

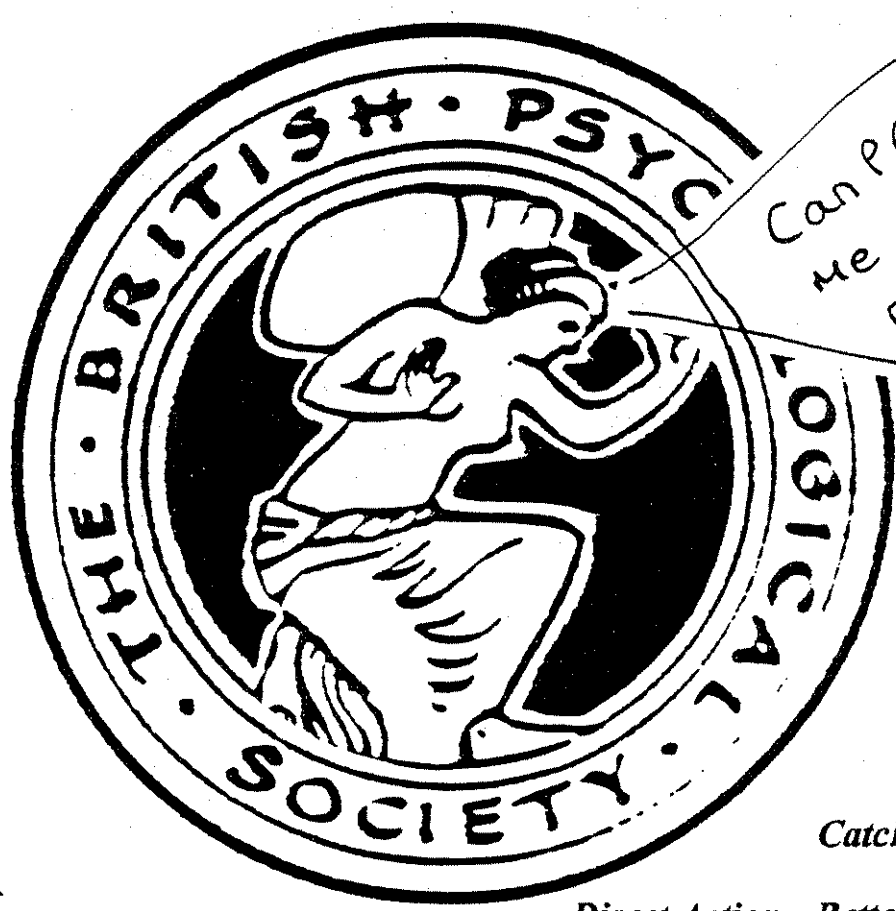
Psychology  
Politics  
Resistance

# P.P.R.

newsletter No.5

Spring 1998

Free/ Donations very welcome  
to cover growing copying and  
postage costs - to Ian Parker  
(see back page)



Can PPR help  
me burst this  
psycho-  
bubble?

INSIDE ...

Bedlam

User Poetry

Catch 22 Madness

Direct Action - Better than Prozac

EXCLUSIVE!!! Chomsky Interviewed

Needs of Lesbian & Gay Users

Supervision Register

Psychiatric Abuse

... and much more

(follow the adventures of PSYCH-SPICE)

P P R

**BETTER  
than  
PROZAC**  
*fluoxetine*

*& psychology  
in combination*

## **Hello!! Welcome to the 5th PPR Newsletter.**

This newsletter is brought to you by the London PPR group and here's an account of the group's year...

This is the year that saw the end of (if only!) **750 years of Bedlam** - the Bethlem and Maudsley NHS Trust commemorated the 750th anniversary of the former Bethlem Royal Hospital. Many service users and others questioned the tone of the events - Bethlem's history certainly isn't one to celebrate - and about the exclusion of users, for instance, by the prohibitive cost of entrance to the conference Mental Health in the City. More later...

As for ourselves,

**January 1997** saw a new lease of life for the London group of PPR after the enthusiasm generated by the December PPR Networks Festival (see page 3 for information the next networks festival in July). Until then Paul Barratt, Robin Hanau and David Glennister had kept the London group afloat. It's now a thriving group meeting monthly, keen to get active and welcoming new members.

In **February** we began critical discussions of the Bethlem and Maudsley's 'celebrations'! (see pages 5, 8, 22).

By **March** we were scheming ways in which PPR might organise more direct actions.

**April** was a month of inspiring direct actions culminating for some of us in the London demonstration in support of the sacked Liverpool Dockers, which saw traditional left activists joined by *Reclaim the Streets* (see pages 20-21). But, where were the PPR actions we got so excited about??!

**May** - *New Government, New Labour, New Policies??*

(See the next newsletter for your critical letters about Labour's commitment (?) to mental health.)

Also, increasing attention in the popular press to the use of ECT (p.6-7)

**June** - We decided that actions needed a stronger interpersonal base and so met to talk in more depth and to hear each other's personal routes to PPR.

**July** - The national Lesbian and Gay Pride March in London! :-) Linda McFarlane, guest contributor, writes about the needs of lesbian and gay service users, p10-11, and p9 is about homophobic abuse in Bradford. Check out the *Psych-Spice* cartoon!

**August** - Robin initially discovers users not getting discounted places for the Bethlem and Maudsley celebrations, though they are eventually won (p23). Are users' views heard by mental health service providers or are they left in a catch 22 situation? (See p18-19 by guest writer, Richard).

**September** - Deaths: Princess Di, Mother Theresa and, of course, Hans Eysenck (see back page). Who should PPR canonise??

**October** - PPR prints BPS President's letter re: statutory registration of psychologists - "a public protection issue" (See letters on page 24 and comment on p17).

**November** - **PPR exclusive!!** Noam Chomsky interviewed by Midlands PPR's John Cromby (p12-16). (What a scoop, eh?)

**December** - The London PPR group is so keen we produce the fifth international PPR newsletter, have a Christmas meal and organise an open / discussion meeting for the end of January (see p3).

We're still working on the idea of direct actions....err, 751 years of Bedlam?..

So.... Enjoy the newsletter and write in to us with your letters and contributions for the next one WHICH WE WILL FORWARD TO WHOEVER PRODUCES THE NEXT ONE!! ANY VOLUNTEERS?!

Pam, Sara and Bipasha  
London, November '97

## PPR NEWS UPDATE

**PPR (Psychology Politics Resistance) is a network of people, both psychologists and non-psychologists (including survivors of the mental health system), who are committed to challenging the oppressive use of psychological ideas, supporting those on the receiving end, and using psychological knowledge positively to help those engaged in struggles for social justice.**

### CHALLENGING PSYCHIATRY where do we go from here?

#### discussion meeting

London PPR is hosting a discussion meeting with

#### Mary Boyle & Sean Mortiboys (ECT anon)

Thurs 29 January 7pm  
Room 406, Castle House, South Bank University,  
Elephant and Castle (top of Walworth Road)  
Donations for campaign work.  
All welcome.

#### EAST MIDLANDS PPR

We plan to meet on a regular basis again very soon, and very much welcome new members as we have been a fairly small group. The group went quiet in 1997, after some very interesting meetings were held in 1996 covering topics such as fascism, gender and therapy, activism vs therapy, biases in diagnoses in attention-deficit disorder in children, power and control issues in the use of the Psychiatric Supervision Register (part of community care legislation), advocacy and much more besides. In common with the National PPR, we aim to take action against oppressive uses of psychology. The meeting is open to users of services, psychologists (students, academics, clinicians, educational psychologists etc.) and non-psychologists who have an interests in highlighting, discussing, and sharing in taking appropriate action.

We are meeting on Tuesday 20 Jan and 17 Feb 1998, at 7:30pm, at the Golden Fleece pub, on Mansfield Road, Nottingham City Centre (15 mins walk from train station; carparking on main road). Please bring along your thoughts about future directions and any interested friends and colleagues.

If you can't make this date, please let me know and you can go on our mailing list. Contact me at: Paul Croucher (Tel: 01332-624 586). Clinical Psychologist, Psychology Department, Kingsway Hospital, Derby DE22 3LZ

#### LONDON PPR

meets on a Mon/Tues/Weds of the first week of the month, at 8:30pm, Candid Café, Angel Tube.  
New members very welcome. Call to check date.  
Contact Pam on 0171-732 5323 or Sara on 0181-682 6692.

#### PPR Networks Festival

Following the success of the London Networks Festival in December 1996, the next nationwide Networks Festival will be on *Saturday July 11th 1998* in Manchester at Friends Meeting House. Put it in your diary now! The venue consists of a large hall for stalls and many small rooms for meetings throughout the day. If you are involved in a group that would like to book a stall or do a workshop, or want to be involved in any way, contact Ian at the PPR North West England address. Alas, the international conference on critical psychology and action research which this was to follow has been postponed. Putting it back will allow attendance by more speakers from around the world (including Latin America) who've been involved in practical radical work. So look out for it happening later in 1998 or in '99. (Ian will be a contact for this).

#### Alternative Strategies for Living

The Big Alternative Conference is organised by the Mental Health Foundation's *Strategies for Living Project* and will take place in London, in March 1998. It aims to celebrate the credibility of service user involvement in services and demonstrate that things can be different. It will cost £90, or £10 to service users, and will be at the London Voluntary Sector Resource Centre in Holloway, London. Please book your place in advance by calling 0171-580-0145.

#### Psychoanalysis and the Public Sphere

Conference. The annual Free Associations conference. Hosted in Stratford, London by University of East London. 30 Jan (confirm and book 0181-590 7722, Amal Treacher, Jo Brown or Heather Price).

## *Money*

Many thanks to all those who responded to the call for subscriptions in PPR#4. We received a number of cheques for £5 and also some larger donations from some academic and professional psychologists. You know who you are. We are very grateful, and appreciate your acts of solidarity. If you haven't already sent some money to us, remember that this kind of paper doesn't grow on trees ready-made and if you like us, we'd like a contribution.

## *Contacts*

PPR has formal links with people in different countries, and they have agreed to distribute the newsletter to subscribers, act as contact people for PPR, as well as being involved in local initiatives. In **South Africa**, contact Ken Wilson, Department of Psychology, University of the Witwatersrand, PO Wits 2050, South Africa. In **Australia**, contact Ben Bradley, Department of Psychology and Sociology, James Cook University, Townsville, Q4811, North Queensland, Australia. In **Spain**, contact Felix Diaz Martinez, Departamento de Psicologia General, Facultad de Psicologia, Universidad Autonoma de Madrid, Madrid 2049, Spain. In **Catalunya**, contact Lupicinio Iniques, UAB, Unitat de Psicologia Social, Edifici B, 08193, Bellaterra, Barcelona, Catalunya. In **Scandinavia**, contact Pirjo Nikander, University of Tampere, Department of Sociology and Social Policy, PB 607, Tampere, Finland. In the **UK** we are gathering a list of contacts for different areas. If you are willing to be a contact point, organizer and distributor for the PPR Newsletter in an area not covered by the following, please let us know now, please. So far, In **London**, contact Sara Meddings, Rehab Team Base, Springfield University Hospital, 61, Glenburnie Road, Tooting, London, SW17 7DJ, or Pam Alldred, 57 Cardiff House, Peckham Park Rd, London SE15 6TT. In the **Midlands**, contact Paul Croucher, Clinical Psychologist, Kingsway Hospital, Derby, DE22 3LZ. In **North West England**, contact Ian Parker, PPR Psychology, Bolton Institute, Deane Road, Bolton, BL3 5AB. In **Scotland East**, contact Steve Reicher, School of Psychology, University of St Andrews, Fife, KY16 9JU. In **Scotland West**, contact Simon Ungar, Dept of Psychology, Glasgow Caledonian University, Cowcaddens Road, Glasgow, G4 0BA.

## *PPR Student Group*

A student group has been set up at Bolton Institute, and has been constituted as a student union society. It had a stall at the freshers' fair at the start of the new academic year in September 1997, and is planning to

draw together psychology students and other students on different courses who are exposed to psychological knowledge. It will be having meetings with invited speakers, and a magazine is planned, perhaps to be called 'Critical Distance'.

## *North West Right to Refuse Electroshock Campaign*

The North West Right to Refuse Electroshock Campaign was formed in May 1997 after a packed public meeting at Manchester Town Hall heard members of ECT Anonymous describe the effects of this 'treatment', and the lack of any credible rationale for it. Survivors of ECT ('Electro-Convulsive Therapy' or electroshock) spoke about the way they had been forced into it, and clinical psychologists and psychiatric nurses told of the pressure put on them to get patients to agree if they seemed unwilling. Many radical psychologists and psychology service users want ECT banned, but the focus of this campaign is around the quite simple and reasonable human rights issue: that patients should have the right to refuse. The campaign then sent letters to hospitals around Manchester asking for details about the numbers of treatments and about level of application to different categories of patient -- because it seems clear from previous studies that black people, women and older people are more likely to be given it. A press release was sent to local newspapers, and a public meeting in November, to which members of MIND and UNISON were invited as guest speakers, discussed the hospital response (and lack of response). So, the key continuing tasks of the campaign are to raise this issue, to pressure anyone involved in coercing patients, and to support the right to refuse. (Contact Adam on 0161 226 0404 for further details.)

## *Resource Pack*

We said in PPR#4 that this issue would contain a list of resource groups, with names, addresses and descriptions of their activity. We haven't been able to finish this, but are compiling it now. It will be an invaluable guide to the network of organisations that are challenging ideas within psychology that lead to oppressive practices. We hope it will be available and sent out in PPR#6. If you are involved in a group that you would like included in the resource list, send us details ASAP so we can include it.

## *PPR Fringe 2000*

If we started organising now, could PPR make an enjoyable and useful intervention at the Edinburgh Fringe Festival in August 2000? This could be a Networks Festival with a difference, bringing together

many different groups - of critical psychologists and service users - that are challenging the way academic and professional psychology is performed and taking the stage to show that things could be different. If we set our sights on 2000, we may have time to arrange for visitors from around the world to come and perform at a dedicated venue. These guests might include August Boal and the Theatre of the Oppressed from Brazil, and Castillo Centre productions and the All Stars Talent Network from USA. Academic psychologists in Australia and New Zealand are experimenting with new theatrical forms to re-present psychology, there are some theatre groups in radical mental health, and there are a number of PPR members in bands, or who have been involved in theatre in the past. This may be a daft idea. It would be very expensive to book a good venue with space to do lots of different things. Edinburgh gets packed at that time of year. If it is possible, we have to start planning it now. If you want to get involved in planning or performing or both, or have ideas about who we could invite and how we might get funding, contact Ian Parker at PPR North West England, or email: I.A.Parker@Bolton.ac.uk.

### **MSc Critical Psychology**

An MSc Critical Psychology is scheduled, subject to validation, to commence at Bolton Institute in October 1988. Some of the ideas in this will link to PPR. For further info, contact Ian Parker, Psychology, Bolton Institute, Deane Road, Bolton, BL3 5AB, UK.

### **Video available for training**

#### *Inside Looking Out: personal perspectives*

A video/documentary of service users' experience of public fear and prejudice, and of psychiatric services. Commissioned by Metropolitan and Effra Housing Trust and directed by Lisa Blackman. Please contact her if interested in using the video as an educational/training tool (under licence from Metropolitan Housing Trust).

Contact Lisa Blackman at Department of Media and Communications, Goldsmiths College, New Cross, London, SE14, on 0171-9197633 or by e-mail l.blackman@GOLD.ac.uk

### **STOP PRESS**

Details are emerging of the three day biennial conference of the *International Association for Psychosocial Rehabilitation*, to which users are invited. It will take place in May in Hamburg, Germany. Contact Dr. Stark 0049 4047175290.

### **BEDLAM - CUSTODY CARE OR CURE?**

Currently showing until March '98 at the Museum of London, is an exhibition, *Bedlam: Custody and Cure*.

This exhibition was a great opportunity for a critical examination of past and present services and treatments over 750 years of psychiatry. For instance, it might have described abusive practices from the use of shackles and chains, lobotomy and ECT to coercive prescription of neuroleptics. But it didn't.

The exhibition did show what people ate in different historical periods, petitions to incarcerate people deemed mad in the 18th century (but didn't compare this with sectioning today) and displayed a straight-jacket and shackles. Throughout this the Maudsley was portrayed as the 'good guys' amongst the bad.

The narrative of the exhibition was one of progress towards the enlightened scientific position of the Maudsley today. It implied that current practices are uncontentious. The exhibition ends with an uncritical computerised display about contemporary diagnoses and treatments and a celebration of the great and the good at the Maudsley today. Just like the Maudsley's celebration of its 750 years, the tone of the exhibition was self-congratulatory.

This was not up to the usual high standard of critical representation displayed by the Museum of London. Was it simply a public relations exercise by the Maudsley?

Not recommended. But if you do see it, write to the curator at the Museum of London and tell them what you think.

Sara

**From religious house to NHS trust**

The Bethlem Royal Hospital is the second oldest hospital in the country. St Bartholomew's Hospital in east London is next. Bethlem was founded...

Nursing Times July 23, Volume 93, No 30 1997

**'People used to go in and pay a penny to view patients. How can you celebrate that? People were treated like zoo animals'**

## "SHOCKING ECT" by P. Butterfield

"To sin by silence when we should protest makes cowards out of men"

Ella Wheeler Wilcox.

Electric shock treatment has been administered for almost fifty years on an experimental basis. Despite the introduction of new machines which, it's claimed, are superior to older machines. We know from the audit reports in the UK that many consultant psychiatrists and their junior staff have little knowledge of how to administer a safe and correct dose. One must challenge whether any dose of electricity through the brain can ever be safe.

New shock machines give out higher doses of electricity and therefore patients are at even greater risk of brain damage (Cameron 1996). American psychiatrist Dr. Abrams is one of the most prolific users of electric shock treatment. It's no coincidence that he owns the major producer of shock machines in the USA.

Psychiatrists continue to ignore survivors and victims of shock, and the evidence that abounds proving that electric shocks to the brain causes brain damage. It must be comforting for them to know that no independent enquiry has been undertaken to look into the long-term effects of electric shock on the minds and bodies of their victims.

It is easy to blame memory loss on the 'original illness' and too often patients appear to be 'cured' simply because the psychiatrist apportion blame in his ignorance.

We know of patients who have deliberately concealed the extent of their damage by subterfuge, because they feel ashamed of their loss of cognition or because they are afraid if they don't agree with the psychiatrist they may be given ECT again. Many would rather commit suicide than have another series of shocks.

Of those who believe they have benefited we can only say they have been extremely fortunate so far. Next time they may not be so lucky if they get the wrong dose.

ECT is, as it has always been, a guessing game. No matter how smart the ECT suite or how wonderful the new machinery, it is still being administered and prescribed by incompetent consultant psychiatrists and unskilled junior doctors (RCP Audits and CRAG report). Those psychiatrists who have no skills or interest in dealing with the emotional problems they are presented with turn to ECT because they do not know what else to do.

Those who do not use ECT are sinning by their silence. There are many psychiatrists in this country and around the world who do not use ECT. We know from recent research that in the UK approximately 10% of psychiatrists persist in using ECT not only as a first line option but as an only option. Why? Because, research shows, that they are unable or unwilling to offer psychotherapy or even think of alternative treatments.

We believe that it's time that these incompetent psychiatrists are removed from their positions of power. They could have the option of undergoing psychotherapy to determine why they are behaving in such a cavalier fashion and why they are suffering from delusions about the efficacy of shock treatment ECT. We sincerely believe they are 'ill' and in need of 'treatment.'

Psychiatry has traditionally opposed pressure groups because they perceive them as a threat to their profession and their 'right' to administer treatment they see as being 'in the best interests of the patient, thereby viewing all pressure groups as antagonistic. No-one would need to form a pressure group or campaign against invasive treatments if they were listened to in the first place.

It has never been in the best interest of the patient to be given forced shock. It has never been in the best interest of the patient to be coerced into having shock, and it has never been in the best interest of the patient to be denied full and truthful information about electric shock treatment.

Let's look at the morality of electric shock treatment for a moment. Steven Rose, author of *The Making of memory* writes of the chicks he uses in his experiments.. "it

continued...

would be nicer to have an experiment that did not require even the distress of a mild electric shock to the chicks...shocking chicks is aesthetically (morally?? - I'm not sure) displeasing."

How can it be morally or ethically right to administer shock treatment to a human being on this basis? It is more than displeasing it is monstrous. Steven Rose has used thousands of chicks in his experiments and appears to have a least the vestiges of a conscience when it comes to giving anything which might cause even the slightest distress to his 'patients.'

What is it that makes it okay to harm a psychiatric patient? Why are they not afforded the same care as any suffering human being? Why is it that despite all the apparent progress in human rights, that the psychiatric patient is still assumed to be something 'other' and therefore fair game for all kinds of experimental abuse?

Where is the empathy, the fellow feeling that is vital when dealing with someone who is suffering mental distress. Are psychiatrists afraid because they see themselves in their patients and react not out of compassion but out of fear?

Isn't it time that psychiatry became morally and ethically aware?

And isn't it time the Royal College of Psychiatrists began to look very carefully at their members to discover why their members decide on a psychiatric career?

One must ask, what criteria is used to select men and women for psychiatry? They must be first of all men and women, human beings. What happens to them after they train? Who's best interest are they thinking of when they inflict dangerous treatment upon their unsuspecting and vulnerable patients without having the slightest worry about possible long-term effects?

Is it too late to start to listen to what patients want, not what they think they need? And, what are psychiatrists doing to prevent people from becoming patients in the first instance?

Psychiatrists should be people who know the gentle art of listening, creating empathy not antipathy. But psychiatrists are too often arrogant and unfeeling, dealing in legal drugs and doling out electric shocks.

Psychiatry must be made to take responsibility for their actions and made culpable for their mistakes. Psychiatrists must ask themselves why they evoke fear and suspicion in many patients. They need to think long and hard about their methods and begin to put it right NOW.

P Butterfield ECT Anonymous 1997



*Pathologised for her wings,  
she vowed to break free...*

7

### Enduring Love

Ian McEwan, Jonathan Cape

£15.99



Recreating the process of forms of insanity has become one of the things big literary names do as contemporary culture spins ever faster out of control and breakdown becomes an expected part of the late Twentieth Century: think Patrick McGrath, Paul Sayers, Martin Amis, Jonathan Coe. De Clérambault's syndrome is a real condition which McEwan dissects with an uncanny ability to get under the skin of the sufferer. The madness of the victim infects the lives of everyone touched by it, however far removed. Boringly, tediously, 'Enduring Love' is up to McEwan's usual standards. Predictably, it's brilliant.

TJ

Thanks + in solidarity - from  
disability arts in london

# Reclaim Bedlam

An everyday story of Campaigns, Consultations, Cuts, Care and Control from Mental Health Service Users and Psychiatric System Survivors in Brent

By RICH

The Reclaim Bedlam Campaign commemorated 750 years of psychiatric oppression with a minutes silence on the steps of Saint Paul's (23.10.97). Campaigners remembered Mental Health Service Users who died in institutions, took their own lives, and those who died from over medication or other treatments. This contrasted with a thanksgiving service inside the Cathedral celebrating the 750th anniversary of Bethlem Hospital.

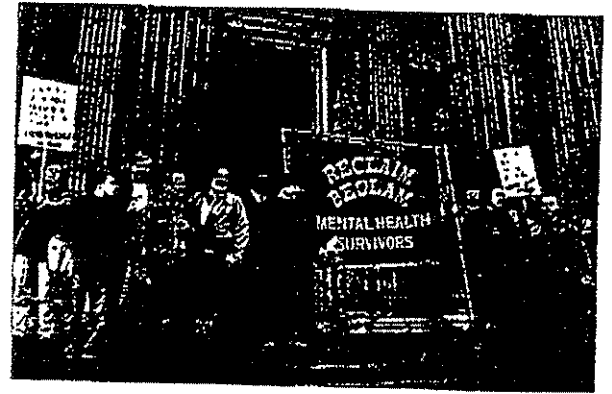
We considered this contrast in

disability arts in london

line with service changes (professional-speak for cuts) being proposed by Brent and Harrow Health Authority. Will these cuts reduce the risk of death in institutions, the over prescription of medication, inappropriate services and a situation where the only choice left is suicide. It was the groups feeling that the cuts will increase the risks.

## Proposed cuts

Proposed cuts include the closure of day hospitals, the development of satellite services, holistic support groups



Reclaiming Bedlam on the steps of St. Paul's: photo © R. Downes

It was the groups feeling that the cuts will increase the risks.

and a complete cut to psychotherapy services. Access to these changed services will target people who are diagnosed as being severely mentally ill and can only be accessed through local Mental Health Teams. A Survivor reflected: "When there are less resources and less choice, what is left can only be controlling. People with severe needs will be accommodated, others will miss the service net. Priorities are based on risk and danger. This calls for the Mental Health Act to be enforced.

\* STOP PRESS \*  
Brent + Harrow H.A. have apparently overturned the decision to close the psychology centre. And THANKS for permission Rich

actions to be made and medication to be used as control. This might cover the backs of workers, but should not be seen as care".

All of the proposed cuts are in direct opposition to what Mental Health Service Users have been asking for when involved in consultation. System Survivors and Mental Health Service users want Talking Treatments. The cuts will mean that people have to be seriously ill before they can access services.

"I know when I need counselling. If I do not get it because I am not seriously ill it could make me more ill and put me in danger. The Health Authority seem to appraise risk in terms of what is dangerous for them as an institution. Not what is dangerous for me as a user". The Health Authority wastes money based on

evidence which comes from pharmaceutical companies that have an investment in continued use of maintenance drugs. They say there is no real evidence that psychotherapy works. There is scientific evidence for medication except; "There is no evidence psychiatric drugs cure. Our evidence that medication causes other illnesses, has been heard, but not listened to." Oral history has become more respected over time, but still there are unheard voices.

## Investment in advocacy

Brent's Mental Health Service Users have defined an appropriate way forward to them. They ask for investment in Advocacy. Early drafts of the cuts document called for increased use of Advocates. As it became apparent to the Health Authority that this could not be



photo © R. Downes

Advocacy makes a difference. It means Users have a say in their own care

achieved so, references to Advocacy were dropped. Yet; "Advocacy makes a difference. It means Users have a say in their own care. When our voice is heard a challenge is made to health professionals. Sadly they do not seem to want to hear it. A helpful sign from the government is an increased interest in challenging stigma and discrimination. An Advocate assists this process. They can say restraint, medication, electric shocks are not useful. they are about control not care".

The voice of Mental Health Service Users do not seem to be heard. Cuts will endanger our lives. If the Health Authority really wants to consult with us they have to prove they have heard at least some part of what we have said and not doom us to another 750 years of psychiatric oppression.

disability arts in london



## ***Homosexuality: the continued risk of corruption***

**You might think that, in these more enlightened times, the idea that homosexuality is caught disease-like from people so afflicted would be laughed out of town. However, events in Bradford suggest otherwise...**

More palatable is the idea that gay adults in positions of responsibility for young people provide 'role models'. This *social influence model* doesn't sound so antiquated or problematic, but it can function in the same way as the idea of the risk of corruption.

This idea underpins the homophobic attacks made on a Bradford youth worker who happens to be a lesbian. The components of a rationale for such attacks are, firstly, that homosexuality is bad, and secondly, an over-simplified understanding of young people's sexuality as strongly influenced by a role model such as a youth worker. In the Bradford case this is quite literal homophobia - the fear that young people will turn out gay, or have gay relationships.

The following is taken from the *Rights of Women* Newsletter, September 1997.

**'Challenge Homophobic Injustice Now (CHIN)** - a group of lesbian, gay, heterosexual, Asian, Black and white people living and/or working in Bradford - was set up earlier this year in response to a vicious attack on a Muslim lesbian youth worker.

Norrina Rashid is employed by Bradford Council's Youthreach project. Attacks on her, including death threats, have been perpetrated by the anonymous group, the Muslim Awareness Campaign (MAC). MAC has twice produced and circulated homophobic leaflets, publicising the youth worker's personal details and inciting others to harass the worker and the youth project where she works. MAC demands that Bradford Council sack Norrina and they attack Bradford Council's equal opportunities policies and anyone who supports and defends equal rights for lesbians and gay men. Although Bradford Council has issued various statements to the local press they have focused on the support and protection they have offered to Norrina, which only personalises the

issue. Norrina continues to be off work and the situation is no where near resolution. CHIN demands that Bradford Council immediately:

- publicly states its equal opportunities policy
- publicly states its Youth Service sexuality policy
- makes a public statement about the health and safety implication of this issue for all its detached youth workers.

You can help by writing a letter to Councillor John Ryan, Bradford Council, Bradford City Hall, Bradford BD1 1HY. To find out more about CHIN, write to them at PO Box 267, Bradford BD1T.

So, it might have seemed a bit 'old hat' to have been ranting about homophobia and psychology's collusion in it, but here is yet another example. This response to the perceived juxtaposition of young people and homosexuality can circulate psychological ideas about sexuality and its development, and about homosexuality and its (un)desirability.

The other possibility of course would be the old danger of abuse. It almost seems as if the fears connected with this are present, without anyone making such an accusation explicit.

This draws on an older discourse of homosexuality: of the 'corruption' of young men and boys by older men. If indeed there was any reason to see this as a risk, it would be important to discuss it explicitly and unhelpful to have implicit suggestions. Besides keeping up the support and the pressure through or alongside CHIN, we are reminded of the importance of continuing to challenge homophobia, heterosexism and discourses of the corruption of youth.

*Pam*

## Issues for Lesbians and Gay Men in Contact with Mental Health Services

As mental health researcher at the London based lesbian and gay organisation PACE (Project for Advice, Counselling and Education) I have been carrying out research over the last year into the experiences of lesbians and gay men in MH services. Although the work is not yet completed it is clear that the accessibility, sensitivity and appropriateness of treatment and care within services is variable: heterosexism and homophobia *do* exist and can affect the quality of care received as well as possibly compound some of the difficulties already being experienced by these particular groups. In this article I want to outline some of these issues and then look at what we can all do to bring about improvements in services for lesbians and gay men.

### Access

Access to services can be particularly difficult for lesbians and gay men, not least because for most of this century homosexuality has been widely treated as a mental disorder and was classified as such by the World Health Organisation until as recently as 1992. There are people currently avoiding mainstream services therefore because their sexuality has been pathologised in the past, and for which they may have received treatment, for example aversion and behaviour modification therapy. Others may simply avoid services because they are aware of this history and fear being pathologised themselves. Research by MIND (Golding, 1997) showed that just over half of their respondents felt their sexuality had been inappropriately used by MH workers to explain their mental distress.

On a more practical level, many services do not display any images or material - notices, newspapers, literature - which are lesbian or gay identified; neither do they include sexual orientation in their EOPs or display policy statements about the unacceptability of homophobic behaviour - whether by staff or other service users. Thus LGB users are rendered invisible; they may feel lonely and isolated as a result, possibly compounding feelings they are already experiencing. They may choose to either discontinue using the service, or not 'come out' as LGB. Again this can add to negative feelings about themselves, and can lead to inappropriate care. It is also quite possible that they feel physically unsafe, fearing homophobic attacks or sexual harassment. Lesbians - like many heterosexual women users - may feel safer in single sex wards. There is a current drive within the NHS to do away with mixed sex accommodation, but many feel this is not happening fast enough.

### Ignorance and Homophobia

A lack of understanding and awareness of lesbian and gay issues and lifestyles, and of the diversity within each of these groups, can lead to difficulties in the relationships between MH workers and LGB users, and the effectiveness and quality of care. No consideration of the impact of homophobia and heterosexism on mental health generally can mean being oblivious to very real distress caused by such oppression and discrimination. Where MH workers hold these attitudes themselves, such distress will obviously be compounded. Amongst other things, users taking part in this research have described instances of verbal abuse, inappropriate questioning and voyeurism, ridicule, sexuality being focused on inappropriately or pathologised, and discrimination against same sex partners and friends. There also appears to be a lack of understanding as to the repercussions breaches of confidentiality regarding a person's sexuality can have, including questions about child care and custody, laying open to homophobic abuse from other staff and patients; discrimination at work, rejection by family.

## What can be done to improve services for lesbians and gay men?

### Strategies employed at PACE:

**Research:** Gathering and documenting experiences provides 'evidence' needed to persuade authorities there is a problem. Recommendations based on results can help influence policy / institutional practice in mainstream mental health services. *The Pace report will be published in February 1998.*

**Training:** Addressing individual as well as institutional practice by developing and providing training for mental health professionals in good practice with lesbian and gay clients. We also hope to work with other professional bodies - for example in medicine, nursing, social work - to ensure that the training of students includes homophobia and heterosexism - how they operate, what the impact is on MH - as well as the integration of lesbian and gay issues into all parts of the course.

**Advocacy:** If a lesbian or gay man faces problems within mental health services arising from their sexuality, they may feel unable to use the available advocacy service, particularly if they are not 'out'. A lesbian and gay advocacy service will not only help individuals using services to challenge bad practice and find ways of getting what they want, but will also feed into the long-term research and training strategy outlined above

**Providing preventive, supportive and therapeutic groupwork, as well as individual counselling.** Some of these groups will be provided specifically for LGBs who are using or have used MH services, as well as any person experiencing emotional distress. These services are currently lacking within mainstream provision and highlight the need for specialist services which can provide appropriate and relevant therapy and support in a safe and understanding environment.

**Providing support and accommodation to user led LGB mental health service users groups** GLAMH (Gay and Lesbian Action on Mental Health) is a user led campaigning group which meets monthly at PACE. The organisation also provides the group with administrative support and advice or help when requested.

## PSYCH-SPICE 3



▽ **Out and Proud with her wings** ▽

**What can you do?** As a user and/or worker in mental health services you will undoubtedly encounter people who do not identify as heterosexual - though they may not make their sexuality known to you. By giving some thought to the following questions you can help ensure that lesbians, gay men and bisexual people receive a sensitive, safe and appropriate service.

Do you challenge homophobic attitudes in others - and allow yourself to be seen to do so? Is your service visibly lesbian and gay friendly? Are you yourself informed about local lesbian and gay groups and activities? Lesbian and gay organisations which provide services and to which you can make referrals? Gay and lesbian lifestyles? Do you ask for information on admission or at assessments in a way which 'allows' lesbians and gay men to feel able - and safe- to be open about their sexuality? What do you mean by confidentiality - and how might that affect your lesbian or gay client? Do you treat same-sex partners as you would partners of heterosexual clients or users? If you feel you or your colleagues would benefit from training on lesbian and gay issues, why not request some?

If you would like to receive news of any training or events at PACE which deal with the mental health issues of lesbians and gay men, please ring Tracy Woolf at PACE on 0171-700-1323 to add your name to our Mental Health Mailing List

Linda McFarlane, Mental Health Researcher / Trainer at PACE

# INTERVIEW with *NOAM CHOMSKY*

by *John Cromby*

Noam Chomsky was once described by the Washington Evening Post as "arguably the world's most important living intellectual". He is well-known by psychologists for his debate with Skinner over language learning at the end of the 1950's, which signalled the end of behaviourist psychology's claims to be anything more than a technology of problem management.

However, Chomsky also has a formidable reputation as a critic of oppression and exploitation in all its forms, and as an advocate of libertarian socialism. During the 1960's he campaigned tirelessly against the US war in Vietnam. Since then has helped to publicise atrocities in East Timor, and been a vocal critic of US involvement in Central American countries such as Nicaragua and El Salvador.

John Cromby conducted this interview with Noam Chomsky by email at the end of 1995.

## **Psychology and politics:**

JC: In the UK many radical psychologists would describe themselves as postmodernists or poststructuralists, and would cite Foucault as an especially important influence. I know that you once took part in a debate with Michel Foucault (see Elders, 1974), where the two of you briefly discussed your different philosophical/political orientations.

What are your views on postmodernism/poststructuralism in psychology? In what ways is it a progressive trend, and in what ways a reactionary one?

NC: It's difficult for me to comment on "postmodernism" and "poststructuralism." What I understand (which is not a lot) seems to me mostly either truism or falsehood, sometimes worse, though of course one can also find serious work which, in my opinion, could be formulated far more simply. But I should stress that I find a good part of it unintelligible, and haven't been inclined to put much intellectual energy into trying to learn more.

A "progressive trend"? In general, I personally think not, though many practioners regard themselves as "progressive," "radical," and "left," and sometimes this is not false. At this level of generality, I don't think it is fair to comment, though my general feeling is that the effect is often to confuse, intimidate, divert attention and effort from serious concerns, and reinforce some quite negative features of the market culture and society.

JC: I am increasingly coming to believe that we must strive to ditch the relativist strand of post-modernist thinking and re assert a morally grounded, materialist politics. Do you have any views on this?

NC: The "relativism" seems to me mostly confusion, aimed at targets that do not exist and (insofar as it is coherent) repeating in highly complex way various truisms, such as the "antifoundationalism" that has not been seriously questioned for centuries; there are textual and interpretive questions that are not trivial, and mostly become more murky and confused at the hands of the "postmodern" analysts I've read, but at a very general level this is, I think, roughly accurate.

It is not seriously in question that reason is the slave of the passions, nor is it debatable that interpretations and paths of inquiry are shaped by values and presuppositions which, if honest, we will always be ready to evaluate if necessary, but which cannot be avoided if we hope to gain further understanding. It's possible to say such things in complex and mysterious verbiage, but I'm not convinced that it is necessary, and believe one may fairly ask questions about why that course is so fashionable.

JC: In a recent book called "Psychology and Postmodernism" one of the authors says that "Psychology all of it is a branch of the police. Psychodynamic and humanistic psychologies are the secret police" (Richer, 1992) Would you agree with this pessimistic statement? If true, it suggests that organisations like "Psychology Politics Resistance" which are attempting to be radical are ill-founded. Is there a way out of this trap?

NC: The slogan you quote is the kind I have in mind. There is of course some uninteresting sense in which anything that one does within a social order helps bolster and maintain it; what we are doing now, for example. Beyond that, there is no significant sense in which inquiry into visual perception, language, thought and reasoning, acquisition of concepts, etc., is "a branch of the police," and the same holds of "psychodynamic and humanistic psychologies." They can contribute to social control; they need not. The same is true of "postmodern psychology." I also think, frankly, that Foucault's usage is best abandoned; not only in this case, it seems to me to obfuscate what is fairly simple insofar

as it is at all understood. There is no "trap" to get out of, other than the fact that we are inevitably part of some social order, no matter how much we may hope to change parts of it even large parts. These are truisms. We should waste no time on them, in my opinion.

JC: How do your politics and your views on psychology inform and illustrate each other? What points of tension or contradiction are there? Are there unresolved issues in your own thinking?

NC: There are some relations, doubtless, but they are quite abstract. I could just as well be an algebraic topologist and have the views on humans and society that lead me to write and act as I do. I've written about this elsewhere (usually in response to queries), and have nothing to add (see Chomsky, 1987). Are there unresolved issues? It would take too long to list them, from A to Z. In fact, all serious issues are unresolved.

#### **International politics:**

JC: How do you see the so called "special relationship" between the USA and the UK changing in the coming years? Will it persist or is it already gone? What implications might this have for us in the UK?

NC: It's important to bear in mind the various perceptions of the "special relationship." The attitude that has probably been dominant among US policymakers was expressed succinctly by a senior adviser of the Kennedy Administration: Britain is "our lieutenant (the fashionable word is partner)." Records from the Cuban missile crisis and Skybolt episode reveal dramatically the contempt of high officials for Europe generally (not just Britain). There is a recent review by Frank Costigliola, "Political Science Quarterly," Spring 1995.

There is, to be sure, a "special relationship," with the obvious historical and cultural roots, but also shared elite perspectives in other respects. From the 1980s, the US and UK have led the way in imposing at home the double edged market principles (market discipline for the defenseless, protection and subsidy for the powerful) called "neoliberalism," with effects that are familiar in the Third World. They also see themselves as the main proprietors of the world's major energy reserves in the Gulf, and as "enforcers" military states that impose order by violence when needed. That's pretty well understood.

In England, Christopher Bellamy pointed out in "International Affairs" that despite its social and economic decline, Britain remains "well qualified, motivated, and likely to have a high military profile as the mercenary of the international community," a view endorsed by John Keegan, who recalled that "The British are used to over 200 years of expeditionary forces going overseas, fighting the Africans, the Chinese, the Indians, the Arabs. It's just something the British take for granted," so that the war in the Gulf "rings very, very familiar imperial bells with the British" and strengthens the "special relationship" with the chief global enforcer. For a variety of reasons, then, some kind of "special relationship" is likely to endure. It's up to the people of the UK to decide whether they want to play these roles, with all that they entail.

#### **Transforming society:**

JC: With the collapse of the USSR, the "end of history" and the ultimate triumph of liberal ideology and capitalism have been heralded by some commentators. This, however, ignores the less visible but important libertarian/anarchist strand in socialist thought and practice, which if anything is vindicated rather than challenged by these developments.

NC: Having regarded Bolshevism since childhood as a powerful enemy of socialism, freedom, and democracy, I naturally regarded the collapse of the USSR as a victory for socialism, rather as the defeat of fascism was. The Soviet system called itself "socialist" and "democratic," one term as ludicrous as the other from the very outset, when Lenin and Trotsky acted to dismantle every socialist and democratic tendency that had developed before their takeover, for quite principled reasons, in their minds. The West ridiculed the pretension to "democracy" (rightly), but delighted in the equally ridiculous pretension to "socialism," which could be used as an ideological weapon against socialism. When the world's two major propaganda systems agree on something, it's hard to escape their grip. But we certainly should be able to comprehend what was obvious 75 years ago to anarchists, left Marxists (Pannekoek, Luxemburg, etc.), independent socialists (Bertrand Russell, etc.), and many others.

As for the "end of history," that has been repeatedly heralded at moments of what appeared to be unchallenged business rule, thus undermining the threat of freedom and democracy. A century ago, for example, William Morris, while recognizing that it is "doubtless a bold thing to fly in the face of this opinion, which I am told is held even by the most learned men," refused to accept "the received opinion that the competitive or 'Devil take the hindmost'

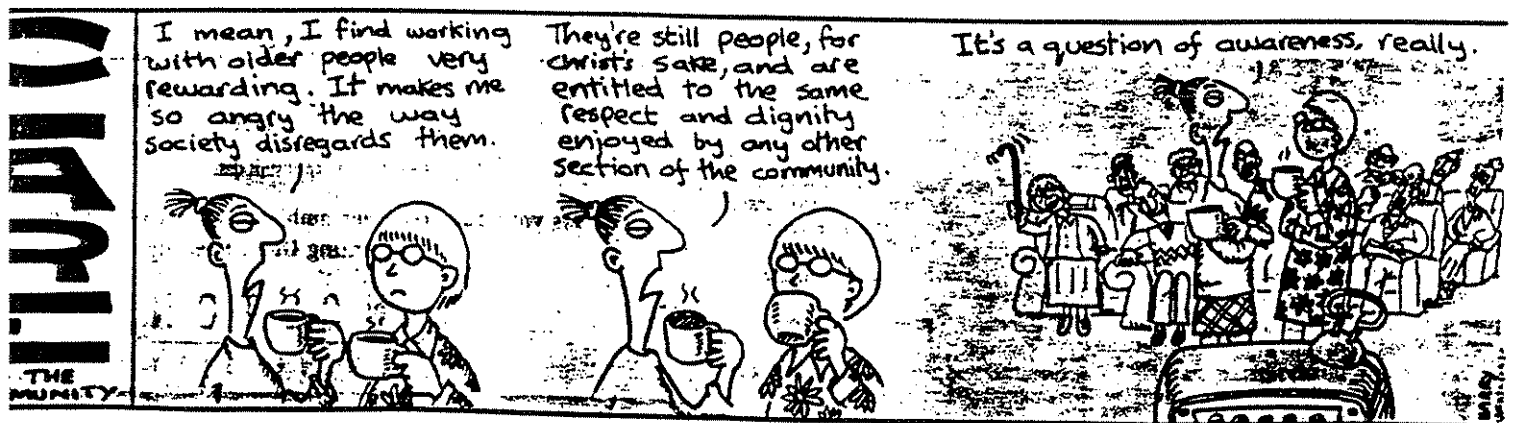
system is the last system of economy which the world will see: that it is perfection, and therefore finality has been reached in it." He rejected the learned opinion that history is at an end and that "civilization will die" in the "perfection" of depravity, and was right. Much the same was true in the 1920s, and we can trace such enthusiasms and the fears they elicited among those with roots in the Enlightenment back 200 years, to the days when James Madison deplored "the daring depravity of the times" as the rising business classes dismantled the system he thought he was crafting, becoming "the tool and tyrant" of government.

The "triumph of liberal ideology and capitalism" ignores not only libertarian socialism and much of the history and thought of working class and other popular movements, but also the fact that what has "triumphed" is hardly "liberal" or "capitalist." Recall that Bolshevism and fascism were not the only totalitarian tendencies that developed early in this century. As has been recognized by the major scholarly work on the topic, the modern corporation has its intellectual roots in the same currents of late 19th century thought. These institutions, granted extraordinary rights and power early in this century (in the US, at least, mostly by courts and lawyers), are deeply totalitarian in internal structure and freedom from public accountability and control. They are in effect command economies run by very visible hands, interlinked with one another in complex ways, and operating in strategic interaction with powerful states. They were designed in large part to safeguard participants from market discipline, and they act to undermine markets in many ways that are well understood, including their huge role in what is misleadingly called "trade" (for the US, about half of it internal to corporations). They have enormous power over the domestic and global economies.

Their reliance on state power is, perhaps, particularly dramatic in the US. The US has been highly protectionist throughout its history (a major factor in its industrialization and high growth rates, as economic historians are well aware), with some fluctuations (protectionism rose sharply during the Reagan years, for example); and more relevant here, since World War II, when the business world recognized that advanced industry "cannot survive in a competitive, unsubsidized, 'free enterprise' economy" and that the government must be "the savior" (in the words of the leading business journals), the huge Pentagon system has functioned to transfer public funds to high tech industry by imposing costs on the public and reserving profits for the private tyrannies.

These are major factors in just about every functioning sector of the economy: electronics and computers, the aeronautical industry, biotechnology, and on and on. It's perhaps symbolic that Newt Gingrich, the leader of the "conservative revolution," also manages to enrich his pampered constituents with more federal subsidies than any comparable district in the country. That is the main reason, well understood in the business world, why the Pentagon system remains roughly at Cold War levels and in fact is being expanded by the "conservatives," who understand very well the need for the rich to feed at the public trough. To speak of the emerging system as "liberal" or "capitalist" is hardly accurate, to put it rather mildly.

JC: In your view, what are the ramifications of recent history for Marxist/Leninist/Trotskyist politics? What are the potentials for libertarian movements in the near future? How might psychology play a part in their growth? How could we mould a libertarian psychology adequate to such movements what necessary elements would it need to contain? =>



NC: The disappearance of Leninism/Trotskyism is only to be applauded, in my opinion. As for "Marxism," I can't comment. Marx himself was mainly a theorist of capitalism. No sensible person would ignore his work, or worship him as an icon. The very concept "Marxism" belongs to the history of organized religion, in my opinion. On "libertarian psychology," I suppose my views are old fashioned, as on most things. I understand psychology to be part of the inquiry into what organisms are, in this case, what humans are. We seek the truth (to use an unfashionable term, for which I offer no apologies), whatever it may be, about human nature (ditto). One may hope, as I do, that the inquiry will reveal that people have the kind of "moral sense" that Jefferson, Bakunin, and others felt they perceived. If so, that could provide some grounding for a libertarian social theory of the kind that can be outlined but not substantiated seriously today.

That aside, we should recognize another truism. When inquiry moves beyond large molecules, understanding begins to trail off rather sharply. Moderately complex systems are not well understood even in the hard sciences, and it wasn't until fairly recently that fundamental physics and chemistry began to inform actual practice very significantly. When we move to questions that are of real human concern in individual or social life, the contributions of serious rational inquiry are at most suggestive, and it is the responsibility of those professionally engaged in these pursuits to make very clear to others the actual limits of understanding. One reason for my distaste for postmodernism is that the surface complexity misleads uninformed people to believe that more is there than at least I am able to discern, a natural and dangerous tendency in a society where people are accustomed to rely on experts, real or alleged.

JC: In a recent article in "Open Eye" magazine, you talked about the systematic destruction of working class culture and fragmentation of working class communities, which you see happening currently in the USA and elsewhere. Can you give more concrete examples of how you see this occurring? What are its implications? Can we rebuild radical movements in the face of this onslaught?

NC: To take one concrete example, as late as the 1950s there were about 800 labor based newspapers in the US reaching 20-30 million people, dedicated (in their words) to combat the huge corporate offensive then underway to "sell the American people on the virtues of big business," to expose racial hatred and "all kinds of antidemocratic words and deeds," and to provide "antidotes for the worst poisons of the kept press" (the commercial media), which had the task of "damning labor at every opportunity while carefully glossing over the sins of the banking and industrial magnates who really control the nation." Go back some years earlier, and it was far larger, back to the mid 19th century; and we can add to it community based independent press of various kinds.

All of this is only one facet of a much broader popular and working class culture, which has struggled against what "factory girls" and working men in New England mill towns 150 years ago called "the New Spirit of the Age, 'Gain Wealth, forgetting all but Self," a degrading and demeaning doctrine that they recognized was destroying freedom, justice, social bonds, and intellectual culture. The whole question is one of vast import, and I can't try to say anything serious about it here.

Can we rebuild radical movements and the culture of solidarity, sympathy, mutual aid, and liberation? Why not? It's often been done in the past, including the very recent past, sometimes under conditions vastly more onerous than any we can imagine. Take the poorest country in the Western hemisphere, Haiti, where, to the astonishment of outside observers, slum dwellers and peasants managed to construct a lively and vibrant civil society of grassroots movements and popular organizations, strong enough to sweep their own president into office. True, that was quickly crushed by violence, with a good deal more support from the regional enforcer than is commonly known. But we face no problems of remotely that order. There are unusual opportunities for resistance, organizing, and constructive action right now, I think. If they are not used, we have only ourselves to blame.

#### **The Internet:**

JC: The Internet is simultaneously portrayed as both a democratising medium (e.g. Howard Rheingold's book "The Virtual Community" and a tool of the multi-nationals playing a vital part in the creation of a global "surveillance society" (e.g. "Resisting the Virtual Life: the culture and politics of information" Brook & Boal). In what ways can the Internet be a tool for change? And in what ways is it oppressive (or potentially so)?

NC: Like most of technology, modern telecommunications (including the internet) is fairly neutral: it can be used to control people or to liberate them, to improve their lives or to crush them. Which functions it serves depends on the hands that take part in and control it. Automation, for example, could be used to free people for creative and fulfilling work under their own control, marginalizing or eliminating authority structures, or (as is the case) to impose more firmly managerial control and the power of the reigning tyrannies while creating a growing mass of superfluous and desperate people. As automation was developed within the protected state sector (being too

inefficient to be subjected to market forces). it was designed, quite consciously, for these ends: there's good academic research on that topic, which also points out that it was not inherent in the technology. The same has been true of the printing press, radio, television, and now the internet. Under existing circumstances, it is likely to become a wing of the huge marketing operations in the US (same elsewhere) and a device to fight what leaders of the public relations industry call "the everlasting battle for the minds of men." either through indoctrination or more effectively, atomization and marginalization. It could be something quite different if it were brought under democratic control. These are questions for struggle, not speculation.

JC: Thank you very much

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Dr. John Cromby  
Department of Learning Disabilities  
University of Nottingham Medical School  
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**+++ CHALLENGING PSYCHIATRY +++**  
*where do we go from here?*

PPR London Group is hosting a Discussion Meeting with invited guests:

**Mary Boyle**

(head of clinical psychology training at University of East London, author of *Schizophrenia A scientific delusion?* - a radical debunking of 'much of the nonsense of psychiatric theory')

&

**Sean Mortiboys**

(from ECT Anonymous, London - campaigning to alert people to the dangers of ECT, and supporting recipients of ECT)

The guests will talk briefly about their own work in challenging oppressive psychiatric and psychological 'knowledge' and practice. The meeting then aims to be a forum for all interested people - including those involved (in whatever combination) as users/survivors of mental health services, in campaigning and activism, in research, service provision, academia, and so on - to think together about where we aim our challenges, the strategies we employ, and how we might best prioritise our energies in order to bring about positive change.

on  
**Thursday 29th January 1998, 7pm**

Venue:  
**Room 406, Castle House, South Bank University,  
Elephant and Castle**  
(top of Walworth Road, behind Riley's Snooker Bar)

+++++ **FREE admission / donations welcome** +++++

PPR (Politics Psychology Resistance) is a network of people, both psychologists and non-psychologists (including survivors of the mental health system), who are committed to challenging the oppressive use of psychological ideas, supporting those on the receiving end, and using psychological knowledge positively to help those engaged in struggles for social justice.

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## I wish to Register a complaint...

Supervision Registers (SRs) were announced by the Department of Health in 1993 as part of the 'Ten Point Plan for Developing Successful and Safe Community Care' in response to several high profile incidents involving users of mental health services and the subsequent outcry by the tabloids about the 'menace of the mentally ill'. The SR consists of information held in each Health Care Trust on users who are thought to be at risk of committing serious violence, suicide, or of serious self-neglect. Inclusion on the Register involves the service users psychiatrist being responsible for sharing risk information with appropriate agencies and individuals and ensuring that users are followed up and do not lose contact with services.

Though the Department of Health has provided criteria for entry to the Register and given guidance on risk assessment, the decision in each case about what constitutes 'significant risk' of violence, self harm, or self neglect remains a clinical one. In practice this means that the service user's Consultant Psychiatrist has the final say as to whether or not to put them on the Register, after consultation with the multi-disciplinary team involved. The decision then is impossible to standardise, and variations in practice between psychiatrists will be considerable. Entry onto the Register does not have the legal status that being placed under a section of the Mental Health Act does, and in fact is seen as more of an administrative procedure than a legal one by Trusts and clinicians, however user groups across the country have expressed concerns as to the potential problems users placed on the Register may face. These include stigmatisation, problems in accessing services for users labelled as 'dangerous' or 'difficult' and inappropriate information sharing about a person's risk status with the police, housing or other statutory and voluntary agencies.

For example at least one Trust has given its entire Register to the local police force. Guidelines in setting up Registers left the organisation of the appeals procedure up to each individual Trust and anecdotal evidence suggests that on the whole these are inadequate (often involving little more than writing a letter of complaint to the medic who placed you on the SR and then going through the Trusts usual complaints procedure if you are unhappy with their reply) and that users on the Register are usually unaware of the complaints procedure, if they are aware of being on the Register at all. In fact it seems likely that almost no one has appealed against their SR status despite the unhappiness of many service users in being stigmatised this way. As the users Consultant Psychiatrist is also responsible for ensuring that they are followed up and do not lose contact with services (regardless of their wishes) users may also feel hounded by the service at times when they no longer wish for support or follow up.

This leaves a clearly unsatisfactory situation where an effectively unchallengeable register of users 'at risk' is kept, with each Trust able to decide which outside bodies should have access to it and with no clear rights for those on the Register regarding appeals or the right to decline follow up services in the community. The Register seems to be part of a growing culture in mental health services where the management and minimisation of risk is seen as more important than protecting the rights or delivering an appropriate resources to service users. These issues undermine any use a Register might have in ensuring that scarce resources are targeted at users genuinely at risk or with severest needs. Such users may very well benefit from a procedure that highlights the nature of risks in a way useful to those working with them and be useful in accessing the most appropriate services for their needs.

Andrew Beck, Trainee Clinical Psychologist, University of East London



## *Women and Mental Health Network Membership*

*Membership of the Women and Mental Health Network U.K.  
is open to all individual women  
and groups with an interest in women's mental health.*

15 Woodbury Street, Tooting, London SW17

## IT'S A CATCH 22 MADNESS

Richard Hughes

Service User, Rehabilitation and  
Continuing Care Service, Pathfinder NHS  
Trust

Everything seems unreal. When you become depressed everything goes black - all the colours turn to black. You wish everyone in the world liked you, but you think they don't. You want to live - and you want to die.

When you go high, it's lovely, you're happy. After a bit you can't stand it. You get frightened. Life becomes ugly. You lose all sense of reality. When people are trying to help you, you think they're out to hurt you. It's terrifying. People shun you: "He's a nutter, take no notice". They humour you. You doubt your own existence. You feel shitty all the time. You think everyone dislikes you. You have tears in your eyes and they seem to laugh at you. You end up hurting yourself because there's no way out. You go crazy.

Sometimes hearing voices is helpful. They may say nice things, or nasty things. Even when they insult you, they may get you back to reality, or give you advice, although normally they're very frightening. You want to listen to them, but you want them to go away. It's a catch 22 - madness.

### What you can do

You feel helpless. It seems there is nothing you can do. Some people turn to God. Some people go back to bed and sleep because they can't handle life. Some people use drugs, drink or cigarettes. This gives temporary relief. Some people may cope by having sex because it makes you happier. Meditation can be helpful. It gives a feeling of well-being and relaxation.

You may not want medicine because the [side] effects are dreadful. These include stiffness, restlessness, tenseness, you can't sit down, but you're exhausted and you want to sleep. Some of it makes you feel terrible, yet some of it makes you feel a bit better.

People say "get up, do this" and you hate them for it. You are so ill that you can't talk to people. Talking can be helpful, but people get the wrong end of the stick and sometimes you don't want to talk to them. You can't talk to people, and you're so angry at them. You want people to leave you alone. At the same time, you're desperate to talk to people and get help. Sometimes psychologists can be useful because you can tell them your problems. But at times they might be wanting to mould or change you. You might think they're trying to make you worse.

Hearing voices groups help because it's good to talk to other voice hearers about things. It's helpful to talk to other people who have problems. It helps to think other people hear them as well. It may make the voices less scary. You feel safer there, because there's no pressure.

Work can be helpful. It gives you something to do. It can make you feel useful. You can socialise. And, you get paid for it. Being a user rep can be good. It gives you the opportunity to say what you think, although meetings with senior staff, and the user's forum can be scary, and you might think they're laughing at you. Thinking this can make you feel nervous or angry, and this makes work more difficult.

### Advice to Professionals - what they can do

They all seem so cold. There's an us and them mentality. They do things by the book - use techniques that are dehumanising. They talk to you, not as if you're people, but as if you're mad. This can be painful. They shouldn't assume that one person's like another. They shouldn't categorise people, or

institutionalise them, or make people into statistics. It's very degrading. Sometimes the staff are the insane ones. When the people who are meant to be helping you, seem like this; when you ask for help and they laugh at

you; when they wake you up, when you want to rest from people, your voices, your madness, yourself; when the staff seem like the Gestapo - it's a catch 22 madness.

What staff should be doing is:

- 1) asking our advice
- 2) treat us with respect
- 3) give us information
- 4) stop persecuting us
- 5) listen to us
- 6) help us get jobs with decent wages
- 7) give us a choice of alternative therapies: yoga, meditation, herbal medicines
- 8) give us medicines with no side effects
- 9) choice of psychological treatments for us
- 10) staff should sort out their own psychological / psychiatric problems
- 11) support user movements and patients councils etc.

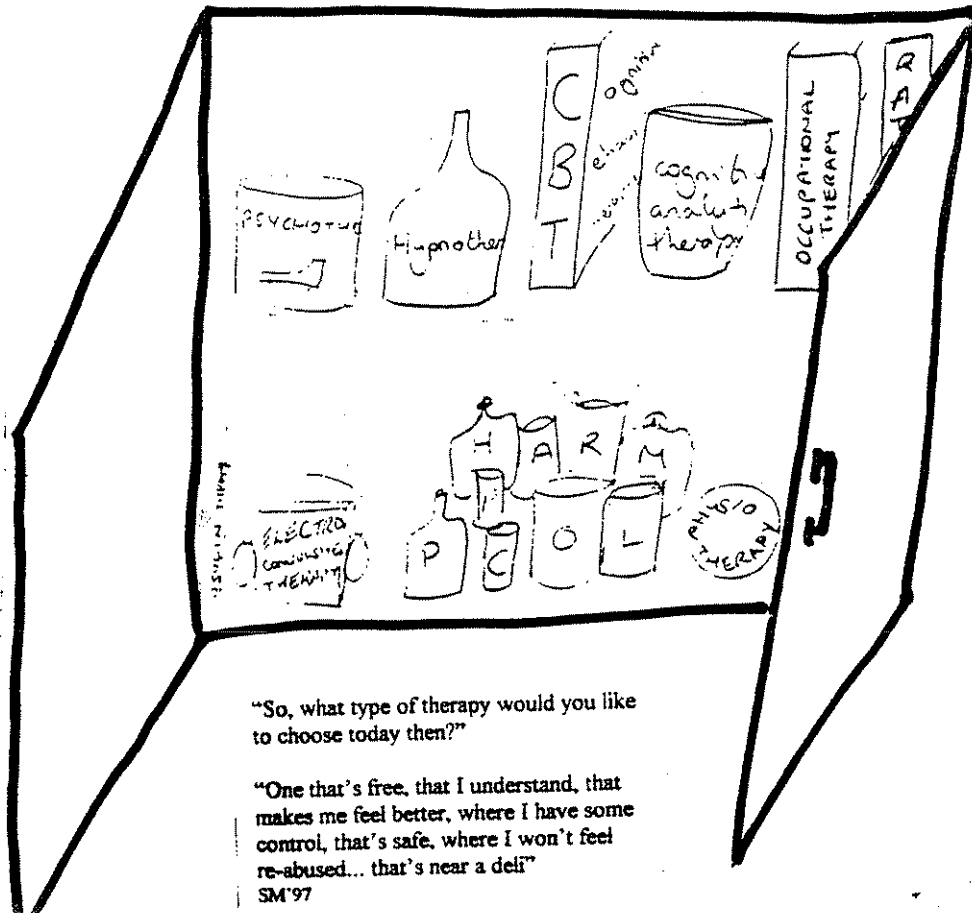
What users could be trying out:

- 12) talking about their problems
- 13) meditation
- 14) keeping diaries/notes to predict and take control over voices
- 15) taking responsibility for themselves
- 16) criticising the system
- 17) acupuncture
- 18) listening to music
- 19) illicit and legal drugs
- 20) take a political stance
- 21) living your life regardless of your problems
- 22) be true to your own self etc.

There's more than 22 ways to catch out madness.

With thanks to Sara Meddings for helping me write this article.

### THE THERAPY CUPBOARD - THE ILLUSION OF CHOICE



## Liverpool DoCKers Dispute - Better Than Prozac

Proof that the Personal IS Political by Pauline Bradley

I'm writing as a 35 year old political activist and officially diagnosed lunatic. I've tried (generally I've been coerced) several "cures", ranging from the latest wonderdrug, to being hospitalised, but the most effective and liberating one has been my involvement in the Liverpool Dockers Dispute. This also happens to be politically the most important dispute for at least a decade, and probably several decades.

For those who have been on another planet and don't already know, the background to the dispute is this. 80 young Dockers, many who were sons and relatives of long standing Dockers; who worked at Liverpool docks for a subsidiary company called Torside, were sacked when their management reneged on an earlier overtime agreement. They set up a picket line at the Seaforth Terminal where Dockers of 30-40 years service worked. These Dockers refused to cross the picket line (as workers world-wide know, you NEVER cross a picket line), and they were sacked for breach of contract under the Tories' (now Labour) anti union laws. The Dockers turned to their International Comrades for support, and anyone else who was interested; like myself.

When I first learned of the dispute, I was mainly involved in Women's Politics, due to my own discontent with male dominated, sectarian political parties. When I heard Doreen McNally from Women of the Waterfront (WOW) speak, I was immediately hooked. I've since written a song about this "evening that changed my life", where I mention her shyness and the "passion within her heart" - I felt her anger and emotion, and the dispute encapsulated what I'd learnt intellectually, particularly from Marxism and Feminism. This was a momentous occasion for me personally, and my life now had a real and meaningful focus. It

took a little while to get into the swing of getting up at 4 or 5 am for a demo or picket, but the solidarity and comradeship I experienced from the Dockers and WOWs soon made these events something exciting to look forward to.

In the first few months I learnt a huge amount from people I'd never met before e.g. hundreds of Turkish and Kurdish comrades, some of who had been imprisoned and tortured, told me that solidarity = love, and that was how I grew to feel about the Dockers, WOWs, and the movement I was involved in.

I was not brought up to be political, my dad was in the RAF and my parents are working class Tories. I lived in Doncaster for 10 years which included the 84/85 Miners Strike, when the town was virtually under siege from the police. I became more political at this time, and I saw at first hand the devastation of peoples lives caused by the brutal destruction of the mining industry. I reluctantly moved to London for college, where my life's distress was uncontained and my tutor (a power hungry trainee psychoanalyst) was more interested in my sexuality than getting me through the course - a series of crisis' ensued. Therapy (with a trained woman therapist from the Women's Therapy Centre) has helped me through, but the Dockers dispute has been far more meaningful and allowed me to move on in my life. Since the war and particularly through the Major and Thatcher years, people have become more and more fragmented, isolated and in Marxist terms - alienated. This leads to a whole number of states of mind which can be labelled by psychiatrists (i.e. schizophrenia, manic depression) but generally means that one feels like shit, and can be prone to self harm, self neglect, lack of motivation, and loosing touch with reality.

As a society we're yearning for a unifying experience, the mass grieving of Princess Diana was I think, an attempt at gaining one back. However, for more thought out political people, the Liverpool Dockers Dispute provides this with much more wide reaching conclusions for the future of humanity.

The first year of the dispute was really painful for the Dockers, as there was felt to be a conspiracy of silence by the British Media. However the Dockers kept their dignity and their non violent picket line (exceptions being violence from the Operational Support Division of the police and some "scabs" who have burnt down the Dockers caravan several times and been violent towards sacked Dockers). However, other alienated and disaffected people became inspired, notably young environmentalists like Reclaim the Streets (RTS).

On the first anniversary of the dispute, International action took place around the world, and in the UK, a major effort was made to get the dispute publicised. Dockers, RTS and other demonstrated and occupied gantries and the roof of the offices of the Mersey Dock and Harbour Co (MDHC) - the action gained publicity world-wide and in the UK. Again it was emotionally momentous for me, I felt great pain at the efforts having to be made to move the dispute forward. In therapy this was likened to memories of child sexual abuse being suppressed and my efforts to warn other children and communicate to those who might help being thwarted. The dispute has moved from strength to strength. The March for Social Justice in April '96 led by the Dockers was inspired by the Chartists who demanded the vote and more control over their lives.

It brought 35,000 people on to the streets and united Trade Unionists, women, black people, Irish groups, lesbians, gays and disabled people, chanting slogans like "The Dockers fight is our fight".

The Dockers have had to deal with real hardships and changing roles. I too have adjusted my life to the needs of the dispute. I may not have always got the boundaries absolutely right, given previous problems in this area, but everything is dealt with in a comradely way.

The older Dockers (excluding the 80 Torside Dockers) were recently balloted and have rejected a "final, final" offer of £28,000. People not involved in the dispute find it hard to understand how this can possibly be, but when you've been involved its easy to understand. The Dockers and WOWs are used to hardship and are full of history, determination and imagination; they'll never give up, even though now their union TGWU (who were formed by Dockers) may try to dump them. This isn't just a struggle for jobs, its a struggle for human dignity, for the right to show humanity/solidarity to other humans and not to be controlled simply by the needs of the capitalist system (casualised).

I've already had my personality split in two, have tried to end it, but been put back together by the NHS and my therapist. Its not necessary for this to happen any more and we have a real chance to change things forever. Battle lines are being drawn, the media will try to demonise the Dockers as they did with the miners. In future years people will ask "what did you do during the Liverpool Dockers dispute?" - what will YOU answer ?

Donations/Information from:- Brother Jimmy Davies, 19  
Scorton Street Liverpool, L6

Did you see...?

Dr Peter Chadwick is a psychology lecturer and a schizophrenic. What he says about the illness is challenging in its wisdom and hope. By Glenda Cooper

"The colours of my life were changing from pale blue and grey to lilac pink and purple. The temperature was rising; wine replaced beer; satin sheeted beds replaced sleeping bags... I was besotted by beauty and glamour." Thus Peter Chadwick describes the beginning of his mental confusion, which started the beginning of his descent into schizophrenia and a terrible catalogue of mental anguish and attempted suicide. Now, 22 years on, and long established as a psychology lecturer at the Open University and Birkbeck College London, he tells of his ordeal in a new book, which argues not only against the taboos and fears that surround schizophrenia but also explains how those who suffer from the illness may have something to offer society that others cannot. Madness is still one of society's biggest taboos, with schizophrenics receiving overwhelmingly negative press coverage fueling widespread fear. Earlier this year a survey by Mind, the mental health charity, found that people with a mental illness are less likely to have a job than if they are blind, deaf, have breathing difficulties or a learning disability. This month, a survey of more than 1,000 articles carried out by the Health Education Authority in association with Mind found that almost half press coverage is about crime, harm to others and violence.

It is ironic that many mental health system patients in the mental health system could become lost in a mental health system which says your sexuality is one of your problems. CARON LIPMAN reports. The Pink Paper, 7.3.97. In the US, diagnosis of mental disorders often depends on whether those disorders qualify for medical insurance.

Masters of Bedlam: The Transformation of the Mad-Doctoring Trade by Andrew Scull, Charlotte Mackenzie and Nicholas Hervey 363 pp, Princeton University Press, £23

Harriet Stewart The alarming term "mad-doctor" was, throughout the 19th century, the name for those medical men who made a living from the treatment of the mentally ill. These men, later also called "alienists", only became known as "psychiatrists" at the beginning of this century. Masters of Bedlam describes the formation of this professional body by following the careers of seven 19th-century mad-doctors. We are taken from a period of blood-letting, cupping and manacles, through utopian visions of

the asylum and "moral" therapy, to disillusion with incarceration and preference for small community groups. The authors chart the optimism, originality and ambition of their protagonists, as well as their disappointment and even despair. By 1859, John Conolly was able to write: "The class of people taking care of lunatics has, within my own experience, very much improved. I remember when almost every man who kept an asylum was an eccentric, or had something peculiar about him, or strange in his appearance, and was more calculated to knock a patient down than to cure him." Masters of Bedlam engagingly describes this increasing respectability, beginning with the early days when patronage and influence were passed down from father to son, as with the famous Monro family, who monopolised private mental health

# To the power of two

Identical twins are as alike as peas in a pod, aren't they? It's not quite as simple as that, says Jerome Burne



Perfect match... Researchers see twins as a golden opportunity to test theories

PHOTOGRAPH BY RE...

The pair of identical twins who arrived in Dr John Burne's consulting room in London were unusual. But just how unusual didn't become clear until after a full examination. One was a gifted gymnast who walked with an athletic stride and appeared bright and alert, the other was shorter and weaker, walked with a waddle and her eyes were dull. Far more curious though, was the discovery that, while the weaker one had a severe version of muscular dystrophy and would die within a few years, the other was free of the disease. What made this so strange is that muscular dystrophy is a genetic disorder and identical twins, of course, have identical genes. This is just one of the thought-provoking cases in a new book, *Twins: Genes, Environment and the Mystery of Human Identity* by Lawrence Wright, that looks set to undermine the whole basis of twin research. Wright's questions about the genetic basis of human behaviour appear every day in the headlines: depression, schizophrenia, even autism, all have been linked with genes. There's no doubt that identical twins provide a special importance because twins provide a natural model of what the influence of the environment has on the individual.

involving identical twins separated at birth. Brought up in different households, out of touch until middle age, they are suddenly re-united and find they have a host of behaviours and life events in common. This suggests that nature has a much greater influence than we suppose. So far, so familiar. However, the most fascinating part of the book is Wright's account of research that suggests that there is a fatal flaw at the root of twins studies. The link between genes and traits turns out to be an awful lot trickier than behavioural geneticists assume. — witness Dr Burne's pair who didn't share muscular dystrophy. There's a long, disreputable history of twin research, which has always been entwined with racism, eugenics and right-wing politics, such as the vile concentration camp investigations by Josef Mengele. More recently, there are the American attempts to make a genetic link between being black and having a low IQ. You can understand why serious people are wary. Behavioural geneticists use twins to show that a trait or behaviour is inherited. If identical twins are more alike for a trait than fraternal twins, then that's evidence for a genetic link. But as Burne concludes: "Even though twins share the same genes, a genetic trait doesn't have to be shared. In muscular dystrophy the faulty gene

on the X chromosome, nearly always comes from the mother. In this case, Burne concluded, the X chromosome genes had been parcelled out in an unbalanced way, the sick one getting the mother's. That could be dismissed as an irrelevant aberration, but it raises questions about the value of using twins to research inherited diseases. The process of twinning increases the chance of birth defects. Twins are more likely to have heart problems, and to be born premature and underweight, both linked to various complications. Being a twin is stressful. There is competition for space and blood supply which means that the experience of twins before birth is significantly different. Then there's vanishing twins. With the arrival of ultrasound, researchers discovered that often a scan at a few weeks showed twins and later ones a singleton. Professor Charles Bocklage, a geneticist at East Carolina School of Medicine, has found evidence that the larger twin often absorbs the smaller. "At least 15 per cent of us are walking around thinking we are a singleton," he says, "when we are only the bigger half of a twin pair." Not only that but, because of the link between twinning and birth defects, Bocklage believes

that many malformed singletons were originally twins. Potentially skewing results of twin studies even further is the discovery that it's often not at all clear whether a pair is fraternal or identical. It used to be assumed that twins born in the same gestational sac were identical and those in separate ones were fraternal, but DNA studies show that up to 30 per cent of identical twins are born from separate sacs and that some fraternal share one. "Many same-sex twins who believe they are fraternal," says Wright, "may be identical and vice versa." This is important because often the estimates of heritability are made by comparing the similarity between identical twins and fraternal. But there are even more unexplained links between identicals and fraternal. Both have a higher rate of left handedness, around 35 per cent. Left handers are at greater risk of other conditions from reading problems to alcoholism. Then there's the question of teeth. Bocklage has shown that singletons' teeth are the most regular, then fraternal, then identicals. Fraternal are not just like two singletons, which is what twin research assumes. If twins are a special category, then comparing them with singletons may not be valid and the results from thousands of studies will start to look very unreliable.

PSYCHOPATHS FREED The King's issue. Jungle is the sound of our brains cracking under the strain of life in Britain's post-industrial cities. Bethan Cole rejoices

**Report of Conferences on  
'Mental Health in the City', and  
the MIND 1997 annual  
conference** by Robin Hanau

Recently, I attended two conferences on mental health. The 'City' conference was held in a luxury London hotel. It took ten cities from Brazil to Japan and analyzed how they handled mental health problems.

A positive development was the role of users. There were users with all the foreign delegations as well as users with professionals, facilitating the workshops.

The conference celebrated the 750<sup>th</sup> anniversary of the Bethlam and Maudsley hospital, and the 100<sup>th</sup> year of the Kings Fund, which at the same time released a report on mental health in London.

Throughout the world the message of this conference is that there is a demand for democratizing the treatment of what is called mental illness, and a growing interest in spiritual values and complementary treatments.

The other conference was the annual MIND conference in Scarborough. The theme of this conference was dealing with the question of the stigma of mental illness and it was addressed by the Minister responsible for Mental Health, Paul Boateng. I facilitated a workshop on a code of conduct for ward rounds, which the Paddington User Group of which I am the vice-chairman, developed, and which is a pioneering concept which has developed national interest.

The 10<sup>th</sup> anniversary of MINDLINK, the user organization of MIND, was also celebrated there. I am a member of this and am taking part in other MIND activities such as peer reviewing.

There are lots of developments here for our organization to benefit from.

**BALLAD OF A NUTCASE**

*by Richard Hughes*

*What time is it anyhow or anyway*

*What does it matter anyway*

*Coz I can't take another day.*

*I only come out at night*

*I've got hair that's a fright*

*rearrange me, tool me, change me.*

*But don't insult me!*

*Give me some uppers, give me downers.*

*But please I need a friend.*

*Someone please help me!*

*Help me!*

*This is all a dream ie. sick joke*

*Give me some Coke*

*You've taken everything*

*and left me crippled inside*

*now you want my soul*

*Good job I got wise to you*

*No more cold comfort*

*no more obscene and rude thought control*

*in the name of treatment.*

*in the name of Jesus.*

*You hypocrites*

*Take your Brutality Somewhere else*

*and take your lies somewhere else*

*you fools.*

*maybe I won't die, maybe I will.*

*But you make me ill.*

## Psy-Searching

For those of you who surf the net check out some of these web sites listed below. Can't vouch for the content of all but most are mental health based and were picked up from the either the **madmagic** website at <http://www.vex.net/~madmagic/> or the **dendron** list at <http://www.efn.org/~dendron/>

**Madness** - <http://www.io.org/madness>

**Pendulum** - <http://www.mindspring.com>

**Mental Health Net**- <http://www.cmhc.com>

**Bootstraps**- <http://www.selfhelp.com>

**Self-help and Psychology Magazine**- <http://www.cybertowers.com>

**Knowledge Exchange Network** <http://www.mentalhealth.org>

**Wellness Web**- <http://www.wellweb.com>

**Psych Central Dr Grohol's M.H. Page**- <http://www.coil.com/~grohol/>

**Mental Health Education Page**- <http://www.metrolink.net>

**Jon's Big list of Mental Health Sites**- <http://www.lookup.com>

**Mental Health Info Source**- <http://www.mhsource.com>

**Mindtools**- <http://www.mindtools.com>

**Drug FAQ** <http://pharminfo.com>

**Social Justice Web**-

<http://members.tripod.com/~goforth/socialjustice.html>

**Feminist Web Site** - <http://www.geocities.com/capitolhill/2995>

**Progressive Web Site** - <http://www.geocities.com/capitolhill/2915>

### **PRISONERS, PATIENTS OR PEOPLE?**

*by Rik Henderson and Mark Wallis*

This is a superb exposé of the treatment of people placed into mental institutions, written by former staff members and patients. The book documents the discrimination and mythinformation surrounding physically and mentally disabled people that has existed from the 17th century to the present day.

Early accounts of their treatment include how the authorities and the Church influenced the 'witch-hunting' of the disabled, classifying them as freaks and imprisoning them for the safety of the public. Included among the so-called 'unfinished' humans were promiscuous women, prostitutes, the destitute and homosexuals.

With the birth of the NHS in the 1920s came experimentation on the inmates. This included the use of drugs, ECT, lobotomies and sectioning as therapies, which are still the norm in today's psychiatric prisons.

People with disabilities should have the right to the same respect, privacy and dignity that all humans deserve and not be left 'out of sight and out of mind'.

ISBN 0-095179-43-02 £7.50

(Freedom Into Action, 1991)

Freedom Into Action, BM Box 37, London WC1N 3XX

Available from AK Distribution, PO Box 12766, Edinburgh,

EH8 9YE (Add 10% for postage).

*Lee*

## Facts

• 2 million children and young people suffer from mental distress\*

• Most problems are relatively mild and temporary...however, 250,000 children under the age of 16 in the UK are affected by problems which need specialist help\*

• Suicide is now the second most common cause of death for young men after road accidents.

• There has been a 70% rise in the suicide rate for young men aged 13-21 between 1984 and 1994

• The high risk groups for suicide and self-harm are: Asian young women; Afro-caribbean young men; those with issues around sexual orientation; young people with a disability; young men in rural areas; and young men in prison.

\* The Mental Health Foundation, Mental Health and the Young, December '95.

\* Health Education Authority, 1997



# YouthVoice

The *Trust for the Study of Adolescence* have launched a youth empowerment project called *YouthVoice*, which is National Lottery funded and will involve young people in the training of workers. This information is taken from the first issue of the *National Youth Empowerment Project Newsletter*. The Trust works with adults who work with young people and is aware of the need to raise awareness about adolescents and mental health issues.

'*YouthVoice* aims to give young people, in different areas of the country, a chance to express their views and concerns to professionals and adults, enabling these people to promote the emotional wellbeing of young people and provide the sorts of support and advice young people say they need.'

From the first phase of their work they are finding that issues most often mentioned by young people as affecting their emotional wellbeing are: bullying, isolation and loneliness; world issues such as pollution and animal welfare.

The *Locust* is a newsletter produced by young people for young people. In a special edition for *YouthVoice* they interviewed young people on the street and a group of gay young men.

### How do you deal with feeling depressed?

self-mutilate ~ eat ~ shop til I drop ~ take drugs ~ have anonymous sex ~ deal with the problem ~ listen to music for hours ~ hold it all in ~ keep emotions to myself ~ cry in my bedroom ~ smile and be a clown ~ smoke and drink more ~ get into fights

### What affects gay young men?

Peer pressure from straight friends ~ you can't come out about your sexuality because of bullying ~ lack of self-acceptance ~ feeling different ~ bad sexual experiences ~ fear of being yourself and not being who people want you to be ~ having a religion which doesn't accept you

- a letter back from the TSA said they were very happy to get some publicity in the PPR newsletter, but the worker didn't have time to write anything new herself -

For more details contact: *Trust for the Study of Adolescence*, 23 New Road, Brighton, East Sussex BN1 1WZ Tel. 01273 69331 Fax 01273 679907 email: [tsa@pavilion.ac.uk](mailto:tsa@pavilion.ac.uk)

# Prozac's new generation

When a child is depressed, the trend in America is to prescribe drugs. But is this the best solution? **Tania Unsworth** reports

**P**rozac, America's most popular anti-depressant ever, has a whole new group of consumers — kids. Last year, almost 600,000 children and adolescents in the US were prescribed either Prozac or another brand of the new anti-depressants, the selective serotonin reuptake inhibitors (SSRIs). In six- to 12-year-olds, the number of new prescriptions for Prozac went up almost 300 per cent in 1995-6. Does this increase mean that childhood depression is on the rise, or simply that the drug is being handed out inappropriately? With some drug companies already preparing the new anti-depressants in mint and orange-flavoured versions, many in America are now wondering whether childhood itself has become a pathological condition.

'People are worried about the overuse of these medicines, that we're going to start putting Prozac in

der who also has a substance abuse problem.'

Other concerns are less easily brushed aside. Experts agree that anti-depressants should only be prescribed to children and adolescents after a careful diagnosis and as part of a package involving counselling. But insurance companies, always keen to cut costs, may start turning to Prozac as a quick and cheap fix, bypassing lengthy and expensive therapy.

Many suspect the drug is already being used inappropriately to treat a range of childhood problems from learning difficulties to behavioural disorders. 'If a kid looks sad, or seems moody, there's a possibility that a family practitioner or paediatrician may prescribe this medicine,' admits Dr Koplewicz. 'It has few side effects, so the thinking is: what do we have to lose? Just this week a psychologist sent me a 13-year-old boy as a patient. He had changed schools and had fallen apart, becoming very dis-

### Warning signals

- Signs of depression
- Loss of interest in things
- A change in sleep patterns
- Loss of interest in things
- Loss of interest in things



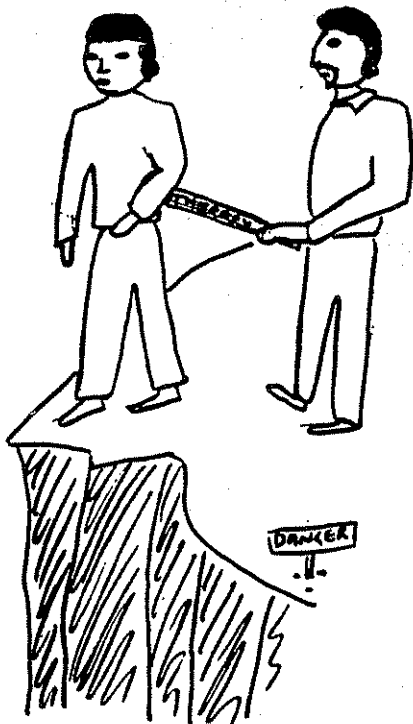
## Letters Page

### PSYCHIATRIC ABUSE

It is worrying to see Springfield Hospital yet again implicated in revelations of abuse of civil rights (re: Francis Gibb - legal correspondent 15/3). Ms. 'S' recently forced to undergo violation not just of her rights as a citizen but of her body was subjected to a total misuse of the Mental Health Act and detained until a Caesarean was forced upon her (usually coercion takes more covert form and is never revealed to the media). The procedure has been admitted by the judge involved to be an illegal act as Ms 'S' was not mentally disturbed in the first place and that he was lied to by the clinicians and health authorities including their solicitor.

As recently as two years ago, this hospital group caused an outrage when their racist and denigrating treatment of patients, especially from minority or working class groups was reveal by "Week In, Week Out". Psychiatrists there were condemned by fellow psychiatrists across the country and internationally (e.g. Suman Fernando, a respected psychiatrist) they were condemned by human rights groups, lawyers, members of the health service, mental health campaigning groups and not least users of mental health services themselves. These NHS employees should be forced to account for themselves in court. It is highly unlikely that their own professional bodies will discipline them. National Health Service users should exercise their rights not to accept 'treatment' from Springfield or their group of hospital. Mental health is just too precious to leave to these (thugs) people. Best wishes to Ms 'S'.

Sincerely  
Susanne Stevens



DAY OUT  
TO  
BEACHY  
HEAD  
WITH AN  
ABUSIVE  
THERAPIST  
San

### PUBLIC PROTECTION FROM PSYCHOLOGISTS

Dear Colleague,

#### Statutory Registration of Psychologists

The British Psychological Society is committed to bringing the profession under statutory control via an Act of Parliament.

We have pressed Government and MPs to introduce the necessary legislation, but so far without success. One of the ways Ministers judge the 'political' importance of an issue is by the number of letters they receive. My request to you is to write to your (new) MP raising the issue. The points below may help you in drafting your letter.

- The Society, current membership 28,000, is controlled by its Royal Charter which places a duty on all of us to be responsible for psychology and psychologists in the UK. Central to this duty is the protection of the public.

- Since 1987, with Government approval, the Society has been running a voluntary Register of Chartered Psychologists with its attendant disciplinary system. The weakness of this register is that even when members are struck off they can, and do, continue to practice. (*And, people have to belong to the BPS which they may not want to join, and the up to date list is difficult to get hold of - PPR eds.*)

- At present, anyone in the UK can call themselves a psychologist and offer 'treatment' to potentially vulnerable clients.

- The public need to be protected from the unqualified and untrained (as well as the qualified who may go 'off the rails').

- Psychological practices and techniques can be harmful if used unprofessionally (both to individuals and organisations).

- Applied psychology is practised across a very wide field - clinical, counselling, educational, forensic and occupational.

- The Society has a Bill, which has been professionally drafted, ready for tabling.

I hope you will find time to write to your MP (House of Commons, London, SW1).

Thank you in advance for your action in support of our policy on this important public protection issue.

Yours sincerely,  
Chris Cullen  
President of the BPS

Would it be fair to say:  
PSR psychologises politics,  
PPR politicises psychology?

### PSYCHOLOGISTS' PROTECTION FROM SUPERVISORS

Dear PPR.

We would like to express our great concern about the exploitation of assistant and trainee clinical psychologists by supervisors.

One clinical psychologist appears to specifically recruit people who are vulnerable and then sexually exploit them. Another gives his assistant a far greater workload than she can manage, which is damaging both to her and her clients. One research supervisor is known to shout and scream at her supervisees. These experiences are not unusual: half of trainees report sexually explicit or inappropriate behaviour of supervisors (Forum, 1997).

Trainees and assistants are vulnerable within the profession: the former rely on supervisors' reports to pass placements and complete training; the latter need references in order to gain places on clinical training courses. Their disempowerment is evidenced by the fact that the originators of this letter felt their positions would be jeopardised unless they remained anonymous.

We would like all psychologists, and particularly course tutors, to be aware of these issues and support trainees and assistants when they may be having difficulties with supervisors. We would like to see the barring of such people from supervising (regardless of supervisor shortages). It is totally unacceptable that, in a so-called caring profession, which often takes an ethical high ground, its least powerful members should be victimised in this way.

*Names and addresses supplied.*

- Choose life
- choose a job
- choose a career
- choose a family
- choose having time to see the latest release at the cinema
- choose having lots of money
- choose long-term relationships
- choose not having to travel far
- choose not to have to fill in lots of forms
- choose a future
- choose life

I chose not to choose life  
I chose something else  
I chose clinical psychology training

*South Thames Clinical Psychology Trainees*

From the School of Medicine  
Division of Psychiatry and Behavioural Sciences  
in Relation to Medicine

Mr. Ian Parker,  
P.P.R. Psychology,  
Bolton Institute,  
Deane Road,  
Bolton,  
BL3 5AB

ARD/JCH  
13th November 1997

Dear Mr. Parker,

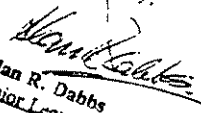
Re: PPR Newsletter 4

Thank you for your letter and enclosures. You are correct in surmising I am involved in an effort to produce a new Mental Health Act. This is in association with recent Government concerns arising from decisions made by the European Court of Justice relevant to psychiatric patients. You are doubtless aware that a type of Bill of Rights on Civil Liberties is under consideration.

Having glanced through the contents of your newsletter I can see that about half of it makes several valid points while the remainder represents a total lack of understanding or reflects a degree of paranoia.

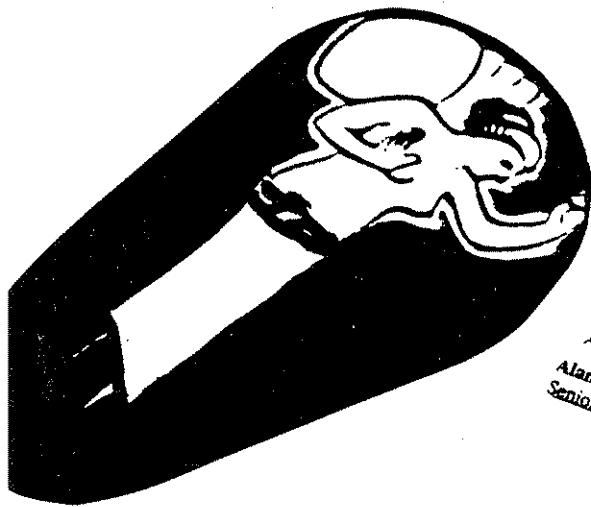
I would not wish to be associated with a group that might provide grounds for established organisations and professions to denigrate efforts to make significant changes to social legislation.

Yours sincerely,

  
Alan R. Dabbs  
Senior Lecturer in Clinical Psychology



15 Hyde Terrace  
Leeds LS2 9LT UK  
Fax 0113 243 7719  
Telephone 0113 233 2244  
Direct line 0113 233



In one week this year, we lost  
Diana, the people's Princess,  
Mother Theresa of Calcutta and the  
people's psychologist (?), Eysenck.



For popularising psychology?  
For psychologising the populous?  
For epitomizing popular psychology?  
For saying, 'who cares, so long as they believe'?

**Who gets your vote for canonisation at the next PPR Networks Festival?**

Send your votes to the group doing the next newsletter  
STOP PRESS - volunteers needed!! Contact Ian Parker

Add your name to the PPR mailing list: write to Ian Parker, Bolton Institute  
Deane Road, Bolton BL3 5AB  
(for regional + international contacts, see p4)

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