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Ferment

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#Psychotherapy 3: Metaneuropsychopharmacology

“If in the nineteenth century, psychiatry had focused on psychotic patients, and in the early twentieth century on neurotic patients, at the end of the twentieth century psychiatry was increasingly interested in the kinds of patients previously seen by family doctors or not seen medically at all’

- Edward Shorter, *“History of Psychiatry”*

“Men and women must have their adrenals stimulated from time to time.”

“What?” questioned the Savage, uncomprehending.

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"It's one of the conditions of perfect health. That's why we've made the V.P.S. treatments compulsory."

"V.P.S.?"

"Violent Passion Surrogate. Regularly once a month. We flood the whole system with adrenin. It's the complete physiological equivalent of fear and rage. All the tonic effects of murdering Desdemona and being murdered by Othello, without any of the inconveniences."

"But I like the inconveniences."

"We don't", said the Controller. "We prefer to do things comfortably."

"But I don't want comfort. I want God, I want poetry, I want real danger, I want freedom, I want goodness. I want sin."

"In fact", said Mustapha Mond, "you're claiming the right to be unhappy."

"All right then", said the Savage defiantly, "I'm claiming the right to be unhappy."

(Aldous Huxley, *Brave New World*)

The last 3 decades have witnessed a fairly ruthless take-over of classical psycho-analysis by mental chemotherapy, or bio-psychiatry. The victory has been so complete that it could serve as a textbook model for a paradigm shift in the sense of Thomas Kuhn.

The denigration of the Freudian legacy is more than simply a matter of concepts and methods: the linguistic police are everywhere.

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Sightings of the word "*neurosis*" have become rarer than those of "Negro". It is good form nowadays to use the expression "*mental disorder*". The new language, remarkable in its flexibility and fluidity, has a way of covering any form of thinking or acting that anyone in a position of authority might consider strange.

As part of the linguistic reform movement, the prefix 'dys' has become a kind of virus infecting all sorts of words in novel ways. Thus one sees the term 'dysfunctional', meaning I suppose anything that doesn't function properly; "dysfluency" (stuttering); "dysphoria" (unhappiness); dyspareunia (genital pain associated with sexual intercourse); dyssomnia (insomnia); dysthymia (depression); and so on.

Science in the real world tends to conservatism. Major changes require a sizable stockpile of negative results, of many observations of situations when nature performs contrary to theoretical expectations. No good purpose is achieved by overhauling fundamental perspectives on the structure and composition of the universe until the recognition that something needs to be changed is overwhelming. Although Kuhn stresses the point that paradigm shifts are not well correlated with advances in knowledge, we like to believe that they've got something to do with scientific progress. We do tend to think of Relativity as an 'advance' over Newtonian mechanics. Despite the on-going controversy, even within biology, over the theory of evolution, there is a consensus, (among scientists at least), that knowledge has been increased because of it.

Certain sciences appear as exceptions to the general rule. In these, paradigm shifts are expected to occur at a predetermined rate. They place a high priority on manufacturing frequent 'revolutions' of thought and vocabulary. This unusual *modus operandi* is important for ensuring that the cloak of obscurity surrounding conceptual inadequacy, false

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reasoning, commercial self-interest, or even self-serving hypocrisy, need never be removed. They seem to have a vested interest in changing conceptual frameworks faster than their critics are able to explode their shoddy construction.

This characterization fits much psychology, psychiatry, economics, political science, sociology, and other traditional breeding grounds for experts and pundits. The modern paradigm shift from analytic to chemical methods in psychiatry may however turn out to be unique in the history of science: *A presumption of total omniscience has been transformed into a presumption of total ignorance.*

The "dark box" of the Unconscious into which the psycho-analyst claimed to shine his custom-made flashlight, has been replaced by the black box of the brain-mind connection, forever hidden to the prying eyes of science. The contemporary biopsychiatrist recognizes only symptoms, not causes; promises only temporary relief, not cures. These temporary expedients, usually bottles of pills, may have to be taken forever. Indeed, that is the whole point of the exercise.

The endearing old-fashioned shrink, arm-chaired, his Viennese diplomas prominently displayed on the wall, bearded, with pipe and tweeds and couch, could explain to his patients, (with the benevolent disdain appropriate to those in possession of superior wisdom), that anyone who dreamed about ice-cream cones was obsessed with penises. When a grieving mother walked into his office, unable to reconcile herself to the death of a daughter, he would exert himself in trying to make her feel better by revealing that, because she was jealous for the attention of her husband, she was really suffering from guilt feelings because of her unconscious wish for her daughter's death. If your tongue slipped and you said "Sigmund Fraud", he would assure you that

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this wasn't funny, that you had meant every bit of it, and that from now on he will be demanding payment in advance!

In total contrast to the above, modern psychiatrists are given to boasting that they haven't got a clue as to how the mind works. Such refreshing honesty, admitting to a truism that most thinking people have known for a century, has become chic; no matter that it covers over a host of new, equally bogus claims:

- that the psychiatrist has become a physician, just like a cardiologist,
- that he can identify 'disorders' by asking questions and checking off boxes in a symptom list;

- that modern science has successfully reduced all emotions to brain chemistry;

- that evidence exists to prove ¹ that serotonin increases depression ; dopamine triggers psychosis ; excesses of sodium atoms trigger "bipolar disorder";

- that in a few decades we will know exactly which chemicals in the brain trigger or inhibit exactly which emotions, fear, anxiety, guilt, love, melancholy, calm, reverence, boredom, enthusiasm, vengefulness, confusion, despair, etc., etc. ²;

- that a code derived from marks on a symptom list can be fed into a computer that will generate not only the precise diagnosis of the 'disorder', (that diagnosis will maximize the doctor's fee) ;

- that domestic crises are really medical conditions;

- that boredom with school is a medical condition known as ADD that can be cured with "speed", the street drug of choice for a quick high;

¹ it does not

²The claim is not dissimilar to that of Braid in the 19th century, the man who brought hypnosis to the attention of the English-speaking world. Braid asserted that one could induce any emotion in his (hypnotized) patients by touching them at specific places on the face with the point of a pencil.

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- that political dissidence, (creeping schizophrenia) is also a medical condition, (the contribution of the Russian research community to the new science of the mind);

- that very young children, (age 5 or even younger) can be diagnosed as *pre-delinquent* , then given a raft of chemicals to see that they never feel the urge shoot their classmates in the playground ;

- that severe conditions can be cured by heavier drugging, (so that it is all right to give a person diagnosed with acute schizophrenia, a dosage of Thorazine that would be lethal to someone diagnosed with mild schizophrenia) ;

- that the epidemic of *tardive dyskinesia* , a new brain disease, akin to encephalitis, caused by anti-psychotic drugs , is a minor liability compared to their miracle of salvation;

- that since biochemistry has finally turned psychiatry into a real medical specialty, serious violations of basic civil rights, (particularly with respect to children) , become acceptable, even mandated, provided it can be shown that someone's aberrant behavior arose from a medical condition;

- that , even admitting that all these claims are open to criticism, it is important that these criticisms not be made public , because they might dissuade people from seeking "needed help"!

Bio-psychiatry is probably the most successful technology for social control ever invented. How else explain its unimpeded advance in such key areas as education, institutional life and popular medicine? The takeover has been so remarkable that one might be led to believe that no-one had ever taken the trouble to read the voluminous literature since the 70's detailing its failings and excesses. (See Bibliography) .

Psychotropic drugs (anti-psychotics, tri-cyclic anti-depressants tranquilizers, marijuana, amphetamines, etc.) slow people down and

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shut them up; some people consider these traditional evidences of mental health. By spreading functional brain damage throughout the school age population, drugging for 'educational purposes' guarantees that our society will find it very difficult to regenerate the climate of youthful and student rebellion that typified the 60's. If this is despotism, it is a peculiarly democratic form of despotism, rooted in the larger society's craving for pills to cure every physical or moral ailment.

Bio-psychiatry is a subject of vast proportions, touching on the nature of mental illness, the relationship of the mind to the brain, the sovereignty of the individual, civil rights, education, our 'quick-fix' mentality, the power of the multi-national pharmaceutical corporations, the collusion of the medical profession, government regulatory agencies like the FDA, legal versus illegal drug use, the demise of the asylum, the incarceration of adolescents, genetics, neurology, the 'war on drugs', power politics within psychiatry and beyond the list goes on and on.

There are two reasons why writing about it is bound to be very difficult. The first is that even after 4 months of research my understanding of this major social issue remains fragmentary and limited - I feel as if I have only scratched the surface.

The second is that, since the mid-70's, there has been so much written about all aspects of the situation, that I may have nothing to add to what has already been said. Frequent references will therefore be made to the Bibliography. Given these provisos, I hope to devote a few issues of Ferment to 3 aspects of biopsychiatry:

(1) The use and abuse of anti-psychotic drugs in institutional settings: mental hospitals, homes for the retarded, prisons, orphanages, and homes for the elderly.

(2) The drugging of school children with Ritalin, Cylert and other amphetamines to relieve fictitious 'mental' conditions such as minimal

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brain dysfunction (MBD), hyperactivity, attention deficit disorder (ADD) , and learning disability (LD)

(3) The flowering of 'feel good' psychiatry in recent times, in league with the exploding market of mood altering drugs: Librium, Valium, Prozac, Xanax, and so forth.

There is something very disturbing about a society that has reached the conclusion that all so-called 'negative emotions' are bad and can be removed by taking an appropriate drug. "Negative emotions" must ultimately mean "all emotions" . Emotions are feelings, and feelings always mix quantities of pleasure and pain in some proportion. To crave gimmicks that do away with the capacity to feel must certainly have something to do with that peculiar interaction of Calvinist puritanism and joyless hedonism that peoples everywhere identify with the "American national character". Although "national character" has not much credibility as a concept, one can perhaps speak of national priorities and attitudes rooted in history . From this point of view, high on our list of our national priorities is the demonic urge to kill all natural or spontaneous emotions, which have a tendency to interfere with more desirable goals such as progress, competitiveness, success, and that insidious notion, the obligatory "positive attitude" to life.

The entire culture is implicated. The highly publicized "War on Drugs" , (best understood as a Machiavellian political device invented by the Bush administration to invade and occupy most of the sovereign nations of Latin America) , is nothing more than a symptom of our national dependency on drugs at every level of society. Such a mentality is itself deeply troubled, and we should not be surprised if so many of its outward manifestations appear overtly psychotic. We prohibit the use and sale of marijuana but tolerate and even push cigarettes, alcohol and tranquilizers which are far more dangerous. We send teen-agers from the

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ghettos , guilty of possessing a few grams of cocaine , to over-crowded jails but rarely touch the big traffickers in the Mafia and the government. The CIA itself draws much of its revenue from the international drug trade. Children routinely drugged with amphetamines for the crime of being bored with school will sometimes sell their pills to drug addicts, who, if caught will be punished as felons. Anti-psychotics are promoted as the ultimate "cure" to insanity, but there is virtually no follow-up to what appears to be at most a short-term relief of symptoms, something like prescribing barbiturate cough medicines, (with their well-established side effects) , for tuberculosis.

On Mental Disorders

Doctor : Woyzeck, you have a most beautiful aberratio mentalis partialis of a secondary order! And so wonderfully developed! Woyzeck, your salary is increased! Idée fixe of a secondary order, and with a generally rational state.

(Woyzeck, Georg Buchner)

What is a 'mental disorder'? Not long ago, both the doctors and the public were perfectly happy with the word 'neurosis'. But what is, or what was, a neurosis? - for with the passage of the word one might assume that the phenomenon it describes no longer exists - or never existed in the first place. The index of the latest revision of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*

(*DSM-IV* , 1994) has no listing for 'neurotic', 'neurosis', or related terms. Nor did the revised version of the 3rd edition (*DSM III-R*) . It appears in fact that the deletion of these words in *DSM III* required no

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small amount of political infighting. Shorter's "History of Psychiatry" tells us:

"In 1952 analysts were heavily represented in the APA, on its naming committee as well as among the membership...DSM-I therefore codified much of their wisdom. "Psychoneurotic disorders" for example, received a straight Freudian analysis... In the 1950's and early 1960s, psychoanalysis consolidated its hold over American psychiatry, and the second edition ... DSM-II, reflected this sway."

(Shorter, pg. 299)

" In the background of the evolution of the DSM series lay the ongoing decline of psychoanalysis. DSM-IV dropped the term neurosis because the new task force realized that it now had enough votes to get away with it." (Shorter, pg. 305)

In "And They Call It Help", a 'feisty' book if there ever was one, Louise Armstrong puts it this way:

" Up until the 1980's the DSM had been dominated by the analytic movement: by 1980, the antipsychoanalysts - the bios and neuros - had mobilized to stage an 'atheoretical' putsch.

Then, artillery was aimed straight at the psychoanalytic heart: at neurosis ! By the time DSM-III appeared neurosis, the concept,

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lay slain in the field. Neurosis, which had been the word that explained, that identified, that accounted for; neurosis, with its explanatory rationale ("etiology") set securely in apparently factual complexes and drives -how could it be that it was simply done away with? Declared not only dead, but dead wrong?

Millon writes: "[T]o avoid what was anticipated to be a brutal and potentially destructive confrontation, the task force proposed that the issue be cleverly finessed by separating the concept 'neurotic disorder' from that of 'neurotic process'. Neurotic 'disorder' signifying merely descriptive properties, could then be introduced as a formal DSM-III designation without necessarily connoting the operation of a neurotic 'process'..."

But the finesse was no go..... "

(Armstrong, pg. 133)

There was also apparently some uneasiness about bringing in the term 'mental disorder' , in so far as the expression had never been given a definition, nor was it certain that it could be:

" A second pandemonium episode was triggered when, in a May 1975 task force meeting, someone suggested that maybe it would be good if the forthcoming DSM included a definition of the term mental

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disorder The task force chair was then faced with a dilemma. Everyone had agreed that mental disorder should be defined... With another task force appointee, Spitzer gave it a go. Included in their proposed definition was the apparently simple statement (surely with the goal of receiving medical insurance reimbursement) that “mental disorders are a subset of medical disorders.”

Oops.

As word of this pro-bio heresy got out, the uproar was immense...An amended statement was approved by the task force in April 1979. However, that was editorially modified, without task force approval, to say, in effect. that although there was no definition of mental disorders, here is how we think about what we think about when we think whether something is or is not one of them, more or less:

“ No precise definition is available that unambiguously defines the boundaries of this concept... However, in the DSM-III each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern of an individual that is associated, by and large, with either a painful symptom (distress) or

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impairment in one or more important areas of functioning (disability).”

DSM-III, and subsequently DSM-III-R was then hoisted to the shoulders of the psy parade and acclaimed for, among other things, its pioneering role in - for the first time! - defining mental disorders.”

(op. cit. pgs. 134-135)

These excerpts can only suggest the bite of Louise Armstrong’s spice-laden stylistics . The book is highly recommended.

Other linguistic /conceptual casualties of the new psychiatry are such familiar standbys as ‘masochism’ , ‘ nymphomania’ and ‘homosexuality’; though they have all been ushered in again through the back door in various guises: “ Masochism” became Self-Defeating Personality Disorder ³ , Pre-Menstrual Dysphoric Disorder and Late Luteal Phase Dysphoric Disorder, Dependent Personality Disorder, ⁴ and so forth; “Nymphomania”, certainly one of the silliest words ever to enter the language, is now divided among the various “Paraphilias” , whose diagnostic features are described in this way:

“The essential features of a Paraphilias are recurrent, intense sexually arousing fantasies, sexual urges, or behaviors generally involving (1) non-human objects (2) the suffering or humiliation of oneself or one’s partner, or (3) children or other non-consenting persons.”

(DSM-IV ,pg. 522)

³dropped in DSM-IV after intense feminist lobbying

⁴which the feminists were not able to eliminate

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DSM-IV devotes 8 pages (532-538) to *Gender Identity Disorder* .

It is excruciatingly clear that they are describing classical homosexuality, while indicating, (if in not so many words), that it should be considered both an illness and socially if not morally obnoxious. Still, the word "homosexual" has been conscientiously censored out of the *DSM-IV* , often at the cost of tedious and embarrassing circumlocutions.

For all we know, homosexuality may be perfectly compatible with a healthy mind, or it may be a mental illness, or mental disorder, or neurosis: I would scarcely dare venture an opinion in that area. There is a considerable body of evidence which suggests that *all* sexuality is a form of mental illness, although social custom deems the necessity for prolonging the tenure of the human race on Earth as so self -evident, that anyone who questions it must certainly be mad.

However, the American Psychiatric Association clearly wants it, not only both ways, but any way you care to think of. The editors of *DSM-IV* obviously intended to give us the impression that, by avoiding the seeming pejorative word 'homosexual', (or 'gay', or 'Lesbian', etc.) , their ideals were in step with the political liberalism of the 90's. At the same time, the already manifestly loaded expression '*gender identity disorder*' is discussed in a prissy and pseudo-scientific language that leaves little room for doubt as to the real opinions of its learned compilers.

Shorter talks a bit about the struggles that lay behind the official adoption of '*gender identity disorder*' :

"...there was the squabble about removing homosexuality from the illness list. (DSM-II had called homosexuality a 'sexual deviation') A subcommittee of the DSM-III task force deliberated about calling it "homodysphilia, dyshomophilia, homosexual conflict disorder,

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amorous relationship disorder...and finally, ego-dystonic homosexuality.” Unable to agree, the subcommittee kicked it upstairs to the task force members, who decided to delete it entirely.”

(Shorter,pg.303)

Not only are the ‘symptoms’ biased in traditional ways, most of them are ridiculous. According to *DSM-IV* , the following diagnostic criteria indicate that a child is afflicted with ‘gender identity disorder’:

“In children, the disturbance is manifested by any of the following: in boys, assertion that his penis or testes are disgusting or will disappear or assertion that it would be better not to have a penis, or aversion toward rough-and-tumble play and rejection of male stereotypical toys, games and activities; in girls, rejection of urinating in a sitting position, assertion that she has or will grow a penis, or assertion that she does not want to grow breasts or menstruate, or marked aversion towards normative feminine clothing.”

(*DSM-IV* , pg.537) .

Krafft-Ebbing was more enlightened; and his stories are juicier. Little boys and girls who express sentiments of this nature to their teachers risk being assigned diagnostic code 302.6 (*DSM-IV* , pg. 808) , sent down to the clinical social worker and put on appropriate medication. I forget the name of the stuff they gave to Alan Turing.

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One does not have to devote much time to exposing the cultural biases of the *DSM-IV* when it has already done such an excellent job of self-indictment. Indeed we now see that it is this ability to exonerate blatant prejudices by codifying them as medical conditions, that has been the driving force behind the linguistic revolution in psychiatry over the past 20 years. A casual perusal of *DSM-IV* is enough to show that virtually every form of thought and behavior, particularly those that show traces of originality, can be interpreted as a symptom of a mental disorder. Given the pride shown by the new psychiatry in abolishing the distinction between symptom and illness, all of the 297 disorders listed in the *DSM-IV* are illnesses in their own right! We have indeed realized the situation described in "The Alienist" by the Brazilian writer, Machado de Assis. In this famous story a psychiatrist, bit-by-bit, commits his entire village to his private asylum. He then reasons that only a madman could do such a thing, frees everyone else and incarcerates himself.

Consider this intriguing curiosity: "Mathematics Disorder", code number 315.1 . This list of diagnostic criteria for Mathematics Disorder appears on page 50 of the manual :

A. Mathematical Ability, as measured by individually administered standardized tests, is substantially below that expected given the person's chronological age, measured intelligence, and age-appropriate education.

B. The disturbance in Criterion A significantly interferes with academic achievement or activities in daily life that require mathematical ability.

C. If a sensory deficit is present, the difficulties in mathematical ability are in excess of those usually associated with it.

Note again that this description is in the *DSM-IV*, a *psychiatric* manual. It effectively claims that students who find mathematics boring are mentally ill. No doubt is cast on the reliability of standardized tests, the accuracy or even meaningfulness of IQ tests, the low levels that 'age-appropriate' mathematics education have reached in this country, the possibility that the teacher him/herself may be suffering from acute mathematics disorder, or the undemocratic notion that basic mathematics ability may just be unequally distributed among human beings, (and has little correlation with basic intelligence). For some unfathomable reason, the *DSM-IV* does not diagnose mathematics prodigies with a 'mathematics disorder' in the opposite direction. ⁵

We are now in a better position to recognize what the new bio-psychiatry didn't like about the old user-friendly word "neurosis", and why a designation such as 'mental disorder' is more adaptable to the requirements for social control in the 90's.

A "neurotic" in the old parlance was someone who was not so crippled by his illness that he was unable to function in society. Basically his neurosis made him very unhappy (*dysphoric*) without his exactly knowing why. If he was strange but not unhappy, then technically speaking he wasn't neurotic; or if he were, in some technical sense, then so what? The "conquest of happiness", to adapt one of Bertrand Russell's less happy phrases, was the goal of "therapy",

⁵ And indeed, I have known some strange mathematics prodigies in my day!

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whereas the uncovering of the deep truths of one's childhood relationships to one's parents was a decidedly secondary goal. ⁶

People who were unable to function in society weren't neurotics, they were psychotics. Since some psychotics - notably Adolf Hitler among them - sometimes pursued quite successful career trajectories, additional criteria were added to the diagnosis of insanity: delusions and hallucinations. The goal remained the same: successful adjustment to the environment, leading to freedom from mental suffering and, ultimately, happiness.

A 'mental disorder' has nothing to do with happiness, nor with adjustment. In fact, it has nothing at all to do with the goals of the patient. It is a judgment made by a doctor on the basis of the marks on a symptom chart. Moreover, the doctor merely makes the marks, then leaves it to his computer to identify the disorder! The subject's wishes, will, freedom, civil rights or personal dignity are totally irrelevant. The doctor doesn't even have to see him or speak to him, leaving it to the manual, the code and the software to prescribe the appropriate, often brain-damaging medication.

It is a fair certainty that the DSM, in all of its various editions and re-incarnations, has already taken its place in that room of rare book collections reserved for civilization's most exotic documents. Future generations are bound to regard it as a fabulous curiosity. Not that any of its syndromes, symptoms, diagnostic criteria and nosologies were formulated through caprice: every one of them bears the marks of intense, often prolonged, infighting. The end result has turned out to be far more political than it is scientific, (if it contains more than a few gleams of science anywhere): its strangeness indeed arises from precisely this feature.

⁶in theory at least

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Consequently what one reads is a strange hodge-podge of ancient prejudices, pseudo-analytic judgments couched in modern language, grievances of elementary school teachers unable to deal with behavior problems, of asylum directors unable to control the inmates, of social workers at a loss to classify their clients, scores of novel illnesses designed by inventive doctors for which they can write prescriptions, private fantasies of influential psychiatrists, recommendations from medical accountants ear-trained to the subtler overtones of insurance reimbursements, and the propaganda of pharmaceutical companies stoking the modern craze for quick relief from thinking and feeling.

What is rather terrifying, though not all that surprising, is that there is an easily discernible underlying coherency to the contributions of its independent components. It is tempting, of course, to take refuge in the trite 'revelation' that it all boils down to 'money': doctors, pharmaceutical corporations, insurance payments, tight budgets of hospitals, schools, nursing homes, etc.

Yet money, for the most part, is a symptom, not a cause; this commentator belongs to that die-hard caste which continues to maintain that ideas rule the world. We would like to understand *why* money flows from the public to the psychiatrists, psychotherapists, psychologists, clinical social workers, marriage and family counselors, mental health care providers, or to the giant multi-national pharmaceutical corporations, or, directly or indirectly through the government, to the insurance companies, the mental hospitals, the schools, the old age homes, the homes for the retarded, the orphanages and foster care centers, the prisons, and generally to the enormous apparatus of social control and human warehousing that floats, like a town in the Mississippi delta, on a swelling flood of psychotropic medication.

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It is a seamless web. The lines between legal and illegal narcotics was completely eroded by the Vietnamese war . In a world-view that assumes that we are all sick by definition, everyone is a potential patient, just as anybody nowadays can call himself a therapist. All thinking is, by fiat, disordered, all human relations dysfunctional. Medicine, politics, education and law have become synonyms for the same discipline, their professionals as interchangeable as the bytes of a computer code. Truth is whatever makes us feel better. Physical and psychic sensation are totally confounded, wisdom resides in bottles of capsules, senility itself but the acognitive release from mental anguish.

The only conclusion one can reasonable draw from the progressive versions of the *DSM* is that mankind in its entirety, (with the United States, as ever, leading the way) has entered into its second childhood. It may require no more than another two generations before everyone on Earth finds himself seated on the verandah a of custodial residences in a profound state of medicated bliss , jerking and twitching in the horrible throes of tardive dyskinesia while gazing into the distance at some infinitely prolonged sunset.

Let us take advantage of what remains of our dwindling mental reserves before it is too late. Mind you, the tocsin has already sounded: it is only a matter of time before the "E" is excised from the Department of "Health, Education and Welfare" , and the National Institutes of Mental Health move into the White House.

(To Be Continued)



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