CONTEXT AND COOPERATION IN STRATEGIC THERAPY:
Toward a Contextual Mental Health

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Every year America consumes 50% of world pharmaceutical production, but we only manage to use up 25% of the world's oil. We have to correct this imbalance. Fortunately, there is a solution in the works as I speak: the pharmaceutical industry is working overtime to give us more drugs. I want to be clear about something: I haven't come here to slander these people, I've come to stop them. This isn't personal; it is a professional matter based entirely on the harm they are doing to our lives and our culture. I'll spend most of my time talking about the harm Pharma is doing. Then, I'll end with a brief description of strategic therapy, an effective social therapy that offers an alternative to psychiatry. The handouts I have given you contain a case study outlining strategic therapy in more detail; the approach reorganizes family relations and solves the problem without psychiatric medication or hospitalization. I hope you will review this material at your leisure.

Meanwhile, putting the pharmaceutical industry in charge of our health is like is like putting the fast food industry in charge of our diet. But, because we have defaulted, that's what's happened. The pharmaceutical industry is cheerfully medicalizing our lives

to sell as many drugs as is humanly possible. We must stop them or suffer the consequences.

By "medicalization" I mean Pharma is deliberately and systematically promoting ideas about illness and disease to explain everyday life.[1] They want us to believe that biomedicine is the *only* valid approach to health care and drugs are *necessary* to our happiness, as well as our health. At the same time, they have successfully promoted the *illusion* that Americans have the best health care in the world, when in fact, we just have the most expensive. Two-thirds of American medicine is beneficial. But one-third is ineffective, unnecessary and even deadly. This adds $500 billion dollars annually to the cost of American health care;[2] it is an economic iatrogenesis that threatens to bankrupt the American economy. Pharma spends billions to create managed illness, not health, and has made biomedicine the "folk model" of our lives.

When I began this paper I was searching for a central metaphor to illustrate the harm caused by medicalization. I couldn't decide whether to use DDT from Rachel Carson's *Silent Spring* or "Newspeak" from George Orwell's *1984*. Then I realized I'd have to use them both. Medicalization is like DDT: it *saturates* our environment with iatrogenic harm - - no one is spared and nothing is left untouched. And, like DDT, the more we medicalize the more medicalization becomes necessary because it damages our traditional ways of coping - -*and changes the way we see ourselves*. And this last part is important: pharma is developing a "Newspeak" that changes the way we view and express ourselves. Remember, the primary purpose of Newspeak is to *prevent the expression of unorthodox ideas*. It can convey a crude heresy, like "Big Brother is ungood." But this is a self-evident absurdity, like an attack on motherhood in our own

language; moreover, it cannot be sustained by reasoned argument because there are no words to do so in Newspeak. Pharma is changing our culture, including our notion of what a person is, and it controls the language in which any debate about these issues will be conducted.

A recent Glaxo-Smith-Kline drug ad proudly claims, "Today's medicines finance tomorrow's miracles." It's a marketing slogan; only five words, "Today's medicines finance tomorrow's miracles." But those five words give us a vivid self-portrait of Big Pharma. Drug sales finance three activities: 1) research, 2) marketing and public relations, and 3) lobbying. Each of these activities, by itself, has more moving parts than the invasion of Normandy - - and they are very well coordinated with one another.

Pharma controls the production and dissemination of medical knowledge;[3] this means they can withhold unfavorable data or spin it into gold as they choose. Medical journals depend upon Pharma advertising; this allows Pharma to control the content of the journals and fool our doctors, who trust the journals. Similarly, they control the media with advertising dollars as well. In 1999, the five networks received $569 million in advertising revenue; in 2004, that tripled to $1.5 billion. Print media are not as well paid, but they fall in line as well. In 2004 *Time* Magazine took in $67 million in drug ad revenue; *Newsweek* $43 million; and the *New York Times* $13.

Pharma controls massive marketing and public relations campaigns to shape public opinion in favor of drugs. They spent $3.2 billion on direct to consumer (DTC) advertising alone in 2004. When we see a Viagra ad on TV we are not just learning to buy Viagra, we are learning to be medical *consumers.* The news media is pharma's

informal partner and uncritically hypes drug company press releases as front page news. This problem is growing as direct to consumer advertising revenues grow.

But pharma's lobby is the most troubling to me. It is the largest, most expensive ($177 million) and most successful lobby in US history. The drug lobby virtually writes in its own interests into law, and by influencing political appointments, it controls the governmental agencies that are charged with protecting us. President Bush's appointment of FDA commissioner Lester Crawford and chief legal counsel Daniel Troy illustrate control by "capture." Troy has pushed the time it takes the FDA to issue a warning letter for false advertising from 11 days to 177 days - - the false TV ad has already done its job by that time. This not only spreads false information, at a larger level, it is a very subtle means of pushing back the boundaries of acceptable commercial speech in America. Finally, in late July, 2005, just before I came to England, Lester Crawford named Dr. Steven K Galson the permanent head of drug safety at FDA. Galson is a dangerous choice for this responsibility, as you see in a moment.

Pharma also supplies half of the FDA's drug safety budget of $400 million dollars in the form of "user fees." In reality, Pharma is the FDA's customer, not the American public it is mandated to protect.

Vioxx provides an example the deadly medicines produced by pharma, as well as the corrosive influence of pharma money on science, government and the media. The scale of the Vioxx disaster is mind numbing. Dr. David Graham, an FDA drug safety researcher, estimated that 61,000 people died of heart attacks associated with Vioxx and another 79,000 had non-fatal heart attacks that "changed their lives forever." This means more American's died from the side effects of Vioxx than in Vietnam. In August 2004,

Graham called on his bosses at FDA to ban on Vioxx. His boss, Dr. Steven K Galson told him to shut up and tried to discredit his research by calling it "junk science" in the press. Then, *only two weeks later, **after** Dr. Graham's warning, the FDA approved Vioxx for use in children.*

American's were spared a larger iatrogenic disaster only because Merck, the manufacturer of Vioxx, voluntarily pulled it off the market in September of 2004, when its own research showed that *Vioxx doubled heart attacks even in low doses*.[4] But let's not give Merck the good citizenship award prematurely. In November, Dr. Graham testified before the Senate Finance Committee that the FDA had failed to protect the public. The media barely reported the story.

Later, in June 2005, National Public Radio reported that well *before* it "voluntarily" pulled Vioxx off the market, a Merck executive tried to silence Vioxx researchers in 8 different university medical schools. Who was the more obstructionist in this seemingly orchestrated campaign, the FDA or Merck? Merck appears to have pulled Vioxx *only* after efforts to suppress information about its dangers failed.

Then in June 2005, the White House press secretary praised the FDA for the good job it had done in protecting the American public from Vioxx! Oh yes, one more thing - - another FDA researcher, Dr. Andrew Mosholder, discovered that antidepressants increased suicidal behavior in children. He also warned his bosses and was *silenced*. Warnings about the dangers of antidepressants for children had to come from British drug safety authorities.

These events were financed by today's medicines, but they are atrocities, not miracles. Something has gone terribly wrong here! Medical science, government and the

media have been enslaved by narrow corporate interests and are colluding in the production of profit, not health.[5] Medical researcher David Healy describes the problem this way, "The rhetoric of modern drug development is powerful enough to blind clinicians to preventable deaths and obscure the fact that the life expectancies of their patients are falling rather than rising."[6]

What is wrong in American medicine is also wrong in psychiatry, the *medical specialty* that dominates mental health. There is absolutely no scientific evidence that any mental health problem, especially schizophrenia, is a "real" disease; *unlike cancer cells, mental diseases cannot be observed.* Nevertheless, there were 15 million Americans on Zyprexa (7.4 million) and Risperdal (7.6 million) alone in 2002. Sales of antipsychotic drugs reached $6.4 billion, making them the fourth best selling class of drugs in America. Zyprexa and Risperdal are new drugs that are still under patent, so their costs are high - - approximately $600 and $500 per month, respectively. In contrast, Chlorpromazine or Thorazine, the first antipsychotic, which was discovered in 1952, is off patent. It costs only 15 cents per day or $4.50 per month. Do the math and you can see why pharma constantly pushes new drugs.

Thorazine became an instant best seller as a chemical straightjacket. It causes permanent neurological damage called Tardive Dyskinesia; it causes Akathesia or extreme restlessness; it gives patients a massive indifference toward life; and it is carries an immense social stigma - - yet, it was given to over 50 million people in its first decade of use alone.[7]

Thorazine financed the pharmaceutical "miracle" we are experiencing today. It led to the discovery of other drugs, "the antidepressants from imipramine and Prozac," and

everything else from "Valium to Ritalin." These drugs built the huge pharmaceutical corporations that now dominate our lives and our culture. And finally, Thorazine "led directly to the current changes in health care that have become one of the major political issues of our age."[8] Thorazine taught the drug companies how to *market* illness - - it taught them how to medicalize the world for fun and profit.

Are the antipsychotics a "miracle?" There isn't any observable data to show that schizophrenia is caused by a chemical imbalance in the brain. Furthermore, recovery rates for schizophrenia in Western countries have been falling from a high of 70% in 1880 to the present 11%. They have plunged most sharply since the introduction of antipsychotic drugs fifty years ago.[9] In contrast, recovery rates in industrializing countries, like India and Nigeria, are holding steady at 49-51%.[10] These countries don't make consistent use antipsychotics; they rely on family and on symbolic or social healing ritual to deal with madness.

I want to wave my hands to emphasize that Western medicine can't explain a 51% recovery rate because it assumes schizophrenia is an incurable degenerative brain disease. But the differential recovery for schizophrenia in the industrialized and industrializing world does raise some interesting questions. For example, do the "miracle" antipsychotic drugs actually *prevent* recovery from schizophrenia? The data suggests they do.

Are the SSRI's a "miracle?" High relapse rates for people withdrawing from antipsychotic drugs have been reported for decades.[11] Zoloft, a selective serotonin reuptake inhibitor, or SSRI, offers a recent example. Pfizer, the maker of Zoloft, randomly assigned depressed patients to three treatment groups: Zoloft alone, Zoloft plus exercise and exercise alone. All groups showed similar improvement over a 24-week

clinical trial. However, six months *after the medication was stopped*, a different picture emerged. Only 8% in the exercise group relapsed, while 38% in the Zoloft alone and 31% in the Zoloft plus exercise groups relapsed. Pfizer's results clearly show that "short term treatment with antidepressant medication relieves the symptom but…decrease[s] the likelihood of patients making the positive life changes necessary to prevent the symptom from returning."[12] This is an example of the "DDT effect." Of course, Pfizer's solution to this problem is simple: just keep taking Zoloft for the rest of your life.

I have spent the time to high light these miracles because there is a bigger set of miracles on the way to us as I speak. The New Freedom Commission on Mental Health is ungood! Pharma has corrupted the Commission and made it into the most serious threat to the human rights of children that we face today. Its full name is The New Freedom Commission on Mental Health: Transforming Mental Health in America, and it was established in 2002 by the executive order of President Bush. The Commission is pushing numerous reforms. However, embedded in this is the recommendation that all 50 states start screening and treating mental disorders as soon as possible. The focus is on screening 52 million American children who can be easily accessed through the public school system. "Treatment" is NewFreedomSpeak for "drugs." Once identified and diagnosed the Commission recommends that "treatment" is based on the Texas Medication Algorithm Project, or TMAP. TMAP is basically a list of expensive drugs that would become the "standard of care" for specific mental "disorders." "Disorder" is NewFreedomSpeak for "a real disease of the brain," and "treatment" is NewFreedomSpeak for "real medicine," or "drugs."

Do these guys want us to believe that thought up such recommendations on the way to church last Sunday? The Commission recommendations appear to have been ghost written by the drug companies themselves. If we "follow the money" as "Deep Throat" once advised, we find that Big Pharma influenced the creation and implementation of the screening programs and TMAP.

TeenScreen is an example of a screening program. It started in 2001 at Columbia University and is run by Laurie Flynn. Before joining Columbia Laurie Flynn was CEO of National Alliance for the Mentally Ill (NAMI) for 16 years. NAMI is pharma's number one grassroots front group and is committed to promoting and selling as many drugs as possible. So, before joining Columbia, Laurie Flynn was the leading drug pusher in the in the United States. Pharma paid her salary. During the three year period from 1996-1999 NAMI received $11.72 million from 18 different drug companies.[13]

Eli Lilly contributed more than other companies ($2.78 million); most of this went to NAMI's "Campaign to End Discrimination" against the mentally ill. The Campaign to End Discrimination is nothing more than "a marketing scheme aimed at forcing insurance companies and government health care programs to quit 'discriminating' against pharma's mentally ill customers and pay for all the pills they want to sell to the steady stream of customers they plan to recruit with mass mental health screening projects like TeenScreen."[14]

As an aside, NAMI's "Anti-Discrimination" campaign is also used to attack pharma's enemies. The NAMI "Stigma Busters Alert" in my handout is slick and professionally done. It is intended to intimidate Tom Cruise's movie studio and silence his criticism of psychiatry and medication - - I threw in the Stigma Alert about *Batman Begins* for fun

and to show the *pattern of intimidation used by NAMI*. NAMI has over 200,000 members: read the Stigma Buster Alerts at your leisure and decide if you would like to be in NAMI's cross-hairs.

Returning to point, TeenScreen uses a 52 question computerized test that is self-administered and takes just 10 minutes to complete. That screening tool allegedly identifies at least six mental disorders, such as, "social phobia, panic disorder, generalized anxiety disorder, major depression, alcohol and drug abuse and suicidality." TeenScreen is hyping the identification and prevention of "suicidality" as one of the most important goals of its screening program, even though teenage suicide is declining in the US.

Here are some sample questions: In the last year, has there been a time:

1) **When nothing was fun for you and you just weren't interested in anything?**
2) **When you couldn't think as clearly or as fast as usual?**
3) **Have you often felt nervous or uncomfortable when you have been with a group of children or young people - - say, like in the lunchroom at school or a party?**

What normal kid has not felt these things during the past year? Kids who answer yes to even some of these questions will be referred to a psychiatrist, diagnosed mentally ill, and "treated" with prescribed drugs. They will be taught that anytime they don't like how they feel, think or act, all they have to do is take a pill. They will be inducted into a career as a mental patient. The questions are carefully crafted to promote self-doubt; so that all the kids who take this survey will question whether they are normal or not.

In 2002, TeenScreen hired the PR firm Rabin Strategic Partners to make sure that "every teen in the US has access to this free mental health check-up." Rabin provided TeenScreen with a "ten-year strategy including marketing, public policy and funding steps…and hired and managed public relations, lobbying and advertising to implement

the plan." Rabin added proudly, "now *on a daily basis*, we help read the media and political environment revise the plan."[15]

Rabin's strategy is paying off: a 2004 progress report stated, "Programs are now established in 100 communities in 34 states. 19 national groups have endorsed…the screening of youth. There is s waiting list of 250 communities interested in screening programs. There are three relevant bills pending in Congress and six state governments are working on plans to spread screening programs statewide." [16] These results were accomplished in only two years.

TeenScreen is a gateway to the use of the psychiatric drugs listed in TMAP. TMAP is NewFreedomSpeak for "Children's Medication Algorithm Project," or CMAP.

TMAP was launched in Texas in 1995 while Bush was governor. It was funded by money from the Robert Wood Johnson Foundation, an outgrowth of the pharmaceutical giant Johnson & Johnson, and ten other drug companies. TMAP was developed by an "expert" *consensus* process, including the University of Texas, Texas mental health and prison authorities and representatives with strong financial ties to pharma. *The drug companies that funded TMAP all have drugs on the standards list.* And, TMAP is listed as a "Best Practices" model by the US Substance Abuse and Mental Health Services Administration (SAMSHA). How did that happen? There is no scientific evidence that mental illness has biological basis and there is no outcome data to support TMAP as evidence based practice, which is required to earn the prestigious "Best Practices Model" status.

Here's how the TMAP scheme really works: the drug companies donate money to states to implement the program and in return, state Medicaid programs fund the cost of

the drugs with tax dollars. In Texas, Pfizer contributed $232,000 to the Texas department of mental health to "educate" mental health providers about TMAP; in return, the state paid Pfizer $233 million in tax dollars for drugs like Zoloft. Johnson & Johnson (Janssen Pharmaceuticals) contributed $224,000 and collected $272 million for Risperdal. Eli Lilly gave $109,000 and collected $328 million from Zyprexa.

Once TMAP is established as "the standard of practice" in any state, the medical community there can literally force practitioners to follow the standard or face censure. Non-medical mental health treatment is virtually impossible in this context.

Universal screening and drug algorithm programs are nothing more than clever marketing devices designed to recruit school children as life long customers of psychiatric drug makers. Nevertheless, the New Freedom Commission recommendations, especially for suicide prevention, are now being implemented by a coalition of six cabinet level departments of the federal government headed by SAMSHA. On Friday, July 22, 2005, SAMSHA issued a ***press release*** announcing a multi-year effort called "Transforming Mental Health Care in America, The Federal Action Agenda: First Steps." The coalition will advance an agenda of 70 specific steps to improve mental health care in America, including school screening and TMAP. This is happening despite a US Preventive Services Task Force report that found no evidence that screening reduces suicide attempts or mortality or that existing screening tools accurately identify suicide risk.

Universal mental health screening and medication algorithms epitomize medicalization and must be opposed to safe guard the human rights of children. But what

can we do to oppose Pharma, medical research, the marketing and public relations establishment, the media, and the US government?

We are all doing what we can. I keep working, keep informed, and keep connected. My own work is a synthesis strategic therapy developed by Jay Haley and Cloe Madanes, and symbolic anthropology developed by Victor and Edith Turner. I believe mental health problems are in social situations, not in persons. Therefore, I use strategic therapy[17] - - a social therapy - - to solve these problems by reorganizing the social situation. And, I look to the symbolic actions of other cultures to guide me as well. Our culture specializes in studying things and individuals - - especially the biological interior of individuals. Other cultures specialize in symbolism and social relationships. We have a lot to learn from these cultures. African cultures offer an example.

The Turner's studied Ndembu ritual in Africa in 1952[18]. After Victor's death in 1980 Edie returned to do a 30-year restudy of the Ndembu[19]. In 1996 she told me, "Their rituals have gotten better. They cure more people." This surprised me and I asked, "How have they managed that?" "In 1952," she said, "they tried to cure everything with ritual. Now they have learned to send the 'TB cases' to the hospital and cure everything else with ritual." I shook my head and laughed as I replied, "During that same time we began sending *everyone to the hospital for everything*."

How have the Ndembu managed to make the important distinction between medicine and ritual while we have not? The agenda of the recent G-8 summit in Scotland holds the answer: the Africans are poor. This means pharmaceutical interests have not actively medicalized them. In the absence of market pressures the Ndembu developed a balanced approach to healing that recognizes the medical and the social needs of human beings.

As I have shown above, our culture suffers a massive medical imbalance *only* because there is in it money in it. Where profit prevails, ritual fails.

Like the Ndembu, we must restore a proper balance between medicine and ritual.

Ritual deals with socially constructed reality that exists *only* in living human relationships. Reality is an agreement among persons who inhabit these relationships. Ritual is a social process for changing relationships, which by extension, changes the agreements - - and thus the reality - - defined by those relations. Human experience is an intersubjective process that cannot be directly observed by scientific tools. And human meaning cannot be medicated.

This view of reality also contains elements of the mystical; for example, how does the family dinning room table become a sacred place by turning out the lights, bringing in a cake with flaming candles, and singing happy birthday? Isn't it still just a dinning room table? How is the lullaby that sends a child to sleep related to the evil spell that causes death? Science cannot explain or tolerate such mysteries, while ritual cannot exist without them.

Arnold van Gennep, who formulated the theory of the rites of passage in 1906, intended his theory to explain the continuity of human life as the ordering and reordering of social relations. In other words, ritual is a social process for changing reality by reordering the social relations that sustain it.

Jay Haley modernized and improved van Gennep by defining a problem as a type of act in a repeating sequence of acts among persons.[20] This locates the problem in social space outside of the person, not in the biological interior of a person. The concept is formally similar to that of "spirit possession," which informs symbolic healing systems

throughout the world; in spirit possession, illness is caused by an intrusion of a spirit from the "outside" of the person. Haley's work suggests that spirit possession is a metaphor about relationships, not a practical explanation of reality.

Furthermore, Haley said behavior problems do not occur randomly. They occur at points of transition in the life cycle of a social group, such as a family. That is, when someone is entering, leaving or changing status in the group. The problem is a signal that the family is having difficulty making a transition to the next stage of life. The goal of Haley's therapy, like that of Milton Erickson's, is to solve the problem so the family can transition to the next stage of its life cycle. In other words, strategic therapy is a rite of passage; it helps a group or family transition from one form of sequential organization to another. The problem is in the sequence, not the people in it.

In strategic therapy, as in symbolic healing ritual, the therapist-healer creates a "myth" or story that motivates the patient and other members of the group act differently. By acting differently, individuals change the sequence they are involved in and thus change their relationships with everyone in it. This changes the group's "reality" by changing the agreements that sustain it.

Madeleine Richeport-Haley has identified six premises shared by strategic therapy and alternative healings systems like that of the Ndembu. These premises guide the therapist-healer in planning a unique "myth," or story that promotes new action to change the sequence. One way to oppose medicalization is to support mental health treatment based on these context sensitive premises:

1) **The family and community are involved in therapy.**
2) **The cause of the problem is placed outside of the client.**
3) **The client is defined more positively.**
4) **Treatment is problem focused and task oriented.**

5) **Metaphors are transformed into practical behaviors to solve the problem.**
6) **The healer-therapist is committed to curing the client.**

Below is a case vignette that illustrates strategic ideas in action. The case I am reporting here morphed into a "promising program" that is still in operation in Nome, Alaska. The program is outlined The Partnership: National Partnership for Juvenile Services (Zimmerman 2002; editor); there is a copy in my handouts.

The presenting problem was that two 12 year-old Alaska Native boys had physically restrained two 10 year-old girls and attempted to take their clothes off. Under Alaska law this is a sexual assault and the girls families were clamoring for a response by authorities. Normally, these boys would have been removed from their village and placed in a residential "treatment" center for six months or more. The juvenile probation officer (JPO), who was familiar with my work, wanted to develop a more positive alternative and asked me to intervene. I told her that Cloe Madanes' 15-step procedure for dealing with sexual abuse (which is also provided in my handouts) could be modified for use in this situation. Basically, the procedure involved placing the parents of the boys and the parents of the girls in charge of restoring normal relations among the children and themselves. I also told her that we would need the backing of the court before intervening in the situation. The JPO and I presented the idea to the district court judge and he agreed to support "any reasonable solution."

The village was 100 air miles away. We used phone and fax to organize a village meeting. First, we called the girls' parents, described the procedure and asked if they would cooperate with it. They agreed to do so. Then we called the boys' parents, who also agreed to cooperate. Then, with the parents' permission, we called the village leadership (in this case, an IRA tribal council) and the village health clinic and arranged

their support and participation. We scheduled a meeting in the community center for a few days later. The meeting included the girls, the boys, their parents, all their sibs, some extended family members (aunts and uncles from both sides) and every child in these extended families (there were 12 adult family members and 31 children in all). Special arrangements were made with the village school to release students for the meeting. The IRA council was represented and the village health aid was present as well.

On the appointed day the JPO and I flew to the village in the morning and gathered the participants into a large circle in the community center. We went through an abbreviated version of Madanes' steps. We asked the boys to describe what they did. They were reluctant to speak, so we asked the adults, who gave a detailed account of the events. Then we discussed why this behavior was wrong. Again, the boys were reluctant, so the adults listed many reasons why it was wrong. They reached a clear consensus that sexual abuse of any kind was wrong. I added that this was an attack on the spirit of the girls, their families, the boys' families and on the spirit of the village as well. The boys were then asked to apologize to the girls on their knees in front of everyone. They did this after some coaxing by their parents. They made sincere and tearful apologies. (Nothing was asked of the girls or the other children, except their presence). The adults were then placed in a group and asked to reach agreement on a fair restitution for the boys, to appoint elder protectors for each of the girls, and a man to mentor each boy on appropriate behavior, including sexual behavior. The children (but not the boys') were allowed to play in one corner of the center while the adults discussed these matters. After about 45 minutes of intense discussion they reached agreement. The adults and children were gathered again, and the senior IRA member announced the

punishments, protectors and mentors to the boys - - *with the other children watching*. The boys were not required to do provide restitution directly to the girls. However, they would each have to provide 50 hours of community service to help the village elders; i.e., shoveling doorways and hauling water and wood. Their parents would supervise the actual work; the village health aid would submit a monthly written report to the court on the hours of service completed by each boy; and, the health aid check with the girls protectors monthly to insure the girls were safe.

Neither boy repeated the sexually inappropriate behavior in a three year follow-up. One boy committed a minor property crime about 14 months after the village meeting and was placed on probation for 6 months.

What was achieved here? The boys were not institutionalized. The families involved settled the issues amongst themselves by airing them in public, in a form that was protected and guided by the ritual process. They agreed sexual abuse of any kind would not be tolerated and agreed on what should be done about it in this case. They cooperated with the State of Alaska. *And their children watched them do this.* This strengthened, rather than eroded their natural systems of coping.

Removing or medicating these boys would have disenfranchised the parents and the village from caring for their sons and daughters, as they should. And the children would have been watching that process too.

Using similar thinking, the JPO and I cut institutional placement of *all* juvenile offenders from an average of 35 per year to only 16 youth in that year - - a reduction of 50%. This saved the State of Alaska about $190,000 and was accomplished without any new money or any new staff. We just used strategic therapy in place of biomedicine.

I have outlined the enormous economic power of Pharma, showed some of the ways this power corrupts medical research, government, marketing and PR, and the media, and I have summarized some of the harm this causes. Most importantly, I hope I have impressed you with the need to create a balanced approach to health and mental health. I think strategic therapy offers a social alternative to psychiatry. Restoring social therapy is essential to the human rights of children and families in all nations.

I don't have all the answers on how to do this. So, like all of you, I will continue to do what I can. Meanwhile, I hope that my presentation will stimulate discussion and bring us closer to a coordinated opposition to medicalization as well as coordinated support for establishing contextual mental health.

Let me leave you with this sobering thought: the massive pharmaceutical corporations of today barely existed before World War II, yet they control the knowledge gained from the genome project. What should we expect from them next as they develop the first generation of biogenetic pharmaceuticals?[21]

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[1] Summerfield 2002
[2] Abramson 2004
[3] Healy 2002
[4] Sherer 2005
[5] Healy 2002; Abramson 2004
[6] Healy 2002
[7] Breggin 1994
[8] Healy 2002
[9] Richeport-Haley 1998; Whitaker 2002
[10] Richeport-Haley 1998
[11] Breggin 1994
[12] Abramson 2004
[13] Pringle 2005
[14] Pringle 2005C
[15] Pringle 2005; emphasis added
[16] Pringle 2005B
[17] See the works of Jay Haley and Cloe Madanes
[18] Turner, V. 1967
[19] Turner, E. 1992
[20] Haley 1987 [1973]
[21] Healy 2002; Black, personal communication 2005.