IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT, AT ANCHORAGE

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In The Matter of the Necessity for the)
Hospitalization of William S. Bigley,)
Respondent,)
William Worral, MD,)
Petitioner)
Case No. 3AN 07-1064 P/S

AFFIDAVIT OF RONALD BASSMAN, PhD

STATE OF NEW YORK)
) ss.
ALBANY COUNTY)

Is Medication for Serious Mental Illnesses the Only Choice For All People?
By Ronald Bassman, PhD

Albert Einstein once said that the definition of insanity is doing the same thing over and over again and expecting different results.

Today, the primary treatment for people who are diagnosed with serious mental illness is psychiatric medications regardless of effectiveness.[1] Institutions are filled with those who have failed to progress despite numerous trials on medications over the course of many years.[2] Current treatments for serious mental illnesses ignore research evidence showing debilitating conditions arising from the use of psychiatric medications.[3] Adults with serious mental illness treated in public systems die about 25 years earlier than Americans overall, a gap that's widened since the early 1990s when major mental disorders cut life spans by 10 to 15 years.[4] Along with shorter life spans, people taking psychiatric medication typically have medication-caused disabilities that make it extremely difficult for them to find employment and to become fully integrated members of the community. Not only do they show impairment in cognitive and motor abilities but also must live with physical distortions of appearance that make them extremely reluctant to be seen in public places.

Founded in 1988, the Tardive Dyskinesia/Tardive Dystonia National Association has received thousand of letters and inquiries from individuals taking psychiatric medications and who struggle with the adverse effects. Tardive dyskinesia, dystonia and akathisia are late appearing neurological movement disorders caused by psychoactive

drugs.[5] The following letters were received by the Tardive Dyskinesia/Tardive Dystonia National Association:[6]

"Tremors and spasms make my arms do a sort of jitterbug. Spasms in my neck pull my head to the side. My tongue sticks out as often as every thirty seconds."

- T.D. Survivor, Washington, DC

"Having TD is being unable to control my arms, fingers and sometimes my facial muscles; having a spastic digestive tract and trouble breathing. Getting food from my plate to my mouth and chewing it once there can be a real chore. I've bitten my tongue so severely it's scarred. I often bite it hard enough to bleed into the food I'm trying to eat. I no longer drink liquids without drooling."

- T.D. Survivor, New York

"I've always tried to feel better and I felt how could any prescribed medicine meant to help me, do more damage than the illness itself."

- T.D. Survivor, Louisiana

I am a person who was first diagnosed with schizophrenia paranoid type and then after another hospitalization diagnosed with schizophrenia chronic type and who was prescribed numerous psychiatric drugs including Thorazine Stelazine and Mellaril. I have been drug-free for more than thirty years. Having had personal experience with psychiatric medication and recovered after withdrawing from the prescribed drugs, I have subsequently worked as a psychologist to develop and promote alternative healing practices.[7] I have written and published articles in professional journals and in 2005 co-founded the International Network of Treatment Alternatives for Recovery.[8]

Research, my own and others, in addition to the numerous personal accounts of recovery without psychiatric medications, coupled with the documented adverse effects demand that we respect a person's choice -- choices which are based on personal experience and preference for other methods of coping and progressing toward recovery and re-integration into the community.[9] Psychiatric medication is and should be only one of many treatment choices for the individual with serious mental illness. And when it is clear that medications are not effective, it is necessary and only humane to offer other options for the individual to choose. Primary to the recovery process is personal choice.

The National Research Project for the Development of Recovery Facilitating System Performance Indicators concluded that, "Recovery from mental illness can best be understood through the lived experience of persons with psychiatric disabilities." The Research Project listed the following themes as instrumental to recovery:

*Recovery is the reawakening of hope after despair.

*Recovery is breaking through denial and achieving understanding and acceptance.

*Recovery is moving from withdrawal to engagement and active participation in life.

*Recovery is active coping rather than passive adjustment.

*Recovery means no longer viewing oneself primarily as a mental patient and reclaiming a positive sense of self.

*Recovery is a journey from alienation to purpose.
*Recovery is a complex journey.
*Recovery is not accomplished alone—it involves support and partnership.[10]

Research describing what people want and need is very similar to what everyone wants and needs. The best practices of psychosocial rehabilitation highlight the following:

1. Recovery can occur without professional intervention. The consumer/survivors rather than professionals are the keys to recovery.

2. Essential is the presence of people who believe in and stand by the person in need of recovery. Of critical importance is a person or persons whom one can trust to be there in times of need.

3. Recovery is not a function of one's theory about the causes of mental illness. And recovery can occur whether one views the condition as biological or not.

4. People who experience intense psychiatric symptoms episodically are able to recover. Growth and setbacks during recovery make it feel like it is not a linear process. Recovery often changes the frequency and duration of symptoms for the better. The process does not feel systematic and planned.

5. Recovery from the consequences of the original condition may be the most difficult part of recovery. The disadvantages, including stigma, loss of rights, discrimination and disempowering treatment services can combine to hinder a person's recovery even if he or she is asymptomatic.[11]

In the above concepts promoting recovery there is a conspicuous absence of psychiatric medication. Psychologist Courtenay Harding, principal researcher of the "Vermont Longitudinal Study," has empirically demonstrated that people do recover from long-term chronic disorders such as schizophrenia at a minimum rate of 32 % and as high as 60%.[12] These studies have consistently found that half to two thirds of patients significantly improved or recovered, including some cohorts of very chronic cases. The 32 % for full recovery is with one of the five criteria being *no longer taking any psychiatric medication.* Dr. Harding in delineating the seven myths of schizophrenia, addresses the myth about psychiatric medication. Myth number 5. **Myth: Patients must be on medication all their lives. Reality: It may be a small percentage who need medication indefinitely.** According to Harding and Zahniser, the myths limit the scope and effectiveness of treatments available to patients.[13]

The most important principle of the medical profession is one that has stood the test of time. "First do no harm." When it is clear that psychiatric medications have been ineffective and/or harmful in the treatment of a particular individual, and when that person objects to another treatment course with psychiatric drugs, it is wrong to continue on this course against the expressed wishes of that individual. One must consider the

statement attributed to Albert Einstein at the beginning of this affidavit. Let us work with people to implement their informed choices for alternative services and not continue trying to implement a treatment that has not worked.

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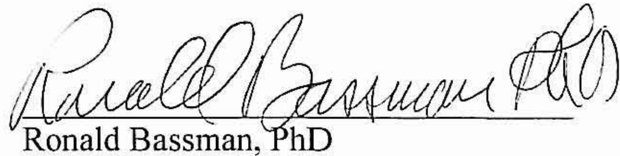
DATED this 4 day of September, 2007, in Albany, New York.



Ronald Bassman, PhD

SUBSCRIBED AND SWORN TO before me this 4th day of September, 2007.

CAROL D. ROSSI
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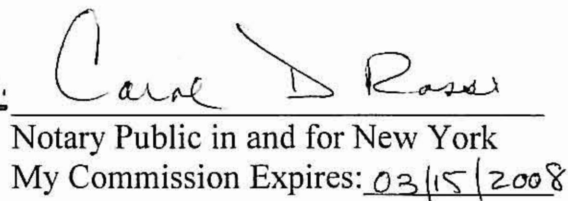

Notary Public in and for New York
My Commission Expires: 03/15/2008

State of Alaska)
)ss
Third Judicial District)

I, James B. Gottstein, hereby affirm that this reproduction of Affidavit of Ronald Bassman, PhD, to which this is appended, is a true, correct and complete photocopy of the original filed in 3AN 07-1064PR.

Dated: March 6, 2008 ______________________________
James B. Gottstein

SUBSCRIBED AND SWORN TO before me this 6th day of March, 2008.

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Notary Public in and for Alaska
My Commission expires: ___________