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THE TRUTH  
SHALL MAKE  
YOU FREE!

NAIPA  
TAKE CONTROL  
AWAY  
FROM  
HARASSMENT  
THERAPY??

FUCK  
MUT





# HIGH STRESS REACTION

(A MORE ACCURATE, MORE MEANINGFUL PHRASE THAN "MENTAL ILLNESS" OR "NERVOUS BREAK-DOWN"?)



by Len Lorimer

While telling people about the San Francisco Conference at a recent general meeting, Phil Pelzman mentioned that there was a discussion at the conference about ways of describing "mental illness" phenomena without the use of psychiatric jargon.

This problem interested me and the phrase "high stress reaction" occurred to me during the meeting. I later asked Phil if that phrase had been offered at the conference, and he said it had not. After discussing the phrase "high stress reaction" with several other people and being encouraged, I decided to write this article.

Evidence in our culture that the phrase "mental illness" is not satisfactory is seen in the widely held belief that mental illness does not exist. Rejection of the label "mental illness", however, implies this question: "What is a proper analysis and description of the phenomena which masquerade under the void label "mental illness"?" This question should be faced squarely. "High stress reaction" is suggested here as an alternative.

In engineering, "stress" means sufficient force applied to an object to change the object's shape. The word is also commonly applied to people, referring to situations that cause anxiety. In the phrase "High stress reaction" the words "high stress" are intended to mean disturbing factors causing emotional

upset and strongly changing a person's behaviour.

The phrases "high stress reaction" and "Mental illness" each involve different surrounding vocabularies and different implications. I will now try to compare the two phrases together with their important surrounding vocabularies and implications.

There is one defect of the vocabulary of "mental illness" which is even slightly amusing. It is possible that more facilities to "treat" "Mental illness" themselves give rise to increased use of the label "mental illness." If this is so, it explains why, as more "mental hospitals" are built, more "mental illness" is found, so obviously more "mental hospitals" need to be built to "combat" more "mental illness," and so on---if not ad infinitum, at least ad nauseam, which seems to have happened. Some psychiatrists may be more self-employed than they know.

The phrase "high stress reaction" has an entirely different impact. It does not lend itself to the self-reinforcing spiral described above. Instead, attention is directed to an outside reference---that is, to the finding of specific stress factors concerning the upset person. Also, clearly implied by the expression "high stress reaction" is the simplest way of responding to a "high stress reaction." You simply take action to alleviate or, hopefully eliminate, the cause of stress.

Notice that you do not "treat" a "high stress reaction." You "respond" to it. "Treat" is a loaded word implying impotent passivity on the part of the person "receiving treatment". In the other vocabulary it is obvious that passivity should not always be demanded of a person undergoing "high stress". A person in a "high stress" state may simply need help to act effectively.

Now we come to the most important advantage to the use of the phrase "high stress reaction" as opposed to "mental illness". The cause of "high stress" can be internal medical or external and non-medical in nature. The "mental illness" model excludes external causes by implication and categorically excludes all non-medical causes.

Obviously, the "mental illness" model is false in this respect. Think of this scenario:

person is laid off job  
person cannot find work  
person goes on welfare  
person attempts suicide  
person is admitted to mental hospital

Does this scenario occur? Of course it does. What was the cause of the "high stress reaction"? The cause was totally external. Continuous unemployment is one of the many factors in our culture which cause citizens to suffer. And this suffering stresses many people beyond the breaking point.

The final absurdity of the "mental illness" semantic model involves the use of the word "adjust". The statement is made or implied that: "The individual should adjust to meet the needs of society." This is surely one of the most curious symbol sequences in the history of the human language.

The word "adjust" is an almost totally mechanistic concept suitable for application to machinery. However in this instance the person who is upset under stress has first been told he is "sick". This reduces his status to that of a passive "patient" to be "treated" by a doctor. Now, at least this is not totally unreal. There is at least some possibility that an organic malfunction like hypoglycemia may be involved. But when it comes to telling a person he should "adjust", you reduce his status to that of a machine in need of "adjustment". This is unreal. It is a total communications lie.

Many alternatives are possible. How about "Here is some information about human relations that you can learn if you want, and that I think you might find useful." This statement deals with a person as a person.

But that is not all that is wrong with the statement "The individual should adjust to meet the needs of society". The word "society" is there, and "society" is implied to have "needs".

Well! ahem! er-ah, where do we start? The bullshit is piled quite high.

Let us tackle it by asking two questions:

(continued on p. 2)



# ... LEN ON STRESS

(continued from p. 1)

1. Does society have needs?

2. If so, who has the right to define what society's needs are? Maybe only doctors and policemen? Maybe only members of the Communist Party? No, I don't think so. How about lawyers? I think we have to include them. Have we left anybody out? Oh yes! Business men. They must be allowed to make statements about society's needs in speeches at conventions and for something to do between helches and beers. Now I guess we've included almost the entire upper and upper-middle class, and we have the definition of society's needs well in hand. Let's sew it up by including dentists and stop there. Whoa! Whoa!

Did I hear a yell from the bleachers? What? OH? Mothers? You want mothers included? Society needs day care centres? Well, now look, I don't know whether mothers should be included. After all, mothers include some pretty ordinary people. It's only a step from there and we would have

to include human beings who don't happen to be mothers. Let everyone define society's needs? What do you think?

So much for that. Back to the first question. We left that question begging. Does society have needs? Well, I would like to postulate flatly that if the concept "society" is defined so as to separate it from the concept "population", society does not have needs. We have just discussed defining what was really the population's needs. Further I would like to suggest that overlap of the concepts "population" and "society" is one of the weak points of the English language as a mechanism of communication.

A "society", defined separately from "population", is not a total of individuals; it may be conceived as a sort of abstract object, an interrelationship module. Merely an interrelationship module consisting of routine ways for people to relate. People are not "parts" of society, defined in this way. People "make use" of the conventional relationships which are society.

The important thing about "society", then, is that it should serve people by providing them with ways to relate customarily that are good, meaning ways to relate which are beneficial for all the individuals involved.

Now let's go back to our subject, that remarkable statement, "The individual should adjust to meet the needs of society".

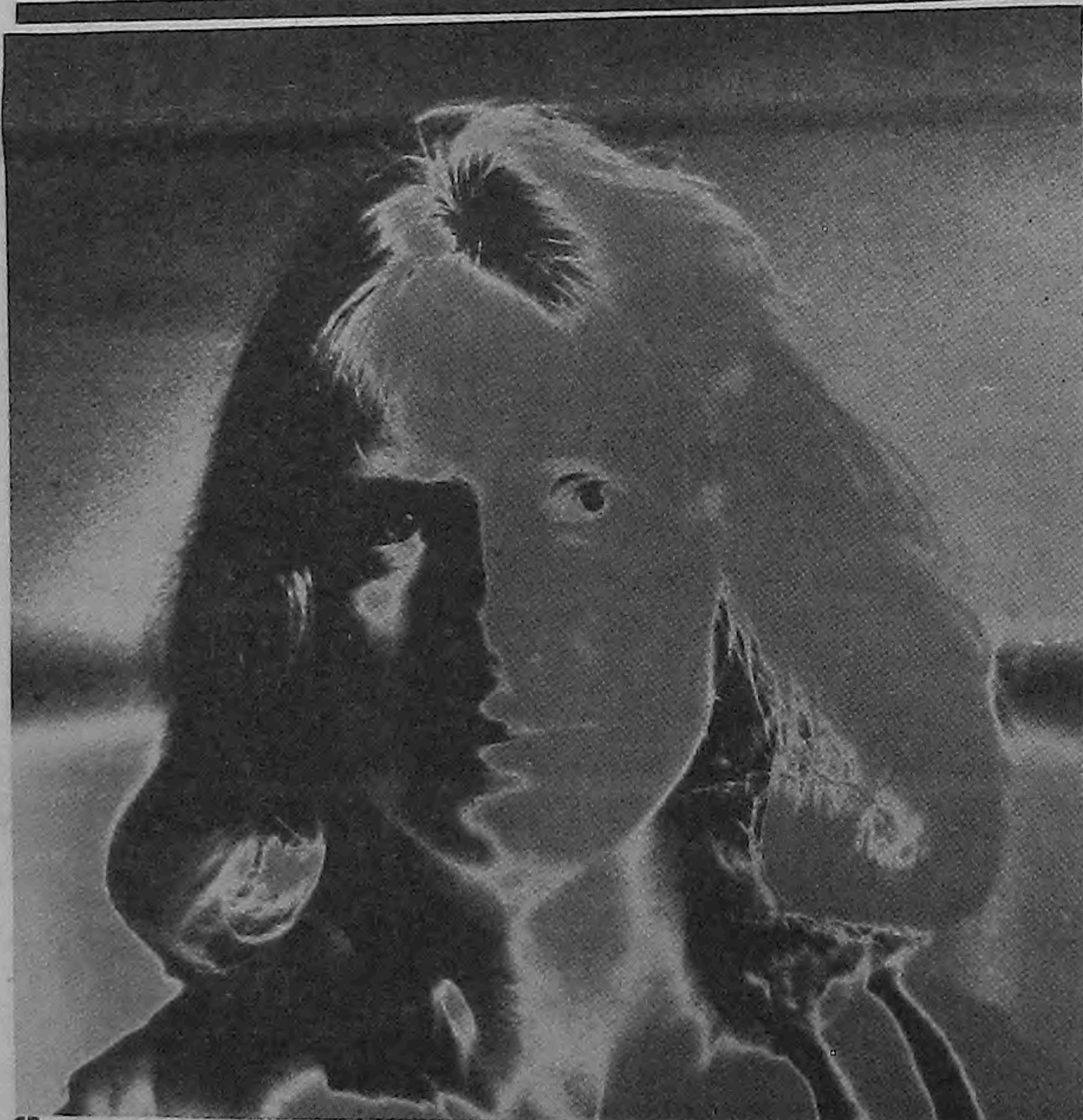
Now, with "society" separated from "population" and defined as an "interrelationship module", it is quite obvious that society has no needs. Also, since a human being is not a machine one quite obviously should not be "adjusted". On the other hand, since a "society" is a highly modifiable abstract "object" and the "interrelationships" which are "our society" cause "high stress reactions" in a significant percentage of the "population", well, you guessed it, "our society" should be "adjusted". (I couldn't resist using the word "adjusted" again, but I really think a better word is "modified".)

It has been stated that a reasonable man adapts to his environment, whereas an unreasonable man attempts to change his environment to meet his needs. Therefore all progress is due to unreasonable men.

Well, if so, the life of a reasonable man is a nullity and a void. He attempts to do nothing significant and so the most he can be is a conformist. Obviously, in this case, to be unreasonable is the only reasonable choice. It is best to try constantly to improve society---that is, to make the interrelationships which people engage in more beneficial, meaningful and satisfying.

The beauty of it is that given the opportunity to function in meaningful ways, that really benefit all people, most people will do so. And those who will not ---well, if perhaps the opportunity remains, they will at a later time.

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Planning and Structuring  
Module  
Social Part No.: 416 539 237  
Personal Name: Len Lorimer.



## "DRUGS ?"

A medical research information committee is meeting Thursdays at 12:00 noon at the Drop-In Centre. We are compiling information relating to therapeutic drugs, uses, effects, side-effects, and withdrawal.

Anybody with information to contribute is welcome to come to the meeting or write to us.

These are some questions that we would like you to think about:

1. How many times have you been in a hospital?
2. What kind of treatment did you receive, i.e., shock treatment, medication?
3. Did it help immediately? over a long period of time?
4. Were you told of the effects and side-effects?

These are important questions that concern you.

PLEASE LET US HEAR FROM YOU.

## WOMEN LOOK AT PSYCHIATRY

edited by

**DOROTHY E SMITH and SARA DAVID**

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# letters

Dear Editor:

I read with great interest and was impressed with Elsie Ostermeier's account of the Child Welfare League Conference which took place in Vancouver June 9th. I would like with due respect to correct some misimpressions which were reported about the panel discussion "Are Social Workers Irrelevant?" First, this discussion was very well attended - there were standees in the room and many people signed up to attend this workshop who had to be turned away. This is understandable because Brian Carter chaired the discussion; the panelists were Margaret Mitchell, Michael Audain and Max Beck, all people who attract attention because they can be counted on to put forward excellent and provocative ideas. Second, the social workers present, were very interested in the discussion of their possible irrelevance because in their every day professional lives they see all too clearly how "if only society were different" their present functions would be unnecessary.

My appreciation and respect for the participation of the panelists for this workshop is such, and the evaluations turned in on this workshop were so excellent I wanted all your readers to have this different perception of this workshop. Thanks,

Katherine Rider  
Program Chairman  
Child Welfare League  
of America

Dear readers

Molly Dexall told her poignant experience at Riverview on "Good Morning Radio." She received E.C.T. although it never helped and did generate intensive fear. "I didn't sleep all night, and shook as I waited in the dayroom." She stated that she did incredibly better without shock treatment, and hoped she could "talk her way out of it", should the situation arise again.

Now is the time to say LOUD and CLEAR that E.C.T. against one's wishes is ASSAULT. I'd like to see the next patient who receives shock 'treatment' against his or her wishes. (the general consent to the treatment slip one signs is not informed and voluntary

consent to extra - ordinary treatment, such as E.C.T.) (I'll contribute to the legal fees and enclose a token payment for a fund for this purpose.

My husband is a laboratory physician; if he took a blood sample against a patient's will, he could be sued for assault.

I hope we can drag this cruel speciality (albeit kicking and screaming) into the twentieth century. E.C.T. should ONLY be given on an outpatient basis----if the patient asks for it. An inpatient is a prisoner and is not free from duress.

Let us get this information about E.C.T.----which Premier Barrett was surprised to find still being used-----publicized. It is ASSAULT. If you don't want it, say No Thank you, or, I'll see you in Court!

Thank you for your compassionate organization.

THERESE SPITZER.

Hello MPA Newsletter Sender (whoever you are)

Upon receipt of your last newsletter I was moved to say thank you and please don't do it again. I'm not interested in remembering or being reminded of four troublesome years where I spent more time in nuthouses and similar places than I ever did before or after that period.

I don't like remembering scenes and incidents that caused me and others great pain and of which I am of course fully, totally and undeniably responsible. Although nuttyness is a social, political and economic disease, we all of course know all acts of out-

ward violence is wholly the responsibility of the individual (because I guess that is really not crazy in a violent world) while all acts of violence to the self is wholly the responsibility of society and its political, social and economic strangulation of the individual.

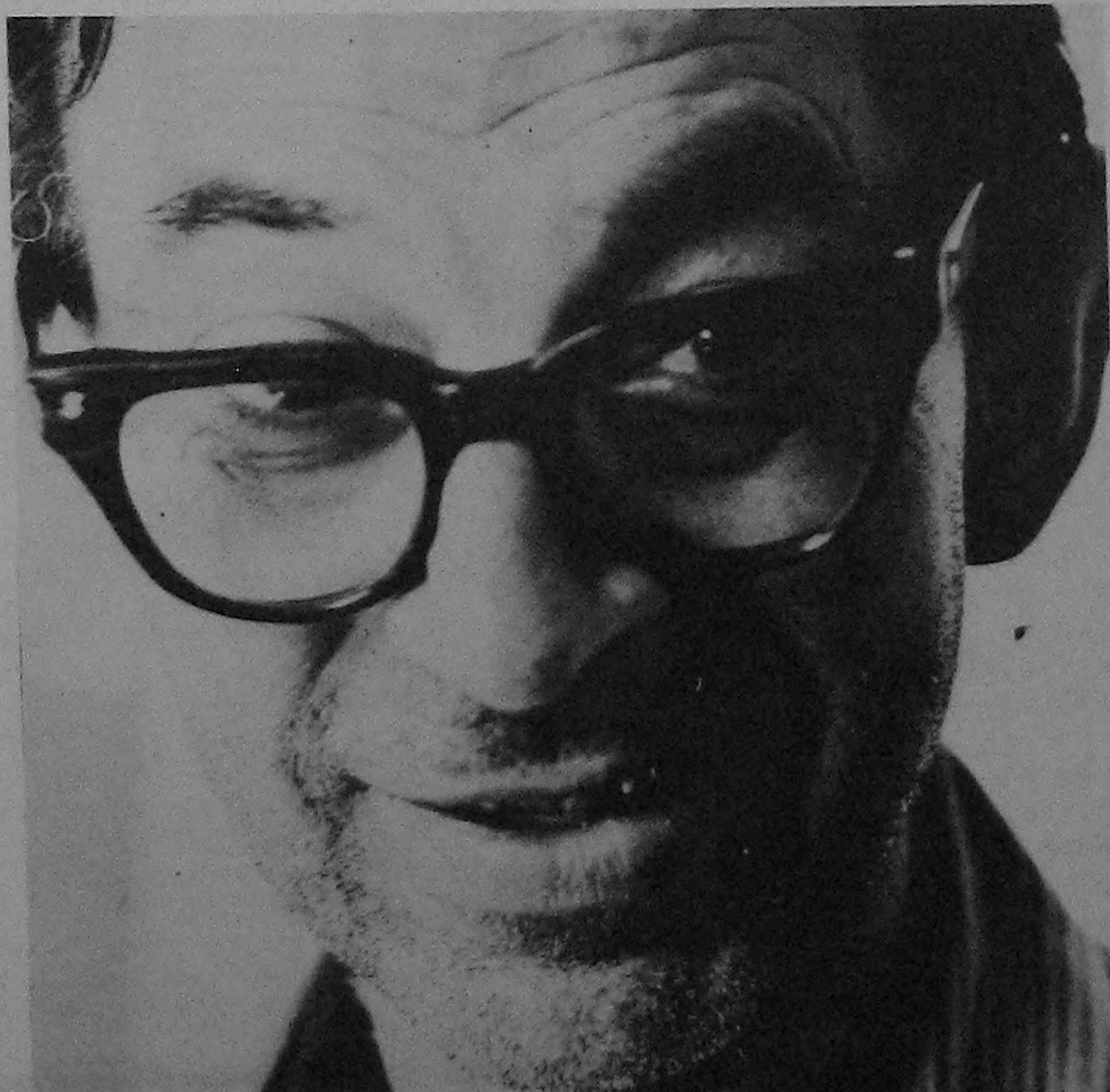
Well at present I live in a rather hostile anti-English section in old Quebec. It is in F.L.O. stronghold in a way and I do not feel near the oppression, dislike and depression as I did around the freedom for nuts MPA centre. And do you know why? Well it is because the cry of death rather than this and I am going to kill myself because life is unbearable and all that isn't being muttered all the time here. The result is, although people are in conflict as mother nature seems to have designed life, a person can feel content with what seems like very little to those worried about who has what and how much of it. They can even find time to write letters like this to pleasantly tell you to fuck off with your monthly reminders of bloody past best put in a meno-pause.

Thank you, and keep struggling. (with someone else)

EARL KRANTZ

Sirs:

I think it is past time to stop sending your fine newsletter to me. Organizationally, MPA does not exist around here any more. I've moved, and have new interests, and as far as I'm concerned, Mental Patients Liberation is a dead issue.



If you are interested in "what happened?", it goes something like this. We got some people together, made a lot of noise, and got a lot of the establishment mental health people concerned. There is a new law now, and I believe a new respect for the basic rights of mental patients. I like to think that MPA, with the help of such other organizations as yours, was partly responsible.

On the personal level, I have discovered that my history (symptoms) match pretty closely with autism. This is a biological variation, which causes childhood problems, and results in a personality type in adults. If there is such a thing as insanity, I cannot conceive of autism being thought of as a class of insanity. In my case at least there is no doubt, the "shrinks" just didn't know what they were doing, or why.

My best wishes - highest regards - many thanks.

Walter D. Ball  
1310 N. 20th Street  
Grand Junction, Colo.

Hi,

The following is a submission as a "Letter to the Editor". If you decide to publish it I ask that you make it anonymous.

There is a desperate shortage of psychiatrists. Why is it, then, that some competent psychiatrists in the Province of British Columbia have not had their licences renewed? I refer particularly to Dr. I. Haselbach. She had been in the employ of the B.C. Government for at least 10 years as a psychiatrist working in Riverview Hospital and in Cranbrook Mental Health Hospital. But now she is unable to work. What are the reasons I wonder?

I would urge any patient or relative of a patient who has been helped by her to object by writing to the Minister of Health.

Anyone who has been her patient or associated with her will know that she is one of the most compassionate people in that profession. Personally, if it were not for her help, I believe I would not be alive today. She was extremely popular and well-liked by her patients.

She was compassionate but also strongly emphasized the responsibility of each patient to work strenuously for their own recovery. She did not give large doses of medication as a cure, but only the minimum required. She

(continued on p. 4)



## LETTERS

(continued from p. 3)

respected patients' feelings and opinions as human beings as to whether they believed they were receiving the right medication.

There are more beds filled by people afflicted with mental illness than all other illnesses combined. Why then is she no longer allowed to work in her profession in this province? She could be making such a rich contribution.

I am thinking of the lonely, desperate people in the wards of our mental institutions and the pitiful short-

age of staff. Where is reason?

Anonymous

Dear M.P.A.:

In regards to the article last issue with Morris on sex: if we are talking about sex I definitely agree with Morris. However there seems to be two separate areas being talked about: your common garden variety fuck, and that most blissful of all communications of MAKING LOVE.

Now if we're talking about making love, sharing our minds, our bodies, and our souls, it can be an earth-shaking, fireworks inducing totally satisfying experience, and a relationship like that takes time, trust and a lot of hard

work. Relationships like that are rare, I think mostly because people don't really try or know how to try to really construct a relationship. And a lot of people are afraid of being burned.

I believe the first step is to know yourself, know your own needs and your own strengths. (You do have them).

But at any rate if you are going to talk about or indulge in bedroom acrobatics let's make a distinction as to the quality of the relationship first and indulge in one or the other at a time.

Sincerely yours,  
Alias.

Dear Sir:

Congratulations on the excellence of content in your newspaper 'In a Nutshell' - and particularly to the writer of moving poetry ATLANTA.

I have been given this paper occasionally by a friend of mine. I have mailed a copy to Sri Lnaka - where the poems have been much appreciated.

I would like to be placed on your mailing list - and, of course, subscribe to your newspaper. Thank you,

Iona Le Mercier.



## TURVEY TERMINATES

TO: Dr. John Kyle  
FROM: John Turvey, Kitsilano  
Community Care Team  
RE: Termination Notice

I will be ending my employment at the Kitsilano Community Care Team on the 15th of August, 1975. My holidays will be taken then, until the end of August 1975. I have taken it upon myself to change my holidays around so as to accommodate the transfer of my caseload in an appropriate and therapeutic manner.

There are several reasons that lead me to the above decision:

1. The choice that the administration made in the context of the amount of holidays I would receive.

It is still quite unclear, if not unbelievable, that I receive ten days holidays, when in fact I carry out similar duties and responsibilities as others on the teams, who in fact, receive twenty days holiday.

The grounds on which this decision was made are not clear to me, and lead me to

the conclusion that, in fact I'm the recipient of some form of blatant administrative discrimination.

2. My status, and rate of pay have been an area of concern to myself since I commenced employment.

I do not understand why my previous status as a Child Care Worker III was not recognized, even with letters of confirmation from previous employers regarding and supporting my previous responsibilities, abilities, and status.

I felt, on accepting the position, that my status would change as my work was reviewed by the administration and if they were pleased with my functioning abilities.

Now I see (even though my six month evaluation was of a positive nature) that the administration does not have any contact of either formal or informal nature with the team workers; but will make their decisions in isolation, disregarding the recommendations of the supervisor and co-workers, as in my situation.

In short, I am amazed that the administration assumes to be conclusive to a community orientated program, when in fact it is an atypical, top heavy organization which seems to place extensions of insensitive institutional attitudes before service either to workers or clients.

I am quite grieved to leave my 'clients' and the people I work with, but I will miss your ominous absence not at all.

JOHN TURVEY

## MOLLY'S INSIGHT

Stolen from a sign in front of Christ Church Cathedral:  
"My brother doesn't need a keeper. He needs a brother".

Doing the right thing is often the wrong thing to do.

M.P.A. has a balanced diet. Lots of fruits, nuts and vegetables.

**KITSILANO  
COMMUNITY CARE TEAM**  
**736-2881**  
*Greater Vancouver Mental Health Service*



# PRISONERS UNION . . . .

Over the past few months MPA has publicly supported attempts by prisoners in Canadian prisons to form a union.

Prisoners have worked for many years doing things like furniture making (for government offices), making street signs, licence plates, and many other jobs. While doing so they have not been protected from the kinds of abuses the workers of Canada have long fought against. By organizing into unions

workers used their collective power to get rights such as safer working conditions, grievance boards, collective bargaining, "Workmen's Compensation, unemployment insurance, and retirement pensions.

To obtain these basic human rights Canadian workers had to overcome police billy clubs, goon squads, kangaroo courts, and many other tactics which the workers' bosses used against them to prevent them from unionizing.

Prisoners working in Can-

adian prisons are trying to obtain the same safeguards that other Canadian workers have fought and are still fighting to obtain.

Prisoners in various Canadian prisons have recently staged hunger strikes and work stoppages. The federal and provincial governments have refused to recognize these non-violent actions or even talk to the prisoners about their demands for a union.

MPA has sent letters to Prime Minister Trudeau and Alex Macdonald, urging them to negotiate with the prisoners. They've failed to do so.

The Prisoners' Union Committee is a group of ex-pri-

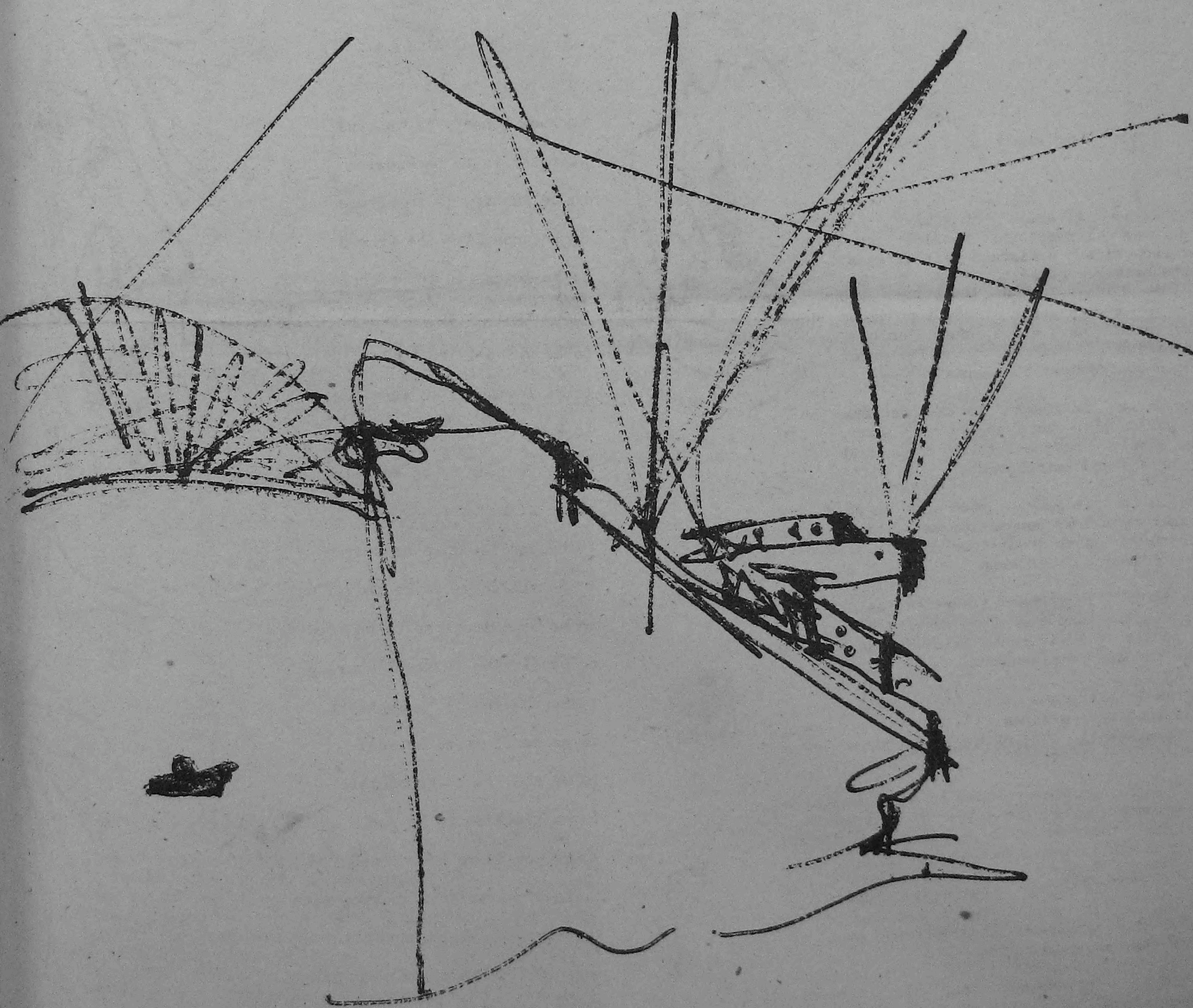
soners and members of the Law Union who are working to help prisoners unionize.

They can be contacted at:  
#307, 207 W. Hastings St.  
Phone 669-3723

A new organization called "United Prisoners' Rights Movement" is forming with ex-prisoners, families of prisoners, and people concerned with prisoners, who are attempting to help each other and prisoners inside to better their conditions.

Like MPA it will use participatory democracy to work for change. And like MPA, it will need the support of our community to do so.

- MPA member.





A BEAUTIFUL DREAM

I gathered my shattered mind  
 pulled myself together  
 gathered my wits  
 woke to thrilling eventful day,  
 rain drops tinkling on glazed windows  
 the sky as pale as ever  
 A Perfect Dream -just being around  
 the smell of coffee in the kitchen,  
 aroma through the shanty  
 The silent valley in the giant forest.  
 A Dream of heaven lurking  
 somewhere in the mist.  
 Dream of living  
 a normal every day life,  
 of being  
 a shining every day person.  
 A Dream of just  
 Happy human being.  
 Life is generous  
 Dream.

Bob Ward.



gone to wood gone to  
 i crack scurry to buil  
 brain hole clasps the  
 pick a scream from her  
 yell from pavement's p  
 so they said megafuckin  
 brencosma gawd i can't  
 but i felt walk in my  
 no one pays attention  
 as she cried for some  
 a port carries a few se  
 ivory is shaped like ra  
 light is how i float  
 from one mood emotional  
 the police pick up piec  
 all drag fly hope like

Gordie Willia

TO BE IS TO KNOW

to love is to know honesty  
 to know honesty is to trust  
 to trust is to be knowing  
 to be knowing is to be open  
 to be open is to be friend  
 to be friend is to be real  
 to be real is to be whole  
 to be whole is to be loving  
 to be loving is to know God  
 to know God is to be feeling  
 to be feeling is to be alive  
 to be alive is to be caring  
 to be caring is to be search  
 to be search is to be individual  
 to be individual is to be flowing  
 to be flowing is to be sharing  
 to be sharing is to be heart  
 to be heart is to be soul  
 to be soul is to be truth  
 to be truth is to be you  
 to be you is to know yourself  
 to know yourself is to know want  
 to know want is to know love  
 to know love is to be your friend  
 to be your friend is to love:

a dennis

Why ?

Why is it it seems that only i  
 can hear a heart emit a silent cry  
 or recognize a distant pair of eyes  
 mute messages of help

Why is it it seems only i project  
 try teach each s.o.s. when i detect  
 in patience restore the self-respect  
 these confidences of fallen

Why is it it seems to take so long  
 my philosophy am i applying it wrong  
 too slowly before i share lifes song  
 my trials and tribulations

Why is it it seems each soul in need  
 cannot feel my compassion as it bleeds  
 for they as my inner love is this seed  
 to a trusting friendship

Why is it it seems i hurt so inside  
 for people who ever from reality hide  
 so afraid the rivers of life we ride  
 fear the dam of alienation

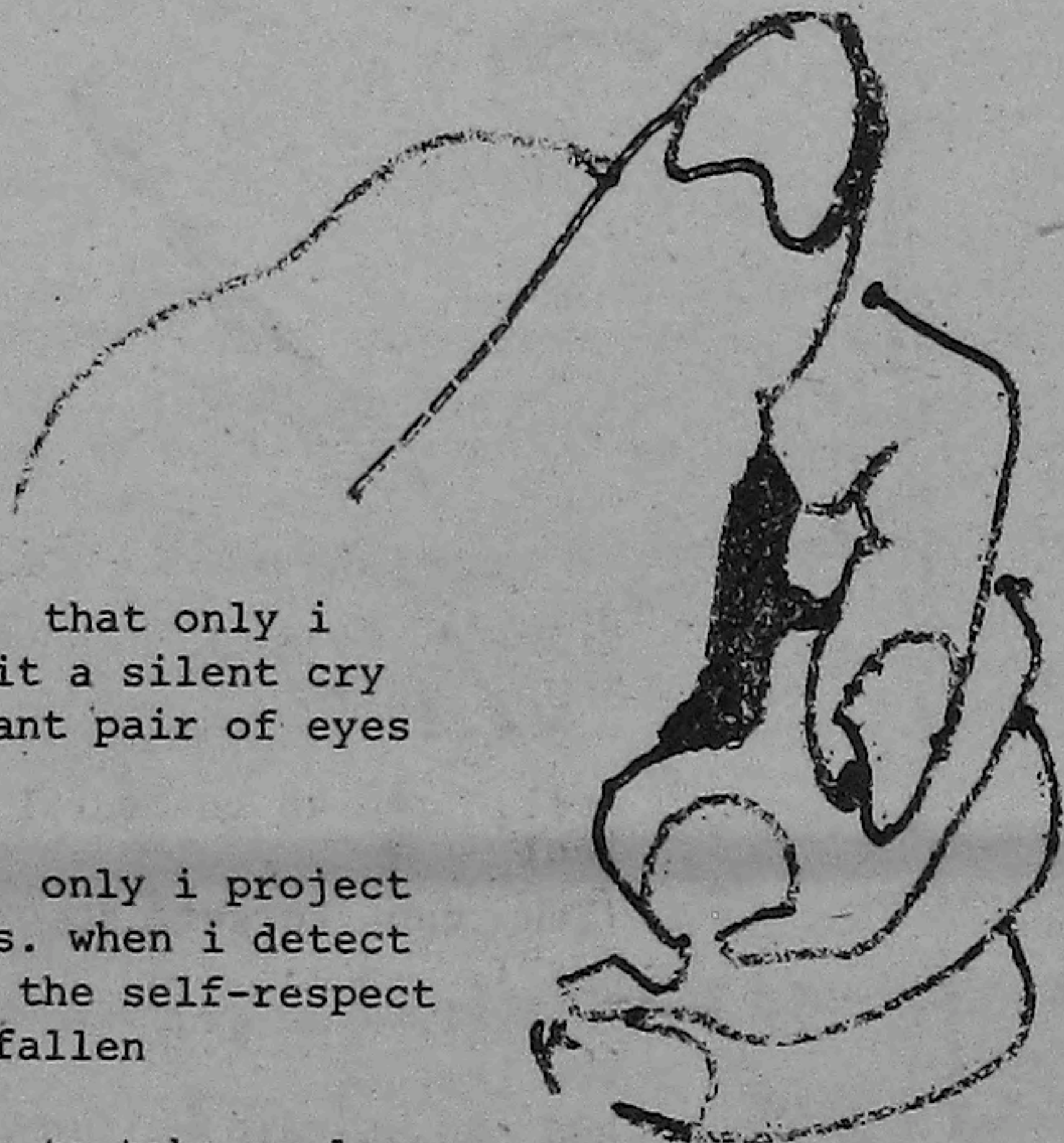
Why is it it seems that for to be a man  
 this society peoples will scheme and plan  
 sometimes kill to persecute a negroes tan  
 as man is an illusion

Why is it it seems that in their haste  
 these men will ever seldom stop to taste  
 of life their minds in narrow-minded waste  
 their brain to them a muscle

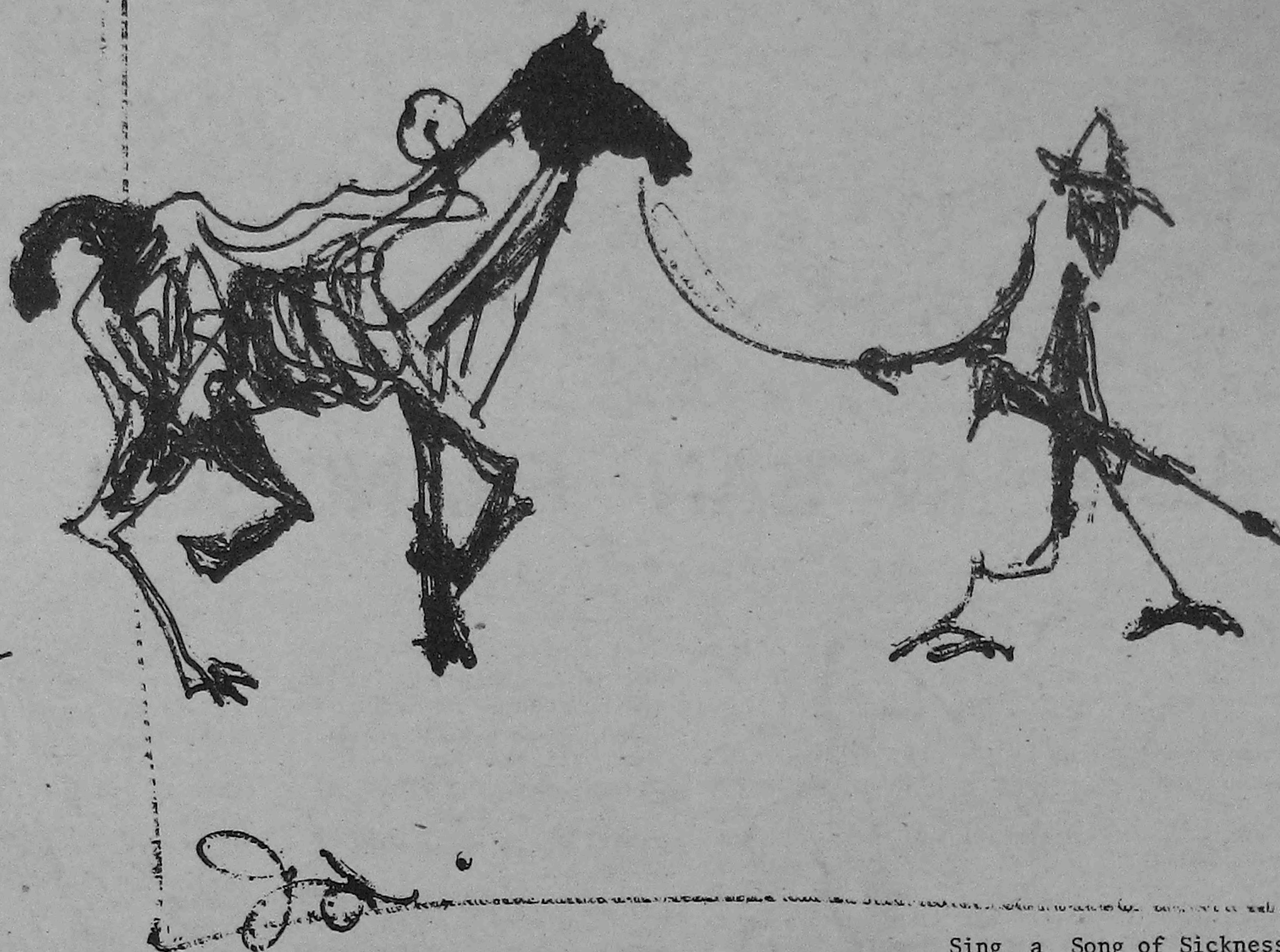
Why is it it seems that i keep trying  
 Why is it it seems that love is dying  
 Why is it it seems that money is buying  
 Souls that should be free

Why is it it seems that only i can see  
 these things which are ever wrong to me  
 materialism the new God of this society  
 our nation will one day fall

Why is it it seems Why ?







OLIVIA

dear love can't you come close  
 we were so near at one time  
 then there came the differences  
 which split us wide apart  
 how could i give myself up to be you  
 or make the changes to be what you wanted  
 love is like a rose that will finally fade  
 there are just memories moments jaded in time  
 remember one day the wind was soft to you  
 carrying you thru the trees to where i was  
 when you were a milkweed i was an aphid  
 it scents thru my head murmurs in my eyes  
 how many years do i have left to be without you  
 being human isn't all that is left for us all  
 i dream of a time in the presence of flowers  
 as they said in unison it's a matter of time

Gordie Williams

Sing a Song of Sickness or  
 Who's Crazy?

Well, I'm an ex-mental patient  
 (You can forget about the  
 "ex"),  
 That gives me cause to break  
 the laws  
 And be a pain in the neck.

It was terrible in the hos-  
 pital  
 They treated me like hell,  
 They burned my brains with  
 E.C.T.  
 I never will get well.

They pumped me full of tran-  
 quilizers,  
 Oh, the horror and the pain!  
 But I've fooled them-----I  
 don't take them,  
 Just so I can be insane!

So now, whenever I feel like  
 it,  
 I scream and yell and shout,  
 I offend others' sensibilit-  
 ies,  
 I occasionally bash and  
 clout.

Yet, I'm really the nicest  
 person  
 As long as I get my way,  
 Won't you please do every-  
 thing for me  
 So on my ass I can stay?

Because I'm an ex-mental  
 patient,  
 Think I'll make it my car-  
 eer;  
 It sure as hell beats work-  
 ing  
 And the lifestyle's a good  
 bit freer.

Dave Beamish

NOVEMBER

Shadows grace the prairie and the wind blows cold  
 It is fall and rebirth is far away.  
 Dead is the grass.  
 I walk in the twilight of this world  
 and nothing real ever touches me,  
 No warmth, no heart, no hand.  
 I moan in loneliness, I breathe the dusty air  
 And move the depressed state of my body,  
 through perfunctory motions.  
 Life is a still thing to me, No longer vibrant.  
 I seek no more, I long no more, I hope no more.  
 I am as the grass, dead.

Suzanne Essick





## BLUE IN SAN FRANCISCO

Most of my memories of the San Francisco Conference are strangely focused. Feelings of incredible excitement and fatigue return as I recall my experiences there.

Blurred images of the van trip down. 24 hours of rest-less, sometimes angry tension and groggy faces.

Military installations, burger stands, freeways going nowhere. "The government don't want Fred Carter writing down his ideas on a billboard he's got on his own property." "Where's our POW's?" was his latest message. We sign their petition and watch the baby rabbits. Guess the government doesn't want support from the common folk if it means allowing more freedom of speech.

Drizzle and fog through hours of mountain highways and then ta-da! the shimmering sun and brilliant blue sky of California. "Just like in the movies", a voice points out.

We arrive to electric blue and fluorescent pink San Francisco night life, speedy, sensuous (what do they do in those Private Rooms?). Black culture rules: flashy, funky, and darting eyes.

Beside the bustling gay bar on Powell St. we find our new home, NAPA headquarters (Network Against Psychiatric Assault). Tired bones and hard floors (I don't snore that loud do I?)

"Castro's" for a beautiful breakfast, then on to the cable cars (condoned chaos) and a tourist trap trip to Fishermans' Wharf, (which uses buildings much older than those at Jericho Park for art galleries and restaurants). City lights bookstore, then...

### THE CONFERENCE

The conference on Human Rights and Psychiatric Oppression was held in the Museum of Erotic Art in down-

town San Francisco. Looking at enormous penises and strange scenes I'm reminded that sexuality, like many things, may be "all in your mind".

On the first nite all the delegates met to discuss the pre-planned workshops and to add new topics for workshops. Regrettably, MPA delegates failed to propose a seminar on MPA. I think this was partially due to our exhaustion from the trip down and to the feeling we didn't belong: guests in a foreign country and all that.

Controversy arose at this meeting when a delegate mentioned his feelings of great pleasure during electro-convulsive (shock) therapy.

Around this statement is the fact that many ex-patients, including some MPA members, don't and didn't feel particularly oppressed by their hospital experience. This was not (as the title implies) the stand taken by the conference.

The following day workshops were held in various rooms inside the museum. The first workshop I went to was called "The Experience of Institutionalization".

"Institutionalization" is a term used to describe the effects on people who have lived in impersonal and conformity regulating environments such as mental hospitals, schools, prisons, etc.

These institutions all emphasize the unquestioned authority of certain people, be they doctors, guards, teachers, or whatever. These people are usually experts - they have the information (which they are very hesitant to share) - therefore they have more power.

When I arrived for this workshop I was told "we don't want to talk about this in a room with people who haven't been in hospital."

I am unable to tell you about the discussion after

that as I wasn't there to hear it, not being an ex-patient.

The next seminar I attended was titled "Sexuality and Madness". Sex education films from the libraries of the National Sex Forum - I stayed for the first two - "how to masturbate" films - first of a man, then of a woman.

Maybe it was the blotchy skin colours, or the bored droning voices of the masturbees (?) as they described their actions, or maybe it was the muggy room...but I went to the bar across the street and indulged - the first time I had gotten off since the conference began.

Returning to the conference I attended the "Alternate Work and Lifestyles" workshop. Herein we dealt with the benefits and problems of people controlling their work style and income source. MPA members have been suggesting the idea of starting up our own businesses (other than the "mental health" business we are usually imbued in).

This would provide money, training in skills, and a humane working place for our members. It would also apply the benefits that MPA has found using our participatory democracy model. This seminar talked about various mental patients' groups that had started farms, restaurants, and other enterprises.

There are numerous problems involved with the idea of course, so I'll reserve space in a future Nutshell for detailing this seminar.

In the hallways of the Erotic Museum the conference continued to debate. An "ex-patients" caucus had formed and delegates were exchanging heated words and strong emotions re: ex-patients / non ex-patients participation in the conference (non ex-patients comprised about 40% of the delegates to the conference).

Feeling little support for my presence there I escaped to drink a couple too many and get some needed sleep.

Twelve hours later I awoke to the sound of gunshots and wondered if the revolution had begun. Recalling that it was instead the anniversary of a revolution of 200 years previously (it was July 4th in America), the firecrackers and deserted streets gave a vision of what may be our near future.

A demonstration was planned that day to protest St. Mary's Hospital's Neurophysical Institute treatment program. Although I supported the aims of the march, I found great difficulty work-

ing up the energy to go support something with people who didn't support me (with out positive energy feedback you have what is known as an energy drain). After finally deciding to go to the demo - I'm a masochist - I arrived at St. Mary's, (the march had left Union Square earlier and had wound thru the hilly streets of San Francisco).

Before leaving the area outside the psychiatric unit of St. Mary's we all embraced and sang "We Shall Overcome". "Who is we?" I wondered.

The next seminar I attended was called "Legislative and Legal Action". The main topic of discussion was the "Donaldson" case. Donaldson was a Florida man who was released from the "custodial care" of a mental institute as a Florida court decided that he wasn't dangerous to himself or to others, and was receiving no "treatment" while in the hospital. There are thousands of people in a similar position in the U.S. and Canada. The emphasis of delegates in this workshop was on the "not dangerous to self or others" section of this decision, as opposed to the "right to treatment" clause,

(continued on page 9)



## FRISCO

(continued from page 8)

as few, if any, "treatments" were endorsed by delegates to the conference.

Unique to MPA was our experience with Review Panels. Review Panels were suggested by MPA as a legal method by which a panel of three (a chairperson (government appointed), a hospital representative (usually a doctor) and a representative of the patient's choice (sometimes from MPA) can vote to release or detain a person in a provincial mental health facility.

To experience the pain of voting for a person to remain in the hospital is something that some MPA members have experienced. This is sometimes necessary when a person is in need of support to re-enter a community with too few "halfway" facilities (like MPA residences) available to them.

"Residential Alternatives" was next on the agenda. It seemed that the majority of delegates attending this seminar were workers in "therapeutic environments", none of which used MPA's model of participatory democracy. If indeed the result of this therapy is that an individual learns self-determination and responsibility (particularly after having been institutionalized), then, as the "means" determines the "end", the "benevolent dictatorship" which exemplifies such halfway houses are actually half-assed attempts if the recipients of this "therapy" don't have real power and real responsibility in their own environments.

MPA must (by acclamation) assume responsibility for communicating to our sisters and brothers on this planet about the problems and benefits of our experiences in real residential alternatives.

I arrived at 3 p.m. for the scheduled showing of a new documentary film called "Hurry Tomorrow". After being loudly denounced as an exploiter of mental patients I was asked to leave the room. The ex-patients caucus had decided the film showing would be for ex-patients only.

Not wanting my quiet presence in a darkened room to disturb their viewing of this disturbing, excellent film (taken in the locked ward of an L.A. mental hospital) I left. I returned 3 hours later for another showing which the film-maker agreed to show again.

Although not an ex-patient, the film-maker received the unanimous approval of the delegates by capturing the despair of the hospital's victims and exposing

its rulers (the head psychiatrist - licensed to "mold and create reality").

Like many movements in the early stages of development, the unifying anger of an oppressed group gets misdirected at those not in the vanguard of the movement (non ex-patients in this case). This anger is misdirected as it denies the reality of the oppression suffered by people who have endured the results of psychiatric oppression in their own lives (with family members and close friends), and psychiatric oppression in forms other than hospitalization (of which there are many - forced drugging being one of them).

(And I find it regrettable that it is only doctors that seem to have the power to determine membership in good standing within the current mental patients' liberation movement).

The last seminar I attended in the conference was titled "Science and Madness" which would have been better termed "Semantics and Madness". We discussed how words can be used to bind people to certain modes of thinking, i.e. "side effects"...

This expression connotes something "off to the side" or "almost not there" or (theatrically) an "aside". The reality is that certain treatments have definite "effects" (such as having one side of your face paralyzed). Let us use the term "effects", not "side effects" when describing the effects of these "treatments".

"Depressed": this term is used to "diagnose" many people. Having lived in an inhuman environment for a while, we might instead use the word "oppressed" to describe these same people, etc.

MPA delegates that went to the conference met together after we got back and made suggestions such as:

- we increase our involvement with Riverview and Riverside hospitals, possibly with an MPA chapter within Riverview.
- ECT (shock treatment) be investigated thoroughly and a stand taken.
- we consider alternate work situations.
- we seek alliances with and support of other oppressed groups (prisoners, natives, etc.)
- press harder for crisis and transition houses in the community.
- encourage more consciousness raising groups in MPA.

Of historical note is that on the evening of July the 4th, Independence Day,



'75, at the exact centre of the intersection of Haight and Ashbury Streets, was a manhole. And of equal importance is that on that manhole was a manhole cover, which fortunately permitted this even of greater importance - that on that manhole

cover on the manhole at the middle of the intersection of Haight-Ashbury on July 4th, Independence Day - I stood!

With that incredible insight into the multifaceted background of the author, Love, Denis Blue.

## REVUE PANELS

If you have been involuntarily committed to hospital (someone besides yourself signed you in), you are eligible for a Review Panel.

A Review Panel is a group of 3 people who meet with you and decide whether you should remain in hospital or whether you're ready to get out.

These 3 people include: a Chairperson (who is appointed by the Minister of Health), a doctor, and a person (other than yourself) whom you can choose to represent your best interests.

Most people choose their representative from the Legal Aid Society, or the Mental Patients Association, or from the Canadian Mental Health Association. You won't be charged any money for people from these organizations to represent you.

If you want a Review Panel, here is what you must do:

1. Ask your charge nurse

for an application form.

2. If you know someone you want to represent you (a friend or acquaintance, but not anyone of your immediate family), or want a person from MPA or Legal Aid, etc. you can say so on the application form.

When your application is accepted the person who will represent you will come to the hospital and talk with you.

Also, the doctor who will be on the Review Panel may probably want to talk with you sometime before the Review Panel.

On the night of the Review Panel you will go to an office in Crease Clinic and you'll talk with the 3 people of the Review Panel about yourself - about your past, how you feel lately, and about your plans for the future.

Then you'll leave the room and the 3 people will decide whether or not you should be discharged or remain in hospital.

You'll be told of the decision immediately after the Panel has come to a conclusion.



MPA \*\*\*  
CONFERENCE  
september  
12-14

Consciousness - raising, relaxation, good food and good entertainment highlighted MPA's weekend conference. Out of the workshops and discussions came suggestions for a NEW DIRECTION for MPA.

Moved and carried:  
1. That MPA compile an information list on doctors and agencies in the mental health field and that this list be based on questionnaires sent to doctors and agencies as well as information received from users of the services.

2. That a committee be formed to confront doctors and or agencies about whom more than three complaints have been made.

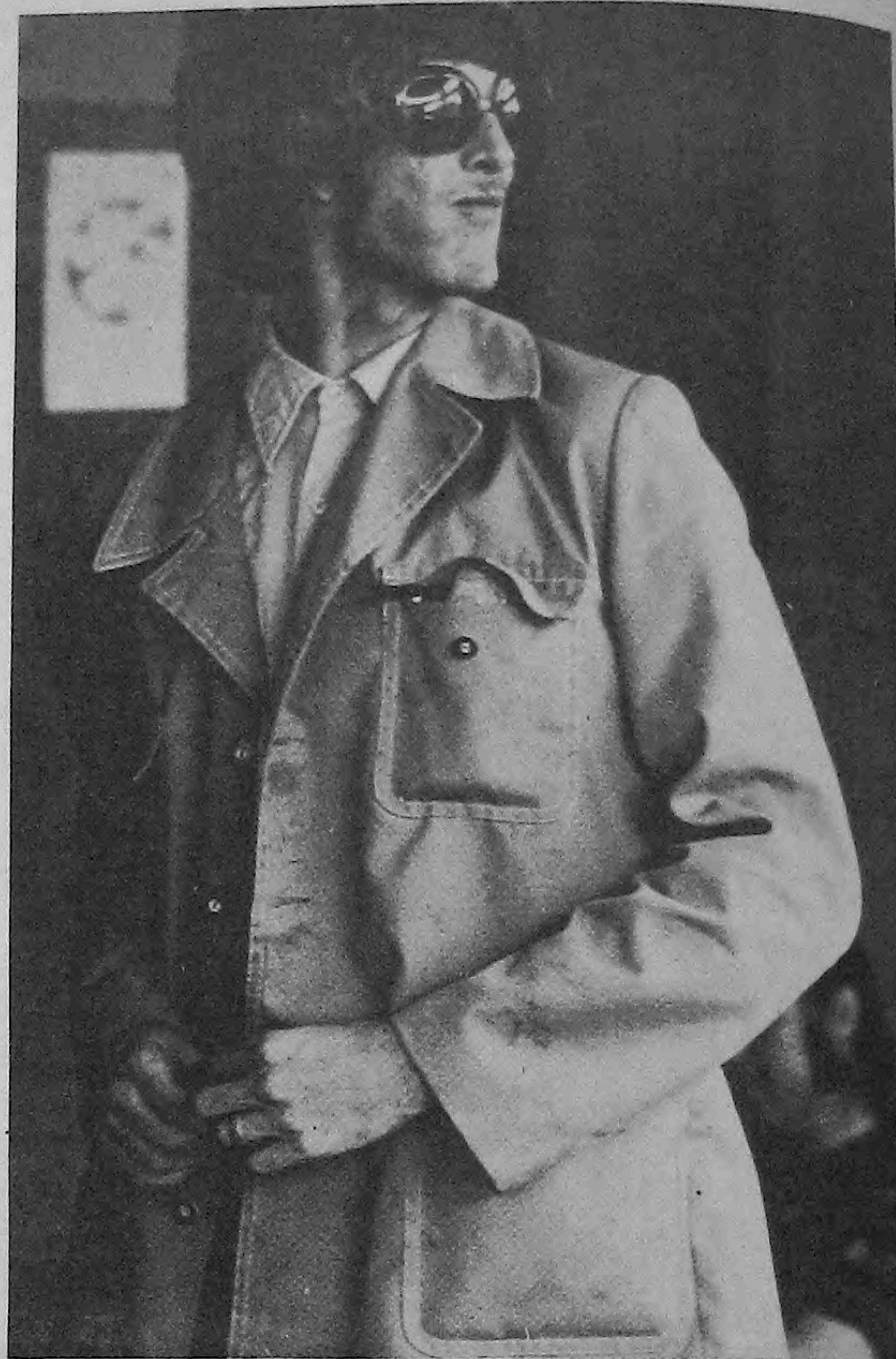
3. That MPA as a group take a stand for individual members who are resisting treatment.

4. That MPA investigate shock treatment and drug therapy so as to get enough information to take a stand.

5. That we form a committee to investigate alternate ways of handling our daily lives other than using the medical model.

6. That MPA take a stand against discrimination by landlords and employers.

7. That if and when we compile a list of therapists or groups that we consider helpful, we become involved with them, develop relationships with them and have them assist us with problems.



got a day pass?  
NOWHERE TO GO?  
come to mpa

Come to the MPA drop-in centre for the day where you are welcome to sit around and talk to ex-patients, play pool, take part in any activities, drink coffee, use the phone, etc.

MPA co-ordinators will be glad to talk to you about housing in Vancouver, your legal problems, where to find inexpensive restaurants at reasonable prices, places to go for entertainment or dancing, hostels where you can spend the night if you have a weekend pass, and bus tours of the city.

HOW DO YOU GET HERE?

Catch the 933 Lougheed Pt. Coquitlam bus at the Tuck Shop. Get off at Hastings and Granville Sts. in downtown Vancouver. Transfer to a 10 UBC or a 7 Dunbar bus and get off at Broadway and Yew Sts. Then walk down Yew to 6th Ave.

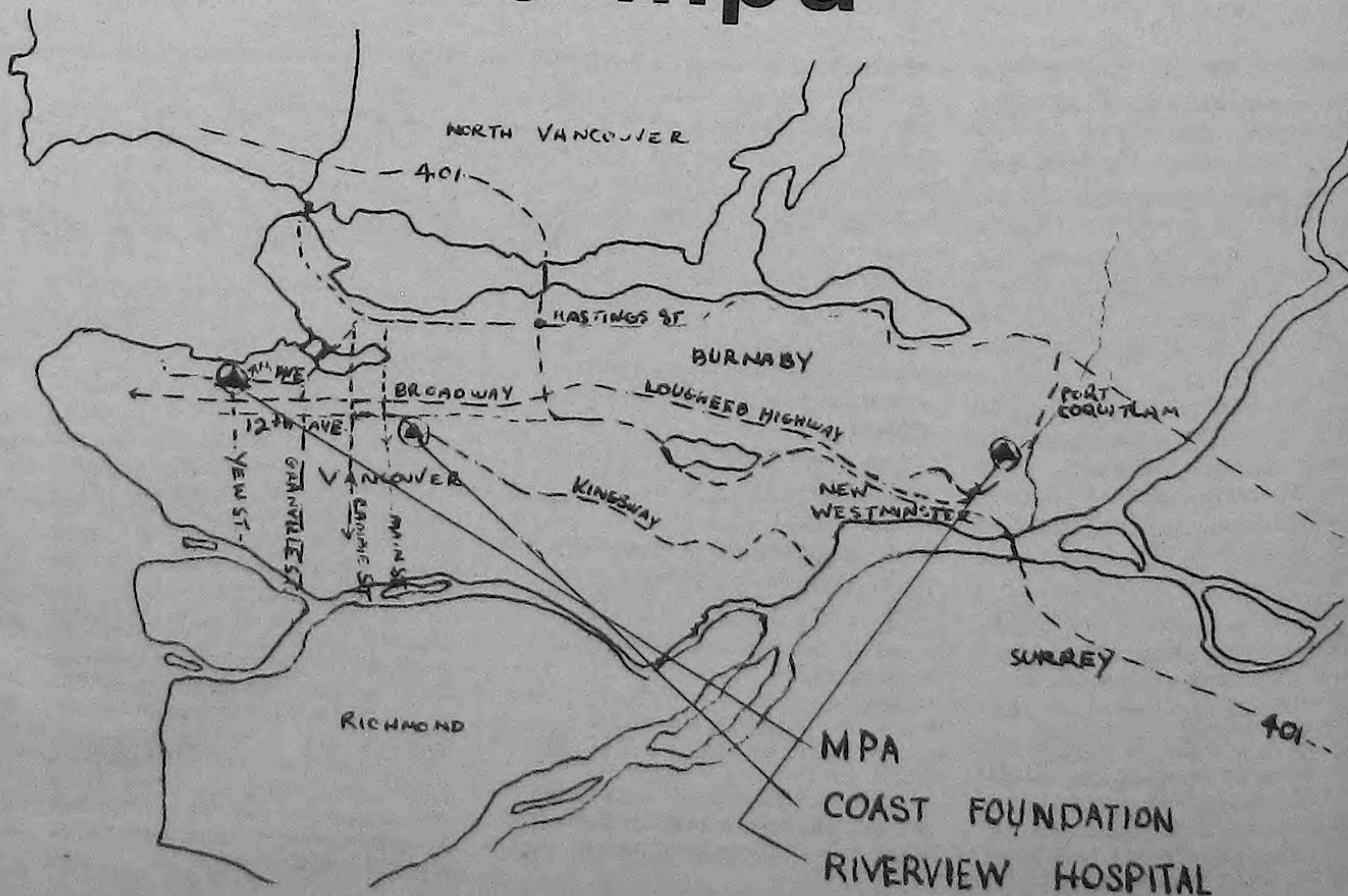
To return to Riverview: catch a No. 14 Hastings bus at Broadway and Arbutus. Get off at Hastings & Granville. Transfer to the 933 Lougheed - Cedar bus which runs every half hour directly to Riverview.

WHERE ELSE TO GO?

If you'd like to go to the Coast Foundation Drop-in Centre, 876 E. 18th Ave., travel to town the same way but get off the 933 Lougheed bus at Main and Hastings. Walk up to Pender & Main and transfer to 19 Kingsway. Get off at 18th and Kingsway.

HOW MUCH DOES IT COST?

Buy a 50¢ bus pass on Sunday and you can travel on it all day. At other times fare is 25¢ from 10-3 every day and after 7 every night. It's 40¢ other times.





<b>EMERGENCY</b>	
Fire and inhalator	34-1234
Police/Police ambulance	665-2211
Ambulance	872-5151

<b>HOSPITALS</b>	
Vancouver General	876-3211
St. Pauls	682-2344
Health Sciences UBC	228-3731
Riverview	521-1911
Lions Gate	988-3131
Burnaby Mental Health Centre	434-4247

<b>CRISIS LINES</b>	
Crisis Centre	733-4111
Now (Youth Line)	733-4115
Vancouver Emotional Emergency Centre	872-7914
Chimo (Richmond)	273-8701
Lifeline (Coquitlam)	526-4444
MPA	738-5177

<b>FREE MEDICAL</b>	
Pine St. Clinic 1985 W. 4th	736-2391
V.D. Clinic (VGH) 828 W. 10th	874-2331
Reach 1144 Commercial	254-1354
Vanc'r Womens Health Collective 1520 W. 6th	736-6696
Downtown Community Health Society 373 E. Cordova	685-2744

<b>DENTAL CLINICS and EMERGENCY</b>	
Vancouver General Hospital	
Emergency dental 6:30 - midnight (charge)	874-9848
Reach 1144 Commercial Mon. & Thurs. 7-9 p.m. (\$2)	254-1354
Youth Clinic 1530 W. 8th Tues. Thurs. 6:30-9:30 p.m. (no charge)	
Gordon House 1068 Davie Tues. 7-9 p.m. (no charge)	683-2554

<b>PLACES TO EAT, CHEAP, GOOD FOOD</b>	
nr. MPA	
Gladys Snack Bar 4th nr. Yew St.	
Minnie-Vern W. 10th nr. Yew (open 6 a.m. to 3 p.m.)	
Rice Bowl, Chinese food Broadway & Main	

<b>OTHER HELPFUL SERVICES</b>	
City Centre Youth Resources 52 Water	688-2565
VEEC 220 W. 6th	872-7914
Kits Information Centre 2741 W. 4th	736-3431
The House (soft drug bummers) 2nd. flr. 820 W. Broadway	732-3301

# DIRECTORY

MPA Drop-In Centre 2146 Yew St.	738-5177
	738-1422
<b>MPA Residences:</b>	
1064 E. 20th Ave.	874-9422
1754 W. 11th Ave.	732-8222
1656 E. 4th Ave.	253-6996
2805 W. 7th Ave.	733-5733
2756 W. 10th Ave. (Womens)	738-7421

<b>LEGAL HELP</b>	
Legal Aid Society	687-1831
Legal Assistance Society	872-0271

<b>DROP IN CENTRES</b>	
Coast Foundation 876 E. 18th	879-2363
MPA 2146 Yew St.	738-5177
Vancouver Activity Centre (CMHA) 719 E. 30th	876-9511

<b>CHEAP PLACES TO STAY</b>	
Jericho Youth Hostel (\$10 membership/ \$2 per night/ 4 night stay) ft. Discovery and N.W. Marine	224-3208
YWCA 580 Burrard \$7.50	683-2531
YMCA 955 Burrard \$7	681-0221

<b>HOSTEL BEDS (FREE)</b>	
Catholic Charities 150 Robson	683-0281
Lookout 412 E. Hastings	253-6418
Central City Mission 233 Abbott	681-3348
VRB Night Line (when hostels full)	733-8111
Crisis Centre 1946 W. Broadway (in a crisis only)	733-4111
St. Francis Hotel (women) Cordova and Seymour. Days:	681-1920
Nights:	733-8111
Catherine Booth Home (women) 1190 Wolfe	731-7320
City Centre Youth Resources 52 Water	688-2565
Tribal Village (teenagers) 199 W. 6th	874-9009

<b>PLACES TO EAT FREE</b>	
Harbour Lights (Salvation Army) 119 E. Cordova 11:30 a.m./8p.m.	
Downtown Community Health Society 373 E. Cordova/ soup at noon	
MPA 2146 Yew St. Wed. dinner Sat. breakfast	
Kits House 7th & Vine Thurs. dinner	

## INFORMATION

### Psychiatrist hits at use of anti-anxiety drugs

The use of anti-anxiety drugs has doubled in the past five years, a U.S. psychiatrist said Thursday, and thousands of users are probably getting no net benefit from them.

Dr. James Mallory said there is increasing evidence that anti-anxiety drugs — sold under such trade names as Valium and Librium — can be addictive.

And if used for long periods, they may do a patient no good because he develops a tissue tolerance to them, he added.

Mallory, director of the Atlanta Counselling Centre, Atlanta, Ga., said these drugs were originally thought to be totally innocuous. They have few side effects, and patients have taken huge doses of Valium and Librium without killing themselves.

What has been discovered, he said, is that if the drugs are taken in therapeutic doses for 16 weeks or longer, there is "a high incidence of mild drug-addiction."

He said "thousands of people," who have developed a tissue tolerance to an anti-

anxiety drug continue on the same dosage without receiving any real relief.

When they try to stop taking the drug, they experience withdrawal symptoms, such as agitation and tension. They conclude they need the medication, so they go back on it, "thus maintaining a mild addiction."

Mallory said these drugs should be used "intermittently and only 16 weeks at a stretch," the period at which tissue tolerance seems to develop.

A safe dose of an anti-anxiety drug, he claimed would be a maximum of 40 milligrams of Valium a day, but the best dosage varies from person to person and is related to such factors as an individual's absorption rate.

Mallory told the College of Family Physicians of Canada that Valium has been the most commonly prescribed drug in the U.S.

While its use has doubled, mainly in the past year, the use of anti-depressants and anti-psychotics has remained constant, he added.

### Mental patients alleged 'needlessly drugged'

WASHINGTON (Reuter) — A congressional hearing was told today that mental institutions indiscriminately drug their patients.

Senator Birch Bayh, whose Senate subcommittee on juvenile delinquency heard several former mental patients charge that sometimes competent inmates are regularly administered powerful tranquilizers against their will, deplored the practice as chemical strait-jacketing.

Janet Gotkin, 32, of Croton-on-Hudson, New York, who told of being drugged for years, said mental hospitals and psychiatrists use chemicals to perpetuate their control over the lives of inmates and voluntary patients.

She said she spent three and a half years in institutions, attended a thousand psychiatric sessions and received over 100 shock treatments as well as more than a million grams of tranquilizers.

Finally, following an almost fatal coma, she awoke free of the influence of drugs.

"I realized, in a rush, how much of my misery and pain, and how much of what I had been encouraged by my psychiatrist to call my 'illness,' had been drug-induced," she said.

Another witness, freelance writer Anthony Brandt from Shrub Oak, New York, told of feigning mental illness to be admitted to a hospital so that he could learn about mental health treatment.

After a 10-minute interview by the doctor on duty, he said, he was stripped, searched, given a hospital gown and administered a tranquilizer which left him almost unable to walk.

"Every patient on my ward was receiving drugs, even those who had been there 20 or 30 years and had no apparent symptomatology whatsoever," Brandt said.