? PEOPLE.

People exploring nonviolent, effective options to care for each other — mutually.

People exploring creative alternatives to traditional psychiatry, absolutely respecting human rights.

People fighting psychiatry's incredible atrocities. People fighting electroshock. People fighting common psychiatric drugs so dangerous they have caused an epidemic of brain damage, and have even killed thousands!

People fighting new commitment procedures now used to **FORCE** people to take these drugs while **OUT** in the community, especially targeting the homeless!

***Dendron News is one of the media services for revolutionary, peaceful people***

***... like you!***

DENDRON NEWS



P.O. BOX 11284



EUGENE, OR 97440

Published approximately 10 times each year.

***For a sample*** of the current issue send one dollar.

***For a subscription:***

Regular supporting subscription for one year: \$20.

**Only for very low income:** \$5 for five issues or \$10 for ten.

Overseas or organization with paid employees: \$40.

## ***Back issues of Dendron***

***\$1. each or .75 for orders of 10 or more.***

- #11 — Psychiatric drugs cause brain damage epidemic. Mass media coverage. Survivor theatre.
- #10 — Anti-electroshock demonstration. Alternatives.
- #9 — What are the alternatives? Movement unity.
- #8 — Campus mind control, Alternatives '88 Conference.
- #7 — Forcible drugging, how does it feel? Animal rights.
- #6 — Co-operation or co-optation: How can we work with professionals? Gay & lesbian rights.
- #5 — Controversies splitting the Movement. Kids' lib. Inside a self-help group. Psychiatry & war.
- #4 — Break the silence, by George Ebert.
- #3 — Psych. drugs harm brain. Psychiatry & pesticides.
- #2 — Interview with R.D. Laing. Wilderness alternatives. N.A.M.I. news. Call for alternatives for women.
- #1 — Psychiatric drugs. Civil rights movement lessons.