

# MindFreedom

journal

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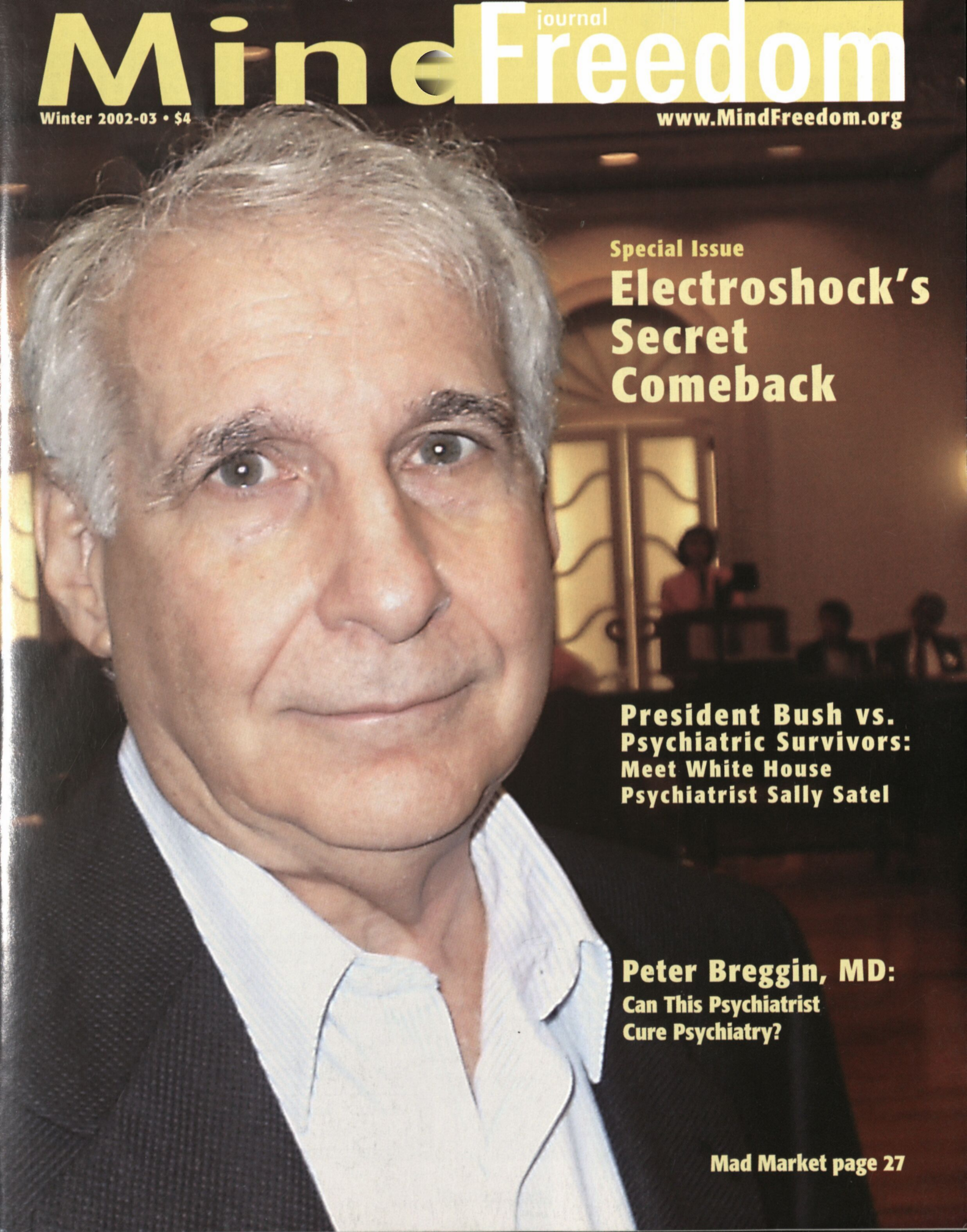
Special Issue

## Electroshock's Secret Comeback

**President Bush vs.  
Psychiatric Survivors:  
Meet White House  
Psychiatrist Sally Satel**

**Peter Breggin, MD:  
Can This Psychiatrist  
Cure Psychiatry?**

**Mad Market page 27**





# MindFreedom<sup>journal</sup>

## Support Coalition International

publishes *MindFreedom Journal*. SCI wins campaigns for human rights in the "mental health system" by uniting thousands of individual members and 100 grassroots sponsor groups. See the back of the *MindFreedom Journal* for the SCI Sponsor Group Directory.

For more than three decades, people who have experienced the mental health system have led a social change movement for human rights. In 1990 Support Coalition International formed.

You are invited to participate! The majority of Support Coalition's membership, board and staff are psychiatric survivors, but membership is open to everyone who supports SCI's human rights goals. A membership coupon is on the inside back cover, or sign up at [www.MindFreedom.org](http://www.MindFreedom.org). Support Coalition is able to break the silence independently because of people power and mutual support.

If you are not yet a member, become a member or donate, now! If you are already a member, consider an early renewal donation. Your donation is tax-deductible. Check out our biggest Mad Market yet on page 27.

Support  
Coalition  
International

Join! Support Coalition annual membership is on a sliding scale. Recommended minimum donation: \$20 to \$35.

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MindFreedom Journal

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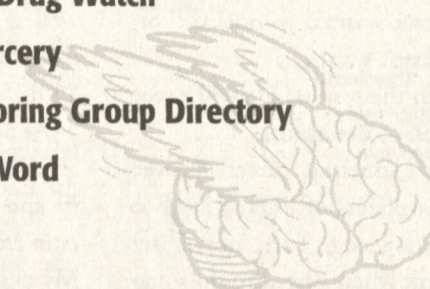
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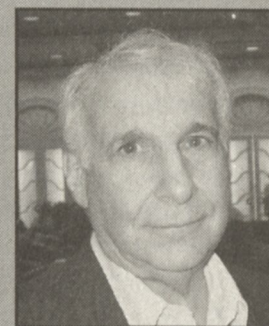


MindFreedom Issue #45



**The History of ECT** timeline was compiled  
BY LEONARD ROY FRANKS, with editing  
assistance BY DAVID OAKS

Cover photo: Peter Breggin  
at the October 2002  
Conference in Newark, New  
Jersey of the International  
Center for the Study of  
Psychiatry & Psychology.  
Story on page 14.



# Mind Freedom

For this *MindFreedom*, all the letters to the editor are by electroshock survivors.

## Severe Memory Loss

I had 12 electroconvulsive therapy (ECT) treatments and suffer severe amnesia. I don't remember what I was like before the treatments, but I supposedly watched a film and signed the consent. My husband signed the consent also even though I had told him earlier that if they ever wanted to do ECT on me that I did not want it.

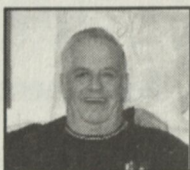
He has seen the results. He will never let this happen to me again.

For me my nursing career is over because of the effects of ECT. I am not sure of my knowledge base, nor if my brain will work when I need to do some fast thinking. I am very angry that this was done to me. I do not feel that I was given a fair chance. I do realize that my career may have been over anyway but there is no way to know the truth now.

I would like to know why nothing was ever done to help my husband get me on disability. Instead we went through all of my retirement funds and finally had to resort to bankruptcy because we just didn't have any more money.

By the time I realized what all had happened to me, the statute of limitations had run out. Everything that went on that I could have sued the doctor and the hospital for was past the deadline. I'll tell you, the whole system is screwed. My life is over and I do not see any way that I can ever salvage anything. The only reason I'm not dead is because I can't leave that kind of legacy to my children.

Janice F. Driscoll,  
BSN, RN



## Speak Out Against Shock

I spent 25 years in a state of confusion and despair. After my brother died, I turned to alcohol. I had 108 psychiatric admissions, and approximately 80 ECT treatments from 1967 to 1992. They were treating me for an addiction. They did this with ECT treatment as well as giving me more and more medication, every drug under the sun, up to 17 different pills per day.

As a result of the shock treatments, I am missing large portions of my memory and suffer with chronic severe back pain from not enough muscle relaxants. My children suffered from the effects of the loss of a parent. My friends didn't know how to respond to my behavior, the hallucinations and delusions.

The psychiatrists would shock me, get me all medicated up and send me home where I would drive a taxi. Finally, after 25 years of hell, I ended up in a bad car crash. I was charged and convicted with impaired driving. It was the best thing that could have happened to me. It was the beginning of the end. I stopped taking all the meds, refused any more shock and then a year later quit drinking. I have not been in the hospital since, except to visit.

Still, today when I walk down the halls of the Lakehead Psychiatric Hospital, patients come up to me and say "hi," they know me, but I have no idea who they are. They don't even look familiar. They say I spent a lot of time with them, but I have no memory. Part of me is missing forever.

What has personally helped me is counseling and the peer support I receive from the self-help group that I

am actively involved with. I am dead against ECT under any circumstances. Even with the people it helps, the results are short-lived and the side effects long-term. Why would delivering electricity through a brain be anything less than destructive and damaging?

Wayne Lax;  
Kenora, Ontario

## Fight for a Mind



I was a fearful child looking out at a hostile world. I graduated valedictorian from high school. Collapsing from fear, grief and traumatic stress, my A's of high

school fell to F's in college. I was committed to a psychiatric institution and subjected to electric shock.

Just as after any horrible disaster, I had hysterical amnesia from the horror of getting my brains knocked out with electricity too horrible to be real. I remained in a state of terror undulating underneath my hysterical laughter that psychiatry says is relieved depression.

The flashbacks started later. One morning 13 years later, engulfed in the smell of camphor — the oil they had smeared on my temples so the burn would not show on the outside — I exploded into terror and despair. I was recommitted. Psychiatry's chemical warfare deadened the life force, eliminated any reason for living, and had produced the expected: hopelessness, helplessness, and rages.

After 31 years of psychiatric persecu-

tion I was physically, mentally, and emotionally devastated. I was incredibly still alive. The American taxpayer had paid about a million dollars to psychiatry to eliminate me.

A male nurse in an emergency room said to me, "Go to Alcoholics Anonymous; they teach people how to get well there." I went. I was no longer homicidal or suicidal after my first meeting for they gave me hope and would help me.

Love, truth, and unity have the divine power to transcend human nature. Controlled, automatic-reactions of the child gave way to the spirit-directed free-will of the psychologically-mature adult choosing to love and serve God, by loving and serving. I wrote my autobiography, *Escape from Psychiatry*. I founded Welcome World: a peers universal spiritual/cognitive healing alternative to brain-disabling, co-dependent psychiatry.

Clover Smith;  
Ignacio, CO

[Clover's book is available in MadMarket.]

## A Crime against Humanity

Shock is, quite simply, a crime against humanity. The brain damage and emotional scarring is well documented. There are ways to help and not hurt



people who are suicidal or depressed. These ways are more complicated and involve actually caring about whether or

not a person regains a healthy mental framework from which to carry on with their lives.

Companionship, good nutrition and secure housing are fundamental to a non-depressive outlook on life. Autonomy and the freedom to accept and enjoy life's challenges with a clear head, free of mind-altering drugs, sometimes called medicine, is also essential.

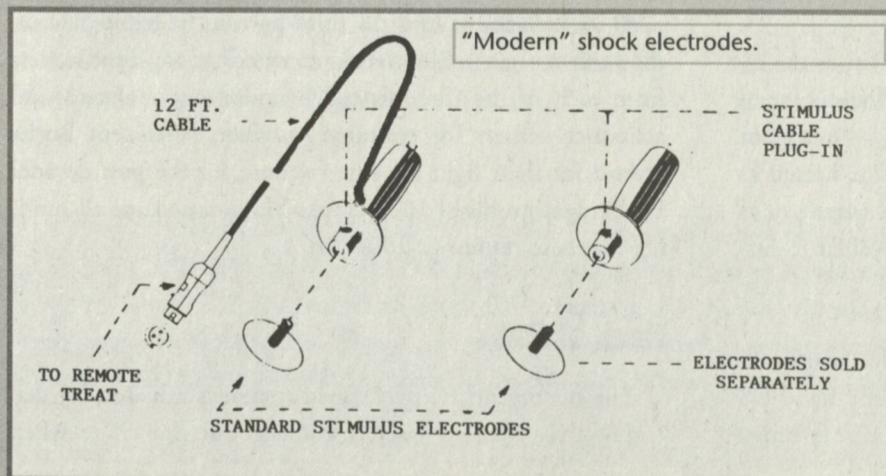
This is a new way of looking at mental health and a new way of looking at how we can all help each other to achieve and maintain relatively good health.

Reject the professionals with chemical imbalance theories. They simply issue drugs and warehouse misery. The appearance of so-called "mental illness" is just another way of a person saying, "I'm hurting and I could sure use some support, empathy and encouragement" — not labels or industrial psychiatry or shock.

Elisabeth Thor-Larsen,  
electroshock survivor  
Vancouver, Canada

**Correction:** The photograph on page 48 of MindFreedom #44 was actually Jean Taylor from the UK ECT Ban Campaign.

# The History of Shock



**1755** Probably the first electroconvulsive treatment for mental illness was administered by the French physician J. B. LeRoy in 1755 on a patient with a psychogenic blindness. FRANZ G. ALEXANDER and SHELDON T. SELESNICK, *The History of Psychiatry*, 18, 1966

# President Bush's Position on People with Psychiatric Labels:



The President's New Freedom Commission on Mental Health is chaired by Michael F. Hogan, Ph.D., Director, Ohio Department of Mental Health (left). Charles Curie, Administrator for the U.S. Substance Abuse and Mental Health Systems Administration, is on the right.

**"Shut up and  
Take Your  
Drugs"**



As the President's New Freedom Commission ended a break, Support Coalition International director David Oaks stood up without waiting for an invitation, and spoke out about the Bush Administration's lack of respect for psychiatric survivors.

BY DAVID OAKS,  
DIRECTOR MINDFREEDOM

PENTAGON CITY, WASHINGTON, DC: There we were on a sunny summer day, June 18, 2002, inside the ballroom of the incredibly high-priced Ritz Carlton Hotel, not far from the Pentagon. We were psychiatric survivors and disability leaders scattered throughout an audience of about 100. We watched in disbelief as the first meeting of the President's New Freedom Commission on Mental Health began.

We had a perfect view as a triple play by President Bush unfolded against the entire cross-disability movement, targeting one of the most vulnerable groups: psychiatric survivors and mental health consumers.

## The Bush Triple Play:

**1) Token:** We watched that morning in the Ritz as the 15 Bush appointees on this high-level White House mental health commission introduced themselves. And — in a giant step backwards — only one identified himself or herself as having personally experienced the mental health system, or as being a leader of a mental health consumer/psychiatric survivor organization.

**2) Satel:** During a break in their meeting, we heard personally from Charlie Curie, Administrator of the huge US Substance Abuse/Mental Health Administration. He broke

the news to us that President Bush had gone through with his appointment of extremist psychiatrist Sally Satel to a key federal advisory role, and that he supported her appointment. Since then, Dr. Satel has already attended her first meeting of the National Advisory Council for the US Center for Mental Health Services. But more on Dr. Satel in a moment.

**3) Termination:** And the third part of the triple play: In the audience at the Ritz were hard-working long-time leaders from each of the three federally-funded national technical assistance centers for consumer/survivors. President Bush's reward for their fight for true freedom for the past decade? His budget promises 100 percent "termination" of all funding for these centers in 2003.

## Back at Bat

The history of the psychiatric system is a history of disempowerment of its own customers. But this time, when

we're back at bat we will not be alone. By making our own public announcements during break times at the Ritz, by handing out our own news release, and by individually talking to the Bush Commissioners, we made sure everyone in that ballroom that day heard the news about the competition.

We announced that a network of disability and psychiatric survivor organizations had started a People's True Freedom Commission just four days before, on June 14, 2002. We made sure everyone at the President's Commission's first meeting had a copy of the speech made by Justin Dart at the first meeting of the People's True Freedom Commission. Justin Dart is widely considered the father of the American's with Disability Act. It turns out that speech was one of Justin's last political acts in his long life as a key leader of the disability movement.

## Who is Sally Satel?

We had learned early in Spring 2002 from disgruntled federal employees that President Bush was considering appointing Sally Satel. We had scrambled to learn more about her. It turns out Dr. Satel is an employee of the conservative think tank, American Enterprise Institute (AEI), funded by some of the richest corporations in the world.

What kind of psychiatrist is she? Let Dr. Satel tell you in her own words.

What other doctor rages on the home page of her own web site that mental health consumers/psychiatric survivors are being allowed to enter what she calls the "fortress of medicine"? Dr. Satel is scandalized that, "Former psychiatric patients, calling themselves 'consumer-survivors,' condemn the health care system for violating their human rights. They are on a crusade to 'limit the powers of psychiatry by making consumers full partners in diagnosis and treatment.'"

***"When a wolf wants to target a whole flock, it looks for the most vulnerable lamb... psychiatric survivors today, but the whole disability movement is the target tomorrow."***

In her book *PC, MD*, about so-called politically-correct medicine, Dr. Satel has a chapter called "Inmates Take Over the Asylum" that names names of leaders in our movement, and — in an angry tangle of more than thirty factual inaccuracies — slams our movements over and over.

Dr. Satel warns, "the consumer-survivors are acquiring real clout." In the book's conclusion she writes: "Some of the more absurd manifestations of PC medicine can be reversed overnight. Federal and state governments should cease funding consumer-survivor groups, for example...."

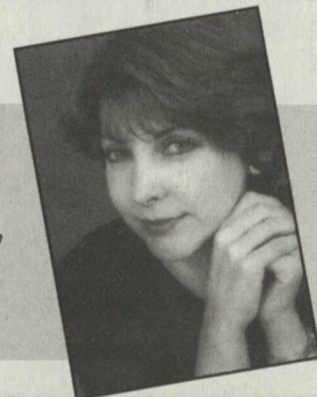
How could such an extreme psychiatrist be considered for a post within the Bush Administration? We can't know for sure, but we can guess. AEI has deep links to the White House. The wife of USA vice president Dick Cheney — author Lynne V. Cheney — has been connected to extremist psychiatrist Sally Satel in several ways. They were both fellows at AEI; Dr. Satel still is. They were both key leaders in the Independent Women's Forum, another anti-equality think tank.

## From Numb to United

Over the centuries, mental health consumers and psychiatric survivors have experienced fierce repression. But to have a well-funded think tank unite with a Presidential administration to openly attack our movement in such a way is unprecedented. As the enormity of the attacks sink in, several activists said they were numb in disbelief. However, leaders of our movement quickly recognized that the Bush attack could be an opportunity to reach the public, but only if we organize quickly.

In April 2002, Support Coalition International held its Third Annual Strategy Conference. Psychiatric survivors and allies from the US,

*Psychiatrist Sally Satel openly opposes the psychiatric survivor movement in a chapter in her book, in her speeches and and even on her own web site's home page. Dr. Satel wants the government to force more than 100,000 more Americans to take powerful psychiatric drugs against their will. President Bush appointed Dr. Satel to be his latest national mental health adviser.*



Canada and Germany gathered at the Lied Center in Nebraska to discuss priorities for human rights and alternatives in the mental health system. Opposing President Bush's appointment of extremist psychiatrist Sally Satel, as well as his other attacks on our movement, were selected as our highest priority. [Photos of Strategy Conference participants can be found in this issue of *MindFreedom*.]

This strategy gathering led directly to the emergency meeting of cross-disability leaders on the evening of June 14, 2002 in the Renaissance Hotel in Washington, D.C. Justin Dart, was the first speaker. He quickly brought the crowd to a standing ovation by saying: "I propose that we of the disability communities unite with all who love justice to lead a revolution of empowerment."

Leaders from other disability organizations recognized that the Bush administration attacks against psychiatric survivors were really attacks against the entire disability movement, because they were next on the hit list.

Other speakers included these psychiatric survivors: • Ron Bassman, board member of National Association for Rights Protection and Advocacy. • Sally Zinman, executive director of the California Network of Mental Health clients, that has

held off outpatient commitment and expanded commitment criteria for four years (at press time, unfortunately, the governor has signed this bill). • Jim Ward of Washington, D.C. "ADA Watch," that unites 400 groups defending the ADA. • Andy Imparato, director of American Association of People with Disabilities, one of the largest membership-based disability groups in the world. • Laura Van Tosh, founder of the Montgomery County Coalition for Human Rights in Mental Health.

Justin Dart spoke for the whole group about why recent Bush direction and policy in mental health are considered an emergency that mandates immediate protests:

"We are challenged by powerful political and psychological forces that threaten the dream of democracy with retreat and defeat. They support forced treatment.

"President Bush proposes a budget that includes total 100 percent termination of all mental health consumer/ psychiatric survivor technical assistance centers in one year.

"The Bush Administration intends to appoint psychiatrist Sally Satel to a key federal mental health advisory role. This American Enterprise Institute psychiatrist opposes, mocks and demeans the very idea of consumer/survivor organizing for self-determination and freedom..."

Justin ended with one of his favorite chants: "NO FORCED TREATMENT, EVER!"

Said Judi Chamberlin, SCI board member: "When a wolf wants to target a whole flock, it looks for the most vulnerable lamb. The Bush administration is targeting psychiatric survivors today, but the whole disability movement is the target tomorrow."

The emergency meeting created their informal network, People's True Freedom Commission, by acclamation. Some participants quickly began referring to each other as "Commissioner." You can consider yourself to be a Commissioner, too, by taking action.

One easy way is to log onto the President's New Freedom Commission web site, monitoring their upcoming meetings, and registering your comments on their web form:

[www.mentalhealthcommission.gov](http://www.mentalhealthcommission.gov).



WASHINGTON, DC: Justin Dart, Jr., August 29, 1930 - June 22, 2002. One of Justin Dart's last public political acts was speaking at the launch of the People's True Freedom Commission on June 14. Ron Bassman & Judi Chamberlin are on the left. Yoshiko Dart, Justin's widow, holds the microphone. Widely considered the Father of the American's with Disabilities Act, Justin went out of his way over and over to support psychiatric survivors, and Support Coalition. A few days after this photo was taken, with some of his last words he said, "The days of dying carry a special responsibility. There is a great potential to communicate values in a uniquely powerful way - the person who dies demonstrating for civil rights. Let my final actions thunder of love, solidarity, protest - of empowerment."



# SCI Inside the United Nations

*Support Coalition International participated in the launch of an international effort to create a new, binding United Nations document — called a convention — to protect the human rights of people labeled with any kind of disability. Because Support Coalition International won official recognition last year from the United Nations as a Non-Governmental Organization (NGO) with Consultative Roster Status, SCI was able to send an official delegation to the UN this summer to work on the convention. This launch meeting was called the Ad Hoc Committee. Celia Brown, SCI board president, led the SCI delegation.*



Celia Brown  
of New York City

BY CELIA BROWN, SCI PRESIDENT

We, the SCI delegation, attended the Ad Hoc Committee for the International Convention on Human Rights for People with Disabilities which was held July 29 to August 9, 2002 at the United Nations. The Ad Hoc Committee was attended by more than 100 delegates from different countries.

Between sessions, we had a meeting called the Disability Caucus sponsored by the International Disability Alliance (IDA), to discuss and strategize about the disability convention. It was a wonderful way to meet people from the international disability community who are fighting for human rights.

Ambassador Luis Gallegos, Chair of the Ad Hoc Committee, met with NGO's between sessions to hear comments about the disability convention development process.

At the UN meeting, I read a written statement on behalf of Support Coalition International after the delegates presented their arguments. I said that the existing international instruments "often reflect a paternalistic medical-model perspective rather than a rights-based perspective, which is an obstacle to rights protection for persons with psychiatric disabilities." I also said that "the circumstances of persons with disabilities and the discrimination they face are socially-created phenomena and have little to do with the impairments



Judi Chamberlin

of persons with disabilities. People diagnosed as having psychiatric disabilities should not be considered as having lost the global capacity for decision-making and should be supported as autonomous agents of their own recovery."

I think it is important to participate in the development of the UN International Convention because it effects our human rights. We also raise awareness of human rights with delegates of different countries. The convention could provide legal accountability for governments and NGO's to report and monitor the international convention. Planning and developing this convention also helps unite our movement with the disability movement, internationally.

This was an exciting and exhausting time for SCI delegates to go to the UN to learn, and to share our insights. I would like to thank SCI delegates Ron Bassman, Neil Covatta, Jim Rye, Darby Penney, Myra Keary, Kate Millet, and Judi Chamberlin for taking time to be at the UN. A special thanks to the World Network of Users & Survivors of Psychiatry for working together with SCI.

Another Ad Hoc Committee will be held in May or June of 2003 at the UN, and there will be meetings to prepare for this.

Celia's e-mail is: <Cksean@aol.com>.

# MindFreedom Challenges the Dominance of the Psychiatric Drug Industry

*According to economic reports, one of the most profitable industries in the history of Earth is the manufacture of psychiatric pharmaceuticals. Here are brief reports about the "guinea pig revolt."*

**WHO?** The United Nation's huge World Health Organization (WHO) has a major program to expand the current mental health system internationally. This WHO program could eventually involve billions of dollars, and hundreds of millions of people. WHO has worked closely with the psychiatric drug industry in creating its program. Perhaps this is why the manual that WHO published to implement their plan emphasizes a psychiatric drugging approach. MindFreedom filed its concerns with WHO, also pointing out that WHO's manual just gives lip service to consumer empowerment without any actual funding or enforcement mechanisms for advocacy and human rights.

**A BEAUTIFUL MIND,** but ugly lies. Many were inspired by the Academy-Award film Beautiful Mind. But did you know about this major distortion? Late in his life, the screen character says he was helped by taking "newer medication." But the real John Nash had quit all psychiatric drugs back in 1970, forever. Apparently, the script writer was afraid filmgoers would quit their psychiatric drugs if the truth got out. That's why the psychiatric drug corporation Eli Lilly used special showings of the film to promote their products. MindFreedom asked filmmakers for a retraction and apology. MindFreedom members as far away as Sarajevo, in former Yugoslavia, spoke out to break the silence about this distortion.

**IMPLANT:** Mind control implants are now a science fact, not science fiction. On May 30, 2002, The Daily University Science News at the University of Pennsylvania announced that their researchers had developed implantable discs that slowly release neuroleptic psychiatric

drugs for up to a year. The experiments were partly funded by one of the main organizations lobbying for more forced psychiatry, the Stanley Foundation's Treatment Advocacy Center, which is headed up by psychiatrist E. Fuller Torrey.

Lead implant researcher Steven Siegel, MD, PhD said their intent was to increase client compliance with taking neuroleptics. They expect to begin human experimentation soon. The implantable discs are about the size of a quarter, and consist of biodegradable polymers (a series of linked molecules) combined with psychiatric drugs. In the trials, Haldol, was used. According to Siegel, the implantation procedure (and removal procedure) can be performed in about 15 minutes under local anesthetic, with just one stitch.

Ironically, one of the implant researchers is Raquel Gur, M.D. who was on another research team that used MRI scans in a study published in 1998 that discovered that swelling of brain tissue was apparently one risk of long-term neuroleptic use.

**FREEDOM RALLY:** Mental health consumers and psychiatric survivors protested an appearance by the extremist psychiatrist E. Fuller Torrey at a meeting of the National Alliance for the Mentally Ill in Bethesda, Maryland on May 2, 2002. Among many other outrageous statements, Dr. Torrey announced on the television show 60 Minutes that he felt that more than 100,000 additional Americans should be coerced to take psychiatric drugs. At the Freedom Rally, MindFreedom issued a statement read by Larry Plumlee that said in part, "Dr. Torrey, you are out of touch with this reality. Dr. Torrey, you are swimming upstream against this strong current of history. But you are just going backwards in time."

## LAWSUIT TO STOP LIES IN ZOLOFT ADS:

MindFreedom issued a letter to the Food & Drug Administration calling for the FDA to pull misleading ads from TV and the Internet about Zoloft, a psychiatric "anti-depressant" pharmaceutical manufactured by Pfizer, based in New York City. MindFreedom complained that the ads incorrectly state that Zoloft "corrects" a chemical imbalance, and is not habit-forming. Attorney George (Skip) Murgatroyd of California credits this letter with inspiring him to sue Pfizer under California consumer laws (which are some of the strongest in the nation). Skip told MindFreedom that he is very confident: "I have 12 years of experience in pharmaceutical law, and California has a great consumer protection law. This is about human rights."

According to Nielsen Media Research, the independent media research company best known for its television ratings, pharmaceutical commercials increased sharply in the weeks after September 11, 2001. Pfizer, the world's largest pharmaceutical company, spent \$5.6 million promoting Zoloft in treating posttraumatic stress disorder during October 2001. In October 2000 the company didn't buy any commercial airtime for its highly competitive product. [Source: *Psychiatric News* 3/1/02.]

More information above all the stories above is available on MindFreedom's web site [www.MindFreedom.org](http://www.MindFreedom.org).

## Freedom Rally in San Francisco in May 2003

FREEDOM RALLY— MAY 18, 2003, 1 pm — Moscone Center, San Francisco

We call upon mental health consumer, psychiatric survivor, and other social justice groups — especially disability groups — to unite and demand:

HUMAN RIGHTS, FREEDOM, JUSTICE, SELF-DETERMINATION and EMPOWERMENT in the mental health system.

1. HUMAN RIGHTS UNDER SIEGE: Nationally and in the battles in California, our rights are under siege such as through proposals for expanded commitment and outpatient commitment.

2. CHOICE: We demand a range of empowering alternatives, consumer-run services, housing, jobs... not just the same one-track controlling approach many of us face in the mental health system. The psychiatric drug industry is dominating the mental health system and limiting choices.

3. UNITE: We will work with other groups and movements working for social justice, including poor, homeless, women, people of color, gays/lesbians/bisexual/transgender, and many other groups. We will celebrate the 30th anniversary of the APA "voting" to remove homosexuality from the Diagnostic & Statistical Manual.

It's time to move beyond being on the defensive, we need to make a negative into a positive: Let's organize one of the best Freedom Rallies our movement has ever seen, in the spirit of nonviolence as taught by Gandhi and Martin Luther King.

UNITE FOR FREEDOM!

For more information, see [www.MindFreedom.org](http://www.MindFreedom.org).

The California Network of Mental Health Clients board of directors has endorsed this event.

## The History of Shock

**1938** Italian psychiatrists Ugo Cerletti and Lucino Bini introduced electroconvulsive treatment (ECT, EST, electric shock treatment, shock treatment, electroshock, and convulsive therapy) at the University of Rome in April 1938. The subject of the first experiment with the procedure was a vagrant identified only as "S. E." He had been picked up by the police who had found him wandering about in a railway station. The Police Commissioner of Rome turned him over to Cerletti's institute, where "a diagnosis of schizophrenic syndrome was made based on his passive behavior, incoherence, low affective reserves, hallucinations, deliriant ideas of being influenced, neologisms." The first attempt to induce a convulsion with electricity on S. E. failed because insufficient current was applied. According to Cerletti, "It was proposed that we should allow the patient to have some rest and repeat the experiment the next day. All at once, the patient, who evidently had been following the conversation, said clearly and solemnly, without his usual gibberish: 'Not another one! It's deadly!'" Despite the subject's demand, Cerletti administered a second and stronger shock, this time triggering the seizure. Thus, the first ECT was carried out against the subject's will, without his or anyone else's permission. Earlier in Rome, Cerletti had experimented with pigs and later wrote, "Having obtained authorization for experimenting from the director of the slaughterhouse, Professor Torti, I carried out tests, not only subjecting the pigs to the current for ever-increasing periods of time, but also applying the current in various ways across the head, across the neck, and across the chest." Referring to the first use of electroshock on a human being, Cerletti wrote, "When I saw the patient's reaction, I thought to myself: This ought to be abolished" [Editor's summary based on Frank J. Ayd Jr., "Guest Editorial: Ugo Cerletti (1877-1963)," *Psychosomatics*, November-December 1963 and Cerletti, "Old and New Information About Electroshock," *American Journal of Psychiatry*, August 1950].

# Mad Pride 2002

## celebrated in six nations



Mad Pride in Massachusetts

**M**ad Pride events began in England. Learning from the gay rights movement, UK psychiatric survivor activists held celebrations with lots of music from great bands to celebrate being different in a positive way.... And that's something everyone can be proud of. For three years, Support Coalition International has helped bring the Mad Pride movement to other countries.

**In July 2002, a variety of Mad Pride events were held in Canada, USA, France, and UK.**

Toronto already had a history of similar events. 2003 will mark the 10 year anniversary of their award-winning "psychiatric survivor pride" events. Graeme Bacque of the SCI Sponsor Group People Against Coercive Treatment reports that Toronto 2002 events included a speak out and march. They even offered an "historical walking tour of the notorious psychoprison Queen Street." There was native drumming, a commemoration of many brother-and-sister survivors who did not survive psychiatry, and free food.

Mad Pride events were also held in Vancouver, Canada by Madness 101, in Massachusetts by the Freedom Center, and in Leeds, UK.

**You can hold a  
MAD PRIDE  
event, too!**

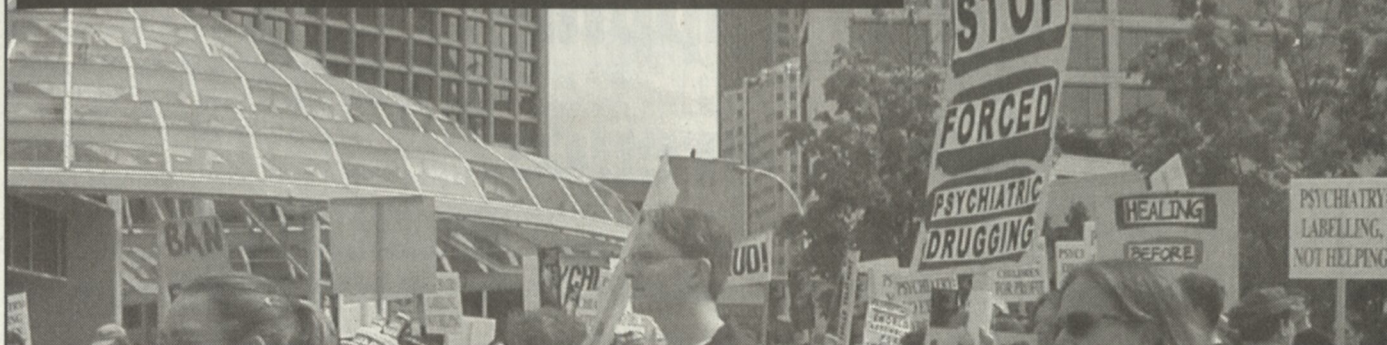
At the huge Oregon Country Fair, daily Mad Pride events featured Rev. Phil Schulman as Master of Ceremonies, satiric folk singer Mother Zosima, an appearance by Peachy the Dragon and more.

You are invited to hold a Mad Pride event! Everyone is welcome, because Mad Pride celebrates creativity, being different, and having a free mind. And of course, Mad Pride events provide information about the social change movement for human rights and alternatives in the mental health system.

Mad Pride events come in all sizes — from hundreds of people, to just one person leafleting on a corner. Of course, Mad Pride events can be held any time during the year, though typically they are held in July — Mad Pride Month. For two decades, July 14 ("Bastille Day") has been a day for psychiatric survivors to speak out about human rights, because of pioneering work by the Mental Patients Liberation Alliance in New York State. If you do plan a Mad Pride event, let Support Coalition know, to help coordinate and promote your activity.

To get a flavor of the origins of Mad Pride, you may want to check out the book *Mad Pride* and also the *CD Nutters with Attitude*, that includes many bands that played during Mad Pride events. Both are available from the Mad Market.

**VANCOUVER PROTEST:** More than 400 people attended Support Coalition International's protest of the globalization of psychiatric human rights violations.



## Don't shrink my world!

### 400 at Vancouver Globalization Protest.

VANCOUVER, CANADA: More than 400 gathered to protest the globalization of human rights violations by the mental health industry. The protest outside the World Assembly for Mental Health (WAMH) in Vancouver, Canada on July 22, 2001 was sponsored by Support Coalition International.

WAMH included the World Psychiatric Association and the World Congress of the World Federation for Mental Health (WFMH), two of the largest groups promoting the current mental health system internationally.

Two dozen key leaders in the psychiatric survivor/consumer movement from seven countries spoke out for self-determination of people in the mental health system, internationally. "Who knows what we need better than us?" asked psychiatric survivor and author Judi Chamberlin from the podium.

One theme was criticizing major plans by the World Bank and World Health Organization to promote more of the same disempowering mental health system globally... more psychiatric drugging, more labeling, more coercion.

Psychiatric survivors/consumers also spoke out against WAMH's refusal to disclose how much money they received from the pharmaceutical industry to put on the conference. Privately, a WFMH insider told MindFreedom that several drug companies were "gold sponsors" of the conference, donating more than \$100,000 in exchange for enormous exhibits and influential institutes.

Support Coalition International also initiated resolutions which were passed by the general assemblies of both WNUSP and WFMH, including a call to ban forced electroshock. Special thanks to Support Coalition International staff Coquille, Oryx, David and Phil for helping to organize a truly international protest.



# Cyber Zapping with Juli Lawrence

**Juli Lawrence is an electroshock survivor who directs one of the best web sites about electroshock, [www.ect.org](http://www.ect.org). MindFreedom Journal conducted an on-line interview with her.**

*MindFreedom Journal: For those new to this, what is ECT?*

**Juli:** ECT stands for ElectroConvulsive Therapy, also called electroshock or shock therapy. It is also referred to as EST, more commonly in the UK. ECT involves the application of an electrical current to the brain using two electrodes attached to the scalp, resulting in a seizure. It is used on patients diagnosed with depression and other psychiatric disorders.

*MFJ: Can you tell MindFreedom readers about your own personal experience with electroshock?*

**Juli:** I had electroshock in 1994, after a bout with situational depression. I started on medications, until I was a walking pharmacy. I wasn't forced in the exact sense of the word, but I was coerced into having shock. My doctor said I was a horrible patient and if I didn't submit, he would dump me as a patient and make sure no other doctor would take me. So I gave in. At the time, I was still buying into the myth that psychiatrists had the answers.

During the "treatments," I acted very much out of character and did things I would never do. I suppose during the period of brain-injury high from shock, I wasn't as depressed because I was too out of it to know what I felt. But the depression returned full force within a week, and the doctor wanted to give me another round of shock. My mother actually put a stop to that because she could see what it was doing, and she questioned the logic of repeating something that already had done nothing but harm. Thank God for her.

*MFJ: How did you become an activist in this field?*

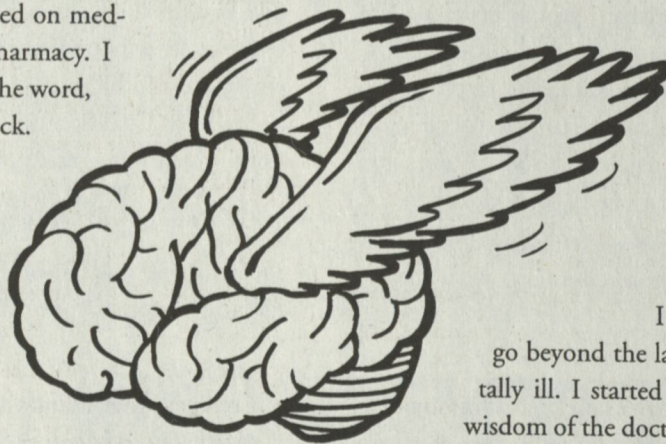
**Juli:** Unbelievably, I started out as a cheerleader for the National Alliance for the Mentally Ill. I bought into the "take your meds and do as you're told" model. I come from a family that is involved in the pharmaceutical industry. You did not question a doctor. I refused to believe anything coming out of the survivor movement, because it might upset that precious balance of truth as I wanted to believe it. I needed to believe that the industry had the answers and could fix me with a pill. I bought into the idea that everything you

did was a result of your mental illness, instead of addressing the ideas of personal responsibility and true healing.

And I didn't get better, only worse. I was told that was the nature of the illness, and that was my fate, my lot in life.

I couldn't accept that. I began to go beyond the label of someone who was mentally ill. I started questioning authority and the wisdom of the doctors, and that led to three forced hospitalizations, one in a state hospital. That hospitalization changed my life, because it was as if an outside force said to me, "If you won't believe what the survivor movement is saying, then you're going to have to experience it first hand."

That was my epiphany, a trip to Choate State Hospital in Illinois. I saw an incredible amount of abuse there and will forever be haunted by the things I witnessed and experienced in that snake pit. From then on, I was a believer, and I was outraged at the horrible treatment of persons who found



themselves at the mercy of a system of paternalism and injustice.

I've always been active in political causes, beginning with the Leonard Peltier movement and women's rights during college. My mom had been a radical teacher union organizer when I was a child, so I had a good role model in raising hell and challenging authority. If you're a believer in a higher power or energy force, then it seems right that I have gone through what I've gone through — because this is where I needed to be. I obviously had to experience force and abuse for myself to understand the agony that is present in the system.

Fighting back and taking control of my own life has been very empowering and healing for me. I take it as an excellent sign that I've been threatened with lawsuits from the American Psychiatric Association, and Tenet Healthcare Corporation. That shows we're having an effect.

*MFJ: Your web site [www.ect.org](http://www.ect.org) is great... has it formed a community?*

**Juli:** I started [ect.org](http://www.ect.org) shortly after my own experience with ECT. I wanted to know why my experience had been so disastrous, particularly when the powers kept telling me it was such a miracle cure. So I began talking to others and gathering information, eventually sharing the information I'd gathered. It was simply for my own convenience that I put up a website, to share the information I'd found. And it grew from there into something I never would have imagined.

I continually question myself — am I missing something? How can something so ineffective be so mischaracterized and considered such a wonderful thing? But the more I research ECT, the more I know absolutely...we're right, they're wrong. ECT is not only a procedure that can cause devastating side effects, it's simply not effective, particularly in the long run. But unless you read the research, and read a lot of it, it's easy to believe the sound bites from industry spokespersons. They are masters at promoting something that should only exist in a museum, next to the bloodletting exhibit.

I consider [ect.org](http://www.ect.org) to be part of the global community of the movement. I'm very proud of the affiliation of [ect.org](http://www.ect.org) with SCI as a Sponsor Organization.

There is an area on the website for people to gather and discuss issues related to electroshock. There's definitely a sense of community there, although as with any group, discussions can become heated. I think a lot of people who aren't yet connected to the movement or a support system, have found common ground. There are over 300 registered users at that area of the website. It's so busy that I've recruited several volunteers to help moderate the forums and offer

## The Shock Doc Roster

The Shock Doc Roster was named in memory of Ernest Hemingway who used the term "shock doc" in anger while being forcibly electroshocked in 1961. It is an ongoing list of electroshock doctors, and those who authorize, supervise and make referrals to psychiatrists who do. The Roster began in 1974, and was published for 12 years by Madness Network News. The Roster was revived on-line in 2001 as a joint project of Support Coalition International and [ect.org](http://ect.org). The Roster is for informational purposes, to alert the public about threats to their human rights, and to encourage nonviolent political activism. For details about how to submit names, see: [www.ect.org/resources/shockdocroster.html](http://www.ect.org/resources/shockdocroster.html)

messages of hope to those who find themselves without anything to grasp.

*MFJ: Can you tell readers a little more about yourself personally?*

**Juli:** My educational background is eclectic, with degrees in journalism, Russian language/literature, and graduate school in anthropology. I'm planning on starting a Ph.D. in health science research, for obvious reasons. I worked in journalism, doing freelance writing on health issues not related to mental health. I also work as an editor and reporter for a statewide labor newspaper in Illinois.

Now I'm at work on a book, which I hope will fill a large gap and provide answers to the many questions that persons considering ECT have.

When I'm not thinking about electroshock, I like to immerse myself in Cardinals baseball, the outdoors, or a good book. I'm particularly fond of medical conspiracy thrillers. I also enjoy putzing around with my flower garden and growing tomatoes, as well as occasionally taking part in cat rescues and finding them new homes.

*MFJ: You serve on the US Center for Mental Health Services National Advisory Council Subcommittee on Consumer/Survivor Issues. Can you tell readers about your work on electroshock with them?*

**Juli:** It's an exciting group, although we're still trying to define just who we are. We recently conducted a session on ECT with Linda Andre, an electroshock survivor with Committee for Truth in Psychiatry. Linda detailed the problems in the research industry. Two women from Texas

continued on page 56...

# ON THE COVER Peter Breggin, MD Asks: Who Will Jolt Psychiatry?

Since Peter R. Breggin, M.D. began his full time psychiatric practice in 1968, he has been informing the world through the media, scientific articles and more than 15 professional books about brain damaging treatments in psychiatry. He has served as medical expert in many civil and criminal suits on this topic.

In 1972 he founded the International Center for the Study of Psychiatry and Psychology (ICSPP) as a nonprofit research and educational network. He also founded the peer-review journal, *Ethical Human Sciences and Services*.

At 66 (born May 11, 1936), psychiatrist Peter Breggin, MD says he isn't retiring as the "conscience of psychiatry," but he and his wife Ginger are calling on more professionals to step up to the plate.

*MindFreedom Journal: As a young psychiatrist, you were pressured to give electroshock. How did you change?*

**Peter Breggin:** I gave shock treatment because I would not be allowed to complete my residency without that ritual induction. I chose to give shock treatment knowing that it was doing more harm than good. What I have tried to do is use these credentials to do as much good as possible in terms of providing a conscience to my profession.

Psychiatrists are profoundly injured by their training, which requires them to prescribe brain disabling medications and electroshock, and sometimes to turn their head about lobotomy, and always to go along with involuntary treatment. Young doctors need to hold themselves responsible as I have done and commit themselves to speaking the truth about how damaging it is. There's no recovery without honesty and redeeming acts.

*MFJ: What is on the horizon for stopping shock?*

**PB:** The cause of resisting electroshock is in the doldrums. Most of the physicians and professionals who have actively opposed it have either worn out or grown old. The future rests with the survivor movement. No one — with few exceptions — will ever care as much as the victims themselves. I've tried to provide the necessary scientific basis to prove the damaging effects, and I hope the movement will



Peter thanks Ginger Breggin for her years of work in the International Center for the Study of Psychiatry and Psychology. The Breggin's pledged to stay very involved as "grandparents" of the organization they founded, but at this Oct. 2002 annual meeting in Newark, New Jersey they officially "passed the torch" to expanded new leadership including (to the right) David Cohen, PhD (editor of their journal) and Dominick Riccio, PhD (International Executive Director).

re-inspire itself to take on these issues. Survivor support groups are especially important. But I still hold my colleagues by far and away the most responsible to face the damaging effects of the treatments and stop doing them.

*MFJ: What is your impression of ICSPP today?*

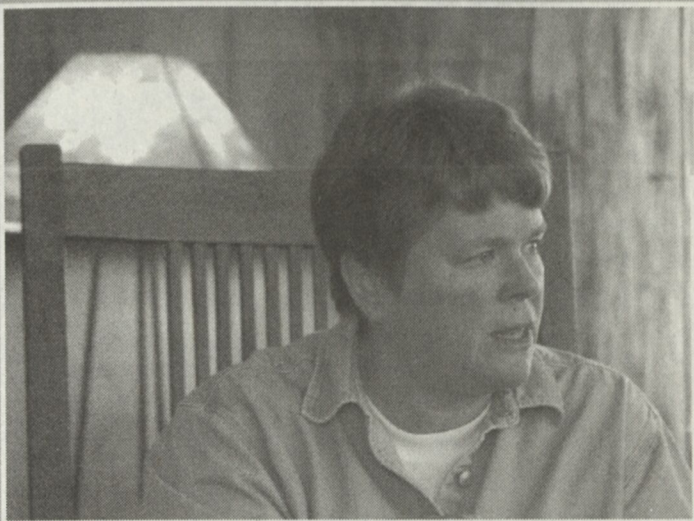
**PB:** I believe that Ginger Breggin and I made a very wise decision when we decided to hand over control of the Center and journal to younger men and women. The Center had grown and its leadership had expanded to such an extent that we could drop out without many of the activities suffering. In fact, we anticipate the growth of membership activity. The one concern we have is that no one in the foreseeable future is going to take on the huge confrontations with the federal government, for example, that Ginger and I have done. We are hoping another psychiatrist, perhaps with a partner such as I have had, will come along and be willing to take that kind of heat and provide that kind of dedication.

*Dr. Breggin's background includes Harvard College, Case Western Reserve Medical School, a teaching fellowship at Harvard Medical School, a two-year staff appointment to the National Institute of Mental Health, and a faculty appointment to the Johns Hopkins University Department of Counseling. Many of his books are available in the Mad Market. His website is [www.breggin.com](http://www.breggin.com). ICSPP's is [www.icspp.org](http://www.icspp.org).*

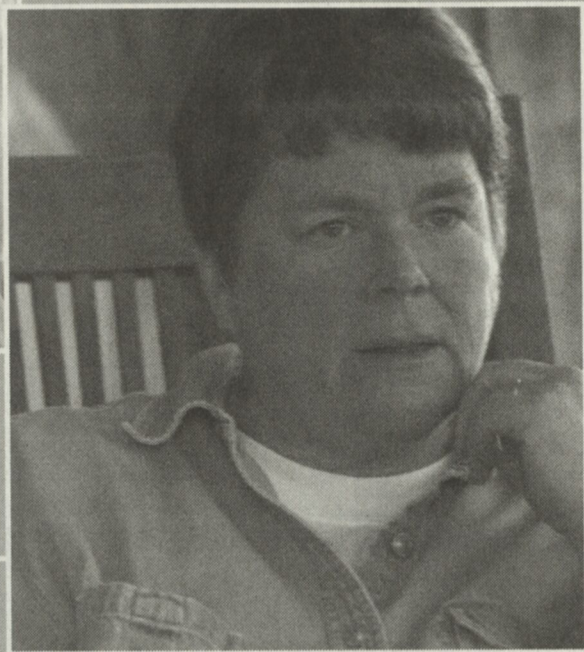


# SCI Strategy:

These and other "SCI Strategy" photos were taken by Tom Olin at the third annual SCI strategy conference in Nebraska.



**Pat Deegan** of Massachusetts has been a psychiatric survivor activist in the movement since 1987 who has been working to reclaim the history of psychiatric survivors from the "master narrative."



## The History of Shock



**1940** It seems very clear that the first documented treatment of ECT in this country [at 27 West 55th Street, New York City] was administered by Dr. David Impastato on January 7, 1940....

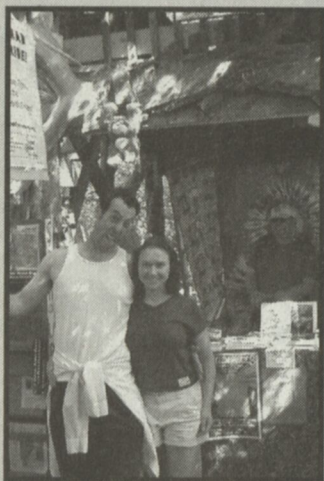
The first patient was a 29-year-old woman of Italian descent suffering from severe schizophrenia. The apparatus used by Dr. Impastato was made in Italy and brought to the United States in 1939 by Dr. Renato Almansi, who had been associated with Dr. Ugo Cerletti in Rome.

ZIGMOND M. LEBENSOHN (American psychiatrist), "The History of Electroconvulsive Therapy in the United States and Its Place in American Psychiatry: A Personal Memoir," *Comprehensive Psychiatry*, May-June 1999.

**1940** These sundry procedures [i.e., lobotomy and several forms of shock treatment] produce "beneficial" results by reducing the patient's capacity for being human. The philosophy is something to the effect that it is better to be a contented imbecile than a schizophrenic.

HARRY STACK SULLIVAN (American psychiatrist), referring to lobotomy and shock treatment (in his phrase psychiatry's "decoration treatments"), "Conceptions of Modern Psychiatry," *Psychiatry*, February 1940

# Powerful stories of recovery, survival and resistance.



Oryx has fun at the MindFreedom Mad Pride booth in Oregon Country Fair's Normal Free Zone with his partner, Kristin. Oryx Cohen is a psychiatric survivor who recently obtained his master's degree in psychology. Oryx now lives in Massachusetts where he helps lead the Freedom Center (see story elsewhere this issue).

and patronizing mental health system, yet they survived, and even thrive.

There are plenty of stories circulating about people labeled with psychiatric disabilities who have "improved" or even "recovered," as a result of medication and perhaps a little therapy. Less is heard about people who either did not use mental health services or who now reject that system, and who have fought through tough times, survived and are now functioning well, possibly even better than ever. Much can be learned from these people about the nature of survival, recovery, and well-being.

Through the project, people who have experienced the psychiatric system first-hand are allowed to paint their own history, a history that often counteracts the medical model's story of progress and invention, known as the "master narrative." Reading and listening to stories of survival should also serve as a source of inspiration for people who find themselves in similarly difficult and traumatic situations.

If you would like to tell your story, please e-mail [stories@mindfreedom.org](mailto:stories@mindfreedom.org).

*Oryx Cohen served as an intern in the Support Coalition International office and created the SCI Oral History Project on the SCI web site: [www.MindFreedom.org](http://www.MindFreedom.org). This issue, the focus is on electroshock survivors.*

By Oryx Cohen, Director, SCI Oral History Project

The Support Coalition International Oral History Project involves collecting stories from psychiatric survivors, consumers, and ex-patients about their experiences in the mental health system: powerful stories of recovery, survival, resistance, and self-determination. Many participants in the project have struggled through difficult emotional times, and all have suffered through psychiatric labeling and an often-abusive



Electroshock survivor Barb Greene: "They decided to start me on shock treatments, which I really did not want. I had a series of 10. I would wake up with sore temples from where the electrodes had been and I would have no memory. Looking back, I realize that I was heartbroken because I was in this horrible living situation and not getting any support or validation for how I was feeling. Instead of dealing with that, they shocked my mind. This treatment was completely and totally irrelevant to what was going on for me. What I was going through was an emotional thing and not a mental thing. I think that children who are abused have a lot of feelings that they have to deal with. My experiences were never dealt with." [From [www.MindFreedom.org](http://www.MindFreedom.org) Oral History.]



Electroshock survivor Scott Snedecor (left) received the Mental Health Award for Excellence from Oregon Mental Health Division's Bob Nikkel last year. Scott says by the grace of God he didn't suffer as much damage from shock as others. But he felt harmed: "After being shocked, I couldn't even remember how to fry an egg!" [From [www.MindFreedom.org](http://www.MindFreedom.org) Oral History.]

# Overcoming the Impossible

The academy-award winning film *A Beautiful Mind* portrayed insulin shock therapy, which apparently is no longer done today. Media ignore the thousands of people alive today who experienced what amounts to blatant torture. Here are the stories of two psychiatric survivors who had insulin shock torture.

BY RON BASSMAN, PhD

The hospital doctor put me into a coma five days a week for eight weeks by injecting me with insulin. Those 40 insulin treatments combined with electroshock blasted huge holes in my memory, parts of which have never returned. I ballooned from 140 to 170 pounds; I appeared the clown in clothes that no longer fit. My already damaged self-image had plummeted to an unrecognizable depth, and the heavy doses of Thorazine and Stelazine made me feel like I was walking in slow motion under water...

My best friends were once locked up in mental hospitals and fought their way back. We are psychiatric survivors. Some believe that psychiatric survivors defy the odds. Or maybe we were never really mentally ill, just misdiagnosed.

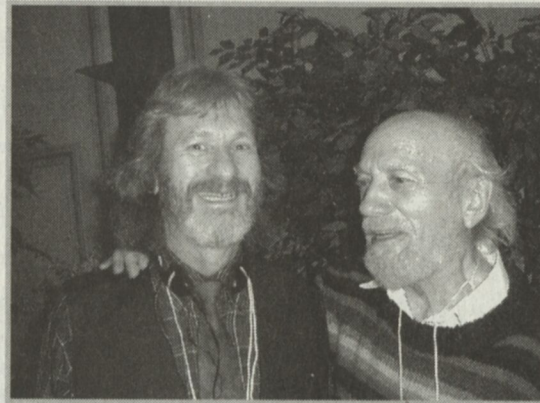
After all, they say schizophrenia is a lifelong disease. Such reasoning makes my peers and me look like exceptions. Among our large group of closeted ex-patients are lawyers, teachers, mechanics, doctors, carpenters, plumbers and psychologists. We are your neighbors, ministers and friends, living and working in your communities. Many thousands choose not to reveal their past.

*Ron Bassman is now a psychologist on the board of National Association for Rights Protection and Advocacy, an SCI Sponsor Group. Excerpted from Psychology Today, Feb. 2001.*

# My Insulin Shock Treatments

BY DON WEITZ

I was on subcoma insulin shock for a little over a month in 1952 — it felt like years. They'd bring me to the point before I went into a coma and then stop the reaction by giving me fruit juice to drink. Two or three times a day, I was forcibly injected with insulin. Within a half-hour, I'd start to sweat like a pig. The higher the dose, the faster and more severe the reaction, and they were steadily increasing my dose.



Ron Bassman and Don Weitz visit the Montreal Madly Empowered event.

The insulin made me very confused, weak, sometimes panicky. I couldn't concentrate, read or study. Sometimes my body convulsed. I also felt unreal gnawing pangs going through my whole body. I felt hunger and thirst like I'd never experienced in my whole life — it was worse than fasting a few days. The pains and aches went to the core of my being. The insulin was burning up the sugar in

my blood. As the blood sugar drops, you experience hunger. It eventually starves the cells of oxygen, so you go into a coma.

Once I went into a coma and felt like I was dying — I'm convinced it was intentional. Most of the time, after two or three hours, I was totally drenched in my own sweat, wiped out, scared shitless.

I remember saying to my shrink more than once, "Stop torturing me! Why are you torturing me?" He'd calmly reply, "I don't know why you're saying that. I'm not torturing you." Then I'd tell him, "Well, it sure feels like it!" And he, with his nice smile and super-syrupy tone, would tell me, "These complaints are just part of your problem." The old blame-the-victim game.

*Don Weitz is a long-time activist in Toronto  
mail: <dweitz@pathcom.com>.*

## Shock Damaged My Wife

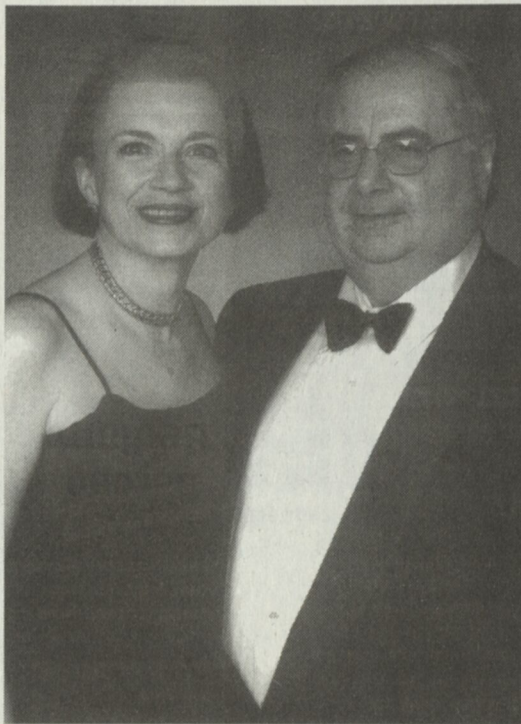
BY STEVE STYLIANOUDIS

**M**y wife, Vallerey, had always been a high achiever. After our marriage and birth of our children, Vallerey returned to college to earn MBA and law degrees. She graduated from law school 5th out of 295 in her class. Her memory was phenomenal.

After law school she worked for the U.S. Department of Justice where she soon concluded that certain unethical and possibly illegal activities were occurring. Apparently, her unwillingness to "go with the flow" was unacceptable to others in the section. Increasingly they made her work situation more difficult and uncomfortable.

Vallerey began to feel intense pressure, as if she were carrying a great burden on her shoulders. Although she did not exhibit any signs of typical clinical depression, she wanted a respite from the intense pressure she felt. Her therapist suggested that electroconvulsive therapy (ECT) might help. Dr. Colleen Blanchfield, a psychiatrist and neurologist who administers ECT at Dominion Hospital in Virginia, evaluated Vallerey and concluded that she was a suitable candidate.

Dr. Blanchfield advised that Vallerey could have some memory loss, but it would be minimal and disappear in one to two weeks and would not compromise her legal abilities. It was agreed that Vallerey would request a one week leave of absence. During this time, she would receive two to three ECT treatments. Vallerey received her first ECT on May 12, 1997. Since then, she has never been able to return to work



and she receives disability benefits from the Social Security Administration because of her memory loss.

After the second ECT treatment, it appeared that Vallerey felt very relaxed and great. Dr. Blanchfield, however, continued to administer the treatments. After the third treatment, her situation deteriorated. When we questioned the advisability of continuing, Dr. Blanchfield stated that Vallerey had to get worse before she would get better. Finally, after about 26 treatments, Vallerey and I refused to continue.

During the ECT treatments, Vallerey, for the first time ever, started to develop symptoms of typical clinical depression. She slept constantly and did not take very good care of herself. She developed and continues to experience severe spasms in her limbs, sometimes causing her entire body to lift off of the bed.

The consequences of the ECT treatments have been catastrophic. To date, five years later, Vallerey's memory is still very poor and she does not recognize some friends she knew for years before the treatments, which is one reason she avoids going out. Another reason she seldom goes out is that she forgets where she was or where she was supposed to meet someone. Initially, she constantly forgot what she was saying in mid-word. Countless times store security has been used to find her. She still forgets phone numbers and addresses and will go in a direction opposite from her destination. She wears a waist pouch instead of a handbag because she has left

her handbag and credit cards in stores and restaurants. She could watch the same movie for three days in a row and not remember anything from the previous viewing.

One of the worst results has been the reactions of people who knew her before the ECT. Vallerey is such a different person that people cannot help but comment – she even speaks slower.

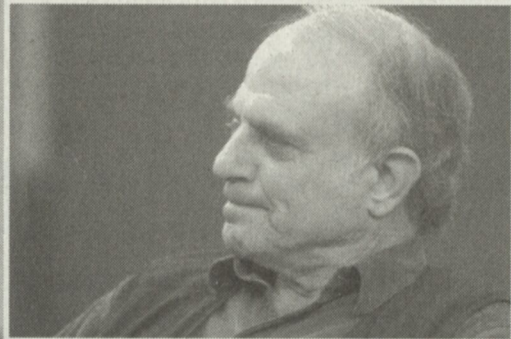
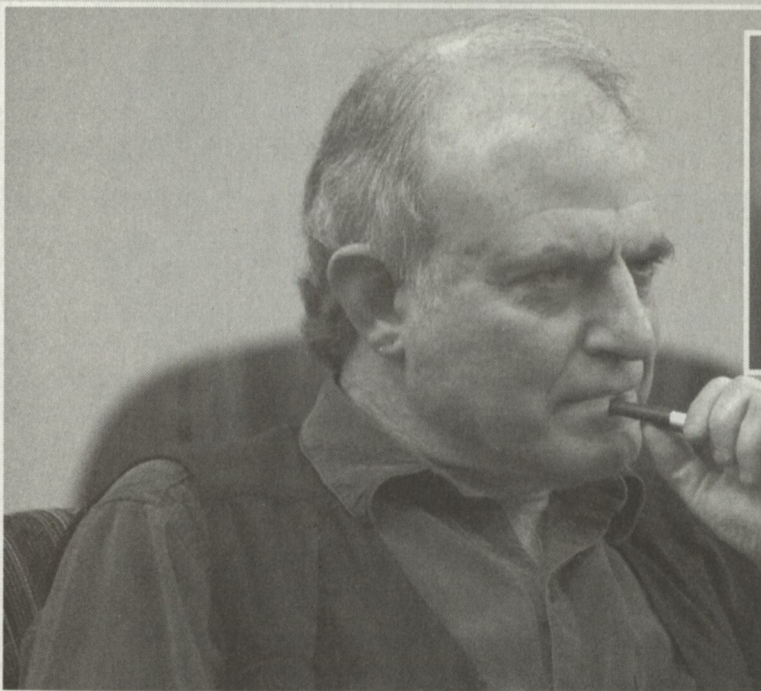
When Vallerey signed the initial consent form, Dominion Hospital knew that she expected to return to work in a week and expected insignificant memory loss. Nothing Dominion told us at the time was contrary to this understanding. No one informed us that the effects of ECT are very short-lived, if effective.

I finally wrote Dominion Hospital, Dr. Blanchfield and the anesthesiologists and stated I was holding them responsible for the damage the ECT had caused. I gave them a high-functioning, highly educated and intelligent person, and they gave me a cabbage. I received an apology from Dominion Hospital in which the hospital zeroed Vallerey's account. Neither Dr. Blanchfield nor the anesthesiologists ever requested payment of their outstanding balances or took legal action to collect.

The monumental damage ECT can and does cause to patients should be sufficient reason for Congress to enact legislation severely restricting its use. The victims of ECT are largely a group with little or no power to influence legislation to protect their welfare. It is exactly for this reason that they are exploited for financial gain.

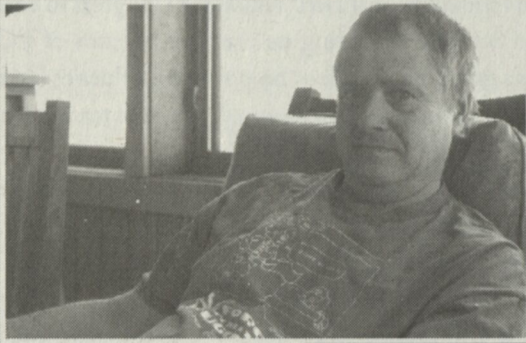
Money speaks very loudly. Legislators will become responsible regarding regulating ECT only when they realize the severity of the potential damage to the individual and to the budgets of the state and federal governments. Only public exposure and lobbying can uncover the abuses to the public and made the lawmakers accountable for their actions. Personally, I believe that doctors and hospitals using ECT in excess are equivalent to the medical profession in Nazi Germany that experimented on concentration camp prisoners.

*E-mail address for Steve Stylianoud is <grpvecto@erols.com>.*

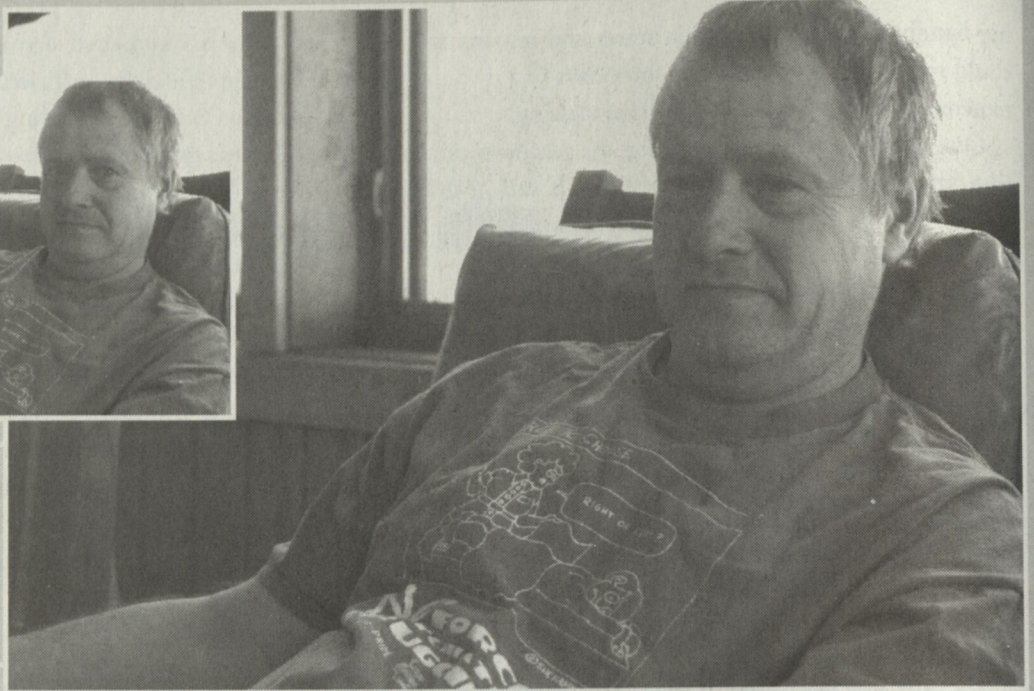


## SCI Strategy:

**Mickey Weinberg** is retired clinical social worker in Los Angeles who says, "I lost all respect for the profession of psychiatry when employed at Manhattan State Hospital 38 years ago. I saw 'patients' shocked, drugged, exploited, and humiliated. I realized mental health workers created 'diagnoses' and 'treatments' to suit the convenience of staff." Mickey was a key organizer of the SCI Strategy Conferences, and is currently exploring the use of a hunger strike to protest biopsychiatry. For information on the Fast for Freedom contact: Mickey at [mickey37@earthlink.net](mailto:mickey37@earthlink.net)



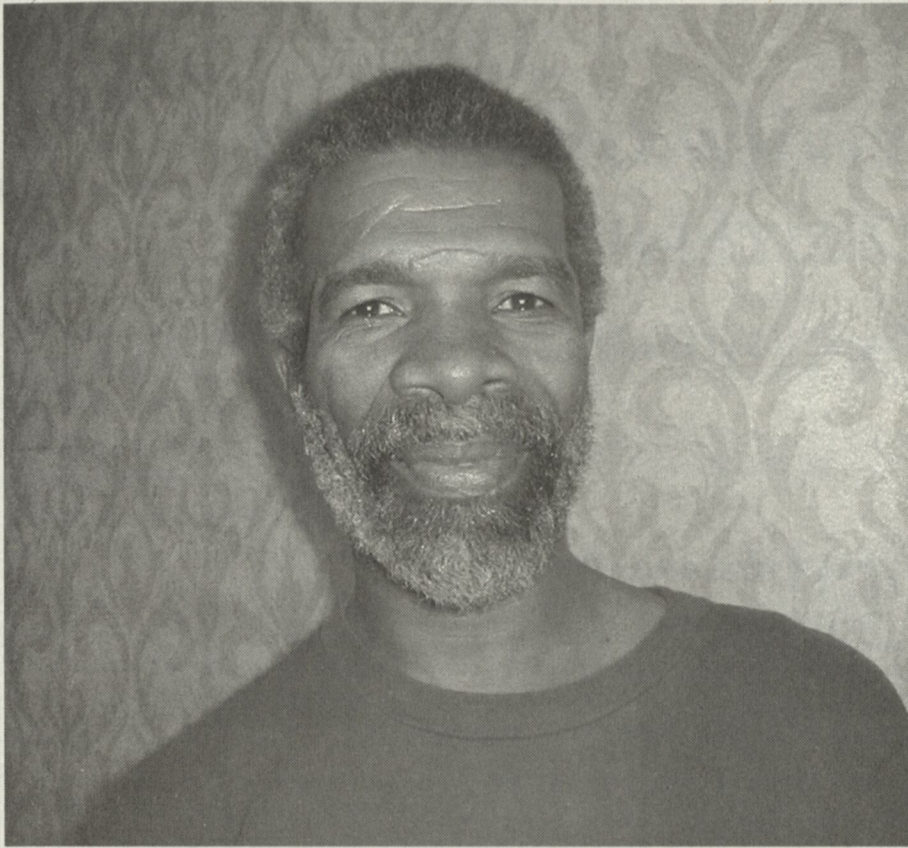
**Cal Grandy** of Kansas is a 54 year old shock survivor who for the past five years has lived in Topeka, Kansas, where he works for the cross-disability publication *Mouth Magazine*. Cal says, "Shock to me was worse than death or rape."



## SCI Strategy:



**Gisela Sartori** is a psychiatric survivor from Germany who now lives in Whitehorse, Yukon, Canada where she has directed the SCI Sponsor Group Second Opinion Society for 10 years. SOS fought hard to keep their region free of electroshock. Gisela is one of the few people who has a master's degree with a major in anti-psychiatry, which she got from Free University of Berlin. Gisela is also on the board of WNUSP.



**Paul Henry Thomas**, 49, experienced forced electroshock against his expressed wishes in Pilgrim Psychiatric Center in New York State. Support Coalition International broke the silence about Paul internationally. Uniting with many other groups, SCI helped activate thousands of people to contact legislators, rally, and speak out. The forced electroshock stopped. (Photo taken at NARPA meeting in Buffalo NY.)

## SCI Strategy:

**Nancy Thomas** of Oakland, California is an electroshock survivor who has been working on cross-disability and gay/lesbian/bisexual/transgender issues for more than 20 years.



# The Interview Censored by *Clinical Psychiatry News* ...

## What They Don't Want Psychiatrists – or You – to Hear!

When Bruce Levine, a psychologist from Ohio, wrote a new book critical of psychiatry he expected opposition from within the industry. He got opposition, all right. He explains below what it is psychiatry would rather keep secret. His book *Commonsense Rebellion: Debunking Psychiatry, Confronting Society — an A to Z Guide to Rehumanizing Our Lives* is available from the Mad Market.

BY BRUCE LEVINE, PHD

While I was promoting my new book, freelance reporter Joyce Frieden, working for the *Clinical Psychiatry News*, interviewed me. Frieden's general line of questioning was, "What is your newly published book all about?" and, "You are speaking to America's psychiatrists, what advice do you have for them?"

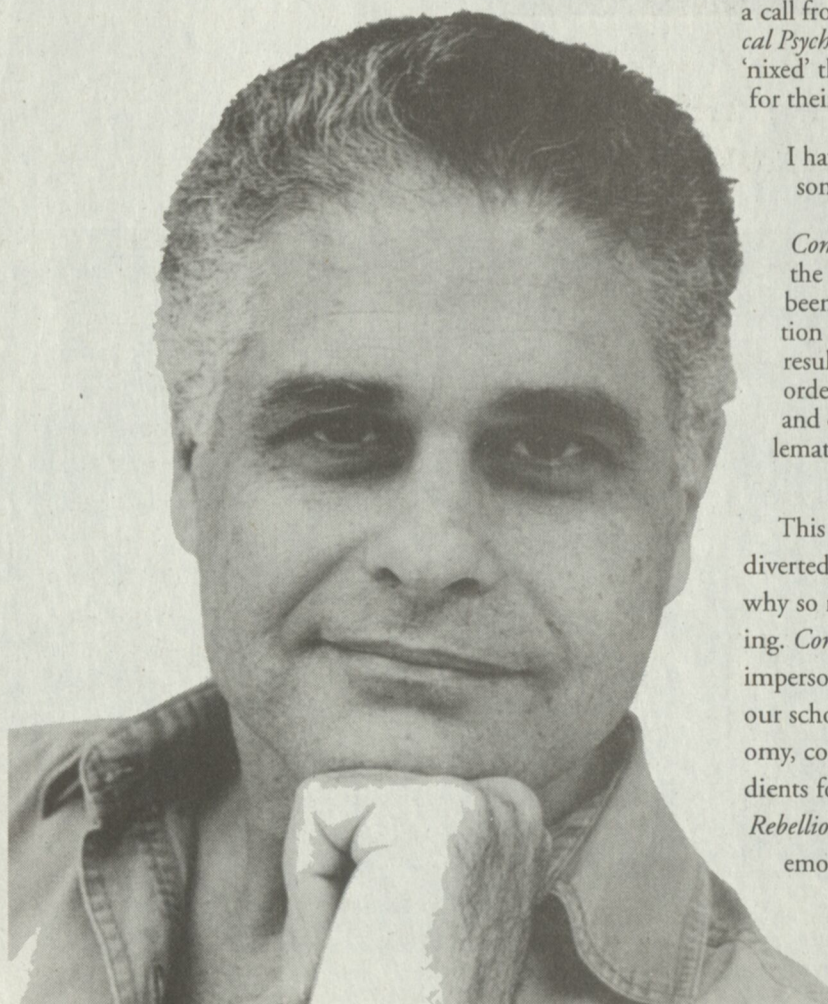
Several weeks later, my publicist emailed me this: "I just got a call from Joyce Frieden who did the interview with *Clinical Psychiatry News*. She said, unfortunately, the editor 'nixed' the article saying it would be too much of a hard sell for their readers."

I have no transcript of the interview, but I do have some notes, and I recall talking about the following:

*Commonsense Rebellion* is about the huge expansion of the mental health industry and how this expansion has been created by the pharmaceutical companies' corruption of the major institution of mental health. The result of this expansion is not only silly and invalid disorders, unreliable diagnostic procedures, and ineffective and dangerous drugs, but something even more problematic...

This expansion of the mental health industry has diverted us from examining the true societal sources for why so many of us seem to be having a difficult time living. *Commonsense Rebellion* is about how our increasingly impersonal and bureaucratic institutions — for example, our schools and workplace — have diminished our autonomy, community, and diversity and have created the ingredients for our emotional difficulties. *Commonsense Rebellion* is, above all else, about alternative solutions to emotional and societal difficulties.

My advice for psychiatrists? If you want to save your profession, you must admit that you made a





horrible mistake by becoming dependent on pharmaceutical company money. You can only save yourselves by coming completely clean — the American people are a forgiving people. Tell them that you arrogantly believed that you could control the drug companies, but that now the drug companies control you and your profession.

What younger psychiatrists might not know is that in the October 1984 *American Journal of Psychiatry*, the American Psychiatric Association (APA) speaker-elect Fred Gottlieb cited research demonstrating, “the powerful influence of commercial [drug company] sources on the nonrational prescribing behavior of physicians.” In taking money from the pharmaceutical industry, he pointed out, “our inherent conflict of interest is obvious.”

It will help you also to admit that your leadership was wrong to smear and marginalize those who merely wanted to reform your profession — psychiatrists like Breggin, Mosher, and Leifer. You should have listened to them! But since you didn't pay heed, you are going to have to deal with folks like myself, who see your profession as too corrupt to be reformed.

Although you have a few more years of getting rich off drugs, the tide is turning. With the TV drug commercials, the public is growing skeptical and they are increasingly receptive to guys like me.

The mental health industry is looking more and more just like any other industry. A few years ago the public started to see slick commercials on TV for Zoloft and other SSRI's. In the short term, drug-prescribing physicians will grow wealthy off this commercialization, but I predict pharmaceutical companies' greed will kill the “golden goose.” The public, while previously trusting and naive about drug company influence on psychiatry, will become as cynical about the mental health industry as they are about other industries.

The best adjective to describe your profession is “arrogant” — arrogant enough to think that you could let pharmaceutical companies pay for your house without one day taking over your house. And this kind of arrogance not only makes you financially corrupt but makes you appear to most people as lacking a rudimentary understanding of

how corporate life works.

While in your narrow circles guys like me are diagnosed as radical or extremist, I spend my time in the real world: the world of the general public, radio talk show hosts, and also with critical thinking folks on the entire political spectrum. They can all — whether they are on the left, the right, or whatever — readily understand that it is corrupt for the APA, National Alliance for the Mentally Ill, etc., to take drug company money. And they easily understand how insane it is that you are orchestrating the psychiatric drugging of seven million American kids, with thousands of kids under two years old on Prozac and even more powerful psychiatric drugs.

Rest assured *Commonsense Rebellion* is not just another psychologist bashing only psychiatry. The American Psychological Association is just as arrogant as the American Psychiatric Association. In 2000, the American Psychological Association, in its quest to win drug prescription “rights” for psychologists, formed its new Division 55, the American Society for the Advancement of Pharmacotherapy. Following the division's first meeting, the drug companies picked up the tab for libations and snacks. While psychiatry is, at the present time,

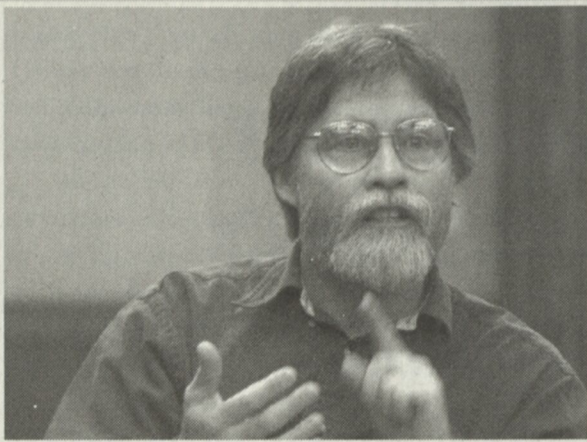
more corrupted by drug companies than psychology, it's not because of any moral superiority of psychologists.

*Commonsense Rebellion* is about rehumanizing what psychiatry has dehumanized and about apologizing to those psychiatry has pathologized. It's about reacquainting us with those aspects of our humanity which — though not fitting neatly into institutionalized existence — are in fact fully human. It's about confronting societal institutions that exist to meet their own needs — not human ones — and which are creating the current epidemic in unhappiness and self-destructive behaviors that psychiatry is trying to drug away. *Commonsense Rebellion* is, above all else, about solutions that neither behavior-manipulating psychologists nor drug-pushing psychiatrists are talking about.

Bruce's email is: [brelevine@aol.com](mailto:brelevine@aol.com)

***Commonsense Rebellion is about the huge expansion of the mental health industry and how this expansion has been created by the pharmaceutical companies' corruption of the major institution of mental health.***

# SCI Strategy:



Psychiatric survivor activist **Ben Hansen** from Interlochen, Michigan who leads Support Coalition/Michigan Branch. He's a speaker, storyteller, park ranger, naturalist, and anti-psychiatry activist.

**Carol Patterson** is a psychiatric survivor from San Francisco who has developed peer counseling training used throughout the US and in Japan. She has explored alternatives including yoga, Tai Chi, meditation and Reiki. Carol now directs SCI sponsor group Mental Health Consumer Concerns.



**Sally Zinman** is a long-time psychiatric survivor activist who directs the California Network of Mental Health Clients.



Since she was 16, **Celia Brown** has experienced five psychiatric institutionalizations. For the past six years, she's been director of peer services in New York City, and provides technical assistance to 39 peer specialists for recipients of mental health services. Celia is president of SCI.



# The right to know, the right to remember:

Informed consent for electroshock is still a sham

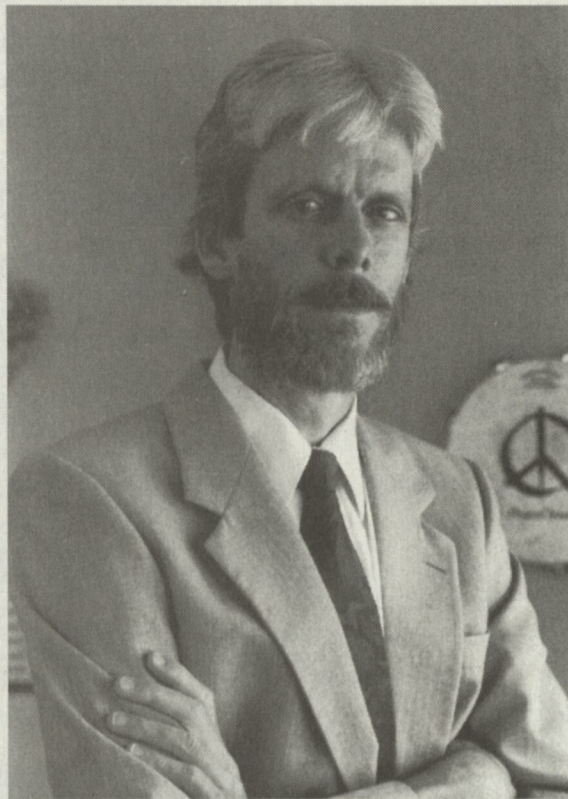
By JOHN BREEDING, PH.D.

There are hundreds of thousands of people alive today who have undergone electroshock. Many of these individuals have formed organizations working to ban this procedure which was purported to be their life saving treatment. It is an absolutely astonishing fact that the Committee for Truth in Psychiatry, Support Coalition International and other similar groups are actively organizing against a "treatment" which their doctors declared was necessary and would help them, even — in many cases — to the point of forcing it on them against their will.

If thousands of the patients receiving a standard medical procedure for a physical illness had organized themselves to ban that procedure, there would surely be a serious reevaluation of the procedure and probably a complete moratorium until a proper investigation was completed. Regrettably, state legislatures in the United States have been unwilling to seriously consider banning electroshock. They will, however, at least look at, and sometimes take seriously (as in Texas) the issue of informed consent.

These seven points about electroshock should be included in all informed consent:

- Electroshock causes death. Psychiatry often says 1 in 10,000. The truth is a much higher death rate; some studies show 1 in 200.



- Electroshock always causes brain damage. The question is only how much.
- Electroshock always causes memory loss. The question is only how much.
- Electroshock does not prevent suicide.
- Electroshock has no beneficial effects. (The supposed short-term benefits are in reality the immediate sign of brain damage.)
- Electroshock often results in cardiovascular complications or epilepsy.
- Electroshock poses extra risks

for the elderly, who bear the brunt of the treatments, including higher mortality rates.

## Psychiatry, lies, and electroshock

Regrettably, psychiatry systematically violates informed consent. There is denial and minimization of harmful effects. The American Psychiatric Association (APA) *2001 Task Force Report on The Practice of Electroconvulsive Therapy* states that "in light of the accumulated body of data dealing with structural effects of ECT, brain damage should not be included [in the ECT consent form] as a potential risk of treatment" (p. 102). This same report also states that, "a reason-

able current estimate is that the rate of ECT-related mortality is 1 per 10,000 patients" (p. 59). The truth, as I said earlier, is a much higher rate.

So the APA recommends that patients be misinformed about two of electroshock's most serious potential risks. This is gross deception. Psychiatry's professional organization gives no credence to the numerous human autopsies, brain-wave studies, animal studies, clinical observations, and reports from electroshock subjects clearly demonstrating electroshock's brain-damaging effects. Nor does the APA offer any documentation substantiating its claim that electroshock's mortality rate is "1 per 10,000 patients."

Minimal and inadequate guidelines for the administration of ECT are routinely and systematically violated. For example, a 1995 report by the Wisconsin Coalition for Advocacy thoroughly documents pervasive and systematic violations of that state's informed consent guidelines on ECT.

A 1987 study by Benedict and Saks of the regulation of professional behavior regarding ECT in Massachusetts showed that "approximately 90% of ECT patients received treatment inappropriately, suggesting that the regulation of ECT administration is ineffective." Interestingly, the authors also reported that "the more familiar a psychiatrist was with threatened or instituted lawsuits involving ECT, and the more likely a lawsuit was thought to be, the greater was his or her departure from the guidelines." Psychiatry is incapable of policing itself.

There is a legal obligation under informed consent to provide the patient with all the information relevant to their decision-making — not just about the treatment in question, but also about their condition. Psychiatric patients are never told that their alleged disease is theoretical or metaphorical. To say or even imply that what the patient has is biologic and a disease when there is no such proof (as in all psychiatric "diseases" for which electroshock is administered) is an egregious deception that makes a mockery of informed consent. That this has become the "standard of practice" in psychiatry does not excuse it.

Many people become victims of this so-called "treatment" at a time in life when they are extremely vulnerable when they desperately need to trust and rely on others for help. Reaching out, they need complete safety and support. Often their only hope in such times is to trust the wisdom and

guidance of the professionals to whom they turn for help. Informed consent is a fine principle, but in practice it is not a protection.

Despite my conviction that true informed consent is not tenable given the underpinnings of coercion and misinformation in psychiatry, I refer the interested reader a model of authentic informed consent at the end of my article in the *Journal of Humanistic Psychology* (2000). This form clearly states the information necessary for legitimate consent. It also, by the way, describes minimum standards for determining mental competence, as prerequisites for informed consent.

Electroshock does not save lives, and is absolutely not necessary. There are many causes for depression. Some are physical and respond well to legitimate medical treatments for conditions such as diabetes, liver or kidney problems. Some are related to psychological trauma or grief and loss, and respond well to emotional healing techniques. Many are social and respond well to closeness and affection and renewal of community. These are good solutions, for the whole individual, and for the community, including our precious elders whom psychiatrists are most wont to electroshock.

**Many people become victims of this so-called "treatment" at a time in life when they are extremely vulnerable...**

#### References

- American Psychiatric Association (2001) *The Practice of Electroconvulsive Therapy: Recommendations for Treatment, Training, and Privileging*, Second Edition.
- Benedict, A. & Saks, M. (1987) The regulation of professional behavior: Electroconvulsive therapy in Massachusetts. *The Journal of Psychiatry and Law*, 15,2,247-275.
- Breeding, J. (2000) Electroshock and informed consent. *Journal of Humanistic Psychology*, 40, 1, 65-79.
- Roe, D., Lereya, J. & Fennig, S. (2001) Comparing patients' and staff members' attitudes: Does patients' competence to disagree mean they are not competent. *The Journal of Mental and Nervous Disease*, 189:307-310.
- Wisconsin Coalition for Advocacy (1/17/95) *Informed consent for electroconvulsive therapy: A report on violations of patients' rights by St. Mary's Hospital*, Madison, WI. WCA, 16 N. Carroll St., Madison, WI. 53703.

*John Breeding is a psychologist and author living in Texas. His article is based on his testimony to the New York Assembly Hearing on Electroshock on July 18, 2001.*

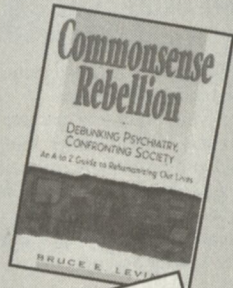
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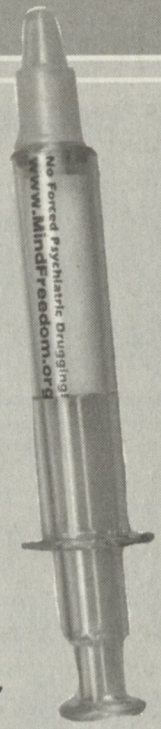
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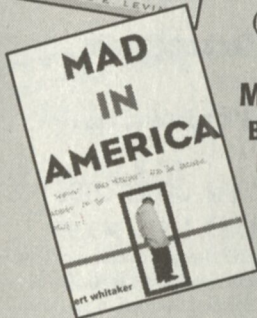
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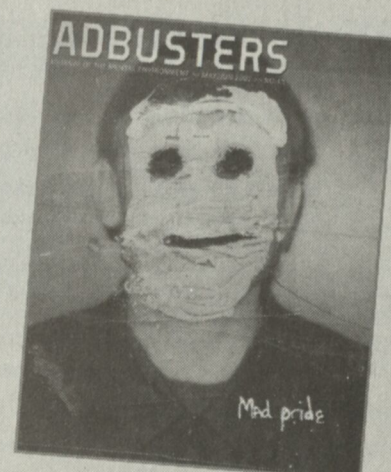
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Persimmon Blackbridge has created an entertaining and salient all-too-true fictional novel on urban madness, modern psychiatry, and the emerging role of technology in creating community. Resisting forced outpatient psychiatric drugging plays a major role. Tough, funny and sexy ...

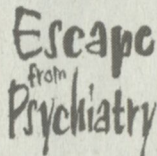


### The Primal Screamer *Nick Blinko*

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A cult book from Spare Change Books (Mad Pride) in the UK. Nick Blinko was born in 1961 and founded the legendary British punk band Rudimentary Peni, whose records enjoy international acclaim in punk and avant garde circles. The

book is an intensely written and authentically Gothic look at life of a man suffering extreme mental distress.....the author paints sinister and often macabre images with a poetic lightness.

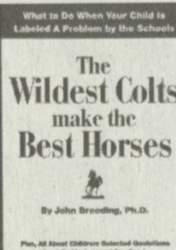


### Escape from Psychiatry *Clover*

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Clover has gone through solitary confinement, restraints, psychiatric drugging, and forced electroshock, over and over... Clover's experiences and her magnificent recovery would make a stirring film, with elements of drama, triumph, spirituality,

romance and love. By the end, I was in tears, as all the pieces of her amazing life came together. Clover's story must be told. (David Oaks, Support Coalition)



### The Wildest Colts Make the Best Horses *John Breeding*

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John Breeding is a strong advocate for young people and a great ally to parents wanting support to resist the pressure to label and drug their children.

He offers a wealth of information on biopsychiatry, schools, and counseling children. This unique self-help book tells the truth about Ritalin, ADHD and other "disruptive behavior disorders" and offers viable alternatives.

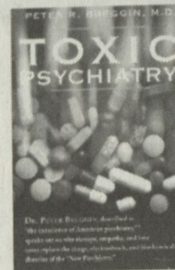


### Beyond Conflict *Peter Breggin*

(1992) 274 pages, paper. ORDER CODE 1117  
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Peter R. Breggin, best selling author and dissident psychiatrist, presents ways in which individuals and nations can learn to live in co-operation and harmony. He describes three fundamental methods of

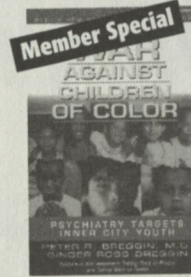
coercion, liberty and love for satisfying people's basic needs and resolving the bitter antagonisms that poison personal and political dealings. An inspiring vision of humanistic, non-confrontational conflict resolution.



### Toxic Psychiatry *Peter R. Breggin*

(1991) 465 pages, paper. ORDER CODE 1113  
**MEMBER PRICE: \$16.15, LIST: \$17.95**

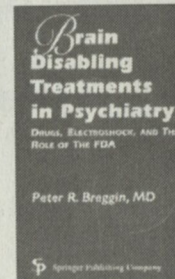
In a searing, myth-shattering expose, dissident psychiatrist Peter Breggin busts through the hype surrounding the "New Psychiatry" and shows how dangerous, even potentially brain-damaging, many of its drugs and other treatments are. Cornerstone of psychiatric human rights literature. Because of the scarcity of this information, it is mandatory reading in our movement. Makes an excellent "truth package" to give to friends, colleague, libraries, etc.!!



### The War Against Children of Color *Peter Breggin*

(1997) 201 pages, paper. ORDER CODE 1119  
**MEMBER PRICE: \$9.45, LIST: \$18.95**

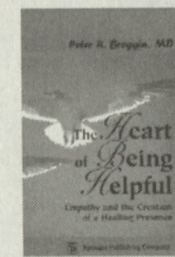
In the 1990's the authors inspired a national campaign against the proposed federal "Violence Initiative," aimed at identifying inner-city children with alleged defects (such as a "violence gene" and "biochemical imbalances") and intervening in their lives with psychiatric drugs. This book describes in detail why the use of such drugs to control the behavior of children is politically expedient and profitable to the pharmaceutical companies, but often backfires, hurting the child, the family, our society and our future.



### Brain Disabling Treatments in Psychiatry: Drugs, Electroshock & the Role of the FDA *Peter Breggin*

(1997) 306 pages, paper. ORDER CODE 1135  
**MEMBER PRICE: \$39.55, LIST: \$43.95**

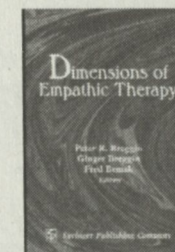
Renowned psychiatrist Peter Breggin documents how psychiatric drugs and electroshock disable the brain. He presents the latest scientific information on potential dysfunction and dangerous behavioral abnormalities produced by the most widely used drugs and features up-to-date evidence of drug-induced brain damage caused by neuroleptics.



### The Heart of Being Helpful: Empathy & the Creation of a Healing Presence *Peter Breggin, Ed.*

(1997) 186 pages, paper. ORDER CODE 1136  
**MEMBER PRICE: \$32.35, LIST: \$27.95**

Describes how to cultivate empathy and a healing presence as the underlying principles for all professional and personal relationships in which we offer help to others. As Kevin McCready of the San Joaquin Psychotherapy Center describes the book: "After years of detailing the myths and abuses of biopsychiatry, Peter Breggin comes full circle. With his profound and often poignant work from his own heart, he puts soul back into psychotherapy."

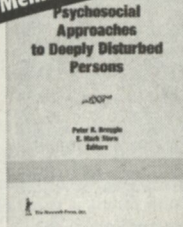


### New Dimensions of Empathic Therapy *Peter Breggin*

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This inspiring contribution to the helping professions delves into empathy as a cornerstone of personal life as well as professional practice. Renowned contributors from various mental health disciplines such as psychiatry, counseling, psychology, and social work discuss such themes as the interrelationship of empathy with love, self-awareness and self transformation.

**Member Special**



## Psychosocial Approaches to Deeply Disturbed Persons

**Peter Breggin, Mark Stern, Eds.**

(1996) 231 pages, cloth. ORDER CODE 1152

**MEMBER PRICE: \$49.95, LIST: \$69.95**

Peter Breggin and E. Mark Stern, together with 11 other writers - many of them mental health professionals - answer the question: "What's the alternative for the person in extreme crisis?" SCI's Janet

Foner shares her experiences in a psychiatric facility and her recovery through peer mutual support. David Cohen, PhD, says: "Fresh insights, forgotten insights, new ideas, good ideas abound in this unusual volume."



## Reclaiming Our Children:

**A Healing Plan for a Nation in Crisis**

**Peter Breggin**

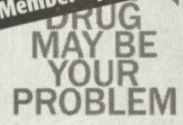
(2000) 340 pages, paper. ORDER CODE 1208

**MEMBER PRICE: \$15.30, LIST: \$17**

From recasting our attitudes as parents and getting more involved in schools as volunteers, to restructuring class sizes, limiting homework, and fostering honest dialogue about the pressures in our society,

*Reclaiming Our Children* shows the way to lasting peace with our children. By placing children at the center of our lives again, as Peter Breggin demonstrates, we can create loving, disciplined, and inspiring relationships with all of our children.

**Member Special**



## Your Drug May Be Your Problem:

**How and Why to Stop Taking Psychiatric Medications**

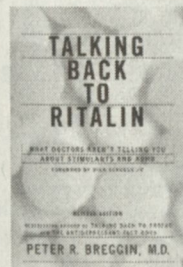
**Peter Breggin, David Cohen**

(1999) 271 pages, paper. ORDER CODE 1111

**MEMBER PRICE: \$14, LIST: \$17**

Although some people report psychiatric medications mask their symptoms, these drugs do not treat the problem and actually produce numerous serious and

potentially fatal reactions, lead to physical dependence, and can cause life-threatening withdrawal problems. For patients and professionals alike, this is the first and only book to explain how to safely stop taking these drugs.



## Talking Back to Ritalin

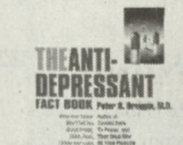
**Peter Breggin**

(2001) 428 pp, paper. ORDER CODE 1174

**MEMBER PRICE: \$14.85, LIST: \$16.50**

What doctors aren't telling you about stimulants for children! Details side effects and potential problems with Ritalin and other stimulants. Thoroughly and critically examines the condition and diagnosis of ADHD and ADD, exploring who profits from diagnosis and prescription of these drugs.

Emphasizes non-drug approaches to helping these children by identifying and meeting their basic needs, such as improving school and family life. New edition for 2001.



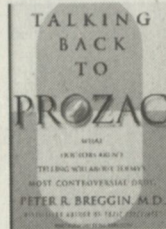
## The Anti-Depressant Fact Book

**Peter Breggin**

(2001) 226 pages, paper. ORDER CODE 1178

**MEMBER PRICE: \$11.70, LIST: \$13**

Hard-hitting and enlightening, every current, former, and prospective antidepressant-user will want to read this book. Breggin discusses the meaning of depression and the many and various impacts on the brain of SSRI antidepressants, including their dangers and the bad effects they have on some people, and the difficulties of withdrawal.



## Talking Back to Prozac

**Peter Breggin**

(1994) 273 pages, paper. ORDER CODE 1118

**MEMBER PRICE: \$6.30, LIST: \$6.99**

Riveting expose shows how drug manufacturers, the psychiatric industry and the government quietly collaborate to push through psychiatric drug approval while covering up hazards. Reveals dangers about the most popular class of psychiatric drugs: Prozac, Zoloft, Luvox, Paxil and other "selective serotonin reuptake inhibitors" (SSRIs). Millions of people are given SSRIs for everything from depression to shyness, obesity, PMS, and back pains. They've been told these drugs have few or no side effects.

Paula J. Caplan, Ph.D.



## They Say You're Crazy

**Paula Caplan**

(1995) 355 pages, paper. ORDER CODE 1120

**MEMBER PRICE: \$12.60, LIST: \$14**

*The Diagnostic and Statistical Manual* can be found on nearly every therapist's bookshelf. It is the key to research, labeling, commitment, treatment, and insurance reimbursement. Dr. Caplan, herself one of the exclusive elites who write the DSM, discovered how unscientific and dangerous the book really is. This is an insider's look at the making of DSM's pseudoscience and especially targets labels given to women.



## When Things Fall Apart:

**Heart Advice for Difficult Times**

**Pema Chödrön**

(1997) 148 pages, paper. ORDER CODE 1204

**MEMBER PRICE: \$11.65, LIST: \$12.95**

Chodron's radical and compassionate advice for what to do when things fall apart in our lives goes against the grain of our usual habits and expectations. There is only one approach to suffering that is of lasting benefit, and that approach involves moving toward painful situations with friendliness and curiosity, relaxing into the essential groundlessness of our entire situation. It is there, in the midst of chaos, that we can discover the truth and love that are indestructible.



## The Places That Scare You

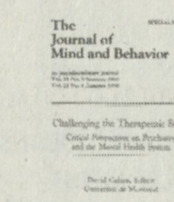
**A Guide to Fearlessness in Difficult Times**

**Pema Chödrön**

(2001) 140 pages, cloth. ORDER CODE 1203

**MEMBER PRICE: \$19.75, LIST: \$21.95**

Pema Chodron, an American born Tibetan Buddhist nun and student of Chogyam Trungpa. Her previous works, including the best selling *When Things Fall Apart* provided the inspiration and guidance to confront the problems and difficulties that life throws our way. In *The Places That Scare You*, she shows us how to move toward what makes us feel insecure, uncertain, and fearful as a way to awaken our basic goodness and connect with others.



## Challenging the Therapeutic State,

**Pt 1: Critical Perspectives on Psychiatry and the Mental Health System**

**David Cohen, Ed.**

(1991) 198 pages, paper. ORDER CODE 1121

**MEMBER PRICE: \$18, LIST: \$20**

Part One of two special issues of the *Journal of Mind and Behavior* compiling key articles critical of the "mental health" system, psychiatry and psychology. The 20 authors include Peter Breggin, Thomas Szaz, David Cohen, Judi Chamberlin and others from the psychiatric survivor, dissident professionals and progressive academic communities.

Challenging the Therapeutic State,  
Part Two:  
Further Disquisitions on the  
Mental Health System

David Cohen, Editor  
Université de Montréal

**Challenging the Therapeutic State,  
Part 2: Further Disquisitions on the Mental  
Health System**

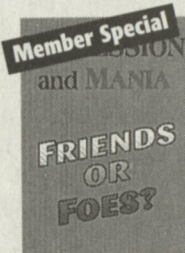
**David Cohen, ed.**

(1994) 198 pages, paper. ORDER CODE 1163

**MEMBER PRICE: \$18.00, LIST: \$20**

Part Two of the special issue of *The Journal of  
Mind and Behavior* continues with some devastat-

ing articles, including Doug Camerons highly detailed debunking of current electroshock technology; David Cohen counters the claims on the neuroleptic treatment of schizophrenia in depth, Kirk & Kutchins demolish the reliability claims of DSM literature, as well others.



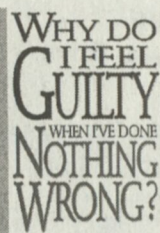
**Depression & Mania: Friends or Foes**  
**Ty Colbert**

(1995) 212 pages, paper. ORDER CODE 1122

**MEMBER PRICE: \$12.55, LIST: \$13.95**

Practical non-drug model for people diagnosed with "depression," "mania," and "compulsive disorders." Colbert is a rare professional who is willing to openly and clearly challenge the medical model of mental health. Done in a compassionate, caring way that

realizes some people will feel angry and confused by this information. There are sections on a recovery program - identifying areas of inner healing, understanding one's emotions each day - that are full of common sense and very easy to apply to one's life.



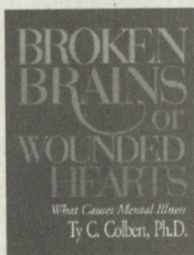
**Why Do I Feel Guilty When I've  
Done Nothing Wrong**  
**Ty Colbert**

(1993) 134 pages, paper. ORDER CODE 1123

**MEMBER PRICE: \$8.05, LIST: \$8.95**

Mixes empathy, professionalism and criticism of conventional psychiatric approaches. Explains how unresolved guilt and shame may lead to losing touch with your true identity, rob you of joy,

inner peace, and a sense of personal acceptance. Valuable step-by-step advice on how to understand and overcome unresolved guilt and shame. Real-life examples and worksheet exercises are included.



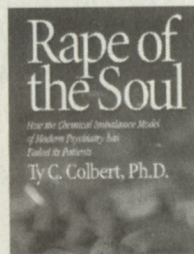
**Broken Brains or Wounded Hearts**  
**Ty Colbert**

(1996) 316 pages, cloth. ORDER CODE 1112

**MEMBER PRICE: \$21.55, LIST: \$23.95**

Directly confronts the "disease model" of what is called "mental illness." Relying on the same data researchers use to conclude that "mental illness" has a biological basis, the book clearly shows that "schizophrenia," "depression," "mania," etc. are

not caused by genetic defects, chemical imbalances or any other physiological defects in the brain. Covers positive alternatives and introduces a common-sense "emotional pain model" for extreme human distress. Shows how we all, to some degree, suffer from emotional problems.



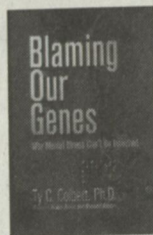
**Rape of the Soul:  
How the Chemical Imbalance Model of  
Modern Psychiatry has Failed its Patients**  
**Ty Colbert**

(2001) 279 pages, paper. ORDER CODE 1115

**MEMBER PRICE: \$16.15, LIST: \$17.95**

Using scientifically sound evidence, demonstrates that NO chemical imbalances exist for any so-called mental illness, and that psychiatric drugs do not cure mental

illness. Explains how drugs "work" by blocking out emotional pain, thereby robbing the soul of its potential for healing, and demonstrates that psychotherapy is superior to drug treatments for all disorders, including schizophrenia.



**Blaming Our Genes:  
Why Mental Illness Can't be Inherited**  
**Ty Colbert**

(2001) 144 pages, paper. ORDER CODE 1190

**MEMBER PRICE: \$11.65, LIST: \$12.95**

After searching the whole human genome over and over for years, not one single gene has ever been found that causes any mental illness. How then have scientists

convinced the public and fooled themselves that mental illness is genetic? This book tells you both how and why. Dr. Colbert's analysis of the inheritance model is detailed, thorough, and devastating to the faulty premises on which biopsychiatry is built. Intended for mental health professionals as well as for the concerned public.



**Mad Pride:  
A Celebration of Mad Culture**  
**Ted Curtis ed.**

(2000) 224 pages, paper. ORDER CODE 1157

**MEMBER PRICE: \$12.60, LIST: \$14**

Twenty-four British authors share their accounts of liberation through madness. It celebrates Mad Pride as the means to an all-out social revolution.

The authors reveal that madness, normally considered an unglamorous subject is in fact all about sex, drugs and rock-'n-roll. Tough, uncompromising, funny, and subversive, this is a book that no one in their right mind will read!



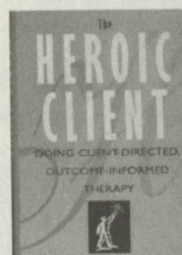
**Ritalin Nation:  
Rapid-Fire Culture and the Transformation of  
Human Consciousness**  
**Richard DeGrandpre**

(2000) 284 pages, paper. ORDER CODE 1149

**MEMBER PRICE: \$12.55, LIST: \$13.95**

This illuminating investigation of the epidemic of ADD and Ritalin mprescription, sounds a warning: we may well be failing our children by treating symp-

toms and not causes with a quick-fix and ultimately unsatisfactory solution. Ritalin Nation offers practical guidelines for charting environments that cultivate a less hurried existence, and a saner, safer community for our children.



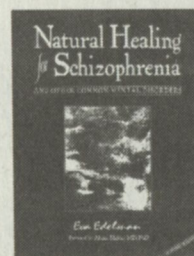
**The Heroic Client**  
**Barry Duncan, Scott D. Miller**

(2000) 288 pages, cloth. ORDER CODE 1168

**MEMBER PRICE: \$34.20, LIST: \$38**

The authors are psychologists. Challenges the traditional focus on diagnosis, "silver bullet" techniques, and magic pills, exposing them as empirically bankrupt practices that only diminish the role of the clients and hasten therapy's extinction. They

advocate the long-ignored but crucial factor in therapeutic success: the innate resources of the client. Uses extensive research and case studies to show the power of enlisting the client as a partner to make therapy accountable.



**Natural Healing for Schizophrenia  
A Compendium of Nutritional Methods**  
**Eva Edelman**

(1996) 208 pages, paper. ORDER CODE 1132

**MEMBER PRICE: \$22.45, LIST: \$24.95**

This book presents a comprehensive, updated nutritional, orthomolecular approach for treating "schizophrenia" and other "psychiatric disorders."

Includes examination of the role of neurotoxic substances, including sugar, alcohol, tobacco, copper, mercury, pesticides, and more. It explores the physiological factors that can influence everyone's mental processes. There are sections on children, autism, depression, and delinquency.





**Madness, Heresy & The Rumor of Angels:**  
**The Revolt Against the Mental Health System**  
**Seth Farber**

(1993) 286 pages, paper. ORDER CODE 1124  
**MEMBER PRICE: \$17.05, LIST: \$18.95**

Some people see visions, express disturbing views in a disturbing way, believe they have intimations of a spiritual reality, are confused or unhappy, and annoy their relatives. Are they medically sick? Should they be imprisoned and disabled with stupefying drugs and electrically induced brain damage? True stories of people victimized by the "mental health system" who fought back, broke free, and rebuilt their lives.

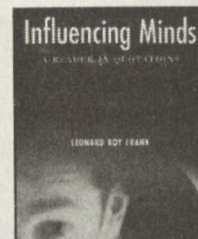


**Member Special**  
**Healing**

**Cultures of Healing**  
**Robert Fancher**

(1995) 355 pages, paper. ORDER CODE 1183  
**MEMBER PRICE: \$12, LIST: \$14.95**

Consists of detailed analyses and critiques of four influential American cultures of therapy: psychoanalysis, behaviorism, cognitive therapy, and biological therapy. Their concepts and methods are heavily determined by their cultures rather than by empirical data. Shows that all cultures of psychotherapy embody certain tacit assumptions as to what constitutes mental health and illness on the one hand, and what constitutes desirable life and undesirable stress on the other.

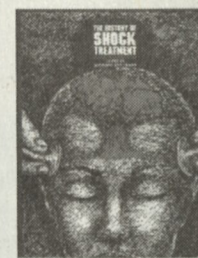


**Influencing Minds**  
 A Reader in Quotations

**Influencing Minds:**  
**A Reader in Quotations**  
**Leonard Roy Frank**

(1995) 245 pages, paper. ORDER CODE 1125  
**MEMBER PRICE: \$11.65, LIST: \$12.95**

Sometimes referred to as "the Gandhi of the psychiatric survivors movement," From Oct. 1962 Frank was an involuntary captive of psychiatry in California for nine months. He received 50 forced insulin coma and 35 forced electroshock "treatments." After his release, to regain his cognitive abilities damaged by these procedures, he began to purchase and read books, amassing 35,000 quotes. Influencing Minds contains 1464 quotes that are the most relevant to the subject of human minds.

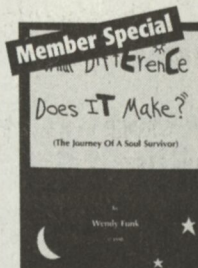


**The History of Shock Treatment**

**The History of Shock Treatment**  
**Leonard Roy Frank**

(1978) 206 pages, paper. ORDER CODE 1126  
**MEMBER PRICE: \$12.60, LIST: \$14**

*The History of Shock Treatment* is an anthology of more than 250 chronologically arranged excerpts and articles by proponents and opponents of psychiatry's most controversial procedure. Fascinating, detailed, and meticulous, this essential book (now out of print) traces the first four decades of electroshock with a collection of these little-known historic documents, source materials, and personal stories. Beautifully - chillingly - illustrated, with a sprinkling of irony and dark humor.

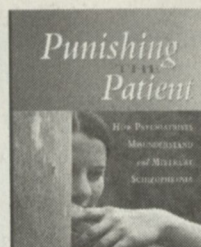


**Member Special**  
**What Difference Does it Make?**

**What Difference Does it Make?**  
**The Journey of a Soul Survivor**  
**Wendy Funk**

(1998) 192 pages, paper. ORDER CODE 1141  
**MEMBER PRICE: \$12, LIST: \$14.95**

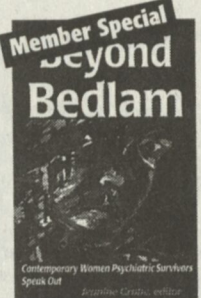
True story based on journals kept by the author during a 14-month incarceration in a Canadian psychiatric ward where she was given a series of electroshocks. Emerging from the psychiatric ward with complete amnesia caused by the shocks, she learns that survival after psychiatry is possible - even without her lifetime memories. Emphasizes the potential dangers of psychiatric labeling and "treatments," including those of chemicals and electroshock.



**Punishing the Patient:**  
**How Psychiatrists Misunderstand and Mistreat Schizophrenia**  
**Richard Gosden**

(2001) 336 pages, paper. ORDER CODE 1176  
**MEMBER PRICE: \$26.95, LIST: \$29.95**

There are no lab tests to confirm a diagnosis of schizophrenia, but psychiatry believes it is a medical problem that should be treated. What if this belief is mistaken? Argues that symptoms could be thought of as belonging to two broad, non-medical classes: those who are undergoing a spiritual/mystical emergency, and those who do not conform to social expectations.



**Member Special**  
**Beyond Bedlam**

**Beyond Bedlam**  
**Jeanine Grobe, ed.**

(1995) 252 pages, paper. ORDER CODE 1158  
**MEMBER PRICE: \$12, LIST: \$15.95**

More than two dozen contemporary women, from Canada to Mexico, write about their experiences as inmates at psychiatric institutions: how they were mistreated, how they escaped, how they live now, and what can be done to change the system that abused them. They survived the psychiatric assault, and here, in their own words - in letters, personal narratives and diary excerpts - they describe how they did it.

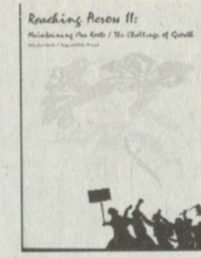


**REACHING ACROSS**

**Reaching Across, Part 1:**  
**Mental health clients helping Each other**  
**Howie The Harp, et al. editors**

(1994) 100 pages, paper. ORDER CODE 1181  
**MEMBER PRICE: \$12. LIST: \$13.25**

Manual about mental health client-controlled/self-help groups run for and by people who have been psychiatrically labeled. Consists of twenty-four diverse essays by twelve different mental health clients/survivors, who have all been involved in starting self-help groups. Firm belief in freedom of choice and against all that is involuntary, forced or coerced. Only clients should run self-help groups and make all decisions.

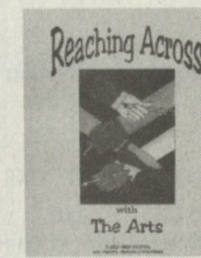


**Reaching Across II:**  
 Maintaining Our Roots / The Challenge of Growth

**Reaching Across, Part 2:**  
**Maintaining Our Roots / The Challenge of Growth**  
**Howie The Harp, et al. editors**

(1994) 100 pages, paper. ORDER CODE 1144  
**MEMBER PRICE: \$9.00 LIST: \$10**

Psychiatric survivors and "mental health consumers" involved in - or dreaming of starting - a program where they are truly empowered will want to refer to this handbook regularly. Contains 16 concise, practical articles by experienced psychiatric survivor leaders with suggestions about how to stay true to our movement's roots.



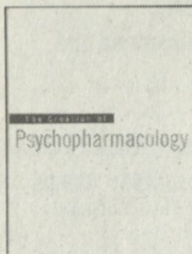
**Reaching Across**  
 With The Arts

**Reaching Across With The Arts**  
**Gail Bluebird**

**Order code 1207**  
 member price \$9 List \$10 Catalog

Practical and well-organized, it provides step-by-step directions on how mental health consumers and survivors can incorporate the arts into their lives. This ground-breaking manual makes the arts accessible to all. It's amust for anyone thinking of starting an arts organization, or anyone who has felt inspired to be creative in any art modality.

Proceeds benefit MindFreedom's human rights work.



### **The Creation Of Psychopharmacology** **David Healy**

(2002) 480 pages, cloth. ORDER CODE 1199

**MEMBER PRICE: \$35.95, LIST: \$39.95**

A complete history of the discovery and development of neuroleptic drugs, showing not the triumph of science, but of a stream of fruitful accidents, of technological discovery leading neuro-scientific research. In a process of trial and error,

some treatments were found to work. Why they did is often still a mystery. Once pharmaceutical companies recognized the commercial potential of anti-psychotic medications, financial and clinical pressures drove the development of ever more aggressively marketed medications.



### **Thomas Szasz - Moral Philosopher of Psychiatry:**

**Review of Existential Psychology and Psychiatry**  
**ed. Keith Hoeller**

(1997) 301 pages, paper. ORDER CODE 1198

**MEMBER PRICE: \$27, LIST: \$30**

This feature issue of the journal is the first ever collection of essays published in honor of critical psychiatrist Dr. Thomas Szasz. Includes his article "Mental Illness is Still a Myth," Michel Foucault's review of Szasz's *The Manufacture of Madness*, Ronald Leifer's account of the censorship of Szasz's views and much more.



### **Users and Abusers of Psychiatry:** **A critical look at Psychiatric Practice** **Lucy Johnstone**

(2000) 298 pages, paper. ORDER CODE 1159

**MEMBER PRICE: \$29.65, LIST: \$32.95**

Radically different, critical account of the day-to-day practice of psychiatry. Using real-life example and her own experience as a clinical psychologist

in the UK, Lucy Johnstone argues that the traditional way of treating mental breakdown can often exacerbate people's original difficulties, leaving them powerless, disabled, and even more distressed.



### **In the Name of Help:** **A novel exposing psychiatric abuse** **Diane Klein**

(2000) 335 pages, paper. ORDER CODE 1162

**MEMBER PRICE: \$11.70, LIST: \$13**

Character Cathryn seek psychiatric help for her emotional disturbance and ends up in an abyss of mind-altering drugs, physical and emotional abuses, and finally electroshock. Drifts through modern atrocities of the "mental health system." A chilling expose.



### **Making Us Crazy:** **DSM: The Psychiatric Bible and the Creation of Mental Disorders** **Kutchins & Kirk**

(1997) 305 pages, cloth. ORDER CODE 1145

**MEMBER PRICE: \$24.75, LIST: \$27.50**

For mental health professionals the DSM is an indispensable diagnostic tool; it has had an inestimable influence on whether people were labeled sane or

not. But today mental health professionals must label their clients as pathological in order for their insurance companies to reimburse them. This trend is used for character assassination, often for political or monetary gain.



### **Mass Murderers in White Coats** **Lenny Lapon**

(1986) 291 pages, paper. ORDER CODE 1127

**MEMBER PRICE: \$8.10, LIST: \$9**

Psychiatric survivor activist Lenny Lapon's historically important book documents the mass murder of "mental patients" by psychiatry in Nazi Germany and in the United State. Lapon shows how the killing of thousands of psychiatric inmates

in Hitler's Third Reich set the stage in a practical and ideological way for the later extermination of six million Jews and other victims of Nazi persecution. Other Holocaust researchers rarely acknowledge the incredible importance of this fact.



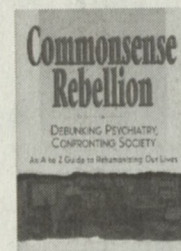
### **On Our Own** **Judi Chamberlin**

Order no 1197

**Member \$18 List \$20**

This is Judi's story of her experiences and lessons she has learned. It makes a compelling case for patient-controlled services, a real alternative to the institutions that destroy the confident independence of so many. Judi Chamberlain argues for what can be done. Her book has enabled many who have born psychiatric labels to turn their lives

around. This reprint of a movement classic is a landmark work in the history of human rights movements generally.



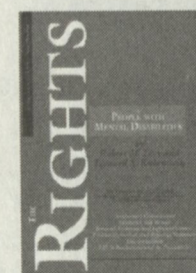
### **Commonsense Rebellion:** **Debunking Psychiatry, Confronting Society -** **An A to Z Guide To Rehumanizing Our Lives** **Bruce Levine**

(2001) 330 pages, paper. ORDER CODE 1177

**MEMBER PRICE: \$25.15, LIST: \$27.95**

The huge expansion of the mental health industry, has resulted in invalid disorders, unreliable diagnostic procedures, ineffective and dangerous drugs.

Levine points out how pharmaceutical companies and corrupted impersonal institutions have diminished our autonomy, community, and diversity. He offers alternative solutions for emotional and societal difficulties.



### **The Rights of People with Mental Disabilities:**

**The Authoritative ACLU Guide**  
**Robert M. Levy, et al.**

(1996) 370 pages, paper. ORDER CODE 1110

**MEMBER PRICE: \$12.56, LIST: \$13.95**

The movement to establish and protect the rights of people with psychiatric labels and developmental disabilities has been a means of gaining fair and

equal treatment and fostering the respect and dignity every human being deserves. Part of a continuing series, in a question-and-answer format, designed to guide people directly affected.



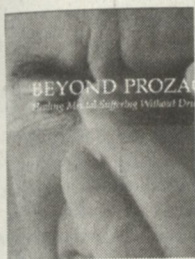
### **Touched** **Jodi Lundgren**

(1999) 165 pages, paper. ORDER CODE 1172

**MEMBER PRICE: \$9.85, LIST: \$10.95**

Renders the emotional and intellectual implosion experienced by Jade King, a young university student. This debut novel both challenges the social stigma attached to such altered states and traces the effects of physical violation and psychic trauma.

Encourages critical examination of psychiatric labels and treatments through an interweaving of family history, legal texts and medical documents - and brave phantasmagoric writing. This is a remarkable first novel.



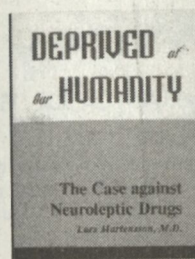
**Beyond Prozac:  
Healing Mental Suffering Without Drugs**  
**Terry Lynch**

(2001) 192 pages, ORDER CODE 1175

**MEMBER PRICE: \$14.35, LIST: \$15.95**

In this controversial, deeply felt and hard-hitting book Dr. Lynch takes issue with conventional medical treatment of psychiatric or emotional illness. He questions how doctors diagnose different

levels of emotional disturbance and the efficacy - and dangers - of drug therapies. In his own practice he has provided a more holistic service, offering counseling and support to patients who were seriously depressed or emotionally disturbed, without using drugs.



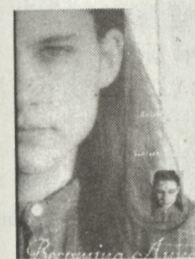
**Deprived of Our Humanity:  
The Case Against Neuroleptic Drugs**  
**Lars Martensson**

(1998) 224 pages, paper. ORDER CODE 1140

**MEMBER PRICE: \$10.76, LIST: \$11.95**

Survivors and physicians make the case against the terrible physical and psychological toxicities that accrue from neuroleptic drugs use. Nearly universal psychiatric practices are called into question

and attention is focused on the cruel experiences of millions of victims. Collection of essays discusses what organized psychiatry, the pharmaceutical industry, the government, and the academic community have been eerily silent on: the problems with the pervasive use of neuroleptic drugs.



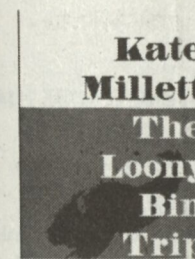
**Becoming Anna  
The Autobiography of a Sixteen-Year-Old**  
**Anna Michener**

(1998) 256 pages, paper. ORDER CODE 1142

**MEMBER PRICE: \$10.80, LIST: \$12**

As the scapegoat for her family's many problems, the 16-year-old author describes the physical and emotional abuse she suffered and her incarceration in mental hospitals for most of her adolescence.

She provides an immediate account of the unhealed wounds and the re-traumatization by oppressive control in institutions using drugs, discipline, and monitoring. At 16 Anna was finally able to escape her family and take refuge with an adoptive family.



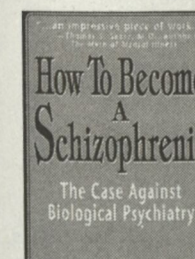
**The Loony Bin Trip**  
**Kate Millet**

(1990) 316 pages, paper. ORDER CODE 1128

**MEMBER PRICE: \$15.25, LIST: \$16.95**

*The Loony-Bin Trip* is the brilliantly written memoir of a period in Kate Millet's life when she was diagnosed as "constitutionally psychotic." She describes the thirteen-year period of mind-numbing drug use, restraint, incarceration and shock treatment and her struggle

to regain control of her life. She was fortunate enough to survive, get out and write about it. This powerful, staggeringly personal story is compulsively readable.



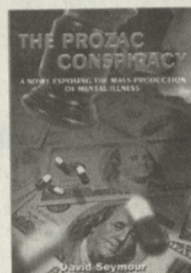
**How To Become a Schizophrenic:  
The Case Against Biological Psychiatry**  
**John Modrow**

(1996) 239 pages, paper. ORDER CODE 1129

**MEMBER PRICE: \$9, LIST: \$10**

Diagnosed as "schizophrenic," the author wrote his own story, partly in the form of a novelette. He utilizes the ideas of Harry Stack Sullivan, Gregory

Bateson and many more to construct a theory explaining how and why he and many others enter the state of mind called "schizophrenic." Explains why the entire "medical model" is such a popular explanation for emotional distress, but is very likely false. (Second Edition)



**Prozac Conspiracy**  
**David Seymour**

Order code 01212p

**Member \$22.50 List \$25**

Join sharp tongued 15 year old Cameron Socratic in his flight to save himself from the powerful forces of conformity. Part of the story takes place in a court of law. The legal defense of Prozac that was used in an actual court of law is presented

in a separate font. This shocking courtroom drama includes a powerful musical soundtrack on a free enclosed CD.



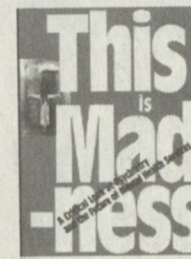
**Community Mental Health:  
A Practical Guide**  
**Loren Mosher**

(1994) 278 pages, paper. ORDER CODE 1151

**MEMBER PRICE: \$15.30, LIST: \$17**

An orientation toward meeting the needs of people experiencing emotional distress (usually accompanied by disturbing behavior). A practical, respectful, client-centered, problem-oriented and solution-focused approach, using a strength, growth, and recovery model.

Challenges conventional biomedical psychiatric practice and describes alternatives to traditional practices. Principles, values, and attitudes are key ingredients to implement these alternatives.



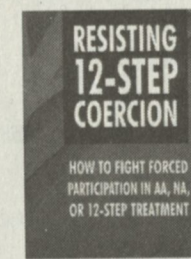
**This Is Madness**  
**Craig Newnes, et al., ed.**

(1999) 296 pages, paper. ORDER CODE 1153

**MEMBER PRICE: \$24.30, LIST: \$27**

In this comprehensive critique 23 British contributors (Mary Boyle being the most well-known in the US) examine the history of psychiatry, the validity of diagnostic systems, and the value of traditional medical and alternative approaches to

emotional distress and crisis. Critical, scholarly, personal, and ultimately hopeful, it brings together the views of professionals and consumer/survivors. It is an attempt to develop a more effective, respectful, and humane mental health system.



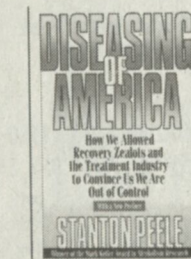
**Resisting 12-Step Coercion:  
How to fight forced participation in AA, NA, or 12-Step Treatment**  
**Stanton Peele**

(2000) 204 pages, paper. ORDER CODE 1156

**MEMBER PRICE: \$13.45, LIST: \$14.95**

This book examines and refutes the disease concept of alcoholism/ addiction; analyzes the evidence for the effectiveness (or lack of it) of such

treatments and describes alternative treatments that work. It provides the intellectual, practical, and scientific background for lay people and professionals to fight against coerced referrals to 12-step addiction treatment.



**Diseasing of America:  
How We Allowed Recovery Zealots and the Treatment Industry to Convince Us We Are Out of Control**  
**Stanton Peele**

(1995) 321 pages, paper. ORDER CODE 1165

**MEMBER PRICE: \$18.85, LIST: \$20.95**

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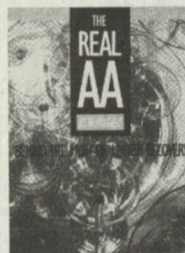
### Alcohol: How to Give It Up and Be Glad You Did *Philip Tate*

(1997) 207 pages, paper. ORDER CODE 1182

**MEMBER PRICE: \$11.65, LIST: \$12.95**

This popular self-help book is practical, comprehensive, and easy to use. It not only helps alcohol abusers understand their behavior, but also provides practical steps that anyone can use to solve

an alcohol problem. Written by a cognitive-behavioral psychologist, it includes chapters on overcoming low self-esteem, depression, and stress, attending self-help groups, and living a better life after quitting.



### The Real AA: Beyond the Myth of 12-Step Recovery *Ken Ragge*

(1998) 206 pages, paper. ORDER CODE 1169

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*The Real AA* is the result of Ken Ragge's journey through AA and its for-profit institutional variants. The book covers virtually all aspects of AA and the traditional treatment system: the disease theory of

alcohol abuse; AA's origins and development; AA's ideology and indoctrination process; and AA's institutional forms. An invaluable resource to alcohol abusers, their friends, and their families.



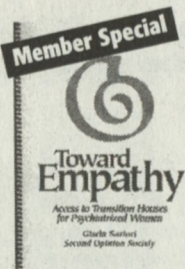
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Stories of those who lived and died at the notorious institution of the Toronto Hospital for the Insane in the years between 1870 and 1940.

Commemorates men and women whose courage and imagination in the face of impossible odds let them work hard at institutional jobs and form meaningful relationships with other patients and staff.



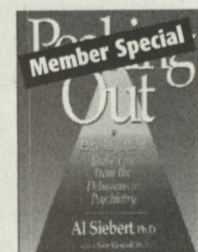
### Toward Empathy: Access to Transition Houses for Psychiatrized Women *Gisela Sartori*

(1996) 213 pages, paper. ORDER CODE 1138

**MEMBER PRICE: \$8, LIST: \$10**

This manual features women's personal stories, general principles of a supportive approach, guides to specific crisis scenarios, and alternative resources. The appendix includes more than 50

pages on psychiatric drugs (including tips on quitting), plus sections on peer counseling, breathing exercises, herbs, a brief history of the movement, resources for transition houses, and reading list. The author is herself a psychiatric survivor who works with SOS, an SCI sponsor group.



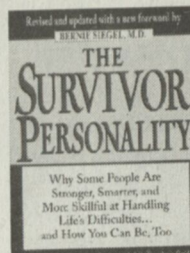
### Peaking Out: How My Mind Broke Free from the Delusions in Psychiatry *Al Siebert*

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In 1965 the author received his PhD in clinical psychology and was awarded a fellowship for post-doctoral training at the Meninger Foundation. During this time he conducted an experimental interview

with a patient diagnosed as paranoid schizophrenic, which led to her immediate recovery. When he shared this experience with his colleagues, they declared him mentally ill and cancelled his fellowship. After being locked up, he was signed out "against medical advice." This is his story!



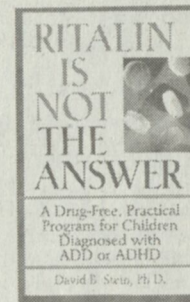
### The Survivor Personality *Al Siebert*

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When faced with adversity, tragedy, or just bad karma, what makes one person crumble, another survive, and yet another thrive? From his initial study of World War II combat survivors and many subsequent years of research, Al Siebert discovered

that those who survive (and thrive) often respond to challenge with humor, wisdom, and mental and emotional flexibility. No, life isn't fair, but Siebert shows us how to regain our stability in a world that seems hell-bent on knocking us off track.



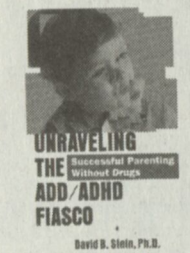
### Ritalin Is Not the Answer *David B. Stein*

(1999) 203 pages, paper. ORDER CODE 1155

**MEMBER PRICE: \$13.50, LIST: \$15**

Nearly one-tenth of all school-aged children in the U. S. are being coerced into taking mood-altering drugs with side effects that include insomnia, tearfulness, rebound irritability, personality change, nervousness, anorexia, nausea, dizziness, headaches, heart palpitations, and cardiac arrhythmia. Challenges what has become common practice and teaches parents and educators an effective

alternative, drug-free program.

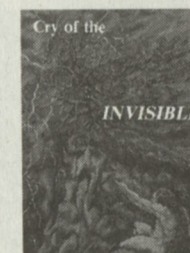


### Unraveling the ADD/ADHD Fiasco: Successful Parenting Without Drugs *David B. Stein*

(2001) 250 pages, paper. ORDER CODE 1180

**MEMBER PRICE: \$13.45, LIST: \$14.95**

The number of children diagnosed with ADD/ADHD has skyrocketed, along with prescriptions for powerful drugs to treat them. Challenging disease theories of ADD Stein offers a safe, foolproof alternative. He discusses conditions in modern society and the American family that cause children to hate schoolwork and behave disrespectfully to authority. He presents a parent training program that helps children learn appropriate behavioral and cognitive skills without drug therapy.



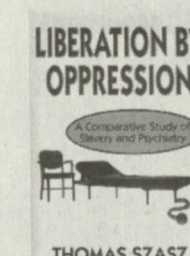
### Cry of the Invisible *Michael Susko*

(1991) 334 pages, paper. ORDER CODE 1114

**MEMBER PRICE: \$13.50, LIST: \$15**

Carefully gathered first-person accounts from dozens of psychiatric survivors about their childhoods, forced drugs, life on the streets, institutionalization and "madness." A theme running through

the stories is that people put in psychiatric institutions often have deep wounds going back to childhood or have suffered recent trauma. The system's neglect of their cry of pain renders them invisible. Powerful poetry and drawings illustrate surviving against great odds.



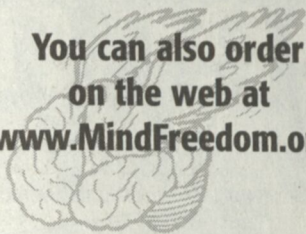
### Liberation by Oppression *Thomas Szasz*

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Thomas Szasz argues the consensual character of psychotherapeutic practices in the private sphere, have been destroyed. During the past few decades, "reforms" gave therapist double duty. Now therapists must protect all mental patients from themselves, and they must also protect the public from all patients. All relations between psychiatrists and patients, became based on actual or potential coercion.

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### Mad In America: Bad Science, Bad medicine, and the Enduring Mistreatment of the Mentally Ill Robert Whitaker

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Psychiatry claims that mental disorders are caused by a chemical imbalance in the brain and that drugs restore this imbalance. Whitaker starts from WHO research that shows an American schizophrenia patient is *less* likely to recover than a similar one in an underdeveloped country where psychotropic drugs are in short supply and follows through...outstanding investigatory journalism.



### HEALER: WITH A TWIST LeNor Barry

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(2001) Debut CD from Minneapolis based singer-song writer and shock survivor LeNor Barry; LeNor writes outstanding songs and plays superb 12 string guitar.

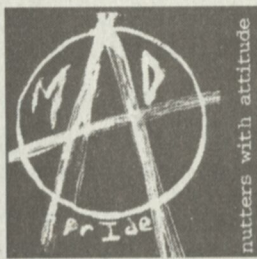
"Haunting and breathtaking, LeNor Barry's music is beautiful and speaks not only to shock and psychiatric survivors, but to all of humanity" .... Juli Lawrence, SCI & [www.ect.org](http://www.ect.org).



### Adbusters #41- "Mad World/Mad Pride" issue

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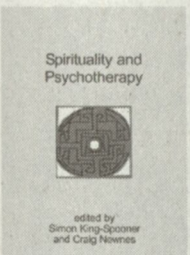
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"Though not all of these musicians are mad, most of them are.." Nutters With Attitude is an avant garde collection from the UK pressure group Mad Pride, consisting of twenty artists/groups with a wide range of styles and music. Mad Pride works with many musicians, and regularly organizes benefit concerts. This CD collaboration is a tremendous selection which Mad Pride says proves their claim that "madness is the new rock 'n' roll".



### Spirituality and Psychotherapy Simon King-Spooner & Craig Newnes, eds.

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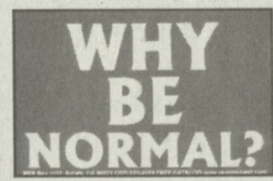
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# MindFreedom journal

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#### INDEX:

- #45 Electroshock's Secret Comeback
- #44 MindFreedom! Youth and Psychiatry
- #43: Mad Pride: Psychiatric Survivor's Movement Turns 30.
- #41-42: "Dose Drops: Administering drugs to people in their own homes.
- #39/40: Burch House. Fighting involuntary drugging. Psychiatric abuse of youth.
- #37/38: Clinton juggles on forced shock. NAMI campaign for forced outpatient drugging.
- #36: Healing through nature. Violence initiative. Opal Whiteley. Uniting ethical mental health workers
- #35: "Save Lucille Campaign." Healing through community & nutrition. Prozac Survivors Support Group convention.
- #33/34: Texas informed consent law passed. PMS labeled a "mental disorder." Queer movement & psychiatry.
- #30-32: Patch Adams interview. Protest of APA annual meeting. Psychiatric drugs used for controlling non-human animals.
- #27-29: Violence Initiative. 500 years of psychiatry.
- #25/26: Racist psychiatry is fascism in '90s. Excerpts from Breggin's Toxic Psychiatry.
- #23/24: Mental Health workers as allies. Shock protests July 14, '91.
- #20-22: Special triple issue: Ken Kesey interview. Gulf war psychiatry. Shock campaign info, resources, petition. How to reach allies, #19: FDA rubber stamping shock. Brazil psych. control. Alternatives '90 protest. Zap their lies about shock! Support-In.
- #18: Support-In. Shock news. Mental freedom posters. Resources.
- #17: Chapter from Kate Millet's new book. Shock cover-up. US Supreme Court approves forced drugs.
- #15/16: Special double issue on taking action. Kate Millet tells her story. Psychiatric racism blasted. Clozapine: Kinder & gentler brain damage?
- #14: US Supreme Court hears forced psychiatric drugging case. 1,200 psych survivors gather at US alternatives conference.
- #13: Lobotomy effect of psychiatric drugs. US government censors psychiatric critic. Protest of APA meeting.
- #12: Spirituality & psychiatry: Inquisition continues. Creative spiritual emergence.
- #11: Psychiatric drugs cause brain damage epidemic. Mass media coverage. Survivor theatre.
- #10: Anti-shock demonstration. Success story of "street crazy." Human rights covered. Self-help solitude & scream rooms.
- #9: What are alternatives? Movement unity.
- #8: Campus mind control. Alternatives '88.
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- #5: Movement Controversies. Kids' Lib.
- #4: Psychiatry and War, Break the Silence, by G. Ebert
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- #1 Lessons from Civil Rights Movement, Psych Drug Abuse.

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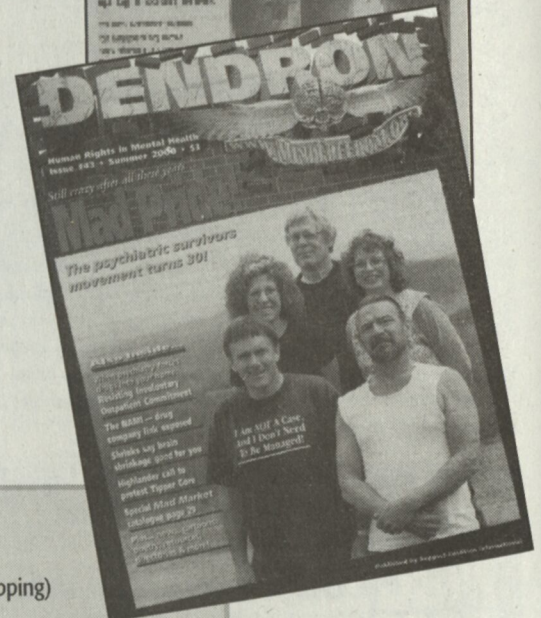
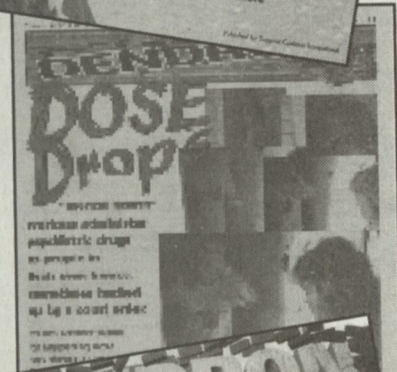
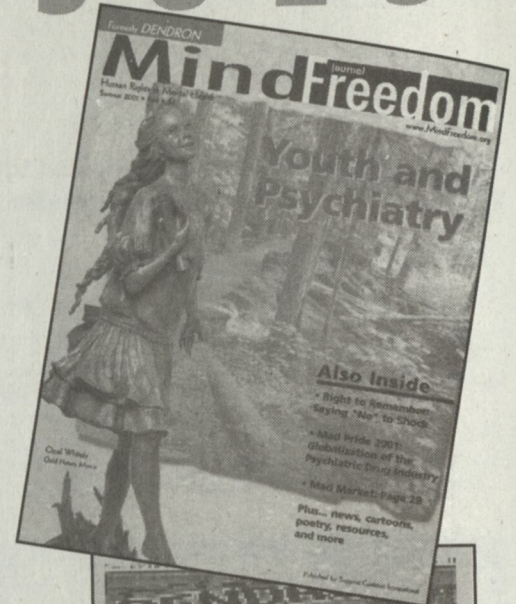
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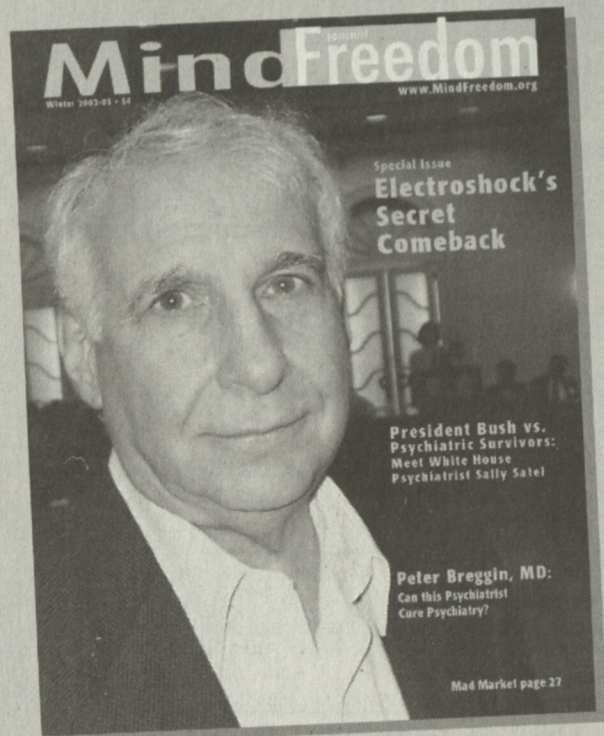
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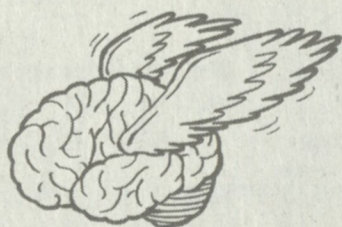
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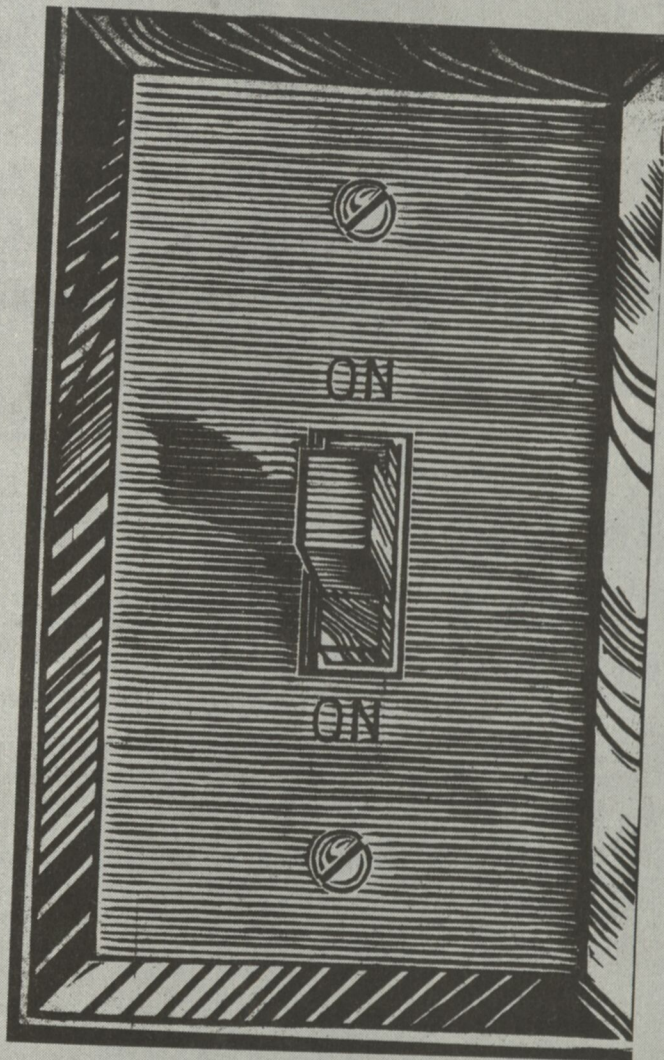
# The History of Shock

# 1942 to 1961

**1942** Case 1. M.C. Philadelphia State Hospital. Reg. No. 51103. Paranoid dementia praecox in a woman of 45. Electrical convulsion treatments, 62 [in 16 of which no convulsion was produced], over a period of 5 months. Numerous punctate hemorrhages in the cerebral cortex, medulla, cerebellum and basal ganglia. Areas of perivascular edema and necrosis....

Comment. The foregoing case is the first reported instance, so far as we know, of hemorrhages in the brain attributable to electrical convulsion treatment...

The importance of the case lies in that it offers a clear demonstration of the fact that electrical convulsion treatment is followed at times by structural damage of the brain.



BERNARD J. ALPERS and JOSEPH HUGHES (American physicians), "The Brain Changes in Electrically Induced Convulsions in the Human," *Journal of Neuropathology and Experimental Neurology*, April 1942

**1942** The disturbance in memory [caused by ECT] is probably an integral part of the recovery process. I think it may be true that these people have for the time being at any rate more intelligence than they can handle and that the reduction of intelligence is an important factor in the curative process.

ABRAHAM MYERSON (American psychiatrist), in discussion of Franklin G. Ebaugh et al., "Fatalities Following Electric Convulsive Therapy: A Report of 2 Cases with Autopsy Findings," *Transactions of the American Neurological Association*, June 1942

**1949** Two soft pads, which felt slightly moist, clamped themselves against Winston's temples. He quailed. There was pain coming, a new kind of pain. O'Brien laid a hand reassuringly, almost kindly, on his.

"This time it will not hurt," he said. "Keep your eyes fixed on mine."

At this moment there was a devastating explosion, or what seemed like an explosion, though it was not certain whether there was any noise. There was undoubtedly a blinding flash of light. Winston was not hurt, only prostrated.... A terrific painless, blow had flattened him out. Also something had happened inside his head. As his eyes regained their focus, he remembered who he was, and where he was, and recognized the face that was gazing into his own; but somewhere or other there was a large patch of emptiness, as though a piece had been taken out of his brain.

GEORGE ORWELL (English writer), *Nineteen Eighty-Four*, 1949

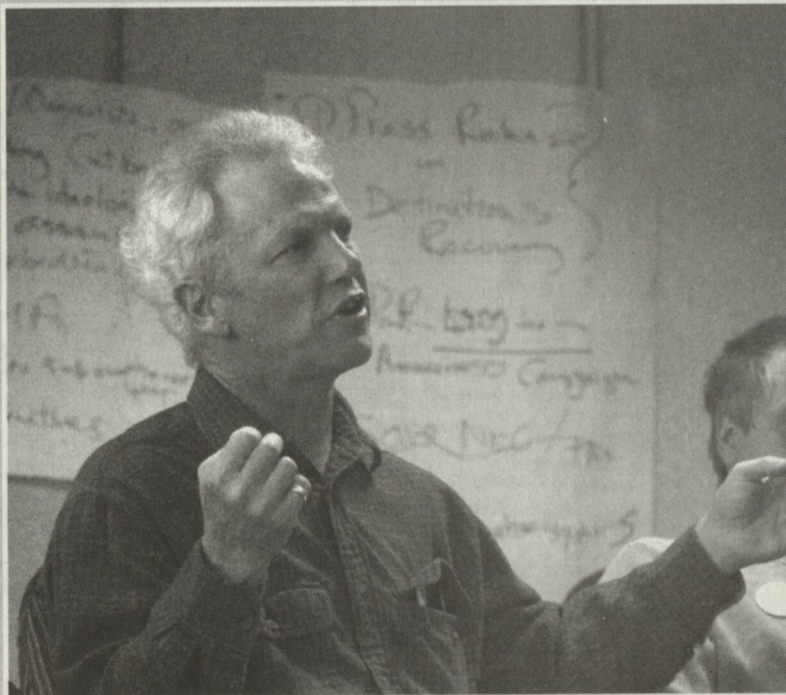
**1961** What these shock doctors don't know is about writers and such things as remorse and contrition and what they do to them. They should make all psychiatrists take a course in creative writing so they'd know about writers....

Well, what is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? It was a brilliant cure but we lost the patient. It's a bum turn, Hotch, terrible.

ERNEST HEMINGWAY (American electroshock patient and writer), remarks to the author who was visiting him at the Mayo Clinic where Hemingway was being electroshocked, 1961, in A. E. Hotchner, *Papa Hemingway*, 14, 1967. A few days after being released from the Clinic following a second ECT series, Hemingway killed himself with a shotgun. Four years later, Howard P. Rome, his Mayo Clinic psychiatrist, was elected president of the American Psychiatric Association.

# SCI Strategy:

**Myra Kovary** has been a psychiatric survivor activist for over 20 years. She co-founded a group in 1980 that is still functioning under the name of IMPAC (Ithaca Mental Patients Advocacy Coalition).



**Dan Fisher** is a psychiatric survivor, psychiatrist, co-director of the National Empowerment Center, and the only psychiatric survivor on the President's New Freedom Commission.

# Poetic Justice

EDITED BY BONNIE SCHELL

"It was a brilliant cure, but we lost the patient."  
—Ernest Hemingway after shock.

Time has to pass before the victims of cerebral-cranial trauma can write poetry that deals with the fact that human beings use electroconvulsive therapy (ECT) as a treatment on others in the name of healing. The space between rage and the emotion of utter powerlessness is fragile. It is easier to make a poster, more difficult to make a poem that shares the treatment experience.

## A Day in the Death:

getting ECT in 1969, age 19  
by Fred

Neutron bombs, screaming holocausts, duck and cover,  
Fear mounts unrelentlessly: The Russians are coming, and  
The "aliens;" certainly the devil too.  
Even "agents" seek my end;  
I know too much to live.  
I must. For others buzz  
"About their business" and give no heed  
To the maddening daily killing  
Of the wars that never end.

Awaken; head crushed, body smashed:  
"Did anyone get the number of that comet that just plowed into me?"  
...To my visiting friends,  
I managed to joke, when they  
Awoke me from my heavy grave.  
Some levity there, through that  
Drugged stupor sorely pained; torture  
Crowding what of consciousness remained.

Eyeballs rolling; unhinged, loosened;  
Attached only by optic strands.  
They awaken me. Shock again today.  
Drink the serum, swallow the pills.  
Breakfast: toast and juice rasp  
The gullet, hellfire-scorched.  
Seconal adds a cotton blend.  
To the gurney, into the straps,  
The bit in the mouth; the ritual I know.  
Submit or submit; the choices I own.  
Yet relish I the rare seconds, the Pure Black  
That comes, when the expert injects  
The expertly-refined, sodium pentathol.

Tingling, in a full-body rush,  
I am counting now...  
Ninety-nine, ninety-eight; ninety-  
sevven....niiiiineteee-  
sixxxxxxxxxxxxx.....

...Light and sound slowly  
sift back into my awareness...  
I know that it is done, for I am in my bed.  
I feel again my heart's beat;

Thoughts emerge from their opaque hibernation.  
Then the sudden clarity dawns; the day is still the same:  
Oh no. God no. Please no! PLEASE NO-Oh-ohhh-ohh-oh-oh.  
Deeper than depth can go, my soul sobs audibly.  
Pleading, to human, to Spirit, is no avail;  
I've come to know.

Somehow, they again will kill me,  
and provide no final death;  
Their grim-faced torments, with renewed  
Solemnity, expertly they will continue.  
It's a cycle with true human demons:  
Hell's treadmill without end.

## I See Brain Cells

by Cal Grandy

i see brain cells on the rocks  
brain cells in the trees  
brain cells relieved from thinking  
free to ride the breeze  
delivered there by the lightning  
delivered on a rain drop  
delivered from psychiatry  
and from further need for shock

## I Can't Close That Door, Yet...

by Mimi Greenberg, age 74

I can't close that door, yet...  
Before I grieve for me,

I can't close that door yet...  
Before I remember,  
Standing in line,  
Clasping hands with another,  
In fear, always in fear.

I can't close that door yet...  
Before I remember —  
that small room, that smelled of death.

I can't close that door yet...  
Before I remember  
that narrow table,  
those 'reins' holding me down.

I can't close that door yet...  
Before I remember,  
the backward count...  
lulling me to sleep.

I can't close that door yet...  
Before I bury the one  
on that table.

But, I will!  
I will!  
Soon!  
Very soon!  
And then my soul  
Will give birth to me,  
Again...

## Remembering Shock

By Susan Bertrand

It was the early 1970's.  
It was also Camarillo State Hospital.  
There was one among us  
who was younger, sweeter, more vulnerable.  
She begged and pleaded "No More."  
"No more shock treatments, please."  
They said, "You know you have to have it,"  
as two big orderlies dragged her  
to the treatment room.  
She screamed, "No, please No," all  
the way – they were relentless  
almost gleeful  
I was there to see this.  
I saw her fright, humiliation and helplessness.  
My heart went out to her  
through my Thorazine numbness.  
If they returned her to our ward,  
I don't know.  
She was either unrecognizably changed  
Or they put her somewhere else.  
Did she die? Like I did?  
I awoke naked  
In a dark and cold place  
With a man and woman standing  
On either side of me, me  
Lying on my back.  
I heard him say to her,  
"Isn't that beautiful?"  
as he picked up the cross that always hung  
between my breasts on my sunken sternum.  
I sat bolt upright, spoke loudly,  
"Don't touch that cross!  
After that, I don't remember.

In the 1990's closer to home,

A friend underwent ECT.  
She was told the treatments  
Would take away her bad memories.  
I saw her afterward.  
A once beautiful, joyous woman.  
now her *joie de vivre* was gone.  
Her face changed.  
She was sorely disappointed  
That all the memories  
Left to her were BAD!

In the year 2000  
Another dear friend had ECT  
In Santa Barbara County.  
She no longer binges and purges.  
Once fluent enough that she wrote a book,  
she had to learn to read and write  
all over again. Once confident  
and full of good humor,  
she is now timid and self-conscious.

I have missing recollections  
Three days here and there in hospitals — missing.  
Had they shocked me in San Francisco?  
Or had they just put me out for a while.  
The thing with shock treatment is  
You don't remember!

## INSANE TREATMENT

Selections from 56 stanzas

By Lloyd Wagner

They say you may get violent,  
As they in fact are,  
As policemen with guns,  
Drag you in cuffs to their car.

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Drive you fast to the hospital,  
Where they test you for pot;  
They find none, sedate you,  
Strap you down to a cot.

You wake to reality;  
Your psychiatrist's there  
He says you're still crazy –  
Just look at your hair.

You're making "limited progress,"  
He writes in your chart.  
"Tomorrow in group,  
You can go to K-Mart."

"Limited progress."  
That's what they said,  
If you make none, they're not doctors,  
If you do, you're not Mad.

"Try to get better,"  
They say with a smirk,  
But they won't let you get better,  
'Cause then they'd have to work  
"You're not responding through meds."  
(You're still too smart in your talk.)  
"Would you like to be fixed by  
Electro-shock?"

"It'll erase bad memories,  
That's all it'll do."  
Though if you've got a headache or not,  
They can't even tell you.

So how can they aim  
Their erasing stun-gun,  
At only "Bad Memories,"  
What if they hit "Fun?"

So you refuse to agree  
To the electroshock notion.  
They increase the pressure:  
"You're put on restriction."

Can't go out of the unit,  
Can't go out with group.  
"You won't sign the papers?  
Then stay locked in the coop."

They act like you  
Have just tried to cheat 'em.  
They double your fry-meds — See?  
You really can't beat 'em.

The next theme is diversity in our movement — race, age, geography and more. Poets are invited to submit on this theme by hardcopy or e-mail to: Bonnie Schell; 310 Walnut Ave.; Santa Cruz, CA 95060 USA. E-mail: <Bonniebelle@mindspring.com>. Bonnie manages a drop-in center and will not have time to acknowledge receipt of your work or correspond, but she will read and take care of your words.

## Poetic Justice

[www.antipsychiatry.org](http://www.antipsychiatry.org)



- Mental Patient's Liberation: Why? How?
- Does Mental Illness Exist? \*
- Schizophrenia: A Nonexistent Disease \*
- The Myth of Biological Depression
- Psychiatric Drugs: Cure or Quackery? \*
- Psychiatry's Electroconclusive Shock Treatment: A Crime Against Humanity \*
- The Case Against Psychotherapy \*
- Unjustified Psychiatric Commitment \*
- Is Involuntary Commitment for a violation of Substantive Due Process?
- Why Psychiatry Should Be Abolished as a Medical Specialty
- Suicide: A Civil Right
- Psychiatric Stigma Follows You Wherever You Go For the Rest of Your Life \*
- Current Antipsychiatry News

The seven phamlets indicated by an asterisk (\*) are available by mail by sending a self-addressed envelope with 55 cents of postage affixed and a donation of \$1 or more to Antipsychiatry Coalition; P.O. Box 1253; Topeka, Kansas 66601.

## Welcome to all the new Sponsoring Groups of Support Coalition International.

To contact them, see the Sponsor Group directory near the back of *MindFreedom*.

### American Association of People with Disabilities

WASHINGTON, D.C.: AAPD is the largest non-profit, non-partisan cross-disability organization in the United States, and it is now the largest Sponsor Group in SCI. Director Andy Imparato is himself a psychiatric survivor. AAPD's goals are unity, leadership and impact. To encourage mutual support between AAPD and SCI, AAPD is extending a special discount to all SCI members, who may join for \$5.00. Just mention SCI when joining. Their website can be viewed at [www.aapd-dc.org](http://www.aapd-dc.org). You can sign up there to stay in touch with AAPD's activism through their e-mail alert list Justice for All.

### Center for Advocacy in Mental Health in India

INDIA: The director for the Center for Advocacy in Mental Health, Bhargavi Davar, reports that, "ECT is a very major concern with us and there is a lot of abuse of this treatment in India. Direct ECT is still widely practiced by the state hospitals. It is also used indiscriminately for any and all kinds of 'diagnosis' and of course we have known it to be used to quell political dissent."

The group held a protest last year against violations of human dignity at the Badhusa Mental Health shelter in Ervadi, Ramanathapuram, India where 28 people were killed by a fire. They were kept chained to their beds in thatched huts. When the fire started they could not escape. The community did not intervene and the owner has abdicated himself.

### World Network of Users and Survivors of Psychiatry

The purpose of WNUSP is to be a global forum and voice of users and survivors of psychiatry, to promote their rights and interests.

The aims of the organization to assist it achieve its purpose are to: • advocate for the advancement of human rights of users and survivors of psychiatry; • provide international representation and consultation to influence matters that affect users and survivors; • encourage the development of national user / survivor organizations in each country; • facilitate effective information exchange among user / survivor organizations around the world; • develop networking opportunities for individual users and survivors of psychiatry throughout the world.

### The Movement for Freedom from Psychiatric Enforcement

ISRAEL: The organization's aims are to change mental health law, provide legal help for survivors, establish a hotline for survivors, create support groups for people who have been damaged from psychiatric abuse, encourage people to sue the system, and more. The group's 28-year-old spokesperson, Inbal Bar-on, said she is especially enthused about networking with SCI members: "Personally I must say how happy I am to meet anti-psychiatric human-right activists from all over the world, considering the fact that in Israel, those activists can be counted on one hand, and there will still be fingers left."

### Freedom Center

NORTHAMPTON, MASS., USA: The Freedom Center provides support, education and activism. This group focuses on empowerment, in part because so

many ex-mental patients have experienced extreme abuse and stigma in the mental health system, in spite of often well-intentioned mental health professionals.

The Freedom Center was established as an alternative place for people to begin to take a more active role in their own self-definition and "recovery." The group stresses a holistic view of the human psyche, of wellness, and illness, as well as the undeniable role that traumatic experiences play in developing severe emotional stress. People can and do recover, often without the use of medication. Through activism, members empower themselves and build the capacity for grassroots change. Oryx Cohen is the liaison from the Freedom Center to SCI (also see article this issue about his work on SCI's Oral History Project on page 16).

Freedom Center offers advocacy and activism on human rights, all with the ultimate aim of ending all forms of coercion in the mental health system. Current campaigns include ending "Roger's Orders." This is the Massachusetts version of involuntary outpatient commitment, where even people out in the community can be forced to take psychiatric drugs against their will backed up by a court order.

### SSRI Crusaders

TAYLORSVILLE, UTAH: SSRI Crusaders is a group of victims, both direct and indirect, of the class of drugs called selective serotonin reuptake inhibitors. Dawn Rider and Jim Harper are so-spokes. The group's strategy is to raise the level of public awareness to the dangers of these drugs which includes Prozac, Paxil, Zoloft, Celexa and Luvox. The members believe pharmaceutical firms who manufacture these drugs have deceived the public and should be held accountable for their actions. They provide extensive networking via Internet e-mail lists.

### Safe Harbor Awarded Grant for Improving Mental Health Care

LOS ANGELES, CALIF: Safe Harbor, nonprofit organization that educates the public on non-drug treatments, was recently awarded a \$25,000 grant by The California Endowment to improve care in the Los Angeles County Mental Health system.

Safe Harbor maintains one of the largest web sites on the Internet about alternatives in the mental health system: [www.alternativementalhealth.com](http://www.alternativementalhealth.com). For example, Safe Harbor was the first to post on the Internet a document called the Medical Evaluation Field Manual. The manual, written by Dr. Lorrin Koran of Stanford University, is the result of a study commissioned by the California State legislature in the 1980's.

The study found that nearly half of the physical ailments of the county mental health clientele were being missed in physical exams and medical workups. Dr. Koran's team developed simple methods for dramatically improving the quality of exams with minimal cost increases, and their results were published in Medical Evaluation Field Manual. However, the manual was never implemented.

"Many mental problems are caused by treatable medical problems," said Dan Stradford, president and founder of Safe Harbor. "If these medical problems can be spotted by proper physical exams, we can save a lot of people from spending a lifetime on psychiatric medication, when they are, in reality, medically ill."

*And welcome other new Sponsor Groups of SCI: Madness 101, Vancouver, Canada; Mental Health Advocates, Tulsa, OK; Nevada Freedom Clearing House, Sparks, NV; Spirit Helpers, Robert Woerner, Reno, NV; West Chester Consumer Empowerment Center, Mt. Vernon, NY; MetZelf, Medical and Therapeutic Self-determination in the Netherlands; Shrinkcity, and more. If your group might be interested in becoming a Sponsor Group, contact the SCI office.*



## Montreal Madness

BY DAVID OAKS

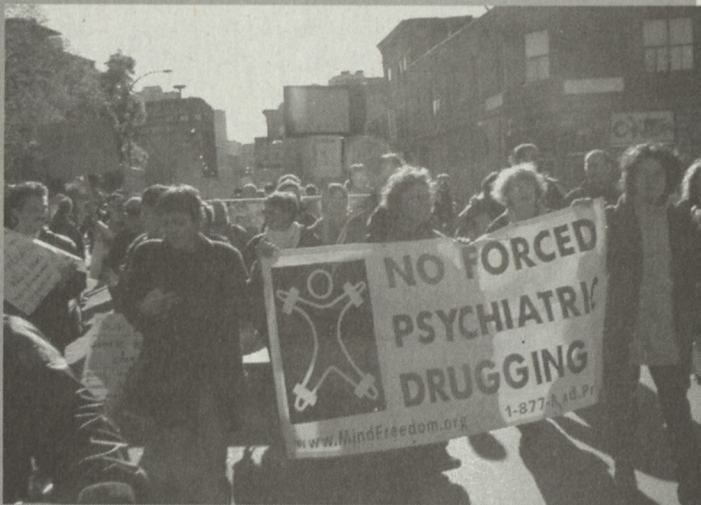
A major Mad Pride event was held in Montreal, Canada this November 2001. Entitled "Madly Empowered," it brought together 400 psychiatric survivors mainly from Quebec, and also from throughout Canada, USA, France and even Africa. The festival celebrated the tenth year of the Montreal psychiatric survivor group called Association des Groupes d'Intervention en Defense de Droits en Sante Mentale du Quebec.

The group's initials are AGIDD-SMQ, which they pronounced a-JEED for short. AGIDD is a Sponsor Group of Support Coalition International. The event included a conference with speakers on themes such as "Resistance to Instruments of Control," including electroshock and forced psychiatric drugging. Art, music, and theatre were used intensively throughout the conference to sum up what was learned and raise spirits. AGIDD generously brought in several Support Coalition activists to participate. Madly Empowered ended with a march through the streets of Montreal. Hundreds of us carried colorful murals and a mosaic of our art work, that we placed on the steps of the health division headquarters.

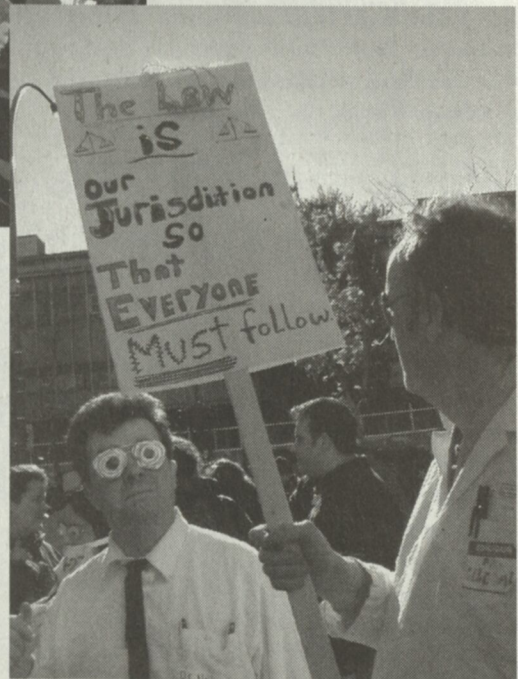
MONTREAL: Hundreds of psychiatric survivors took to the streets with colorful murals and art work to protest psychiatric oppression.



MONTREAL: [Left] The silhouettes of Gisela Sartori (Yukon), Judi Chamberlin (Mass.) and H el ene Grandbois (Quebec) can be seen holding a banner for MindFreedom in the Madly Empowered protest march. All three women have provided stirring and powerful leadership in SCI and several other groups in the movement for many years. [Right] H el ene Grandbois, electroshock survivor and attorney, is surrounded by AGIDD activists at the close of Madly Empowered: Ga etan C ot e (left) was a lead organizer of Madly Empowered. Sebastien (right) helped organize Madly Empowered, and is also the communications liaison from AGIDD to SCI.



MONTREAL: AGIDD protesters used extensive guerilla theater, puppets, art and music. Here, doctors apparently claim jurisdiction over everyone and even put one protester in chains.





# Psychiatric Survivors Pitch in with National Service

*You may remember the quote by John F. Kennedy, "Ask not what your country can do for you, ask what you can do for your country." Now here's a question: Does that quote apply to psychiatric survivors?*

*Support Coalition International thinks so. That's why we partnered with the Pathways Project, sponsored by the Center on Self Determination at Oregon Health Sciences University. Together, we are working to help link up National Service programs with people labeled with psychiatric disabilities.*

National Service includes programs such as VISTA and AmeriCorps that are used by many non-profit organizations to help staff special projects, but where psychiatric survivors are often under-represented.

Support Coalition member and psychiatric survivor Dave Romprey was hired by Pathways Project to help link up psychiatric survivors and National Service. His job title: Psychiatric Survivor Community Liaison. *MindFreedom* asked him why National Service was important to him.

Dave Romprey explained that, "National Service is a way to bolster and further legitimize the disability movement to the mainstream status quo. National Service has important benefits for persons who, in volunteering, can earn money for college, receive a stipend, and make positive entries to their resumes."

Dave is enthused about the vision of hundreds of psychiatric survivors becoming involved in National Service: "All persons, regardless of disability, gender, race, or sexual orientation, have a right and a calling, if you will, to give back to their community. Any barriers and accommodations needed for this must be addressed."

Dave feels National Service is one way that psychiatric survivors and mental health consumers can show that we really are as independent and self-reliant as we claim. He said, "Persons with disabilities are so often thought of as 'needing

help' or 'needing service.' I think an important piece of the disability rights movement is to show that we can help, and that we can serve."

Sometimes there are things that psychiatric survivors can add to National Service that others cannot: "We as persons who experience disabilities have solutions for our communities, be they in cleaning up environmental waste or teaching kids or adults how to read. Volunteerism and national service are ways to turn the table and be not a people reached out to, but a people reaching out."

If you have questions about National Service, you can contact David E. Romprey at the Pathways Project, OHSU Center on Self Determination, Portland, Oregon. Ph: 503-232-9154 x 127 or 1-800-410-7069. Email: <rompreyd@ohsu.edu>.

## National Service programs include:

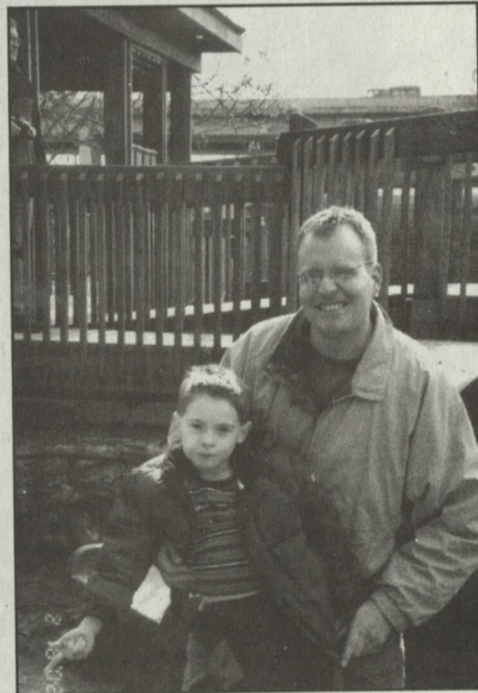
**Learn and Serve America:** In Learn and Serve America projects, students in kindergarten through college work with teachers and project managers to give back to their community.

**Senior Corps:** The Senior Corps is the national service program that puts the experience and talents of seniors across the country to work getting things done in their communities.

**VISTA:** For 35 years, AmeriCorps VISTA has been helping bring communities and individuals out of poverty. VISTA members serve in hundreds of nonprofit organizations and public agencies throughout the country. They work to fight illiteracy, improve health services, create businesses, increase

housing opportunities, or bridge the technology divide.

**AmeriCorps:** AmeriCorps, sometimes called the "domestic Peace Corps," is a service program that focuses on communities in the United States. It engages more than 50,000 Americans in intensive, results-driven community service each year.



David Romprey with son Maxwell

# Electroshock in UK linked to psychological trauma

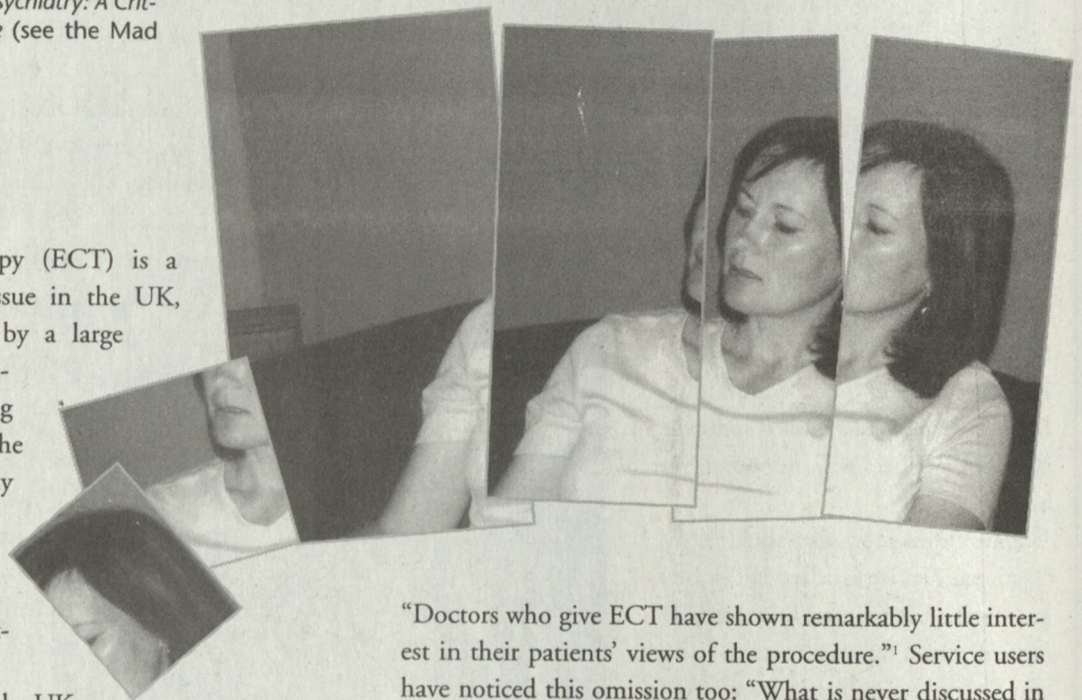
Lucy Johnstone describes the electroshock scene in Great Britain, and how the procedure is causing widespread trauma there. Lucy is also clinical psychologist and the author of the book *Users and Abusers of Psychiatry: A Critical Look at Psychiatric Practice* (see the Mad Market for a copy).

By Lucy Johnstone

**E**lectroconvulsive therapy (ECT) is a highly controversial issue in the UK, passionately opposed by a large number of service users including the powerful campaigning body ECT Anonymous. The procedure is equally fiercely defended by psychiatrists, who vary in their enthusiasm for the procedure but virtually never oppose it outright.

Facts on the use of ECT in the UK are notoriously hard to establish; no official figures at all were kept between 1990 and 1998. However, recent indications are that in England around 11,200 people a year are given ECT, which represents a slow but steady decline since 1985. About twice as many women as men receive ECT, particularly those who are over 65. As elsewhere, rates vary widely between regions, hospitals and consultants, and despite three major surveys by the Royal College of Psychiatrists over the last 20 years, only one third of clinics meets their practice guidelines.

I am one of a very small minority of professionals who believes ECT should be banned. My particular interest is in the psychological trauma inflicted by ECT, a topic that has been almost totally overlooked in the official literature. As the author of the standard textbook on ECT admits,



“Doctors who give ECT have shown remarkably little interest in their patients’ views of the procedure.”<sup>1</sup> Service users have noticed this omission too: “What is never discussed in the literature is the profoundly damaging psychological effects ECT can have.”<sup>2</sup>

Despite recent surveys indicating that up to a third of recipients find it deeply distressing,<sup>3</sup> the official view quoted in Britain is that “patients find ECT a helpful experience and not particularly frightening.”<sup>4</sup> My experience as a clinical psychologist suggests to me that this is often untrue. In a recent piece of research, I interviewed 20 people who said that they had found ECT distressing. The following themes emerged from their accounts.

## Listening to people who were shocked

Participants in this study had agreed to have ECT out of a mixture of desperation, powerlessness and an assumption that “doctor knows best.” “If you’re at your wits’ end and

they've drugged you up to the eyes you don't question... you're not thinking straight anyway." Coupled in some cases with pressure from the staff, this made the distinction between compulsory and voluntary treatment a fairly meaningless one; as one person said, "I wasn't physically taken to the suite or anything, I walked there on my own, but I felt it was forced on me."

Most people had found the actual experience terrifying. They felt helpless, out of control, and afraid of long-term damage: "I felt like a slave, taken away to this little room and put on a bed. No control, it was awful." "You dread it, your heart starts pumping, here we go again...It's like going to your death, your doom."

Although psychiatrists have cautiously acknowledged that ECT may cause mild apprehension, usually compared to fear of the dentist, these participants described a complex range of other reactions that are entirely absent from official accounts. These included feeling humiliated, betrayed, worthless, punished, degraded, stigmatized and assaulted. "It felt like I was a non-person and it didn't matter what anybody did to me." "It felt like I had been got at, yes, bashed, abused, as if my brain had been abused." "At the time I was completely convinced I was being punished for something...I thought, well, I must have done something wrong to be treated like this." For some, it was confirmation that they were truly crazy.

## ECT and Trauma

Perhaps most worryingly, two women who were survivors of child sexual abuse had clearly experienced ECT as a re-abuse which evoked all the same feelings of anger and helplessness: "I've had physical abuse as a child and I've had sexual abuse as a child and mental abuse as a child. I suppose I did think about it a couple of times going through the ECT, that this was some form of abuse, being put on you when you don't want it. I sometimes feel very angry to the people involved, that I can't get back at them or take revenge at them. So that I don't do that, I self-harm, I cut myself."

Few people had felt able to tell the professionals about their reactions to ECT, and those who did try often met with an unsympathetic response. The only way out, for some, was to pretend to be better: "It was a useful lesson really. It's not sensible in this world to tell psychiatrists of your, what they call 'delusional systems,' and in fact I never

told them another one." This distrust of professionals had lasting effects: "When I was in hospital last time I was terrified that they were going to give me ECT again. They promised they wouldn't, but can I trust them?"

Many people were unhappy with other aspects of their psychiatric treatment, such as medication. However, a number of them made the point that there is something qualitatively different about ECT. There are powerful symbolic meanings attached to putting electricity through someone's head. It can feel like a brutal assault on your very self: "It's an assault on who you are, you are in your head. And yet you've gone to them expecting them to heal you."

It is not surprising that the participants expressed their overall views about ECT in strong terms, using words like barbaric, abusive, unethical and inhumane. They saw it as a blunt instrument that produces brain damage without dealing with a person's real problems: "Well, it deadens your brain, doesn't it? That's what it does." "It's a short-term relief...obviously until you find a solution to the problem it's just going to recur." "It's not a treatment really, is it, it's just a violation of a person's body."

This study provides ample evidence that for a certain proportion of people, ECT is deeply and lastingly traumatic.

There are other worrying implications of this research. One is that ECT may actually compound people's problems in ways that the professionals are unaware of. The people I spoke to had come for help feeling confused and desperate. The treatment they received was experienced as a further loss of power and control, which left them even less able to protest and assert themselves than before. It undermined the trust that is essential for any therapeutic work to occur. For two participants, it essentially re-created the trauma of abuse that was at the root of their difficulties.

In other words, ECT may leave people not only unhelped, but actually in a worse state, and at the same time harder to reach. The very nature of these reactions means that they are unlikely to be picked up by the existing surveys administered by psychiatrists to their patients. Professionals can continue to prescribe ECT unaware that apparent consent may simply be a case of desperation and compliance overcoming fear and reluctance, and that an apparently successful outcome may merely be conformity and a fear of confiding one's true feelings to professionals.

What are the implications for practice? It is clear that most

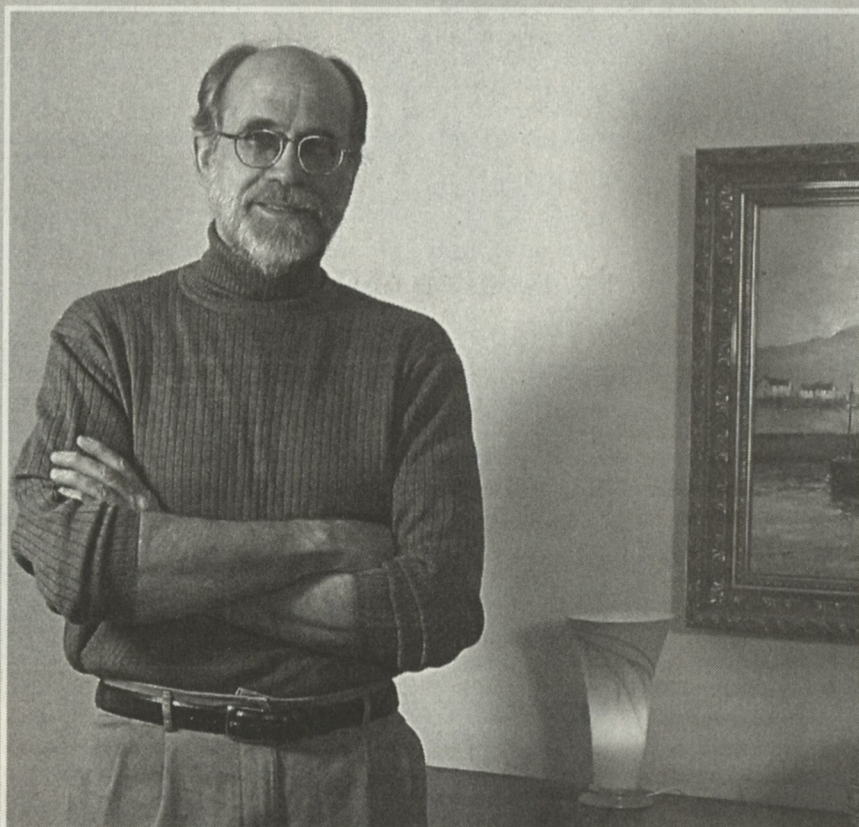
***In other words, ECT may leave people not only unhelped, but actually in a worse state, and at the same time harder to reach.***

of the existing recommendations for improving the practice of ECT in Britain, for example those put forward by the Royal College of Psychiatrists<sup>3</sup>, would fall far short of alleviating the concerns of the participants in this research. It was not just that ECT had been administered uncaringly, or without sufficient choice or information, although this certainly had happened. The people I spoke to had a fundamentally different understanding of their problems to that of the professionals. They believed that they had broken down for reasons, which a physical intervention obviously could not address. Looking back, they were quite clear about the emotional and practical support they had needed at the time, which would have made ECT unnecessary.

Those who had managed to move on had eventually found this help, usually from outside the psychiatric system, through a mixture of counselling, self-help groups and support from other service users. Some had eventually learned to turn their former compliance and conformity into assertiveness and a determination never to let others take control over them again; a paradoxical and certainly unintended long-term result of ECT. "I just feel...very angry, and basically I know my rights so much now, I'm in charge."

I believe that this research adds strength to the argument against using ECT at all. If up to a third of people will be profoundly and lastingly traumatised by ECT, and if there is no way of identifying these people in advance, the ratio of costs to (apparent) benefits may begin to seem unacceptably high. The campaigning must continue, and we must include the possibility of psychological as well as cognitive and neurological damage in the on-going debate.

References: [1] Abrams, R (1997) *Electroconvulsive Therapy*. 3rd edition. Oxford/New York, OUP. [2] Lindow, V.(1992) A service user's view. In Wright, H and Giddey, M (eds) *Mental Health Nursing*. London: Chapman and Hall. [3] Rogers, A., Pilgrim, D and Lacey, R (1993) *Experiencing Psychiatry: Users' views of services*. London, Macmillan. UKAN (United Kingdom Advocacy Network) (1996) ECT survey. *The Advocate*, Issue 1, 24-28. [4] Freeman, CPL and Kendell, RE (1980) ECT: Patients' experiences and attitudes. *British Journal of Psychiatry*, 137, 8-16. [5] Royal College of Psychiatrists (1995) *The ECT Handbook*. London: Royal College of Psychiatrists. The above article is a summary of "Adverse psychological effects of ECT," *Journal of Mental Health*, 1999, 8, 1, 69-85. Copies are available from the author at Bristol Clinical Psychology Doctorate, St Matthias Campus, UWE, Oldbury Court Road, Fishponds, Bristol BS16 2JP, UK. The article can also be found at [www.ect.org](http://www.ect.org).



**Bill Phillips** of Durham, North Carolina had 19 shock treatments in 1965. After these many years he says, "The shock treatments were a step backward in personal growth and human understanding. They didn't help me feel any better, and only served to confuse and disguise the real reasons for the pain I was in. The real reasons were not biochemical or genetic, but the result of childhood trauma, and electricity can never erase the trauma."

# Shock's Secret

## If the Brain is a Terrible Thing to Damage, Why do Psychiatrists Electroshock People?

# Comeback

BY LEONARD ROY FRANK

**E**lectroshock (also known as electroconvulsive "treatment," convulsive treatment, ECT, and EST) is one of psychiatry's physical methods for treating people diagnosed as "mentally ill." The technique as presently used involves the administration of anesthetic and muscle-relaxant drugs prior to applying 100 to 400 volts of electricity for .05 to 4 seconds to the brain thereby triggering a grand-mal convulsion lasting from 30 and 60 seconds.

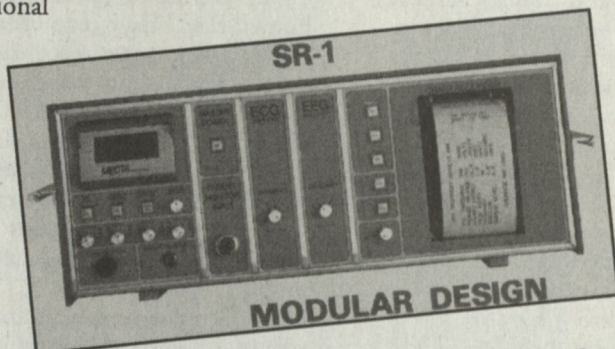
The convulsion is followed by a coma, usually lasting a few minutes, after which the subject awakens to experience a number of the following effects: fear, confusion, disorientation, amnesia, apathy ("emotional blunting"), dizziness, headache, mental dullness, nausea, muscle ache, physical weakness, and delirium. Most of these subside after a few hours, but amnesia, apathy, learning difficulties, and loss of creativity, drive, and energy may last for weeks or months. In many instances they are in some measure permanent. The intensity, number, and spacing of the individual electroshocks in a series greatly influence the severity and persistence of these effects.

Surveys indicate that two-thirds of those undergoing ECT today are women and that upwards of half are 60 years of age and older. Reports of ECT use on individuals as old as 102 (Alexopoulos, 1989) and as young as 34 months (Bender, 1955) have appeared in the professional literature. For people diagnosed with "depression," the group most commonly electroshocked, an ECT series usually consists of 6 to 12 individual electroshocks administered three times a week on an inpatient basis. For people diagnosed with "manic-depression" (also called "bipolar disorder"), a series may consist of as many 20 seizures usually administered at the same rate but sometimes given daily. For people diagnosed with "schizophrenia," as many as 35 electroshocks may be administered in a single series.

Since the procedure was first used in the United States in January 1940, having been introduced by psychiatrists Ugo Cerletti and Lucino Bini at the University of Rome two years earlier (Szasz, 1971), I estimate that 6 million Americans have been electroshocked. Based on a 1989 survey, psychiatrist

and ECT textbook writer Richard Abrams has estimated that 100,000 Americans undergo ECT annually. He believes that "it is likely that between 1 and 2 million patients per year receive ECT worldwide" (Abrams, 1997, p. 9).

Over the last thirty-five years I have researched the various shock procedures, particularly ECT, have spoken with hundreds of ECT survivors, and have corresponded with many others. From these sources and my own experience as someone who underwent ECT in combination with insulin comas (in 1963), I have concluded that ECT is a brutal, dehumanizing, memory-destroying, intelligence-lowering, brain-damaging, brainwashing, life-threatening technique. ECT robs people of their memories, their personality and their humanity. It reduces their capacity to lead full, meaningful lives; it crushes their spirits. Put simply, electroshock is a method for gutting the brain in order to control and punish people who fall or step out of line, and intimidate others who are on the



An electroshock machine

verge of doing so (Breggin, 1991, 1998; Frank, 1978, 1990; Morgan, 1999).

### Seven Secrets of ECT's Comeback

If electroshock is an atrocity, as I and other critics maintain, how can its widespread and growing use in psychiatric facilities in the U.S. and throughout the world be explained?

(1) **ECT supports the biological model.** ECT reinforces the psychiatric belief system, the linchpin of which is the biological model of mental illness. This model centers on the brain and reduces most serious personal problems down to genetic, physical, hormonal, and/or biochemical defects which call for biological treatment of one kind or another. The biological approach covers a spectrum of physical treatments, at one end of which are psychiatric drugs, at the other end is psychosurgery (which is still being used, although infrequently), with electroshock falling somewhere between the two.

The brain as psychiatry's focus of attention and treatment is not a new idea. In 1916 Swiss psychiatrist Carl G. Jung wrote: "The dogma that 'mental diseases are diseases of the brain' is a hangover from the materialism of the 1870s. It has become

a prejudice which hinders all progress, with nothing to justify it" (Jung, 1969, p. 279). Eighty-six years later, there is still nothing in the way of scientific proof to support the brain-disease notion.

The tragic irony is that the psychiatric profession makes unsubstantiated claims that mental illness is caused by a brain disease (or is, in fact, a brain disease) while hotly denying that electroshock causes brain damage, the evidence for which is overwhelming.

As psychiatrist Peter R. Breggin (1998, p. 15), ECT's foremost critic, has written summarizing more than 30 years of study: "[Brain] damage is demonstrated in many large animal studies, human autopsy studies, brain wave studies, and an occasional CT scan study. Animal and human autopsy studies show that ECT routinely causes wide widespread pinpoint hemorrhages and scattered cell death. While the damage can be found throughout the brain it is often worst in the region beneath the electrodes. Since at least one electrode always lies over the frontal lobe, it is no exaggeration to call ECT an electrical lobotomy."

(2) ECT is a money-maker. American psychiatrists specializing in ECT earn \$300,000 to 500,000 a year compared with other psychiatrists whose mean annual income is \$150,000. An in-hospital ECT series costs anywhere from \$50,000 to \$75,000. Assuming that 100,000 Americans undergo ECT annually in the U.S., I estimate that in this country alone electroshock is a \$5 billion-a-year industry.



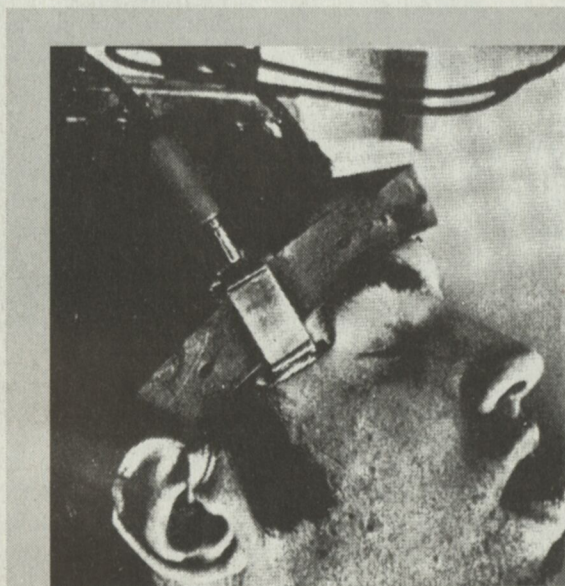
An advertisement for an early ECT machine

(3) Informed consent about ECT does not exist. While outright force still occurs, it is no longer commonly used in the administration of ECT. However, genuine informed consent today is never obtained because ECT candidates can be coerced into "accepting" the procedure (in a locked psychiatric facility, it is often "an offer that can't be refused") and because ECT specialists refuse to accurately inform ECT candidates and their families of the procedure's nature and effects.

Electroshock psychiatrists lie not only to the parties vitally concerned, they lie to themselves and to each other. Eventually they come to believe their own

lies, and when they do, they become even more persuasive to the naïve and uninformed. As Ralph Waldo Emerson wrote in 1852, "A man cannot dupe others long who has not duped himself first." Here is an instance of evil so deeply ingrained that it is no longer recognized as such by the perpetrators themselves. Instead we see such outrages as ECT specialist Robert E. Peck titling his 1974 book, *The Miracle of Shock Treatment* and Max Fink, a leading ECT proponent who for many years edited *Convulsive Therapy* (now called *The Journal of ECT*), the most influential journal in the field, telling a *Washington Post* reporter in 1996 that "ECT is one of God's gifts to mankind" (cited in Boodman, p. 16).

(4) ECT serves as backup for "treatment-resistant" psychiatric drug users. Many, if not most, of those being electroshocked today are suffering from the ill effects of a trial run or long-term use of antidepressant, anti-anxiety, neuroleptic, and/or stimulant drugs. When such effects become obvious,



1962 "The Shock Shop, Mr. McMurphy, is jargon for the ECT machine, the Electro Shock Therapy. A device that might be said to do the work of the sleeping pill, the electric chair, and the torture rack. It's a clever little procedure, simple, quick, nearly painless it happens so fast, but no one ever wants another one. Ever."

"What's this thing do?"

"You are strapped to a table, shaped, ironically, like a cross, with a crown of electric sparks in place of the thorns. You are touched on each side of the head with wires. Zap! Five cents' worth of electricity through the brain and you are jointly administered therapy and a punishment for your hostile go-to-hell behavior, on top of being put out of everyone's way for six hours to three days, depending on the individual."

KEN KESEY (American writer),  
*One Flew Over the Cuckoo's Nest*, 1962

the patient, the patient's family, or the "treating psychiatrist" may refuse to continue the drug-treatment program. This helps explain why ECT is so necessary in modern psychiatric practice: it is the treatment of next resort. It is psychiatry's way of burying its mistakes without killing the patients — at least not too often.

Growing use and failure of psychiatric-drug treatment has forced psychiatry to rely more and more on ECT as a way of dealing with difficult, complaining patients, who are often hurting more from the drugs than from their original problems. And when the ECT fails to "work," there's always — following an initial series — more ECT (prophylactic ECT administered periodically to outpatients), or more drug treatment, or a combination of the two. That drugs and ECT are for practical purposes the only methods psychiatry offers to, or imposes on, those who seek "treatment" or for whom treatment is sought is further evidence of the profession's clinical and moral bankruptcy.

(5) **Psychiatrists account to no one.** Psychiatry has become a "Teflon profession": what little criticism there is of it does not stick. Psychiatrists regularly carry out brutal acts of inhumanity and no one calls them on it — not the courts, not the government, not the people. Psychiatry has become an out-of-control profession, a rogue profession, a paradigm of authority without responsibility, which is a good working definition of tyranny.

(6) **The government supports the use of ECT.** The federal government stands by passively as psychiatrists continue to electroshock American citizens in direct violation of some of their most fundamental freedoms, including freedom of conscience, freedom of thought, freedom of religion, freedom of speech, freedom from assault, and freedom from cruel and unusual punishment.

The government also actively supports ECT through the licensing and funding of hospitals where the procedure is used, by covering ECT costs in its insurance programs (including Medicare), and by financing ECT research (including some of the most damaging ECT techniques ever devised). One recent study provides an example of such research.

This ECT experiment was conducted at Wake Forest University School of Medicine/North Carolina Baptist Hospital, Winston-Salem, between 1995 and 1998 (McCall, 2000). It involved the use of electric current at up to 12 times the individual's convulsive threshold on 36 depressed patients. The

destructive element in ECT is the current that causes the convulsion: the more electrical energy, the greater the brain damage. This reckless disregard for the safety of ECT subjects was supported by grants from the National Institute of Mental Health (p. 43).

(7) **Professionals and the media actively and passively support the use of ECT.** Electroshock could never have become a major psychiatric procedure without the active collusion and silent acquiescence of tens of thousands of psychiatrists and other allied health professionals. Many of them know better; all of them should know better.



***Amidst a barrage of propaganda from the psychiatric profession, the media passes on the claims of ECT proponents almost without challenge.***

The active and passive cooperation of the media has also played an essential role in expanding the use of electroshock. Amidst a barrage of propaganda from the psychiatric profession, the media passes on the claims of ECT proponents almost without challenge. The occasional critical articles are one-shot affairs, with no follow-up, which the public quickly forgets. With so much controversy surrounding this procedure, one would think that some investigative reporters would key on to the story, but until now this has been a rare occurrence. And the silence continues to drown out the voices of those who need to be heard.

I am reminded of Martin Luther King's 1963 "Letter from Birmingham City Jail," in which he wrote, "We shall have to repent in this generation not merely for the vitriolic words and actions of the bad people, but for the appalling silence of the good people."

## **Soul Crime**

In these perilous times especially, Dr. King's words need to be taken seriously. So long as it is being used anywhere on anyone and I am free to express my views, I will continue to write and speak the truth about electroshock. I will do so not only on behalf of those of us who have survived electroshock more or less intact, but on behalf of those who are right now undergoing ECT or who will be faced with the prospect of undergoing ECT at some future time. I will also do so on behalf of the silenced ones, the ones whose lives have been ruined and those who died or whose lives were shortened as a result of ECT; they are the true victims of electroshock, all of whom bear witness through my words.

By way of summary, I will close with a short paragraph and with a poem I wrote in 1989.

If the body is the temple of the spirit, the brain may be seen as the inner sanctum of the body, the holiest of holy places. To invade, violate, and injure the brain, as electroshock unfailingly does, is a crime against the spirit and a desecration of the soul.

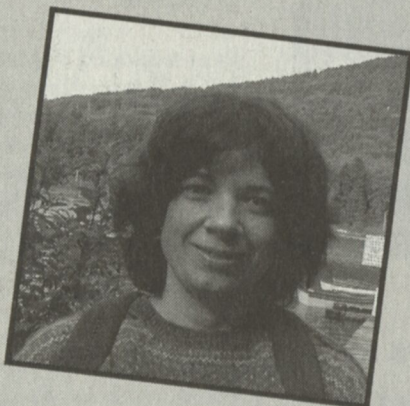
## Aftermath

With "therapeutic" fury  
search-and-destroy doctors  
using instruments of infamy  
conduct electrical lobotomies  
in little Auschwitzes called mental hospitals.

Electroshock specialists brainwash  
their apologists whitewash  
as silenced screams echo  
from pain-treatment rooms  
down corridors of shame.

## Survivor

Electroshock survivor **Jody Harmon** attended the Oregon Consumer Technical Assistance Camp OCTA.



Jody had electroshock at Oregon State Hospital, where *One Flew Over the Cuckoo's Nest* was filmed. She said: "A psychiatrist threatened that if I didn't go through with electroshock I would be permanently institutionalized. The machine looked old, I wasn't sure if it would work. They strapped me down, and when I woke up, I had the worst headache of my life. I wanted to tear down walls it hurt so bad. Well the 'treatment' for that was to put me in restraints. And here I couldn't remember my own name for a day, or where I was, why I was there. I was terrified and confused. You come out of the blackness of anesthesia, and you have a complete blank in your brain. It's probably like being born, except as an adult. I had 11 'treatments' over the course of five months. As far as helping, the electroshock had no therapeutic value at all. None. To this day, friends will share with me some of the great times we had together, and I just can't remember." [From [www.MindFreedom.org](http://www.MindFreedom.org) Oral History.]

Selves diminished  
we return  
to a world of narrowed dreams  
piecing together memory fragments  
for the long journey ahead.

From the roadside  
dead-faced onlookers  
awash in deliberate ignorance  
sanction the unspeakable —  
Silence is complicity is betrayal.

*Leonard Roy Frank, who lives in San Francisco, is an electroshock/insulincoma survivor, a long-time activist for human rights, and an editor/writer. He co-founded the Network Against Psychiatric Assault (NAPA) in 1974 and edited The History of Shock Treatment (self-published) in 1978. Since 1995, he has edited three collections of quotations including Influencing Minds: A Reader in Quotations (both books are available from the Mad Market). A major part of this article is based on his testimony as a representative of Support Coalition International at a public hearing on ECT conducted by the Mental Health Committee of the New York State Assembly in Manhattan on May 18, 2001.*

You can read this article on the web with a complete set of references, plus more quotes on electroshock compiled by Leonard, at: [www.mindfreedom.org/mindfreedom/shock/](http://www.mindfreedom.org/mindfreedom/shock/).

## The History of Shock

**1973** Psychiatry is the New Priesthood. Now, instead of stretching heretics on the rack, they are plugging people into the wall socket for shock "therapy."  
MICHAEL WHITFIELD, letter to *National Observer*, June 1973

**1974** I came home from the office after that first day back feeling panicky. I didn't know where to turn. I didn't know what to do. I was terrified. I've never been a crying person, but all my beloved knowledge, everything I had learned in my field during twenty years or more, was gone. I'd lost everything that professionals take for granted. I'd lost my experience, my knowing. But it was worse than that. I felt that I'd lost my self. I fell on the bed and cried and cried and cried.  
MARILYN RICE (American electroshock survivor, cited as Natalie Parker, a pseudonym), describing her return to work following a series of 8 ECTs in the early 1970s, in Berton Roueché, "As Empty as Eve," *New Yorker*, 9 September 1974



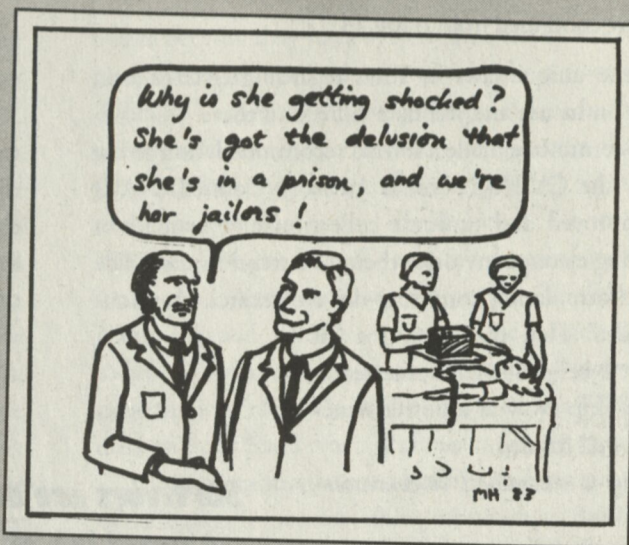
**1981** The brain- and mind-disabling hypothesis states that the more potent somatic therapies in psychiatry, that is, the major tranquilizers, lithium, ECT, and psychosurgery, produce brain damage and dysfunction, and that this damage and dysfunction is the primary, clinical or so-called beneficial effect. The individual subjected to the dysfunction becomes less able and more helpless, ultimately becoming more docile, tractable, and most importantly, more suggestible or easy to influence.

PETER R. BREGGIN

(American psychiatrist, a leading opponent of psychiatry's physical treatments and author of *Toxic Psychiatry*, *Talking Back to Prozac*, and *The War Against Children*), "Disabling the Brain with Electroshock," in Maurice Dongier and Eric D. Witkower, eds., *Divergent Views in Psychiatry*, 1981

**1993** ECT may effectively silence people about their problems, and even convince some people that they are cured by numbing their faculties and destroying their memories. It may fulfill a socially-valued function in reinforcing social norms and returning people to unhappy or abusive situations, or to isolation and poverty without any expenditure on better services or community development. It is easier to numb people and induce forgetfulness than to try to eradicate poverty, provide worthwhile jobs and deal with people's demands to be listened to, understood, loved and valued as part of the community.

JAN WALLCRAFT (British electroshock survivor), "ECT: Effective, But for Whom?" *OPENMIND* (British journal), April-May 1993



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Juli Interview continued from page 13...

explained the unique laws in Texas regarding electroshock, limitations on its use and the data collection there.

The Subcommittee made a formal recommendation to the NAC that "the CMHS National Advisory Council (NAC) support improved and uniform collection and analysis of data regarding electroconvulsive therapy. Attention should be focused on formulating consumer-driven research questions on the issue." That may sound a bit benign, but I believe it has some teeth. We have to chip away at a power structure that is well funded.

*MFJ: Why is electroshock so controversial?*

**Juli:** I believe the adage, "where there's smoke, there's fire." Since ECT was introduced nearly 70 years ago, patients have complained of memory loss and loss of certain abilities, which varies from person to person. Instead of trying to find a solution to the problems, the ECT industry has been on the attack, attempting to discredit those who speak out by categorizing them as Scientologists. If that fails to deflect attention away from critics, the industry tells the public and media that the critics are too mentally ill to understand what's going on.

The industry bristles at any criticism, and points to a badly designed study that concluded the majority of patients were happy with their ECT treatment (Mayo Clin Proc., Oct. 1999). The industry does not mention that nearly half of the original participants either dropped out after treatment, or refused to participate.

In 1996, ect.org conducted its own research in the Voices Study of patient attitudes. An unsurprising finding was that when patients complain about the results of their ECT, the doctors disregard their complaints. The unexpected finding of that study was that the patients tend to move on to new doctors, or abandon psychiatric treatment altogether. The doctors believe that the treatment was a success because the patient never returns. The patient, on the other hand, feels entirely different, even humiliated. This study, while small and certainly not without flaws, does validate that a communication breakdown exists.

*MFJ: The electroshock critic Peter Breggin says that any temporary lift from electroshock is from a kind of head injury high. But even some shock proponents have said the same thing, haven't they?*

**Juli:** The brain damage theory of electroshock is one of the earliest, and was championed by the Grandfather of American ECT, Dr. Max Fink. This theory holds that ECT traumatizes the brain, making it unable to feel the emotions that were considered the problem. For decades, Dr. Fink claimed (and showed scientifically) that "craniocerebral trauma" was the goal (Fink 1957). He was quite prolific through the 1970s in writing about the damaging effects on the brain, stating that the many abnormalities in the brain after ECT show that "induced convulsions in man are more similar to cerebral trauma than to spontaneous seizures."

Critics of ECT point to the common use of suprathreshold doses of electricity. Suprathreshold means determining the dose needed to produce convulsion, then multiplying that amount by as much as 500 percent. Critics point out this is concrete evidence that brain damage is necessary to get the desired effect in ECT. Otherwise, why wouldn't the dose simply be the amount needed to produce the convulsion?

*MFJ: Is ECT banned anywhere?*

**Juli:** ECT is only banned in the Republic of Slovenia. The state of Texas has outlawed the use of ECT on children under the age of 16, and imposed restrictions on the number of treatments, and use of ECT on the elderly.

In Italy, the Minister of Health ordered a full inquiry into the use of ECT, and concluded that its effectiveness was "limited and questionable." It is interesting to note that the restrictions Italy imposed on the use of ECT, which make it difficult to practice, did not result in a large outcry from the psychiatric community. One member of the commission noted that ECT belonged in the archaeology of science.

*MFJ: What are a few things both survivors and non-survivors can do to stop human rights violations with electroshock?*

**Juli:** One thing that people have been doing, and that has definitely had a large impact, is to pay attention when MindFreedom e-mail action alerts come out when individuals are in the process of forced electroshock. And then take action. The outpouring of emails, faxes and phone calls to those in charge has been beyond fantastic!

Because of these alerts, literally overnight the course of Kathleen Garrett's life was changed. She was in the midst of forced electroshock in the St. Louis area, and after a bom-

***Survivors are doing such a great job at making their stories known. The media doesn't do a good job of representing survivor views, but all we can do is keep pushing for our voices to be heard.***

bardment of emails from outraged people from around the world, those in charge backed down and released her. Those alerts definitely can make a difference.

I am convinced that education is key. The majority of people simply do not believe that forced electroshock can happen. I know I certainly didn't believe it. Only a few days ago I spoke with an MD who assured me that, "In the United States, informed consent is a large part of medicine now. Forced anything cannot happen." So we have to continue getting the message out there, that forced shock does happen, and it's not an unusual occurrence. I encourage people to use any opportunity they can to bring the issue up, whether they're chatting with a friend, or at a public gathering. Be informed, and be ready to provide documentation. People can find detailed stories of the forced electroshock of Kathleen, Paul Henri Thomas, Michael Matthews and others on both the MindFreedom.org and ect.org websites.

If anyone comes into contact with a person who is at risk for forced electroshock, the sooner we spring into action, the better the chances are for getting it stopped. Get as many details as possible. Get contact information. Make certain that they want to fight back. Then call Support Coalition headquarters, or call me via the website. There's a voice mail phone number on the contact page.

Survivors are doing such a great job at making their stories known. The media doesn't do a good job of representing survivor views, but all we can do is keep pushing for our voices to be heard.

With help from Leonard Roy Frank, SCI and ect.org have teamed up to continue the "Shock Doc Roster".

Another project I started earlier this year is the 1st Person Project, where I'm attempting to gather individuals' stories of electroshock. Each story is important, and needs to be told, and not lost: [www.ect.org/1stperson/](http://www.ect.org/1stperson/)

*MFJ: Psychiatry defends electroshock by saying the days of One Flew Over the Cuckoo's Nest are long gone, and that electroshock today is kinder, gentler, new, improved. How do you respond?*

**Juli:** I try not to weep. It's pure PR and nothing more. The most obvious difference between old and new is that it's a lot easier on the eye. Patients are given a paralyzing drug that keeps their bodies from flopping around so violently as they did in the past, but the very same mechanisms are taking place in the brain.

It's really not much more than electroshock with a pharmaceutical seatbelt to hold the patient in place. It is simply not as horrific to watch a toe wiggling, as opposed to an entire body convulsing.

In fact, today's machines use more electricity than ever

before because they have to overcome the effects of the drugs used during the procedure, which make a convulsion more difficult to achieve. And everything that I see in the literature points very clearly to a much longer stimulus. Richard Abrams recommends as much as eight full seconds of electricity to get maximum "effectiveness." I honestly cannot imagine eight seconds of electricity shooting into someone's brain. And Abrams has called on the US Food & Drug Administration (FDA) to remove the parameter limits of today's devices, saying it's unfair to deny patients a more powerful jolt. He has basically asked that the FDA give shock docs an open hand when it comes to giving electroshock.

Those promoting electroshock have done a marvelous job of packaging it into something worthwhile. But in reality, it's the pet rock of medicine. It's a piece of junk that has been packaged well, and marketed in a most amazing way. The people have bought into it. The media has helped promote it. The rest of medicine is too busy doing its own thing to bother looking into it. And the FDA is sitting around looking the other way.

Our goal must be to keep the message out there that it's really just an old rock with some paint. It's time to put it back in the drawer where it belongs.

*Juli Lawrence's e-mail address is <[juli@ect.org](mailto:juli@ect.org)>.*



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**Liz Thor-Larsen** of Vancouver, Canada experienced institutionalization and electroshock at what she calls a "local torture center." She is currently the liaison to SCI from the Vancouver/Richmond Mental Health Network Society, and Editor of the Society newsletter, *The Bulletin*.

## SCI Strategy:

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[www.mindfreedom.org](http://www.mindfreedom.org)



Linda Sisson, a licensed registered nurse and associate editor of MindFreedom, compiled these important alerts about psychiatric drug health hazards:

# MindFreedom Psychiatric Drug Industry Watch

## Antipsychotic Drug Use Tied to Increased Risk of Sudden Cardiac Death.

According to a report in *Archives of General Psychiatry*, patients taking moderate doses of neuroleptic drugs are at more than twice the risk for sudden cardiac death as nonusers of the drugs. The risk rate could be higher since additional potentially qualifying deaths were excluded from the study, which required a definitive diagnosis of cardiac arrest. Those deaths occurred at home with no medical care.

Study authors caution, "Greater attention to pretreatment cardiac assessment and care to titrate dose to the lowest effective level seem warranted."

Because the study data were collected prior to 1994, the patients were not treated with the newer antipsychotic drugs. However, the newer agents prolong the QT interval in electrocardiogram readings so they too could be linked to an increased risk of sudden cardiac death, states Dr. Purushottam Thapa, one of the researchers. "Clearly, a possible association with the newer agents needs to be studied further," he added. (Source: *Archives of General Psychiatry*, Dec. 2001.)

## Doctors Accused of "Appalling" Mental Health Prescribing

The British mental health charity Mind disclosed that consumers are often not warned about the side effects of psychiatric drugs and their concerns about side effects are disregarded. Mind's disclosure follows an analysis of 502 "yellow cards," used for reporting adverse drug effects, that were sent in by mental health consumers between March and July 2001.

Over 60 percent of the respondents, rising to 75 percent of ethnic minority respondents, said they had not been given enough information about side effects nor offered a choice of treatment options. 63 percent decided to stop taking the medication and 45 percent decided to reduce the dose due to unacceptable drug effects such as weight gain, tremors and loss of energy.

Other complaints reported to Mind were difficulty in stopping

antidepressants of the Selective Serotonin Reuptake Inhibitor type (e.g. Prozac and Zoloft) and that physicians were unable or unwilling to help them reduce or stop taking the drugs even when they were suffering from severe adverse effects. (Source: *Health Media Ltd.*, Sept. 25, 2001.)

## Psychotropic Drugs Overprescribed in West, According to UN Official

Dr. Hamid Ghodse, president of the United Nations International Narcotics Control Board, reports that doctors in developed countries are overprescribing psychotropic drugs such as antidepressants and sedatives. He said these drugs are being used to counter social problems, sometimes without solid medical justification. "Over-consumption could lead to addiction and the diversion of such drugs to illicit trafficking and drug abuse," he told the Royal College of Psychiatrists in Cardiff. "We are medicalizing something that is often not a medical condition."

Dr. Ghodse said that inappropriate prescribing reflected cultural trends and expectations and the marketing practices of pharmaceutical companies. These factors combined with weak regulatory systems and improper medical practice may lead to inappropriate and excessive consumption. (Source *Reuters*, June 24, 2002.)

## Zyprexa use Linked to Diabetes and Complications

Researchers at Duke University Medical Center confirmed their 1994 finding that Zyprexa (olanzapine) use is linked to metabolic abnormalities ranging from mild blood sugar problems to diabetic ketoacidosis and coma in patients, most of whom were not known to be a diabetic. 71% of the cases occurred within 6 months of starting the drug and were associated with moderate weight gain.

Out of 289 cases of diabetes among Zyprexa patients, 225 were newly diagnosed. 100 patients developed diabetic ketoacidosis, which untreated can lead to coma and death, 22 patients developed pancreatitis, and 23 died.

"The average age of adults showing signs of diabetes after taking olanzapine was about 10 years younger than what is generally seen in the community," said study co-author P. Murali Doraiswamy, MD. "The younger age at onset plus the number of serious complications and the improvements reported when the drug was stopped all suggest a link to the disease," he continued. (Source: *Reuters Health*, May 3, 2002.)

MadNation website is back after an almost two year sabbatical:  
www.madnation.cc

An archive of psychiatric survivor history is being planned in Toronto. While it is not open yet, you can read about the plans at:  
www.psychiatric survivor archives.com

Website for Bob Fancher, author of *Cultures of Healing* is:  
www.lifecompetence.com.

**ARTICLES**

*It's all done with smoke and mirrors. Or how to create the illusion of a schizophrenic brain disease.* By Mary Boyle, University of East London. Reprinted from Clinical Psychology Issue 12. April 2002 pp 9-16.  
www.critpsy.net.freeuk.com/Boyle.htm

*Mad Man Talking* is the autobiography of a psychiatric survivor who was labeled "schizophrenic" as a child. The free English-language version has just been released online: www.alterpsy.org/en/

**PUBLICATIONS**

*The Preshrinking of Psychiatry: Sociological Insights on the Psychiatric Consumer/Survivor Movement 1970-1992*, UC San Diego, 1999. Favreau Garsia is offering a copy of her PhD dissertation at cost. Price for low income and consumers/survivors \$15 + \$5 (SH). \$30 + \$5 for mental health professionals and persons with above poverty-level incomes. Contact her at: 3333 Monair Dr. # 527 San Diego, CA 92117 USA. Ph: (858) 272-6815. E-mail: <favreau@schur.ucsd.edu>

*Bibliography on Patient Narratives of Mental Illness.* Free. Contact: Gail Hornstein; Professor of Psychology; Mount Holyoke College; South Hadley, MA 01075 USA.

**ANNOUNCEMENTS**

Speaking engagements and workshops by Support Coalition leaders are available, including by David Oaks, director of Support Coalition/MindFreedom. For more information see www.mindfreedom.com and click on "about SCI" and then "about the director."

**CALENDAR**

Nov 21 to 24, 2002 • Portland, OR • *Rights Under Siege* - National Association for Rights, Protection, and Advocacy Conference. Bob Whitaker, author of *Mad In America*, is one of the keynoters. See www.NARPA.org

May 18, 2003 • San Francisco • Protest American Psychiatric Association. See page 9.

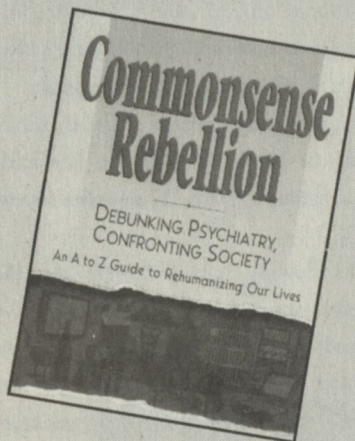
Aug 27 to 31, 2003 • Bath, England International Conference of Critical Psychology: Contesting conflict, challenging consensus. Keynoters include Ian Parker, SCI spoke. Info: critpsy-enquiries@bath.ac.uk

**IN MEMORIAM**

Karen Blackshear, long-time psychiatric survivor activist, was a leader with the Utica Branch of the Mental Patients Liberation Alliance, and a spokesperson on the SCI International Advisory Council. She is survived by her husband Ralph. Many SCI members remember Karen's warmth, intelligence, and dedication to our movement. George Ebert of the Alliance said Karen would have quoted Mother Jones: "Pray for the dead and fight like hell for the living!"

**New Book by Bruce Levine**

www.brucelevine.net



Available from Mad Market page 27

"It is always refreshing to find someone who stands at the edge of his profession and dissects its failures with a critical eye, refusing to be deceived by its pretensions. Bruce Levine condemns the cold, technological approach to mental health and, to our benefit, looks for deeper solutions."

— Howard Zinn, author of *A People's History of the United States*

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— Peter R. Breggin, M.D. author of *Toxic Psychiatry* and *Your Drug May Be Your Problem*

www.brucelevine.net

## Directory of Sponsoring Groups in Support Coalition International

As well as individual memberships, Support Coalition/MindFreedom is composed of about 100 Sponsoring Groups who oppose forced psychiatric oppression and who promote humane empowering alternatives. Each Sponsor Group has a Spokesperson or two Co-Spokes on SCI's International Advisory SpokesCouncil. Is your group interested in becoming a Sponsor and having a listing in *MindFreedom Journal*? Just contact the SCI office. Your group does not have to be psychiatric survivors.

### Outside USA

SCI/Australian Branch  
Christine Bowker  
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Wollongong NSW 2500  
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Revolution FM  
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Mentale [RAIDDAT]  
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Treatment [PACT]  
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Psychiatric Enforcement  
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Shrinkcity  
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www.shrinkcity.com

Shared Transformation  
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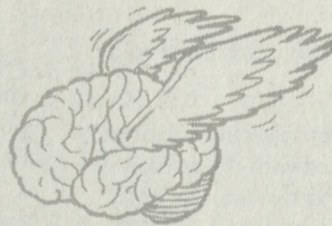
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**2502 Waterford Dr.**  
San Antonio, Texas 78217

# "Can I see the test results, please?"

Craig Newnes is a dissident mental health professional in England who suggests people diagnosed with a psychiatric disorder ask this simple question.

BY CRAIG NEWNES

Let's start with a true story. A colleague of mine in the US heard that her grandson had been admitted to a psychiatric hospital. As a long-standing critic of the psychiatric system, she was concerned for his welfare and went to see him. She discovered that he had been drugged into a stupor and insisted on seeing the medical staff. Three psychiatrists told her that, sadly, her grandson had a bipolar disorder caused by a brain biochemical imbalance.

My colleague asked what evidence the doctors had that there was something wrong with her grandson's brain. They said his mood and behaviour indicated a serious problem and vaguely referred to some professional literature. My colleague responded that she knew of no research confirming the "biochemical imbalance" assumption and quoted studies that found nothing wrong with the brains of people with all sorts of psychiatric labels. Sensing that they were dealing with someone who might have actually read the literature, the psychiatrists asked what she wanted. Her grandson was quickly transferred to a unit offering talking therapies.

My colleague didn't ask the question that patients, relatives and advocates should pose when confronted with the assertion that a problem with brain chemistry lies at the root of someone's low mood or strange behaviour. She could have said, "Can I see the test results, please?"

The truth is that, unlike physicians in other branches of medicine, psychiatrists do not do physical tests on people to confirm their diagnoses. The reason is simple: after two hundred years of searching, scientists have not yet found anything wrong with the brains of people labelled schizophrenic, bipolar, depressed and so on. The organic hypothesis remains just that; an unproven hypothesis.

Claims of genetic and biological research findings for psychiatric conditions continue to be made in the scientific literature and popular press. Professor David Cohen, a critic of psychiatry, has noted that almost every known substance in the

human body has been investigated as a possible cause of schizophrenia. The results of such research are often leaked to the press before being accepted in a peer-reviewed journal and prematurely "cited around the world." Massive conflicts of interest are frequently involved as well. An article in *Effective Health Care* concluded, "Most relevant trials are undertaken by those with clear pecuniary interest in the results."

Another problem plaguing studies on all the main diagnostic categories of psychiatry is that the people being tested have almost always received previous psychotropic medication. In other words, if there is a blood, brain, or liver disorder etc., this may have been caused by the treatment.

Psychiatrists of course do ask for tests like CT scans on their patients but these are to exclude the possibility of organic damage. In other words, they are checking to see if there is a real brain problem such as evidence of illegal drug-use. Once they have concluded from the test results that there is nothing amiss with the patient's brain, psychiatrists tell the person that they have a condition caused by a biochemical imbalance.

Despite the fact that research has failed to uncover any abnormality in the brains of people with the commonest psychiatric diagnoses, all sorts of assumptions are made by psychiatrists and others. These assumptions lead to the use of potentially brain damaging drugs or electroshock to correct imaginary biochemical problems.

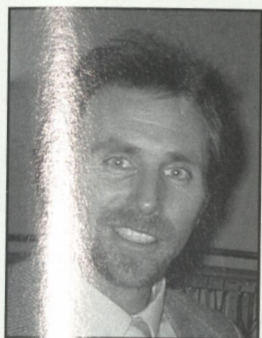
So next time you are told that a psychiatric condition is due to a brain biochemical imbalance, ask to see the test results.

*Craig Newnes is Psychological Therapies Director for Shropshire's Community and Mental Health Services in the UK's National Health Service Trust. Craig is on the advisory council for the International Center for the Study of Psychiatry and Psychology, a Sponsor Group of Support Coalition International. Craig is one of the editors of the books This is Madness and This is Madness Too, available from Mad Market. E-mail: <Craignewnes@aol.com>.*



***The truth is that, unlike physicians in other branches of medicine, psychiatrists do not do physical tests on people to confirm their diagnoses.***

# Pump up the volume!



By Phil Schulman, M.Div.  
SCI Development Director &  
Office Manager

The group of people perceived by psychiatrists as "not normal" and given psychiatric labels is being scapegoated, blamed and persecuted. The already brutal norm of "mental health treatment" is being further dehumanized. Our rights are under siege.

Our need to unite is greater than ever. The psychiatric and pharmaceutical industry dollars have won sway of the media. Industry lies are broadcast through multibillion dollar sound equipment. For truth to be heard, we must stand together. We must build strong alliances with other social justice movements and educate the public.

Our movement is experiencing an unprecedented attack. President Bush's mental health adviser, Sally Satel MD, is campaigning to defund any opposition to her authoritarian form of psychiatry. Dr. Satel is using her influence to try to discredit and destroy our social change movement for human rights.

An independent movement must be strong. As important as government funding is, where would the environmental movement be if nearly all of the activists and groups were funded by the government?

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The book cover features a large, dark wooden gavel in the upper left corner. Below it, the title 'THE PROZAC CONSPIRACY' is written in large, bold, red, sans-serif capital letters. Underneath the title, the subtitle 'A NOVEL EXPOSING THE MASS-PRODUCTION OF MENTAL-ILLNESS' is written in smaller, white, sans-serif capital letters. The background of the cover is a collage of images: several hundred-dollar bills are scattered across the lower half, and several yellow and black capsules (pills) are scattered in the center. The entire cover is framed by a thin yellow border.

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