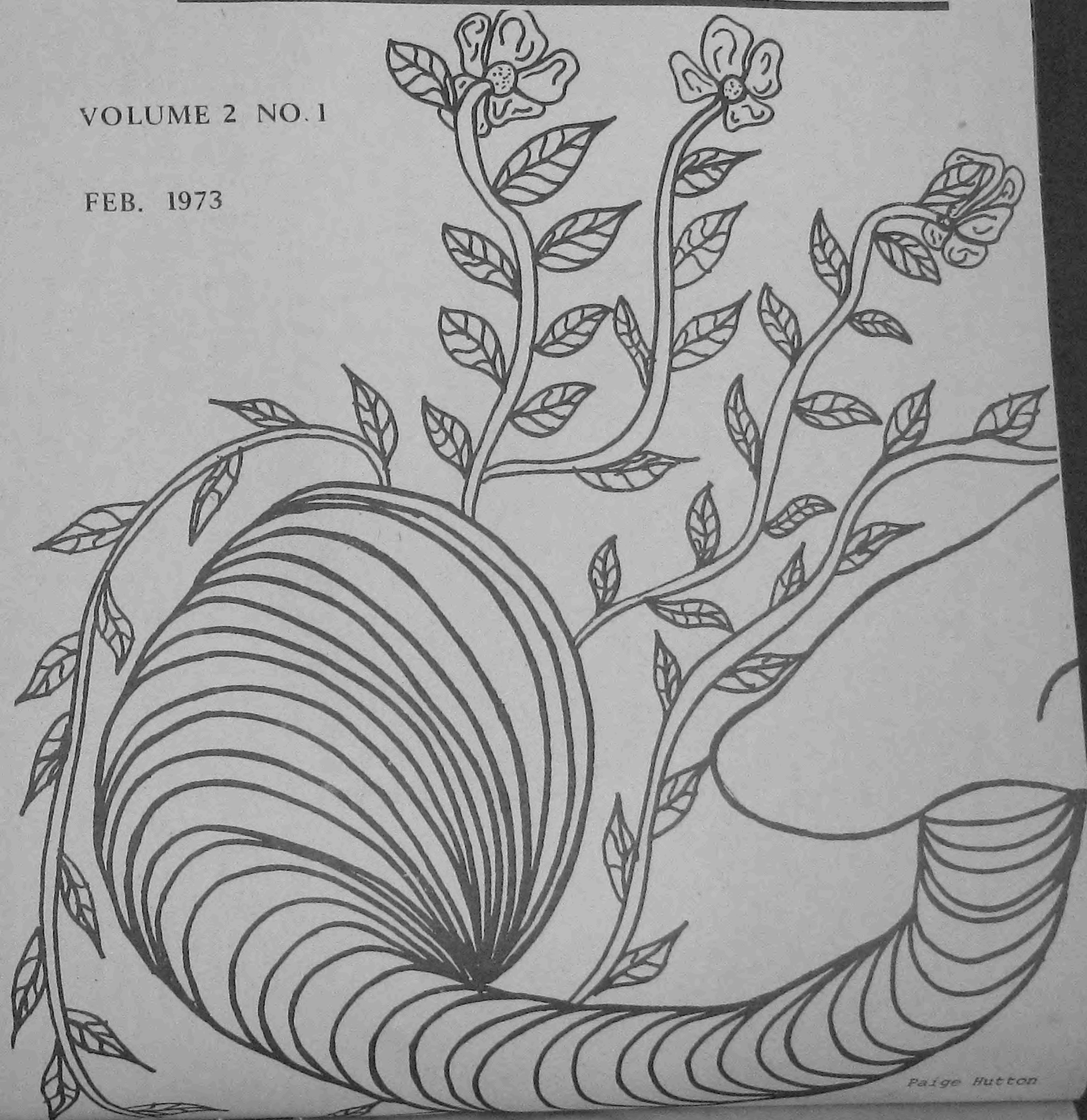


IN A NUTSHELL

VOLUME 2 NO. 1

FEB. 1973



Paige Hutton

Drop-in Centre MOVES !

During the first week in February the Drop-in Centre is moving to a new address:

1982 - W 6th

This is the former location of the West End Residence. Most MPA activities during the move have been disrupted, but by the time this newsletter reaches you, everything should be back in operation again.

The residents of the West End are moving to the new MPA house at Burrard and 11th.

Phones at the Drop-in Centre are being changed over and will be inactive for a few days. By February 3rd they should be working again and the numbers will remain the same.

Making two moves at the same time will involve a lot of chaos which will probably continue for a little while. If you have any time to help with the setting-in process, it would be most welcome.

Contact Karen or Dave at the drop-in Centre is you can volunteer some time.

See you at the new address!

STAFF THIS ISSUE:

Dick Betts Terry Haughian
Kathy Carney Earl Kranz
Joyce Crawford Hillary Phillips

IN A NUTSHELL can always use staff, people to help with typing, layout, editing, proof-reading, all the tasks that go along with putting out the paper. If you would like to help and learn newspaper skills in the process contact Terry at the Drop-In Centre.

We get many requests for subscriptions to IN A NUTSHELL. At the present time we have no fixed rate for this but any person who is able to contribute towards the costs may do so. Anything people can afford would be great. IN A NUTSHELL is free to all people incarcerated in hospitals and to all hospital staff as well as MPA members or anyone else who has been in hospital. All movement and community service grassroots organizations can get the paper free. Write and tell us who you are and where you are staying.

IN A NUTSHELL is the official publication of the MENTAL PATIENTS ASSOCIATION. Our address is 1982 West 6th Ave., Vancouver, B.C. The telephone number is 738-5177.

SHRINK EXPOSES RIVERVIEW

The following is a verbatim transcript of a three-way phone conversation between a Riverview psychiatrist, an escaped "patient" and a friend of the escapee. The transcript itself is an incredible document which strips away any benign illusions one might have about institutional psychiatrist-patient relationships.

Even on paper it is impossible to miss the arrogance, insensitivity and punitiveness which permeate the psychiatrist's attitude toward his "patient". His intonation is reminiscent more of an army sergeant than a "healer of the sick".

Almost every time he speaks, the shrink uses threats and intimidation to coerce the escapee back into captivity. Far from irrelevant is the use he makes of existing political-legal machinery (the police, the Mental Health Act, the Immigration Department) to browbeat his victim. Of course, these threats are hardly idle.

The indifference shown toward the "patient's" welfare is too blatant to require comment. Note that the psychiatrist interrupts him 7 of the 14 times he tries to complete a sentence.

Briefly, the history behind the situation is as follows. Two months after Frank had arrived in Canada from his native Denmark, he was committed to Riverview against his will for "acting inappropriately in a public place". No criminal charges were involved. Before escaping he spent eight months in the institution, never at any time believing he should be there.

During his incarceration he had no friends in Canada and spoke English poorly. (You'll notice that on the phone, his fear of deportation is milked for all it's worth by the psychiatrist.)

The following conversation lays bare the political realities behind the mental health industry, in which psychiatrists such as this one act as judge, jury and jailer.

TRANSCRIPT OF PHONE CONVERSATION

Escapee: Hello.

Psychiatrist: Yep.

Escapee: This is Frank Bergman.¹

Psychiatrist: Uh-huh

Escapee: I would like to know when I will get discharged from Riverview.

Psychiatrist: Well, you're on escape right now. There's a warrant out for your arrest.

Escapee: Well, I don't want to go back there as a patient, you see.

Psychiatrist: Well (laughs), that's too bad, isn't it?

Escapee: Yah, I know it is bad, but uh . . . (interrupted)

Psychiatrist: The police will pick you up if you don't come out yourself.

Friend: Dr. Warding?

Escapee: Uh, could you speak to my friend, Dick Evans?

Psychiatrist: I've been trying to get ahold of him.²

Friend: I've known Frank for about two weeks now, and I would like to help him to be discharged from the hospital.

Psychiatrist: Well, he can't be discharged till he's brought back here. I've been trying to get that through his head, and he left without permission. The Mental Health Act states that we have to put a warrant out for him because he's out without authorized leave. And there's a little matter of Immigration that has to be cleared up. And unless he comes back, he's leaving himself wide open for trouble.

Friend: Well, it's going to be very hard to convince him to go back, I think, under the present conditions. And what I would like to know is how I could help him.

Psychiatrist: Bring him back.

Friend: I cannot bring him back; he's bigger than I am. I feel that I have a lot of resources to help him and I would like to. I'm willing to help him find housing, and he can stay at my house while he's looking for . . . (interrupted)

Psychiatrist: That's fine, but he's still got to come back here.

Friend: What I would like to know is: If he does come back under these conditions, would he be immediately discharged?

Psychiatrist: Within a few days, yes.

Friend: He would have to be in the hospital for a few days?

Psychiatrist: (Irritated): There's a lot of paper work that has to be gone through. He did this all himself, you know.⁴ He didn't live up to his bargain, and so we had to go through the proper channels. Now it has to go all through the proper channels to get it all undone.

Friend: Meaning that he would have to spend a few days in the hospital?

Psychiatrist: Till I get things cleared up for him. Yes, I've told him this time and time again.

Friend: Frank, how do you feel about that?

Escapee: Well, I have been waiting such a long time, so I don't know what I feel . . . (interrupted)

Psychiatrist: Well, make up your mind. You won't be able to do anything 'cause there's a warrant out for you.

cont. on page 2

WOMEN AND MENTAL HEALTH

The 1970 statistics on persons (age and sex) admitted to mental health facilities in B.C. tell an interesting story. I suspect the statistics substantiate a familiar social drama.

More men (6000 in 1970) were admitted into hospital - both voluntarily and involuntarily - than women (5571 in 1970). Until age 25 the men have the edge in the race no one should win. After age 25 the number of women admitted into mental health facilities increases dramatically. In the 25-44 year age bracket there are 1563 women as opposed to 1372 men. Yet adding up all the age groups before that point men outnumber women 2815 to 1804 or by 1011. You'll see by looking at the table that women continue to outnumber men in the last 4 categories 3767 to 3175, or by 692, close but a hell of a jump from being outnumbered almost 2 to 1.

What happens around the age of 25 to women that doesn't happen to men that would put more women in hospital?

Well for one thing most people who are going to get married do so by age 25. Most women become housewives while most men embark on careers or take jobs. Most men establish themselves, however tenuously, within the economic system. Most women remain alienated from it to face housework and children they may or may not want. While men define themselves at this stage as

more or less mobile elements in society, the home and its usually stultifying atmosphere becomes the frame of reference for a woman's life.

In other words what the statistics seem to indicate and what experi-

ence seems to substantiate is that many women wind up in hospital because they can no longer handle the demands of the home. Somehow a woman decides, consciously or unconsciously, that she no longer wants the role of housewife and mother forced upon her.

So she 'freaks out' and winds up in hospital. Since 66% of all admissions are readmissions (Riverview) chances are she'll be back again several times throughout her life. The road of despair leads from her home, where the problems originated, to hospital, where they are not solved, and back home again where she remains a slave. It's a familiar story and most of us know several people to whom this has happened.

What about women who don't marry? After all, this is a more permissive society; women have more equality now than they did, don't they?

Of course these are myths. Most people still marry but women who don't are subjected to economic pressures and life-styles that single men, if they are employed, seldom experience.

Single women earn \$100-\$200 less per month than single men. Their

mean income is about \$250 gross per month. Most jobs for women place them in a direct slave relationship to men: secretaries, nurses, flight attendants (these are the more "glamorous" jobs supposedly). A male worker, exploited as he is, still has social freedoms a woman doesn't have. It is social and economic pressures which put people in mental hospitals. Easily 85% of the people in public mental health facilities are working-class or poor people. These people feel these pressures more than the middle and upper classes.

Another obvious point is single women can become pregnant. The life of a single mother is full of constant social and economic pressures. She is either on welfare or works during the day and looks after her child at night paying for day-care and/or babysitting.

One could continue at length on this basis but one insight does clearly emerge along with the facts. Women are subject to more social, economic and hence, psychological forms of oppression than men. If they are not, then the statistics mean that women have less control over whether or not they can avoid hospitalization. It may be that husbands feel freer about committing their wives or urging them to commit themselves than wives feel about doing the same to their husbands.

- Dick Betts

TOTAL ADMISSIONS BY AGE & SEX IN B.C. FOR 1970

	TOTAL	AGE GROUPS							
		0-9	10-14	15-17	18-24	25-44	45-69	70-80	81 over
MALE	6000	747	864	460	754	1372	1145	389	269
FEMALE	5571	326	403	407	668	1563	1319	458	427
TOTAL	11571	1073	1267	867	1422	2935	2464	847	696

from page 1

Escapee: Uh, about the Immigration people. I phoned them and they said they had no interest in the case because I hadn't done any criminal . . . (interrupted)

Psychiatrist: Well, make up your own mind, Frank, whether you're coming back or not, but you'll be picked up by the police anyway.⁵

Escapee: Could I ask one last question?

Psychiatrist: Yes.

Escapee: You know the Immigration people. I . . . I phoned . . . (interrupted)

Psychiatrist: I looked after that too.

Escapee: I phoned them . . . (interrupted)

Psychiatrist: (Impatiently): I know all about this.

Escapee: . . . and they said to me that I should go back . . . (interrupted)

Psychiatrist: (Very annoyed): Look, Frank, you've got to come back here and go through the paper work to get discharged. Now that's the last time I'm going to tell you.

Friend: Dr. Warding, do you guarantee that he'll be discharged within . . . (interrupted)

Psychiatrist: (Emphatically): YES!

Friend: . . . two or three days? Do you guarantee that?

Psychiatrist: YES!

Friend: If he comes back?

Psychiatrist: He's got to come back

Friend: And then he'll be discharged in a couple of days?

Psychiatrist: It's the only way I get the warrant cancelled.

Friend: I see.

Escapee: Okay, I will come back. (Doctor slams the phone down as soon as the word "back is spoken")

In fact, Frank did not go back immediately because there was no guarantee he would be released. He had been lied to before.

He first contacted a lawyer, who also phoned the psychiatrist. With

this much pressure on him, the psychiatrist agreed that Frank would be immediately released if he returned to sign the all-important papers. Frank returned with his friend and was released on the spot.

For years Riverview has been violating civil rights, safely out

cont. on page 3

from page 2
of the public eye. Pressure is now mounting against the daily practice of involuntary commitment.

If you or someone you know is being held involuntarily in a mental hospital, it's usually possible to get out by having a lawyer threaten to take legal action on behalf of the "patient".

Names and numbers of sympathetic lawyers can be obtained by calling the Mental Patients Association, 738-5177.

STAND UP FOR YOUR RIGHTS!

- Jules Jonas.

¹All names are changed to protect the oppressed.

²Evans had tried unsuccessfully to reach Warding 7 times in the previous five days.

³There's an important lesson to be learned here. Although Frank had been trying to get himself discharged for 8 months, it was only when a third party intervened that release became possible "within a few

days." This is mainly because Riverview is a can of worms, and they would rather avoid trouble and possible publicity than risk having the lid blown off, in a court case, for example.

⁴Well, you don't expect your jailer to liberate you.

⁵R.D. Laing would have a field day with this sentence.

Donations

The Drop-in Centre started some new projects and I was asked to see if I could get some kind of discount or donation for our lino blocking class. The response was great!

I would like to thank Mrs. Oliver of MacEwen Arts, 432 Homer for her donation of a tool kit for carving the lino blocks - to the tune of approximately \$10 - and for her offer of any out-of-date goods or damaged but still usable materials, and the 10% discount she gave me on the rest of the materials I bought there. I found her very helpful in giving me information on where to get the things that she did not have in stock.

I would also like to thank Behnsen Silk Screen Supply Ltd. for their 10% discount and more pertinent information.

Mr. Malkin of Holt Glass donated the 3 sheets of glass we needed and it is being well used.

Also I would like to thank the people at Madsen's Carpet and Linoleum Ltd.,

3302 Main St. for the lino they practically gave us and the calendars - they

sure help me keep track of my schedule, if that's what you call it.

I guess the main message I wanted to get across was that I am so happy about the positive replies we have had from so many people since I have been here. I'm not the only one who found this response and I hope we can continue to have such good relations with the various firms that can afford to donate or give us discounts.

- Donna Reynolds

Housing

A chronic problem I've been running into is housing for people with limited financial resources who have just come out of the hospital or have been drifting around since last

being in the hospital. A room by oneself can be pretty lonely at times. Communal set-ups can be nice, but finding compatible people is a problem. Suites are expensive. Consequently I ask that people who can provide pretty stable living surroundings and are willing to provide low room and board rates and willing to give that extra care and patience to these people, contact MPA. We at MPA cannot guarantee that things will always go smoothly. You must be willing to accept some responsibility for the people coming into your homes. Our goal is to act as a liaison by providing a list of caring people who could be called upon to provide not only cheap accommodation, but also needed support for ex-patients. If you can help or know of someone who could, please call me at the drop-in centre.

Karin Joeveer

Kinsmen Mothers March

The Kinsmen funded MPA last year and will probably do so for another two years. They've helped us and now they need our help. The Mothers March collects money to serve the physically and emotionally handicapped - one of the most neglected and oppressed minority groups in our society. Contact Patsy Craig at 736-8841 before February 1st.

health, so I do a lot of reading.

I am a student at Calif. State University, Fresno, and try to get these ideas across when I write papers. I will be graduating in June with a B.A. in Social Welfare and would love to move to Canada, especially Vancouver. I hitched to Vancouver and through Canada last summer and just loved it. I feel a great need to get out of the U.S. I would greatly appreciate it if you would let me know of any jobs in Vancouver. I am not interested in money. The MPA sounds exactly like what I am looking for. At any rate I would be interested in visiting your organization sometime in the future.

Thank you,

Bonnie Barrows

Fresno, California



To the Members:

I read your fine article in the November issue of ROUGH TIMES and thought you would be interested in the enclosed new issue of MADNESS NETWORK NEWS and a reprint of an article I wrote, "Was Jesus Mad?"

As a former psychiatric inmate, I am starting an organization in the San Francisco Bay area to focus public attention on

and fight against involuntary mental hospitalization and the abuses of Institutional Psychiatry.

I would greatly appreciate any comments, ideas, articles, and papers on forming such an organization and on the above-mentioned subjects which you think might be helpful.

My best wishes for success in your work.

Yours truly,

Leonard Roy Frank

San Francisco, California



Dear Editor:

I am a nightwatchman, member of MPA, and admirer of your paper. Attached pls find a few lines with which you are welcome to fill any likely-looking hiatus.

I am glad that we have MPA. After all, what's a neurosis without a place to go.

Hope I can be of some use.

Yours respectfully,

Jim Hamilton

Burnaby, B.C.



editorials



f----!

Faithful readers of the Nutshell will have noticed in the last issue that four-letter words appeared for the first time. There has been discussion within the group and feedback from outsiders that the obscenities were disturbing to some readers.

We feel the criticism is mostly warranted.

The newsletter is read by a wide variety of people. Considering the real social goals of MPA, the issue of profanities is too trivial to have it detract from our far more important objectives.

This is not to say that we have anything against obscenities. Often they give vent to very valid feelings of anger and rage..

The question here, however, is how and when obscenities ought to be used. And relatedly what is the purpose of the newsletter?

In these pages we try to communicate those ideas which we believe to be valid. We want the support of readers, especially of patients and ex-patients. To lose that support over something so irrelevant as four-letter words is only self-defeating. Differences of opinion about obscenities is surely secondary to the beliefs which unite us -- the desire to improve the lot of mental patients and to eradicate the oppression we have all suffered.

So, to those offended by the obscenities in the last issue, we apologize.

To those offended by the new policy, we invite you to come down to the drop-in centre and swear your **!&?*! head off.

- Lanny Beckman

freedom

This article is mainly about freedom. The freedom of speech, the freedom of the press and the freedom of political action as they apply in the MPA specifically towards drop-ins, our minorities and the use and abuse of four-letter words.

To begin with drop-ins first, I must admit that the bulk of our mem-

bers are not exercising their voting power at the general meetings. Our meetings consist of 15 co-ordinators, about 10 to 15 drop-ins and a scattering of 5 or so residents from our houses. We have a weekly turnover of approximately 75 drop-ins. Some come weekly, some daily and some 2 or 3 times a week. All these people have the same voting rights as any other member in the MPA (that includes our illustrious co-ordinators. Why do we not tempt them to use their voting power? One reason may be that the bulk of drop-ins come to the house not to become involved with the total community but to simply make friends. This is a worthy enough reason except it means the MPA is run by a minority instead of a majority. This is not a healthy participatory democracy. More people should be exercising their freedom of speech at our meetings so that a ruling clique does not develop.

Speaking of minorities, we are confronted with a decision about our minorities of one. One of our members was barred a year ago for an indefinite period. He now wants to come back. He hasn't changed much nor will he when he comes back. However we are confronted with a decision that in a sense reflects our position as an organization as well as measures our tolerance. In the past we have found it necessary to ban some people from the drop-in centre. As an organization we have failed them as well as they failed us. This is to be expected. We can't help everyone. Nor can we appeal to everyone. So that brings us to the point of who we are going to help.

The last issue of In a Nutshell contained some words like fuck, shit etc., and some people disapproved. They prefer to censor these word realities. I don't think we should do the same in our newsletter. Word suppression is just class oppression in its most malignant form.

Nice words like intercourse or feces are the tools of bourgeois snobs. It helps keep a thin line between people and encourages class distinctions. Let's hope we don't become blind to this in our paper. also, rough masculine language is part of the lower classes and watered-down gentlemanly language is part of the middle class. Censoring in this context is nothing more than class oppression which buttons

our freedom of speech. Censoring "dirty" words in our newspaper would be a censoring of freedom of the press.

Some conclusions to be drawn are:
1) our efforts to bring changes should be focused towards the lower classes. It is them who most need our help. 2) most of our drop-ins come to meet girls, make friends, blow off steam - in a word they come to play rather than work. Maybe a way to mix work and play would bring more members to our meetings and help lessen the split between our members and workers.
3) a vote by proxy has now been allowed at our meetings. This could be a great tool at the meetings for drop-ins. If you have a specific beef about something on the agenda but can't make it to the meeting, get a friend to vote for you. 4) maybe co-ordinators can make a bigger effort to be friends with the drop-ins. Not just between the hours they are at work but in their leisure time as well. For example, how many co-ordinators have established friendships with people who come to the MPA? There is a slight difference here between paid people and people that could be ugly if it is allowed to grow.

- Earle Kranz

letters



Greetings:

I would greatly appreciate your sending me a copy of your newsletter "In A Nutshell" -- also, if possible, any other information you might have on any of the various mental patients action groups, etc. If this is not possible, perhaps you could let me know where I could procure any such information.

Unfortunately, at the present time I am an inmate here at Jackson State Prison and I am finding it extremely hard to find any such information. The reasons for this are not so much because of the prison's security but because of a lack of knowledge on my part of where such info can be obtained.

Any assistance you might be able to render would be immensely appreciated.

I thank you,

Ernest Webber
#128351

P.O. Box E
Jackson, Michigan, 49204

East End

MPA's principle of self help is discussed with each person as they come into our house. We talk about helping people "develop coping abilities in the activities of daily living. Some of our residents over the past year have devised marvellous ways of coping with the self-help principles.

The person who comes in from an afternoon at the Drop-in Centre has to cope with a large pile of dishes and old coffee grounds left over from the self-help lunches the others have made before starting on his/her turn to make dinner. One way to cope with the preparation of a "well-balanced" meal is to cook up a big pan of scrambled eggs and let everyone help themselves.

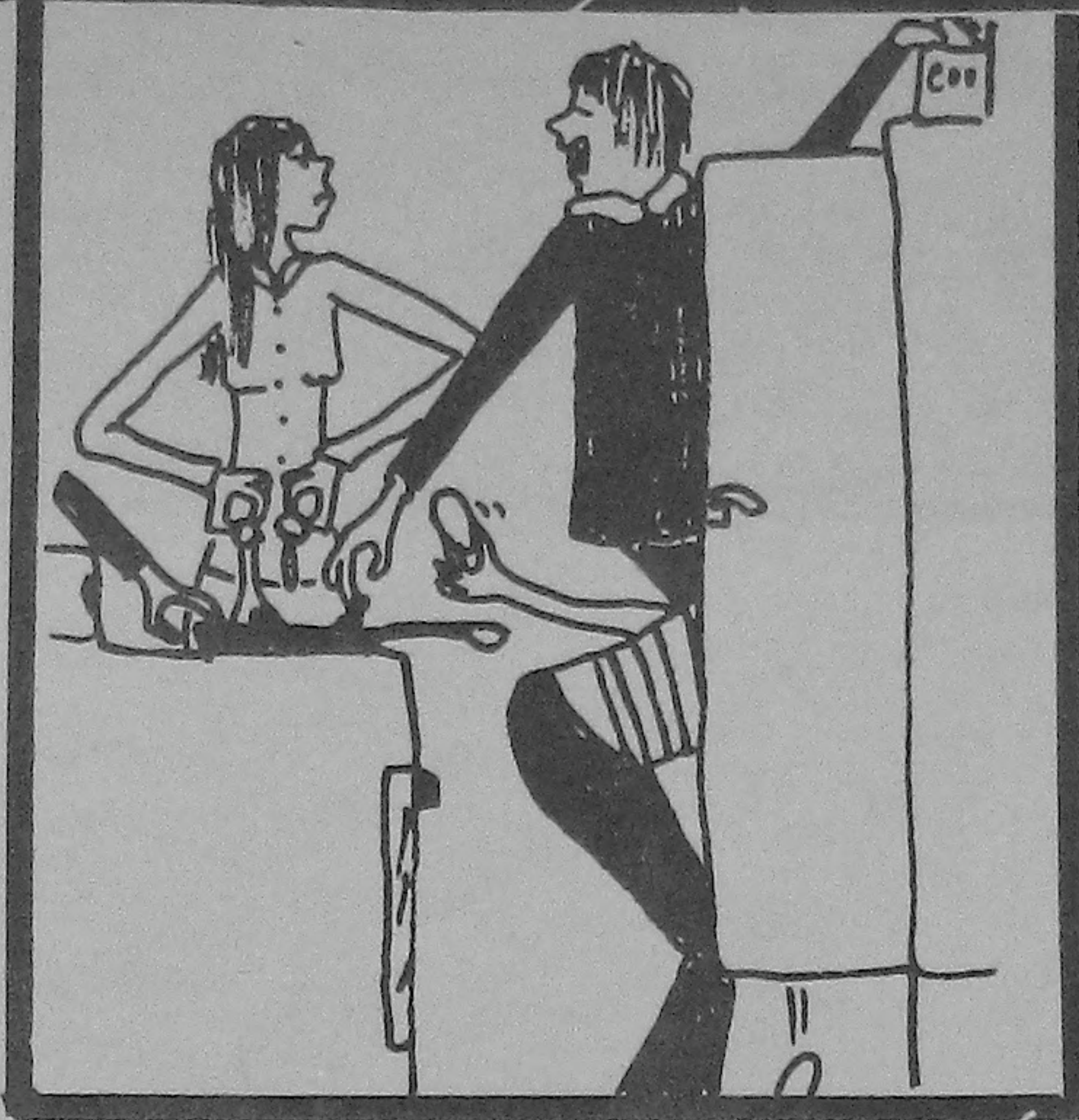
You wouldn't believe the number of therapy appointments, visits to sick friends and sudden ailments that occur on Thursdays--the day we help the Tillicum Food Co-op to get experience in coping with food buying.

Then there's the real heavy of coping with all that money left over from the welfare cheque after room and board has been paid. One way is to go on a one-shot spending spree. Spree might be overdoing it a bit. There's not that much money left over but it does help a person cope with the problem of spinning it out for the next thirty days. This leads to another form of self-help - bumming cigarettes and bus fare for the rest of the month which can be a full-time activity.

ELECTION!

Laura is leaving us. Too bad for us. We tried to talk her out of it, but she needs a rest. Sooo...there will be an ELECTION on February 14th for a new Office Co-ordinator. Any-

one who feels up to working in a chaotic office, should talk to Laura or Karen at the Drop-In Centre by February 13th. Either of them can tell you what the job involves and make sure that your name is on the ballot for the election.



When some of our residents decide to leave our self-help group one way to do it is in a fit of snit. That way the bed can be left with dirty sheets and stuff. Even belongings are left for the others to pack and send on.

Why is it so difficult to live by the principles of cooperation and consideration for others?

Is what we do at MPA where the problem lies? We do make people's decisions for them at times. We do fall into the trap of designing activities and programs for people rather than with them. It's easy to become committed more to our projects than the people they serve. In spite of our shortcomings, there is a chance for our members to participate in decision-making, to criticize mistakes or attitudes to get involved and to expect help and consideration during that involvement.

Of course, both we who work at MPA and those who live in our residences have a legacy of negative learning from our hospitals. In the hospital people are housed, fed, told what is good and/or bad for them. Most have no idea what their medication or treatment is doing for them. Often they don't know its name or even the name of the guy who ordered it. Any cooperation learned is done in the spirit of outwitting the system. When a person decides to try for a discharge he quickly learns consideration for others. He considers being productive in O.T. He considers taking his medication and treatment without protest. He considers joining all the activities and therapy groups designed to indicate when he is "getting better".

What has anyone learned from this hospital experience that will help him in a democratic, self-help community? Sweet bugger all!

People coming into our houses find themselves with a choice -- to pitch in and be responsible or play the hospital game. For those who continue to play the hospital game, criticism brings retaliation.

It's better not to say anything.

Taking on a job leaves one open to failing.

It's better not to do anything.

Being concerned about what's happening with someone else leaves one open to fears that it might happen to oneself.

It's better not to feel anything.

This, unfortunately, is the route back to the hospital.

Any group living on a sharing basis has problems getting together on dishes, shopping, cleaning and whatever. Games people play to survive in a paternalistic, autocratic hospital can be relied on to foul up a community situation. This goes for people who have either worked in or lived in such institutions.

What can we do to help people to unlearn the legacy of hospital teaching?

We can challenge the playing of games. We can give others the right to express dislike for us without angering themselves. We can question those who through self-deception or out-and-out fraud attempt to trick us into co-opting decision-making. We can refuse to get our jollies from taking over people's lives and get our satisfaction from working together.

Fran Phillips

Hospital Visiting

Went out to Riverview on January 11th. Gary to see his brother; Lloyd, Sue, Patty, Howard, Earl and I to see Bob, Gerald, Ed and anyone else we could.

"We could" are the operative words. We got to see Bob after half an hour or so getting accredited at the information desk, signing in, getting information, etc. Gerald was in I.C.U. (Intensive Care Unit), no visitors allowed, doctor's orders, no further explanation.

Ed was in Riverside. We are informed that visiting hours there are non-existent Monday, Wednesday and Friday; 7:00 to 8:30 p.m. Tuesday and Thursday, and on Saturdays, Sundays and holidays - 2:00 to 4:00 p.m. Unfortunately, it was about 3:00 p.m. Thursday. Amazing how easy it is for some people to get into hospital, how difficult for others. Be really fine if patients could decide for themselves if and when they can have visitors.

Bob was in good spirits and gaining some weight. I visited some staff from my own sojourn in Crease. They wanted to know was I there for a haircut, how'd I gain so much weight and what's with all the four letter words in the last Nutshell. Didn't comment on any of Lanny's statistics re: involuntary commitments or readmissions to hospital though.

This has turned out to be sort of a half-assed report rather than what I had intended originally, personal recollections and impressions. Maybe next time. Oh, yeah, for those old staff members of mine - *X\$%#&!!!@#\$%&*!

Love,
Dave Beamish

P.S. If you want to visit Riverview and avoid the expense and tedium of the bus, we leave the drop-in centre every Thursday at 1:00 p.m.

Farm

FARM REPORT

People are coming visiting and some are staying. The farm doesn't seem nearly as isolated. We have an opening for one woman and we are working on getting her.

We are starting cottage improvements (expansion facilities for four additional people) until we get the landlord to sign our lease.

We still have most of our chickens clucking, (Warren and Mike see to that), two calves mooing (Jamie feeds them fondly) and Mike's horse roaming. Sharon sees that our laundry blows in the breeze and Dave remains helpful.

Mike has started up a voluntary gestalt group. I am renewing contacts with surrounding community services.

Patricia Morrison

Transport

More big news in the transportation section. The B.C. Government is buying us a "New Bus".

So far the transportation has been going pretty well with the van the MPA bought. The Farm Trip happens every Friday, leaving the drop-in centre at 10:30 a.m. Hospital visits to Riverview happens every Thursday at 1:00 again leaving from the drop-in centre. Transportation is also provided for other one shot events and activities. Check the activities list for more information.

Lloyd Howarth

the sensuous woman

one hand caressing the electric machine
she masturbates
her thousand nightly words
a masterpiece of How-to...
by J.

turned-on new electric
J...
vacuous soul
locked forever in an empty waiting room.

- Moira Ek Dahl

Research

The main activity of the research committee (or political committee) has been working on MPA's new, improved Mental Health Act.

We have had meetings with lawyers, especially Dale Carr-Harris and Sid Filkow, both of whom have given a lot of time and effort to MPA activities. We want to make sure that our proposed Act gives mental patients adequate protection and rights. We want to iron out any inconsistencies and close any loopholes so that if the NDP government accepts our ideas there will be less chance that a new mental health law will allow the abuses that now occur.

Michael Jackson, a professor of law, and his Law and Psychiatry class at the UBC Law School have offered to go over MPA's mental health act to work out possible flaws in it and to provide information (such as legal precedents and other existing mental health law) to support MPA's position. Dick Betts, Pam LaFreniers, Franc David, and myself have already met with the students and their work is proceeding.

The research committee, Dale Carr-Harris and Sid Filkow got together and discussed what we could do if an MPA member or a mental patient was arrested. We have worked out some procedures and are still looking into this. We hope to have an information sheet on what to do if you're busted and crazy to pass out to people.

Dale took on John Butler's case after he was arrested (John is an old MPA member). Dale and Sid discovered all kinds of things about the law that they and most other lawyers never knew. For example, it seems that the Cabinet has the power to order anyone into a mental hospital if they want to. A psychiatrist doesn't even have to examine you. They are still looking into this. Because of what has happened with two legal

cases we have had in the last three months, it seems unlikely that people will be thrown into Riverview and Riverside as easily as they have in the past. We are winning slowly, surely, and with a lot of frustrations. Riverview and the Prosecutors Office have things smoothly arranged between them and they don't like to take the trouble to allow mental patients their rights, but we are beginning to make them take the trouble.

-Gerald Beroldi

hope to achieve some results in these frustrating areas.

(The melody to Promises, Promises just flashed thru my mind.)

Thanks to all volunteers, drivers, phoners and general doers who have helped me at MPA.

Karin Joeveer

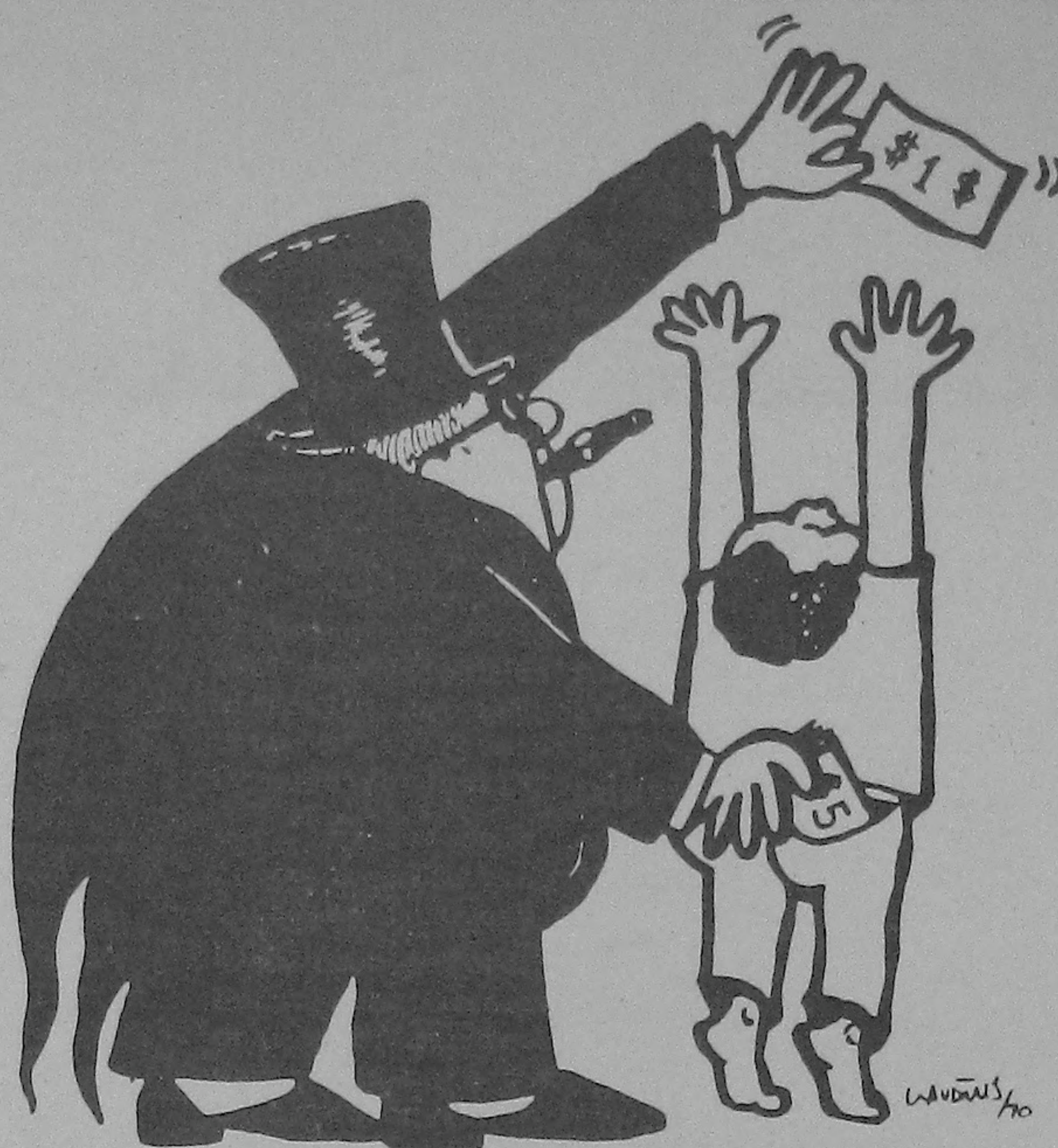
Drop-In

Ain't no such thing as a typical day at the MPA drop-in centre. That's something I quickly discovered. I hope all have borne with me, as a novice to this organization. Its been exhilarating getting to know everyone. Its just the beginning as there are probably many more of you that I have yet to meet. Come forth and introduce yourselves!

Much time has been spent trying to make the drop-in centre a cosy place to be. My feelings about moving are mixed. In the short time I've been here the place has gotten to feel comfortable and familiar. However, for those of you who have felt the need to escape to some quiet sanctuary, the new drop-in centre at 1982 West 6th Avenue should provide this and other improvements space-wise.

Speaking of improvements its a new year and since there'll be a new place, we would welcome some new ideas. We want you to enjoy your drop-in centre and if there are things you would like to see happening at the centre please tell us (myself, Dave Beamish, Barb Bussigel, Patty Servant, Lloyd Howarth--take your pick) by phoning us at the drop-in centre or nabbing us anytime you're at the centre.

Efforts at finding half-decent reasonable accommodation and job placement have been sporadic. However, with the assistance of people like Pam LaFreniere, who has volunteered her time towards informing people of any possible vacancies at the residences, farm or other living situations, we



POVERTY AND CAPITALISM

Let's face it, people, Canadian society - as all Western societies - is based on Capitalism. This means that "as long as our economy is dominated by monopoly capitalism or any other form of such enterprise, and our society is permeated by values of personal gain, the primacy of private property and the protection of the wealthy, a great deal of poverty will be inevitable. Moreover, the continuity of our present economy in Canada necessitates, so it seems, a certain amount of unemployment, low wages for certain regions and work groups and a variety of measures to limit the socio-economic power of the unskilled and semi-skilled masses. For if you remove the threat of poverty, i.e. of economic want, and if you eliminate social deprivation and inequality, you would remove most of the incentive which keeps the masses in an industrial society faithfully tending to their bleak and unsatisfying but technologically necessary grind."

Unfortunately, this quote, taken from Poverty and Social Policy in Canada, expresses the prevalent attitude of middle and upper class Canadians towards the poor and "is achieved only by outrageous violence perpetrated by human beings on human beings." (F.D. Laing) Also even the poor have internalized the destructive stereotype that a certain amount of poverty has to exist for a dynamically operating society with the result that they rather play along with their oppressors instead of openly rebelling against them.

Since it is in the best interests of the middle and upper classes to keep the poor in their place, the consequences for them are tragic. Unfortunately, society, with psychiatrists, psychologists, social workers, politicians etc. on top of

the ladder of social control, has brainwashed the poor into believing that their poverty is solely their fault and that everybody in this golden country has an equal opportunity of making their dreams come true. As a result the poor strongly identify with their oppressors and become more alienated from their own group. Alienation usually accompanied by a deterioration of social relationships, a weakening of friendships within the community, a high proportion of broken homes, low esteem for learning and low expectations of stability and advancement in occupations. The resulting attitudes are of defeat, pessimism and powerlessness. And we all know the next step: so-called mental illness, and incarceration in mental institutions.

Some people even have the nerve to argue that the poor as a class do not exist. This is to argue against reality. I disagree strongly with John Porter's thesis in The Vertical Mosaic that "it must be remembered

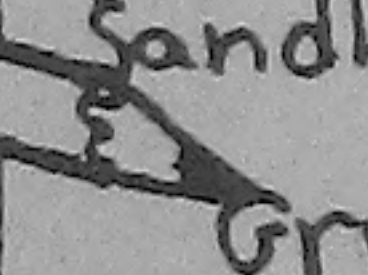
therefore, that we are talking about artificial statistical groups which do not have any life of their own or any coherence referring to classes as being artificially created by social investigators for the purpose of analytical investigations. I think this argument becomes completely meaningless if we consider that

even the Economic Council of Canada found in 1971 that "at least one Canadian in every five - more than 4 million people - suffers from poverty. The Council has estimated that all families and individuals who spend more than 70 per cent of their incomes for food, clothing, and shelter are 'poor' in the sense that they cannot afford many of the things regarded as basic to a decent standard of life in this country."

Now, I feel, the sooner we are able to identify with and accept

social facts such as the existence of the poor, the working class and the wealthy, the faster we will discover the structure of inequality that exists within them and the faster we can take action to do something about it. Only by accepting the fact that we are mental or emotional patients, by identifying with this fact and by banding together gave we gained some strength and power. To better our intolerable living conditions we have to organize and take action on our own behalf. Nobody else will do it for us. Only in that way can we ever hope to improve our situation and to work towards the abolishment of the class system, which is the utmost perversity of capitalism.

- Ursula Honold

Sun	Mon	Tues	Wed	Thurs	Fri.	Sat
2:00 Creative Writing 4 7: Bridge 	8:00 Tom Sandborns Group 5 	noon Business MTG 6  8:00 male-female Discussion	7:11:30 ? 	8 11:30 Activities MTG 1:00 Riverview visit 8:00 Politics wite	10:30 9 FARM Trip 8:00 Films	1-3:00 Theater Group 
2:00 creative Writing 11 7:00 Bridge 	8:00 Tom Sandborns Group 12 	noon Business MTG 13	14 7:00 Pot Luck Supper  General MTG	15 11:30 Activities MTG 1:00 Riverview visit 8:00 Politics wite	16 10:30 Farm Trip 8:00 film.	17 1-3:00 Theater Group 
2:00 Creative Writing 18 7:00 Bridge	8:00 Tom Sandborns Group 19	noon Business MTG 20 male Female Discussion	21 ? 	22 1:00 River view visit 8:00 Politics	23 10:30 Farm Trip 8:00 Films	24 1-3:00 Theater Group
2:00 creative Writing 25 7:00 Bridge	8:00 Tom Sandborns Group 26	noon Business MTG 27	28 ? 	THIS IS FOR FEBRUARY		