

EQUILIBRIUM

MAGAZINE FOR WELLBEING

AUTUMN / ISSUE 42

- >> Mind Journeys at Bruce Castle
- >> Fragmented Views: Vorticism
- >> DSM: The Bible of Psychiatry
- >> Photos of Suffolk
- >> Under the Ivy: A Personal Story
- >> Action for Happiness





Equilibrium Patron
Dr Liz Miller
Mind Champion 2008

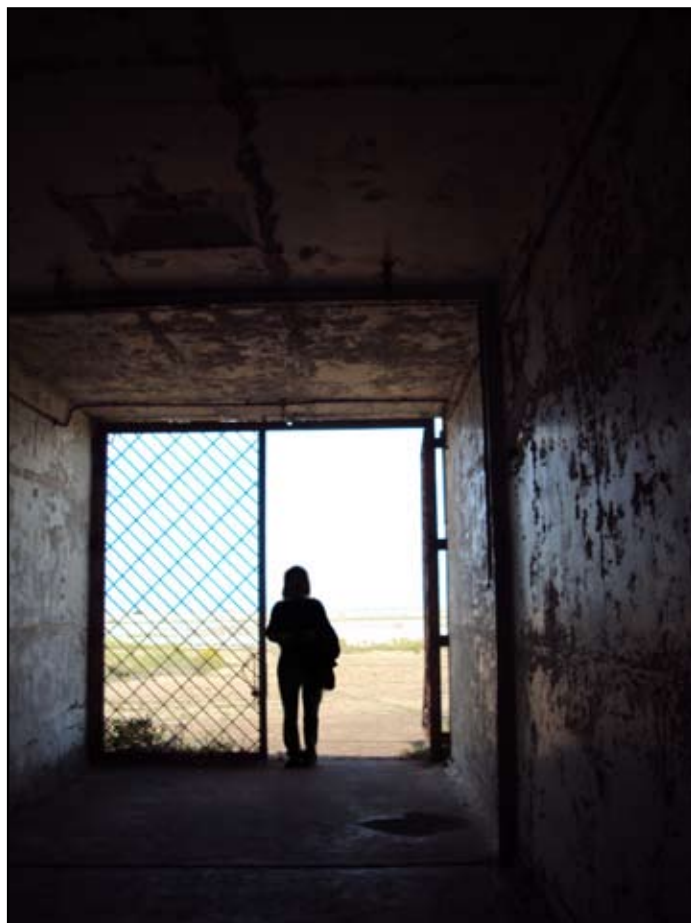


Photo: Polly Mortimer

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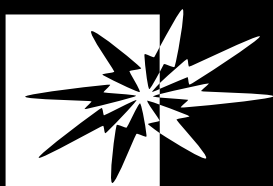
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Front cover image: Petrol Pump, Orfordness, Polly Mortimer

Equilibrium is devised, created, and produced entirely by team members with experience of the mental health system.

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Haringey Council



editorial

This season's Equilibrium is full of autumn delights – a review of the Vorticists exhibition at the Tate, a tough article from the New York Review of Books on DSM, a beautifully written piece on recovery by Steff taken from the Scottish Recovery Network website, a spotlight on Anthony's paintings, Studio 306 getting their lottery grant (well done!) and a review of a brilliant and touching exhibition from Bruce Castle of young people's use of art to alleviate and understand their mental health issues.

the team

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contributions

Wanted: contributions to Equilibrium! Please email us with your news, views, poems, photos, plus articles. Anonymity guaranteed if required.

SIHAM ATTENDS

Women of the world

Islington Town Hall



A warm welcome from the Mayor of Islington, Mouna Hamidouche has put a smile on many individuals.

She raised her concerns about the Council cuts which has affected several organisations and a high number of people in the communities. It was followed by Councillor Catherine West, Leader of the Council who shared her views and the impact the Government decisions had from recent funding cuts. She referred to education (EMA allowance) and colleges stating, that 70% of the students were affected.

The Deputy Chair of London Assembly, Jennette Arnold spoke about her involvement in the Civil Service for over 30 years, saying how crucial it was that communities liaise and support one another during this difficult period.

Towards the end, the Mayor of Islington asked people to make a contribution if they wished.

Various multicultural organisations were present; also quite a few had the opportunity to talk about their group what they have achieved and their hopes for the future. It was interesting to hear about an organisation called Direct True Voice, and their involvement in Tanzania on education for women through a presentation. I personally felt that everyone present at the event has made a remarkable contribution and thought it was an amazing experience. Finally, in the foyer, tea was served accompanied with a variety of delicious and mouth watering cakes, chocolate, carrot and lemon which were not to be missed! It certainly gave the chance for the women to have a chat and possibly do some networking whilst indulging!

poems

Tizzy McKenzie

POEM 1

Yellow globes with black cores,
A grey fuzz
Sharp white teeth nipp
Soft pink padding paws
Crunching biscuits crack, crunch
A wide wanderer and a huntsman
A rattling purr



poems

Tizzy McKenzie

POEM 2

The colour grey
Bland
Dirty
Not black not white
grumpy clouds
the urban landscape
a matt silver



MIND JOURNEYS at Bruce Castle

An exhibition by people under 25 with personal experiences of mental health issues – (added to Siham and Tizzy’s comments) was fearless and upfront. Each participant had worked hard to use many different mediums to try and crystallise their thoughts and feelings, and convey them to us, the audience. There was a powerful sculpture with a dark and a light side, cartoon depictions of profound emotions, a Barbie wrapped in bubblewrap (see illustration) ‘It wasn’t Mum’s fault – her mum was ill too,’ and a bunch of boxes (illustrated) scattered among pill wrappers. This was ‘Boxed In’ by a collective. ‘It conveys the feeling of being institutionalised, put in boxes, pumped up with medication, being numb colourless and sterile. ‘White City’ a place with no colour, no life.

‘Fragile, handle with care’ by Duane Uba stood out as well. ‘The brain is fragile and needs to be handled with care.’ The films were extraordinary; Gabriel Calderwood had taken a Japanese anime theme to act as an illustration and conduit to follow his psychic journey. It was brilliantly made and very powerful. Others were equally hardhitting, one using cars as metaphor.

I hope that the show travels around, or has a web presence in some way. It’s really affecting to see the bravery of these people in trying to understand their experiences and channelling them in very creative ways.

More details from:

www.exposure.org.uk

Photos Siham and Polly

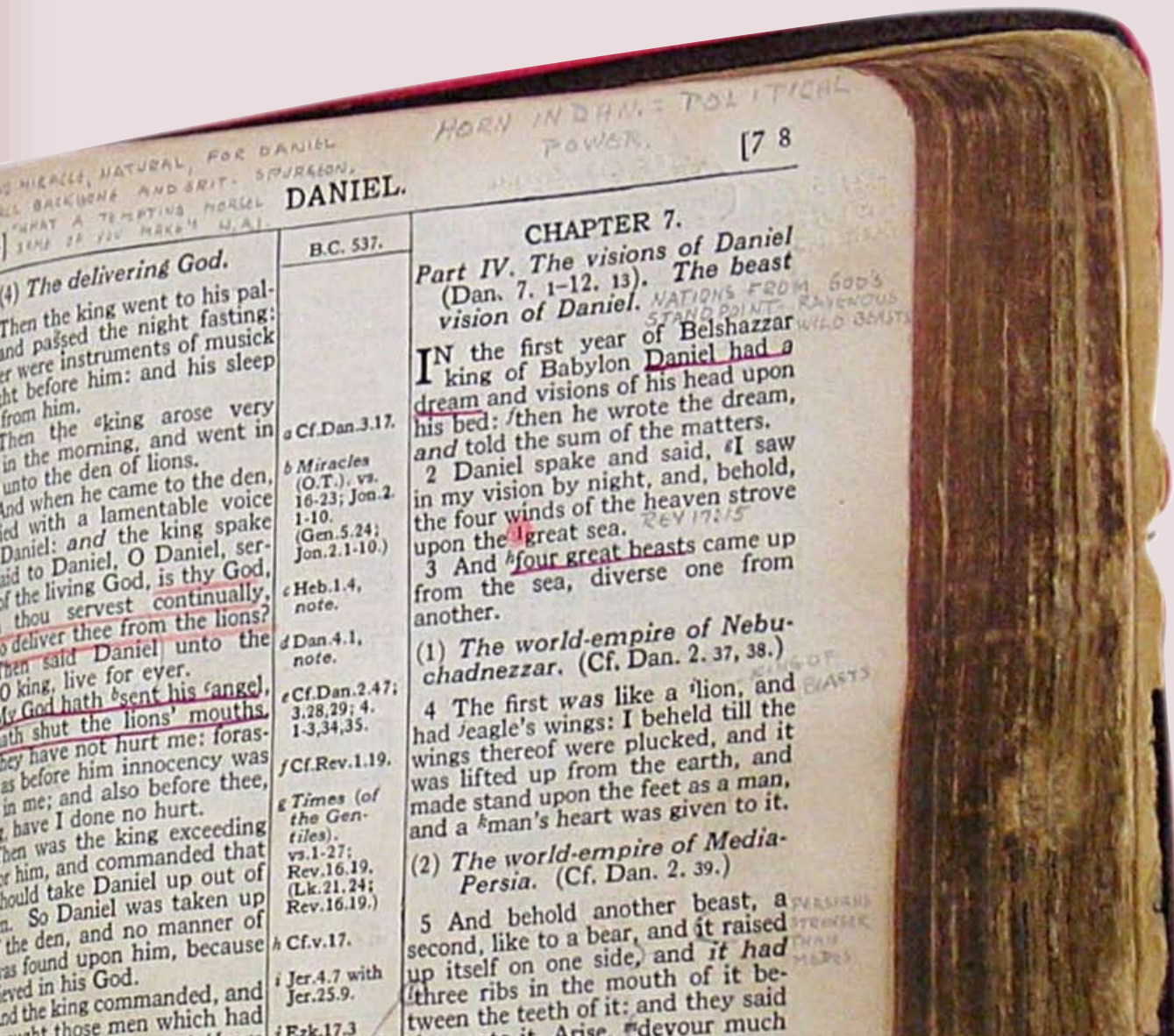


DSM: THE BIBLE OF PSYCHIATRY

HIDDEN AGENDA? JUSTIFYING THE USE OF PSYCHOACTIVE DRUGS?

Marcia Angell looks at The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM)—often referred to as the bible of psychiatry, and now heading for its fifth edition.

Copyright: New York Review of Books Summer 2011



Here I discuss the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM)—often referred to as the bible of psychiatry, and now heading for its fifth edition—and its extraordinary influence within American society. I also examine *Unhinged*, the recent book by Daniel Carlat, a psychiatrist, who provides a disillusioned insider's view of the psychiatric profession. And I discuss the widespread use of psychoactive drugs in children, and the baleful influence of the pharmaceutical industry on the practice of psychiatry.

One of the leaders of modern psychiatry, Leon Eisenberg, a professor at Johns Hopkins and then Harvard Medical School, who was among the first to study the effects of stimulants on attention deficit disorder in children, wrote that American psychiatry in the late twentieth century moved from a state of “brainlessness” to one of “mindlessness.”² By that he meant that before psychoactive drugs (drugs that affect the mental state) were introduced, the profession had little interest in neurotransmitters or any other aspect of the physical brain. Instead, it subscribed to the Freudian view that mental illness had its roots in unconscious conflicts, usually originating in childhood, that affected the mind as though it were separate from the brain.

But with the introduction of psychoactive drugs in the 1950s, and sharply accelerating in the 1980s, the focus shifted to the brain. Psychiatrists began to refer to themselves as psychopharmacologists, and they had less and less interest in exploring the life stories of their patients. Their main concern was to eliminate or reduce symptoms by treating sufferers with drugs that would alter brain function. An early advocate of this biological model of mental illness, Eisenberg in his later years became an outspoken critic of what he saw as the indiscriminate use of psychoactive drugs, driven largely by the machinations of the pharmaceutical industry.

THEIR MAIN CONCERN WAS TO ELIMINATE OR REDUCE SYMPTOMS...

... BY TREATING SUFFERERS WITH DRUGS THAT WOULD ALTER BRAIN FUNCTION.

When psychoactive drugs were first introduced, there was a brief period of optimism in the psychiatric profession, but by the 1970s, optimism gave way to a sense of threat. Serious side effects of the drugs were becoming apparent, and an antipsychiatry movement had taken root, as exemplified by the writings of Thomas Szasz and the movie *One Flew Over the Cuckoo's Nest*. There was also growing competition for patients from psychologists and social workers. In addition, psychiatrists were plagued by internal divisions: some embraced the new biological model, some still clung to the Freudian model, and a few saw mental illness as an essentially sane response to an insane world. Moreover, within the larger medical profession, psychiatrists were regarded as something like poor relations; even with their new drugs, they were seen as less scientific than other specialists, and their income was generally lower.

In the late 1970s, the psychiatric profession struck back—hard. As Robert Whitaker tells it in *Anatomy of an Epidemic*, the medical director of the American Psychiatric Association (APA), Melvin Sabshin, declared in 1977 that “a vigorous effort to remedicalize psychiatry should be strongly supported,” and he launched an all-out media and public relations campaign to do exactly that. Psychiatry had a powerful weapon that its competitors lacked. Since psychiatrists must qualify as MDs, they have the legal authority to write prescriptions. By fully embracing the biological model of mental illness and the use of psychoactive drugs to treat it, psychiatry was able to relegate other mental health care providers to ancillary positions and also to identify itself as a scientific discipline along with the rest of the medical profession. Most important, by emphasizing drug treatment, psychiatry became the darling of the pharmaceutical industry, which soon made its gratitude tangible.

These efforts to enhance the status of psychiatry were undertaken deliberately. The APA was then working on the third edition of the DSM, which provides diagnostic criteria for all mental disorders. The president of the APA had appointed Robert Spitzer, a much-admired professor of psychiatry at Columbia University, to head the task force overseeing the project. The first two editions, published in 1952 and 1968, reflected the Freudian view of mental illness and were little known outside the profession. Spitzer set out to make the DSM-III something quite different. He promised that it would be "a defense of the medical model as applied to psychiatric problems," and the president of the APA in 1977, Jack Weinberg, said it would "clarify to anyone who may be in doubt that we regard psychiatry as a specialty of medicine."

**FIVE OF NINE PARTICULAR SYMPTOMS
GOT YOU A FULL-FLEDGED DIAGNOSIS
OF A MAJOR DEPRESSIVE EPISODE
WITHIN THE BROAD CATEGORY OF
"MOOD DISORDERS." BUT THERE WAS
ANOTHER GOAL—TO JUSTIFY THE USE
OF PSYCHOACTIVE DRUGS.**

When Spitzer's DSM-III was published in 1980, it contained 265 diagnoses (up from 182 in the previous edition), and it came into nearly universal use, not only by psychiatrists, but by insurance companies, hospitals, courts, prisons, schools, researchers, government agencies, and the rest of the medical profession. Its main goal was to bring consistency (usually referred to as "reliability") to psychiatric diagnosis, that is, to ensure that psychiatrists who saw the same patient would agree on the diagnosis. To do that, each diagnosis was defined by a list of symptoms, with numerical thresholds. For example, having at least five of nine particular symptoms got you a full-fledged diagnosis of a major depressive

episode within the broad category of "mood disorders." But there was another goal—to justify the use of psychoactive drugs. The president of the APA last year, Carol Bernstein, in effect acknowledged that. "It became necessary in the 1970s," she wrote, "to facilitate diagnostic agreement among clinicians, scientists, and regulatory authorities given the need to match patients with newly emerging pharmacologic treatments."³

The DSM-III was almost certainly more "reliable" than the earlier versions, but reliability is not the same thing as validity. Reliability, as I have noted, is used to mean consistency; validity refers to correctness or soundness. If nearly all physicians agreed that freckles were a sign of cancer, the diagnosis would be "reliable," but not valid. The problem with the DSM is that in all of its editions, it has simply reflected the opinions of its writers, and in the case of the DSM-III mainly of Spitzer himself, who has been justly called one of the most influential psychiatrists of the twentieth century.⁴ In his words, he "picked everybody that [he] was comfortable with" to serve with him on the fifteen-member task force, and there were complaints that he called too few meetings and generally ran the process in a haphazard but high-handed manner. Spitzer said in a 1989 interview, "I could just get my way by sweet talking and what-not." In a 1984 article entitled "The Disadvantages of DSM-III Outweigh Its Advantages," George Vaillant, a professor of psychiatry at Harvard Medical School, wrote that the DSM-III represented "a bold series of choices based on guess, taste, prejudice, and hope," which seems to be a fair description. Not only did the DSM become the bible of psychiatry, but like the real Bible, it depended a lot on something akin to revelation. There are no citations of scientific studies to support its decisions. That is an astonishing omission, because in all medical publications, whether journal articles or textbooks, statements of fact are supposed to be supported by citations of published scientific studies. (There are four separate "sourcebooks" for the current edition of the DSM that present the rationale for some decisions, along with references, but that is not the same thing as specific references.) It may be of much interest for a group of experts to get together and

offer their opinions, but unless these opinions can be buttressed by evidence, they do not warrant the extraordinary deference shown to the DSM. The DSM-III was supplanted by the DSM-III-R in 1987, the DSM-IV in 1994, and the current version, the DSM-IV-TR (text revised) in 2000, which contains 365 diagnoses. "With each subsequent edition," writes Daniel Carlat in his absorbing book, "the number of diagnostic categories multiplied, and the books became larger and more expensive. Each became a best seller for the APA, and DSM is now one of the major sources of income for the organization." The DSM-IV sold over a million copies.

As psychiatry became a drug-intensive specialty, the pharmaceutical industry was quick to see the advantages of forming an alliance with the psychiatric profession. Drug companies began to lavish attention and largesse on psychiatrists, both individually and collectively, directly and indirectly. They showered gifts and free samples on practicing psychiatrists, hired them as consultants and speakers, bought them meals, helped pay for them to attend conferences, and supplied them with "educational" materials. When Minnesota and Vermont implemented "sunshine laws" that require drug companies to report all payments to doctors, psychiatrists were found to receive more money than physicians in any other specialty. The pharmaceutical industry also subsidizes meetings of the APA and other psychiatric conferences. About a fifth of APA funding now comes from drug companies.

Drug companies are particularly eager to win over faculty psychiatrists at prestigious academic medical centers. Called "key opinion leaders" (KOLs) by the industry, these are the people who through their writing and teaching influence how mental illness will be diagnosed and treated. They also publish much of the clinical research on drugs and, most importantly, largely determine the content of the DSM. In a sense, they are the best sales force the industry could have, and are worth every cent spent on them. Of the 170 contributors to the current version of the DSM (the DSM-IV-TR), almost all of whom would be described as KOLs, ninety-five had financial ties to drug companies, including all of the contributors to the sections

on mood disorders and schizophrenia.⁵ The drug industry, of course, supports other specialists and professional societies, too, but Carlat asks, "Why do psychiatrists consistently lead the pack of specialties when it comes to taking money from drug companies?" His answer: "Our diagnoses are subjective and expandable, and we have few rational reasons for choosing one treatment over another." Unlike the conditions treated in most other branches of medicine, there are no objective signs or tests for mental illness—no lab data or MRI findings—and the boundaries between normal and abnormal are often unclear. That makes it possible to expand diagnostic boundaries or even create new diagnoses, in ways that would be impossible, say, in a field like cardiology. And drug companies have every interest in inducing psychiatrists to do just that.

In addition to the money spent on the psychiatric profession directly, drug companies heavily support many related patient advocacy groups and educational organizations. Whitaker writes that in the first quarter of 2009 alone, Eli Lilly gave \$551,000 to NAMI [National Alliance on Mental Illness] and its local chapters, \$465,000 to the National Mental Health Association, \$130,000 to CHADD (an ADHD [attention deficit/hyperactivity disorder] patient-advocacy group), and \$69,250 to the American Foundation for Suicide Prevention.

And that's just one company in three months; one can imagine what the yearly total would be from all companies that make psychoactive drugs. These groups ostensibly exist to raise public awareness of psychiatric disorders, but they also have the effect of promoting the use of psychoactive drugs and influencing insurers to cover them. Whitaker summarizes the growth of industry influence after the publication of the DSM-III as follows:

In short, a powerful quartet of voices came together during the 1980's eager to inform the public that mental disorders were brain diseases. Pharmaceutical companies provided the financial muscle. The APA and psychiatrists at top medical schools conferred intellectual legitimacy upon the enterprise. The NIMH [National Institute of Mental Health] put the government's stamp of approval on the story. NAMI provided a moral authority.¹

**Marcia Angell New York Review of Books July 2011
Facilitator adds: Never change your drug regime
without speaking to your GP**

Photos & words by Polly Mortimer

Photos: of Suffolk 2011

These are photos taken on a camping trip to Suffolk this August. I never thought that I was any sort of 'photographer' – but with a newish Cybershot pocket-sized camera I find that just snapping into the ether produces good results often. I think it's a mixture of looking for the quirky and being bold.

I've tried taking shots from odd angles, and through other materials – like mesh.

These are from Sutton Hoo, Bury St. Edmunds, Bawdsey and Orford Ness. Orford Ness is a promontory near Aldeburgh reachable only by ferry; radar was discovered there when it belonged to the MoD (until the early 90s). There were also atomic weapons tests (never using anything nuclear) – you can see the bomb casing in a little outhouse. Very chilling.

It's a superb place to take pictures – wild, windy and derelict. Sea lavender breaks through the (protected) shingle, and the birds are rare ones, and loud.





book

UNDER THE IVY

Photo: Polly Mortimer



STEFF

A PERSONAL STORY

STILL IN HER EARLY TWENTIES, STEFF HAS MOVED ON FROM HER EXPERIENCE OF PSYCHOSIS AND IS USING HER NEW FOUND CONFIDENCE AND INSIGHT TO HELP OTHERS. EMBRACING LIFE AND GAINING NEW SKILLS FROM HER RECOVERY JOURNEY, SHE SHARES HER THOUGHTS ON MEDICATION, HAVING A SUPPORTIVE RELATIONSHIP WITH MEDICAL STAFF, THE POSITIVE EFFECT OF VOLUNTEERING AND HER PASSION FOR BLOGGING TO SHARE HER RECOVERY EXPERIENCES.

This is reprinted with permission from The Scottish Recovery Network at www.scottishrecovery.net. It is findable under the Stories section

I rarely think about the past – if I'm being honest. When I do allow my conscious mind to wander there I find myself struggling through a pool of thick grey sludge. Psychosis has done this to me, making the few memories from my most difficult time vague and dark. The tiny fractured particles that I do remember are that of nightmares. My past was once hopeless. However, despite this somewhat bleak history, I currently find myself at a balanced point of life and with an optimistic future. How did I recover?

I should start by saying that I have by no means made what I would consider a full recovery, but when I compare myself to how I was at the start of all this then I am very proud of what I have managed to achieve and am grateful for the support that I received (even if it was not appreciated at the time) from my mental health team, family and friends.

My story begins in 2007. I was half way through the third year of my radiography degree and I was struggling. Having just returned from a successful clinical placement in Dundee I was back in Glasgow learning how to operate the intricate machines. In the space of the next few months I went from a cheerful and able student to someone who did not want to leave the house. I was persuaded by my concerned friends to visit the doctor where I was diagnosed with depression after a ten minute consultation and given the usual drugs. They did nothing for me. When I managed to actually drag myself into placements I found that the pills made me too drowsy to operate the machinery safely so I was forced to saying goodbye.

UNDER THE IVY CONT.



I spent a lonely year under the radar, living on my partner's meagre wages and my ever decreasing student overdraft. It never occurred to me to claim benefits at this time – I did not think I would be entitled to any and anyway that would have involved going outside. I refer to this period as 'the isolation'. We lived in a tiny dark flat miles away from our friends and in a part of the city too expensive for us.

Fearful as ever, I now would only leave the flat after dark for a heavyhearted walk around the area where we lived. I spent my partner's working day lying in bed – drifting in and out of miserable sleep. It was around this time that I became fed up of the drowsed state that the antidepressants put me in so decided to stop taking them.

Things seemed good for a little while. Without the cursed drugs slowing down my responses I felt that I had been given a new lease of life. We moved into a flat three miles down the road and in one of my favourite parts of town. The flat had mice and damp but I couldn't have been happier; unfortunately I was fighting a losing battle. The feelings of wanting to be alone suddenly intensified. I had real trouble sleeping and then one dreamless night I got up and opened the window for some fresh air. It was then that something flew through the window and into my soul. I could not see it but it made its presence known!

Despite feeling this thing grow inside me I decided that it was high time that I got myself a job. I got some interviews and eventually landed an easygoing job dealing with people's benefits. Things were getting desperate. To avoid giving myself time to

think I started a course that would allow me to volunteer as an English tutor with refugees. This was, of course, counterproductive. I had been hearing the voice of the thing inside me for months at this point but it was now joined by a cruel chorus of dead relatives. They told me that my co-workers wanted to get me sacked. Terrified, I retreated into a corner of the office and shook. The radio stopped its playlist and began to broadcast my petrified thoughts. I started to spend hours in the toilet – feeling safe behind a locked door. I stopped being myself – I became something unexplainable.

I quit my job. This did nothing to relieve the symptoms of what was now a full blown episode of psychosis. I had become delusional about my partner and would scream whenever he came near me, culminating in the police coming to our door. They advised me to seek help. It was at this point that I was made to get that help by my partner and a very caring medical student friend.

This was my first stay in a psychiatric ward. The hospital was many miles away from my flat and in quite a rough part of town that I had never visited. It might as well have been the moon. Of course, like most first timers, I didn't think I should have been there at all and I deeply resented the whole experience. I was started on antipsychotic drugs and responded well enough to be allowed to go home after a short period.

Not enjoying the side effects and being rather petulant, thinking that I knew better than any of the experts I had encountered, I ceremoniously threw my tablets in the bin and had a massive relapse. I was hospitalised again but it would take yet another self-caused relapse and a third stay in

STEFF

A PERSONAL STORY

hospital before I managed to gain enough insight into my condition to see that I needed the drugs and to rationalise to myself why they were necessary. I believe that it was at this moment that I finally began my long awaited journey to recovery.

The first positive thing that I did was being truthful with my medical team; no longer having to lie about taking medication or my symptoms meant that I could open up to them about other issues. When I had been ill and unable to manage my affairs either my medical team or my family dealt with my housing and money. Now that I was feeling better I was able to manage my finances on my own, which increased my confidence and made me feel more self-reliant. I was able to negotiate a move into a new flat, which gave me a much needed fresh start. However, this in itself was not enough. I wanted to do more. I wanted to embrace life. I wanted to make up for lost time.

It was a long time coming but I was finally able to use the people skills I had gained on my course by volunteering with asylum-seeking women at a local charity. I am still there now and, even though I can only currently manage a few hours a week, the effect it has on me is tremendous. Dealing with refugees who have suffered a great deal has made me put my own illness into perspective. I also feel that I have developed an empathy that allows me to successfully work through the problems that they face. Through this I am slowly starting to like myself again. If losing my sense of self was death, then I have been reborn.

Psychosis is a destructive force on the life of a young person. It damages your life in so many cruel and interesting ways. I lost all that I considered impor-

tant: my future career, a fair few of my friends and my creativity. However, I no longer see psychosis as the end of my life – merely a fork in the road. Recently I have been given new and radical insights into what path my life should now take and I have found new ways of coping with my illness. I have a new, more positive perspective and I am realistic about my aims. I have made peace with the fact that I will not be able to be a radiotherapist and I have discovered that, even after everything, I am still patient and caring but now I am also strong and able to deal with tough challenges – skills that I hope will lead me to a career in social work.

In regards to friends who stopped speaking to me when I became ill? I used to spend hours agonising over this and blaming myself for people abandoning me, but now I can see only the positives – the fake friends have been weeded out and I have been left with the supportive friends, the caring friends and those who are not afraid to treat my condition with black humour. I've learned to laugh along. Giggling is terribly important in recovery!

My desire to write has also returned. When I was in hospital I would sit with a white sheet of paper and stare at the page unable to fill it. Now my brain is full of ideas just waiting to burst out. The internet has been a wonderful tool in regards to this – blogging has given me a platform for all my little words. I write almost exclusively about mental health and specifically recovery. Through this I have received messages from around the world. Whilst my concentration is still not good and it takes me a long time to write anything, I am happy that I am able to do it.

Mental illness has certainly changed my life almost beyond recognition but I am claiming it back bit by bit.



Siham attends Action for happiness Launch

Action for Happiness Launch event, Old Street 12th April 2011 -siham

I was eager and happy to attend this event before even reaching it and thought to myself it could be quite inspiring! As I almost reached the venue, outside were people greeting others and asking if they wish to receive a hug! To me that was a normal thing to ask as I usually do like hugging or if feel it's the right time ask friends and family or just do it; sometimes you get that intuition that person wants or is in need of it. However, if you could excuse my curiosity whilst people offered me hugs outside I stood, walked and then observed people's behaviour to realise that quite few just walked by not even acknowledging that individual, although some respectfully said no thank you. The event was amazing and pretty productive for several people attending; also I think and believe the title did it! "Action for Happiness" I mean who doesn't want to be happy, you must be mad to want to be sad...

During the programme I have met many different and pleasant people, I would go to them and talk and ask questions, it can feel intrusive at times but I am genuinely interested in what people have to say. The event was hosted by Sian Williams from BBC Breakfast then there was an introduction to Action for Happiness by Lord Richard Layard, London School of Economics. In his speech, he said "We are aiming to create happiness as much as we can...

and less misery" and he added that clearly people who care about others can feel better themselves.

Mark Williamson, Director of Action for Happiness spoke about different aspects of our life; stating that happiness isn't fixed in our hands, there are things we do that can have an impact. Also, we can affect the happiness of others around us as well in various ways, by being positive, helpful and kind. Also, Siobhan Freegard, Netmums founder of a leading online parenting network highlighted that 62% of mums don't have near extended family for support.

Several people presented the projects they were involved in to benefit disadvantaged individuals and their community. Others talked about some charity work they have enjoyed doing which made a difference to them and was rewarding.

There were displays about various organisations and what they do. Many people have worked for months to put the event together.



*** Pharmaceuticals Stop Research**

An Equilibrium team member wrote to the Guardian on the subject... (sadly not printed)

“Last week it was reported that the big pharmaceuticals are giving up research into the production of different psychiatric drugs, and this week mental health services are said to be in crisis, and there’s a drop in people wanting to train as psychiatrists.

For a split second a Utopian world opened up; an opportunity to reinvent how people in mental distress are treated, supported and helped. Deinvent psychiatry; the profession was only invented a hundred years ago or so, and has, on balance, done more harm than good. Replace it with a holistic therapeutic social service that does not necessarily use powerful chemicals as a first resort. Reinvent the concept of asylum; neighbourhood places of safety, where people can heal in a non-threatening environment, as well as detoxing from prescribed drug regimes when appropriate. Examine carefully the statistics showing that a majority of those in custody have a mental health issue, and think of creative solutions to this. Ask those in and out of distress what they would like. And - a big ask - reinvent the concept of recovery. Just a thought.”

*** DSM Book**

From around the early 1970's there has existed a book entitled DSM which is short for Diagnostic and Statistical Manual of Mental Disorders. Expanding from 134 pages in 1973 to 494 in 1980 it presents the symptoms in a checklist form of all the known psychiatric disorders. Allen Francis the editor of the

latest edition which comes in at 886 pages is quoted as saying “psychiatric diagnoses are getting closer and closer to the boundary of normal”. (New Scientist 04.06.11) Nowadays, in America, the article says, there are increasing numbers of very young children being diagnosed and medicated for bipolar disorder. They are being prescribed anti-psychotic drugs to calm them down, even when the diagnosis is wrong but their symptoms are superficially listed in DSM. There are even children’s books with titles such as “Brandon and the Bipolar Bear”. Having read about the Maharishi School in Skelmersdale, Lancs. I feel that a school that excels in children’s results in the UK – they have meditation twice a day and top the national tables- this approach is better than prescribing medication. The school run in Skelmersdale has no disruptive behaviour from pupils who are happy, well adjusted and excel at their work. I hope that in the future we will see more schools setting aside time for the children to practise TM.

Ian

*** Never too Old**

Is 70 too old?! It is comforting to see that even rioting has a natural end of life in the age of those who perpetrate it. The arrest of of a 70 year old man in the Holiday Season (sometimes known as Silly Season) merited a mention in media –either as a slight muse on whether ‘they’ should be allowed out of the safety of their homes, or as a “bully for you – you’re never beyond it!”

We are not apprised of what he did take but if he’s as lively upstairs as his actions indicate – it was probably some practical piece of equipment out of a good shop rather than random lifting of things just because they are there!

Pumla Kisosonkole

*** Asylum Magazine**



I found this edition of the lately-revived Asylum magazine very good indeed. Entitled SCHIZOPHRENIA 1911-2011 RIP it hosts excellent contributions from Eleanor Longden (a first person account), Phil Virden on the myth and reality of the ‘diagnosis’, and Philip Thomas among others. The main argument is that the term schizophrenia has had its day. The naming of various sets of different and varying unaccountable psychoses ‘schizophrenia’ was a sort of wish fulfillment for psychiatrists, as well as calling that symptom mix a ‘disease’. It distanced them from the person and their distress and opened the doors for a medical interpretation and thus medical ‘treatment’.

Professor Alec Jenner opens with a brief history ‘How psychiatry arrived at the idea of schizophrenia’ and how psychiatrists still tried (and try) to explain the symptom mix in the language of physics and chemistry rather than that of developmental psychology.

It’s definitely worth a good read – and available from PCCS books for 4.00 www.pccs-books.co.uk 01989763900 or a year’s subscription for 15.00.

Polly

FRAGMENTED VIEWS: **VORTICISTS AT THE TATE BRITAIN**





Near the end of the Vorticists exhibition is an alcove with a display of 'vortographs', black and white photos made by attach-

ing a set of mirrors

to the front of a camera, used to photograph arrangements of wood and glass. A contemporary reviewer commented that fun could be had playing at working out which way up these photos looked best. There's something of that question to the Vorticists' work as a whole. How best to approach it – from what angle, and how seriously?

In places, the answer seems to be 'not very'. The first issue of the movement's journal, *BLAST* (published in 1914), is mostly set in bold capital letters which make statements bordering on the comically hysterical. There is, for example, advice 'TO SUFFRAGETTES' to stick to what they understand, and be careful not to destroy 'great works of art'. This dire warning faces a reproduction of a postcard-style scene by one of the movement's painters – did the writers believe that this was a great work, worth more than a 'whole district of London'?

It's tempting to feel that the artists would have done better to concentrate on making their art than on pronouncements worthy of a bunch of self-important adolescents. Henri Gaudier-Brzeska, at least, didn't shy away from making statements in his sculptures: a large stone carving of poet Ezra Pound, made in 1914, looked at from behind resembles a penis. (Pound had asked Gaudier-Brzeska to make him appear 'virile').

I liked the dynamism of Edward Wadsworth's woodcuts of industrialised towns and cities, all diagonal lines and stark black-white contrasts; and Wyndham Lewis certainly had a knack for expressive faces, peering slyly out of his disconcerting drawings. But it's Gaudier-Brzeska's sculptures which

really caught my interest. In his range of subjects and techniques there's a sense of a playful, slightly full-of-himself, curiosity at work, exploring what he can make stone and metal do. Whilst his 1913 sweet *Crouching Fawn* looks entirely suitable for a Christmas present, pieces like *Red Stone Dancer* hover on an intriguing edge between his interest in Easter Island carvings and a fascination with modern technology. The dancer's contortions are fluid and unified, yet he has a triangle, like a visor, for a face.

By the time the second issue of *BLAST* appeared, in July 1915, an altogether more serious current had emerged. The magazine carried an announcement of Gaudier-Brzeska's death on the Western Front. The following year, sculptor Jacob Epstein exhibited a piece taken from his earlier 'Rock Drill'. The original sculpture is a triumphal, robotic form astride a three-legged drill which places it way above head height. In the revised piece, a mutilated helpless torso is frozen, cast in bronze, with a missing left hand and a right arm lopped off at the elbow. According to this exhibition's curators, the later sculpture 'conveyed Epstein's horrors at the carnage of mechanised warfare'. The mysterious foetal form in its belly suggests there may be yet more horror to come.

Christopher Richard Wynne Nevinson's painting *Bursting Shell* touches nerves near the heart of what Vorticism became. Our view of its multicoloured vortex is rent by sharp black triangles pushing up into its centre. We are looking up into, yet also somehow falling towards, the centre of an explosion. What the Vorticists would perhaps have most liked to convey – a combination of the destructiveness *BLAST* attempted to epitomise, and their enthralment with technology – was both shaken to pieces and horrifically made real in the terror of World War 1. Their movement did not outlive the conflict, but the story their work tells shows where all that technology and arrogance might lead – and the human life and creativity destroyed in the process.





Polly attended and wrote:

Studio 306: HERITAGE LOTTERY FUND 10k!!!!

I popped in to Studio 306 at the Chocolate Factory and they were busy preparing for the visit of a Heritage Lottery fund representative with a 10,000 cheque. Well earned. The goodies on display included smashing cards (that I hope are on sale locally – especially the Clock Tower one), a range of dried flower head designs on cushions and pottery – really classy – and lush silverwork. Sausage rolls and cakes were poised to be scooped and the whole place was buzzing.

AN EYE FOR DETAIL



I've been working on these still life paintings for several months now, along with my portrait paintings (still trying to get that elusive first portrait commission!) Fruit have much to offer a painter, when I think of the textures, colours, shapes, mass, as well as dynamic created in their relationships... all the qualities which can make the painting process exciting.

I've always been fascinated in capturing detail in one medium or another, since I first picked up a pencil... of representing something in a highly realistic manner; so it was natural for me to lean toward the hyperrealist style of painting, where the real becomes more real than reality.

There's also something quite meditative about slowly building up a minutiae of brush strokes into a believable totality. The motivation and interest is in pulling

off the artifice, by that I mean giving a very strong sense of a REAL bowl of fruit, not merely an impression of one - real to the point of a suspension of disbelief, where one can 'enter' the painting, not merely witness it.

I also try to paint fruit as highly sensuous objects, such that they appear desirable; the paradox being that they're placed within glass enclaves - in opposition to the fruit in the classical basket waiting to be plucked - so desirable, though not obviously available. Placing them in glass is like taking the classical still life and giving it a contemporary veneer; moreover the profile of traditional still life paintings often seems slightly chaotic to me, yet glass bowls and vases make a handy compositional device, which additionally controls this impression of chaos.

PAINTINGS BY ANTHONY J. PARKE



New Scientist letter

Apposite letter in recent New Scientist on misdiagnosing young children with bipolar disorder: 'Parents have lost their intuition about normal behaviour: children are meant to be childish. The reason those aged under 7 cannot hold two emotions or two thoughts at a time is that they have not yet undergone the cognitive shift described by psychologist Piaget, in which cognitive ability becomes more sophisticated. While medication may help a few with 'ADD', parents must be made aware of the personal cost: it numbs all feelings. Since you require feelings to learn and adapt, these children will also be unable to mature. Thus a pattern is established where impulsive behaviour is treated with further medication, preventing maturation.'

Tizzy McKenzie

POEM 3

Rising grey mounds punctuated by patches of green
towers of glass make holes in the atmosphere
straight lines, bricks the cells of the city
hollowed out stone with windows only
permeable to light
A grey rippling highway crisscrossed by bridges
flanked with churches, powerstations
buzzing cars
fizzing with life
timid foxes on refuse sites with their wet black
eyes shining
where pigeons hide under bridges, squirrels
hide in the trees
specks of life
We hang planes in the sky,
We balance boats on water
we encrust the land with steel and concrete
Lay our giant nest

From a Guardian editorial

A reassessment of R D Laing now due? I would think so. However problematic as a person, and some of his 'treatments' such as LSD experiments, and total non-intervention, like the experiences of Mary Barnes, were plain harmful, there are more than just a few nuggets of truth about his writings and philosophy— see *Knots, The Divided Self* etc.

'The trouble with great men or women who lead the kind of lives described as "colourful" is that they provide critics with a ready-made excuse to dismiss their work. At the same time, it's doubtful that someone like Ronald Laing, whose name is still disdained 22 years after his death, would have broken as much ground were he not arrogant, angry and unconventional. A psychiatrist born into the age of doctor-knows-best, Laing's questioning of every assumption about mental illness earned him derision, as well as a devoted following. His first book,

The Divided Self, which presented schizophrenia as a rational response to intolerable experiences, was written at just 28. Sanity, Madness and the Family set out his most controversial idea: that family life plays an important part in the development of schizophrenia. This put him at loggerheads with an establishment that saw mental illness as a medical problem, not one that could to be explained by society or patients' relationships.

Laing may have alienated carers and relatives of schizophrenics, and been unrealistic about treatments. But he provoked scrutiny of psychiatric methods, and opened a rich seam of thinking about our civilisation's discontents to boot. He's been unfashionable for decades, but in an era of big-pharma and proliferating diagnoses, is time for a reassessment? A theatre adaptation of his work, *Knots*, this summer suggests new minds are interested. They'd do best to forget the baggage and let his remarkable writing speak for itself.'

Henry's Demons – BBC Radio 4 Afternoon Play

Having not read 'Henry's Demons', a father and son's account of the effects of madness by Patrick and Henry Cockburn, I come to the radio dramatization of it presumption free. Material enough to make any producer gulp and certainly in clumsier hands the Cockburn's story could easily be rendered unlistenable to. But Karen Rose brings zero pretension and no traceable authority to this narrative.

Henry's deeply troubling experience is relayed through three actors who play his father, war correspondent Patrick Cockburn, his mother, Jan, and Henry himself. Overwhelmingly it is Henry's language and his attitude to his illness, handled brilliantly by Tom Riley, which lingers.

Whilst studying at Brighton University Henry Cockburn swam out to sea and attempted to climb a viaduct, he later said voices had told him to do so. We hear that after several further episodes he is sectioned. Seven years of rehabilitation centers and mental hospitals are to follow.

At one point Henry flees and spends two days sitting in snow in dangerously low temperatures. What resonates in the play is how Henry's parents are told about their son through phone calls and doctors. The way they both orbit Henry's life unable to relieve his distress comes across to heartbreaking degrees- credit no doubt to the book itself as well as Rose's treatment of it.

Another memorable point is when Henry writes his dad a note, which tells him that he's going to be ok. The book they write together becomes integral to Henry's rehabilitation and although at the play's close we leave a chain-smoking Henry alone in a Lewisham café we are inclined to believe the note in his father's wallet.

Dora Mortimer

Edible Raw chicken?!

In days gone by, raw food was just something not cooked, and you got your raw meat from the butcher's and that was that. Nowadays with all the different food preparations, ordinary ovens, micro ovens etc one needs to study a whole new dictionary of instructions. Then one sits back and enjoys the delectation. But supposing your purchase had not in fact been precooked as stated on the packet?!! Your warming up short period at a lovely comfy temperature must be festival time for the e coli!!! A supermarket which sold this mistake paid a whopping £20,000 fine for their sins! [Pumla](#)

Tizzy McKenzie

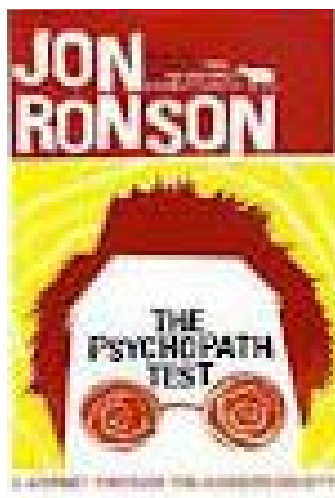
POEM 4

A halo of water with frogs in it
slimy and dressed in army uniforms
Swishing fur trees are bending,
giant quills with their nibs stuck in the ground
A pyre, not alive with waving flames but with
wriggling insects
A steep lawn of soft, grizzled grass
the apple tree stoic and patient as we
clamber all over it
a patio like a patchwork quilt a stage for
shrieking children as
the sun watches on, hanging in the sky
It warms us with its generosity
And in the distance, the tree line of the old woods
in a shawl of mist,
with circling crows, blackbirds
ancient and a wilderness

The Psychopath Test: a journey through the madness industry

Picador 16.99 or available through any public library free.

POLLY MORTIMER



I was left reeling by this book. It seemed to me that Jon Ronson had left any subtlety, analytical skills and sense of proportion at home, and sets out to sensationalise. He is basically a proponent of what he (possibly) may condemn in other journalists – namely overdoing and bedlamising.

At its essence it may be that this book is about him and his anxiety, and he is using this journey to work things out about himself.

He writes at high velocity and speeds from the starting block of a strange anonymous package received by some academics across the world to an obsession with psychopaths. 'It seemed extraordinary that there were people out there whose 'neurological' (my commas) condition made them so terrifying, like a wholly malevolent space creature from a sci-fi movie.'

This sets the tone for the whole book. He races from Scientologists (one of whom he got on well with, as both mistrust psychiatry), to Broadmoor – where he investigates the apparently sane man who faked madness to avoid prison. He talks to a psychiatrist there 'Faking mental illness to get out of a prison

sentence ..is exactly the kind of deceitful and manipulative act you'd expect of a psychopath. 'Tony' faking his brain going wrong was a sign that his brain had gone wrong.'

He scampers round the globe in search of sensation. The story of Elliott Barker from the mid60s caught Ronson's fancy and he managed to track him down. Barker attended Nude Psychotherapy sessions in California and Crotch Eyeballing... which sounds plain dodgy and abusive to me. He then bought a crate of LSD, 'handpicked psychopaths' and led them to the Total Encounter Capsule and asked them to remove their clothes.

Needless to say the twisted experiments (heavily chronicled here) made the 'psychopaths' worse.

Ronson finds Bob Hare, inventor of the Hare Checklist for psychopathy, and visits a neuroscientist who explained that at the core of psychopathy is 'a lack of moral restraint'. He goes to the US and talks to Emmanuel 'Toto' Constant, a Haitian ex leader of a 90s far-right paramilitary group who ordered hideous crimes to be carried out against men, women and children.

He talks to the documentary film maker Adam Curtis about what he (Ronson)'s doing – the reply is:

'We create stories out of fragments. We travel all over the world, propelled onwards by something, we sit in people's houses, notepads in our hands, and we wait for the gems. And the gems invariably turn out to be the madness – the extreme, outermost aspects of that person's personality – the irrational anger, the anxiety, the paranoia, the narcissism, the things that would be defined within DSM as mental disorders, We've dedicated our lives to it. We know what we do is odd but nobody talks about it. Forget psychopathic CEOs. ..What does all this say about our sanity?'

There's much more to this book – encounters with a sad and paranoid David Shayler among others. I think this book is far more about Jon Ronson than about psychopaths. Yes, there's room for a book about the subject – it's too serious for this trivial silly skim.