

IN A NUTSHELL



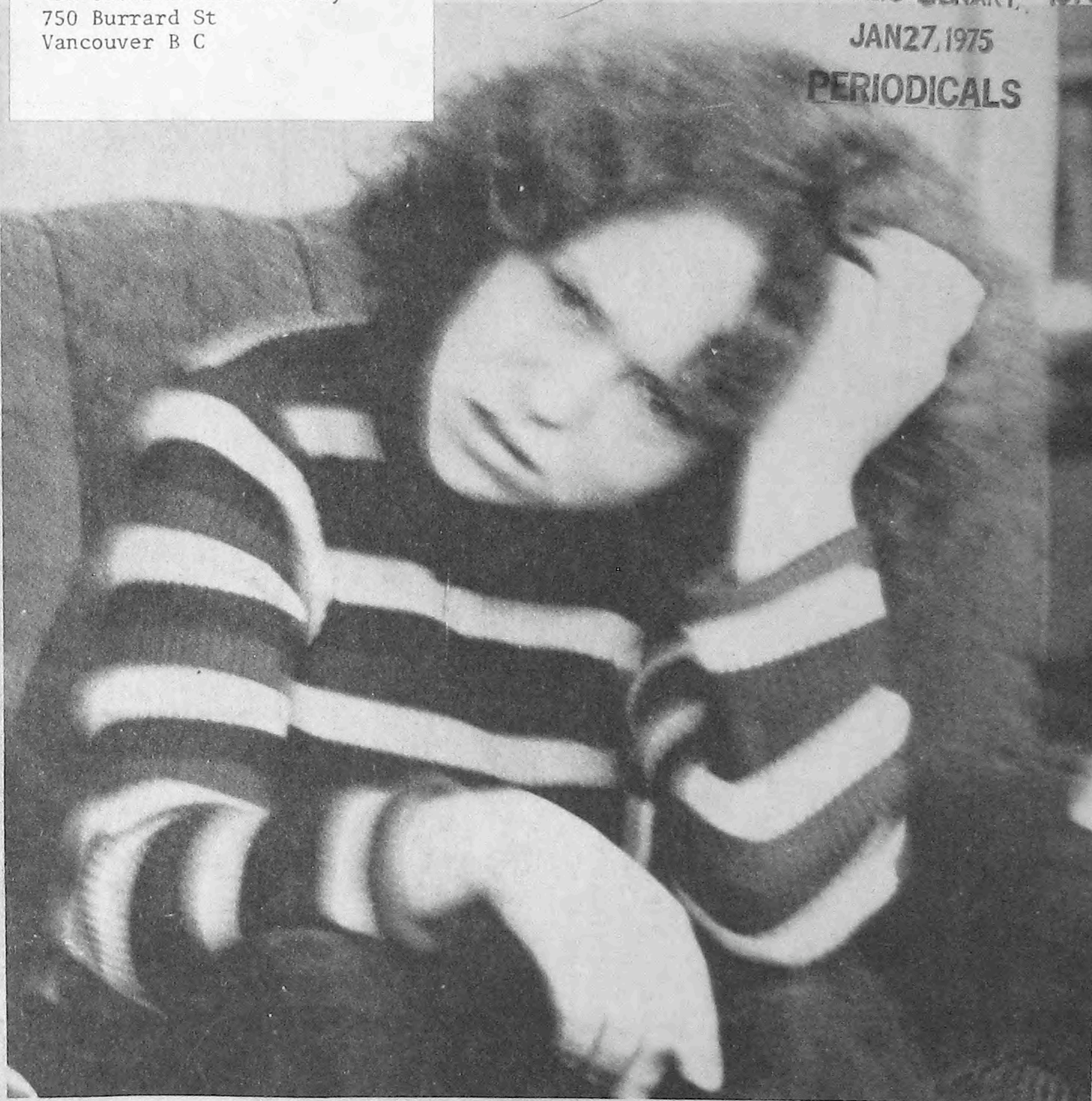
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MENTAL PATIENTS ASSOCIATION NEWSLETTER

November 1974

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ELECTIONS ON WEDNESDAY, JANUARY 29TH: 7.30 PM 2146 YEW ST. tel: 738 5177.
Drop-in Coordinator; Transportation Coordinator; ratification of E4th Res-
idence Coordinator; and if we resolve our current debate within MPA (see on
pages 1-4), the Research Coordinator.

in a nutshell

MPA is not for everyone

MPA is for change

A proposal emanated from the office in response to what was perceived as an increasing demand on the part of MPA members for ex-patient control of the organization.

The proposal recognized that no ex-patients have been in office-related positions for almost a year now and it took into account the practical reality that the office-related positions which involve general administrative functions related to funding and to housing thrusts for MPA require a degree of training or support for any incoming persons.

In effect, it was a proposal designed to pay a person coming into the office a salary, while training, for as long as that person considered support to be necessary. When I took on the research job last May, I consider that it was at least several months before I felt comfortable with the office work, and I would not have undertaken the job at all, had there been no experienced persons around to offer me the support that I needed.

At the time of presenting the proposal, it seemed to be a rational approach to beginning to resolve certain contradictions within MPA without jeopardizing our continuity and financial security.

Basically, the proposal was to replace the present researcher, who is not an ex-patient, with an ex-patient, and to offer that person support as long as it was needed to become familiar with the work.

At the same time, it suggested that the person who has been in the office for the longest period of time, Barry, leave the office position (either to go to another area of MPA, or to go out of the organization entirely).

It suggested that the present researcher take an interim office position for a period of time necessary to locate another ex-patient to replace the outgoing coordinator.

This means that any person could apply for the job from within MPA, or from without, as long as they are

an ex-patient and receive the support of the membership.

The idea of an interim appointment (or election, had that proved necessary) was merely one based on expediency and practicality, designed to facilitate the transition in the office by making experienced persons available to incoming persons.

Finally, it suggested that a similar procedure be adopted at a later date for phasing out the last non-patient from the office.

At the General Meeting on January 8th there was mixed response to this proposal. The idea of appointing the present researcher to the office position for an interim period to locate candidates for the office was rejected as undemocratic.

But only half the membership supported the underlying concept of ex-patient control of MPA embodied in the proposal; while the other half rejected it. The vote was split. The meeting decided to relegate a continued discussion of the matter to the next General Meeting on January 29th.

It was suggested that people begin to discuss the issue amongst themselves before the meeting, so that we can bring a clearer idea of who we are and what we want for MPA to the fore. I consider this to be an extremely important issue, one which we must resolve soon if MPA is to thrive and be effective.

At a recent business meeting, we were reminded by Gerry Walker, that MPA policy has always been for "ex-patients, for potential patients, and for people interested in this area" to work together in struggle.

MPA began as a result of the influence and efforts of an ex-patient, Lanny Beckman, and a non-patient Barry Coull, in response to the growth of the Radical Therapist Movement in North America and the Anti-Psychiatry Movement in Britain.

Both Mental Patients Liberation Groups and Radical Therapy Groups agree that our society is oppressive to all persons, that our political system is exploitative and that the psychiatric



Cathy and Sherry



Val and Stan



Dennis



Bill and Bill

continued from page 1

industry is a socially sanctioned institution which functions to control people.

What demarcates the mental patient from the non-patient, obviously, is the incarceration experienced in hospital. Mental patients are punished for being oppressed, and for exhibiting behaviour which by its very character implies revolt against society.

We adopted the name Mental Patients Association as an expression of our political rejection of society's concept of "mental illness", and as a political rejection of the stigmatization of the term "mental patient".

We recognized that the greatest help came in the form of help received from our fellow patients and our friends, who accepted our behaviour as rational responses to our real social situations. We place limits upon ourselves only insofar as we agreed to be responsible to one another's welfare which means that we attempt to look at our own behaviour, to understand why and how we relate, and to try to change. To try to change our lives means that we must explore ourselves personally, and in relation to the society in which we live.

MPA is not for everyone. MPA is for change - both personal and political. And the persons who benefit the most from MPA are those who become committed to change.

MPA has adopted an organizational model which symbolizes our personal and political beliefs - democratic control of the organization by the people.

However haphazardly this model may operate, it distinguishes us from the mainstream of social and political life. It is in distinct opposition to society's model, and to hospital life, which strives to control us by taking away the control we have over our lives. However unfair MPA may have seemed to some at times, there is not one member who can honestly say that they would not fight to preserve this precept at MPA, or that they have not benefitted from this organizational model at some time or other in their history with MPA. It is the basis for "radical therapy" at MPA.

One of the basic contradictions within the organization is the distinction made between elected persons and non-elected persons at MPA, and this contradiction has taken the form of a battle between ex-patients and non-patients.

Some people feel that

this contradiction would be resolved if MPA were to adopt a policy of electing ex-patients only. For the last few months I have agreed with this group, and for that reason I became motivated to adopt measures which would ensure that such a situation occurred, hence the proposal from the office.

But however this issue may be resolved, I do believe that the real contradiction which is occurring within MPA is one which we are not dealing with, or attempting to identify.

While it may seem that the presence of non-patients in elected positions at MPA generates a "custodial atmosphere" as some critics have suggested, this problem derives almost primarily from the oppression of powerlessness enforced by the hospital experience.

On the one hand, members demand this distinction, not because it is needed or desirable, but because it is difficult to unlearn. MPA is about change. To change we must recognize our oppression. Our oppression has to do with powerlessness.

But it would be erroneous to conclude that these contradictions would not exist were all persons at MPA to be ex-patients only. Recently I spoke with a woman ex-patient who was a member of the original RT Collective in California. She worked in the Mental Patients Liberation Movement and eventually she left her people-related work because she found it oppressive being unable to resolve the contradictions imposed upon her by the ex-patients who displaced their hostility for hospital and other authority figures on her.

The crucial problem is one of dealing with powerlessness inflicted upon us by our political system, by our family and working structures which back up the political system; and the hospital, which has the legal authority to reinforce society's values on us and to wield power relationships over us. If we fail to deal with this central issue then whether MPA remains as it is, or becomes for ex-patients only, will be quite irrelevant.

The contradictions will still exist between elected and non-elected persons, or where there are no jobs between those who are conceived of as powerful and those who conceive of themselves as powerless. An endless destructive cycle - unless some resolution is achieved.

Whereas I originally felt that MPA should become for ex-patients only, I now feel that MPA's political strength

lies in its continued alliance with the Radical Therapy Movement, and with other movements concerned with social change, such as the Feminist Movement, and the Left.

I consider that hospital experience is crucial to understanding the oppressive mechanisms of our society, and that many persons who have been through the hospital experience offer the most valuable help possible to others newly coming through the experience. But I sincerely believe that not all persons who have been in hospital have the awareness and sensitivity or political sensibility required to help other people. And obviously not all persons who lack the hospital experience can fulfill this function either. These are rare qualities, ones we can all learn through commitment to personal and political change.

I believe that MPA's organizational strength lies in a continued alliance with the movement from which it is derived, the Radical Therapy Movement. There is a great struggle to be fought and we must avoid dissension if we are to even crack the monolithic psychiatric imperialism of our society. We must make ourselves politically credible through unity, or we will be crushed.

The interests of mental patients can be preserved as the top priority of MPA, as it has always been. We can adopt measures to ensure that a clear majority of elected persons at any given time are ex-patients.

But to break away from the mainstream of our political movement is a revisionist step which will weaken the attack we are making on the institutions of our society which are the source of our oppression.

Eve

DO NOT EDIT

In the January 8th General Meeting, the question of the office coordinators' being mental patients or ex-mental patients was talked about. The members did not like it. They expressed fear about the thought of insecurity in losing the very capable people who are now in office. Of course this was a political manipulation to acquire majority support from the members, as was expressed by Bill in the meeting. Although the office staff will tell you their viewpoints from how much they have learned, none are maturely interested in the people -- not one. I sat down in the office when 3 of them were having a private meeting on this subject and as soon as I tried to say

Continued from page 2

anything I was called an asshole and told to "shut up" by Barry and Eve. The qualifications to become an MPA coordinator seem to be to be shrewd politicians who is capable of turning people with difficult problems regarding their emotions, I.E. hate, into gullible suckers. The leaders of MPA are frightened children. What should qualify a person to be a suitable MPA office coordinator a person who has come along by psychiatric therapy who can understand and help someone who has not yet come along that far--that's who. What is this rotten bullshit of a place where the person does not count, only the MPA grants. Tom Pollok

Dear MPA member:

At the General Meeting of January 8th, a proposal was made by the office committee to gradually turn over all office and research jobs to ex-mental patients. Because of a tie vote, this issue will be rediscussed and voted on at the General Meeting of January 29th. We urge your support in attending this meeting and voting for the proposal.

Ex-mental patients, coordinators, and MPA

MPA was started nearly four years ago by a group of ex-mental patients who were dissatisfied with traditional psychiatric services and eager to form a patient-run alternative. From the beginning, MPA membership has been open to all, with the result that now only about 30% of all coordinators have ever been in mental "hospitals", while the overwhelming majority of MPA members are ex-patients. It is this two-class system that should be changed.

Why "discrimination" at MPA?

It is not discrimination to state that former patients have shared an experience which others have not, but simply a fact. People can sympathize with the problems of women, gays, or ex-mental patients, but unless they are one of the group, they are talking only out of abstract knowledge and not from their own experiences. Non-patients do not face discrimination.

Ex-mental patients do, every time we apply for a job or an apartment, and in many other areas of our lives. MPA is supposedly a mental patients' organization, set up to combat this discrimination and to deal with all the other problems ex-patients face. It is not discrimination to limit the role of outsiders within MPA. Movements of blacks, women, gays and native peo-

ples toward their own liberation have insisted on closed membership. As ex-patients banding together, we can do the same. People who claim to be working for "human liberation" insist that there is no difference between ex-patients and others -- try explaining that to a potential landlord or employer sometime.

MPA and the mental patients' movement

MPA is not the only organization of former psychiatric inmates. In the U.S., mental patients' liberation groups exist in New York, Boston, San Francisco, Kansas City, Cleveland, and a number of other cities. Two national conferences have been held; a third conference is scheduled for July 1975 in San Francisco. Mental patients' liberation groups also exist in England, France, Scandinavia, and New Zealand. Unlike MPA, most of these groups exist on little or no outside funding. Belonging to one of these organizations means going out on a limb; the members do it because they feel strongly that they have been damaged by psychiatry and want to fight back. Members also support one another through difficult times; everyone in these groups knows how it feels to be hummed out. Mental Patients' Liberation Front in Boston has organized chapters inside local mental "hospitals" and helped patients to put forth demands collectively. Network Against Psychiatric Assault in San Francisco has held demonstrations against shock treatment at the Langley-Porter Neuropsychiatric Institute, and has demanded that the institution be held publicly accountable for administering this form of psychiatric torture. In the future, MPA, benefitting from the liberal funding policies of the Canadian government, could take similar activist stands to better the lives of psychiatric victims. It's time MPA got back to opposing the continuing expansions of psychiatric power -- the community care teams and the new forensic centre, for example.

"Respectability"--who are we kidding?

Many MPA members understandably feel that it is important to put up a good front, and send only our best educated and most "respectable" representatives to meet the public. These are almost always non-patients who do not have the same gut-level distrust of psychiatrists and social

workers that the average mental patient/victim does. Even the most articulate ex-patients in MPA have not usually performed this function, and less articulate members haven't been able to gain the necessary skills and confidence. Meanwhile, many members of MPA are unemployed, and more and more MPA jobs are going to outsiders who could find outside jobs.

MPA participates in numerous community organizations, and our opinion is solicited by health and mental health planners. However, these bureaucrats have always listened politely to MPA spokespeople and then gone off and done exactly what they would have done anyway. The Kitsilano Community Care Team, for example, was very little influenced by the now defunct Kitsilano Citizens Committee on Mental Health, despite the literally hundreds of hours many MPA people and other citizens put into trying to guarantee that the team would operate in accordance with local needs. This mini-Riverview in our own neighbourhood is an example of the futility of presenting a "respectable", ineffectual MPA position.

Our anger is the fuel of our movement

Anger is not very respectable, but it is real. A mental patient organization should encourage the constructive anger former psychiatric inmates often feel toward the system that has disrupted our lives and branded us with the stigma of mental illness. Instead, at MPA this anger has not been recognized as a valid political tool, and angry people have usually had nowhere to direct their very real anger but into the senseless violence against one another that has frequently marred MPA. LET'S FIGHT PSYCHIATRY INSTEAD OF EACH OTHER.

Learning to stop putting ourselves down

One of the most overwhelming experiences of being put into a mental institution is the sense of becoming a "non-person", in the eyes of staff, visitors -- and ourselves. This continues long after hospitalization, with many ex-patients firmly believing that only people who have never been in mental "hospitals" can be competent and worthwhile. Because most coordinators are not ex-pa-

tients, this sense of incompetence is being encouraged within MPA. One of the chief functions of a mental patient organization should be to help one another regain our self-respect. Ex-patients will begin to feel powerful when they see other ex-patients acting strongly and competently (and openly revealing their moments of fear and anxiety). Those ex-patients who have leadership skills can teach their abilities to others. Knowing that ex-patients are writing grant proposals, meeting the public, and performing the many other tasks of office and research coordinators will serve as a constant reminder that we are competent and worthwhile people. WE NEED OUR OWN LEADERS.

Taking responsibility for our own lives

It's time to stop being passive and become active participants in the running of MPA. It's time we stopped deferring to "experts" who have never lived through our experiences and don't really know what it's like to be stripped of dignity and individuality and made into mental patients. In "hospital" we had to do what the experts told us, but we don't any longer. If we go on believing that we're inferior, MPA will continue to drift toward becoming just another social service agency. Let's work together to overcome the harm that has been done, and fight the system that's damaged us.

Suppose you're not an ex-patient

If you're really concerned about the harm psychiatry does to its victims, you have a valid reason for being a member of MPA. You know that MPA isn't an employment service for the middle class; it's a movement of oppressed people. You're a member because you support our struggle. We welcome your support.

What we all can do

COME TO THE GENERAL MEETING ON JANUARY 29th, at the Drop - In Centre, 2146 Yew Street, at 7:30 P.M. VOTE TO TURN OVER ALL OFFICE AND RESEARCH JOBS TO FORMER MENTAL PATIENTS.

Sincerely,

Judi Chamberlin
Ted Chabasinski

who is m.p.a. ?

Mental Patients' Liberation, people in trouble, radical therapy group or social workers? Or none of the above?

The argument raised by Ted Chabasinski and Judi Chamberlin fairly consistently over the past few months - that MPA orient itself primarily as a mental patients liberation group--has set me to thinking about who is MPA once again. It has also led me to ask that a proposal we've voted down once -- that at least 50% of the people who work at MPA be ex-patients--be reconsidered.

While I disagree with the practical proposal that comes from the mental patients' liberation position as Ted and Judi see it--that all of the people who work at MPA be ex-patients--I do agree with the theory that's offered -- and also see the real problems within MPA that the mental patients' liberation position is trying to solve.

One of the main advantages of the m.p. liberation position is that it offers a clear definition of who an ex-patient (or a 'mental patient') is: it's someone who's been incarcerated, voluntarily or involuntarily, in a mental hospital. It is not someone who has been seeing an analyst for years, it is not someone who's been to a lot of encounter groups, it's not someone who's served time in jail for possessing dope, it's not someone who has suffered oppression as a homosexual, it's not someone who says, "I've never been in a mental hospital, but there are lots of times when I've come close to cracking up." All of these people have experienced real pain and need support, but none of them are mental patients. The definition of mental patient as someone who's been in mental hospital is useful in several ways: (1) it says nothing about the subject of mental illness (whether it exists or if it's just a label); (2) it does say something about how society is organized, and (3) it claims that experience in a mental hospital as a special experience. There may or may not be 'mental illness'; there are mental hospitals and mental patients. There are all kinds of troubles, but being a mental patient in a mental hospital is a special kind of trouble.

MPA is definitely for mental patients. It is a

place for mental patients to socialize, to find housing, to work. It is also a place where people organize to get mental patients out of hospital and where people organize politically against how the society produces and treats mental patients.

But is MPA only for mental patients? The answer, in terms of MPA's history, is no. In 1971, when MPA was founded, it was defined as a self-and-mutual help organization for past, former and future mental patients. Membership in MPA has always been open to patients, people going through difficult emotional times, and people interested in helping other people. As an organization that's kept its strength through rigorously maintaining democratic political procedures within the group, jobs in MPA have always been open to everyone. From the beginning, it was recognized that there was a danger that people would run for jobs at MPA who might have the same attitudes as the people MPA was organized against (what is popularly known as 'social worker' or 'ward attendant' ideology), but it was felt that relying on membership control of hiring would be an adequate safeguard for the organization.

In addition to the kinds of people described above, there is one other current of thought that has always been recognized as legitimate at MPA -- although it goes under many names, the most convenient one is the 'radical therapy outlook.' By that, I don't mean some particular kind of therapy, but rather a viewpoint which approaches 'personal' problems by looking for the sources of oppression, exploitation and repression in our society. It happened, by accident in some sense, that the person who started MPA, Lanny Beckman, was at once a mental patient and a person with a radical therapy outlook. But actually, it wasn't an accident at all. At the time Lanny began MPA, the theory of radical therapy was just becoming public and it was through his acquiring that theoretical outlook that he was able to organize MPA. Since Lanny, there have been a number of people at MPA who have shared the radical therapy outlook (most of them have not been ex-patients). Though they have never felt the need to form a group within MPA, they

have definitely had an influence on the organization. Generally speaking they have made a positive contribution to MPA (even though they haven't always explained their ideas clearly), and through the political skills they brought with them have earned the respect of most MPA members for helping MPA develop a high degree of organizational cohesiveness.

Equally, MPA has helped these people by providing a real situation for them to be in and thus allowing them to avoid the danger which plagues radical therapy groups of becoming merely abstract.

With this said, and with the various legitimate currents of interest within MPA identified, it's possible to approach the problem that Ted and Judi, representing an m.p. liberation perspective, have pointed out. I think two things can be agreed upon as fairly obvious: (1) among the many priorities MPA has, its number one priority is to meet the needs of ex-mental patients, and (2) the number of ex-patients working at MPA has been consistently under 50% for the last period of time. Since MPA workers are delegated a lot of day-to-day decision-making power by the membership, it is important to insure, as much as humanly possible, that the number one priority of MPA is met by these workers. Though there is no arbitrary formula that can substitute for the consciousness of the membership as a whole, the principle of ex-patient majority control among MPA workers is one step that increases the chances that ex-patients' needs will be met. Obviously, this step doesn't guarantee a solution, but it is a step, and it is an improvement over the present situation.

Therefore, I move that the hiring policy of MPA be that at least 50% of the people working at MPA be ex-mental patients (as defined above).

I think this policy can be implemented while maintaining MPA's democratic principle. Prior to any election within MPA, the election committee would be charged with surveying the present personnel at MPA, and on the basis of that survey, recommending to the membership that the job either be open to: (1) ex-patients only, or (2) anyone. In a more casual way, the principle already ap-

plies to the Emergency action Committee. The job of the various election committees would be to try to secure a balance of ex-patients working in all the areas of MPA.

Here's an example or two of how this might work. A Drop-In Centre job comes open. The elections committee surveys the personnel at MPA and finds there are eight ex-patients and 13 non-patients working at MPA. On this basis, they recommend to the business meeting that the DIC job be open to an ex-patient only. The business meeting agrees and recommends this to the general meeting and if the general meeting agrees, then the position is open to an ex-patient only.

I'm sure there are dozens of situations that everyone can think of that would require a careful decision depending on the particular case. Here's another example. Say there are two drop-in positions open and the elections committee finds there are ten ex-patients and ten non-patients presently working at MPA. They recommend that one DIC position be open to ex-patients only and that one DIC position be open to everyone. What does this mean to an ex-patient? It means that the ex-patient can run for the position open to ex-patients only, and if he/she doesn't win that election is eligible to run for the position open to everyone. Is this undemocratic? to allow some people to run twice and others to run only once? No. It's not undemocratic because ex-patients have suffered special oppression in the society and MPA simply guarantees that they have every opportunity possible to them. Some people think democracy is merely a formal rule of equality (this is called 'bourgeois democracy'). But real democracy is a system that takes account of real-life situations (what I call 'people's democracy'). Real democracy especially takes account of the historical circumstances that have brought people to their present conditions and seeks to balance these factors so that there really are equal opportunities.

Eventually, through the process I've outlined, ex-mental patients would be assured of occupying at least half (if not more) of all the positions in all the areas of MPA (DIC, residences, transportation and office).

Please give this proposal your careful consideration. I will be bringing it to the January 29th general meeting.

Stan Persky

OH GIVE ME A HOME

Everyone knows that obtaining decent housing is the main problem facing people coming out of hospital. Everyone, that is, but the provincial government, which should be providing money for mortgages for additional housing.

Present government policy is to reduce the population of Riverview Hospital. Riverview had 2,069 in-patients in Dec. 1972; 1,569 in Dec. 1974, a drop of 490. All very well for those who got out--if they found a decent place to live.

In these times of an acute shortage of housing for everyone in Vancouver, where can ex-patients locate?

Some go to government-supported psychiatric boarding homes in the city, (9 licenced homes and 7 unlicenced, presently housing 183 people). Of these place-ments a substantial number could live independently if they could be placed in sub-sidized housing situations. And a certain percentage are extremely difficult to place because they need 24 hour

care and supervision which boarding homes cannot provide on a continuing basis. There is presently a waiting list for boarding home placement.

"Vista" and "Venture" serve as halfway houses for Riverview; now we hear that they are being taken over by the Greater Vancouver Mental Health Service as short-stay hostels.

Loma Society has 1 long-stay (6month) 24 hour staffed hostel with 11 beds. Mental Patients Association has 5 houses with an average of 9 beds apiece. Coast Foundation has a 25 suite apartment block to accommo-date about 30 adults, and a long waiting list. Vancouver Emotional Emergency Centre has a 5 bed short-stay hostel.

At least several more apartment blocks for semi-independent living are needed to serve the clientele of the community mental health teams throughout the city. And at least 2 more MPA halfway houses could be fil-

led if we had them.

Intensifying this bleak picture is the new policy of CMHC. Through CMHC we have been able to buy 4 of our properties. But now this federal government funding source may be drying up. Reacting to the grim state of the national economy and depressed state of the constructing industry, CMHC no longer promises to underwrite loans for existing housing, for non-profit organizations such as MPA. CMHC's new policy is to put up money for new construction.

We have concentrated on acquiring large centrally located, older homes as the best and cheapest type of accommodation for people on social assistance. However, our most recent application for a mortgage was met with a lot of opposition, and may be our last.

If the federal government will no longer help to alleviate the crucial ex-patient housing situation, we are going to have to look to the provincial government for

necessary funding, for, after all, they created the problem by reducing the hospital population. We suggest that the Departments of Health, Human Resources, and Housing get together to look into the present dilemma. MPA is willing to undertake the job of finding and filling additional houses, but we need 100% mortgaging at 8% to accomplish this. We also need 2 residence coordinator salaries per house.

On a more optimistic note is MPA's involvement with the Ad Hoc Committee on Community Resources for Persons with Psychiatric Difficulties. This committee, chaired by Health Sciences social worker Ralph Buckley, represents practically every group, both government and private, involved in housing ex-patients in the city, and is putting together a comprehensive plan in terms of immediate needs. This is the first time such a large representative group has come together over the crucial housing issue. Their plan will be forwarded shortly to the provincial government.

Fran's note: The proposal to the Vancouver Resource Board for funding for a Crisis House and Transition House is floundering. Against its the old business of who is going to pay for it. At the January 16th meeting of the Vancouver Resource Board it was felt that crisis housing must have funding that is shared between various government departments. This will take nothing but time and there is always the possibility of losing the principle that housing should be controlled by community-controlled models rather than by the medical model.

There is some hope for the Transition House in that the VRR Budget Committee has recommended asking for additional funds from the department for an initial house.

Friends who freaked out on this issue: Delores, Jacky, Eve Dennis, Barry, John Kurtz and Anita and Dorothy Phillips... Patty, Jane and Barb.....

LETTERS

Continued on page 11

I would like this to be put into the nutshell. I would like to tell you a little about my life before I became a member of MPA. What I can remember about my childhood wasn't very pleasant, I started withdrawing just after my grandmother died. I was 7 years old then and she was my example in life and suddenly she was gone, then from that time on I was very withdrawn. I also had to be put into a foster home as my mother had to go work and she had nobody to take care of me as my mother and father were divorced when I was 9 months old. I stayed with these people from 7 until I was 13 years of age. For six years I only saw my mother on the weekend and sometimes not even then. I never hit it off with my foster parents, as to them I was just extra money. They used to beat me. I tried telling my mother but she wouldn't listen. I went through 6 years of this until my mother wised up. By that time it was too late. I just hated my mother then so I made the sad mistake of wanting to meet my father who was also disinterested in me. That's when I really went down hill. I had no where to turn, no place to go. I ended up on drugs, living on the street, etc.

My young life was spent in jail. I had two children-Shawn and Todd. Shawn I had to put up for adoption as I wasn't capable of looking after him. It hit me hard but I did it for his own good. Then about 2 years later Todd came along and I decided I wanted to keep Todd. He was a very sick baby when he was born. He took seizures, then one night after his first birthday I decided I had to get out of the house so I went to Bingo. That's when my baby died. He had a seizure in his sleep. Oh God. I found him next morning dead in his bed. Oh how I blamed myself for years after until a very good friend of mine introduced me to MPA. I was into the razor blade kick at the time I needed desperately to talk to someone but I was scared.

I can look back on this now, and I thank God MPA was around when I needed it. My special thanks to Barry Coul Dick Woodsworth, Fran Phillips & Janet Bell.

Now I am married and I have the most adorable daughter in the world who needs me to fight for her. I really can't express my feelings for what MPA has done for me. If it hadn't been for understanding peo-

ple I wouldn't have my daughter or my husband and you all made this happen for me. You people were the one who made me take a second look at myself. I thank you all very much. I love you all very much.
Yours truly
Mrs. Tina Taylor
1904 Upland St
Prince George, BC.

IN A NUTSHELL is the official publication of the MENTAL PATIENTS ASSOCIATION, 2146 Yew St, Vancouver, 738-5177.

SIR FIGBY SNORT RETURNS

SIR FIGBY SNORT IS STAN MAILEY
STAN MAILEY IS SIR FIGBY SNORT

book review

Sound Sex and The Aging Heart by Lee D. Scheingold and Nathaniel N. Wagner.

The book deals with various subjects related to the reaction of the heart, brought about by sexual activity. It is very well written and equally well researched.

The conclusions I have drawn after reading the book are as follows: one should not indulge in sexual relationships after the age of 104, because of the danger of breaking brittle bones; it is not necessary to have heart disease to enjoy a healthy sex life; and sex should never be discussed while a person is sleeping.

how to Quit smoking

1. Marinate a package of cigarettes in a mixture of dog urine and garlic and dry them in the oven. Chain smoke the whole pack. The patient finds that they do not taste very good.
2. Have a friend doctor a package of cigarettes so that one cigarette in the pack contains a small amount of nitroglycerine. When you smoke this cigarette, it explodes, blowing all your clothes off and leaving a thin layer of ashes over your naked body, causing embarrassment if you are in public.
3. Hire a professional pickpocket to rob you of your cigarettes at the unlikeliest of times.
4. Dress up as a church minister so that smoking will cause people to sneer at you with disdain.
5. Fill your bathtub with tobacco. Light it and smoke it through the disconnected drain pip.
6. Mix tobacco with water. Put in the freezer overnight and just try to light a smoke in the morning.
7. Mix tobacco with coffee grounds, percolate and let cool to lukewarm. Give yourself an enema while holding a lighted match in your mouth and inhale.
8. Teach your dog to smoke and he will look so ridiculous when he appears in your smoking jacket that it will force you to take a good look at yourself.
9. Fill a hot water bottle full of smoke. Hide it under your jacket and secretly sip it through a straw while at work.

Sir Figby Snort

Political

By the time this article is published, the Provincial elections will be history and the new government will be planning the Fall session of the Legislature.

There are four major issues of importance to the general public, namely:

Foreign Ownership
Ecology
Labour Troubles
Rising Food and Housing Costs

Here is my view as to how to solve these problems:
The solution for foreign ownership is to issue Canadian citizenship papers to everyone. On the subject of ecology, everyone should stop breathing for a period of one week, thereby allowing the atmosphere to accumulate oxygen. Also, we could issue shotguns to all birds, thereby cutting down on the number of hunters. With the oil tanker problem, we could disguise the Gulf Islands to look like South Sea Islands (palm trees, hula girls, etc) and in that way so confuse the oil tanker captains that they will head north to Alaska to dump their oil. On the labour trouble situation the solution is simple... "switch positions!" Let the unions run the companies and the company personnel work as labourers. On the rising cost of food and housing, let's all emigrate to Mexico where housing and food costs are cheaper. Here's hoping that the new Legislature will adopt these simple solutions.

Sir Figby Snort

the alphabet

For thousands of years humanity has wondered just where and how the alphabet came into being. After many years of research, I hope this explanation will bring it to light.

Many centuries ago people used to send messages over a very short distance by throwing rocks at one another. If a person threw four rocks at you, it meant that he didn't care for you. If he threw three rocks it meant that he had just lost his job and was taking out his frustrations on the nearest person. If he threw two rocks and missed with one of them, it meant that either he was a lousy shot,

or that he couldn't communicate well. If he threw one rock and hit you on the head, it meant that he wanted you to come to his cave to play monopoly and so on. This system proved unsatisfactory due to the fact that many areas lacked rocks.

One day a hairy man decided to form what is now known as the alphabet. The number of letters was decided simply by counting the number of wives and girlfriends he had. He had twenty six. The shape of the letters came about by accident. One day he started fooling around with a piece of charcoal, scribbling on the backside of an elephant until he came up with twenty six different symbols. To put them in order as we now know them, he got the elephant drunk, and while the poor animal was stunned, he took a sharp stone and cut the symbols off his hide. After placing the symbols in a mud jug, he mixed them up and drew them out one at a time until he had the twenty six pieces in a row. He set them out to give each letter a meaning.

He decided that the letter A reminded him of the area from whence he obtained the hide. The letter B reminded him of the lower part of his cave (little did he know that in the future there would be basements!) The letter C reminded him of citrus fruits, which he craved.

I hope that this information is of some help. I won't divulge the meaning of the other letters because they are of a personal nature. Some of them are from my girlfriends, others are from bill collectors, and there is even one that is obscene. However, who cares, we have the alphabet.

Sir Figby Snort

lack of sleep

CAN'T SLEEP?

Fit suction cups on both feet,
Jump up and stick to the ceiling,
Hang down with your arms folded.
You may look like a bat.
But you sleep well.

Sir Figby Snort

POEMSPOEEMSPOE.....

FACADES
 Standing in the shadows
 Unknown fears come and go
 Empty rooms
 Frozen smiles to keep love
 away.

The masks we wear.
 The hurts we hide.

Lovers when we meet.
 Strangers as we go
 Hurting only each other

And I think it's going to
 rain today.

Glen Underwood

Co-ordinator

Qualifications:

fear or a
 mirror
 to meet
 eyes.

Duties:

water dreams'
 silent screams to
 sort and file
 nitely.

Hours:

just once more
 before....
 Over time
 learn to say no.

Denis Blue



Cigarettes

Take a drag
 reveals to me
 tiredness and anxiety
 Slow puffs
 body twitches on exhale
 stop
 Count cigarettes in box
 anxiously, furtively,
 Look at green woman on package face.

Geoffrey Button



to look at something from
 another point of view is
 a fine nine notions

FRACTURE
 i lift cobwebs off you
 they're strong as coffins
 and they drink coffee
 ears as loud as lips
 brother and sister
 lower me to your lips
 flowers claw me to death
 with their pink scent
 they possess hands
 they will clap
 near the water.
 give me back my tears
 i can no longer weep

Gordon Williams
 East 3 Crease



FRAID
 look for the big penny
 being lost it's called bad
 how can i live inside of you
 both inside the same body
 we'd need a third person
 and neither of us has tolerance
 if need be we'll go to war
 and forget about our bond
 agitation the instigator
 no one can have our weeds
 we will look after the birds
 while the population lies down
 we'll say it was meant to be
 the invisible granted us the earth.

Gordon Williams
 East 3 Crease

TOFINO
 I may go to Tofino
 I may not
 I have thought about Tofino
 A lot

Petra went to Tofino
 Did she go there
 For sunshine
 And fresh air

Or did she go to find the
 little things that scurried
 under the surface of her being
 like little animals under the
 wooden floor of a cabin

I think so
 That's why I would go
 To Tofino

Petra, do you read me?

Did you find a fraction of what
 you sought
 Did you move an inch in the ba-
 ttle that you fought

Tell me
 I need to know
 I may go to Tofino.

Molly Dexall

AS I SEE IT

As I See It

I think I can say safely that I have been (although scattered from once, for quite a long time) in fact an original person around MPA.

In the big inning, first of all, it was, over at the "House that George owned" at 10th and Trutch, a blind opportunity to hopefully find satisfaction for many energetic persons' feelings, both I believe good and bad. I wonder how many remember the Sunday afternoon rainstorm on the very first get-together in the basement. And it was the first time I had the opportunity to meet Lanny, Phyllis Brown, Ed Underwood, Rick Reefer, Barry Coull & Bradley, Allison and the man that told us he had a farm out near Abbotsford that he had to offer to MPA. How about the following weeks of hustling furniture donations and likes



lords and a lack of cooperation from the membership and the residents which wasn't making things too easy.

There are now I think five residences operating, three owned by M.P.A. and two rentals. The living styles, I know, have successfully improved. There is a Residence Council for these places of dwelling, I believe with residence coordinators which I think is a bunch of bullshit. Why do these adults say the residents are too irresponsible and incompetent in looking after their own affairs, especially living in a group where you can support one another? There is a nicely located old apartment complex although not yet inhabited by M.P.A. members. And last but not least there's the new drop-in centre, with a lounge area, ping pong table, a tropical fish tank, a pool table, coffee, and



and dislikes; the girls making patch rugs, and the singsongs- the creation of the MPA song. And, oh yeah, Lanny wanted to have a newspaper similar to the Georgia Straight and Stan Mailey suggested the name, In A Nutshell, for it. Of course it had to be voted on but it made it. It was a heavy place though, because of angers and immaturities. It was run on a tough but uncontrolling majority vote theme. The very heroically idealistic crises problem solutions. And the manipulating badly done.

Well, MPA has come a long way and it has brought along a few people with it. The farm did indeed get started although there is no such retreat in the organization now.

We started to rent a few houses, but they were pretty hopeless situations what with poor support from land-



arts and crafts, plus a wood working shop, Quiet Room, t.v. and kids' room, two offices, hot and cold running water, and a good meal Wednesday for supper and Saturday morning breakfast. (Hi Molly and Grace and Carla and Everett).

There is a bus van and organized activities both in and away from the Centre. I was thinking of renting out my yacht for them on weekdays: I don't feel the leadership is as good as it should be, but I do say it's getting there. There are a hell of a lot of nice people around and we're going to make it. And those two free scrumptious meals a week, mmmm, sound seducing?

Tom Pollok

WOMEN! WOMEN! WOMEN!



MPA WOMEN'S LIBERATION ARMY DISCUSSES CONSCIOUSNESS
RAISING ASPECTS OF CHINESE FOOD AT KING'S RESTAURANT

WOMEN'S COMMITTEE REPORT

It happens every Thursday at 7:30--the social event of the week!--featuring VARIETY --Yes, it's the Women's Committee. Sometimes it's a small intimate group, at other meetings as many as 20 women gather together, usually squished in the office in chairs, or sitting on the floor with a chair or desk poking into our backs. At times we've shifted to the more amicable crafts room where the less formal environment generally lightens the tone of the group. Just before Christmas, we celebrated our gifts of takes in a variety of patterns and sensitive colours, made with the loving hands of Anita. This meeting was an emotional high, spontaneity, puns, jokes and laughter were the order of the evening. Later an unsuspecting woman who definitely previously stated that she would not come to the women's group--wandered in and was charmed into joining us. We touched briefly on women's attitudes towards nurturance and various methods of accepting or rejecting this stereotypical role, even as far as sometimes rejecting the nurturance of our own bodies.

The power structure behind the generation gap as one of the basic division tactics forced upon us--how we are taught to love

(with sexual intimacy) only those of the opposite sex within our own generation and without our own family relationships.

Oedipus and Electra complexes were brought in and bashed about. After this we decided to do some acting out of nurturance and set the next meeting at Alice King Restaurant where we filled ourselves with Chinese cuisine--birds nest soup, oysters in sweet and sour sauce bar-b-q duck, and other yum-mies. The problem of whether to pass the dishes in a counter clockwise or clockwise direction was solved either by yelling or utilizing the famous boardinghouse reach--The tab was split evenly amongst those who had money. Then we staggered out in a chorus of burps and fell into various automobiles.

At the next meeting we discussed attitudes on powerlessness, how different women come to be seen as powerful and the responsibility of acknowledging this. Val pointed out some ways whereby different women could learn to assume power so that it is more evenly distributed, so that jealousy and envy are lessened, and self-esteem emphasized.

We worked through ways of being more sensitive to each other. One, by keeping the

pace slow, and encouraging pauses and silent spaces. The dual purpose would be to lessen the competitive aspects of group communication which we found frustrating in most MPA meetings; and to help each other learn to express ourselves fully. Exploring attitudes was encouraged, i.e., in response to a confused or half-statement because we want to learn to ask "why" or say that we do not understand, instead of using the typical academic method of "debate" (rather than communication) where the response is usually "that could not be so because it does not make sense to me and therefore you are wrong."

Women in conversations are supposed to be supportive rather than expressive and we learn to slam in half statements because we know that since we are not expected to express ideas we must get them in as fast as possible--whether fully expressed or not. Some of us were asked to talk less, talk more, use group eye contact, and become aware of insensitive behaviour.

In another meeting we discussed "preconceived notions" (prejudices). The example of fat women was used. We learned to understand how women who do not conform to stereotyped norms are treat-

ed as non-beings and how women who do conform to stereotyped norms are rewarded by being treated as sex-objects (non-beings).

Methods of practical support were implemented in several cases. Several women needed to shift their living environments, one because of the crippling effect of living with parents. A new apartment was found for one woman, and another was encouraged to seek the supportive environment of the women's residence in the hopes of avoiding hospitalization.

Another woman was put in touch with a feminist lawyer to fight for custody of her child who had been illegally taken from her.

The last few meetings have been held at Eve's house. In one meeting we witnessed some of the difficulties and none of the advantages of belonging to a food co-op. And at the last week's meeting we realized that having the meeting outside of the drop in center was a mistake, that although the atmosphere was more relaxed, the openness of the meeting to new women was threatened. Therefore, the women's committee will return to the drop in centre where the problems of insufficient space and constant interruptions will (hopefully) be resolved.

HOSPITAL HINTS

The following are hints for hospital time which, who knows, may honestly be indicative of "mental health". Hope they may help.

- a) don't appear overly intelligent. Silence can be golden. Avoid political discussions or political pursuits while a patient.
- b) Keep reasonably clean and neat.
- c) Take pills docilely, even eagerly.
- d) Be polite.
- e) Give staff due respect, but don't crawl.
- f) Don't embarrass staff. Leave their pitfalls generally to your own thoughts and memory.
- g) Make your bed; change your sheets and pillowcase. This is a big thing in hospital life.
- h) Smile at the "right" times if possible. Compliments help.
- i) Eat docilely, even eagerly.
- j) Support your fellow patients for it is from them that much help and support in return comes.
- k) Go ahead and name-drop. Be mildly influential if it improves your situation. But, remember, "humility" sometimes works more wonders than assumed "pride". It won't last forever.
- l) In spite of women's movements, often male employees hold more power in hospital hierarchy.
- m) Being "invisibly passive" sometimes deters depression.

- n) Don't wear outstanding outfits i.e., too "loud" or "sloppy" -at least while you're a patient.
- o) Remember that the staff are human and have other things to worry about besides your personal health such as their own intercommunication, personality conflicts, home situations, etc.
- p) The "sadistic" employee is sometimes on the payroll. Avoid if possible.
- q) Don't advertise "abnormal" sexual whims. Answer psychological tests carefully and with much thought. Those files are preserved somewhere.
- r) Avoid telephoning people on the "outside" even if related, if they further discourage you.
- s) If visiting hours upset you, i.e., no one visits, try to be off ward. Also during "tours" by onlookers.
- t) Don't let "power trips" upset you to the point of becoming obnoxious to staff.
- u) Try to be relatively active in occupational and recreational therapy. Attend church or chapel if it helps.
- v) Try to avoid sitting in one spot for long periods of time.
- w) Try not to inwardly panic too much re "home, job, money, future plans, etc." Many people in society do not have extended plans beyond the next pay cheque. There is the unforeseen in everyone's life.
- x) Survive!

Woodstock

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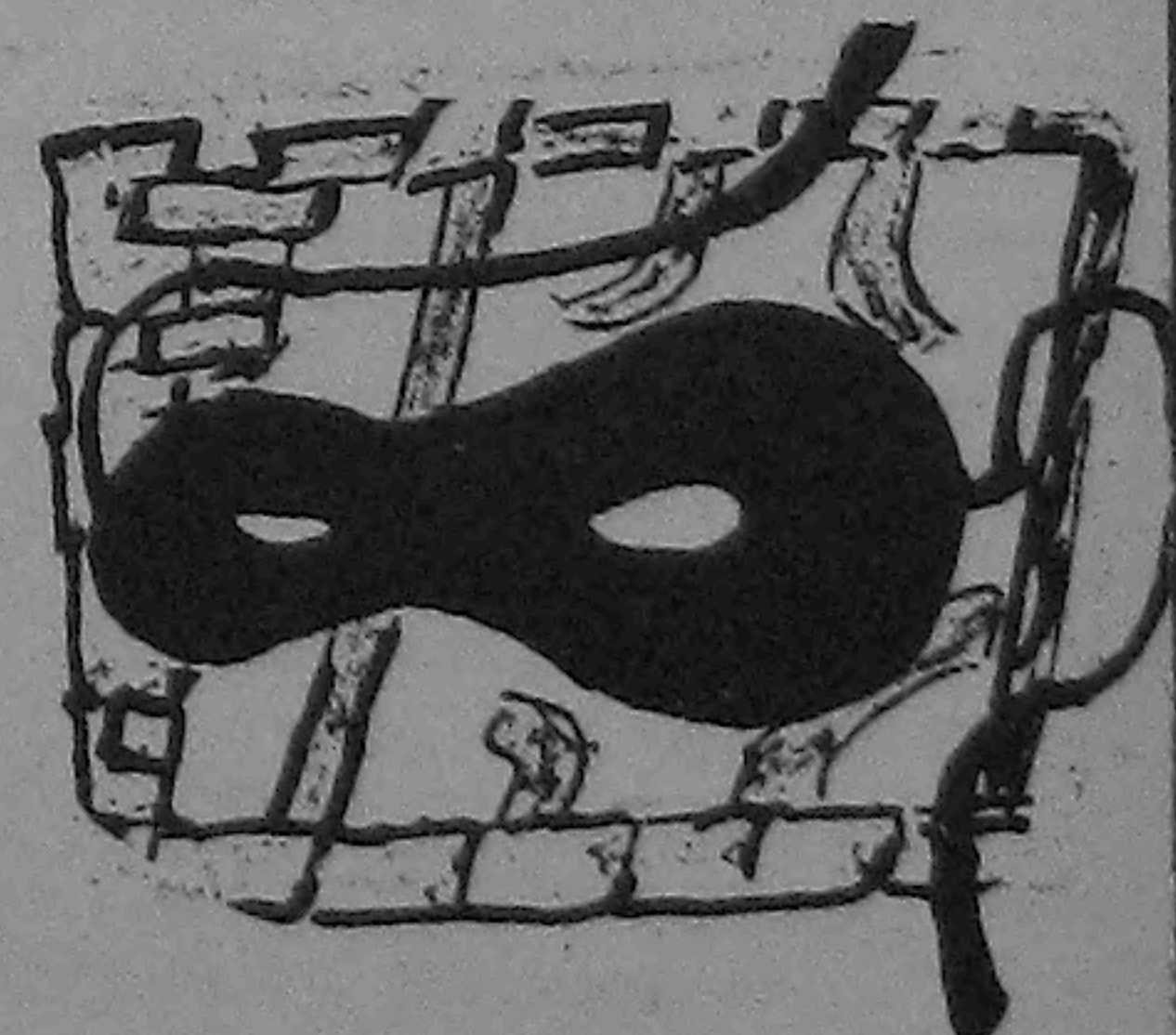
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PACODERM PATTTER



While sitting at the drop-in the other night casting my eyes suspiciously around the room trying to figure out who I could beat at pool an invitation came to me to visit the West 11th house. Not being more overwhelmed with work than usual I graciously accepted. During the ensuing conversation I came up with a couple of brainstorming ideas for MPA (partly, I think, due to a clogged right ear).

I thought, perhaps, that I might record these ideas for consideration by the general group of general members at the general meeting. Generally speaking I think these ideas merit consideration, or constipation depending on your viewpoint. BRAINSTORM NO. 1
A COTTAGE INDUSTRY FOR MPA.

It has lately been brought to my attention that a couple of members are going to Art School. Having been there at least 4 months I figure they will be sufficiently knowledgeable to instruct in our crafts

department. There we could all learn engraving and printing and print our own money. Take that, LEAP. I bet the govt. thinks we do not make adequate use of our departments. The first series we will have to find a suitable figurehead for our bills. So I hereby announce the dollar bill figurehead contest. (The figurehead chosen should, of course, be an ex-patient in keeping with policy.)
BRAINSTORM NO. 2
NEW RESIDENCE

Because of reluctance on the part of a certain govt. branch to buy us houses we should open a summer residence at Wreck Beach. The idea would be to tunnel into the sand banks under UBC campus and block up all the sewers. Then all the academic shit would back up and float the entire university out to sea where they could start an underwater amusement park.

FEEDBACK ON THE ABOVE IDEAS WOULD BE APPRECIATED.

The Pink Pacoderm.

sex

Now that I have your undivided attention, class dismissed!

Those of you over forty may stay after class. All this talk about sex education in schools, what the heck! We got all ours out of school. By the time we were six years old we knew that SEX was to do it. Exactly what "to do it" meant we were not sure, but we did know it meant SEX. We also knew that only people "do it".

By the time I was eight my sex education was greatly expanded. The day the boys in our neighbourhood asked the girls if we would like to play "father, uncle, cousin, king", I eagerly, said, "Yah", never having played that game. But my sister whispered in my ear, "That means 'to do it'".

Well, I already knew that only big people "do it", so I said, "Nah".

By the time I was fourteen years old, my sex education

was vastly expanded when I went to confession and the priest asked me if a man ever touched me. Well, lots of men had touched my hand and so I said, "Yes, Father". He then explained that that was how girls got pregnant and that I wasn't to let a man touch me again until I was married. So... I learned two lessons that time: 1. Always jump back if a man's hand comes close to yours. 2. That people have to be married before they can "do it".

I learned the third lesson when I was fifteen and my sister told me that you have to be married and sleep with a man for nine months before you could have a baby. Well that made sense what with the priest telling me not to let a man touch me, etc. But a new problem arose because there was a married woman living nearby who was eight months pregnant but her husband had gone overseas five months before and

I could not understand who would be touching her until the baby was born.

Then I got married and had two children and understood everything perfectly, "Yah, yah!"

Now when I go to the Bargain Mart, I always ask for two sexy nightgowns, and one man to go with them. I get the nightgowns but the Women's Auxiliary never gave me the man because they say that I am too fussy! To think that I am a full graduate of the "do it" class, and all I want to do now is just touch their hand! And, Dr. Wakefield, I still say that Pearson Hospital could be the safest integrated bedroom hospital in the world! Alice Stark, Ward 5

Continued from page 5

MORE LETTERS

Dear Sirs;

Many thanks for the Sept. issue of In A Nutshell.

I particularly enjoyed the letters and the poems. Glad to see that MPA is publishing some books. Hope they have some illustrations i.e. photos or prints such as the Homage to Fran Phillips or cartoons.

You people have a marvelous sense of humour, as well as a lot of just plain guts.

Best wishes to all,

Sincerely,

Al Todd.

Admission No. 125,372

(couldn't help that one)

PS. Tom Pollock's letter is a real inspiration. Sometimes I feel that I won't be able to make it, but he did, and while there's life there's hope. And besides, he had the guts to write to Joanne Greenberg. I guess you knew her. I never.

Dear People

We are a feminist paper going into its third year of publication. We would like to exchange newspapers with you. Also we would like to list your publication along with others on our Spreading Across The Land page.

Would it be possible to send us a copy of your Nov. 1974 issue?

Please reply as soon as possible for our deadline. Thanks.

In struggle and solidarity
Pat Leslie
for The Other Woman Collective.