

KEEPING 'EM QUIET:

an issue of social control?

by Yvonne Craig

Yvonne Craig, the editor of Mediation, has been on the editorial boards of Self and Society and Counselling for many years. She is a peacemaking and social justice activist involved in community networking, and an Elder herself. She writes on drugs and the elderly.

Many black activists, mental health workers and grassroots community advocates point to the ways in which drug usage disempowers people, or gives them the temporary illusion of false power, thus preventing real personal growth and collective public campaigning against social injustices, discrimination and inequalities.

When I interviewed the radical writer, Ivan Illych, as early as 1975, he spoke memorably about the "obscenity" of this disempowerment being connected with the covert concern of those in power, whether in government or in commercial organisations, to keep as many people as possible subdued by soporifics, and submissive to political, economic and social controls. Cheap cigarettes and alcohol have witnessed to this, costs only rising as governments have realised the financial burden to them of treating alcoholic patients, who occupy more beds in hospitals than any other group, and cancer cases on which expensive medical research and treatment is focused.

During my two visits to United Nations World Congresses on Crime and Justice, I have heard speakers from every country in the world, in conflict on every other issue, united in their condemnation of illicit drug usage and trafficking. This reduces the conditions of the starving and sick millions of Third World people to even more ineradicable suffering. The drug production and supply network is linked to the Mafia and terrorist networks and is causing grave international concern. I attended a research seminar on terrorism in N. Ireland, and learned how this networking has operated there to finance the purchase of weapons.

A Problem of Pharmacopathology

Even in the area of legitimate drug production, pharmaceutical companies have increasingly been subjected to public scrutiny, as in the most recent Opren inquiry. There is a real concern that the industry has not developed an adequate

ethical base as far as the business promotion of its products are concerned, although the great human value of its research workers' attempts to find beneficial drugs is respected.

MIND (National Association for Mental Health) in 1991 launched a **People First - Right to Know** campaign as their research showed that 80% of people with mental health problems who are given drugs suffer from side effects, 60% were given no information as to their purpose and 70% were dissatisfied with their purpose and 70% were dissatisfied with their treatment in this respect.

A more recent in-depth study in the *British Journal of Psychiatry*, it is reported, showed that 64% of patients on the major tranquillisers suffer from tardive dyskinesia, a condition that leads to twitching, dribbling and slowing of function.

The situation in prisons and special security hospitals gives rise to even greater public anxiety, as vulnerable, unrepresented and dangerously sick people are sedated with massive injections, the recent Broadmoor case of the black patient, Orville Blackwood raising issues of racism as well as those of unwarranted social control.



The Evil of Elder Abuse

Perhaps the most worrying development has arisen in the institutionalisation of the care of the elderly, due to family breakup, single parenthood, and the rising economic pressures on those wonderful carers who have been struggling for years, at great personal sacrifice, with little public support, to care for their elders. Demographically, the older population is rising as the birth rate is falling, leaving its increasingly large segment to be maintained by decreasing numbers of young economic producers. In my doctoral research evaluating the contribu-

tion which mediation can make in resolving the early relational conflicts which often lead to elder abuse, I have to take account of the many differing forms that this can take, whether it be physical, emotional, psychological, financial, social - or pharmaceutical. In Britain we have not yet been plagued by the American phenomenon of "granny dumping", which *The Independent on Sunday* (5 January 1992) reported as reaching 70,000 cases a year. However, there is general concern amongst all the voluntary organisations which work for the aged that too many old people in institutions are excessively doped "to keep them quiet".

The best Registered Care Homes and Nursing Homes which I have visited have dedicated staff who refuse to contemplate this policy, but purposively work to help their residents lead active, creative and enjoyable lives, keeping carefully monitored drug administration records and using individual patient regulated pill dispensers monitored by specially trained staff. Nevertheless one whistleblowing care worker contributed a Practice Paper to the 1990 **Social Care Association Conference** in which she said that 92% of elderly people in institutions are on medication, 30% suffering serious side effects and that polypharmacy must be checked. She said: "The issue at stake is power. Clients using social services are at the bottom of a pyramid which consists of drug companies, psychiatrists, doctors and professionals." ⁽¹⁾ The Royal College of Nursing has now established a whistleblowers' helpline, so that the reporting of suspected abuse can be encouraged.

However, very little research has been done so far on the incidence and prevalence of the pharmaceutical abuse of the elderly, and Claudine McCreadie's excellent general exploratory study, *Elder Abuse* ⁽²⁾ points to the complexity of the issues involved. The distressing behaviour of some old people, especially those suffering from Alzheimer's Disease, makes caring for them very difficult and exhausting for carers, especially the very low-paid untrained people who are lumped with night care work. The difference between necessary and over-dosage sedation is acutely problematic in each individual case.

In America Long Term Care Ombudsmen are supposed to protect the interests of the elderly in the primarily commercially run rest homes. In some progressive States they are now being trained in mediation so that when they discover conflicts between staff, families and the residents about the appropriateness of the treatment being received, the issues can be dealt with constructively, rather than by the traditional American option of litigation, or even criminalisation.

Public Policy Concern

Perhaps readers of *Self and Society*, also concerned with social trends, will forgive me for these few brief paragraphs which David Jones requested from me, when the subject is so complex. We all seek to maximise personal freedom, commercial enterprise and professional competencies in the area of beneficial medication. We all want to prevent improper social control whilst encouraging

the appropriate social regulation of corruption, crime and abuse. So what public policies should be advocating to ensure that we do not suffer from iatrogenic pharmacy? How can we reassure the weakest and most vulnerable in our communities that they can seek personal growth and social harmony from childhood to old age in ways that are enriching and not dehumanising? Perhaps *Self and Society*, with its new commitment to exploring authentic transpersonalism, may lead the way in discussing these issues which are of crucial importance to the creative development of the self and society.

1) Reported in Care Weekly, No. 209, 20.12.91

2) McCreadie, C. (1991) Elder Abuse, Age Concern Institute of Gerontology, London.

THE SENOI DREAMERS

by Margaret Wertheim

Margaret Meade, one of the founders of modern Social Anthropology wrote a lot of rubbish about the Samoans based on her own projections about sexuality. Samoans were puzzled and hurt by this. It took years for Coming of Age in Samoa to be taken off the lists of required reading in Anthropology. John Wren-Lewis, founder of the AHP(B), sent us this article based on an interview with him and Ann Faraday. It pricks the bubble of another example of Cultural Abuse.

Most people, including scientists, are apt to accept the words of notable scientists without question, especially if they are enshrined on that altar of respectability, the PhD. Scientists, like everyone else, are human and make mistakes. Unfortunately the ramifications of such mistakes can be difficult to rectify. An example of this was brought to light by two English researchers in Australia. It is a remarkable story of how a fallacy can become so entrenched that neither the public, nor scientists, want to see it refuted.

The story begins in 1970 when a psychologist, Dr Charles Tart, edited a book *Altered States of Consciousness*. It contained a series of articles by highly respected researchers about different states of consciousness including drug-induced states, hypnosis, meditation and dreams. Contained in the book was an essay called "Dream Theory in Malaya" about a Malayan tribe, the Temiar Senoi, who were able to control their dreaming. It had been written in 1951 by a relatively unknown psycho-analyst Dr Kilton Stewart.

Largely on the strength of this article the book sold fantastically well. In fact it did a great deal more than that. All over the United States, especially on campuses, Senoi dream groups began springing up to practice dreaming "the Senoi way". Kilton Stewart's article on a primitive Malayan tribe captured the imagin-