



in a NUTSHELL

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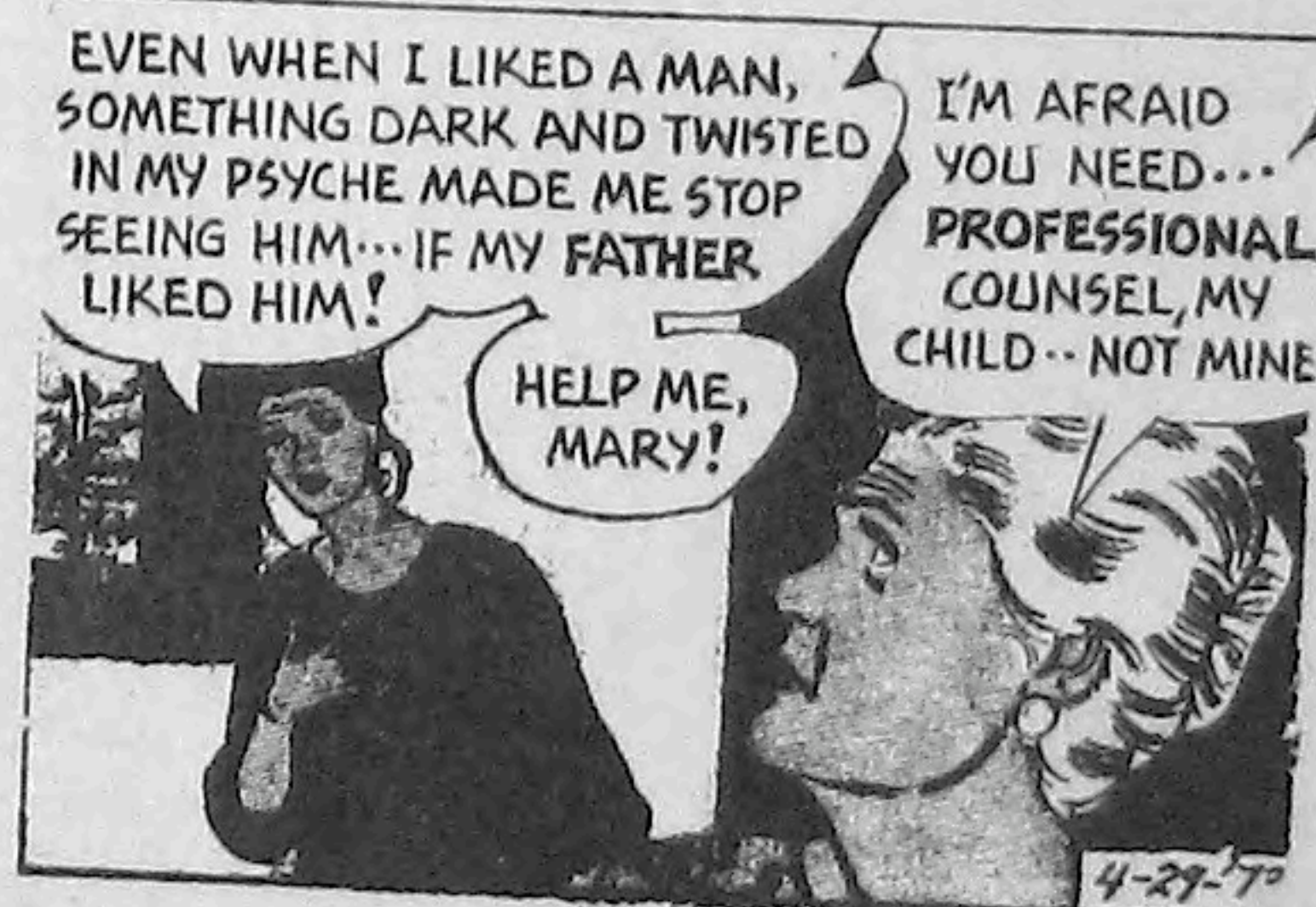
MENTAL PATIENTS ASSOCIATION NEWSLETTER

February 1974

Where Superman



and Mary Worth



Fear to Tread . . .



Piery young radical Ms. Ann-Marie Linklater (in the Fore-front of her entourage) in the only Peoples' contingent

in this year's St. Patrick's Day Parade, predicts a swift I.R.A. victory for the Proletarian Masses.

MPA move to new drop-in (6th & Yew) by Mayday

It seems fitting that as MPA draws closer to its third anniversary, preparations are being made to move into a new drop-in centre. The target date for moving is on May 1st. (Mayday)

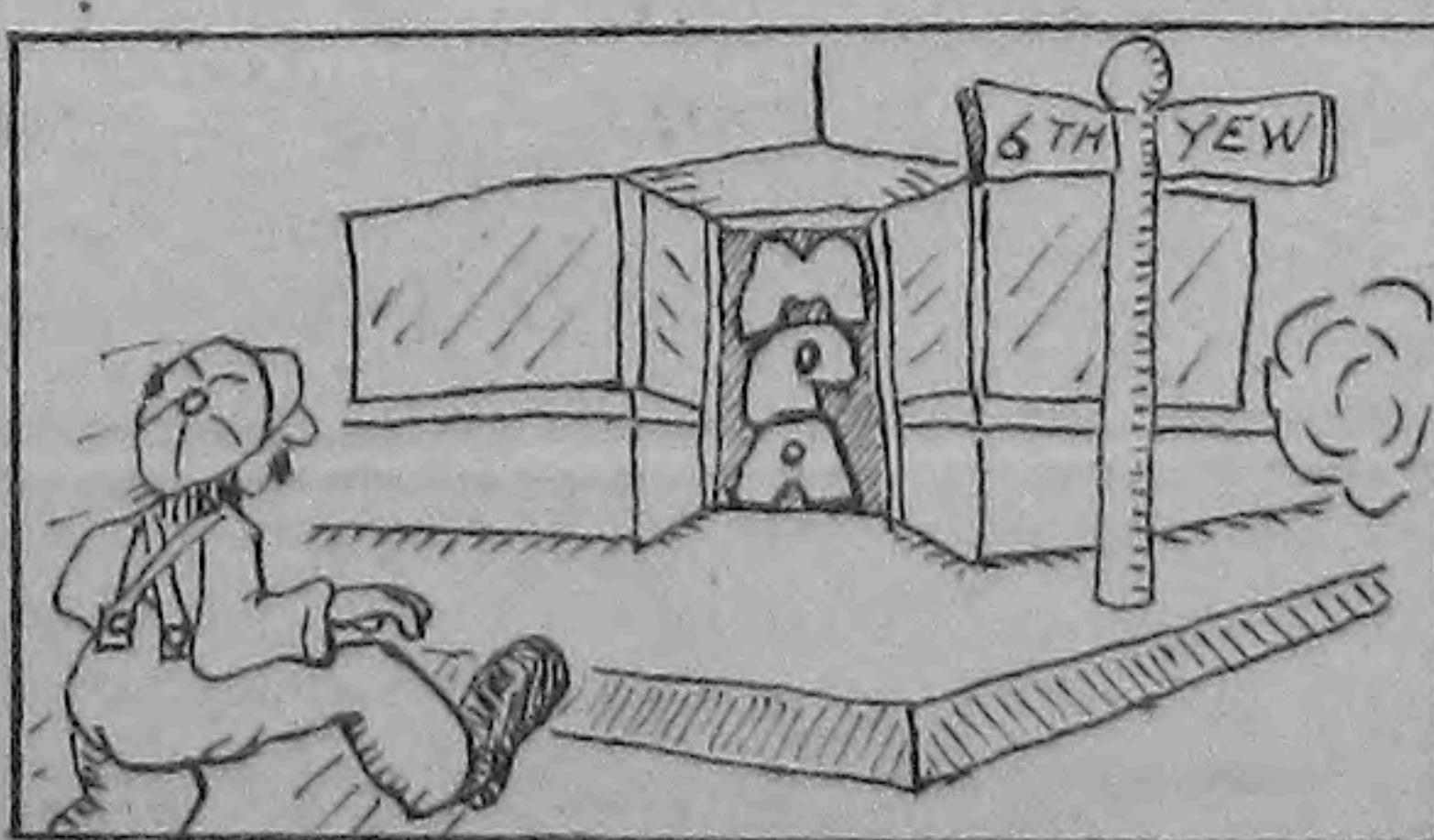
The new DIC will differ from the old ones in many ways. We will own the building ending eviction notices and rent increases but the most advantageous aspect is the design. For the first time the drop-in will be remodelled and designed to fit MPA's needs and activities rather than being crammed into dwellings originally intended for single family use. Included in the

plans are office space, recreation spaces, crafts area, lounge area, kitchen and eating facilities, a wood workshop, quiet room, loud room and a kids room.

In the two buildings there are also nine additional rental suites. These are all currently occupied with tenants having two year leases and a guaranteed rent freeze by us.

If and when people move from these suites they will become available for MPA needs - either to expand the drop-in or house other community groups or MPA members.

There is still a lot to be done before we move in. Decisions have to be made as to colors, flooring material (wood, linoleum or carpet) and furnishings. If you want to have a say in the final look of the DIC come give us a hand with the decisions and the actual work. We need painters, carpenters and many willing hands. For the next planning meeting, call the DIC 738-5177 for the day and time of these regular meetings.

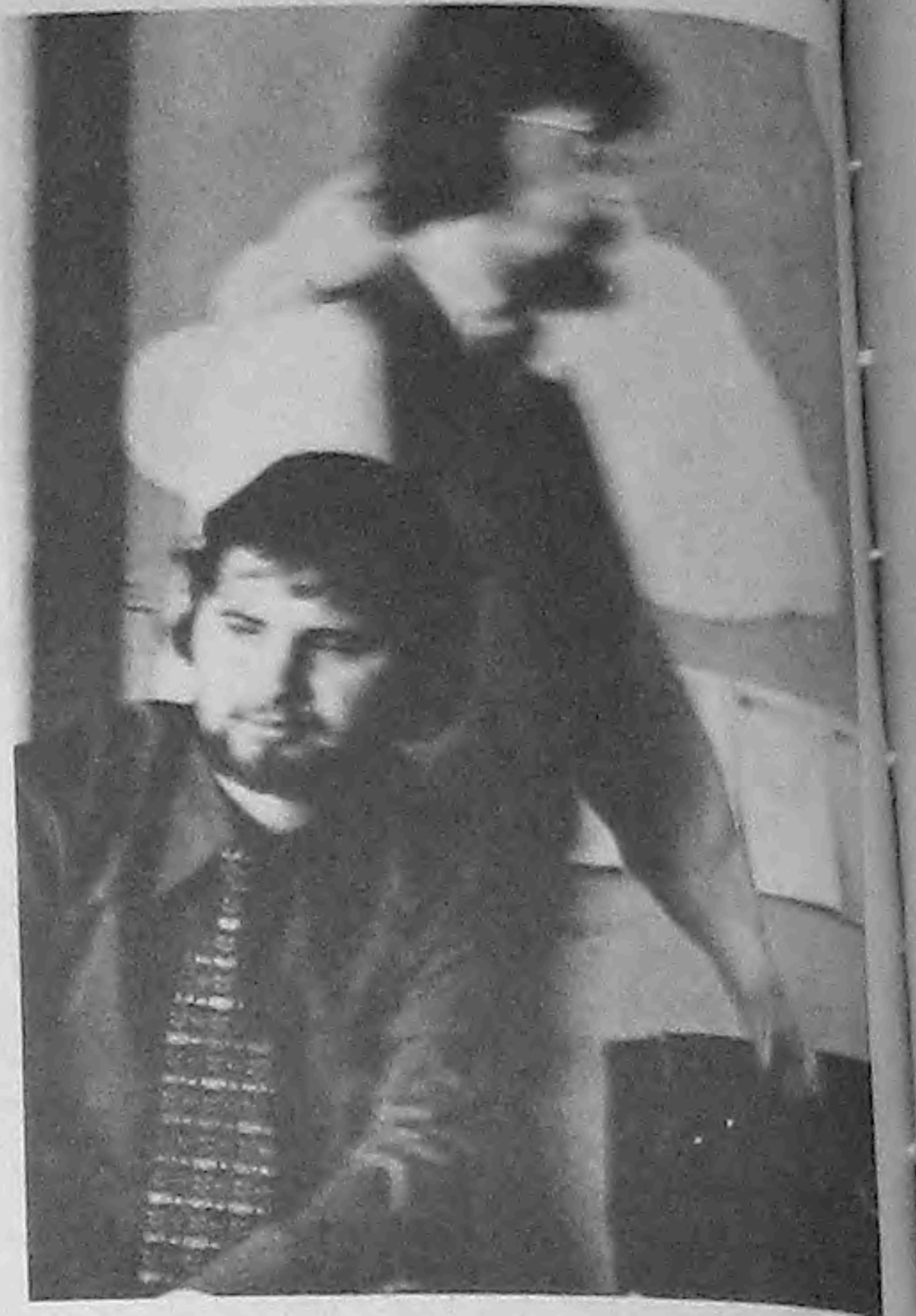
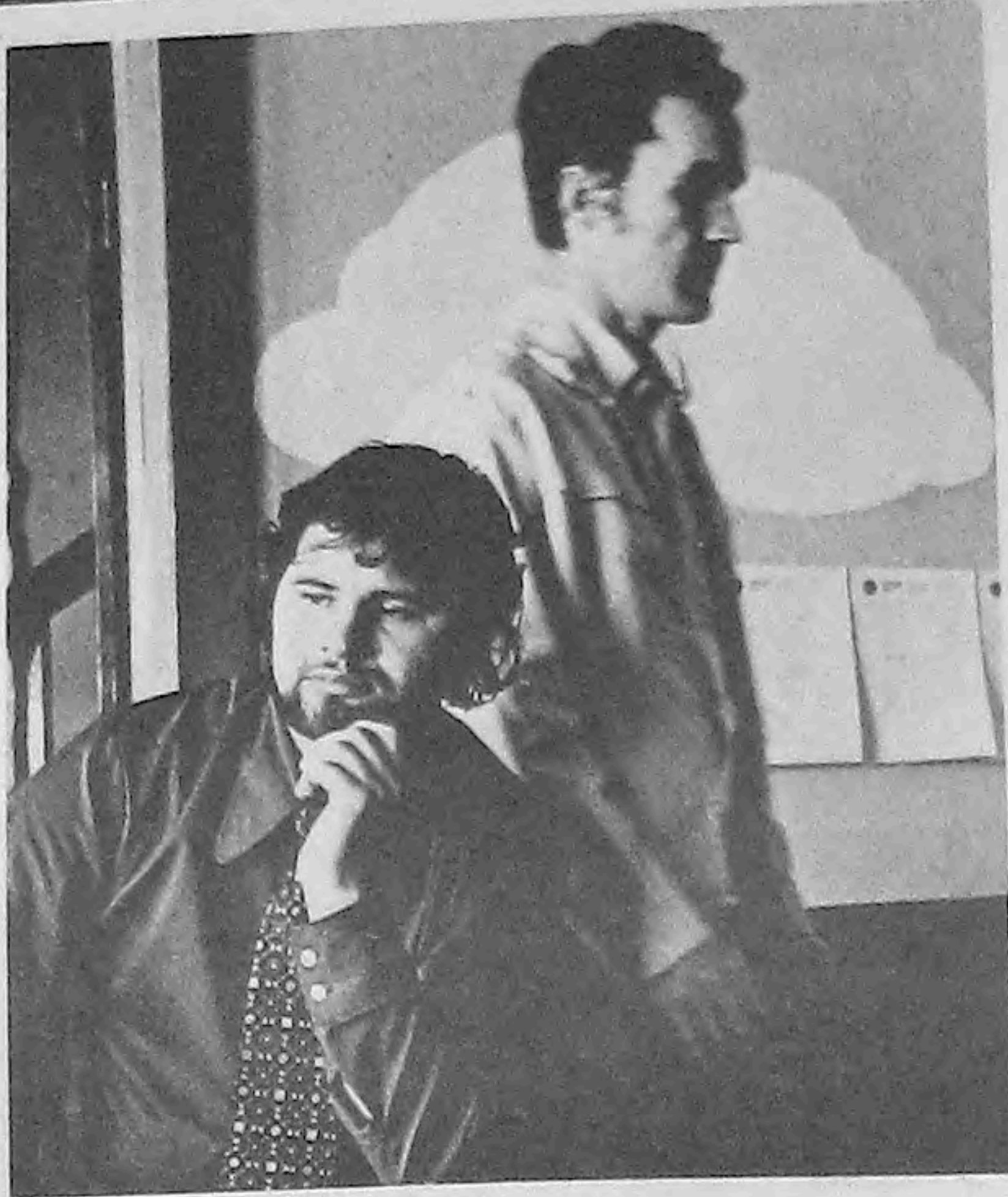
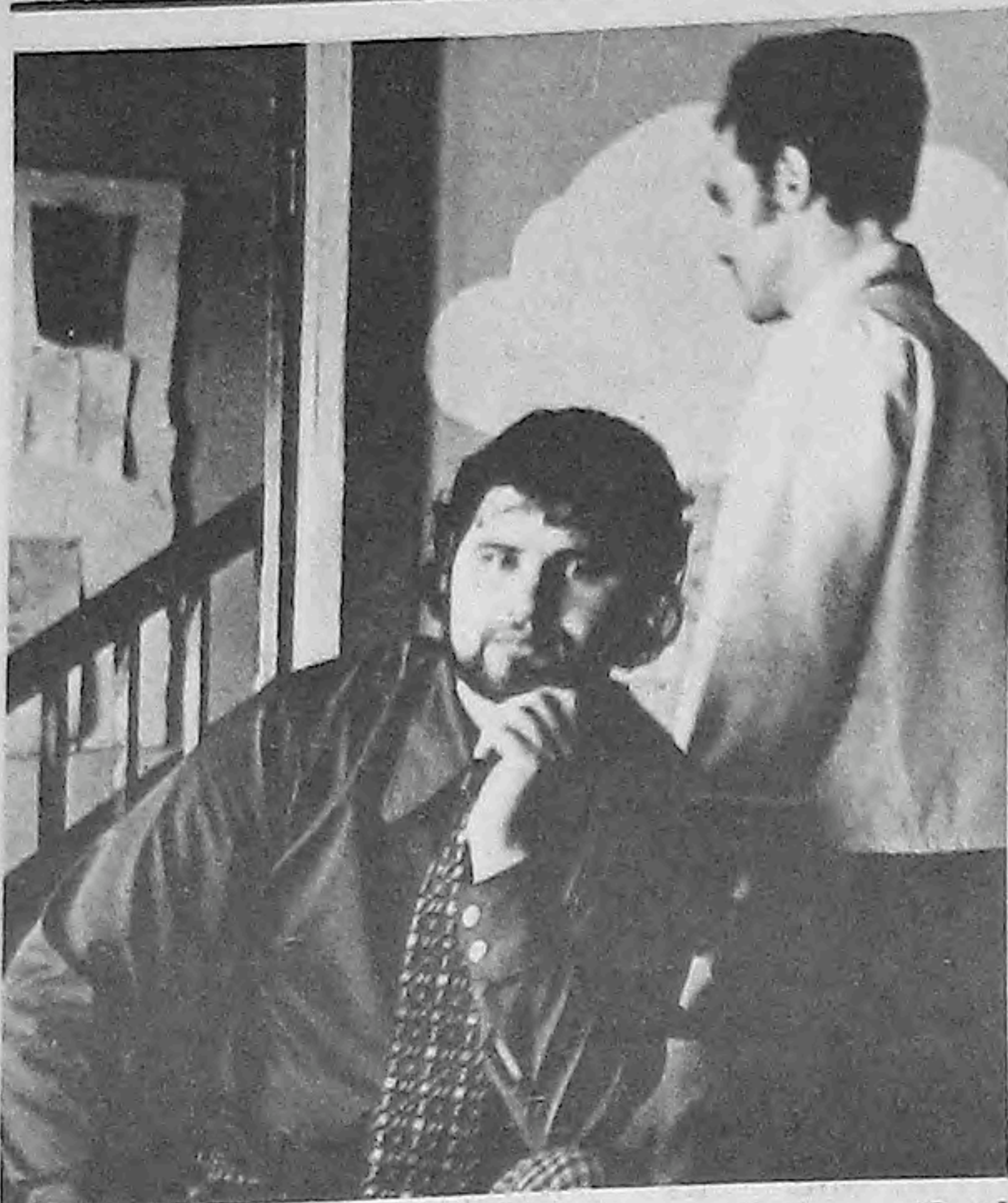


This is going to hurt you more than it hurts me

Torture or "medical therapy?" A San Jose (Cal.) jury awarded \$170,000 damages to a young woman who had undergone 13 hours of "rage reduction therapy," in which she claimed to have suffered near-fatal kidney damage severe bodily bruises, and a lacerated mouth. Dr. Robert Zaslow, a professor of psychology at the state university there, used "tickling, poking, and stimulating . . . to reduce pathological resistance and rage." Paula Abraham, the plaintiff, did not testify on the advice of her physician, who contended that "recollection of the therapy might cause a nervous breakdown." Zaslow was quoted as saying, "I think I did her a favor. We do it lovingly." Three physicians testified that Zaslow's method "exceeded the bounds of customary medical practice." (Detroit Free Press, 7/5/72).



Public Display of Affection



Mike, Blue Eagle, ponders enigmas of the universe as the never ending drama of life is played out around him.



It's Saturday Night!...Lady Marsden -- all dressed up waiting for the phone to ring...another busy shift at the drop-in...



George flies dragon kite at Spanish Banks -- thousands of onlookers applaud spectacle.

REGULAR WEEKLY ACTIVITIES

MONDAY

Noon: Drop-in center meeting

TUESDAY

Noon: Business meeting

WEDNESDAY

2:00 p.m.: Research meeting

6:00 p.m.: Free pot-luck supper

THURSDAY

1:00 p.m.: Riverview visit (meet at drop-in center)

FRIDAY

11:00 a.m.: MPA Residence Council meeting (held at a different residence each week; phone the drop-in for location)

SATURDAY

11:00 a.m.: Free breakfast

1:00 p.m.: Special outing (each week the MPA van travels to a different spot in the Lower Mainland -- wherever members who join the activity decide; children, especially, find this activity enjoyable.)

Special Activities

Fri. Mar. 29: Pitch and Putt Golf at Little Mountain. Meet at drop-in at 1:30 p.m.

Sun. Mar. 31: MPA Baseball Game.. Meet at drop-in at 2:00 p.m.

Mon. April 1: April Fools Day. The drop-in centre will be closed and an all day conference will be held for all interested people at 2080 Alma St. The mini-conference will begin at 9:30 a.m. Free Food.

Wed. April 3: General Meeting 7:30 p.m. at the drop-in centre.

Tues. April 9: MPA goes to Starvin Marvins Bump City. Meet at the drop-in at 8:30 p.m.

Sun. April 14: Easter Be-in all day.

Sun. April 21: MPA Kite Fair at Spanish Banks all day. (see article in this paper).

Wed. April 24: General Meeting at the drop-in at 7:30 p.m.

HOUSING CRISIS

Fighting to stay off the streets



Bulldozer takes breather at 3rd and Balsam site of protests by Kitsiland residents. Demonstrations, called last week by West Broadway Citizens committee, dramatized neighbourhood protest against proposed 11-story \$50,000 a unit condominium being built by Imperial Ventures.

Vancouver has a housing crisis. Voila! M.P.A. has a housing crisis. We started finding houses for M.P.A. members in January of 1972. There is a tremendous need for people to find somewhere to live in order to be discharged from a mental hospital. The ex-mental patients often need something more than just a place to stay. We need companionships, help getting back our self-confidence, and a chance to learn how to manage ordinary affairs--the kinds of things not learned in mental institutions.

To avoid solitary, dingy rooms (which is all one can afford on welfare), M.P.A. members joined together in a self-help group living situation. We rented houses, pooled resources and worked together so that each house became self-sufficient. It took us over a year to negotiate the purchase of a house because of problems with both civic and provincial licensing authorities. We asked assistance from the provincial government to intercede on our behalf to persuade officials that we did not come under the community care licensing act. We were successful.

However, after two years of receiving civic, provincial and federal funds to set up a half-way house program, residents in all our houses have suddenly had inspections from various city licensing departments and curt notices have been received to "cease & desist operating boarding homes." Yet we do not operate boarding homes. The city has no definition for our kind of operation so licensing officials are attempting to fit us in to existing by-laws.

This squeeze can very easily close all our rented houses or force us to turn them into institutional-like places where the whole notion of an ordinary home-like environment will be lost.

What we are being asked to do is to turf 30 of our 50 residents out into the city to fend for themselves--out to the lonely, dingy, drab room if they can find one. It's enough to drive anyone into a depression and on the way back to hospital!

Our attempts to deal with this licensing problem at Vancouver City Hall have met with defeat until the current council was elect-

ed. The Social Services Committee is now attempting to help us obtain the necessary permits to operate our houses without jeopardizing the self-help and independence concepts and the funding needed to meet health and fire standards.

You would think that these would be enough troubles to deal with. In M.P.A. it never rains but it pours. On March 1st., we received eviction notices both on the Drop-in Center and the East House. Our newly purchased Drop-in Center won't be ready until the end of April if proper renovations are to be completed. If they are not complete, we will be in contravention of city bylaws. We are now attempting to negotiate a further months delay on eviction with our new landlord. If we are unsuccessful it's out on the streets, bags, baggage, Chicken-Heart and all.

The East House has fallen victim to progress and must be in another house by the end of March. So far every possible place has been snapped up before our phone call has been made. Every member of the house is involved in combing neighbourhoods contacting real estate people, and searching the newspapers. At least we don't have to worry anymore about the "cease and desist" order from the permits and licensing department--even if we aren't operating a boarding home.

Editors Note - Since this article was written, the provincial government has passed legislation on a rent freeze retroactive to January 1st. 1974. Only a yearly 8% rise in rents are allowed. However, since the government did not mention anything about eviction in this legislation, you may be given a notice of eviction if you refuse to pay a rent increase that is more than 8% of your present rent. In this case you have a good legal case if you decide not to leave. It's also a good idea to call the Rental Grievance Board of the Landlords-Tenants Association and get more advice from them.

Vancouver City Council has also just approved that M.P.A. may operate houses in single family dwelling zones subject to rules and regulations to be submitted by the Department of Permits and Licensing.

Psychiatry's 1st scientific breakthrough

Millions of homosexuals cured ...

In December 1973, the Board of Trustees of the American Psychiatric Association voted unanimously to drop "homosexuality" from its list of mental disorders. Psychiatrists admitted that the decision to reverse its hundred year old stand on homosexuality resulted mainly from pressures by gay liberation groups. In recent years, these groups have, among other things, disrupted psychiatric conventions in protest against the psychiatric oppression of gays.

So in a sweep of the pen, millions of American homosexuals were instantaneously cured of their mental illness. This is probably the most spectacularly therapeutic event in the history of psychiatry. However, the Board stopped short of adopting the position that homosexuality is a "normal variant of human sexuality." Rather, it relied on its tried and true practice of creating new labels--don't want too many fish to squirm through the holes in the diagnostic net--and set up the category of "sexual orientation disturbance." This label however is not to apply to all homosexuals, just to those "whose sexual interests are directed primarily towards people of the same sex and who are either disturbed by, in conflict with, or wish to change their sexual orientation." In a sense, this is an unsurprising liberal cop-out and perpetuates the discrimination against gays insofar as heterosexuals are not lumped in this category if they are "disturbed by or in conflict with their sexual orientation."

Nevertheless, the APA's historic decision is progressive in implicitly recognizing the possibility

that some homosexuals are not troubled by their sexual orientation and therefore suffer from neither mental illness nor a sexual orientation disturbance. One is almost (but not quite) led to stamp the seal of "normality" on them. In fact, American gay activists applauded the APA's move, calling it perhaps the most significant victory of the U.S. gay movement to date.

Even this modest victory, however, is not yet certain. Psychiatry's right wing does not just sit on its hands as the wheels of progress turn. It applies whatever friction it can. Accordingly, 200 APA members have submitted a petition demanding a poll of the entire APA membership on the issue of deleting homosexuality from the list of mental disorders.

Let's digress for a moment to examine the mentality behind the petition. Representing this 19th century viewpoint, one psychiatrist wrote the Psychiatric News stating that the Board of Trustees "have done society much harm and disgraced themselves in the process. ... Anyone who has studied homosexuality in depth knows very well that the choice of the same sex in preference to the opposite sex is a manifestation of psychopathology."

Admitting that the Trustees vote "would never have been taken had it not been for gay lib pressure," psychiatrist Voth goes on to say that: "Homosexuals can now much more easily rationalize their behaviour. Many young people on the fence (sic), who might otherwise seek treatment, will now have an easier route to take and will avoid seeking help. Dismayed that some

people "will now have an easier route" (which will be the case), Voth, says that to "call homosexuality nothing more than a sexual orientation disturbance is akin to the ridiculous (sic) claim that schizophrenics aren't sick." To these comments, he gratuitously adds the comical afterthought that "of course, homosexuals should not be subjected to discrimination."

Voth's letter is instructive not just on the issue of homosexuality, but on the whole range of psychiatric topics, for it combines a typical mixture of political backwardness, logical defectiveness and outright denial of reality. Even though experts know "very well" that homosexuals are sick, Voth admits that some gays appear not to "manifest psychopathology." What is one to make of them? They are precisely the ones the Board of Trustees would abstain from diagnosing and of course the very ones Voth refuses to let slip away. Commenting on these people, Voth's misuse of language and logic is itself almost evidence of schizophrenic thought.

He says: "Some seriously ill patients aren't troubled by their illness at all; in fact some feel quite good while ill. ... A high prevalence of a condition does not

make it normal." It is precisely this kind of garbled thinking that Thomas Szasz--a man who gives the most careful attention to the proper use of language--has attacked as being responsible for the confusion and oppression inherent in mainstream psychiatric practice.

Finally, Voth's "objection" to discriminating against homosexuals is based on the thoroughly misgui-

i like it

Dear Sir:

I was introduced recently to your publication "In a Nutshell", when the Nursing Faculty from Lakehead College, Thunder Bay, Ontario, visited our Nursing Faculty at the College of St. Scholastica.

I found the articles interesting and informative, but best of all, is the fact that a group of you got together and are really trying to help others. That's the important thing and I want to congratulate all of you.

Please add my name to your list of subscribers and let me know the cost. Thank you.

Sincerely,
Hectorette Moreau
Assistant Professor
Scholastica College
Duluth, Minnesota.

recycling THE DILEMMA

Dear friends at IN A NUTSHELL,

RT would like to reprint a portion of an article in your last issue (Feb. 1974): "THE DILEMMA" by Petra Graves. We only want to reprint the last section beginning with the paragraph which starts out "They don't call it crazy anymore."

We're assuming it's o.k. with you and Petra Graves. We'll credit you for sure. Let us know if for some reason it isn't all right. We go to press on March 22.

Love to you all
In solidarity,
Jackie Christeve
for the Rough Times Collective

NOTES

FROM

FRIENDS

instantly !

ded assumption that: "To call a person "sick" does not constitute a rejection of that person. People usually react with compassion and kindness to someone they understand to be suffering from some form of illness, be it mental or physical." All one can say about these assertions is that they are false. Any perceptive member of this society knows that mental patients are almost universally rejected, and if he doesn't know this, there is an avalanche of literature dating back to the forties which consistently documents anti-mental patient discrimination. Studies show that behaviour labeled mental illness is rejected more so than the identical behaviour not so labeled. Similarly, a person receiving psychiatric care is tolerated less than he would be were he not under such care. Based on an extensive, six-year, nation-wide study on public attitudes toward mental illness, Nunnally reports that "the mentally ill are regarded with fear, suspicion and dislike by the general public. ... Old people and young people, highly educated people and people with little formal training --all tend to regard the mentally ill as relatively dangerous, dirty, unpredictable and worthless."

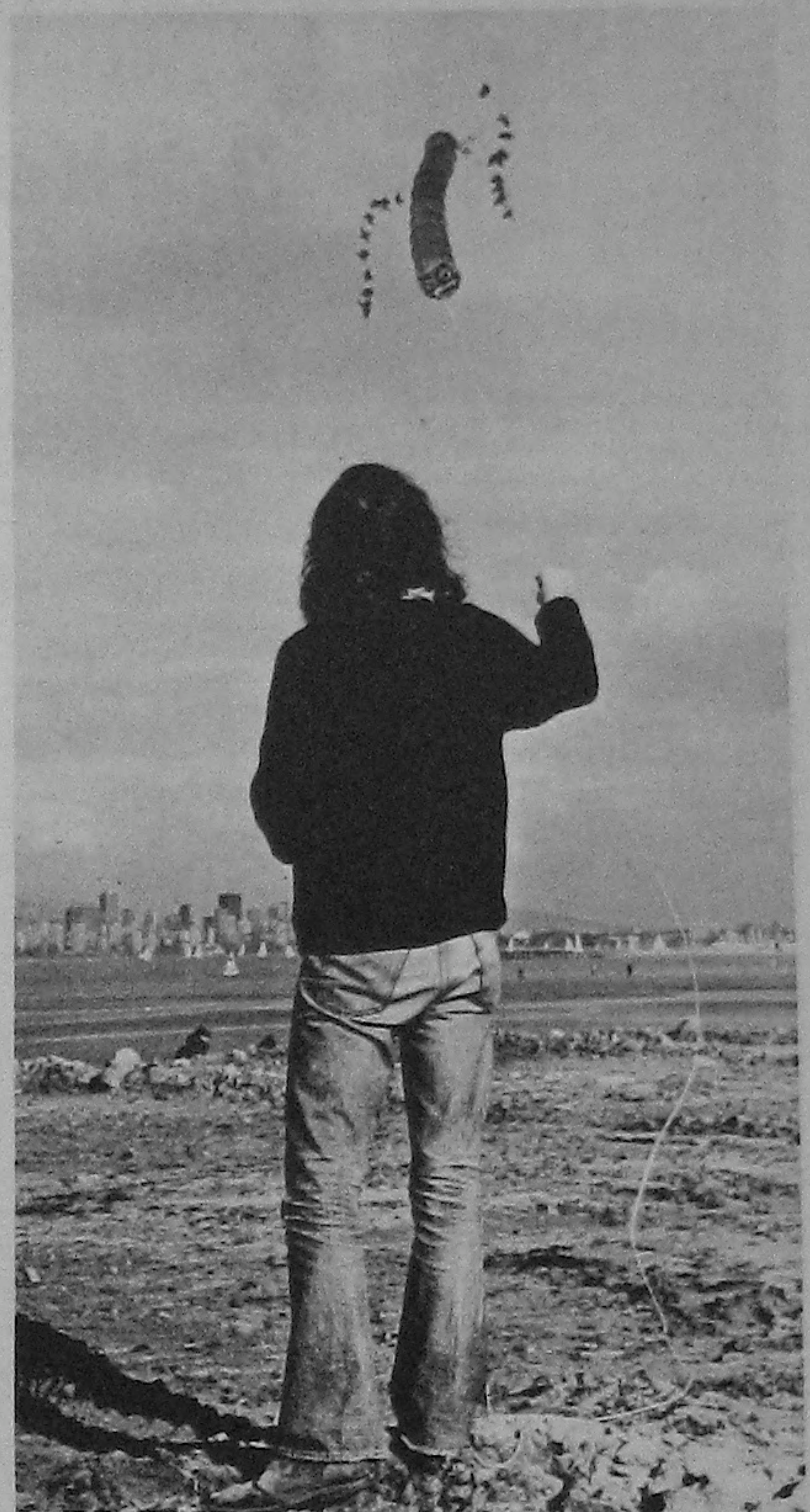
It is hard to believe that Voth, a practising psychiatrist, is unaware of these facts. If successful, the effects of his efforts and those of his 200 petitioning cohorts will be to prolong the entrapment of millions of homosexuals in the highly stigmatized category of the mentally ill. Were he more concerned with their well being than with preserving psychiatry's domain, the most therapeutic thing

he could do would be to argue for divesting all "mentally ill" people of this pernicious label.

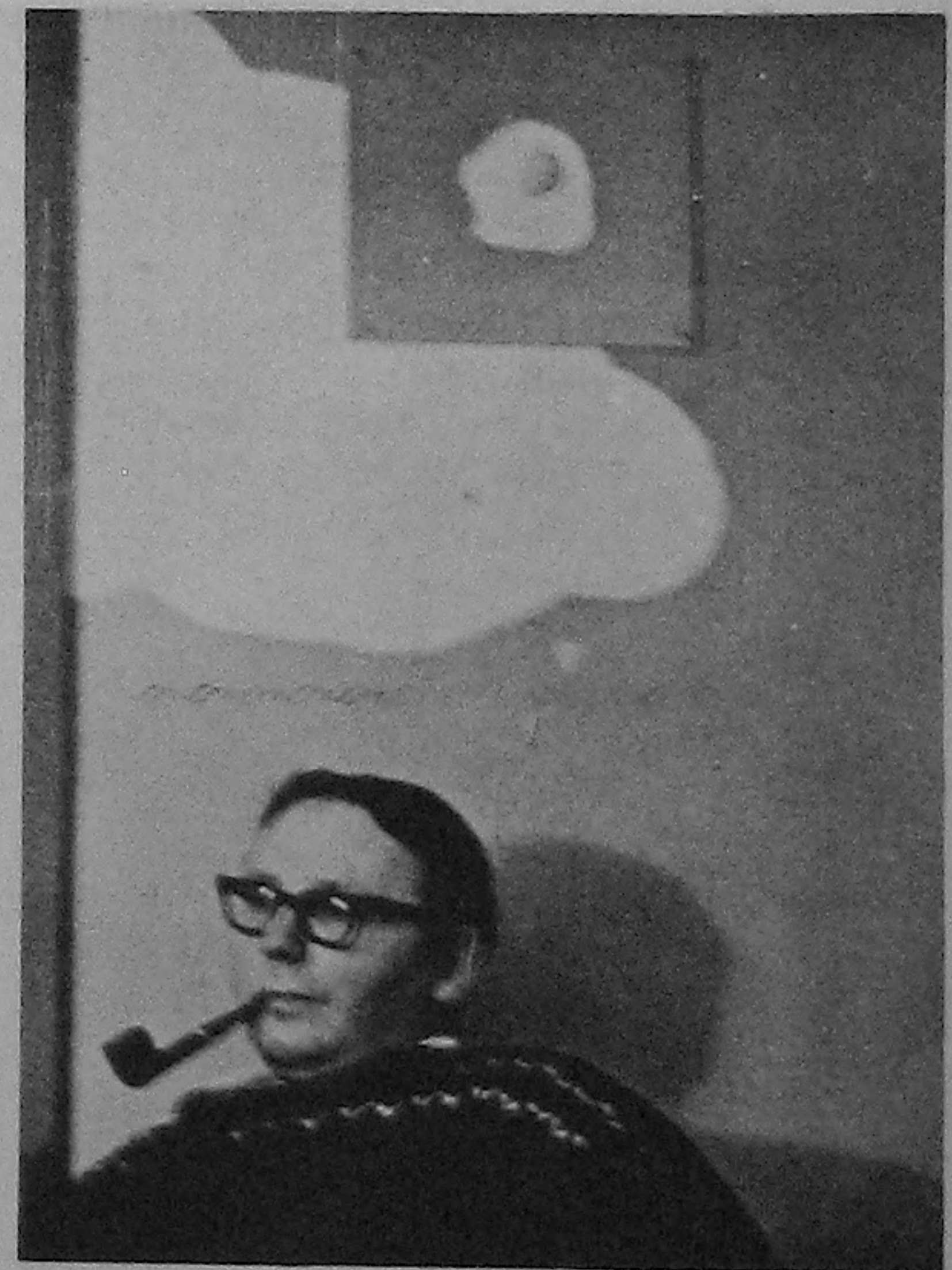
According to the APA bylaws, the petition requires that the entire 17,000 membership be polled regarding the classification of homosexuals. It may be that the hard won mini-victory of the gay movement will be lost when the psychiatrists prejudices have been tallied. The outcome is hard to predict as there are clearly large numbers on either side of the issue. One thing is made clear however by the wrangling debate which has raged for both positions; and that is that psychiatric diagnoses bear no resemblance to scientific entities. Rather, they reflect the biases of a group of men (and a few women) who have managed to become entrusted with defining socially acceptable and unacceptable behaviour.

It is amusing to apply the psychiatric decision-making procedures to truly scientific fields such as, for example, physics. One wonders how large a majority voted to adopt Newton's laws of motion as being valid. Stretching the ridiculous analogy, it seems only fair that if Force equals Mass times Acceleration, homosexuals should be freed from the stigma of mental illness. Fairness notwithstanding, the mental health of large numbers of people depends on the thousands of ballots now flowing into APA headquarters. Science marches on!

Lanny Beckman



W. Randolph T. Dowling IV takes some advice and flies a kite...



... breakfast in cloud nine, while Norm Robinson blissfully contemplates life...

HELPING EACH OTHER

Dear friends'

An associate of yours, a mister Frank David, was in town recently and he spoke to members of this organization about the need for a greater degree of communication and cooperation among the various groups and organizations fighting for the cause of increased personal freedom in North America - whatever the specific form of oppression being oppressed may be.

Since we are all participating in different aspects of what is basically the same struggle - the struggle for civil rights and personal freedom - it would probably be a good idea if we were to remain in touch and monitor each other's progress and ideas.

To this end, we have placed your group on the mailing list for our newsletter, "GAY NEWS", and you should receive a copy by mail every month. If you also have a newsletter or a similar publication, we would be happy to receive it.

We would also be happy to answer any questions you may have concerning the Gay Liberation Movement in Canada.

As you know, strength lies in numbers.

Looking forward to hearing from you sometime, we remain.

Yours in liberation.

J.P. Roxburgh,
for Gay McGill
3480 McTavish Street,
Montreal, Canada/

NUTSHELL

IN A NUTSHELL is the official publication of the Mental Patients Association. It is a politically dependent paper, standing for the world-wide spread of insanity--namely, peace, love and socialism. The paper is distributed free to people who won't pay for it. Secret headquarters are located at 1982 W. 6th Avenue, Vancouver 9, B.C. Tel: 738-5177.

COMMUNITY CARE TEAM POISONING

a life or death diary

A call for watchdogs

Community Mental Health teams - if they should exist at all - must have citizen participation; citizen grievance committees; ombudspersons. Negligence, delivered in the misleading guise of a friendly patient-advocate relationship is already happening in the new community mental health teams.

Citizen's grievance committees should be formed quickly, and regular meeting times set aside during which citizens and team "clients" can discuss their treatment by the C.M.H. team staff.

I LEARNED WHY THE HARD WAY

Let me tell you about a friend of mine who has been in the care of the West End team since her brief hospitalization during a breakdown early last fall. I'll call my friend "Petra", which isn't her name but will hide her identity since she is a clever, pretty young woman who has held a demanding and steady job for years in a professional supervisory capacity.

Petra and I meet whenever I can find time for a lunch date, (you know how it is at MPA). We exchange lengthy phone calls. We share a common interest in outdoor sports and mountaineering, and have always shared our troubled feelings freely with one another since we first met and grew to like each other.

Since early last November, I have been increasingly concerned about Petra because she should have been coming slowly up, yet it was obvious to me that she was slowly going downhill instead despite the fact that she was being seen regularly by a West End team paraprofessional to whom she seemed inordinately grateful for just listening to her at the team's "house". In the late fall and early winter Petra applied for job after job unsuccessfully. She took one menial job and had to quit after a few days. She faced more frustrating job interviews, and frequently told me how hopeless, helpless and sick she felt. We spent Christmas Eve together and she seemed weary, empty and depressed. In late December I told one of the 2 part-time West End team psychiatrists of my concern, but since he probably wasn't aware of Petra's and my close relationship I imagine he discounted my feelings in favour of his fellow team member's assessment - the young man who was seeing her regularly.

On Jan. 29 I noted in my diary that I thought she was heading for another breakdown so I kept in closer touch by phone.

Apparently her condition wasn't obvious during all of these fall and winter months to the worker assigned to her - or else she managed to conceal or cover up what she saw as her "weakness" by attempting to be too obviously cheerful. I don't know. At some point I asked her if she had been seen by the team's psychiatrist and she said yes, twice. (She repeated this to me on March 11th, when I asked her the same question again.)

On Feb. 6th I noted her "increasing anxiety" in my diary. I had urged her to come to MPA to be with other people who felt like she did, but the effort - any effort - seemed too much for her. On March 1st she said she would drop in at MPA but didn't turn up.

I was getting really deeply uptight especially since her true condition was still going unnoticed at the West End and perhaps unreported to the more experienced team members.

patients most in need of phenothiazines are often least able to cope with their side effects



I'm deliberately not pointing any finger at her helper, because I see the whole team - if they work as a team - to blame. At this time she told me that an active program was planned for her, by her aide and one of the nurses, involving her in part-time work at a voluntary agency... a program which I felt she was by now utterly incapable of fulfilling.

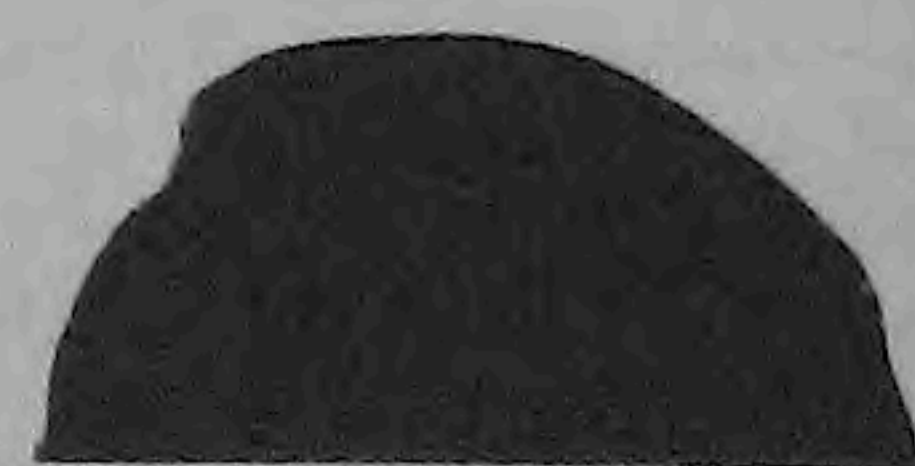
On Feb 18th, Petra's medication was apparently changed. She had been on perphenazine and cogentin up til then as I remember. On the 18th she was given her first fluphenazine shot and cogentin for side effects. Knowing her well, I was aware of her sensitivity to medication - even to the anti-depressants she said she'd received in Health Sciences Centre Hospital.

On Wed. Feb. 27th she described to me that she felt as bad or worse than when she'd been in hospital. She met me at MPA and we spent the afternoon together. She accompanied me on a "crisis", then we had dinner together. She was feeling so ill that she didn't want me to leave her to go home alone, so even though I had promised to attend an early evening group meeting of the HSC hospital day care program as the "friend" of an MPA resident, I took Petra along with us so that I could see her safely home afterwards. I say "safely" with reservations because she hates her lonely room and present living conditions in the West End, and has been planning to move as soon as a space becomes available in a "supportive" residence for former mental patients initiated by our pals at Coast Foundation.

After the HSC day care meeting I talked briefly with the day care psychiatrist about the chance of Petra entering day care and asked how this could be arranged through the West End team. Mother's little helper, that's me.

On March 4th, I phoned her paraprofessional worker, expressed my growing concern and asked him what he thought about her going into the HSC program. He told me that she had seemed fine to him the previous Wednesday (the day I didn't dare leave her alone), but that day care might be a good idea for her. He seemed quite cheerful about her progress (and I felt about equally despondent at his reaction.)

I talked to the psych nurse in the HSC day care program about the procedure for admission of a resident in the E. 7th MPA house which I help "coordinate". The nurse misunderstood me. She thought I was referring to Petra, whom she said she couldn't help noticing at the Wednesday meeting at HSC. The nurse, Anita, said she thought that Petra wasn't well enough for day care. I explained that I wasn't referring to Petra at all but to another girl. But then I also added that I had suggested to Petra's worker at the West End that day care might give her daily supportive help for her symptoms. After that I made no further comment. (On March 4th, Petra received a second shot of fluphenazine. I wanted to know the strength of the dosage but she apparently didn't know. I've done enough digging into the literature to know that fluphenazine is usually started orally then introduced intramuscularly in a low dosage - say 5 milligrams -



FLUPHENAZINE DECANOATE INJECTION

ADVERSE REACTIONS: Central Nervous System—Extrapyramidal symptoms are most frequently reported. These include pseudoparkinsonism, dystonia, dyskinesia, akathisia, oculogyric crises, opisthotonos, and hyperreflexia; most often these are reversible, but they may be persistent. One can expect a higher incidence of such reactions with fluphenazine decanoate than with less potent piperazine derivatives or straight-chain phenothiazines. The incidence and severity will depend more on individual patient sensitivity, but dosage level and patient age are also determinants. As these reactions may be alarming, the patient should be forewarned and reassured.

Others: Sudden deaths have been reported in hospitalized patients on phenothiazines. Previous brain damage or seizures may be predisposing factors. High doses should be avoided in known seizure patients. Shortly before death, several patients showed flurries of psychotic behavior patterns. Autopsy findings have usually revealed acute fulminating pneumonia or pneumonitis, aspiration of gastric contents, or intramyocardial lesions. Although not a general feature of fluphenazine, potentiation of central nervous system depressants such as opiates, analgesics, antihistamines, barbiturates, and alcohol may occur.

to keep a close check on reactions)

On March 6th she phoned me to give me her new phone number because she had changed rooms in the same residence. She still didn't like the place. We talked at length and she told me how truly terrible she was feeling. I asked her if HSC hospital day care had been suggested to her at the West End clinic and she said yes it had but that the nurse, her worker, and the psychiatrist had thought it would be bad for her. That same morning she had struggled to her volunteer job but that the agency was locked up and after half an hour standing in the cold she left. She told me she was trying to spend her time sleeping as much as she could because she felt so unutterably bad. Again I sensed the desperation in her voice. The "PLEASE HELP ME" which is unsaid, but not unheard. I asked her what she planned to do next and she said she would try to go to work again on Thursday morning, March 7th. I pleaded with her to come to MPA if she didn't feel well enough to work, so that she would not have to suffer alone, and to come to MPA in the afternoon anyway because I'd be at the Drop-in Centre at noon. I waited all afternoon for her but she didn't appear. In the evening she phoned around 9 - the night of the snow storm. She had again struggled to work that morning and again the agency had been closed, so she'd gone home to try to sleep.

While we talked she told me she was now truly desperate - so desperate that she just couldn't go on. I assumed she was thinking of suicide. I asked her if she would like me to phone the West End team psychiatrist because I knew at this point she couldn't make the call herself.

With great relief in her voice she said, "Please. Would you?" Before I called him I asked her to explain to me exactly how she felt because I am aware of the potentially killer reactions of fluphenazine to certain people, and wanted to be able to describe her symptoms carefully and accurately to him. She described her headache, her stiff neck, muscular spasms in her legs and so on. So I phoned and told the psychiatrist and asked him what I should do. He asked me if she could stay with a friend and I said no. I said she was desperate and I thought she was a suicide risk. I had been through some "heavies" myself recently; had little sleep and was reluctant to have her come to me, especially since I had an important morning meeting to attend before leaving town on Friday afternoon for the weekend to check on my ill son. Finally he suggested that I take her to VGH Emergency for the night, and that someone from the West End team would see about her in the morning.

Battle through the

snow

Despite the snow and delays (Burrd Bridge was one long collision) I managed to get down to the West End, pick her up and take her to VGH - which was that evening a prime disaster area, full of accident cases. Even worse than usual in fact. Petra was refused admission. No beds. The West End psychiatrist was called; but apparently didn't insist on admission because Petra and I were informed that she was to have a shot (type unknown because like an idiot I forgot to ask), which would help her out and give her a good night's sleep. I was advised to take her home. I argued that she shouldn't go home, sick and unsupervised. But what can you do when you're faced with a shrug and an emerg. room crowded to the doors? So I took her home with me although I was really worried sick about the responsibility, and my lack of medical expertise.

Petra couldn't sleep. She paced the floor; shaking spasmodically. Then we talked and talked, while I desperately wondered what to do next - having to drive early to east Vancouver in the snow to attend an important Residents Council meeting. Friday morning I decided to take Petra with me. She seemed worse to me than she had the night before. You rack your brains for ideas in crises like this - even when you're semi-stunned from lack of sleep. Some crises are easy to figure out and handle. In Petra's case I didn't really know what was wrong or what to expect next. All I knew for sure was what I personally thought was mishandling by the West End team. Were they so fearful of the black mark of a rehospitalization in their records that they had kept her in the community at this cost to her? I controlled my anger, knowing that ultimately the decision to seek real help would have to be Petra's. She's intelligent. BUT A CITIZEN OMBUDSMAN WORKING WITH THE TEAM MIGHT HAVE SPOTTED WHAT WAS HAPPENING WITH HER AND REPORTED IT MONTHS BEFORE.

Since I couldn't do my daily tour duty at the E. 7th house on Friday I decided to go to 96 East Broadway, partly to see two residents of the E. 7th house who attend the program

at Vancouver Outpatients Services there to explain my absence to them, and partly because when I get in a jam I turn to the person who has helped me (and how many other desperate MPA coordinators?) because she can deal coolly with emergencies and has always given us good advice and help beyond the call of duty - Mrs. Renate Varwig Social Work Supervisor there. Before going, I discussed this with Petra and she agreed that it was a good idea. I want to make clear that at no time then, and in the previous weeks had I found her "inappropriate". She was rational in her speech and capable of making her own decisions. At no time that morning did she ask me to again contact the West End clinic (which I couldn't have taken her to anyway, on my tight schedule.)

I took Petra to Van. Outpatient Services and introduced her around. Her rigid gait, mask-like face, her arms drawn up against her body with extreme involuntary spasmodic shaking which she couldn't control were immediately apparent to 3 staff members. She was now complaining of extremely blurred vision and her pupils were contracted. At this point I was scared stiff for her health - even for her life. We went into nurse Jocelyn Busslinger and Dr. Tischler examined her. I never left Petra's side because she seemed to need me nearby. They showed much concern about her condition. I watched while they tested her voluntary movements and observed the involuntary movements she couldn't control. In our presence Dr. Tischler said to the nurse that she was obviously toxic. Petra repeated over and over that she felt desperately sick and should be in hospital. I explained to the staff that she was registered with the West End team and I also explained that she had discussed with me earlier that she felt that SHE WASN'T BEING HELPED PROPERLY, THAT SHE THOUGHT SOMETHING WAS WRONG ABOUT THE MEDICATION, AND THAT SHE DIDN'T WANT TO GO BACK TO THE TEAM.

The staff members made it clear to

both of us that they could not attend her while she was still registered in the West End. At this point I was ready to scream out in vexation, "For God's sake somebody help her! She's my friend!" But I tried to keep cool and understand the legal position they were in. Petra then asked (pleaded) to be treated by the Vancouver Outpatients Service. She asked me to phone the West End psychiatrist and tell him of her decision: what she considered her free choice. However the staff told me that Petra would have to do this herself. To help her, I finally located the psychiatrist at HSC hospital and had him called off Ward Rounds. I explained briefly what had transpired since my phone call to him the night before, and explained the now urgent demands on my own working time, and the fact that Petra was with me. He asked me why I hadn't taken her directly to the West End Clinic in the morning. I explained my own movements (in the opposite direction to the West End in a snowstorm and I told him Petra didn't want to return to the West End team. At this point Petra took the phone and told him the same thing; her own decision, in her own words. She was then at her request registered at V.O. Services. I waited while staff members said that she obviously needed 24 hour care - not necessarily in a hospital, but in a supervised setting. Several possibilities were discussed and an emergency bed was located at Riverview's halfway house "Vista", staffed by nurses on a 24 hr. basis and having a psychiatric consultant. I was asked to take her there after Mrs. Busslinger had given instructions of Petra's care to the nurse at Vista. I remember that she mentioned "no medication" and "lots of water" for dehydration. Forgive me, MPA Residents Council, for being late for our meeting, but what would you have done?

POSTSCRIPT: I thought I had ended my story about Petra at this point, thankful that she was being cared for. I had agreed not to visit or contact her at Vista because those now responsible for her wanted her to recover quietly in a subdued setting with no outside interference of any kind - not even phone calls. I did send her flowers on Sunday, but made no personal contact. On Monday March 11th I reached the Drop In Centre shortly after 1 p.m. from the East 7th house, just in time to receive a call from V.O. Services asking if I, as Petra's friend, would accompany her by ambulance to Riverview. Her condition had seriously deteriorated on Sunday and early Monday. Almost immediately the ambulance stopped at the

DIC for me and we rushed to Vista. Petra was sitting near the door unseeing, drooling, stiff and seemingly catatonic to me. The nurse on duty and I rushed around identifying and collecting her personal belongings. We then sped in the ambulance to Riverview. I can't describe my feelings. I thought Petra was dying. I sat beside her still, white form trying to get a response from her while giving the ambulance attendant all the admission details he required. At one point Petra mumbled something in correction of an error I had made in her birthdate. This was the first sign of life I'd seen, even though her voice was barely audible through cracked, scabbed lips. I started to hope again.

Uncertainty

During admission I was able to rouse her enough to find out her next of kin, by spelling out very large letters that she could focus on and having her correct the letters by guiding her hand. In this way we established her father's address in about 15 minutes. She was also able to sign her voluntary admission form in a manner legible enough to be acceptable. In the hour or so I stood by her stretcher she told me that the West End nurse had insisted on talking to her on the phone at Vista, despite strict orders that she be left alone. Petra mumbled that she had told the nurse she wasn't going back; she wasn't going back. I had to wonder if this harassment had started the marked physical deterioration on Sunday. Finally, sick at heart, I left, praying that in the next 7 days, while the fluphenazine is slowly released into her system, that she will make it. I'm convinced that only her formerly splendid physical condition will save her life. I'm sure the next "shot" would have ended it - if the March 4th shot doesn't.



All the time I was thinking - There is no antidote for 2 week duration intramuscular shots of fluphenazine. If you happen to be violently allergic, nothing in God's world can help you. Used incautiously, or over-used, it's a killer. I realize this is an overlong account of one "case" but I think we have to view it with proper concern. I could express my feelings in much stronger language but I'm trying to be cool - remembering that I don't know whether she is suffering from too much medication or an extreme allergic reaction. Not being an expert - I don't know which. I'm only a friend who cares a hell of a lot about what has been happening to my friend since last November. But there will be other "Petras". At first glance they may seem to need only a willing ear and a friend-advocate. But then again they may be headed for the private hell Petra's been going through for months, culminating in her emergency admission to Riverview March 11. CITIZENS COMMITTEES TAKE NOTE!!!!!! Petra was grateful for the "willing ears", the kindly support and the comfortable atmosphere of the West End's clinic-house, (too Damned grateful from my jaundiced viewpoint after another sleepless night worrying about her). But "willing ears" are not always attached to heads containing a fund of knowledge whose lack might cost her life.

WHY SLOW - RELEASE DRUGS ?

Medication is a godsend for those who need it - be it cortisone for arthritic, morphine for the post-surgery patient, insulin for the diabetic, an anti-psychotic drug for the non-functioning delusional person, anti-depressants for the clinically depressed, anti-biotics for those with infectious diseases - as long as these drugs are cautiously administered and carefully controlled by knowledgeable persons. Medications can be lifesavers, but they can also be killers. At MPA we seriously question the use of any psychotropic drug whose action is sustained in slow-release over a period of many days. Fluphenazine has no antidote. If the recipient is allergic and has received a 2 week "shot", immediate discontinuance as in many other medications, is impossible. If the drug is first introduced in a very small dosage, orally, and no side effects are observed, then the dosage can be cautiously increased, and eventually safely changed to intra-muscular injection. Any other method is negligence. All major tranquilizers and anti-depressants should be administered in a cautious way to the mentally ill. (look what happened to 30 Glasgow kids who were given anti-

depressants to cure bed wetting; 60% of them were found poisoned by these tricyclic drugs. One 2 year old died. (Sun, March 14, 1974) No veterinarian would do to an animal in his care what some psychiatrists prescribe and have administered to psych. Patients. We at M.P.A. have seen and heard too many horror stories of people "climbing the walls" on stellazine, or chlorpromazine in high doses; staggering half-blind and dizzy on high starting dosages of anti-depressants. We are fed up to the teeth with practitioners who dash off prescriptions as though they were prescribing baby aspirin; and then failing to explain fully to their patients about the drug's possible reaction and side-effects to allay a person's fears. We get the calls for help. We spend the unpaid or underpaid hours giving reassurance to people that they're not really going crazy - that it's just the bloody medication! We know that the right meds, given in the right way, can help the right person. We also know that there are lots of conscientious mental health workers who are careful to see that their patients don't suffer unnecessarily. We're complaining about those who don't know what they're doing, or don't seem to give a damn.

My daughter says she doesn't have a family, only a mother.

She wants a daddy and a baby and a crazy, raucous, family dinner hour. My heart saddens. I want those good feelings for her.

Something is missing.

I am missing the familiarity of another's body, the warmth beside me.

I am missing old friends, family. They wonder, and sometimes pull away.

I am missing the satisfaction of a life unfolding according to plan, ordained by God, my mother and the president of the PTA.

Rhythm is interrupted. Permanence is gone. So is security.

We are all going through it. Seven million of us . . . divorced, separated, widowed, never-been-married mothers in the United States with children under 18. We vary in age. We are a racial mixture. Some of us are broke. Some of us are rich. Together we share a unique lifestyle. We are solely responsible for the care and well-being of ourselves and our children.

What to do?

I am not willing to wait for the shrinks and the social workers and the politicians to decide how the ideal family operates. They will be years at it, even if they do know what they're talking about.

I am not willing to wait for the next man. Maybe he will come, maybe he won't. Maybe I will stay with him, maybe I won't. I refuse to continue my life as a "stage between marriages."

I want responsible work.

I want enough money.

I want a nice place to live.

I want a good place for my daughter to spend her days.

I want leisure time.

RIGHT NOW.

How? How for me? How for all of us?

We can't change something we know little or nothing about.

What is the single-mother experience? What is our commonality? I am not unique. What is my experience? What do I do? How do I feel?

ALONE. Late at night Full of things to talk about, wonder about, questions to be answered, tickles to be tickled, jokes to be cracked, backs to be rubbed, love to be made. But alone. Tonight I don't like it.

AFRAID. There is something terribly wrong. Nobody is getting along with anybody. Splitting up. Arguing. Moving on. I can't cope with this confusion, this uprootedness. The lies I get told. The lies I tell. The fraud on peoples' faces. The stiff bodies. The words. Nobody is moving. Nothing is happening. We are all stuck in a lonely, nobody-knows place. We are doomed.

RESPONSIBLE. Brandice (my daughter) is crying. Lost her shoes. Someone scared her. She's spending the night with a friend...Okay Mom? Needs her allowance. No money. Damn. Money.

OVERWORKED. Too much to do. Strung out. Meetings, papers organizing, decisions, dinner. Too much. My energy is gone. I should have more. What's the matter with me?

TIRED. Let's not even eat dinner!

PLEASED. Brandice told me she was afraid she was pregnant (she is nine). She's been "playing" with the neighborhood kids. I reassured her. She was glad she talked to me. I was too. Pleased that we are so close. She's been invited away for the weekend. Pleased that I have some time for myself.

SINGLE MOTHER experience



TOUCHED. Bob and Sydelle and Sybil and Mike and Cory and Amy sit beside me, hug me, while I am crying and being sad because I haven't felt cared for in a while. Sylvia offers to lend me \$200 when I am broke and getting desperate (panicking). Germaine Greer tells a national TV audience that she "blew" her last relationship...did it all wrong.

PROGRESSING. Telling a male friend who is having a problem with Brandice to talk to her about it, not me. Getting the oil changed in my car when the red light first comes on, not three days later. Being aware that I didn't ask that friendly man in the clothing store to have coffee with me because he would think I was crazy...knowing that I'll do it next time I meet a friendly man.

ANGRY. Brandice went on a camping trip and took the only toothbrush. And the toothpaste. Having my mother call me up long distance to tell me that my sister is bliss-

fully happy in her three-year marriage. My landlady won't get me a

new hot water heater. Discovering that a new man won't let me get upset. I am upset.

HOPEFUL. Someone understood what I was talking about. Brandice tells me a secret. I meet five new interesting people. Someone is honest with me, even though it hurts. Having a fight with a friend and still being friends when it's over. An old lover shows up for coffee (we're still friends).

ON TOP OF IT ALL. Money in the bank, food in the refrigerator, work done, Brandice laughing, a new friend coming over.

But jobs are hard to get, much less careers. Lovers are gone... and hated. We long for a rest from a child's cry. The weekend jaunt doesn't get past the local drive-in movie. We overdraw at the bank.

I don't want us to be so hard on ourselves. You know we never really expected to "handle all of this" --shape our own individuality. Since we were little girls we have been taught, expected, to revolve our lives around a man. He was our father, then our husband, and for some he's now our paternal "friend" the government. We are inexperienced; we don't know how to create, control, maintain our own lives.

Some of us are ready. Really ready.

We lack the resources. The tools. The recognition.

Quality child care is simply unavailable. The little that there is costs too much for anyone (\$100 per month per well child). The job. We are competing in an overloaded, white male-oriented job market. That means we get the dumb jobs and at lower salaries, even if we do have the skills. Child support and alimony are considered unstable income by most credit bureaus. They are right. Counseling centers assure us that everything will be fine "once we remarry."

And we lack a community.

We are not in touch with ourselves or with each other.

We are not getting what we need. This isolation must end.

There is an opportunity here, it has to do with openness. Discovery. Risk. Sharing. Another woman's solutions reveal our own alternatives. Another woman's feelings soften the bitter sting of our own isolation.

We must talk to each other.

Learn from each other.

Discover each other.

Be recognized.

We have no other choice. Nobody else knows what we're all about.

Just us.

Reprinted from MOMMA the newspaper/magazine for single mothers.

FOULKES -

Demolish Riverview brick by brick

When provincial health consultant Richard Foulkes called "the present mental health service... the most inefficient, ineffective, out-dated and discriminatory of all our existing social and medical programmes" (in his massive December 1973 report to Health Minister Dennis Cocke), British Columbia's well-heeled 200 psychiatrists and the upper bureaucratic echelons of the mental health industry recoiled in alarm.

In an unprecedented challenge to the authority of a powerful professional elite, Foulkes offered a series of bold recommendations:

- Demolish Riverview.

- Dissolve the provincial Mental Health Branch bureaucracy.

- Reduce the power of psychiatrists to that of consultants on medical conditions associated with mental disorders; eliminate wasteful one-to-one office psychotherapy.
- Wipe out traditional distinctions between physical and mental health.

- Establish community-based alternative facilities for the mentally disordered "developed with maximum citizen involvement in.... planning and control."

- Guarantee civil rights of mental patients now.

It was a bombshell. Foulkes refused to mince words. The kind of hospitalization that takes place at the 2,000-patient Riverview complex, Foulkes claimed, "actually harms patients more than it helps. The destructive and inhuman characteristics of the 'total institution' where they work, play and sleep proceed in monotonous regularity... under the same relentless and unyielding authority, are obvious...this in itself causes mental disorder." Cutting through

years of mealy-mouthed self-justifications, Foulkes proposed that, as alternative community-based facilities come into existence, Riverview should be demolished brick by brick.

The attack on psychiatric authority was scathing:

"Psychiatrists are intent upon super-imposing a medical approach on what are essentially social problems." Rather than expanding their arena of treatment, psychiatric power should be narrowed to focus on medical problems that psychiatrists are actually competent to handle. Further, Foulkes pointed out that the present system, in which three-quarters of the available psychiatrists are engaged in private practice with patients not considered 'highly disorganized', is irrational.

As the Foulkes report was rolling off the presses, the province's Mental Health Branch was engaged in a mad scramble to establish a neighbourhood mental health centre system in Vancouver. Unimpressed, Foulkes called for an immediate moratorium on new programmes, urged that local boards of citizens be empowered to manage existing mental health institutions, and said that as long as the present Mental Health Branch exists, "the mental health problem will persist and will be compounded." Dissolve the Mental Health Branch, Foulkes told Cocke.

For Cocke, the Foulkes report was a nightmare. He was faced with a monstrous proposal to completely restructure provincial health care, of which the mental health recommendations were merely the most outspoken and controversial.

Cocke issued the report along with a nervous press release which included instant disagreement with the section condemning the administration of mental health services. Less than 10 hours after the report was made public, Cocke was calming an overflow crowd of physicians at the Vancouver Medical Association with the assurance that the community health clinic proposal at the heart of the Foulkes report could not be established by 1976.

The opposition got itself together. The Vancouver Sun (Jan. 18, 1974) saw red, discerning in Foulkes the spectre of Karl Marx.

"Are the citizens of British Columbia now willing.... to surrender some of their freedom of choice to submit themselves to state-managed clinics with state-paid doctors?" asked the Sun editorialist. Obviously, he had never waited three weeks for a doctor's appointment or sat four hours in the VGH Emergency waiting room.

Bill Bennett and the Social Dinosaur parties said the expected things.

Dr. William Brown, chairman of the psychiatry section of the B.C. Medical Association deplored "the callous, degrading and irresponsible statements of Dr. Foulkes."

More interesting that the affronted squeals of those with a vested interest in the system was the support for Foulkes' recommendations coming from a solid majority of persons working in health-care. On Jan. 24, the 40,000-member Registered Nurses Assn. of B.C. welcomed the recommendations "as essential to improved health and social services for the people of B.C." and set to work on developing debate on the politics of health.

The 1,800-member Psychiatric Nurses Assn. is also working on a response that is reported to favour the direction proposed by Foulkes.

In February, the Assn. of Hospital Administrators issued a statement backing the report as progressive. Neighbourhood and self-help groups, like the Mental Patients' Assn., enthusiastic about the report's critique of the mental health system. We feel that psychiatrists like Brown and Parkinson ought to be more concerned about the "callous, degrading and irresponsible" system rather than being rubbed the wrong way by the report's tone.

Foulkes, himself a strong advocate of a community-based-and-controlled clinic system, warns that decentralization-- a currently popular conception-- is not an automatic cure-all. The idea can easily be used to perpetuate and extend the current system in a new form. Foulkes' demand for "maximum citizen involvement in...planning and control" must have made Cocke squirm with embarrassment.

Only a month prior to the report, Cocke appeared before a closed-doors meeting of the Greater Vancouver Metropolitan Board of Health (the administrative body for the new community mental health centre scheme) and ordered the

Board to end meaningful citizen participation in community clinic development. Local citizens groups had, for months, been preparing budgets, hiring community mental health team personnel and locating quarters for the centres. And of course, they had been vocal and critical of various aspects of the plan, constantly warning against the possible establishment of "little Riverviews" in each neighbourhood. Ignoring the citizens' proven ability to do these things, Cocke asked the Board of Health, "Can you imagine citizens involved in budget planning and hiring? It's unworkable." The Board meekly obeyed Cocke's order to squash citizen power and return it to the psychiatrists and administrators.

The latest development came on March 4 with an announcement from the B.C. Government Employees' Union. Ray Whitehead, staff representative for the BCGEU's 2,500 member group of mental health workers (which includes 1,000 psychiatric aides), said "The union agrees wholeheartedly with the Foulkes' Report comment that B.C.'s present mental health care system is monolithic and isolated from the main stream of health and social services... an example of social injustice on a large scale."

The question now is not: What will Cocke do? Rather, it is: Will the majority of health workers unify and mobilize to demand a genuinely improved health care system through implementation of the Foulkes' recommendations? Will they take the issue to the working class public and counteract the scare tactics of the capitalist press? Will they oppose the B.C. Medical Association's expected maneuvers to turn the report into a vehicle for refinements in the presently inadequate system rather than real improvement?

There is more reason than ever to believe that an actual struggle has begun on the problem of health care in B.C.

one summer evening



After supper we felt pleasantly happy and Ian played records while I washed up. The canary had been singing beautifully all day and I went over to him and looked deeply in to his eyes. We reached each other soul to soul when I did this and I think we both gained some comfort from it. He fluffed up his feathers till he looked like a downy yellow ball. I took his bowls and changed the water and seed and he continued his song. It seemed to fit the record Ian was playing.

I said "Let's walk down to the ocean!" and Ian said "yes" and looked up at me with his face glowing as it sometimes did when he was very happy.

I brushed my hair and we went out on the street. We loved to walk together. He was head and shoulders above me and I took two paces to his one but we moved in perfect unison almost as though we were dancing. My dress added to the sensation. It was a sheer print and ruffled up around me, whipping over toward his legs as we moved. We walked a little apart and hooked our index fingers. The sun was brilliant and brassy as it some times is after a very hot day.

We turned the corner and started toward the beach. It was only ten short blocks away, Vancouver summer life seemed to spread out in a panorama around us. We passed a back yard where the family were having their meal at a picnic table. There was a sprinkler going in a yard and it sprayed our feet as we passed. Two dogs chased each other across our path. An elderly man was clipping his hedge. A small but lovely church looked very still and remote. The streets went by quickly and soon we were a block away. We could feel the change in the air.

Suddenly a loud voice yelled "Hi." It was Nora and Nicky with a couple of other people going out for supper. Nicky nodded at Ian and walked on with the others. I didn't realize they knew each other. Nora stopped to tell us some hysterically funny story but I couldn't figure out what was so funny about it. As she talked she was looking Ian over from head to foot very sharply and then ran back and continued on with the rest. Ian's head was down so I knew he was miserable but I didn't know why.

We reached the low grassy hill that looked over the ocean and sat down. We just sat quietly looking out to sea. Finally I could feel the tension leaving Ian and he lay down spread eagled on the grass. The trees hung down over us cool and dark and the waves rippled up toward us. I took off my shoes and buried my feet in crisp moist, grass. Ian sat up and did the same. We smiled at each other and gazed out to sea.

A small, dark woman started to walk toward us across the grass. She was wearing a cotton dress and sandals. She said "Hello there!" I said "Hello". I didn't know her I could see that Ian didn't either. She sat down beside us and started to tell us how terrible lonely she was. She lived in a room and had no friends and sometimes she could not stand it anymore and came out to find someone to talk to. She told us about some tragedy in her life but I can't remember what it was. I was beginning to feel very

unhappy and Ian had his head down again. She took off her shoes too. I said (Ian, why don't we walk a little further down the beach and get in the sun so we can watch it set. " He started to put on his shoes. She said "That's what I'd like to do too", and quickly I said " Ian and I are in a very strange mood and I think it would be better if we were alone". She sat with her arms around her knees, staring up at us with large dark suffering eyes as we got up and walked away.

We walked quite a piece down the beach and sat on a bench. The sun was beginning to dip and there was a faint semblance of twilight. Ian sprawled and put his hands behind his head. We talked a little softly. Then finally he stood up and said " I've had enough " and walked away. This is how we always parted. He wouldn't go through the amenities of taking me home and having a cup of coffee and waiting twenty minutes. The first couple of times I was startled and hurt but after that I rather liked it because I knew that every minute he was with me, he wanted to be or he would leave.

It was perhaps a month later, when I ran into the woman again at a party. She was wearing a brilliant colored dress and too much make-up. I only spoke a few words to her as she was talking to someone else with great intensity. It turned out we had friends in common.

It wasn't many months later when I heard she took an overdose of sleeping pills which didn't kill her outright but she was dying and then I heard she died.

It all seems to mean something but I don't know what it is.

-- Molly Dexall --

free store



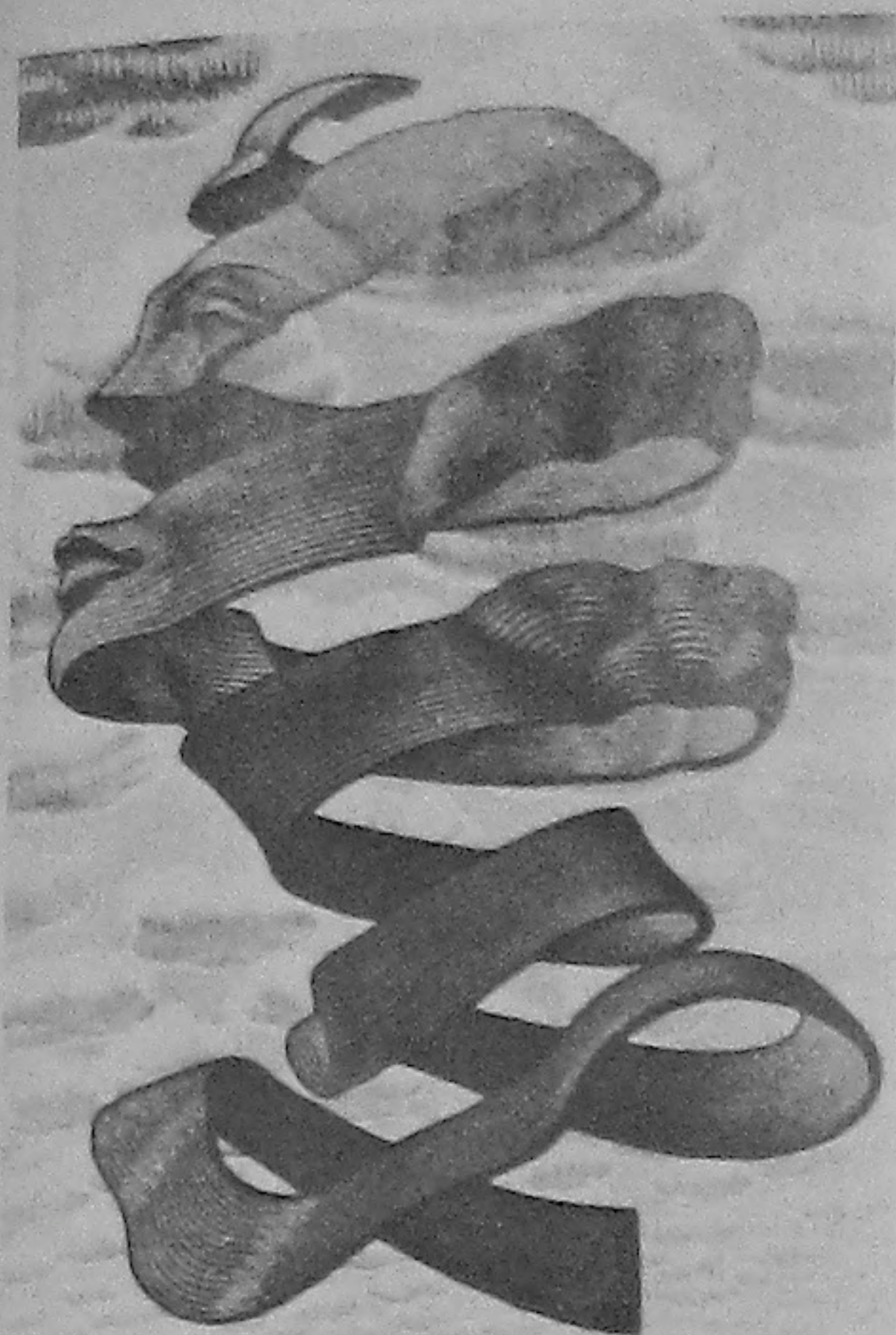
Ms. Lou Smith has been operating a free clothing store in the basement of the Vancouver Free Clinic for quite awhile. When the Free Clinic was evicted from their house in the middle of March, Lou Smith approached us about using our basement for storage and operation of the Free Store. It's been set up but there is an urgent need for space for the Free Store after the first of April. If anyone knows of free space please call the MPA Drop In Centre and let Ms. Smith know. Lots of people have received clothing and stuff from the Free Store & it's very important that it continue; please HELP!

The Free Store is open Monday, Wednesday and Friday from 2 to 5 p.m.-

title misplaced

Many of the small filler items found scattered throughout this issue of the MPA Nutshell are blatantly ripped off from other publications with no regard for copyright considerations or royalty payments and I am certainly in a position to know since I am the M. P.A. typist. They keep me locked in a small room on the third floor and I am fed gruel through a small hose once a month a large sheaf of paper is rolled up and passed through my slot and I am expected to have it all typed by the time the deadline rolls around or they cut off my gruel. My only hope is that they will paste up this filler item along with the rest and not read it until it's printed. Then maybe someone out there can come in and offer to help with the typing once a month.

N. Bonaparte.



behaviour modification

a book review

The increasingly widespread use of behaviourist programmes in our penal institutions these days has recently been said to be all the current rage-----and outrage. Witness to this is the fact that the courts have been kept busy with a spate of legal actions taken concerning the questioned constitutional nature of some of these programmes, many of which have been upheld. Those who saw Kubrick's movie "A Clockwork Orange" will have some idea of what such programmes may entail, and what treatment a typical subject may have to undergo.

Two other groups who quite often come in contact with behaviourist techniques are those who receive psychiatric care, and those who have learning problems. Our youth would also appear to be another major grouping of people which trouble-makers and problem-adjusters in being a focal point of interest for our behaviourist friends. "A Guide to Behaviour Modification-a classroom teacher's handbook" by Earl White and Hazel I. Smith is specifically designed to encourage schoolteachers to use these techniques in our schools on both specific 'deviants' and whole classes.

The manual is clearly laid out, with lots of illustrations of a positive nature, clear-cut diagrams, schedules, and tables. You often get the impression that the overall presentation is itself a behaviour modification programme, with the goal being to urge over to

their approach every teacher who reads it. It is certainly very easy to read and understand, with even the simplest of terms used being explained with full reference to their use in a behaviourist context.

In the first chapter we have no more and no less, an explanation of what constitutes behaviour. This leads into a persuasively-phrased argument in the second chapter as to "Why Behaviour modification Programmes?". Concerns that their use in a regular classroom setting borders on bribery, is manipulative and a cold approach which interferes with warm, positive relationships between the teacher and student are brought up, only to be quickly dispelled.

Instead, we are told that a positive self-image is the most important thing a student can have, and 'helping a student move from a self-image of failure to one of success is one of the most important things a teacher can do'. Apparently all means to justify this end are acceptable.

The rest of the book is taken up with detailed accounts of how to set up programmes, how to police them-a whole chapter is given over to 'Punishments'-and 'Specific Reinforcements for Extremely Deviant Children', or, some stronger medicine of the same type for those who didn't improve after the first dose. The authors then close with some successful case studies, and a summary of a successful plan for behaviour modification, all nicely laced with remarks like "teachers using (these) methods agree that the end result creates better adjusted Students", and "this provides for a better organized, smoother operating class". Thus we see how kids like 'Dan the Day Dreamer' and 'Frank the Failure' from Fremont High are taught to be more attentive and be better achievers through receiving positive-reinforcements like supplemental school materials and a dollar for every hour of homework completed.

All in all, the manual comes across as a fairly seductive little number, one which I would have hated any of my schoolteachers to have got their hands on. The overall tone is anything but progressive, and is rather one which would encourage the use of oppression in our already highly oppressive schools.

There are no questionings of what old 'teach' may be doing wrong in any of the situations. A curriculum may be archaic and obsolete, the teaching methods may be built on total misconceptions about how best to help a child learn, but Mr. White and Ms. Smith see fit to ignore these possibilities. To them it is simple: 'teach' decides what he or she wants, making all the definitions of what is 'success', or 'deviant behaviour' to be stamped out in aid of the higher cause of a class that runs like clockwork. The use of this manual merely helps him or her to more efficiently

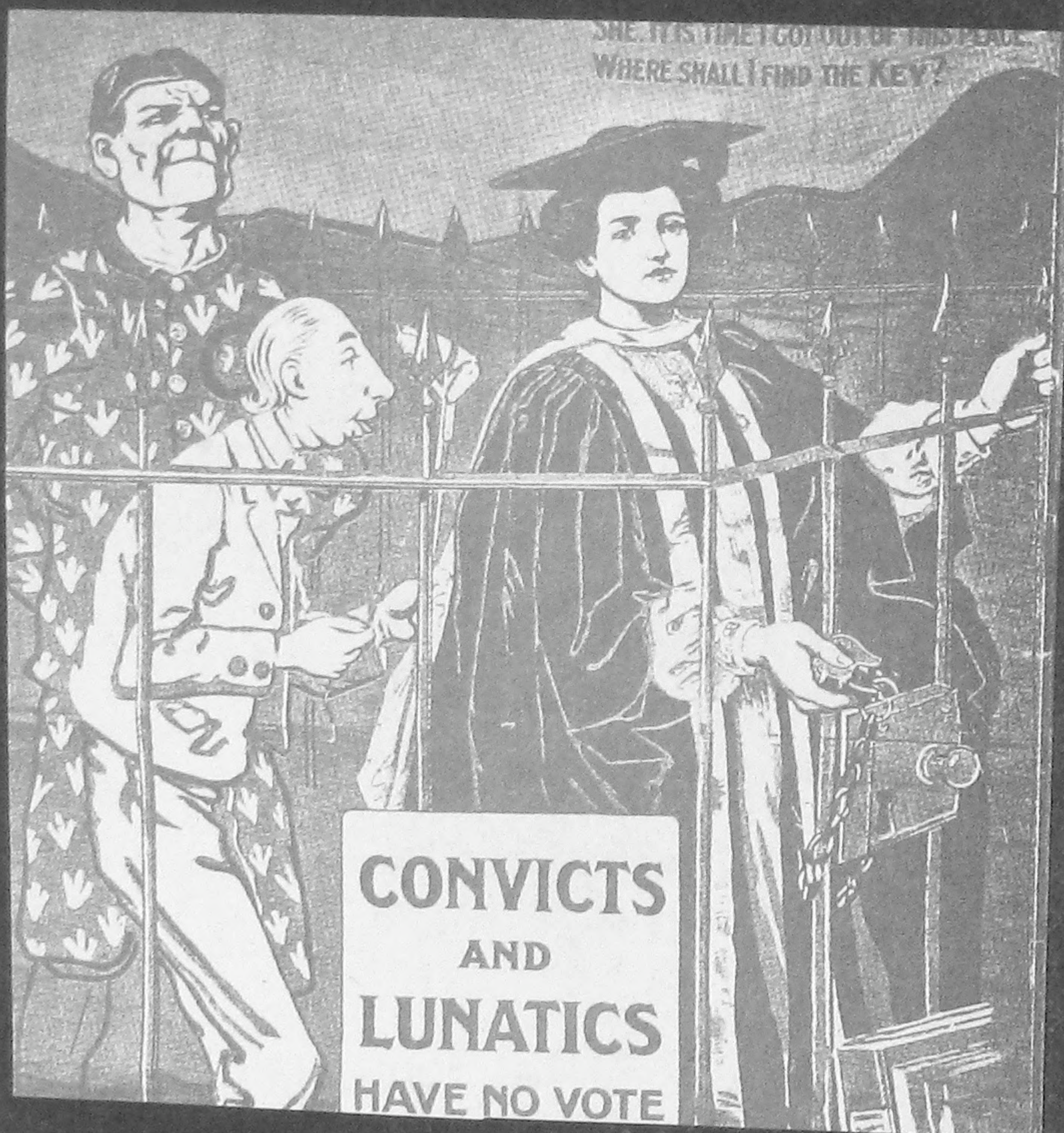
stultify in his or her role as a bad teacher.

Imagine for a moment that I am in a position of power over you, and decide that you and I shall willy nilly enter into a contract to change some of your everyday actions. Maybe I decide that the goal is for you to become more generally polite and to cease swearing around the drop-in. I would award you a cigarette every 15 minutes that goes by in which you measure up to my standards, and punish you by banning you from the drop-in or from having coffee, or sitting down when you don't measure up. I wonder what effect this procedure would have on your self-respect; would you feel it to be raised, and along with it, your confidence, trust, and regard for others? Or would you rather feel more the opposite--some shame, embarrassment, self-contempt, hostility and distrust of others? Think about it.

As far as I can tell, learning is a function of growth. If someone is having problems in this area, to try to ignore this and straight "teach" them is essentially limiting, and piling more pressure onto the situation. If on the other hand, you support them through this more general aspect of their lives, accepting its primary importance, you can thereby help provide the ground for them to be able to and want to learn.

Surely it is preferable to see order as being something to be encouraged to develop within the individual rather than something which must be constantly imposed from, outside? Similarly, is it not more constructive to hear of children being talked of and treated as persons, rather than units to be taught and successfully turned out as robots subscribing to middle class values? Aside from the strict legality of some of the harsher programmes, I feel such programmes should be severely scrutinized in regard to what they lead us towards. After all, unmanageable kids usually are created out of unmanageable situations. Schooling should not ignore this, and continue to be almost totally divorced from the rest of most kid's life situation. As George Dennison once put it in his book "The Lives of Children", a situation where a child is listed as a 'reading problem' is not a concrete fact of life, but one of school administration. It doesn't describe a particular child, but merely the action performed by the school-i.e. the action of ignoring everything about the child except his response to printed letters. It raises the old question of whether to adjust people to our increasingly inhuman institutions or whether to adjust our institutions to our increasingly inhuman people. To me, a little time 'lost' in giving someone more space to handle themselves is worth more than any dogmatic, often useless book lessons or all the tokens that would fill a hundred Skinner boxes.

SHE. IT IS TIME I GO OUT OF THIS PLACE.
WHERE SHALL I FIND THE KEY?



**CONVICTS
AND
LUNATICS
HAVE NO VOTE**