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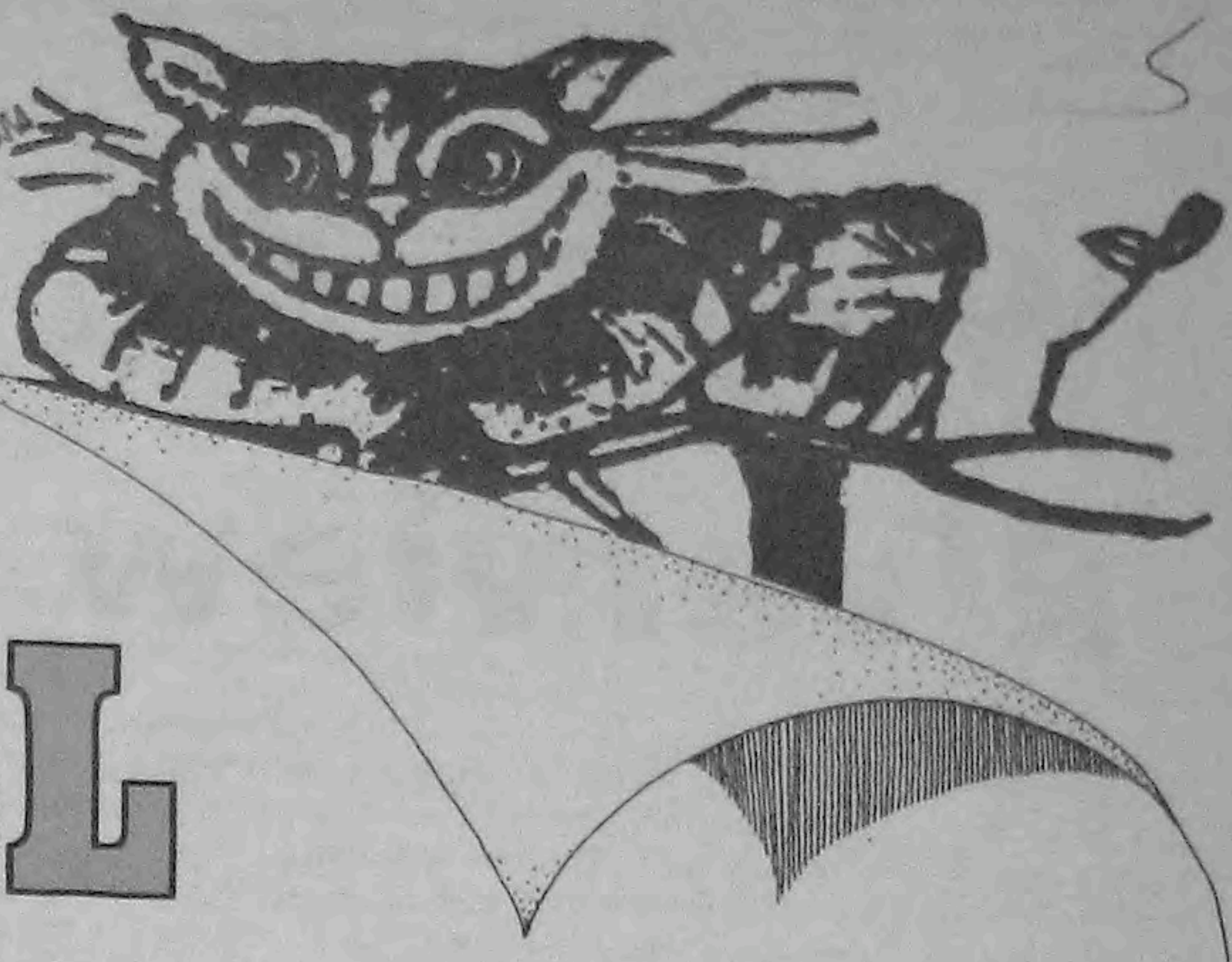
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IN A NUTSHELL

Volume 5, Number 5
December, 1977

Newsletter of the Mental Patients Association.

Offices at 2146 Yew Street, Vancouver, B.C., Canada. Telephone: 738-5177.



All A Fraud Says Shrink Critic



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Thomas Szasz, provocative anti-psychiatric leader.

General Elections

MPA will hold elections at 7:30 pm on January 18 for all of its paid officers. People interested in seeking election should contact MPA coordinators for details regarding the various positions available. Some of the positions include:

- office coordinator
- secretary
- drop-in coordinators
- residence coordinators

"Sue them!" was the final advice given by Dr. Thomas Szasz to a seminar November 26 which was co-sponsored by the Mental Patients Association and the Parents Interested in Education.

Dr. Szasz had been asked by a member of MPA about ways of combatting psychiatric abuse and violations of patients' rights. After commenting that political pressure on politicians was an effective tool, he told the seventy five members of the audience "Of course, my favourite is to sue psychiatrists."

"You want to stop them dead in their tracks? Then get people who have suffered psychiatric abuse to take them to court. It's already worked against the medical profession."

An edited version of Szasz' speech follows:

The Pope dies and goes to heaven, naturally, and when he gets there he meets other good men like Eisenhower, Adenauer, and so on. He is squirmed around by St. Peter who, after all, is a local travel guide for the place. The day goes on and St. Peter rather shamefacedly explains to the Pope that one of the fine things about heaven is that there is complete equality. No special privileges. The Pope isn't very thrilled with this but, after all, what can he do?

They get to the cafeteria and they're already a little bit late. There is quite a line-up and the Pope, again, isn't thrilled to have to stand in line. But he waits; he's getting used to no special treatment. Then he sees a man walking into the cafeteria dressed in the full uniform of a physician. He looks very important. He dashes to the front of the line, gets his food and disappears. The Pope is just fit to be tied. He stares icily at St. Peter and St. Peter whispers in his ear "I'm so sorry. I forgot to explain to you. That's God. He likes to play doctor!"

Now seriously. It seems to me that the two main

threats to individual freedom in the western world are, first, external, to wit, Communism and second, internal, to wit, psychiatry.

The whole history of psychiatry really embodies a tremendous deception. This deception rests mainly on the fact that there is no such thing as mental illness. And the whole language of psychiatry, beginning with mental illness and such things as mental treatment, mental hospitalization, are essentially deceptions, lies if you like a cleaner word. Mental hospitalization is, in so far as it is very often involuntary, a form of imprisonment.

Doctors can't treat diseases because diseases don't walk around. Doctors can only treat patients. How does a person become a patient?

Traditionally, in western societies the patient role could only be entered into voluntarily. Now this is a rather important issue because in this respect the patient role is similar to that of husband or wife. And nobody can involuntarily become a husband or wife in Vancouver today.

There are lots of situations in which people are

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Way To Go Riverview

For some time now, MPA, as consumers of psychiatric services, has been interested in developing a dialogue between ourselves and the staff of Riverview Hospital. Previously, we took a stand that criticizing hospital practices by way of various media presentations was our most effective method of encouraging the changes we desired.

One of the results of these actions was that those staff who were giving thoughtful and sensitive care were tarred with the same brush as those whose practices we were criticizing. This tended to alienate MPA from the hospital, diminishing our effectiveness as a catalyst for change.

The lack of two-way communication created a deadlock in which two groups of people whose essential interest was better patient care stood in opposition to one another.

This situation has changed. MPA has made special efforts to develop discussion at its MPA Drop-In Centre at Riverview and with several levels of staff at the hospital. At the same time, the Riverview executive has extended special invitations to MPA to address specific hospital issues. These meetings have brought and are bringing the kinds of results that MPA has been hoping for.

MPA's concern brought about changes in the method of investigating alleged patient abuse. Similarly, seclusion room policy has now come under close scrutiny. MPA has been informed of a number of innovative and more caring techniques to be instituted which see seclusion only being used as a last resort.

Meetings with small groups of social workers and administrators started the dialogue. On October 26, three MPA members met with nurses of many of the hospital wards to discuss our Residence Programme and various patient care issues.

These meetings were very productive from the MPA point of view and we hope that the Riverview staff has also felt them to be worthwhile.

Future plans include continuing meetings at all levels. The latest request from the Riverview executive is that we meet with them to discuss the issue of patient contributions to his or her own treatment plan.

Also, we have just elected four people to re-open the Riverview MPA Drop-In Centre by way of a Canada Works grant.

MPA, in its position as an advocacy critic, will continue to argue for patients' rights. It will continue to question policies which infringe on these rights.

Congratulations to the Riverview staff for making it possible to have bilateral rather than unilateral movement of ideas.

-Fran Phillips and Theresa Domai

Friends

If you or your organization would like to help MPA with its funding applications, please write us letters of support and send them to:

The Mental Patients Association
2146 Yew St.
Vancouver, B.C.



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LETTERS

The Nutshell committee welcomes readers to send letters, articles, criticism and ideas.

Dear Nutshell committee,

Mr. Stephen Jenner, our Hospital Administrator, has been receiving your newsletter and passes it on to our relevant department heads for perusal, after which it is placed in the hospital library. I thought you might be interested to learn how valuable we found the September 1977. I had copies made of three articles from this particular issue: *Dave Looks at Seclusion*, *Patients' Perspective*, and *The Riverview Hospital Seclusion Policy*, and distributed them to our supervisory and head nurse staff.

We are presently discussing these articles in our weekly nursing staff meetings and are finding much valuable information and points for discussion, particularly in the first two articles.

I know that sometimes one wonders whether these publications are ever looked at after they are sent out and I wish to assure you that our hospital has found them to be very informative and that they are most certainly appreciated.

Sincerely,
(Mrs.) Nora M. Street, R.N.
Director of Nursing
Abbie J. Lane Memorial Hospital, Halifax.

Dear Nutshell committee,

I enclose several poems that I have written lately. Molly Dexall and I talked on one occasion about a young Jewish girl who died in a concentration camp in Poland in the Second World War. This young girl helped Molly to adjust to living outside of Essondale.

I feel that Molly found her own way through reality into the arms of the saints. I should like to write

to you about my (successful) experience with the drug I am on, stellazine, as opposed to chlorpromazine and thiorazine which are really mind-destroying drugs. Also about my V.I.P. job which is helping me to adjust to what most people accept as the real world. But I haven't the strength to do so at the moment.

Suffice it to say that I really recommend stellazine to anyone who has to be on a tranquillizer as it feels like being on no drugs at all and yet it successfully controls my delusions of grandeur.

As for my V.I.P. job, which is helping to renovate an apartment building on East Pender, I really find that my work helps to keep me out of trouble and at times helps me to meet some very interesting people. I thoroughly recommend a V.I.P. job for anyone who is struggling with the real world which I find pretty paranoid.

This is not the letter that I would like to write to you but at least it expresses something of what I have to say. Perhaps the poems are better than my prose.

Your last issue was most impressive. Keep up the good work!

With warm regards to all,
Al Todd

Dear Nutshell Committee,

Thankyou for publishing my poems! It was super to see them there (like presents under the Christmas tree). MPA is a good group. I certainly wish I could start such a group in my area - the problem is that revealing my past illness would be dangerous to my

Continued on next page...

job security. What recommendations do you have?
I am quite paranoid about professional persons finding out my "secret". But I realize others live under the same sort of fear. The MPA should be a breath of spring to the persons hiding their past! Again, I enjoyed your confidence in publishing me.

With mutual thoughts,
Name Witheld by Request

Dear Nutshell committee,
Smoking is an infectious disease. Please don't spread it. Get cured. Quit while you can. Smoking is not satisfaction or pleasure. It is serious mental illness. Please consider endless possibilities to do good. How can you do good if you masochistically keep harming yourself with such pollution.

If you love life, yourself and people, you will quit smoking.

Anonymous

Dear Nutshell committee,

If you're white
you're alright;
If you're brown
stick around;
If you're black
stay back.

The "fair-weather" liberal attitude strikes again. How many times do you have to see a man work to know he is not afraid to commit himself, not afraid to take a chance and put for his reason and heart into his work?

Why do we MPA members, all of us, continue to be persuaded by the more articulate bullshit artists? Why won't we open our noses, heads and hearts to see who is doing and saying what. Why be afraid to take a chance on somebody because they are not articulate? "Love, work and knowledge are the well-springs of life, and should also inform it". W. Reich.

signed, Lucky

Dear Nutshell committee,
I really enjoy the free voice of your newsletter. It is needed, it is important and it creates a sense of community amongst those who read it.

Is anyone going to write a review of the film Outrageous?

With best wishes,
Claudia Lynch.

(See page 9 for Arthur's review of the smash hit film Outrageous! - Nutshell committee)

I'll treat only screwed-up rich says psychiatrist heading east

By CHUCK POULSEN

"I'm going to have a very exclusive practice. I'll cater only to screwed-up executives and other wealthy people who also are screwed up."

With that goal in mind, psychiatrist Dr. William Kyne of Prince George will pack up his couch today and head for Toronto... where his colleagues are already suggesting that he's a little strange himself.

Dr. Kyne, who was northern B.C.'s only psychiatrist, is leaving to escape a medical care system that he claims has made him a "slave and a scapegoat."

"I'm totally opposed to medicare and I'm not going to put up with it any more," Dr. Kyne said in a telephone interview Tuesday.

"No other profession suffers the rank discrimination we do. Look at how much baseball and football players make; they do absolutely nothing for the welfare of society."

"All the medical plan has done is create huge bureaucracies and frighten doctors like a bunch of sheep when they should have been standing up for their rights."

Dr. Kyne says he could be lured back to Prince George if he was paid a yearly salary of \$300,000.

He says he'll make that much in Toronto by billing his "screwed-up" patients directly and letting them collect what they can from the Ontario medical plan.

Dr. Kyne said he worked 16 hours a day to earn \$84,000 in 1976, only \$34,000 more than he made 10 years ago while working an eight-hour shift.

There are virtually no doctors in B.C.

working outside the medical services plan, while up to 15 per cent of the Ontario physicians go it alone.

The plan lists a fee for doctors in B.C. of \$43 an hour for psychotherapy, which results in an average salary of \$45-50,000.

Dr. Kyne plans to make it \$125 an hour when he sets up shop in the East.

So why would people pay that price? Dr. Kyne, it seems, is the Muhammad Ali of psychiatry.

"I'm the best."

"I don't talk to other psychiatrists any more. Most of them are the blind leading the blind. I've met my colleagues and I've read their reports and I can tell you that they don't know what they're doing."

"On the other hand, I do."

"I understand society."

"There'll be a lot of rich people in Toronto glad to give me their money for relief. I don't want to make a fortune, just what I'm worth."

"And I'm worth \$300,000 a year."

He says he picked Toronto over Vancouver simply because it is larger "and as such there's more screwed-up people there."

But what are his chances of success?

"Nil," says Dr. Fred Lowy, head of the psychiatry department at the University of Toronto.

"It's virtually impossible to do it ethically. Is he serious?"

Dr. Merville Vincent of Uelph, president of the Ontario Psychiatry Association, concurs.

"If he can do that I'm wasting my time. You couldn't do that unless you had a clientele made up solely of people like the president of the Royal Bank and the president of the Bank of Montreal and the head of General Motors."

The Truth Is Stranger Than Fact Department

Reprinted from the
Vancouver Province.

"He's never been in private practice here so I have to wonder what he knows about it. (Dr. Kyne came to B.C. in 1974 from the Lakeshore Psychiatric Hospital in Toronto)."

"Why would he leave to go to Prince George? No reflection on Prince George of course."

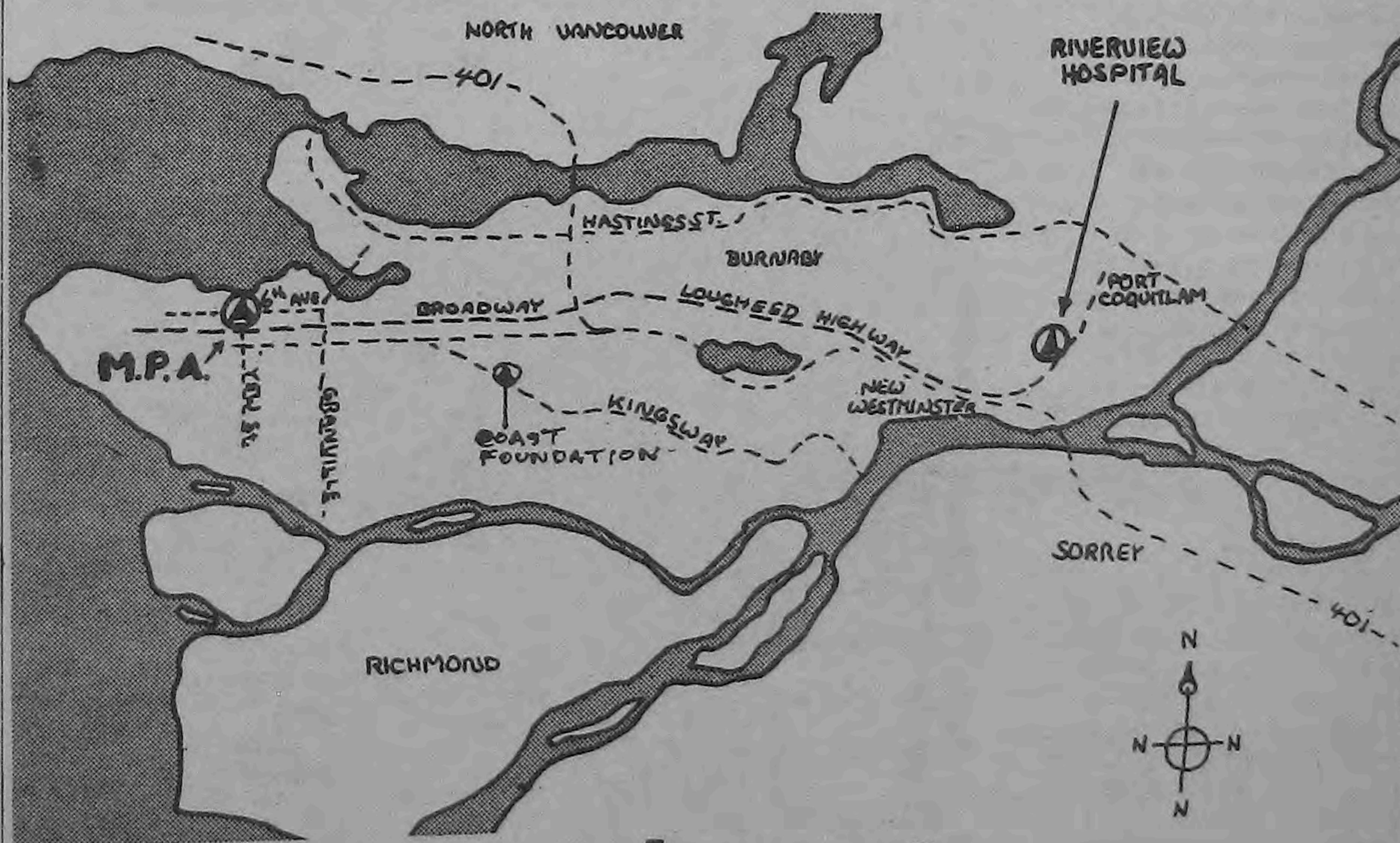
"I'd be glad to give him a donation of \$100 a year if he can prove to me how he's going to make that much," said Dr. Vincent.

"As for any further comment, I don't think I should get into diagnosing my fellow psychiatrists when they make statements like that."

And finally a word from a Toronto psychiatrist working outside the plan who asked not to be named:

"I make less than a third of what he has in mind. I think he needs help."

Welcome to M.P.A.



Where we're at...

- drop in centre
- activities
- arts&crafts
- involvement in patients' rights movement.

TO GET HERE from Riverview, take the 933 Lougheed from the Tuck Shop. Get off at Hastings and Granville in downtown Vancouver and transfer to a 10 UBC or a Dunbar bus and then get off at Broadway and Yew. Now walk down (towards the mountains) to Yew and 6th. Ave. and here we are. On Sunday you can buy a 75¢ bus pass and ride all day. Otherwise, the fare is 35¢ from 10-3 during the day and 40¢ during rush hours.

MPA NEWS UPDATE

BREAD & BUTTER NEWS...

The following MPA news items were selected because they illustrate MPA concerns and procedures.
By Gordon Hardy

Doubts About Services

The arrival of winter marked a period of questioning and doubts on the part of many MPA members.

Throughout October and November, members discussed the validity of certain MPA programmes like the meal programme. According to some members, the meal programme, whose original idea was to train people in kitchen techniques and self-help in the MPA tradition, was nothing but a soup kitchen which was abused by members and neighbourhood people alike.

(MPA's kitchen has since been closed down by the Vancouver City Health Department. See item on this page entitled *City Closes Kitchen* for details.)

Other members felt that the drop-in centre, too, was being taken advantage of by non-members from the neighbourhood who contribute nothing. These members feared that the drop-in centre was becoming known as an easy mark.

Part of the criticism directed at MPA activities as they functioned was that too many people were using the meal, television and coffee services in a parasitic way, without ever helping out or cleaning up. In order to jolt some discussion around these issues, a regular Tuesday business meeting in early October suspended meals, television and coffee for a week.

After considerable discussion, these services were re-instated at the following business meetings. Television watching was again permitted but on condition that it didn't get loud enough to disturb other users of the drop-in centre. Another condition was that the television be on for limited amounts of time in order that the watchers not become too passive and uncommunicative. Some members raised a question about how to determine when the television should be on. No one has a right to make those decisions for other people, they said, without becoming a censor. After a discussion regarding minority versus

majority rights, a motion was passed leaving this decision to the majority of drop-in centre users.

Much Ado About a Cuppa

The issue of coffee also provoked discussion about fair and democratic use of drop-in facilities. No one appeared to favour a return to the old system which entailed an uncontrolled, messy and expensive (not to mention unhealthy) consumption of ground coffee.

Fran argued against a proposal to provide coffee only in the morning, saying that it would be unfair to those members who arrive later in the day. Another member claimed that it was precisely those first arrivals who were most in need of a cup of hot coffee since, in many cases, they had passed sleepless nights or had been walking the cold streets.

Finally, Patty came up with the winning proposal to provide limited amounts of good instant coffee three times a day. This would reduce people's passive dependency on ready-made coffee by forcing them to make their own, as well as reduce costs.

They're not pests, They're mascots

In the midst of MPA's ongoing discussion about its meal programme, the Vancouver health department abruptly shut down the MPA kitchen on November 16 (after a complaint by an MPA member!), citing inadequate facilities in the kitchen and bathroom, as well as the presence of mice in the building. The health department ordered that more sinks be installed and that the bathrooms be repainted with washable enamel paint.

It further forbade the practice of individual members bringing their own food to the drop-in centre and preparing it there. The coffee service was unaffected by this order.

However, the health department officer said that the drop-in centre, as a whole, "definitely fills a need."

Fortunately, MPA has received funds for the physical improvement of its premises and the changes ordered by the health department will be put into effect under the maintenance programme.

Men At Work

Positions on the long-awaited maintenance project

were finally filled at a special General Meeting on November 23 which was well-attended despite wet, slushy weather.

The project will be managed by George Landrecht who, upon being elected, commented "You won't recognize this place in a few months."

Working with George on the badly needed renovations on MPA apartment blocks and houses will be Stuart McKenna, Dean Charles, and Sean Duplaine.

We Got Mice or Rats?

The MPA member whose complaint brought in the city health department to shut down MPA's kitchen, Rob, was banned from entering MPA facilities by a business meeting on November 29.

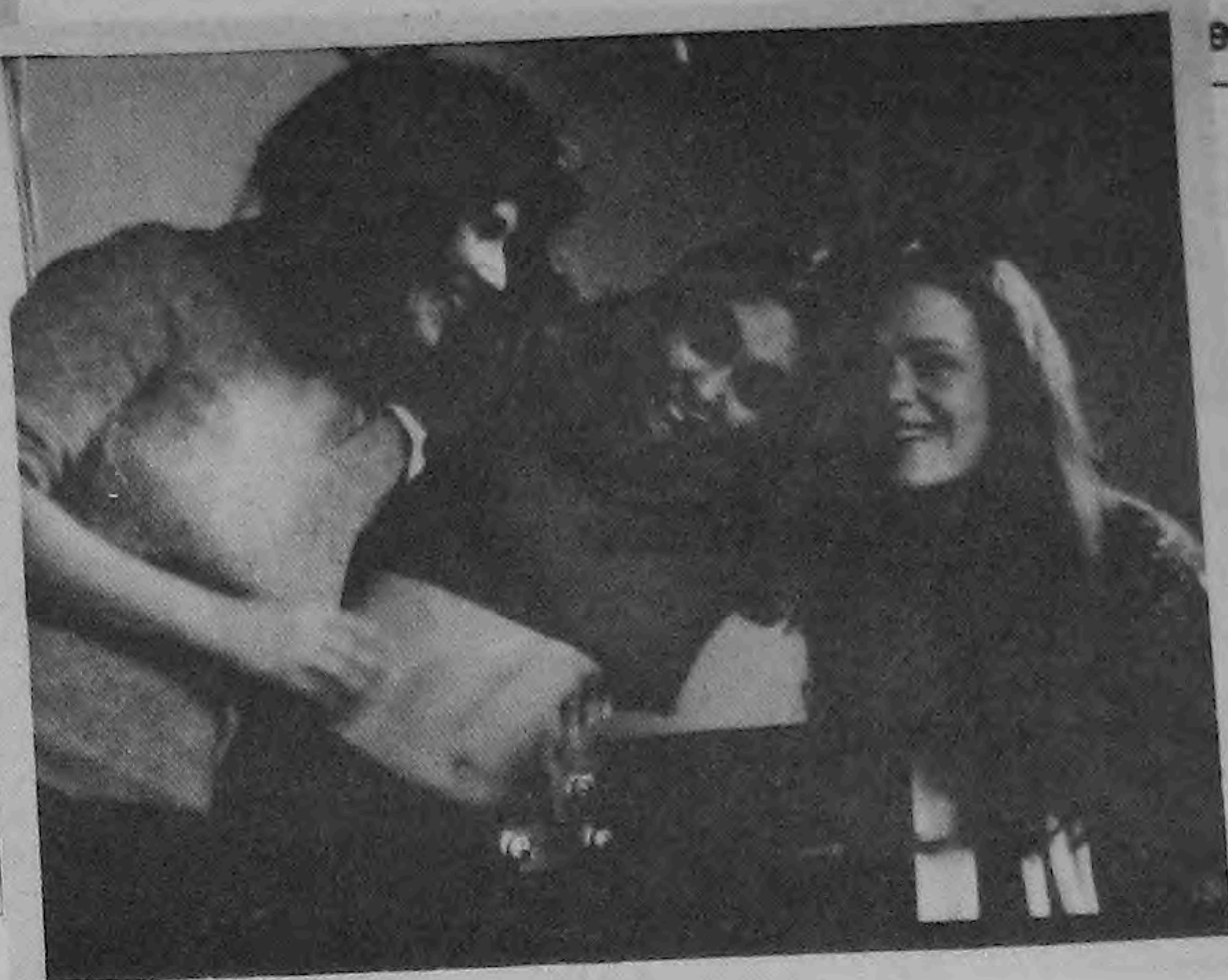
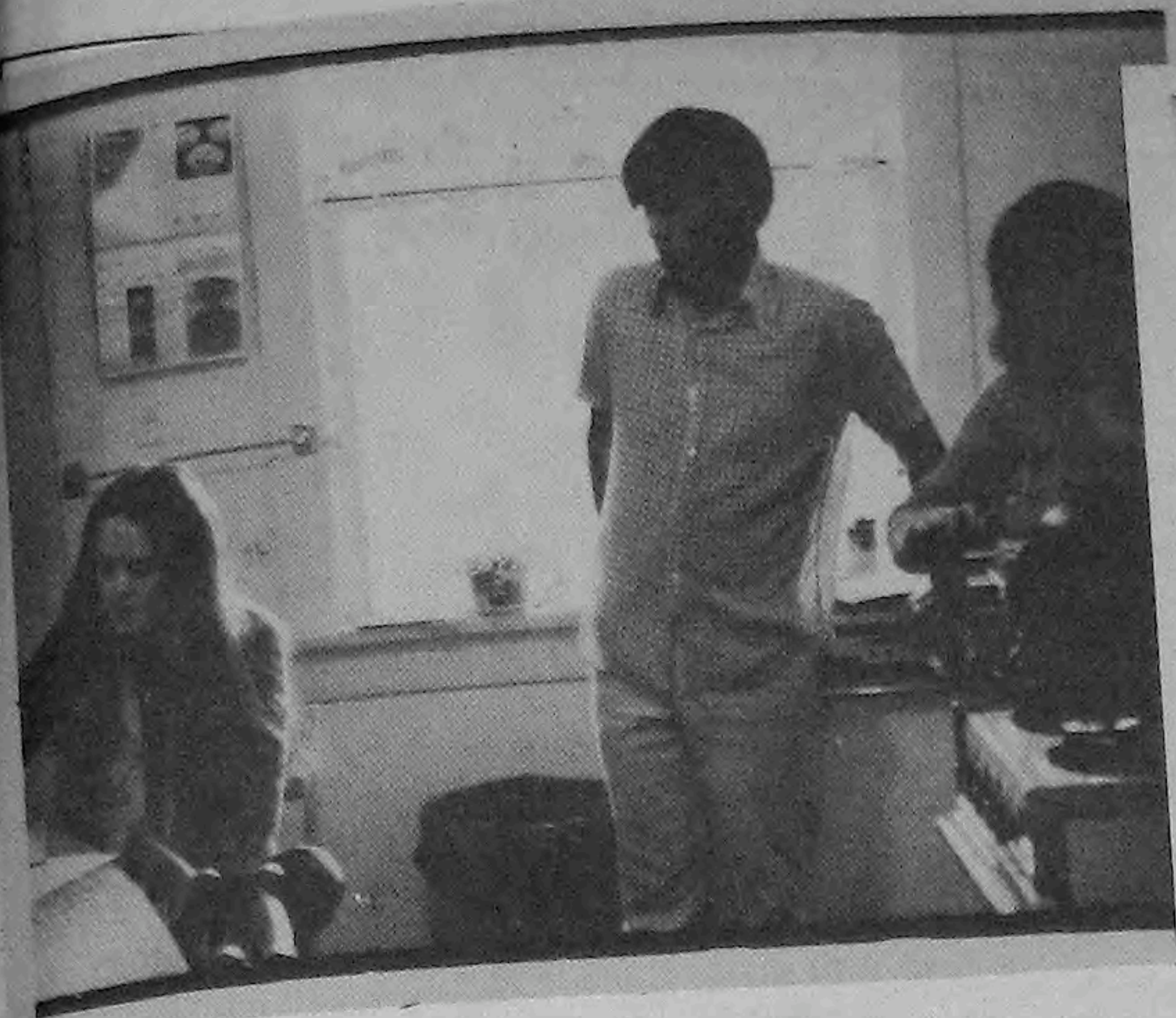
The band stands until Rob appears at a business meeting to justify his unilateral action. Several speakers stressed that the issue was not the state of the kitchen but Rob's failure to bring his grievance to an MPA meeting before calling in outside authorities.

"I think there are perfectly valid reasons for

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Gail and Dean display a product of the crafts programme.



The Tale of a Little House

The MPA residence on 10th. Avenue is found in a quite ordinary-looking house with a beige front on a pleasant, tree-lined street in Kitsilano. This is the old Kitsilano of single family homes in wood and stone, a remnant now when developers routinely bulldoze the old homes and green lawns to make way for luxury condominiums with Jacuzzi bathes for the chic set. But the condominiums cluster further down towards the beaches and, for the time being, the neighbourhood of the MPA residence is left in peace. Only the buzzing of traffic from nearby Broadway and the occasional dog disturb the serenity of 10th. Avenue.

Damp mattresses and unwanted bed frames clutter the residence's veranda, testifying to movement in and out of the house. After the respectable beige facade, the pink and apple-green staircase in the hall is a surprise, although the kitchen and living room are spotless and soberly furnished to the point of sterility. However, a big, new stereo softens the austerity of the furnishings with good music.

There is space in the house for eight people who share four bedrooms. At present, only six people live there, Ivan, Marvin, Dawn, Francis, Mike and Sandy. They arrived there through various routes, perhaps referred by the Vancouver Resources Board which runs a boarding house directory or perhaps through Look-out, an emergency housing project which puts up homeless people in emotional crises. Many people find their way to one of the six MPA residences after a stint in a mental hospital. The residences provide a period of transition in which an ex-patient gets used to being on the outside again. In its early days MPA used to rent houses for its members but reluctant landlords

and the generosity of the Canadian Mortgage and Housing Corporation soon convinced it of the advantages of owning them. Now MPA owns five of its six residences, including the one on 10th. Ave. which it set up about four years ago.

The Vancouver Resources Board provides block payments to MPA to cover the housing and good costs of people in each of the residences. MPA, in turn, administers to its residences scattered throughout the city through residence co-ordinators like Charlene and Eve of the 10th. Ave. house.

An important point - Charlene and Eve are elected by the people in the 10th. Ave. house. They do not live there. MPA's housing programme, like all its other activities, runs on the principle of participatory democracy. In fact, the 10th. Ave. residence is a communal house in which all members are expected to help make decisions, cook meals and do chores. No one lives in the residence without first being elected to a vacant place by other members of the household. The average person stays about four months.

Unlike boarding houses where ex-mental patients often find themselves governed by an almost military discipline of curfews and reveilles, people at the 10th. Ave. house mostly govern themselves, although sometimes under the guidance of the coordinators.

Marvin, who after a year's residency is the senior member, says that he likes the house because there is less supervision than at a boarding house. But some people, he says, may need the structure and supervision of a regular boarding house.

"I was real lazy when I first came here and they really had to push me," he smiles.

At a weekly Monday meeting, the people at the 10th. Ave. residence plan out the week's

meals, the shopping list and household chores. These are handed out to each member of the house on a rotating basis.

One major meal a day is planned, usually for supper-time. And washing up duties are also spelt out clearly.

The fare at the 10th. Ave. house is simple but substantial, a "meat and potatoes" diet as Charlene says but then quickly adds that people in her house also eat fish, fresh vegetables and good cereals. Breakfast and lunch foods are also stocked in the bright kitchen but individual members prepare these for themselves. There's room, too, on the shopping list for personal requests if they're not too expensive.

The emphasis at 10th. Ave. is on *DO!* rather than *DON'T!* People are expected to take an active part in running their own lives, a skill that people can forget during periods of institutionalization. Naturally, there are a few prohibitions. Booze and drugs

are outlawed on the premises. Sleeping on the couches down in the living room is discouraged for fear of creating a crash-pad atmosphere, though house guests are occasionally put up in the members' bedrooms. People at the 10th. Ave. house seem to regard these rules as necessary.

Of course, as in all communal houses, some people just don't work out. There are currently two vacancies in the house due to the expulsion of two women in November. As in admissions, expulsions take place through a democratic vote by the people in the house.

One woman was kicked out because she was "too self-indulgent with her madness" which, at one point, involved gross behaviour on the front porch. Marvin said they were afraid she would frighten the neighbours. "Normally" he said "we get along with the

Continued on next page...



Bread and Butter, Cont.

Continued from page 4

banning him" said Michael. "He's caused enormous problems for the group and deprived many poor people of a place to cook their meals."

Manners, please, Ladies and Gents

More than once business meetings have endorsed drop-in centre decisions to ban certain people. One member was banned repeatedly from using the drop-in centre by majority votes of the business meetings for being drunk and abusive.

Another member was banned for provocative behaviour towards the police. Dennis explained that drop-in members had called the police to protect the drop-in centre from two car-loads of threatening teenagers. The member, Joanne, had insulted the police officers, calling them "fascists".

However, when the member, a long time drop-in regular, appealed the ban, it was lifted on condition that she make a verbal commitment to avoid such behaviour, as suggested by Darryl.

Last Chance Granted

Rick, a member who was banned more than six months

ago for violent behaviour, finally came to a general meeting to ask that his ban be lifted. "I'm much more in control of myself now" he said.

Drop-in coordinator Dennis said he'd like to give Rick one last chance.

But Mo argued that Rick was a violent person who had even violated his banning. She proposed a permanent ban (permanent bans actually last about a year).

Charlene supported her, saying that in six years of drop-in work she had only been roughed up by one person, namely Rick. Michael agreed, saying it was all very well for large men to argue in favour of Rick when it was smaller people, particularly women, who were taking the risk.

Mo's motion was defeated and instead the meeting accepted Dave's motion which called for a continuation of the ban until the following general meeting in three weeks, during which time Rick would meet with a group of member volunteers, including a woman if possible. Eileen volunteered.

After several meetings with Rick, the group recommended that Rick's ban be lifted and the general meeting of December 7 did so.

New Faces in Town

Veteran Nutshell editor Jackie Hooper resigned sudd-

only in October to the disappointment of many MPA members who testify to the long commitment and contribution that Jackie has made to both the Nutshell and MPA.

In her place, the general meeting of October 26 elected Gordon Hardy. Gordon commented "The Nutshell is important both as a vehicle of expression for members and as a means of keeping the issue of mental health and mental patients current in the outside world. We especially want ideas, criticisms, articles and letters from all our readers."

Also elected at the general meeting to replace Dennis Blue as audio-visual coordinator was Richard Clarke. Richard inaugurated his term

by providing free photo portraits to a few dozen MPA members.

Do They or Don't They

Arthur's proposal at the November 1 business meeting for an MPA demonstration over the suspected psycho-surgery at St. Vincent's Hospital was defeated. (See article on page 7 regarding this charge.)

Arguing against the proposal, Fran said "This is something we have to say and very powerfully, too. But we also have to do it effectively."

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House, Cont.

Continued from previous page "Tale of a Little House"

neighbours real well. In the summertime we used to talk a lot with them out in the yard."

The other woman was kicked out because she was "ripping off the house of energy and even money".

The house is now rather shaken by the episode and not in a hurry to fill the vacancies without considering applicants very carefully. As Charlene says "Houses have cycles and when a house is shakey because it's had to deal with a couple of real bananas, it gets choosy about who it's going to let in."

The remaining members of the house regard it as a good thing. Dawn says it's the first home she's ever had after years spent in foster homes.

Mike says the house offers him security. "I'd like to get some money together" he says. "I'll worry about what I'm going to do later."

While all residents in an MPA house, not all members take an equal part of MPA's other activities like the drop-in centre. Mike even

complained that there were too many "weirdoes" over at the drop-in centre. Maybe was joking.

Ivan and Marvin, on the other hand, regularly attend MPA business meetings and outings. Ivan particularly likes the weekly MPA Mystery Trips.

Marvin enjoys playing basketball with his friends. He used to drink and smoke heavily, he says, but now just goes and gets drunk once in a while.

People at the 10th Ave. house seem determined to overcome their recent problems and get the house going again.

As Sandy says, "I think there's a kind of core group in each house which determines the character of the house. In our house, for example, a lot of us are interested in getting off medication. We are definitely not interested in having people in the house who only use it without contributing."

And people at 10th Ave. are proud, too, of the home that they've made for themselves. As one enthusiastic member exclaimed, "This place has got a lot of class!"

People interested in putting together an Emotional Emergency Centre, or with ideas about such a centre, please telephone or write:

Bruce Mills
MPA 2146 Yew St.
Vancouver, B.C.
Telephone 738-4315 or 683-2975
(res.)



Long-term members will remember this old house as the headquarters for MPA for several years during its infancy. The house has recently been sold and will probably be demolished within the next few months.

Psychosurgery

Why does it take place?

Where does it take place?

Why are they afraid to tell?

by Pat Oarm

"The Human race is at an evolutionary turning point. We're very close to having the power to construct our own mental functions.... through a knowledge of the cerebral mechanisms which underlie behaviour. The question is what sort of behaviour would we like, ideally, to construct."
Jose Delgado

The basic concepts of psychosurgery stem from the discredited nineteenth century theories of phrenology. Phrenology is based on the premise that the brain is not one integrated organ but that it is divided into separate units, each of which controls a separate function of the personality such as courage, vanity, ambition, etc. As a science, phrenology is dead but the doctrine of phrenology lives on in the guise of psychosurgery.

The first prefrontal lobotomy was conducted by a Portuguese neurologist, Dr. Egas Moniz, who, after hearing that an experimental lobotomy performed on some monkeys had turned them into placid, docile and happy animals, decided that the same operation performed on a man would produce the same results. Through an incredible lapse in judgement, he received the Nobel Prize in medicine in 1949 for his work in this field.

However, one's faith in the simple wisdom that is inherent in each man is reaffirmed by the fact that Dr. Moniz was shot by one of his lobotomized victims.

Prefrontal lobotomies were introduced into the United States in 1936 by doctors Walter Freeman and James Watts. It has been estimated that between 1936 and 1955 there have been from 40,000 to 50,000 pre-

frontal lobotomies of various kinds performed there. At first, the lobotomies were done on chronic mental patients who were diagnosed as incurably violent, psychotic or otherwise deranged.

Gradually, however, the operations were performed on the less severely disturbed, especially on returning veterans of World War II. It seems strange that the doctors would apply a medical reason for the emotional problems of a man just returning from the experiences of fighting a war.

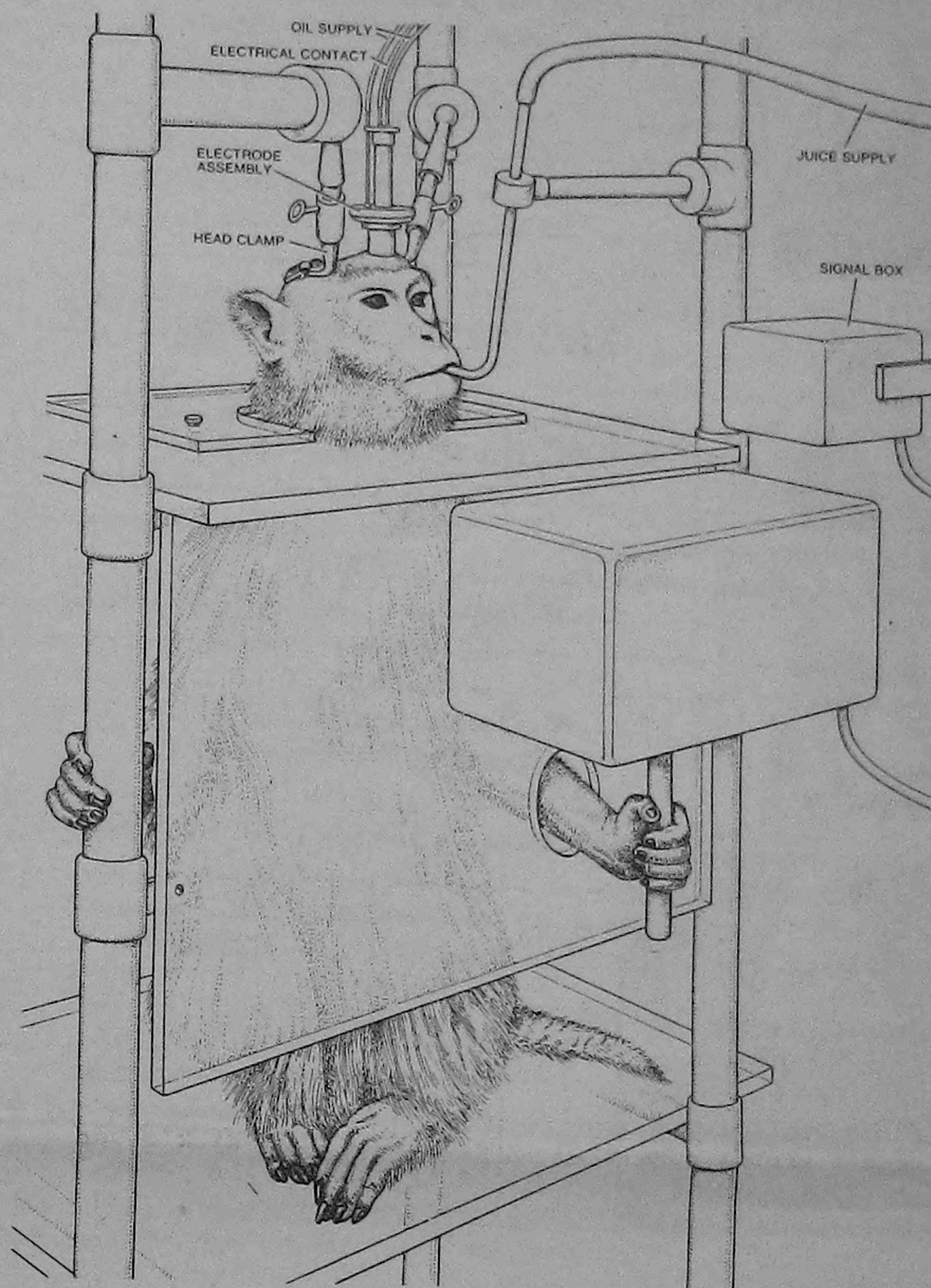
The first reports on the results of psychosurgical operations were highly optimistic. They showed that the lobotomized patients were generally well off and able to function. The successes claimed, however, must be taken with a grain of salt as the evaluations were made by either the psychosurgeons themselves or their associates.

It was found later, of course, that the lobotomized people were rendered apathetic, irresponsible and anti-social, with their intellects blunted and their memory and creativity impaired.

While admitting to the failures of the past, present-day psychosurgeons claim that enormous advances have been made (through a better understanding of how the brain works and more sophisticated tools and techniques). However, the scientific rationale on which all psychosurgery is based (that emotions are controlled by a specific part of the brain) has questionable validity.

Psychosurgery is still experimental in nature and is performed by surgeons who must answer only to themselves about questions of outcome and morality.

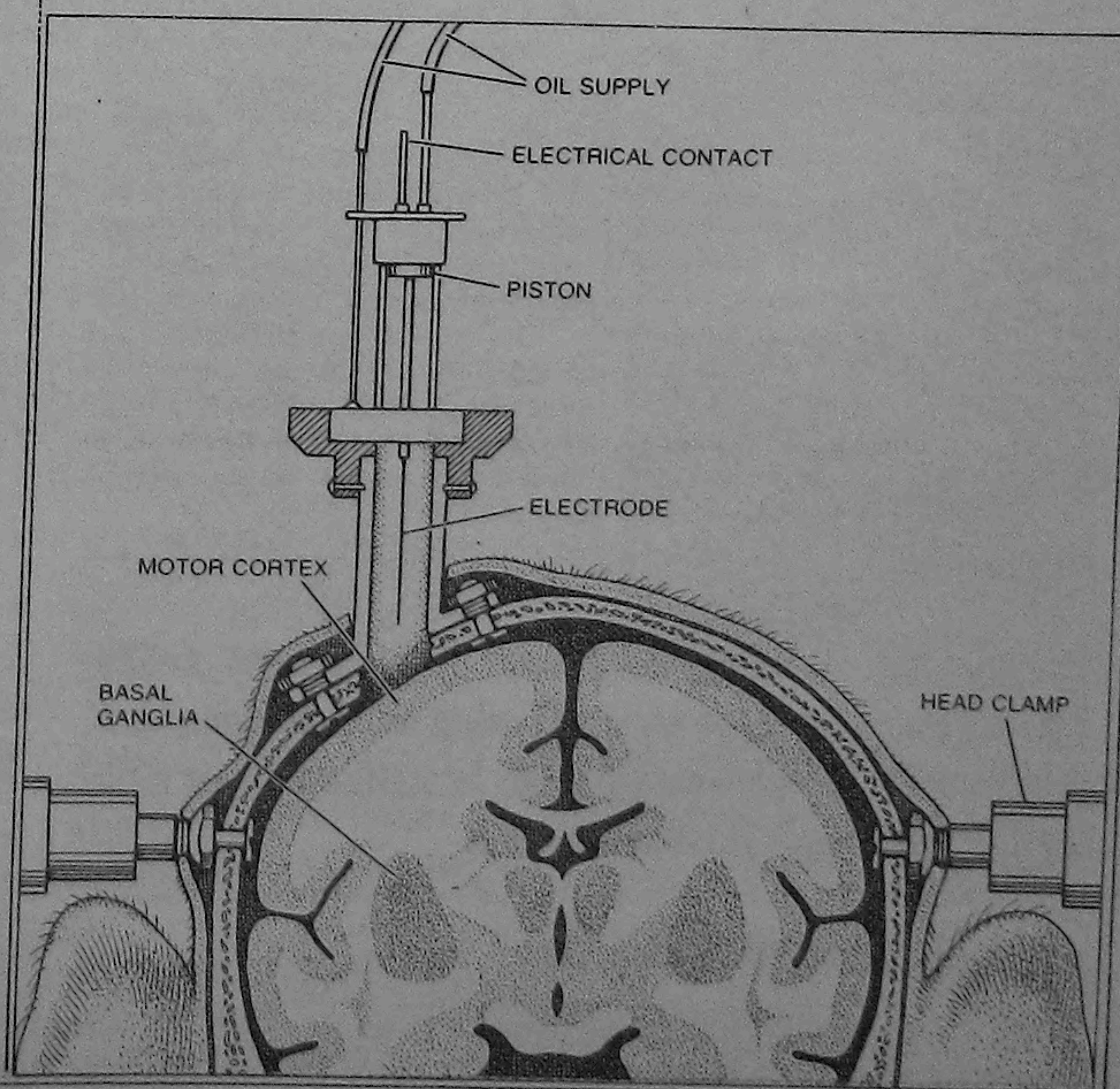
Trying to find out what's happening in B.C. is like



pulling teeth. According to one source, the only psychosurgery performed in B.C. takes place at St. Vincent's Hospital. When I inquired to the acting administrator of the hospital about these allegations, he requested the specific, medical names of the operations in writing.

Many weeks now have passed since I wrote the administrator and still no response, despite a promise over the telephone that an answer is forthcoming.

Through The Nutshell, I will keep readers informed about developments in this inquiry.





What I Meant Then
Might Mean Agen
and/or still
māB

b(u)y

Bill E. Basquette - baal
New H(e)aven Branch

uv

poetree

oar

Billshit

'r

A(d)iction uv Words

£/etc./or

Lux, Nux, Crux, Sux, £ Fux

In P(h)raise of P(h)olly

Sumthin Out uv Nuthin

"I" ron "I"

Twice blo a Thyme

Le (M)onologue Interieure (lie-ric

'I't co(r)nfess' I(t)self

X

I.M.A. Future Dead Man

Harliquin Kinnarney

Nuthur Poet uv th nite

th New H(e)aven (K)nite hawk

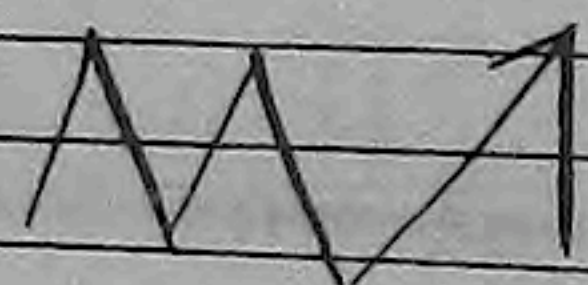
sol I tude

by A Blud E. Poit

£ Beautiful Looser

£ Az whole

bothm Lyne



The cover of Bill's new book of poetry

Poems He Shoems

by Jack E and Jān E

What I meant Then
Might Mean Agen
and/or still
m ā B

b(u)y

Bill E. Basquette-baal

New Qu(art)o Editions

148 Orange St.

New Haven, Ct.

06510 U.S.A.

Bill Kinnarney alias Basquette-baal recently sent MPA a small book of his poetry published by New Quarto Editions 10 (\$2 in the United States).

Bill first blew into MPA in 1973, overwhelming everyone with his good nature, sense of humour and (in his

words) his Billshit, 'r A(d)iction uv Words. Whether written or spoken, Bill's communication with the rest of us was unique in MPA's history. Who else ever freaked out on language?

He spent a year and a half in Vancouver on a long-cut to California from Connecticut.

Now back in the U.S., in the "New H(e)aven" Connecticut "Branch uv poetree", Bill has gone on to dazzling heights with his poetry readings and the little book publication of his poems.

The themes he chooses are personal-how he sees himself-how he feels-how he feels about his beat hero Jack Kerouac-how his poetry feels.

But whereas Kerouac and members of the beat group had to some extent an outgoing interest in people, things and possibilities, Bill is basically more ego-centric in expression than his leader:

"not enuff of a touch
a touch of the poet
too much of not enuff
not enuff of the poet
the touch of the poet
too much of the poet

this poet iz touched

Apparent in his poetry, he fulfills all of the prerequisites of the beatnik (from beatitude, meaning blessed, a state of utmost bliss), having a "predilection for unconventional behaviour and dress and often a preoccupation with exotic philosophizing and self-expression".

He climbs a scaffold of imagination, pulling the last word, the last thought, up with him to use as a plank to climb even higher. Making a play on words he gets at least double duty out of the ones he chooses:

virily virily
man is butt o' dream

musicians 2 get tones tune
of har mony

Bill describes he own work as:

Rough unpolished gems
dems da kinda

poems

I shoems

but his preposterous manipulation of words manages, somehow, to sound exactly right.

In the acknowledgements prefacing his book he mentions MPA, Vancouver, Canada. One of his more thoughtful poems, *Faith Road*, refers to his sojourn in B.C.:

beatitude

Beat it tude

go in to another north

to gray, green, serene,

wetwet, Northwest,

reinforced, rainforest,

dream region

Survive dead or alive

How much will my celebration

cost in self destruction

I will not lose myself in

the despair of a word in

ill repair&pute

Possible collective death

definite Xtreme individual

jail, madhouse, suicide,

solitude, death

Beat up, fed up, head

up high

heart up higher, soul soaring....flyer

I've feet in the fire

soul consumption

X Xtreme unction

I do not function

I fly

I do not die

or die so many times

it makes no difference. Y?

KUZ I Razorekt!!! thats Y

MPA is World Model in Self Help Idea

by Fran Phillips

For the first time in its brief history the Vancouver Mental Patients Association has a paper included in an international publication. This article, "Power Reversal and Self-Help; the Vancouver Mental Patients Association", was the result of the joint effort of a number of MPA members prior to a presentation of its ideas to the Banff International Conference on Behavior Modification in the spring of 1976.

From feedback received following the conference and from the enthusiasm for our innovative approach described in the Introduction and Richard Stuart's paper "Self-Help Group Approach to Self-Management", recognition is beginning to build for the MPA self-help model. Support for the power reversal part of our paper's argument is played down. This is not particularly surprising since the majority of contributors to this book would be out of work if their clients organized themselves according to the MPA model.

Unfortunately, the publishers, by an error in pagination failed to include p. 79-110 so that the papers by Risley, Marlath and Marquay were only partially presented and Goedfried's paper on relaxation and cognitive labeling was missing entirely. The remainder of the book describes a series of behavior modification techniques.

The majority of papers outline techniques for either preparing for, or going about the task of, or maintaining changes in various kinds of behavior using several styles of self-management. The techniques described were conceived and administered by university based research professionals. Research designs throughout the book have paid careful attention to the rights and dignity of people participating in the individual study. Although this participation resulted in a number of research problems, not one of the contributors suggested abandoning this approach.

This, perhaps is an example of the kind of peer pressure needed in other research areas like psychosurgery and prescription drug use, which would prevent patients from being used in studies without their consent and

Continued on page 12

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PUNK ROCK FOR K r a z @ E K i d S

by Ian Kay

"There's nobody listening and you'll get no reply... I got no reason and it's all too much, you'll always find me out to lunch, oh we're so pretty, oh so pretty vacant...and we don't care!"

Sex Pistols
(with Johnny Rotten)

He's glaring at us from the cover of almost every magazine these days (except the one of course where they are waiting for the whole disgusting thing to blow over). Who is this man with rotten teeth, torn clothes and short, unkempt hair? Why, it's Johnny Rotten, of course. Not another article on those dirty punks, you say. Oh but yes because once again anyone over the age of 21 is faced with a phenomenon that angrily spits in their eye and carves up their sacred cows for lunch.

"These kids are crazy" ex-Beatlemaniaacs and hippies declare as they watch the latest in-depth special on their colour TV sets.

But punk was inevitable in a market saturated with worn-out music and worn-out pop stars. It is such a perfect reaction to the produced, slick, mechanical and decadent discotheque phenomenon. You don't need fancy clothes, a headful of cocaine and a tight ass to be cool anymore. Punk is

something kids can call their own. It doesn't take years of musical training and an electronics degree to play it. Three chord rock is back. The separation between the kid in the crowd and the kid on stage has been narrowed. Punk is bringing back live music. After all, rock and roll began as a revolution of the young. It was a unifying common front. It affected the whole surface of daily life and social affairs (talk, dress, heroes, family affairs). It was a pop phenomenon.

Punk is a pop phenomenon. For those who turn their noses up at punk lyrics, we must never forget the main concern of discotheques and therefore disco music which is music.

Lyrics like:

"Shove it in, shove it out,
Move it in, move it out,
Disco Lady."

or any of Donna Summer's "hits" which you can sum up as twenty minutes of oohs, ahs and assorted sexual grunts and groans. No wonder Johnny Rotten says that sex bores him: "It's so easy nowadays. So by the time you're twenty you just think, yawn, another squelish session."

So, you ask, what is an article on the punk phenomenon doing in a paper primarily concerned with mental health issues? Well, let's look at what they have in common. Anger, energy, and

a desire to disentangle themselves from institutions which control their lives, the music industry and establishment in the case of one and psychiatric institutions and the psychiatric establishment in the other. Punk groups are writing

the political and social anthems of the seventies similar to the reggae movement in Jamaica. But punk, like reggae, is music for a good time.

Is political and social change possible while having a good time? I believe it is.

Outrageous

A Beautiful Confirmation

by Arthur Giovenazzo

Liza is a mental patient. She is running in pyjamas through the wintry streets of Toronto. She is running from Morningside Hospital - running with the terror only a mental patient knows. Liza is also running to see Robin. Robin is a drag queen.

The story of Liza and Robin is one of a collection by Margaret Gilboord. They are gathered together in an emotionally exhausting book called *Butterfly Ward*. The Liza-Robin story is also the heart and soul of a beautiful movie called *Outrageous!* Beautiful does not imply sweet or misty; rather, the movie condemns through exposure the hospital, doctor, nurse, shock treatments and drugs that have terrorized Liza. We see Liza fearful, hallucinating, schizophrenic, etc. Liza is struggling - and we catch every painful twist and bend. We are left with no doubt that Liza is "crazy". What we also see though is Liza learn to use that craziness or "make it work for you" as Robin tells her.

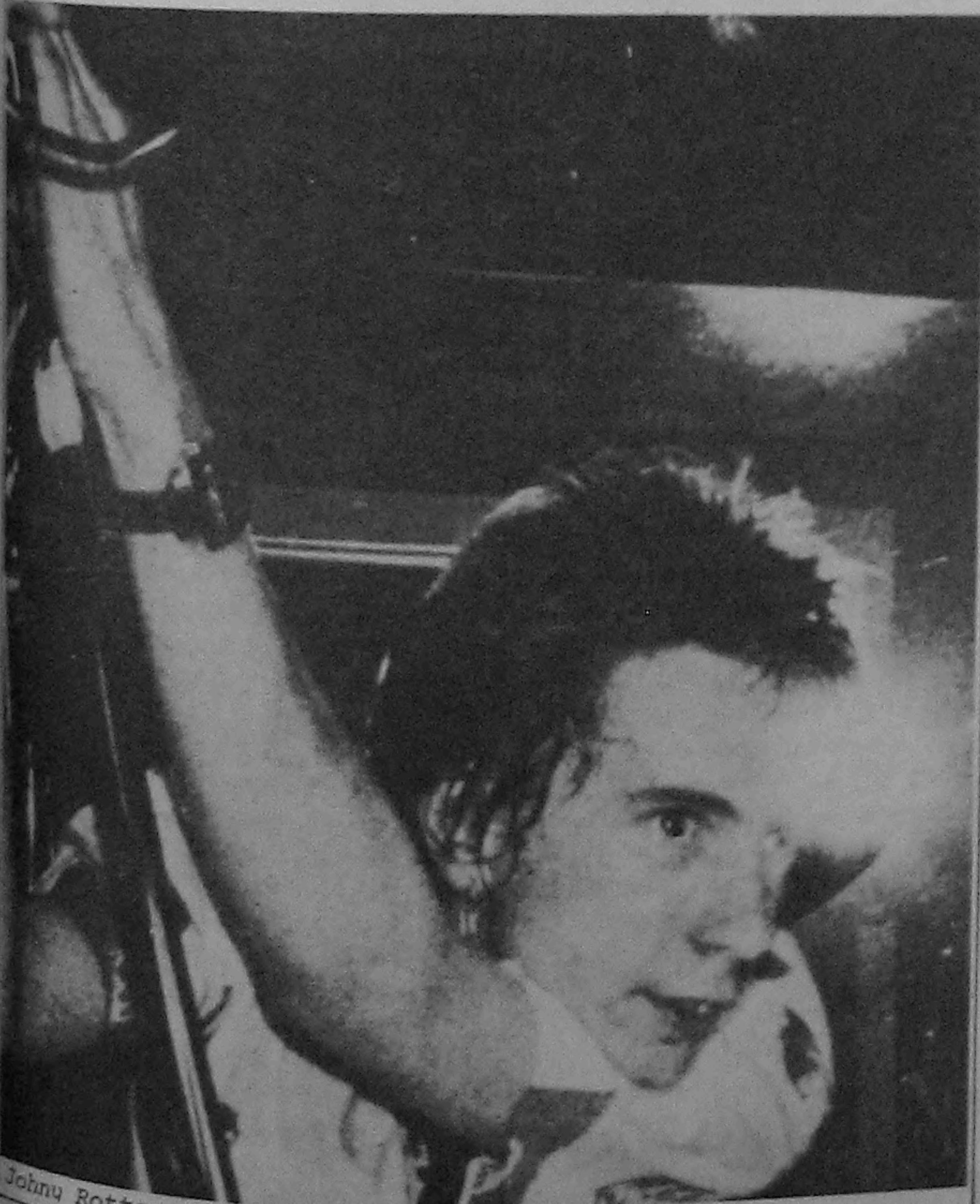
Robin is in fact just as "crazy" as Liza - but different. He repeats over and over in many ways "I've never met anyone worth knowing who wasn't a positive fruitcake".

So Liza and Robin have a bond - a mutual recognition of their madness, and a growing desire to help each other use that "madness" in positive ways. At the end of this very entertaining movie Liza and Robin are dancing happily - which is not to suggest the usual "happy ending". It's unlikely that either Liza or Robin believe it's all up from there - but they are learning to help each other through life's ups and downs.

Well, little wonder then that they are dancing. After all the terror, the hurt and the denial of hospitals and doctors and drugs,

Liza has seen a new and better way. People helping people works better. When Robin helps Liza push away her terrifying hallucinations he's done something all those doctors and drugs never did. Maybe he succeeds because his help comes from love - because he doesn't laugh at Liza. Whatever the reasons - Robin and Liza have found a truth.

In many ways it's the same truth M.P.A. is based on. People need love and friendship and support - not locked rooms and shock and debilitating drugs. Watching this film is such a beautiful confirmation of this belief in self-help. If you want to see two crazy Canadians, living very real lives - *Outrageous!* will show you. If you think even your craziest moments have meaning - go see Liza and Robin. They believe it too.



Johnny Rotten, punk rocker par excellence.



Margaret Gibson Gilboord, authoress of the fine collection of short stories, *The Butterfly Ward*, on one of which is based *Outrageous!*

"Mental illness is as old as the idea that you can involuntarily be put into hospital."

Continued from page 1
"All Fraud Says Shrink Critic"

are very ill but refuse to be patients. In fact, most doctors, if they have inoperable cancer, they are not patients, they go out and kill themselves. Most intelligent people, if they have some kind of inoperable cancer of the brain, they don't go to hospitals to have medical students do research on them, take blood, put tubes into them. That's for patients only who don't know what's going on. Intelligent people won't go through that. They refuse the patient's

le. Now, refusing the patient is an unqualified right in America and I think even in Vancouver. You can have gonorrhea and refuse treatment for it. That's one of the reasons why gonorrhea is a worldwide epidemic. There is no law to compel a patient to be injected with an antibiotic for gonorrhea.

Now why is that? Because people have decided that civil rights, human rights, are more important than health. Secondly, they assume that most people will get treatment when they are sick. And for the few people do don't, to hell with them.

You see how different all this is in psychiatry.

In psychiatry the idea that you have a right to reject the patient role does not exist. The whole history of psychiatry is one continuous story of people being put into the patient role involuntarily.

There was no such thing as mental hospitals, mental illness, in ancient Rome. Mental hospitals are only about three hundred years old. Mental illness is as old as the idea that you can involuntarily be put into hospital.

What justifies a medical intervention? What justifies the removal of a breast tumour in Mrs. Ford? I dare say many of you would be likely to say what justifies it is the fact that the person has cancer.

Wrong! That's a communist answer. That's a psychiatric answer. What justifies it is that the patient consents to it. If he didn't

consent to it, it would be assault and battery. The doctor would be sued for five million bucks and he wouldn't have a chance.

We are talking now about the concept of who does a person's body and mind belong to in Anglo-Saxon law. Does it belong to the state? Does it belong to the Canadian Medical Association or does it belong to you?

If it belongs to you, then it's just like your car and they can't replace a muffler on your car no matter how defective it is. They can only replace it because you wanted them to.

It would be terrible to remove a healthy breast. But it would be even more terrible to remove a cancerous breast which the person does not want removed.

What justifies the treatment for the oldest disease known to mankind? Otherwise known as pregnancy. The treatment for it is abortion. And government money pays for it. It's called a treatment, which makes pregnancy a disease. So you see, these definitions have enormous power. It does make a difference what you call something. That is why it makes a tremendous difference when you call ordinary human behaviour problems mental illnesses.

I'm not denying those problems - some people assault others, get depressed, want to get divorced. But these aren't diseases any more than pregnancy is a disease.

The relationship between patient and doctor is a contractual one. Unfortunately, as far as medicine is concerned, we have a medical monopoly in which the government is like the medieval church. Then, only Catholics could practice religion. And everybody else was a heretic.

That is why, in this respect, the United States and Canada are exactly like Russia, only worse. Because in Russia everybody knows that the state is a bad thing which is there to do them dirt. But here it is a good thing which prevents you from having an accident by putting seat belts on you.

Now when treatment is justified on the basis of illness, rather than con-

sent, it follows that somebody has to define the illness. What is illness? The only people who can are those who have power, which in plain English means the state. And the state's agents, namely psychiatrists and doctors. So what it comes down to is that although it looks like what justifies the treatment is illness, what actually justifies it is coercion.

Let's assume somebody says he's Jesus Christ. Presumably he's not. What do psychiatrists think of that? They say "Well, it's a typical symptom of paranoid schizophrenia". I say it's a typical symptom of lying!

Real doctors - not fake doctors like psychiatrists - are mechanics. They take care of your body. Hypertension, cancer, heart disease. Now what do psychiatrists do? They are priests, counselors, moralists, politicians, jailors disguised as doctors.

Let's assume you want to go on a vacation. But you spend so much time working you don't know where to go. You don't know Seattle from Calgary. Now, if your car doesn't work that can be repaired by a mechanic. If you don't know where to go, that can be repaired by a travel agent.

Psychiatrists are travel agents masquerading as mechanics.

That's right. That's why they wear white coats, give drugs, call their buildings hospitals.....their entire legitimacy is based upon this masquerade. Now, at best, they are terrible agents.

Now, if the psychiatrists deal with behaviour, obviously the operating concept is control. If you control yourself, then you're self-controlled. If you don't control yourself, you'll be controlled and that control will either be called punishment or treatment. Now, insofar as you will be controlled, it won't make much difference to you except if it's called punishment there will be limits on it because everybody knows that punishment is a bad thing. If it's called treatment, then there won't be any limits on it. That's

why psychiatry is a totalitarian, communist method. How could anybody object to the indefinite treatment of schizophrenia; after all, the person is sick.

I have no doubt or very little doubt that the major psychoses as we now call them are a grab bag.

For those of you who know the history of medicine, they may be like what used to be called dropsy. Now what's dropsy? There is no such disease. Dropsy was a condition where people had excess fluid in their legs. Now that could have been due to anything from kidney disease, hypertension to heart failure.

Now, similarly, what they call a major psychosis is anything from family problems, to being a Russian dissident, to having a brain disease. It's a grab bag. I have no doubt that some of these are organic diseases but that doesn't get us to the political problems. The political problem is that *after* we know it's a disease, then whose right is it to treat it or not treat it?

Now I don't like this term "the right to refuse treatment" because it implies that the thing the person is refusing is the treatment. That's why I prefer the term "the right to refuse being called patient, the right to refuse a medical relationship."

There are some situations obviously in medicine that are not treated with consent. If I get pneumonia and have a temperature of 104, am dehydrated, delirious, nobody will get my consent to be taken to the hospital and be given penicillin.

But situations like this last a day or so whereas mental confinement may last a lifetime.

I did not want to give you the impression that the so-called mental illnesses are definitely not medical diseases. We don't know that.

What was the most important symptom and cause of mental illness from the year 1800 to practically the end of the Second World War? Masturbation. Now it's used as a treatment in sex therapy. This is no laughing matter because virtually all basic human behaviours are either called diseases or treatments in psychiatry

End of lecture - applause.

"in this respect, the United States and Canada are exactly like Russia, only worse."

'Animal Liberation': non fiction 1984

ANIMAL LIBERATION: A New Ethic For Our Treatment of Animals
By Peter Singer.
Discus paperbacks (Avon)

IN ONE EXPERIMENT cited by Peter Singer, a psychologist took baby monkeys from their mothers and confined them with mechanical "monster" mothers. When the experimenter pressed a button, sharp brass spikes would be ejected all over the surrogate mother's abdomen, causing the babies to flee to a corner in fear. The experimenter called this "a fascinating idea."

In another experiment, cats' testicles were violently "compressed with a rod," to see if they too, like humans, undergo violent pain when kicked in the balls. "The animals produced what was interpreted by the experimenters as 'a painlike response'."

Animal Liberation is a young philosopher's attack on widespread brutality against animals by scientific researchers and "factory farmers." Singer has written a thorough, frightening book, a sort of non-fiction 1984.

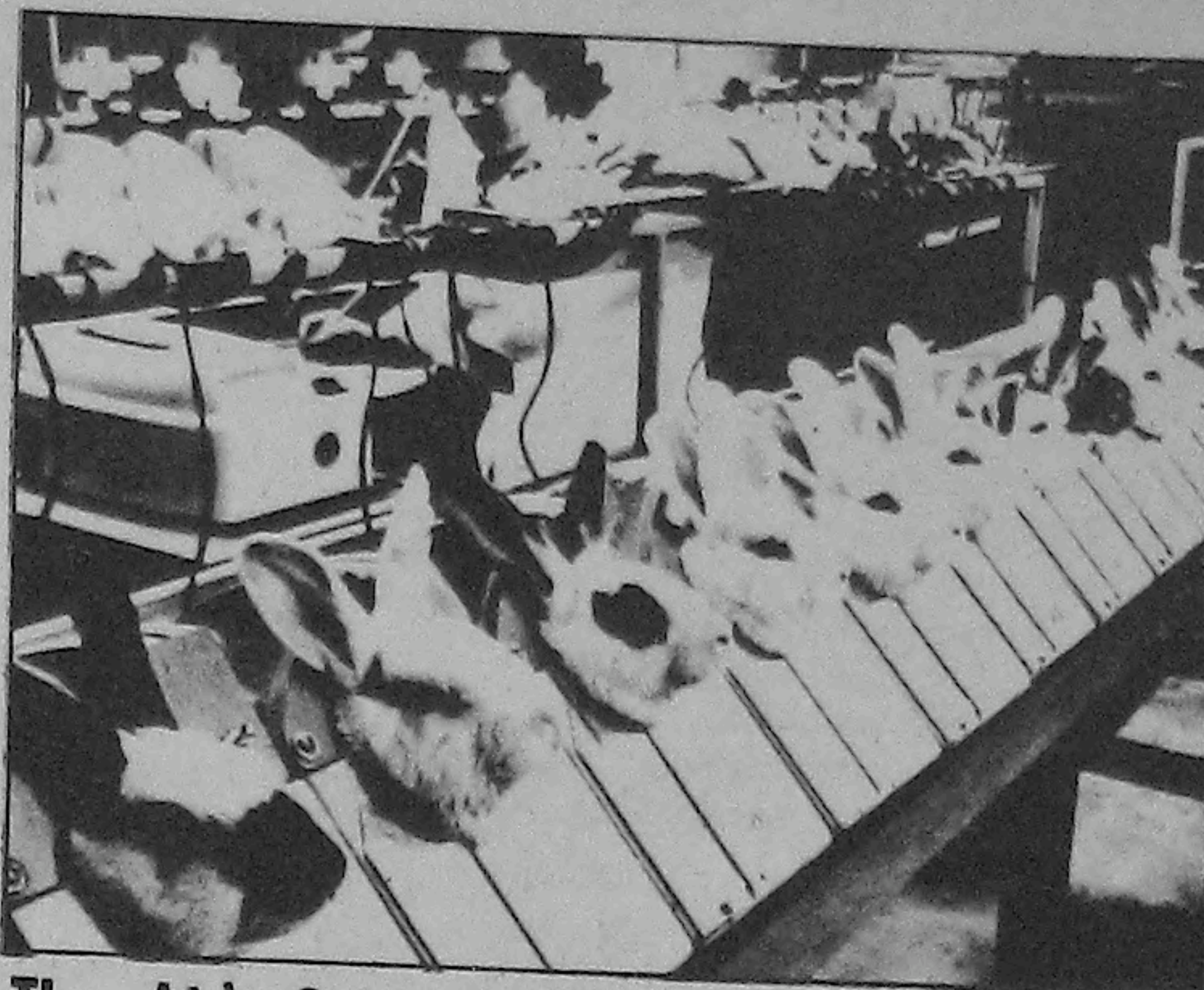
Singer presents plenty of evidence showing that this brutality is commonplace in the laboratory. He shows that scientists, while claiming to serve humanity and knowledge, are usually more con-

cerned with their careers; their own intellectual self-indulgence; and corporate interests. Corporations continually market new products to keep the consumer economy hyped up. Each new product—such as a cosmetic or food colouring—must be tested for safety, by discovering at what concentration it becomes lethal for 50 per cent of the test animals.

In other words, the animals are intentionally made to die painful deaths so that, for instance, a new shade of lipstick may be marketed.

This brutal ethic expresses itself on a far vaster scale in factory farming, the production of food by assembly-line methods. It treats animals like inert objects that do not suffer or feel pleasure. Singer quotes two factory farmers to show the attitude that prevails: Frank Paton, one of Britain's biggest veal raisers: "farming is about money production, not food production;" and Fred C. Haley, president of a Georgia poultry farm: "The object of producing eggs is to make money."

The first animal taken out of the barnyard and into the factory was the chicken. Now, Julius Goldman's Egg City in California has over 2 million hens in enclosed buildings. In such egg farms, chickens are packed so tightly into wire cages they cannot



The Aint Science Wonderful Department

even lift one wing. The high death rate caused by overcrowding is termed "bird depreciation."

Factory farming is now spreading to other animals, like pigs. Pigs are as intelligent as dogs, yet in the factory farms they are unable to play, raise their offspring, or even move around very much.

Animal Liberation is an important, horrifying book. It faces the reader with serious moral questions—the author, for instance, calls for vegetarianism as "a form of boycott."

Read this book. The information it contains needs to be known, discussed and, hopefully, acted upon.

By Bob Ludlow

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Bread & Butter, Cont.

Continued from page 6

ively." She added that it was necessary to have more evidence that St. Vincent's was conducting psycho-surgery.

Somebody suggested taking hostages.

Gretchen said that since the day in question was an international day of protest against psycho-surgery, it was necessary to do something to mark it.

The meeting decided that Gretchen and Bruce would take the issue to the radio hot lines.

A week later, they reported that they had had a very successful session on a radio hot-line.

John's Gone

Members attending the November 15 business meeting were presented with the unpleasant chore of dealing with allegations of incompetence on the part of one elected coordinator by several others.

The issue surfaced when office coordinator Arthur wrote a letter to housing coordinator John, asking him to resign. When challenged about his letter at the business meeting by John, Arthur replied that John wasn't expending the energy the residence pro-

gramme needed.

John, on the other hand, while admitting to a bad period last spring due to personal screw-ups, said he thought he had recently been doing a good job.

MPA secretary Jane said that John was not a "structured person, not the kind of person who should be doing that job."

The housing coordinator job requires a good deal of bookkeeping and accounting.

Gretchen said it was wrong to see the problem in terms of a personality conflict between Arthur and John.

Other members backed the allegations of incompetence while at least one member thought it was improper of Arthur to write such a letter.

In the end, the matter was tabled to a general meeting of the following night. At that meeting, however, John announced his resignation without any further discussion of the matter.

The Gang of Two

The vacancy left in the housing coordinator position by John's resignation was filled by the election of Pat at a general meeting on December 7. Pat's term only lasts until January though

when all MPA elected positions come up for grabs in the general elections.

Also elected at the December 7 meeting to the job of drop-in coordinator was Alex who later remarked "One of my main goals is to try to establish a viable arts and crafts centre."

Hang In There, Art

Arthur called a support meeting for himself which was held on November 25. (Support meetings can be called by any MPA member who feels that he or she needs a meeting of concerned members to discuss a serious complaint or problem. In practice, support meetings are usually a way that MPA elected officers get advice and criticism from members about the discharge of his or her job.)

Arthur complained that too many people were turning to him for direction and permission for even minor things in his capacity as office coordinator.

"I know I give off the idea that I'm boss" he said "and people often want to see me in that way but I'd feel a lot more comfortable if there were ten people around who would also take responsibility."

After discussion by the ten or so members present, people decided that there should be a more regular allotment of chores and responsibilities at the weekly residence concil meetings. People also thought it might be a good idea to resurrect the old system of office meetings.

Thanks But No Thanks

MPA declined an invitation to join the World Federation of Mental Health, a powerful international organization of doctors and specialists in the field of mental health which enjoys the backing of governments and drug companies. It is based in Vancouver.

Arguing against joining, Dennis Blue explained that the WFMH's undemocratic and closed-door practices were contrary to MPA policy.

New Team at Riverview

After many delays, positions on MPA's project at Riverview Mental Hospital were finally filled. Managing the project, which includes a drop-in centre, will be Stan Peters. Other members elected to the project are Micki de Marseilles, Chris Neilson and Niel Ramsay.

Says Member

Our Policies Neglected

by Micheal Moriarity

M.P.A. has many policies which form the backbone of the operations of M.P.A. These policies cover a spectrum of issues both practical and philosophical. Policies can only be created amended or repealed at General meetings. All policies must adhere to our by-laws and constitution. Policies are meaningless unless they are followed consistently with the educated consent of the membership. Policy should be clear and concise with regular review.

One of the main problems is many of the policies are either unwritten or if written their sources are hard to

find. This problem could be remedied by appointing or soliciting a committee of both old and new members whose mandate would be to research old policies and review all policies with an eye to holding a special general meeting to deal with policies, thus eliminating much confusion.

For example, at a general meeting earlier this year a motion was made and passed that proxy votes wouldn't be permitted for the July general elections only. Since that time there have been at least three by-elections for the D.I.C. plus Canada Works elections where proxy votes were once again permitted. However, many people were not aware of this

and being unable to attend the elections, lost their votes needlessly. Obviously we need a clear, fair policy on proxy voting.

An example of a policy that is not followed is our much discussed policy of electing 50% ex-mental patients. This as a policy was voted on at a general meeting and twice re-affirmed but is only followed sporadically. The policy is as follows;

"That not more than 50% of the people who work at M.P.A. be non ex-mental patients. That for the purposes of elections the 50% policy be divided down the line among all areas of M.P.A. i.e. office, D.I.C., residences, etc."

"That it should be the task of the Election Committee to determine by whom these positions should be filled. That any imbalances be dealt with at by-elections"

A policy like this should be either repealed amended or reaffirmed but whatever is done the decision should be followed. Right now only the D.I.C. follows this policy.

There are many other interesting policies which should be dealt with. Hopefully enough interest can be stimulated soon to clarify the situation and a practice of following clear and concise policies can be started.

Continued from page 8
"MPA World Model...."

knowledge. On balance, however, it must be pointed out that people with problems of smoking, obesity, alcoholism or insomnia are allowed control and choice in solving their difficulties. The researchers therefore, have not risked much to make their moral point. Stuart raises the question of the cost/benefit effectiveness of professionally initiated programmes. The benefit would appear to be principally in favor of professional career development at the cost of self-initiation.

Three papers describe a self-help model which is conceived and administered by lay people. Buhler and McKay's Women's Self-Help Clinic and Stuart's Weight Watchers program fall into the category of imposed self-management. There is a fairly simple, easily defined program which people can agree to follow or not as they wish. The Alcoholics Anonymous program which Stuart aligned with the Mental Patients Association falls into this category as well.

Only M.P.A. describes a self-generated form of self-management which provides the flexibility to develop programs to meet the individual or group needs as they arise. Members of this organization can help and be helped at the same time.

Behavior modification techniques in and of themselves are neither bad nor good. Debate must centre around how such techniques are applied and for whose benefit. The papers presented in "Behavioral Self-Management" indicate a direction for research in behavior changing methods, point to a peer pressure strategy to keep researchers honest and give self-help groups the kind of support and encouragement they need.



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MENTAL PATIENTS AND THE LAW

A video-tape production available *free of charge* to any interested group or individual on a loan basis.

After briefly defining the concept of *mental illness* this program describes the procedures for committal, discharge and detainment in mental facilities as set out by the *Mental Health Act* of B.C. This leads into discussions of the civil rights of mental patients and the controversy surrounding the provisions of the Act and their application.

Part 1

What is mental illness and how you can be committed to a mental institution.

Part 2

A discussion of patients' rights—e.g. right to treatment and right to refuse treatment; the Patients' Estates Act.

Part 3

How to get out of a mental institution.

Part 4

Mental disorder and the criminal process.

Produced by— Mary Elvira Lount, Vancouver Peoples Law

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PLEASE CALL 734-1126.



Vancouver People's Law School

2110-C West Twelfth Avenue, Vancouver, B.C. V6K 2N2 (604)734-1126

He's lucky the shock machine was unplugged...

by Frances Phillips and Theresa Domai
-apologies to Clement C. Moore

T'was the night before Christmas all through MPA.
Some members were stirring to honour the day;
Proposals were made and soliciting done
In order that members could all have some fun.
Some members just nestled all snug in their beds
So thoughts about Christmas would stay from their heads;
For once ignore Christmas, not feel like a sap,
Just settle the brain for a long winter's nap.
For others, no fun and no parties, no clatter
Would just emphasize that something's the matter;
So planning for frolics and food - a wingding-
Helps them to make Christmas a plausible thing.
For others, the moon on the new fallen snow
Means this is a time for their heads to just blow.
Imagine, should someone report with great fear
Seeing one little sleigh and eight tiny reindeer!
What would happen (and that would be pretty damned quick)
If he really did think he was ol' St. Nick?
More rapid than eagles the phone calls would fly;
"He's gone off his rocker!" his neighbours would cry.
"Now doctor, now nursie, now ambulance driver,
Have you got some room for this crazy conniver?"
To a ward at St. Vincent's, to a ward at St. Paul,
Now dash away, dash away, dash away all.
The red lights are flashing, the traffic it dies;
The sirens are screaming as onward it flies.
So up to the entrance the ambulance drew;
Out jumps St. Nick and the ambulance crew.
And then in a twinkling they came with a shot
In order to curb his ridiculous thought.
As he drew in his breath at this unkind assault,
He wondered how St. Nick had been found at fault.
He was dressed in strange clothes from his head to his foot
And they weren't even tarnished in ashes and soot.
The bundle of toys he had flung on his back
He had lifted from Woodward's and wouldn't give back.
His eyes, how they twinkled, he wisecracks, how merry,
His cheeks were like roses, his nose like a cherry.
He picked up the presents and walked down the hall
In order to give them to one and to all.
The staff soon restrained this benevolent act
And even though done with a measure of tact,
St. Nick couldn't figure why this should be done
When all he was doing was having some fun.
Then old Nick decided that this wouldn't do;
His reindeer were waiting, the children were, too.
With a wink of his eye and a twist of his head
He grabbed all his things and jumped out of bed.
He spoke not a word and went straight through the door,
Slipped past those attending upon the main floor.
Out in the street, to a cab gave a whistle
And away they all flew like the down of a thistle.
He was heard to exclaim ere they drove out of sight
"My God, Christmas has turned into a mass delusion!"

An invitation...

To MPA members to attend a gala turkey feast and party starting at 4:30 pm on Christmas Day.

During the Christmas season there will be a full agenda of activities including theatre, films, tobogganing, mystery trips, etc. For more information, ask the residence coordinators or go to the drop-in centre.



Surviving It

by Bonny Martin

The people of the world can be divvied up in numerous ways; by skin colour, sex, language, favourite colour, etc. Right-handers to southpaws. Coca cola drinkers and pepsi fans.

We've done it on the basis of people's reaction to that annual phenomenon called Christmas (although you can easily substitute Ramadan or Hanukka if you want). We've also made suggestions to each group on how to survive Christmas or, at least, make it survivable for somebody else.

1. Christmas Lovers

Some people enjoy Christmas by doing what makes things pleasant for them. Then there are those who bubble over with an almost nauseating enthusiasm and they don't allow the cynics to pull them down.

The only advice to Christmas Lovers is to limit their Christmas cheer to those who want to be included!

2. Those Who Acknowledge Christmas But Get Depressed

The majority of people still get caught up in the Christmas season because it is made very difficult to ignore. We are coaxed and conditioned by department stores, families and friends.

It is often lonely and depressing if only because we are told it is supposed to be such a happy time.

If family dinners are a nightmare, there is always

MPA - lots of company and good food but it cannot appeal to everyone (see advertisement this page for MPA Christmas activities - *Nutshell* committee).

For those who don't want to be by themselves, there are other solutions. The main thing is to avoid what is depressing to you and enjoy your own kind of Christmas. Try to get invited to a residence or go to out to dinner with a friend.

Plan things before things are planned for you.

3. Those Who Ignore It

Rare as they are, there are a few people around who can pass their time from about December 15 till the New Year as if it were any other time of year. Their motto: "Christmas is a mass delusion." All around them there is temporary chaos as everyone downs the booze and ups their credit.

Ignoring Christmas is a relatively easy task if you happen to have the cash on hand to take off to a remote part of Mexico. At least there Christmas carols are not easily recognizable and well wishing friends can't track you down.

For those stuck at home, a few hints. Stay away from hospitals and charities; they can't stand to see anyone not participating. Declining dinner invitations is easy if you remember how sick everyone feels afterwards. You've probably been called worse things than Scrooge and a short trip down on December 23 should make you feel incredibly sane.

MINOS NO 1

(for Molly Dexall)

The insane build bridges over reality
To the far shore
But the bridge is never finished.
Hooped arcs rise and fall
Through earthquakes
bombs
fires
snares:

Nothing will conquer their desire
To defeat reality.
Unless love lights a path
Through the smoke and flame
To a sheltered bay where angels
Continually ascend and descend
Bearing gifts.
There, in the clearing, wrecked souls
Find that others have built bridges
Tunnels. roads
Over reality into the arms of saints.

by Al Todd

MINOS NO 3

When you were directing traffic
Did you stand on your head
twirl a baton
command spheres of light
To descend?
Or were you merely enjoying
The passage of time, secure in the feeling
That insanity, all insanities
Are real?

MINOS NO 2

What is it like to go insane?
Have you any
recollections
That might help to heal
The cancerous roots of cedars that grow
In the dark earth of my mind?

I have seen a prairie sunrise in winter
Gas wells flaming in a summer's night.
Is there no end to the consequences of reality?

MINOS NO 4

Doors unfold. A bird of
brilliant plumage walks into
the dawn.
In what dark tunnel have I
lived? Where crossed the evil one?
I am powerless to tell
where the dragon's fiery head
fell. Which one will attack me now?
What shield, what weapon must I use
should he prove to be
unreal: no dragon but rather
memories of a broken past.

A peacock struts by. No dragon
he in his fine array. Will they
come again - resurrect the body
only to tear it to pieces again?

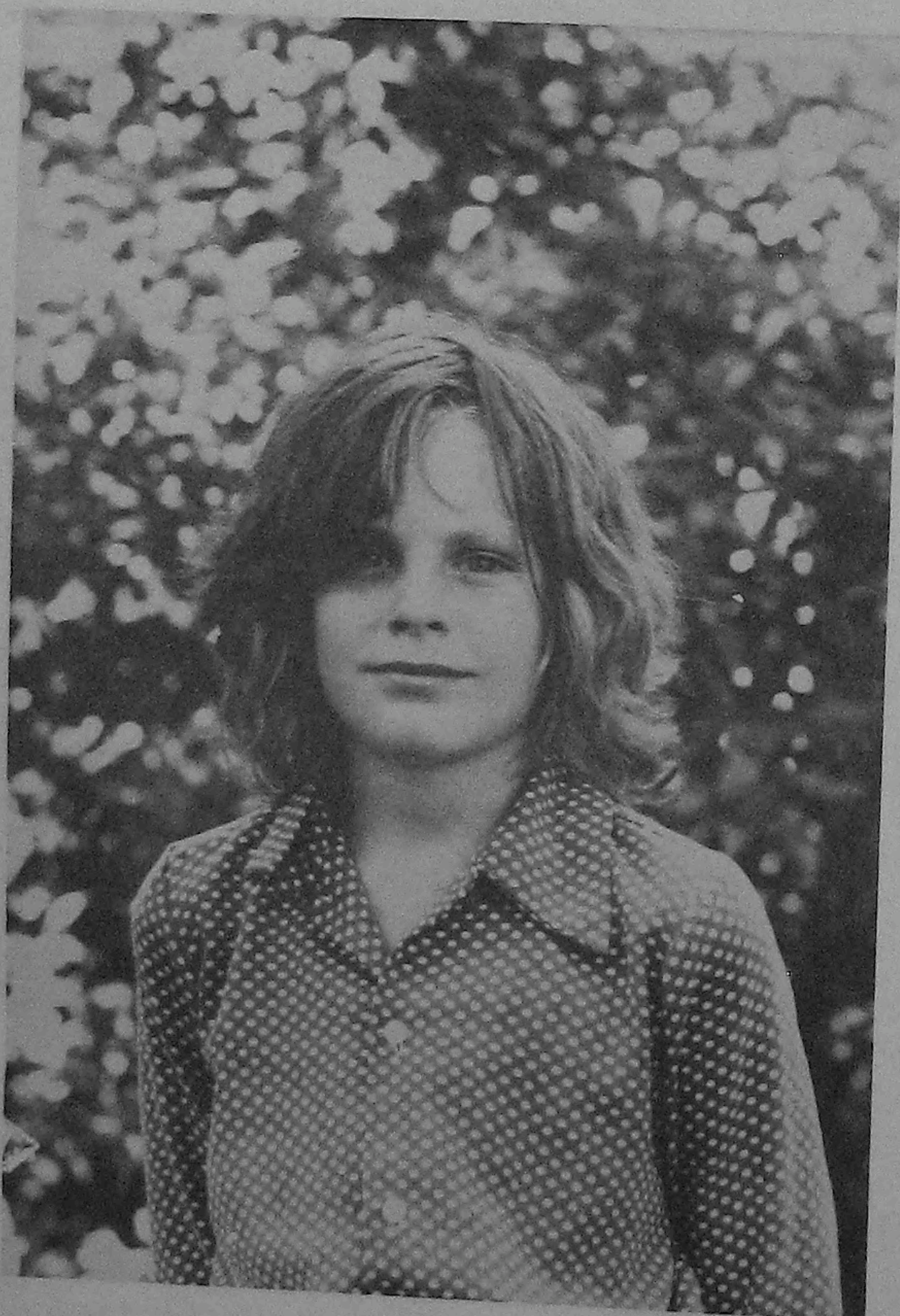


photo by Nino Oddo

Flower

If I could go into a flower,
What would I find?

A bee perhaps,
Pollen dust thick and heavy
As a blanket of sand.
A rubber fly
And maybe even I.

My soul would be there
At the heart of the flower.
There would be no hours
To heed and hasten.

by Petra Graves

Anti-Psychiatry Network

Still Growing

The Mental Patients Association is compiling a list of ex-patient and anti-psychiatric organizations world wide. If you know of any groups that are not included in the list that follows please write to Pat Oram, Mental Patients Association, 2146 Yew St., Vancouver, B.C., Canada.

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| ACT/ACTION
710 Lodi St.
Syracuse, N.Y. 13203 | Citizens Committee for Human Rights
Rm. 400, 414 Mason St.
San Francisco, Calif. | Mental Patients Liberation Project
1626 S.E. 39th Ave.
Portland, Oregon | Patients Rights Organization
c/o Legal Aid Society, # 707
Community Relations Dept.
2108 Payne Ave.
Cleveland, Ohio |
| Advocates for Freedom in Mental Health
928 North 62nd St.
Kansas City, Ks. 66102 | de Gekkenkrant
P.O. Box 3286
Amsterdam, the Netherlands | Mental Patients Liberation Project
Box 1745
Philadelphia, Pa. 19105 | Project Release
4 West 76th St.
New York, N.Y. 10023 |
| Alliance for the Liberation of Mental Patients
RM. 1305
112 So. 16th St.
Philadelphia, Pa. 19103 | Elizabeth Stone House
128 Menden St.
Jamaica Plain, Mass. 02130 | Mental Patients Liberation Project
Box 158
Syracuse, N.Y. 13201 | Project Renaissance
8614 Euclid Ave.
Cleveland, Ohio |
| American Association for the Abolition of Involuntary Hospitalization
c/o Post Office
University of Santa Clara
Santa Clara, Calif. 95053 | Heavy Daze
111 Tavistock Crescent
London WLL, England | Mental Patients Liberation Project
116 N. Carolina Ave. S.E.
Washington, D.C. | Patients Organized for Environmental Therapy (POET)
Box 7253
Imola, Calif 94558 |
| Cahuis pour la Folie
c/o Mme. Hubert
68 Rue d'Assas 75006
Paris, France | Issues in Radical Therapy
Box 5039
Berkely, Calif. 94705 | Mississippi Mental Health Project
P.O. Box 22571
Jackson, Miss. 39206 | Scarlett Letter Group
Box 12106
Richmond, Va. 23241 |
| Campaign Against Psychiatric Atrocities
P.O. Box 6899
Auckland, New Zealand | Madness Network News
P.O. Box 684
San Francisco, Calif | NAPA
558 Capp St.
San Francisco, Calif. | State and Mind
P.O. Box 89
West Somerville, Mass. 02144 |
| Centre for the Study of Legal Authority and Mental Patient Status (LAMP)
Box 277
Hartford, Conn. 06101 | Mental Health Law Project
84 5th Ave.
New York, N.Y. 10011 | NAPA
c/o Beattie H-16 Koshland
U.C.S.C.
Santa Cruz, Calif. 95064 | Vermont Health Rights Comm.
c/o Helwarg, #6
76 N. Union St.
Burlington, VT. 05401 |
| Centre for the Study of Legal Authority and Mental Patient Status (LAMP)
1947 Dwight Way
Berkely, Calif. | Mental Health Law Project
1220 19th St. N.W.
Suite 300
Washington, D.C. 20036 | NAPA
Box 5728
Santa Monica, Calif. 90405 | Welcome Back
3206 Prospect Ave.
Cleveland, Ohio 44115 |
| Centre for the Study of Psychiatry
4628 Chestnut St.
Bethesda, Md. 20014 | Mental Patients Civil Liberation Project
Suite 1600
1315 Walnut St.
Philadelphia, Pa. 19107 | Network Against Psychiatric Oppression
P.O. Box 667F
New York, N.Y. 10010 | Women Against Psychiatric Assault
2150 Market St.
San Francisco, Calif. 94114 |
| Citizens Against Shock
c/o Adamski
8417 S.W.
Beaverton Hillsdale Hwy.
Portland, Ore. 97225 | Mental Patients Liberation Front
Box 156
West Somerville, Mass. 02144 | Off Our Backs- Chicago Friends
P.O. Box 11878
Fort Dearborn Station
Chicago, Ill. 60611 | |
| | Mental Patients Liberation Project
2134 S. Humboldt
Denver, Colorado | Ontario Mental Patients Assoc.
Box 7251, Station A
Toronto, Ontario | |
| | Mental Patients Liberation Project
c/o Freespace
339 Lafayette St.
New York, N.Y. 10012 | | |