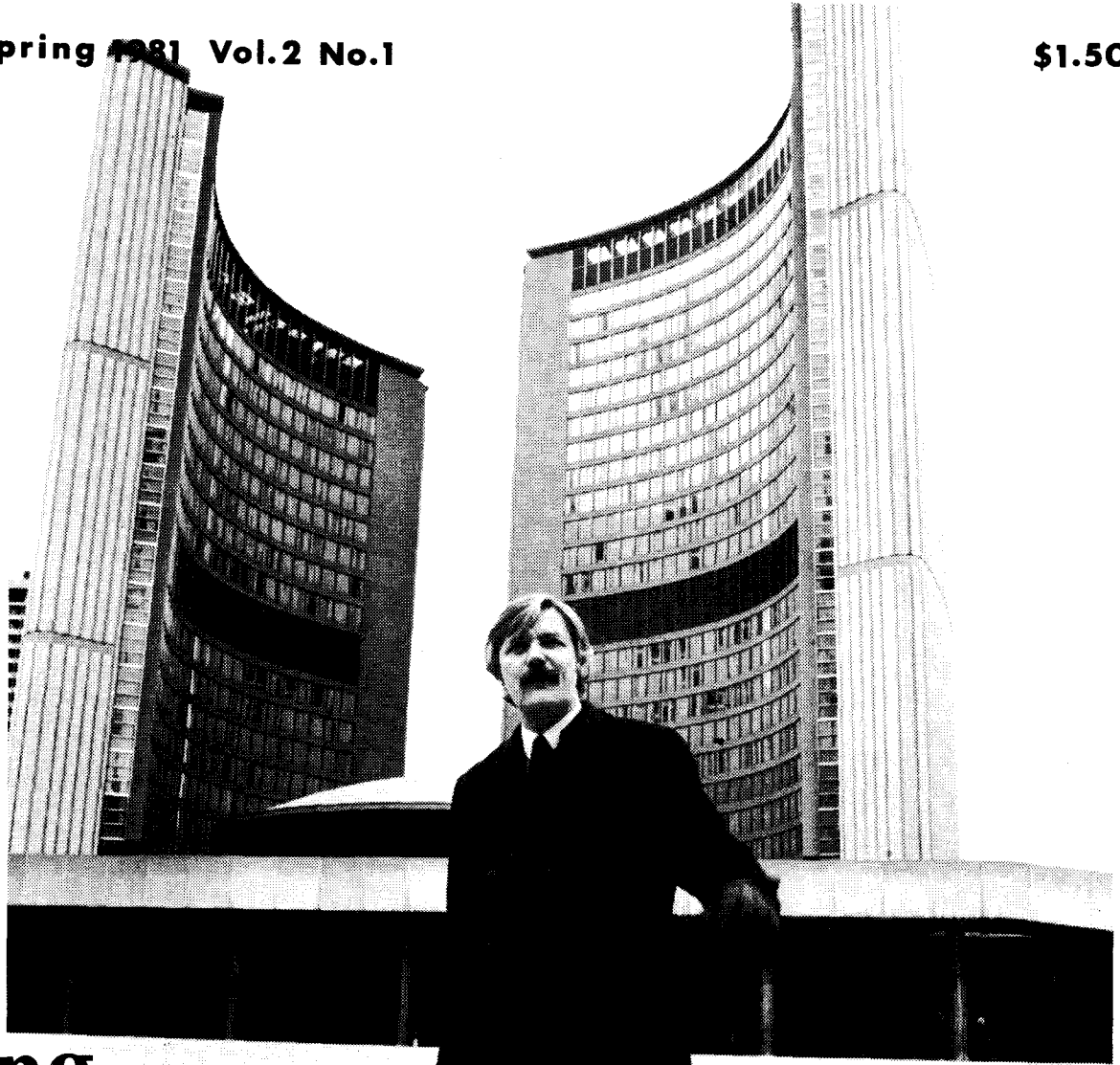




Fans de
phoenix RISING

Spring 1981 Vol.2 No.1

\$1.50



Coming

Forward:

*from Kingston
Psychiatric*

to City Hall

phoenix rising



Through the fire

Phoenix Rising is published quarterly or more often by: ON OUR OWN, Box 7251, Station A, Toronto, Ontario Canada M5W 1X9. Telephone: (416)-362-0200.

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Come out Speak out Act out

It takes a great deal of courage for a psychiatric inmate to "come out of the closet" and admit that there was a time--or perhaps still is--when he or she was unable to deal with problems, and resorted to a psychiatrist or a psychiatric institution. We risk losing a great deal: the respect of friends and family, our jobs, our credibility as people.

But it is only through psychiatric inmates finding that courage and publicly identifying themselves as psychiatric inmates that the stigma will ever begin to be lifted. About one in seven Canadians--over three million people--either have sought psychiatric help, or will at some time in their lives. It's hard to discredit three million people.

David Reville is a Toronto alderman and a former psychiatric inmate. In this issue, we are publishing excerpts from a journal he kept while incarcerated in Kingston Psychiatric Hospital fifteen years ago. By going public about his psychiatric history, Reville has a lot to lose, including his position as alderman. He is an example of the sort of *(continued over)*



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Cover photo of David Reville by Annegret Lamure.

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courage it takes to be among the first Canadians to go public, and we salute him.

Another kind of courage is displayed by people who speak out when they see injustice and wrongdoing, heedless of the personal cost. In this issue of *Phoenix Rising*, we have an example of that kind of courage as well. Mavis MacKenzie was fired in January from her job as a nurse at Scarborough Centenary Hospital. Her crime? Criticizing the hospital doctors and nurses for ignoring or trivializing the real physical problems of psychiatric inmates--attitudes which led in one case to an inmate's death. Mavis ran the very real risk of being blackballed, and being unable to continue her 20-year nursing career. That's courage.

Harder yet is to go public as a former psychiatric inmate *and* to be critical of abuses in the psychiatric system. The former (or present) inmate who dares to question the virtues of the system is likely to be discredited and attacked; after all, why should anyone believe what a crazy person says about our psychiatric hospitals and wards?

And we may feel that by criticizing the system we are running the risk of alienating a support that we may need again. This fear may be enough to keep us from even *seeing* the shortcomings of the sys-

The PHOENIX RISING Creative Contest

Phoenix Rising is holding a short story/poetry/news/feature contest. Winners will have their submissions published in the next *Phoenix Rising*, and will receive one year's free subscription to the magazine. Send in your creative piece to: Contest, *Phoenix Rising*, Box 7251, Station A, Toronto, Ontario, Canada M5W 1X9. Deadline for submissions is July 15, 1981. Pick up your pen and see what happens!

IMAGES

by Beverley Seabrook Steven

We bow low. Fools making
obseisance to our masters;
their godlike gestures stilling our
natural fears.

Do not question these white robed deities
who carve our bodies into
grotesque patterns.

Who suck our lifeline through
writhing snakes of tubing
that empty us of being.

Believe not their mouthings. Ask why
they maim and kill in the
name of mercy.
Stand up and fight. It is your life I
speak of.

tem. We may be so hopeless about our own lives that the only identity we have is as "mental patients". A psychiatric ward or a psychiatrist's office may be the only place we feel important and cared about--and that's a big thing to risk losing. So we stifle our criticisms and dissatisfactions, not admitting them even to ourselves.

What *Phoenix Rising* is about is encouraging *both* concerned professionals *and* disillusioned inmates and ex-inmates to find the courage to speak out about abuse and injustice in the system, and to work together to achieve alternatives for people in need which will honour our humanity and our self-respect. If enough of us do that, we will have a community within which we are valued for our strength, rather than for our weakness.

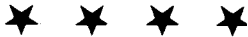
We hope that the examples of David Reville and Mavis MacKenzie will encourage other people to do as they have done--to have enough faith in the rightness of what they have to say to risk saying it, and to go on (as both of them are doing) to work for the betterment of all of us. We hope that you, our readers, will write us about your own experiences and your suggestions for change in the "mental health" system. If all of us speak out and work together, then we can begin to accomplish some real reforms.

.....
Cross a psychiatrist with a sailboat and
you'll have a Freudian sloop.
.....



write on

NOTE TO READERS: *Phoenix Rising* assumes any correspondence sent to us may be reprinted in our letters section unless otherwise specified. Please tell us if you would like your name withheld if your letter is printed. Letters without names and addresses will not be accepted.



Issue #4 of *Phoenix Rising* was excellent. The Alviani update and Phyllis Chesler's interview were of special interest to me. I think you did an outstanding job of bringing this case to the public's attention. The record of drugs he received is truly frightening. I wonder how many others have died from this type of abuse ... and how many others will die from this type of abuse.

"Chesler seems to accept the medical model..."

While rightly pointing out how women are mistreated by psychiatrists, Chesler still seems to accept the medical model of mental illness. For example, she said at one point during the interview that she is "not positive there is one best treatment or choice". This remark implies that there are legitimate treatments. From the psychiatric-inmates-liberation-movement perspective, of course, there can be no real "treatment" for "mental illness" because mental illness is not a real disease. I would like to know how she would respond to Thomas Szasz's forceful argument against the medical model:

Disease means bodily disease. Gould's *Medical Dictionary* defines disease as a disturbance of function or structure of an organ or a part of the *body*. The mind (whatever *it* is) is not an organ or a part of the body. Hence, it cannot be diseased in the same sense as the body can. When we speak of mental illness, then, we speak *metaphorically*. To say that a person's

mind is sick is like saying that the economy is sick or that a joke is sick. When metaphor is mistaken for reality and is then used for social purposes, then we have the makings of myth. I hold that the concepts of mental health and mental illness are mythological concepts, used strategically to advance some social interests and to retard others, much as national and religious myth have been used in the past.

("Interview: Thomas S. Szasz, MD," *The New Physician* 18:453-476 (June 1969).)

Catherine Furtenbacher's letter on ECT was very knowledgeable. Naturally, I liked the illustrations used throughout the issue.

--Leonard Roy Frank, *San Francisco, California*



Last month I finally got a subscription to your fine publication, and it is the most enjoyable reading I have had in a long time (from a magazine, that is).

As a former patient (eight years) at the Ontario Hospital in Kingston, I know what it is like to be ostracized for my past, and this magazine, along with ON OUR OWN, seems to be doing a great deal to show the public that we ex-patients are just as stable and useful to the community as most others.

Naturally there are both good and bad elements in the ex-patient groups, but I firmly believe that there is less evil and abnormal behaviour in those who have been "on the inside" than there is in much of the so-called "normal" society.

In closing, please keep up the good work, and I look forward to the next issue. Love and peace.

--Dennis M., *Toronto*



In reading the editorial "Out From Under" (*Phoenix Rising* Winter 1981), I was very negatively impressed by the statement on page 2 about women therapists--at

letters continued

least a "few" being different from men therapists in not forcing coercive stereotypes upon women seeking "professional" help.

So far as I can see, this is a generalization that is quite dangerous to make. It has been my personal experience with women therapists that they can just as easily and with uttermost aplomb treat you exactly like men therapists.

One of mine, for example, cut me loose at a time when I had just been discharged from hospital against medical advice; one who billed herself as a "feminist therapist" would shriek at me at least twice each session. (Needless to say, I had only two sessions with her.)

Rather than seeking advice and support from professionals, men or women, I feel it is most important that we find that support in groups of former psychiatric inmates, specifically formed for that purpose, made up of men, women, both, or any workable combination of these decided upon by the group. And most importantly, that we learn strength by experiencing it, by doing it *ourselves*, without any intervention by professionals.

As a former psychiatric inmate, I feel that there is too much danger in abdicating our expertise into the too often grasping, greedy hands of the professionals, be they men or women.

--Joyce Kasinsky, former member in good standing, Project Release, New York



Have finished reading your recent issue of **Phoenix Rising** and have enjoyed it. The article on lithium was very interesting. I have been on the drug for five years and in my case it is very effective. Also interesting was the review by Cathy McPherson of *Will There Really Be A Morning?* by Frances Farmer. I also read the book, and have read they are going to make a movie from it.

The letter from S. Peter, Toronto, is very encouraging--we with a mental illness need encouragement. Your information on shock is also interesting. Between 1961 and 1973 I had over 40 treatments. My memory is not noticeably impaired.

--Name withheld, Toronto



Your article on lithium was much appreciated. While I continue to take the drug, I am going to discuss it thoroughly with my doctor. Frankly, I'd rather not

be taking it, but, not having been able to achieve long term balance between manic and depressive states, I am driven to do something.

There seems to be evidence that less than near toxic levels of lithium are also effective. Obviously a much greater and less defensive amount of research has to be done, particularly among lithium takers. A couple of side effects I encountered were not listed. Apparently it is possible to develop a benign form of diabetes, whatever that means, and a cold nodule on the thyroid, whatever that means. If both these conditions can go beyond the inactive stages, then one really has to give thought to being on the drug.

--Mel Starkman, Toronto



*This letter was sent to S. Peter (our error--it should be T. Peter) c/o **Phoenix Rising**. We've mislaid Mr. Peter's address, so we're printing it here with the writer's permission in the hope he'll see it.*

Your letter on page 48 of the most recent **Phoenix Rising** was exactly on the mark. I have taken lithium since 1973 and have experienced both heavy and moderate doses of the drug. For a long time I took it like a sacrament, without questioning.

"I remain wary of the drug"

That was when I was taking between 2,400 and 3,000 mg a day. Only afterward did I realize that I was often in the toxic range. In desperation I dropped the drug, had a brief manic binge followed by a bad crash, and returned to the hospital. Now I'm on a civilized 1,200 mg a day and find that acceptable. I remain wary of the drug, however, and read everything I can about it. Strangely enough, on this low dosage I've developed widespread psoriasis on my legs and arms, which I control with an ointment.

I see the necessity for lithium at least for me, but I, like you, plan to go off it in a controlled fashion sometime in the future. Often there is a natural remission of symptoms in the early to mid forties, and I can't see taking the drug needlessly.

We are indeed the salt of the earth. If you want to exchange ideas on the drug and other matters, please drop me a line.

--Alan M. Lester, Washington, D.C.

continued on page 28



ON OUR OWN

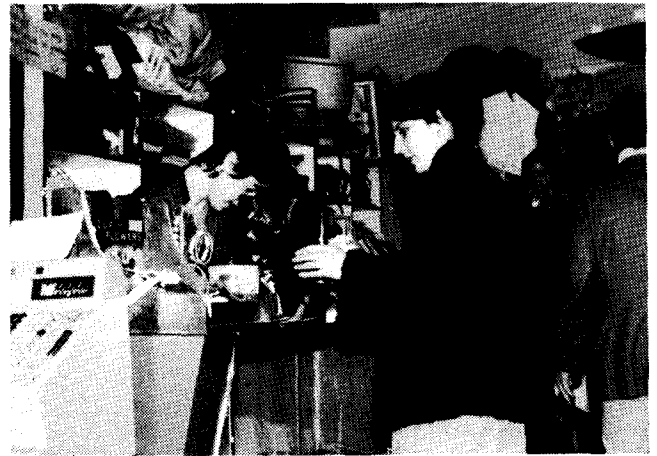
A new home - and money to carry on

After looking for half a year, ON OUR OWN and Phoenix Rising finally have bigger office space. Our new offices are located at 67A Portland St. in the King and Bathurst area. ON OUR OWN's phone number remains the same--362-3193--but Phoenix Rising now has its own number--362-0200. We still need some office furniture, so if you have some you'd be willing to donate (to a good cause!) in the way of chairs, desks, storage cabinets or shelves, please give us a call.

The word is out! Phoenix Rising has received enough money to continue publishing for another year, thanks to a \$9,600 grant from Health and Welfare Canada and a \$5,000 grant from the Ontario Ministry of Culture and Recreation. We plan to use the money to distribute Phoenix more extensively throughout Ontario and the rest of Canada.

Since our last publication, we have also received funding from a Manpower Canada Community Development grant to pay our editor a full-time salary, hire an ad sales person for Phoenix to make it more self-sufficient, and equip our MAD MARKET with a furniture and appliance repair person. Welcome aboard, Annegret Lamure, as Phoenix's new ad person, and Victor Warle as our new repair person in THE MAD MARKET.

Since January, ON OUR OWN has had an 11-member Speakers' Committee. A lot of us are spreading the word about ON OUR OWN, as well as speaking out against forced drugging, shock treatment and other psychiatric abuses to both professional and citizen groups. Requests to speak have been coming in about once a week. ON OUR OWN speakers go out in pairs--an experienced and an inexperienced speaker. For more information about the Committee, call Don at 362-3193.



Shoppers snapped up the fabulous bargains April Fool's Day at the Mad Market.

Tony Myers

Spreading the word in Saskatchewan

Carla McKague, ON OUR OWN member and articling law student at Toronto's Advocacy Resource Centre for the Handicapped (ARCH), has been invited to Saskatchewan for a week this summer to share her experiences in being part of these organizations.

McKague has been asked by the Saskatchewan division of the Canadian Mental Health Association to consult with beginning patient-run self-help groups in that province, and also to stir up interest in starting an advocacy clinic similar to ARCH. (ARCH was profiled in Phoenix Rising, vol. 1, no. 1.)

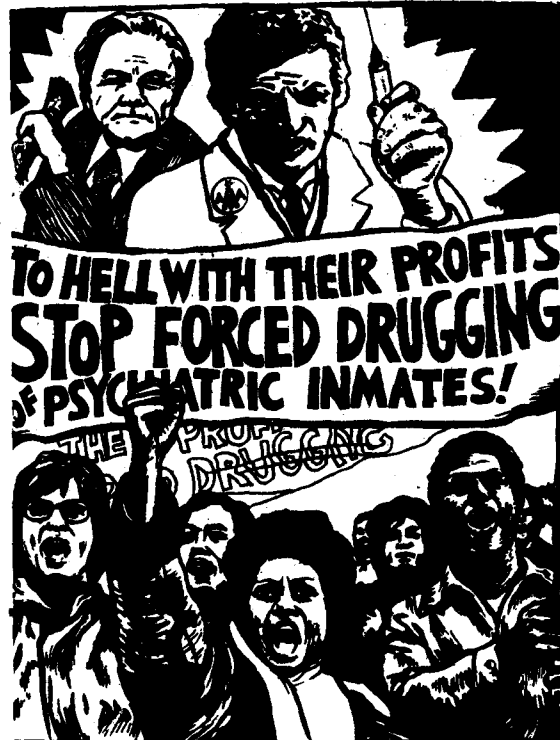
THE MAD MARKET

is a non-profit used clothing store run by ex-psychiatric patients.
We have great deals on all used goods.
We rely heavily on donations so please call us if you have anything to donate. We pick up.

Call 363-9807 for more information.
Store hours — Tues. - Sat. 9:30-6:30
We are located at 754 Queen St. W.

Within the next month, The Mad Market hopes to have a lot of copies of a great poster which attacks forced drugging and the huge profits made by drug companies. The poster is roughly 20" by 30", and features a broad red banner lettered in black. Look for it soon in The Mad Market at 754 Queen St. W. in Toronto. This poster was produced by the San Francisco Poster Brigade for the Mental Patients' Liberation Movement.

Copies of the poster can also be obtained from Madness Network News, P.O. Box 684, San Francisco, CA 94101; be sure to include a donation to the Network Against Psychiatric Assault.



Some great antipsychiatry buttons are on sale in The Mad Market. There are two types of buttons, with white lettering on a black background. They read:

CAUTION:
PSYCHIATRY
MAY BE
HAZARDOUS
TO YOUR
HEALTH

and

ABOLISH
FORCED
PSYCHIATRIC
TREATMENT

The buttons cost 50¢ each--25¢ for ON OUR OWN members. So come to the store soon to get your buttons before they're all sold.

GIVING THEM THE BIRD

Our fourth **Phoenix Feather** is awarded to Mavis MacKenzie, R.N.



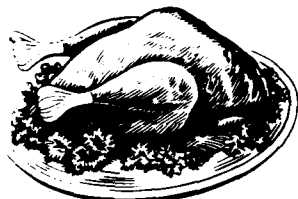
You will read about Mavis elsewhere in this issue. In brief, she gambled--and lost--her job on the psychiatric ward of a Metro hospital by caring about the people she was serving, and

by criticizing other staff members for ignoring their problems. With more people like Mavis on staff, our psychiatric wards and hospitals might be a lot less dismal and unfriendly places.

This month's **Turkey Tail** goes collectively to the management of the Vancouver Canucks for their treatment of NHL hockey player Mike Robitaille.

The shabby story was revealed on the CBC public affairs program *the fifth estate* this February.

Robitaille ended up with the Canucks after a string of bad luck, beginning with a broken ankle, lost him his position as



a New York Rangers up-and-coming superstar. To deal with the pain of his ankle, he began taking Valium, which he claims the club handed out "like aspirins".

Robitaille got addicted to Valium, and saw a psychiatrist to help him through withdrawal. Then he suffered severe back injuries. The team doctor decided, because of Robitaille's earlier visits to the psychiatrist, that he was a "head case", and refused to believe the back injuries were real. Robitaille got no treatment for his back, and was forced to play until he was permanently disabled, and incapable of putting in a day's work at *anything*, let alone hockey.

Eventually, Robitaille sued the Canucks and won. But he won only because the court discovered that the Canucks had altered a key document in an attempt to discredit his testimony.

We wish we had more than one **Turkey Tail** to award to the Canucks. They deserve one for addicting a promising young player to Valium, a second one for then treating him as a liar because he had sought assistance in withdrawing, and a third for presenting forged evidence in court in an attempt to get themselves off the hook.



profiles

People First

People First differs from the groups we usually profile; it is composed, not of psychiatric inmates, but of mentally handicapped people. We are including them because we feel that we share many of their problems and concerns--involuntary sterilization, institutionalization, compulsory medication, and stigmatization, to name just a few. We hope that as People First grows, we will find an ally in it for a common struggle against injustice.



"DON'T CALL ME RETARDED--WE ARE PEOPLE FIRST," the brochure states. And that in a nutshell just about says it all for the organization People First.

People First, a self-help advocacy organization of mentally handicapped adults with 45 chapters in Canada and about 80 in the United States, came into being in 1974 in British Columbia.

The British Columbia Association for the Mentally Retarded put on a conference for and with mentally handicapped adults in North America. A group from Salem, Oregon who attended that meeting held their own conference a year later. An unexpected 560 people attended the second conference (organizers expected only 200), and a film was made of the discussion that went on there, called "Rights Now". (The film can be rented from the National Institute on Mental Retardation.) It was at this conference that the impetus came to start People First.

But it took until 1978 for the organization to get established in Canada with Vancouver and Edmonton chapters. Ontario chapters were formed in 1979.

* * *

People First chapters are usually set up with the help of resource people such as social workers and local Associations for the Mentally Retarded. They help in-



Tony Myers

Audience members listen to speaker at People First's March conference

terested adults learn how to write agendas, run meetings, do fund-raising and set up their organization, and then phase out their involvement. Most People First members pay dues to their local chapters, although a dues system hasn't been set up yet in Ontario.

"A lot of people in People First have been through hell," says Ontario president David Lincoln.

Lincoln says chapters in Ontario and in other parts of the country are concerned with such issues as involuntary sterilization, low government benefits, the low wages the mentally handicapped receive from workshops and industry, and the abuse, both physical and mental, the mentally handicapped have experienced at the hands of inexperienced, resentful or overworked staff. "Some clients spend all day in bed and just get up for meals," he says.

People First chapters in Ontario are particularly concerned about government cutbacks forcing the closure of halfway houses and community alternatives rather than of the institutions themselves.

The institutions won't let People First representatives come in to talk to the mentally handicapped residents, but Lincoln believes that the attendance of some institutionalized people at a People First conference held in Toronto at the

end of March has been a small breakthrough.

People First is presently attempting to persuade the Associations for the Mentally Retarded to change their names to Associations for the Mentally Handicapped (or Mentally Disabled) because, says Lincoln, the term "retarded" carries a certain stigma with it. "Physical handicaps are more accepted than mental handicaps," says Lincoln.

The Associations have, however, been instrumental in helping People First hold

conferences and generally get started.

People First has also been tackling the human rights issue, and has made a presentation to the Constitutional Committee in Ottawa. In Ontario they are represented on the board of ARCH (Advocacy Resource Centre for the Handicapped), a legal aid clinic run by a board consisting of representatives of groups of and for people with physical, mental and emotional handicaps.

Says Lincoln, "We mainly want equal rights."

In this issue, Phoenix Rising begins a new feature, "People". We will be bringing you brief accounts of people--prominent and obscure--who have experienced severe emotional problems and psychiatric hospitalization, and have gone on to make successes of their lives in many ways. If you, our readers, have suggestions for people you think should be included in "People", please let us know.

Jay MacGillivray



Jay MacGillivray, 25, has been working at Nellie's Hostel for Women in Toronto for two years, and it's been even longer--five years--since she's seen the inside of a psychiatric institution.

"I'm healthier now than I've ever been before," says MacGillivray, attributing her present state of mind to the kind

of talking and communicating she's been doing with her friends and at work in the last few years.

Diagnosed as "paranoid schizophrenic" at twelve, Jay was taken to a psychiatric institution at fifteen under pressure by her school, and spent close to four years on and off thereafter in psychiatric institutions.

An unhappy experience with a male psychiatrist who would not accept her sexuality as a lesbian--even though she had--caused her to turn to herself for the answers. But it was a breakdown which lost her valuable friends that really motivated her to try to understand and change herself.

Although she now allows herself to experience her feelings, Jay keeps a tight rein on them so they don't take over. Her

hardest problem, however, has been getting her family to take her seriously.

"My sister and I have always been close, but just in the last six months have we discussed the whole psychiatric thing. My mother still doesn't trust me."

Jay's acting career has been pushed into the background since she started working at Nellie's. Recently she has been doing deaf signing in accompaniment to performers of the Toronto-based concert production company Womanly Way.

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Rights and Wrongs

Access to Medical Records

by David Baker

In a recent decision (see "Landmark Supreme Court Ruling", *Phoenix Rising*, vol. 1, no. 4), the Supreme Court of Canada has underlined the importance of informing a patient of all the circumstances of his or her case *before* seeking consent for treatment. This reflects a policy which everyone should endorse. A patient retains the services of a doctor. The doctor performs the services the patient requests. In order for the patient to make an informed decision, he or she must have a complete understanding of the diagnosis, the prescribed treatment, and alternatives to the prescribed treatment.

The question of whether patients should have access to their medical records may seem to be completely unrelated to the consent question. However, I believe they are closely intertwined.

The doctor is working for the patient. The patient should therefore have access to all information which is available to the doctor. The patient should also have the right to correct any misinformation which has found its way into the file. Giving the patient access to medical records is necessary for consent to be truly informed.

Ontario legislation at the present time does not give the patient the right to see his or her medical record. The record is considered to be the property of the doctor or the hospital, as the case may be. The patient *may* be given access, but there is no guarantee.

Matters are somewhat different when a legal action is planned or in progress, however.

There is presently a case before the Supreme Court of Canada which will decide whether a person with a hearing before a Mental Health Review Board has a right to see his or her medical record. In 1978, the Ontario legislature unanimously passed an amendment to the *Mental Health Act*

which would have guaranteed access in this situation. However, the amendment has not yet been proclaimed as law.

In a recent court decision where legal action had not actually been started, but was only being considered, a Supreme Court judge granted a woman access to her deceased daughter's file with the following words:

It seems to me that there is something illogical in saying that first someone must start an action against the hospital, making whatever allegations may be made against it, and only then be entitled to get production of the hospital records pertaining to the person in question. It seems to me much more logical that hospital records should

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Hands MAGAZINE

be available without the necessity of having to commence an action, draft pleadings in the dark, making allegations in ignorance of the contents of the hospital records, and, in that manner, attempt to build up sufficient grounds to ask for production of the records. It seems to me that this is a rather backward way of going about it.

Unfortunately, there has been a second decision in the same court which is to the contrary.

At this time, all that can be said is that a person who wishes access to his or her file might consider making application through the courts, but it is far from certain that this application will be granted.

Someone who has begun a legal action against a doctor or a hospital has a right to the production of his or her medical records. Unfortunately, this is no longer an absolute right. The 1978 amendments to the Ontario *Mental Health Act* gave the attending physician the right to refuse to grant access to the medical records where the granting of access would undermine the mental health of the patient. This pater-

nalistic provision provides for review of the doctor's decision by the court. It remains to be seen how effective judicial review of doctors' decisions will be.

To summarize, then, there is now no right of access to medical records unless legal action has been begun. However, it may be possible to get access by applying to the courts.

If the 1978 amendments to the Ontario *Mental Health Act* are proclaimed, or if the Supreme Court of Canada so holds in the case now before it, people with cases before Mental Health Review Boards may be granted access. My experience to date has been that full access to the medical record is granted on request. My own practice is to share the information with my client. I should emphasize, however, that my experience is by no means universal.

Finally, where legal action has been begun against a doctor or a hospital, the court will order production of the medical record. But in all these cases the Ontario *Mental Health Act* allows the attending physician to withhold certain information under what are still vaguely defined circumstances.





the Book worm turns

Getting Doctored, by Martin Shapiro, M.D.
Kitchener: Between the Lines, 1978. 221
pages, paper \$6.95.

Reviewed by *Bonnie Armstrong*

Getting Doctored takes a critical look at physicians and the medical profession in general. The range of topics covered includes education received in medical school, the hospital hierarchy, specialization and technology, patient management, and a concluding chapter on Karl Marx's theory of alienation.

Shapiro received his training as McGill University in Montréal. His book portrays rather a gloomy picture, both of doctors and of the medical profession in which they are so entrenched. Upon reading the book, you will soon learn that doctors (many of whom eventually become psychiatrists) are not idealists who always have the well-being of their patients first and foremost in their minds.

Most students who enter medical school are from economically privileged backgrounds. The environment of medical school is very competitive and structured. There is little room for spontaneity and creativity. Academic performance is of the utmost importance, says Shapiro.

Many people embark upon a medical career for reasons such as the status that being a doctor affords, financial security, to obtain a position of authority over others, and so on.

Doctors often follow the recipe for coping expounded in Norman Vincent Peale's book, *The Power of Positive Thinking*: "Formulate and stamp indelibly on your mind a mental picture of yourself as succeeding. Hold this picture tenaciously; never permit it to fade. Your mind will seek to develop this picture. Never think of yourself as failing, never doubt the reality of the mental image. That is most dangerous, for the mind always tries to complete what it pictures." As a result of doctors trying to live up to this kind of philosophy, their feelings will become

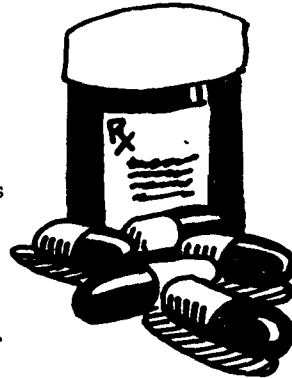
very repressed.

The hospital hierarchy plays a very important role in the daily operations of the hospital. Chairmen of various clinical departments hold absolute authority in the smooth and efficient running of the hospital. Next in rank are physicians, interns, nurses, orderlies and maintenance workers. The hierarchy is observed not only in working situations, but can also be seen in the seating arrangements of the cafeteria and in the wearing of uniforms specifying rank.

Doctors often view their patients as sick and uninformed. The more articulate the person is in expressing what it is he or she needs to know, the more attention and information he or she will receive. Many times a doctor will not reveal all the options available for a patient for therapy, surgery, and so on. There is a tendency for physicians to regard patients with rare diseases as interesting specimens for the purpose of study and research.

Death occurs very regularly in the hospital; however, hospital staff tend to use euphemisms as a substitute for the word "death" --such as that a patient's "life has expired". Even with all the advanced technology, which is to improve the patient's care, the quality of care hasn't necessarily improved. Often the technology is difficult to operate, and sometimes unnecessary to the care of the patient.

In summary, I enjoyed reading this book, particularly because it provided social commentary on not only the medical profession but the society at large as well. It would have been interesting if a chapter had been included concerning drug and alcohol addictions faced by overworked doctors. In spots I found the book repetitious; however, I recommend that subscribers to *Phoenix Rising* read this book.



Blue Jolts: True Stories from the Cuckoo's Nest, compiled by Charles Steir. Washington: New Republic Books, 1978. 245 pages, \$8.95.

Reviewed by *Michael Yale*

In their own moving, desperate and often frightened words, the victims of today's ineffective "mental health" system tell their stories in this powerful book. The book contains fifty personal accounts by a wide range of persons, from the very famous such as Ernest Hemingway, Ezra Pound, and Governor Earl Long of Louisiana, to ordinary people who might be your next-door neighbour, or you. The stories centre around three broad processes--admission, treatment, and release.

Through these compelling accounts, "mental patients" describe themselves as *rejects from home, school, work and society at large. Their behavior is inappropriate or inconvenient and occasionally dangerous. When others find them intolerable, their isolation makes them less able to resist hospitalization, especially if they are poor, members of an ethnic minority, physically disabled, old, or*

young.

The weak and helpless most often fall prey to an impersonal, inefficient, overly bureaucratic "mental health" structure, dominated by the psychiatric profession. Blue Jolts describes the profession as the *newly-enthroned psychiatric minority that has elevated itself into a dangerous position of "authority" in the critical issues of mind, personality and sanity.*

Who are these victims--these "mental patients" whose personal stories make this book a moving experience? They are often "naughty" people; people who cannot compete; irritating eccentrics; "unreconstructed Peter Pans"; unwanted family members; political prisoners; and over-evaluated subjects of studies, battered by professional jargon, and those who just cannot fit the patterns. "Mental patients" often do not know their rights, and as a result they are systematically denied their civil liberties. They are almost always alienated and stigmatized by their "sickness" label. Their communities not only do not understand them, but the public is still riddled today with myths and superstitions about those who have needed psychiatric care.

One moving account, by Ernest Hemingway, points out clearly his alienation from the *status quo* which, he felt, stifled his creativity and life style as an artist. He says,

If I can't exist on my own terms, then existence is impossible. ... That is how I've lived, and that is how I must live--or not live.

Hemingway later killed himself when, after receiving shock treatment, he found himself unable to remember his past and write about it.

The section on treatment provides horrifying accounts of shock therapy, psychosurgery, the overuse or frivolous use of drugs, staff psychological experiments on patients, and brutality in the name of treatment. It appears that, as long as a technique is not called "punishment", it may be considered by hospital administrators. Horror stories are provided from the US and Canada, as well as by Soviet dissidents.

The book also presents some more humane and progressive treatments, treatments which in fact are likely to aid an individual to prepare himself or herself to go back into the community or the family.

Blue Jolts suggests, however, that in most cases "treatment" leads inevitably to the intellectual and moral deteriora-

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tion of the individual patient. Indifference often follows from this emotional weakening, and in the end the patient may be left with only his or her desperate attempt to survive the depressing environment of the hospital. Time and again, patients point out that the setting of the hospital, its physical size and style, leads to feelings of helplessness rather than providing strength and real spiritual assistance. Extended hospitalization leads to an inability by the individual to make even minor life-affecting decisions.

Inconsistent and arbitrary release procedures further frustrate the patient and often force him or her to "play the game" in order to meet the release criteria.

Blue Jolts argues that forcible commitment should be done away with entirely.

It is not surprising that this book is dedicated to Dr. Thomas Szasz, who has argued for the abolition of forced commitment for years. Blue Jolts shows how the existing system can meet the need, through emergency care in general hospitals, through the courts when necessary, and through other community-based care. Forced hospitalization merely strengthens the person's feeling of helplessness and isolation.

Blue Jolts is very moving throughout, though some of the accounts are individually a bit weak. As a whole, however, the book sheds much light on the personal feelings and massive alienation felt by many subjected to the present system. The book will amaze you and sometimes horrify you, but it is must reading for those concerned with the so-called "mental health" system.

ANNOTATED ANTIPSYCHIATRY BIBLIOGRAPHY
(FIFTH INSTALLMENT). Prepared by Don Weitz and Carla McKague.

Brandt, Anthony. *Reality Police: The Experience of Insanity in America*. New York: William Morrow (1975), \$11.50. An investigative reporter attacks the "mental health" system in the U.S., particularly the inhumanity and injustice of institutional treatment. He also gets himself admitted to a New York state mental hospital (see chapter titled "Inside the Funny Farm"). Very informative and courageous.

Donaldson, Kenneth. *Madness Inside Out*. New York: Crown (1976), price unknown. A stirring autobiographical account of one man's courageous fight for freedom from a Florida state mental hospital where he was locked up for 15 years. Donaldson's successful court battles led to a landmark U.S. Supreme Court decision which restricts involuntary civil commitment. Required reading for civil rights lawyers and patient advocates.

Glenn, Michael, and Kunnes, Richard (eds.). *Repression or Revolution: Therapy in the United States Today*. New York: Harper/Colophon Books (1973), paper \$3.40. A sharp political analysis from a Marxist perspective of psychotherapy and "therapists" in the U.S. Radical therapists are urged to become revolutionaries.

Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs: Prentice-Hall (1963), paper \$1.95. A follow-up to his classic *Asylums*--analyzes how and why people

(including "mental patients") get stereotyped and stigmatized. Brilliant.

Kittrie, Nicholas N. *The Right to be Different: Deviance and Enforced Therapy*. Baltimore, Md.: Pelican (1973), paper \$2.50. A comprehensive and thoughtful attack on the therapeutic state, and the lack of protection afforded the individual against its excesses. Deals with the "mentally ill", delinquents, psychopaths, addicts, alcoholics, and the mentally handicapped, and proposes constructive alternatives.

Medvedev, Zhores, and Medvedev, Roy. *A Question of Madness*. Harmondsworth: Penguin (1974), paper \$1.50. A chilling personal account of how an outstanding Russian scientist/dissenter gets imprisoned and treated in a psychiatric institution, courtesy of the KGB. A classic on psychiatric torture of political prisoners.

Robitscher, J. *The Powers of Psychiatry*. Boston: Houghton-Mifflin (1980), \$17.95 U.S. (about \$22 Canadian). A fascinating and frustrating book by a psychiatrist and lawyer whose chief concern is the intrusion of psychiatry into areas other than the therapeutic, such as criminal law, employment, custody disputes and social change. Does its best to straddle the fence on the question of the legitimacy of psychiatric techniques when used as therapy. Hard going, but worth it.

Rorvik, David. "Psychiatry Kills," in *Penthouse*, April 1981, \$2.00. A hard-hitting attack on psychiatric pill-pushing and overdrugging of psychiatric inmates. Excellent--required reading for people fighting against forced drugging.



phoenix pharmacy

The Tricyclics

Antidepressant drugs are of two types: MAO inhibitors and tricyclics. In this "Phoenix Pharmacy" we'll be dealing with the tricyclics.

Tricyclic drugs are generally prescribed for "depression", "paranoia", or "schizophrenia". In some cases, however, the use of a tricyclic may enhance or increase "paranoia" or "psychosis", in which case the drug being taken should be changed or stopped under a physician's supervision.

People taking tricyclics should *not* use them with MAO inhibitors. A combination of these two can result in severe convulsions and high body temperature crisis. The *Compendium of Pharmaceuticals and Specialties* recommends at least a 14-day gap between taking MAO inhibitors and tricyclics to avoid any complications.

Those taking tricyclics should *not* be

taking alcohol, over-the-counter cold medication, 222s or sleeping pills, and should inform their doctor that they are on tricyclics *before* they have any operation with a general anaesthesia.

In addition, some tricyclics have been implicated in the sudden unexplained deaths of people through heart failure where no history of heart problems was evident. In one documented case, a tricyclic user suffered a cardiac arrest when the drug she was taking built up to a toxic level in her body because her metabolic rate was insufficient to use the dose prescribed.

For these reasons, those over the age of 60 and anyone with known heart problems should use tricyclics with *extreme caution*, have electrocardiograms (EKGs) and see a heart specialist frequently. It has been suggested by some experts that those taking Elavil or Tofranil should have an EKG during the first seven to ten days of "treatment" even if they have no history of heart problems.

Tricyclics should not be prescribed for anyone with narrow angle glaucoma, and should be taken with caution if you have a history of diabetes, epilepsy, prostate gland enlargement or an over-active thyroid.

Tricyclics are sold under a number of generic and brand names (see box). Maximum and recommended dosages vary with each drug. Tricyclics take from two to six weeks to begin to "work".

Unavoidable and predictable effects: Drowsiness; blurring of vision; dryness of mouth; impaired vision; fine tremor; impaired urination; change in sex drive; impotence; weight gain or loss.

Unexpected effects: (*Discontinue drug and notify your physician as soon as possible if any of the following develop.*)

Mild Effects. Skin rash; hives; swelling of face or tongue; drug fever; nausea; indigestion; soreness of tongue or mouth; peculiar taste; loss of hair; headache; dizziness; weakness; fainting; unsteady gait;



"A lot of little things are wrong. Headaches, diarrhea, this rash on my arm. And sometimes I think I don't like being married."

Guilt and somatic symptoms and concerns caused by anxiety respond particularly well

to **Sinequan**

tremors; swelling of testicles; breast enlargement; milk formation; fluctuation of blood sugar levels.

Severe Effects. Hepatitis with jaundice; confusion; hallucinations; agitation; restlessness; nightmares; heart palpitation and irregular rhythm; numbness, tingling, pain or loss of strength in arms and legs; Parkinson-like disorders; bone marrow depression (symptoms--fatigue, weakness, fever, sore throat, unusual bleeding or bruising).

BRAND NAMES OF TRICYCLICS

Anafranil	Presamine
Aventyl	Sinequan
Elavil	Surmontil
Ensidon	Tofranil
Norpramin	Vivactil
Pertofrane	

GENERIC NAMES OF TRICYCLICS

amitriptyline	nortriptyline
clomipramine	epipramol
desipramine	protriptyline
doxepin	trimipramine
imipramine	

Use caution in exposure to the sun while taking tricyclics. It is not advisable to take these drugs while pregnant. Consult your doctor about using these drugs while nursing. Those over 60 should have their dosage reduced or discontinued if they show signs of confusion, restlessness, agitation, forgetfulness, disorientation, delusions, hallucinations, incoordination, or a predisposition to fall down.

The long-term effects of taking tricyclics are not known.

TRICYCLICS SHOULD NOT BE STOPPED WITHOUT THE ASSISTANCE OF A DOCTOR.

REFERENCES: A PARTIAL LIST

Compendium of Pharmaceuticals and Specialties. Canadian Pharmaceutical Association (1980).

Coryell, William and Arnold, Sherman.

Slow tricyclic antidepressant metabolism, polypharmacy, and cardiac arrest.

American Journal of Psychiatry 137: 108-109 (1980).

Briggs, David H. *Consumer's Guide to Psychiatric Medication*, 2nd ed. New York: Project Release (1978).

Davidson, S.I.; Grant, W.M.; Lazenby, G.W.; Lowe, R.F.; Rosselet, E. Tricyclic antidepressives and glaucoma: what's the

risk? *Drug and Therapeutics Bulletin* 13:7-8 (1975).

Lipscomb, Patricia. Cardiovascular side effects of phenothiazines and tricyclic antidepressants. *Postgraduate Medicine* 67:189-192, 195-196 (1980).

Long, J.W. *The Essential Guide to Prescription Drugs.* New York: Harper & Row (1980).

In last month's "Phoenix Pharmacy", two words were accidentally omitted in typing, leaving blank spaces. The first two lines in the first full paragraph on page 23 should have read:

No one knows *how* lithium "works". What *is* known is that,

More Shock Docs

Conn, Bert. Belleville General Hospital, Belleville, Ontario.

Gray, Trever. St. Michael's Hospital, Toronto, Ontario.

If you, a member of your family, or a friend has received shock from a Canadian doctor and wants his or her name added to our list, send us the name, hospital affiliation and city. PLEASE SIGN YOUR LETTER; we will not use names submitted anonymously. However, we will at your request withhold your name. Additions to the list should be sent to: Shock Doctor List, *Phoenix Rising*, Box 7251, Station A, Toronto, Ontario M5W 1X9.

Valium linked to deformities

A Vancouver scientist has found that diazepam (more commonly known as Valium), given in high doses to mice and rats at the time in their pregnancies when fetal lips and palates are forming, causes cleft lip and palate deformities in their babies.

Dr. Ravindia M. Shah, associate professor of oral biology at the University of British Columbia Faculty of Dentistry, produced the defects so he could study cleft development and prevention of deformities in that area.

Cleft birth defects are one of the most common deformities known to man, occurring in 1 of every 800 babies born.

In Dr. Shah's study, the severity of the cleft deformity increased as the dosages increased; unusually high dosages of diazepam had to be given to lab animals to cause the defects.

KINGSTON REVISITED

Since this year marks Kingston Psychiatric Hospital's 125th anniversary, we thought it would be only right to provide our readers with an update on what the hospital has been doing since David Reville wrote his diary in the late sixties.

But getting information on KPH's programs proved harder than we had anticipated. Public Relations for the hospital told us no pictures or tours--it would violate the patients' privacy. For pictures or information on KPH, we would have to go through the Ministry of Health.

After several days with still no word from the Ministry, we called R.B. Thomson, administrator of KPH. No way, said Thomson. It's election year--and besides, what are you going to do with the information?

Then the Ministry of Health phoned us back, and the trip to Kingston was on. Because of the short period of time we spent in Kingston, however, we were unable to verify much of what we were told by the administration. What follows is thus a one-sided version of KPH today.

When we arrived we met, to our surprise, a likeable and candid Thomson who spent three hours with us talking about the hospital, its history and its facilities. We ended with an impromptu tour of the main building. What we found was an institution that had changed physically quite radically since Reville's days.

Only about 300 inmates live in KPH now, compared to over 1,500 inmates in the late sixties. Most of the more than 800 people who lived there not long ago are now living in the community and coming in for day programs, or living in Ministry of Health affiliated nursing homes, Homes for Special Care, or approved homes. According to Thomson, most of those who stay in KPH these days are

chronic long-term patients over the age of 16 who require extensive care. Thomson acknowledges a problem with inmates who have been living in the institution for ten years or more--KPH has become a sort of home for them, and they are now unwilling or unable to take care of themselves in the community.

People with lesser psychiatric problems stay in the psychiatric wards of the two general hospitals in Kingston.

Parts of the sprawling estate and its buildings that once were Kingston Psychiatric Hospital have been sold or given away to other agencies. The old Rockwood building, which housed Reville, has gone to Ongwanda Hospital, which is responsible for the disabled and mentally handicapped inmates who once lived in KPH. The old Beechgrove building is presently being used to rehabilitate people with alcohol problems.

A Beechgrove Centre was built on the property in 1975 to handle children with behavioural problems. They, like the disabled and mentally handicapped, no longer fall under the jurisdiction of KPH, but

under the Ministry of Community and Social Services. St. Lawrence College now owns the old farm.

Because of the poor condition of most of the old buildings, the only building used extensively these days is the one that was built in the 1950s. Inside this building the wards are mixed, with none of the sexual segregation that was evident up to the late sixties.

In fact, compared to Queen Street Mental Health Centre, KPH looks like the Holiday Inn. But then it serves a slightly smaller population--only 600,000 compared to the two to three million people that Queen Street serves.



With R.B. Thomson, Kingston administrator

DON'T SPYHOLE ME



David Reville is a survivor.

At the age of 23, Reville was committed to Kingston Psychiatric Hospital, where he spent one and a half years of his life—three months on the violent ward (although he was never violent), one month on the geriatric ward, and a year on the chronic ward.

During the time he was in Kingston, from 1965 to 1967, Reville saw a psychiatrist no more than ten or eleven times.

Reville believes that attending law school in Toronto was partially responsible for his breakdown. Says Reville, "As soon as I stopped that nonsense, I was all right."

Today Reville is 37, and an alderman for Ward 7 in the city of Toronto. His story of those past days stands as a testament to others who have been through the same experience or are going through it now.

Reville now lives in Ward 7 with his common-law wife of nine years, and owns and operates Alternative Plumbing, which employs four people.

This is his personal account of his stay in Kingston Psychiatric Hospital, drawn from a diary he kept at that time. Names have been changed to protect the identities of those mentioned.

One of the nurses has given me an exercise book and I'm going to use it for a Journal. Everyone should have a hobby.

DEC. 25, 1965

In the beginning...

December 25, 1965. Christ our Saviour is born. Hallelujah. This is not your average mockery. The Kiwanis Club is here en masse dispensing cigarette lighters and hard candies. Gordie has almost given up trying to eat his lighter. We even got a Santa. The guy is half cut but I guess that helps with the ho-ho-ho. Isn't everybody being jolly! There's even something for me under the tree. A book from Robert. My parents have overlooked Christmas this year. Oh well, maybe they don't feel like celebrating. Neither do I.

January 1, 1966. 12:01--Playing gin rummy with two of the boys. Jack has a bottle. Nurse called John a queer when he wouldn't give her a New Year's kiss. Nurse didn't ask me. Just as well.

January 10, 1966. The medical heads have bobbed and nodded. The shrink has pursed his lips, the psychologist has drummed his fingers, the sociologist has clicked her tongue. The expert opinion drops out like a great fart. My marriage has something to do with my problems. Bravo, you silly bastards! For this you needed 400 years of university? Carol has been asked to cool it for six months--no letters, no visits, no phone calls, no cigarettes, magazines, chewing gum, zip.

What am I supposed to think about that?

They're going to keep me for six months.

They'd better not count on it.

January 18, 1966. OK, what's going on? I've been transferred off the admitting ward. What's the strategy, fellas? How's a stay on the alcoholic ward supposed to work? "You've been too manipulative," said a usually informed source. Can I

help it if I'm so charming?

There are no nurses on this ward. And I'm already weary of the bottle-by-bottle histories. It's time to light out for the territory.

January 22, 1966. What kind of a crummy joint is this? Can't anybody do anything right? There I was, an obviously dangerous lunatic, fixing to escape, and no one does anything. I didn't have to gnaw my way through three feet of concrete, fight off seven burly guards with staves, crawl through a fetid sewer. I just walked out the door when we went down to the cafeteria for supper ...

I turned myself in. They acted nonchalant about it, of course, like it was no big thing, and one cop tried to pretend he'd never heard of me. It's hard to get credit. But I did get a ride back with the provincial bailiff under the heavy guard of a heavy matron. They left the manacles off because I was playing it smart and going quietly.

So here I sit, outside the doctor's office, waiting. I was told to be here at 9:00 and it's now 11:45 so this must be a lesson of some kind. I guess I shouldn't have fouled up the book-keeping.

And if they think that I'm wondering what's going to happen to me, hah!--they're right.

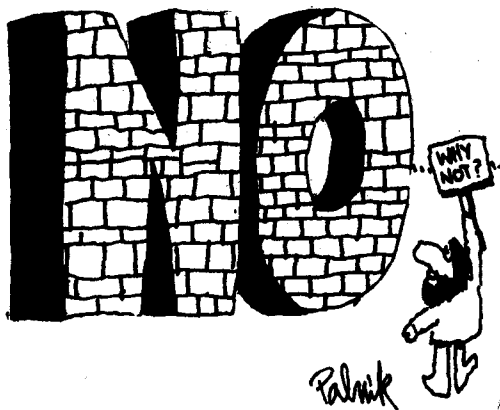
January 23, 1966. I sat until 4:00 when Dr. Powell came out, said good-night and kept on going. Shit, I wish I hadn't looked so surprised. I'll have to get used to the games they play around here.

Later ... oh, yeah, here it comes. My clothes just left the ward. I'll probably find out where they went because it seems reasonable to think that I'll be joining them. Or does it? Maybe Mrs. Powell is head of the Rummage Committee.

Punishment isn't called punishment, of course, but it operates just like you'd expect, the restriction of liberty in some kind of relation to the severity of the offence. It almost always starts with a demotion in Grouping. Now Grouping is the status structure of the patients. Group 1 means you remain on the ward, probably in pyjamas. Group 2 entitles you to get dressed (yippee) and move around the hospital accompanied by an attendant. You might even get to work on a work gang or go to the O.T. (*Occupational Therapy*) workshop. On Group 3 you can walk around the building unaccompanied, and Group 4 opens

the grounds to you. At opposite ends of the scale are "Special Observation"--you are watched more or less carefully for a while after a suicide attempt--and "Town Parole", an instructive term meaning that you may go into the city. Anyway, for inappropriate behaviour, you lose a group or two, returning to pyjamas for particularly heinous crimes. If you are really beyond the pale, you are put beyond the pale into the Old Hospital, Rockwood, Home of the Chronic and Defective. And if, somehow, there are no rummage sales tomorrow, that must be where I'm going.

I have made a decision to be Quiet and Co-operative. Not that I'm looking forward to Rockwood. Actually, I'm scared to death. It's just that I've seen the early results of non-cooperation and I don't think that my case history would be greatly improved by the inclusion of a brief medical report reciting the contusions, abrasions, fractures and concus-



sions sustained resisting transfer.

So I think I'll just plaster a smile on my face and sit here clutching my exercise book and wait.

Sid approaches me; half-apologetic, he says that we're taking a walk. I receive a faint message that Sid isn't happy either, probably because I'm bigger than he is. Then I realize that it's not very flattering--where are the heavies? But I get off that track quickly because I know the heavies will appear magically at the slightest possibility that they're needed. So Sid and I walk to the elevator, ride down one floor and walk out the way I came in, out the door, down the road about a quarter of a mile to Rockwood, the charming grey limestone edifice. We climb the four flights of stairs to Ward Eight. A face appears at the little window in the

door.

I walk past a long row of beds and into a large square room. The place smells strongly of urine. Sid and my file, considerably fatter now, go into a little office and I wait indecisively at the door. I look around.

In the room are about fifty men, most of whom are busy with standard old man occupations--dozing, mumbling, sucking their toothless mouths in and out, and staring in a variety of attitudes: wistfully, stotically, blankly, demonically. I see a vacant chair and sit in it gingerly and try to see parallels between Ward Eight and the old folks' home Grandpa spent his last years in. This place is an example of the newness of psychiatry. Or maybe it's a tasteless joke from some arrogant Olympian or other.

A wheelchair hurtles by, a mongoloid at the helm, chanting "curtee piss, durtee bitch" as his contribution to the noise level. He rolls huge, liquid eyes and looks over at me, smiling long strings of saliva. I smile back tentatively and he lolls a huge, shiny, bulbous head with its fantastic railway map of scars. Over there, an ancient relic, dapper in collar and tie, rubs his bald dome, meticulously accounting for each rub--"five, six, seven, ai-um".

Hunching alone in a corner, a silent white-haired simian. Feet bruised from constant stomping, an elderly humanoid grrs, apparently exhausting his vocabulary in the process. And the most spectacularly wizened remnant I've ever seen avidly strips the paper off cigarette butts and devours the tobacco.

It's a gruesome, pathetic catalogue. Mind-boggling. It's a macabre parade, the ravages of syphilis, of time, of inhumanity, of plain stupidity. There is a neat little man in another corner, praying. To what God? Lights begin to flash behind my eyes. Too much input, overload, overload, I'm shorting out.

A wall-eyed man beckons to me. "Cmere," he rasps, and I realize with one of those terrible jolts of comprehension that this is the ward supervisor. I wonder briefly if he's been given the job after 40 years' faithful service as a patient. And that's the last wondering I do that day. I turn off completely, unable to absorb further jolts. And it's some time before I return to conjecture--it's not happening, this is an hallucination (maybe I am crazy), I'm tripping out on some-

thing, it's a Rod Serling/Vincent Price low-budget 3-D reject. But now there is a heavy steel bolt through my temple expanding and contracting driving sharp spikes deep into my head and I'm grateful that I can get lost in the pain until I eventually lose consciousness.

When I peer out through trembling eyelids I can make out three figures standing around the end of my bed. A deep but female voice says, "You'd better watch this one--suicidal." Then they move away and I hear a raucous laugh and sharp slapping sound. I fall asleep again.

JAN. 24, 1966

Rockwood-geriatrics

January 24, 1966. I wake up early. I'm at the end of a long row of beds and as I look down the row I see only one other inmate awake. He's going through some kind of elaborate dressing ritual, folding and re-folding his shirt, putting a sock on one foot, taking it off and putting it on the other foot. Left and right socks? He sees me watching and picks up an ashtray and wings it at me, Frisbee-style. It hits the wall just to the left of my head and ricochets to the floor where it spins noisily. I leap out of bed and assume what must be my version of a fighting pose. But my assailant seems to have forgotten me already and is busy putting his left boot on his right foot. He still has no pants on. What the fuck is Powell trying to do to me?

January 26, 1966. It is incredible how adaptable humans are. In two days I have managed somehow to accommodate myself to this bizarre situation. I've slept, eaten, breathed, shat, and, amazingly, found myself a private enough space to masturbate. What more could I ask for?

Most of my fellow lodgers seem harmless enough once that leap into the beyond has been made and a place has been found for them. Henry the Wheelchair Driver is erratic but you can plot his trajectory

fairly well. And Austin, the Ritual Dresser, reacts only to stares, so I shall note where he is peripherally in the future. And I think I've survived the only physical encounter I'm likely to have. Yesterday I was approached by a hulking man of about 30 odd, no neck, beady eyes, who told me I looked pretty sure of myself--he must be nuts--and that I should know that he was in charge of things around here. I replied that I thought it was reassuring that someone was in charge and the big man must have thought me sarcastic because he lunged at me like a bear. I was startled and ducked down, my shoulders caught him where he was hinged, and he sailed over my head and landed with a terrible thud on his back. I stepped back, prepared to be murdered, but the big man slowly got to his feet, dusted himself off and stuck out a big paw, saying, "My name's Doug. Pleasedtameetcha." Very curious.

This place is heavily weighted to geriatrics. I don't suppose Henry is very old, being a mongoloid, and Bill, the other mongoloid--he travels on foot, however--and another Billy who is maybe 35, André who couldn't be more than 18, Doug the Bear and I are the only ones under what? 70? 80? 115?

What have they got me here for? Am I being deliberately disassociated? Why not the Violent Ward if they are punishing me? True, I've got to stay put here, the doors are locked, I'm four stories up (and afraid of heights anyway), but how is this sort of place supposed to "cure" me? Is it possible that this is a joke? I don't get it, if it is. Or am I to carefully



cultivate a virulent case of the paranoids?

January 28, 1966. I plucked up the courage to ask the ward supervisor--his name is Peck (no, not Gregory, Bill)--when I could see the doctor.

"What do you want to see him for? He's very busy, you know. Can't be everywhere at once, you know."

I said that I knew.

"Well, then," he said, "don't be botherin me about it. I've got enough to do myself."

"But . . .," I said. He turned back to me, belligerently.

"Listen. I've been readin your file. Can't keep your little fingers off em, eh?" I looked puzzled.

"Aw, don't go playin the little innocent. Stealin. That's what you're here for. Well, we'll soon learn you that don't pay. Nossir. No stealin around here. Or you'll be off to Penetang just as sure as God made them green apples."

I could see that Mr. Bill Peck, wall-eyed supervisor, and I were going to have a really therapeutic relationship.

Ten minutes later he was back.

"Doctor Powell comes on the ward at 10:00. I've put you down to see him."

It looks more like a plot every minute.

Dr. Powell was brilliantly unreachable. I asked him to be transferred to another ward, any other ward. "Why?" he asked innocently. I explained patiently that I didn't think I could be helped here. "If you want help, you'll get it." And with that reassurance he picked up the telephone and swiveled around in the chair so that his back was to me. And to underscore the absurdity of everything he made a date for a game of Golf! with Dr. Thingamajig.

When I recovered from my surprise, I became very, very depressed at my lot. And Petula Clark filtering out of a box over the door with "my love is deeper than the deep blue ocean" didn't help much either.

January 30, 1966. The doctor comes on the ward once a week for an hour. That works out to 1.2 minutes apiece. I wonder where the Department of Health ehshrines that statistic.

February 2, 1966. "You've heard of the Duchess of Sotheby, of course. A most attractive woman, immensely rich. One

night--I think it was the tenth of November, no, it was the eleventh--I saw her rise from the sink, yes, she rose right out of the sink in Pavilion 3 of the Mowat (some frame buildings to the north of the hospital housing old and docile patients). She sat gracefully on the floor and waved her hand. Immediately fourteen lords appeared one by one and sat down on the floor in a circle around the Duchess. Her Ladyship took off her ruby and emerald necklace and laid it carefully in a velvet-lined box. Then she leaned over and--I couldn't believe my eyes--she began to suck off the first lord. She looked up at me and smiled a charming smile as the jism ran down her chin. She wiped her chin with a lace handkerchief and proceeded to the next lord and the next until all fourteen had been sucked off. It couldn't have taken her more than fifteen minutes. The lords rose and disappeared out the window. The Duchess paused on the windowsill and beckoned to me. I jumped out after her. Broke both my legs."

When the old fellow with the sunken red-rimmed eyes told the story, he was looking straight ahead, back to the tenth or eleventh of November, I guess. He certainly didn't expect me to disbelieve the story. I hoped he might have another one, but he had fallen asleep.

February 5, 1966. I have never felt so isolated in my life.

February 6, 1966.

- Some fifty men
- Of mixed origin
- Require no abacus to record I.Q.
- Read not nor think
- Only sit
- With misted eye.

February 7, 1966. I need something to help me handle this place. Powell is turning a deaf ear to my requests for transfer. He's got some schedule for me that I can't figure out. Peck is hopeless, he's just waiting out his time now and I doubt if he ever knew anything about the human mind. There's no one to talk to--I can't count the absurd dialogues I have with the old boys--nothing to read, we don't even get the customary (and ridiculous) little wall-lets to knit. So . . . I am going to write. I don't care what I write about, I don't care whether it's any good or not, I'm just going to let it come out. I'm going to schedule it, provide my own structure. Fuck them. They're trying to break me.

I'm going to do what I can to keep together.

February 10, 1966. It's going well. I hunch over a table in the corner and scribble away furiously. I've got a huge callous on my middle finger and I'm building a huge conviction in Peck's mind that I really am nuts. The poor bastard can barely read, let alone write.

February 13, 1966. I am mad and need accept no responsibility for the acts the world does in the name of sanity. (Pompous epigrams have a certain charm, though probably mostly for the epigrammatist.)

Reluctant to hide my light under a bushel, I tried the above out on Peck. He just stared at me and, for once, both his eyes looked in the same direction.

I have to run the risk of being thought mad in order to keep from going mad. This place is intolerable. Dominic sits in his chair and goes "five, six, seven, ai-um!" for hours and the Sultan stomps and stomps and stomps and glares and Henry drives that fucking wheelchair all over the place and Billy can be found eating turds in the shithouse almost anytime. Chippie sits and stares and blinks regularly at eight-minute intervals, I swear. The noise level is so high you can believe bedlam with your guts. So I grit my teeth and hunch hunchier over my table and the pencil races along almost as fast as my stomach contracts and my eyes buzz.

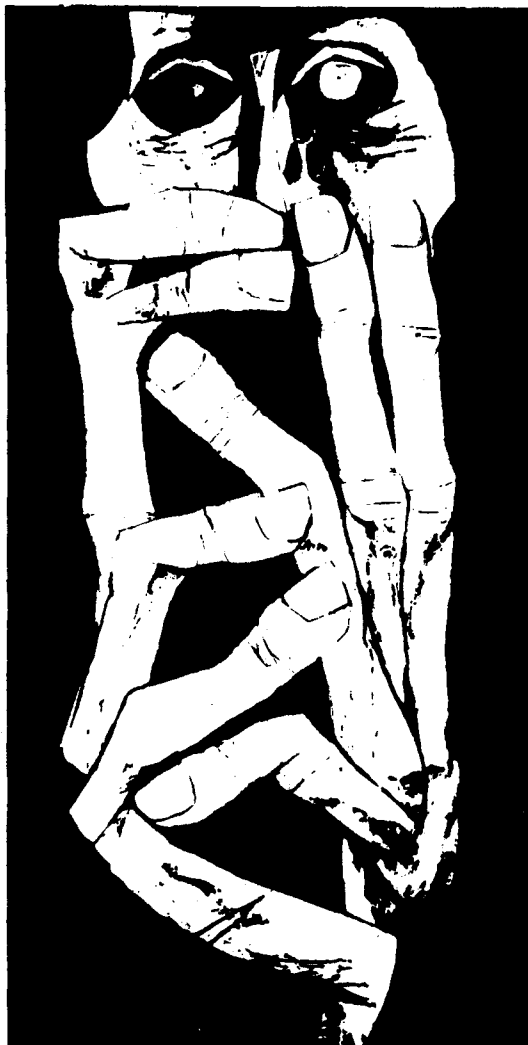
February 14, 1966. Joe had a visitor today--good for Joe, he didn't notice--and the visitor left ... a Globe and Mail magazine. And in the Globe and Mail magazine was an article about the New Left. And instantly I am inspired to ... wait, I'm getting too excited. The article said that the New Left was a "revolt without dogma". Well, obviously, who is in a better position to write the dogma?

February 18, 1966. I know what I'm doing. I'm redirecting. I'm venting all this spleen harmlessly. Why can't I just kick Powell in the balls? Oh no, I'm railing against poverty and hunger and privilege. I am making my isolation tragic and noble. I shout about social injustice (on the pages), and I scream against war and hypocrisy, hunger and poverty as though I discovered them.

It's very tempting, the whole situation is very tempting. Here I am, on Ward

Eight, surrounded by unfortunate souls, developing the most important political philosophy since Hegel and Marx sat at their little tables. Imagine Das Kapital squared being ground out on the geriatrics ward of an insane asylum. How can I resist?

In a way, it's legitimate enough. We *are* political prisoners, all of us. We have dared to challenge mythology. Foolish of us, I guess, especially those of us who had a choice. Most of us didn't know we were challenging, most of us couldn't help it. Old Zack over here, he certainly didn't intend to outlive all of his people and he doesn't shit himself on purpose. But there he is, alone, old, vague, incontinent. You can't have embarrassing people like him around. Lock them up, get them out of the way, there is room for only some kinds of social failure. And Billy, shortchanged on the marbles,



Oswaldo Guayasamin.

well, better get him out of the way too, our society is too efficient to allow for this kind of incompetence. My case, admittedly, is different. I'm actively insulting. I've shortchanged you.

Hurt your feelings, did I? I'm learning to be sorry. But I'm not learning fast enough. I've not yet been forgiven.

February 19, 1966. It works. But it works sporadically. The writing. Sometimes it gets me so high all the horror of this sitting room fades out completely. I feel competent, creative, energetic, invincible. But when it leaves me, oh, when it leaves me, I am at the bottom of the pit.

I'm scared.

And I can't even scream.

Feb. 20

Communication

February 20, 1966. Feeling the need to try and make contact, I wrote to my parents. I hadn't heard from them since the suicide attempt. "Keep it light," I told myself and chatted away inconsequentially until the very last line when the bitterness grabbed me. I wrote, "I am grateful that you provided me with such a false education. It has helped immensely in my present position. I pull the dung balls off the asses of aging syphilitics."

The letter came back stamped "RETURN TO PATIENT FOR CORRECTION". I snorted and wrote across the stamp, "how to correct the Truth?" Back it came again, a second "RETURN FOR CORRECTION" stamp on it. But I was tired of the dialogue.

February 21, 1966. Shower Day here in Happy Acres is the result of a collaboration between Goebbels, H. and Marx, G. It goes like this: We are all stripped and lined up and marched by twos into the showers. The block capos--Doug and, lately, me--shove the old boys into a stall, pour water all over them and pick off the easiest dung balls. Then the line goes

out again and hospital gowns are dropped over most heads and clothes shoved at the others. It's instructive if you're interested in the similarities of tragedy and comedy. Albert shuffles and chirps and walks carefully into the wall, Chippie stands unblinking in the shower like a stuffed praying mantis, the Sultan continues to stomp, Dominic just adds a little water to his five-six-seven litany, Bernie, bobbing and weaving, shouts defiance despite his damp impotence. A number of the old boys forget why they're in line and wander off to take up their hobbies of eating cigarette butts and praying and looking even a little more pathetic in their pale white skins. But then Albert can't make the turn into the shower so the young attendant gives him a short arm in the ribs and I say what do you want to do that for it's not his fault he's got no motor control and the young attendant tells me to fuck off and mind my own business. I briefly weigh the consequences of returning the short arm and decide against it and instead walk down to Peck's office and tell him about it and he reminds me that I'm crazy and anyway he's busy.

After I'm dressed, I sit in my corner, brooding and cursing and feeling guilty about my impotence. I wonder about the effects of living in a place where human warmth is so absent that you can feel it like a draft. And I realize again how isolated I am and become involved in my own pain. It's easier than being involved with Albert's. And just then Albert bumps into my chair. I look up but already he's skittering off, chirping, same as ever.

What a dehumanizing process. Do the Boys in the Office appreciate what they're doing? They must know that it is too dangerous for me to identify with the poor old buggers on the ward. I've got to protect myself from thinking--even for a moment--that Albert and I are alike. It's not a subtle trick. Power people have always used depersonalization to get the powerless to do what they want, kill the Commies or stomp the niggers. So it's not surprising to find myself thinking of Albert as a GPI, pulling the shade down over Albert's humanity, blacking out the fact that Albert and I are being oppressed together. These crummy little insights are painful. I know that it's going to be my survival that I fight for, not Albert's. And, right now, I think I'm losing.

February 23, 1966. On five successive Mondays I asked the doctor to transfer me to another ward. "I can't take it any longer," I told him. He looked at me with the smallest of smiles on his face. "You're breaking my heart." I felt it coming from a long way off, and it came so quickly that I couldn't suppress it, a huge tearing sob. "You're breaking mine!" I shrieked, and ran out of the office and threw myself at a steel-meshed window.

Now Peck has come to me. "I guess I learned ya," he says. "You're being transferred."

It's over.

FEB. 24

Transfer to the violent ward

February 24, 1966. No, it's not over. Just the first part of some plan is over. I didn't take that quarter mile walk back to the new hospital. I just came downstairs to Ward Six. Ward Six is the violent ward. Oh yeah.

February 25, 1966. I'm still alive. Nobody has got to me yet. Lucky. Journals are harder to write posthumously.

It might have been just a trick of lighting, but when I came down here yesterday afternoon everything was too, too, what? bright? The ward was quiet; almost everybody was out to work on the grounds. I sat gingerly in a chair and immediately a stocky gnome approached me, thrust his jowly face into mine and demanded a cigarette. I rolled him one very quickly.

"What's your name?" he asked.

"Dave." Again, very quickly.

He held the cigarette in front of his face and recited, "My fren Dave gave me a cigarette and it's all checked." Then he waddled off, puffing happily, the cigarette unlit.

Where are the little men with their orientation course?

The mythical heroes began to arrive, the Black Prince, Cy, Buddy, swaggering

and har-haring as is their right as the acknowledged bad men of the hospital. Fortunately, my natural reserve didn't desert me.

Immediately the Black Prince (B.P.) kindly filled me in on the way things were.

"Listen, there's gonna be no fuckin' around. First thing in the morning, yer gonna be up swampin' with the rest of 'em."

At nine o'clock I received a second deputation, this time three attendants.

"We're gonna put you in a room."

The statement was not open to interpretation.

"Three guys to put me in a room? You must think I'm nuts!"

Stony silence. No points for style at all. I was ushered into a room 8 by 6 by 12. There was no furniture. One attendant closed the steel-mesh screen over the window and locked it. Then he went out the door and locked that.

I sat down on the terrazzo floor. In spite of myself, I tried to figure out just what they (read "They") had in mind this time. Maybe this is just standard procedure, a way of saying "we mean business here". Or some kind of initiation into the Violent Fraternity. Then I thought how ironic it was for me to be locked in a room on the violent ward, violence being hardly my forte. After a while I gave up, there being no way to confirm or deny any of my conjectures. The next few hours I alternately invited and chased away various kinds of paranoia. Eventually I fell asleep. No tension headache this time; I must be adapting.

When they let me out in the morning, I asked for and got no explanation of why I had been locked up.

I think this ward is going to be a little better, though. We seem to be both more and less with it. Although, on the average, we're crazier, we still are more in touch with all that 1966 going on Out There. Could be a mixed blessing.

February 26, 1966. Looks like I've just exchanged prisons. They're still not letting me off the ward. Not a breath of air for over a month now. Very therapeutic, I'm sure.

So I have to continue to be my own program director. Why am I so ungrateful? Any number of writers would give their rejection slips to be allowed a couple of weeks here. Just look at the material!

Take Chippie, for example:

Character File--Entry #1--Chippie

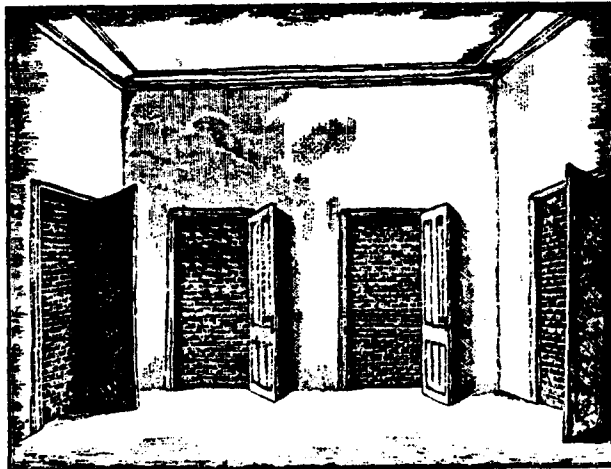
Age--between 60 and 100. Wizenod face, more than old, almost primeval. Could be Early Man. His white hair is shaggy and his walk is stooped and hurried as though he were just learning and not quite comfortable with walking yet. I never heard him speak. In fact, the only sound he makes is a kind of squeak and he reserves that for special occasions as when an attendant bends back his thumb--"Hey, warma hear Chippie talk?" Apparently he's been here as long as anyone can remember and that's a long time because one of the supervisors goes back 37 years. What was he like in 1929? Does anyone know anything about him? He sits in a corner all day long, his hands clasped together in his lap. They are strange hands. They look like they've been washed too often. (Was he a surgeon?) During the afternoon he takes a nap. He curls up on the bed that happens to be closest and assumes a perfect foetal position. One day I sat across from him and looked into his eyes for a long time to see if I could reach him. Chippie just looked back without changing his expression. The things those pale blue eyes must have seen. But does anything register?

Character File--Entry #2--The Sultan

Age--60-80. The Sultan is old but from the much more recent past. I call him the Sultan because he wears a hospital robe and white cotton hospital slippers that turn up at the toes. But he could as easily be a Senator, plucked off the steps of the Forum, a silent patrician, silent but still fiery. His eyes blaze and his head does too--it's completely bald and shiny. He strides around the sitting room and up and down the halls, his arms behind his back, his robe flapping. He's composing an oration but he never delivers it. A perfectionist.

Character File--Entry #3--Albert

Age--60-75. Albert isn't so enigmatic. He's just awkward. He slobbers and shuffles and chirps. He does an excited, clumsy dance and never seems to know where he's going. (He shouldn't be blamed for that; there's no place for him to go.) His shoe laces are never tied--for some reason, he's been given a pair of business Oxfords to wear--so, of course, he trips over his shoe laces and lays back his scalp for a few more stitches. An attendant said that Albert has tertiary syphilis.



Eugene Minnesco, The New York Times

Poor Albert spills his food and dribbles on the floor and shits in the corner. Shower Day is his downfall because he can't make it into the shower and, when he finally gets punched in there, can't stand still. But he's not going to complain, mostly because he speaks a language all his own.

Character File--Entry #4--Dominic

Age--75-85. Dominic is a man of means. He's always well turned out in a collar and tie, somewhat dated and frayed but obviously of good cut and cloth. He'd been a storekeeper. In fact, he'd been something of a tycoon with three stores and, although he could have easily afforded to hire staff for all three and sit in the sun, he liked to work in them himself. As he tells it, one day Mrs. Whooziz waddled in and asked for a bottle of that good old herbal tonic. Dominic hurried up the ladder to get it down off the top shelf. "This is the one," he said, falling off the ladder and landing on his head. "When I fell on my head," Dominic told me, "I lost one of my head nerves. You must have seven head nerves. That's why I rub my head, to bring back the seventh nerve." Well, that's clear enough. So Dominic is meticulous about rubbing his head. He keeps track as he rubs--"five, six, seven, ai-un!" I'm not sure about the "ai-un!"; maybe it just marks the end of each series of rubs. I found his determination and conviction somehow reassuring.

Dominic looks a little like Boris Karloff. Sounds like him too with a kindly but sepulchral voice. Extremely polite. He has money coming in from somewhere because he always has Tailor-Mades

(that old-fashioned expression is still very current around here), but the staff won't allow him matches. So he stops rubbing his head for a minute and says, "Would you please give me a match?" and, after you do, "Oh, thank you so much."

They've worked up a little routine for Dominic too.

"Hey Dominic, where did you keep the cock safes in your store?"

"Cock safes? Cock safes? I didn't sell such things!" And he gets so outraged at the slander that he leaps out of his chair and chases his tormentor away.

(What routine will they think up for me?)

I stop to reflect about the morality of my turning people into vignettes and I eventually decide that it is, at the very least, more honest for me to do it than for some shrink. I share their lives, after all. And if I can divert myself for a little while ... well, I can hold out that much longer.

March 3, 1966.

I inhabit an asylum
Night falling
Sees me pacing
And wondering why.
No knowledge comes
In these bare halls
To us madmen--or to
You.

March 5

In the strongroom - with friends

March 5, 1966. Well, well, am I in luck. Bill just came over. I won't be seeing him today, though, unless I look through the little square window in the door. I guess he caused some trouble over on Sixteen in the new hospital because it looks like they've put a good beating on him.

There's a plaster on his head, one eye is shut and one hand swollen up. But Bill was grinning and I'm going to get a soul-

mate.

I met Bill briefly at the General when I was coming round after my O.D. He showed up on Sixteen about a week later and we got talking. He's sort of a Jack Kerouac via Johnny Cash figure. He's got a cloth cap--"My turn-on hat"--and a great long overcoat. Naturally, he writes songs and poetry. He used to come over to visit me when I was on Eight and he always seemed to arrive just when things had built up so much that I was ready to go berserk. But they put a stop to his visits--got to keep the isolation complete.

I rolled a couple of cigarettes and slid them under the door. Bad move. Now I'm locked in my strongroom.

March 6, 1966. First thing this morning I went down to Bill's strongroom to see how he was. He was already awake--a strongroom is not conducive to sleeping late--and he certainly was a sight. He was decked out in a jock strap and a short pink hospital nightgown. He was trying to do the nightgown up with one hand; the other hand was broken. I helped him out and was just finishing off a nice bow when the night supervisor looked in.

"What's going on here?"

Bill looked up and smiled in his most charming way. "We're just getting up," he remarked casually.

The eyebrows shot up, the mouth was swallowed and the red face disappeared. The night supervisor makes a funny report this morning.

Bill had been saving his pills up for an O.D. Yesterday was the day so he went to dig out his stock but someone had been there first and they were gone.

"I was some pissed off so I fired a few chairs around and the next thing I knew screws are popping out of the walls at me. The first one gets my guitar over the head--one of your better chords--and then five or six pile on."

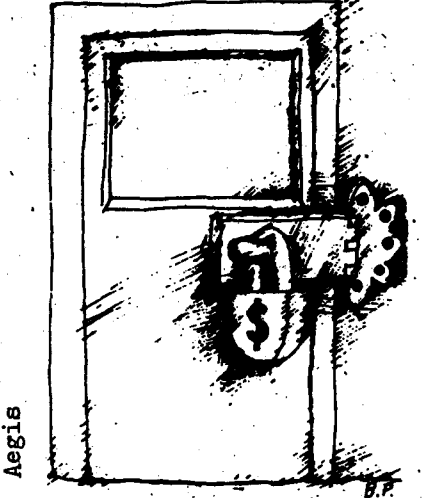
"What happened to your hand?"

"I dunno. Maybe I hit the wall."

So Bill has added a few more scars and I'm going to have someone to talk to for a few days. They'll get wise to that before long, I imagine, and away he'll go again.

March 8, 1966. Bill got sent back this morning. I go into the washroom and say "I told you so" into the mirror.

March 9, 1966. It shouldn't be possible to be an oddball here but I am. This hospital is filled with poor people. The middle-class contingent could meet comfortably in a phone booth. So I must be here accidentally. (Hey fellas, this is all a big misunderstanding. If you'll



Aegle

just unlock the door) All my power systems are temporarily out of order or I'd never be here. I'm getting a rare opportunity; I'm seeing how *my* people deal with slow learners. If you fail to learn how to behave in the correct unobtrusive way and you have already committed the horrible crime of being poor, you will surely be thrown in jail--this one or the one next door (*Kingston Penitentiary*). If you are given the choice--you won't be--take the one next door. You might learn something useful, welding or safe-cracking, and you'll have a better idea of when you're getting out. And people will hold their mouths a little differently when you tell them your previous address. After all, you will have been considered worthy of *some* kind of legal process, unlike us who do our indefinite time without having had our day in court.

So, a word of warning--you can trust me--take care about the family you get born into. Then, if you safely make it into the middle class, don't piss all your relatives off. Best of all, get yourself a private psychiatrist and pay him *all* your money. When the white coats come to get you, he'll intercede on your behalf. Because he'll suspect that you held some of that loot back.

How do you like them apples, Dr. Pow-

ell?

(Not so incidentally, Powell has just been made head of this unit. Oh you cruel fate! Just looking at him makes me want to laugh and/or cry.)

March 15, 1966. I have always been able to adapt well. Maybe too well. I've gotten used to numerous small deprivations of this place. I've learned to roll a decent cigarette and to ration out the tobacco. I've gotten used to having no money and no place to spend any. I wear joint clothes; mine have worn out, falling apart after a visit to the hospital laundry and disappeared. And I don't mind. I smuggle out my mail to avoid the censor. There's no point giving them more ammunition. But I can't get used to the lack of love and warmth and tenderness. That's the big turn-off and that must be the biggest single obstacle to recovery for everybody here. Nobody gives a fuck.

I read Camus and support his isolation first-hand. No one can share my suffering. I can't share theirs. But if only I had someone to talk to, someone to hold, someone to hold me! Bill's gone and the rest aren't much help. Some don't talk at all, some shouldn't, some won't. Some have forgotten to be sad. The common ground is the environment. We share the same space, eat the same dull food, breathe the same stale air. That's it. I say to Big Bob, "Hey, man, why do you put up with this shit?" and he looks puzzled and then mumbles, "Ain't nothin I kin do about it, is there?" and the horrible part is: maybe he's right. I say to Chuck, "You got town parole, why don't you split?" and he says, "Sure, sure, what do I do when I run out of pills?" and I see how cleverly they've got it worked out, if the system doesn't keep you then the dope will. And the hell of it is I don't think there's anything very much wrong with Chuck. They just never let him try to handle his problems. Keep him so stoned out he never could learn to cope. 20th century technology. Yeah.

I wasn't ready for this. Nobody should be. But how do you fit this into any notion of the world? How do I match up these pictures? my son lying cooing in his crib with a mongoloid blowing someone in a cupboard? my wife whispering "I love you" with the B.P. shouting, "You little cocksuckers, I'll kick your fuckin ass for you"? Am I so naive? Or is this the outrage that I think it is? If a man becomes

an animal, what does that say about his keeper?

March 20, 1966. "There we were, flogging ourselves silly up by the dam."

That's Bucky. He's off again. A man of about 40, average build, generally non-descript, the joint clothes helping that out a lot. Usually he's quiet and harmless padding about in a pair of slippers collecting butts from the ashtrays. But now there are shreds of tobacco hanging from the stubble on his chin and his pale blue eyes flash and dart. His voice is husky and insistent. And he's after me.

"We were flogging ourselves silly."

"That's nice, Bucky. Now take off."

"Are you going to burn him up?"

"No, I'm not going to burn him up.

See ya."

"I burned him up."

"Great. Got to go now, bye."

"Were you drunk?"

"Jesus Christ, Bucky. I'll pound you in a minute."

"I was drunk. They got me in eternal purgatory."

"Click, click, you're out."

Bucky shoves his face into mine. "I'm going to burn in hell."

I've had it. I put my hand flat on Bucky's chest; with all my strength I try to push him away. I can't even budge him. So I punch him hard in the sternum. Bucky doesn't even blink. He plucks at my sleeve and peers into my face again. I nip into my room and slam the door.

"Will you burn him up?"

I put the chair against the door and sit in the chair. Bucky's nose flattens against the little window and he pushes the door open a crack.

"I'm burning. Let me out."

"FRED, WILL YOU LOCK UP THIS LUNATIC FOR FUCK'S SAKE?"

I felt guilty later. Poor Bucky. But when he comes after you like that . . .

March 23, 1966. So time's up. After only 60 days of being locked up, I'm going outside. Outside. Imagine that.

I am going to be working in the Greenhouse.

But they can't bear to go all the way. I'm not going to be allowed to go to any of the "recreational activities" but, heh, heh, I don't care. (You slipped up on this one, Doctor.)

March 24, 1966. The Greenhouse is an oasis. It's Paradise. The fragrance of

the flowers, the colours, almost intoxicating. If I could only take some of this Life back onto the ward.

March 29

Marking time

March 29, 1966. I begin to realize how important schedules are. If the world did not stir to the sound of alarm clocks, pack its lunch and go off to work, the street would soon be clogged with idle, demented people. We're not too good at occupying time when left to ourselves. Doomsday is coming--the 20 hour week. Unless inroads can be made into the work ethic there's going to be lotsa buboobuba on lotsa lips. We got a time machine here. The most structured place in the world. When the structure falls down, when the social workers go home to their barbecues, when the bits of wool for the little knitted wallets stop getting handed out, we are still here. What to do? What to do during the long day? What to do during the interminable evenings? What to do on goddamn civic holidays?



During the week, however, you can work if you're considered fit and there are all sorts of reasons why you might not be, mysterious reasons. You can shovel snow, collect garbage, rake leaves, trim around the walks with sheep shears, stuff like that. Minor satisfactions limited to the amount of joy found in bodily movement and completion of tasks and, thankfully, a bit of comradeship (the work gang is unique in that respect). But it doesn't

keep the mind alive. The material rewards aren't excessive either. Your room and board--which is a long way from luxurious, which you didn't ask for and which is the very least they could do. *Plus* two packages of the poorest grade of fine-cut tobacco they could possibly find. I have been unable to organize even one trade union (shoulder to shoulder with the Sultan, for instance, is hard to imagine, even for me). Knock off six hours per day, weekdays.

I can fill up six, seven hours with sleep. The staff are most particular that we get up at six, why I don't know except it must be convenient for them. On most wards, you don't sleep during the day. Most of the men go to bed right after supper but I try to stay up until eleven and try to remain awake and unnoticed after that, not always successfully. One night man lets me watch the late movie but we've got to watch for the supervisor. Total, so far--thirteen hours.

An hour and a half to eat. Fourteen and a half hours. (No complaints about the food. Who expects much in that department? Although sometimes it's a little annoying to see the staff taking it home in their briefcases, shopping bags and trucks.)

An hour for ablutions. Fifteen and a half hours. (You must fight for more than one bath a week and on some wards a daily shave. But long hair is verboten. A maniacal barber tours regularly.)

Eight and a half hours left. I could watch TV for eight and a half hours, Chinese water torture not being available. A hand or nineteen of cards? The rules are interesting. Don't forget the parties.

I'll be seeing one for myself, no doubt. Movies? Oh yes, Friday night--Flipper Goes Hawaiian, don't miss it. Bi-weekly sing-song, eat your heart out, Ted Mack. Ah, fuck it. Anyway, Powell told me, "You've got all sorts of opportunity for inappropriate activity right here on the ward." Whatever *that* means. So I write. and write. and write. Harry calls me the Professor. There are consolations everywhere.

March 31, 1966. John has a theory. If he can subdue the largest man in any given group and if, having subdued him, he can blow him, then he can take over the group.

There have been theories more bizarre.

Trouble is, John isn't content with



"Now for the evidence," said the King, "and then the sentence."

"No!" said the Queen, "first the sentence, and then the evidence!"

"Nonsense!" cried Alice, so loudly that everybody jumped, "the idea of having the sentence first!"

"Hold your tongue!" said the Queen.

Lewis Carroll, *Alice in Wonderland*, 1865

mere theory.

Trouble for the largest man in any given group, trouble for John.

Most of the time John is undemonstrative. Quiet. Polite. Well-behaved. In short, co-operative.

At intervals, however, he is moved to test his theory. At intervals John pounces on the largest man in the group he has selected. At intervals, he is clubbed to the floor and experimenter becomes experimentee.

I've never been chosen. I'm not hurt, John, honest I'm not. I was standing beside MacNamara when John chose him one day. MacNamara showed more sense than usual and ki-yied down the hall to the office.

Today the ward staff are playing gin rummy. Not unusual. Ward supervisor is Big Jack. He doesn't find his work very challenging. He's waiting until the shift is over. An ex-cop. Still big and tough. Reputed to be very fast.

Here comes John very slowly down the hall, close to the wall. His arms are hanging straight down and on the end of each arm is a giant fist.

John sidles up beside Big Jack and

pow pow two tremendous shots to Big Jack's big head. Big Jack goes down the chair clatters Big Jack is up on his feet and John is on his back out cold.

By the time I get my mouth shut again John's feet are disappearing into his strongroom. I barely saw Big Jack's arm move. And, I swear, it was an open-hander. Hmmm.

April 1, 1966. I sit in my sideroom, my future cluttered with the wreckage of a marriage, a career and several bundles of aspirations, some of them mine. But I feel--amazingly--that I have some control. I will get out. Say it again. I will get out and build some kind of life. But what of the others? What's the point of no return, two years, five years, or is it temporal at all? What about those who have no clear idea of why they're here? And no reason to think they'll ever leave? What about old Zack up on Eight? Found wandering in the bush several miles from his farm. Out after a deer, he said, I always take a deer when I need one. How is a man like that to live locked up in a room after a lifetime of roaming wherever he wanted? What does he make of that locked door at the end of the hall and the poor old rustling hulks around him? Does he think about what has happened to him? Or has he got that patience that we attribute to the very old? You see, Zack I can relate to. Zack makes me sad. He could be my grandfather.

April 2

The ladies' auxiliary

April 2, 1966. The ladies of the Women's Auxiliary came on the ward today. Apparently it's a monthly number and I've got to admit it's a more dangerous sort of do-gooderism than usual. Mind you, the heavies get an extra shot of be-a-nice-quiet-boy-dope but, after all, I'm not on any dope at all and who knows what I might dream up? The ladies. They bring cakes and cookies and cigars and cigarettes and they organize bingo and card games and they

even have a little record player with real records so that they can dance with us boys. All these ripe, young, suburban wives. And their doctor-engineer-professor husbands are very tolerant and all my cynicism disappeared when a woman with the most disarming brown eyes came over and said, very quietly, that she was sorry to see me here. She didn't even force me to dance and I appreciated that much. But then a tall cool blonde woman joined us and understood that I wrote and would I let her read something and I fell over my feet scuttling off to my room to find something and I've hated myself for at least three hours now about that one. Patronizing. What does she know about it?

Ah, but the woman with the brown eyes touched me. For a moment. And I'm not even going to wonder how long it will have to last me.

Big Jack is wearing two brand-new shiners, courtesy of John.

John is wearing lots of brand-new hypo-marks, courtesy of Big Jack's friends.

Big Jack is laughing. "He sure suckered me."

John is barely moving. He doesn't say anything.

(Overheard) "We got him on double maximum."

Character File--Entry #5--Joe

Age--55-65. Joe has an interesting hobby. He's a public diddler. Not that his devotion has any noticeable effect. His continual stroking and stretching produces nothing except perhaps more limpness and he already is on the Ten Most Limp List. What he lacks in potency he makes up in chatter. An artist.

"Going to fuck mommy. Going to fuck mommy." Give that three to five minutes.

"Going to fuck Mary. Going to fuck Mary." Give Mary--his daughter--another three to five minutes.

"Going to fuck John. Going to fuck John." Another three to five for John, his son.

"Going to fuck Rover. Going to fuck Rover." But here the SPCA must have stepped in because that was all. He was probably set up anyway; the attendants haven't much else to do. But I did appreciate the act one day when the puffed-up Head Nurse appeared at the door with a flock of student nurse affiliates. Joe got as far as John before Head Nurse could bear it no longer and puffed out. Good old Joe.

April 3, 1966. I creep toward the house. It's a fine big house in the best part of town. It's Dr. Powell's house. There's no moon. I hide in the bushes near the back door. I see the bedroom light go out. I slip into the house and crouch beside the refrigerator. The kitchen clock has a luminous dial. The minute hand jumps thirty times. I climb the stairs keeping close to the wall. A board squeals. I freeze. Nothing. I steal down the hall and pause outside the first door. I listen to the gentle breathing. I turn the knob and ease the door open. A child is asleep in a bed by the wall. I take out my knife and STAB STAB STAB screaming POWELL POWELL POWELL BASTARD BASTARD BASTARD. Question: should I tell Dr. Powell about my dream?

April 4, 1966. No change in John. He looks like an aging celery.

April 5, 1966. It's almost three months since the six-month-no-contact-with-your-wife plan began. I'm not doing very well. I couldn't stand the lack of attention and ran away. I couldn't follow through on that so I came back and got sent to Eight. They drove me buggy and I said so and ended up on the violent ward. And now they've cut me off the Greenhouse because the Greenhouse boys say they haven't enough staff to keep an eye on me all the time. Every time I think about the baby I cry and every time I think about Carol I start feeling guilty. I wonder if it's over. What do I have to go back to? Will this leave me too scarred, too scared?

Character File--Entry #6--Grenville

Age--60. Grenville is simple. Grand Mal seizures have dropped him on his head so often he should rattle. But he has a knack for learning routines, too, and he does several side-splitters.

Q. What's that you got on your head, that white spot?

A. That's eagle shit.

Q. How did it get there, Grenville?

A. The eagle put it there, stupid.

or

Q. What you got in your head, Grenville?

A. Nuffin.

or

Q. What have you got in your belly, Grenville?

A. A baby.

Q. What's your baby's name?

A. Judy. My baby's name is Judy.

Q. How old is she?

A. Sixteen.

Q. How old are you, Grenville?

A. Fifteen.

Q. How did you get that baby in your belly?

A. Bill Osborne fucked me up the bum. And don't forget that "check it out" bit with the cigarette. When the routines pall, you can really upset Grenville by making your fingers into circles, thumb and forefinger, and holding them up to your eyes. He tries to hit you and shouts, "Don't spyhole me, you old spy-hole!"

It makes me sick. Maybe Grenville is happy with his role as jester. But I doubt it.

April 6, 1966. Various people have promised me the world; it looks like I've ended up with the asshole.

April 9, 1966. I'm still feeling bitter. Maybe it's a trick I'm playing on myself. I can't seem to get any help. Being in this place is keeping me in this place. How can I get out of that cycle?

April 10, 1966. I've been let out again, this time on a little longer string. Despite my lack of face-to-face contact with the staff, the therapeutic staff, that is, there is some fairly astute appreciation of where I'm at. Some eyeball or other is trained on me, some ear is listening and just as I start coiling up or in, the screws are loosened a turn. So now I can work on a work crew and attend the recreations if I suck ass appropriately. I suck ass. I'm tired of the ward.

April 12

No more bars

April 12, 1966. There are no bars on my window. The sun is coming up and sunlight glinting off bars would be nice but there are no bars. "See," says the Minister of Health, "no bars."

I do have a heavy mesh screen, though.

It's a beautiful sight. The lake's frozen, the sky is clear, the shore is covered with snow, Kingston Penitentiary doesn't look like it will fall down, and there is an enormous cone of coal on our dock below me.

But no fucking bars!

There is one of those redundant signs on the coal dock. "Coal Dock," it says.

Couldn't I get just one goddam bar?

The sign goes on to say that trespassers will be prosecuted. One of these days I'm going down there and I'm going to change that sign to

TRESPASSERS WILL BE SUBJECTED TO ELECTRO-CONVULSIVE THERAPY.

HAH! That'll get 'em.

Six o'clock. Here comes Bernie.

"Awright, drop your cocks, les roll 'em out, ya gonna sleep all day or what. C'mon, c'mon, feet onna floor, outa them fart sacks."

And punctuated by metallic crashes as his boot hits the footboard of each bed.

"Bernie, how come you're so subtle?"

"What the fuck you think you're doin, Reville?"

"Just writing up your case history, Bernie."



For The People/CPS

Waking up on Ward Six. The last of the violent wards. Makes you feel kinda proud. Mothers probably scare their kids with it: "Drink your milk or you'll end up on Six." It's an important weapon in the attendant arsenal. "Wanna go to Six?" "No, no, not that. I'll stop breaking this chair over your head right now, honest sir."

Psstt! Ward Six isn't so bad. Sure, windows and chairs disappear, but if you keep your back to the wall you'll be all right.

There are a couple of things to watch for--Big John walking quietly down the hall, very close to the wall, watch that. Bucky creeping up with bits of tobacco on his chin, watch that. Whitey tearing toward the back hall, watch that. The B.P. any time, watch that. Once you learn each guy's trick and once you learn how to avoid it, well, then, you're practically home free.

There's no relaxing on admission wards. No one lets you relax, not the patients, not the staff, not yourself. The patients are nuts, they have to be, hoping as they are for important-sounding diagnoses. They dance and scream and tear off their clothes and slit their throats and break their guitars over your head. You can't tell what's going to happen next.

The staff are always pestering you, why did you do this, why did you say that, how long have you hated your third cousin, knit this little wallet, look at this weird ink-blot. It's a madhouse.

This place has got some stability. It should have--we've been here fifteen years on the average.

And here comes the B.P. with his mop tank, rounding up his minions with a cheery "Get out here, you fuckers." And now he's cornered poor, miserable Harry.

"Harry, you wormy bastard, you been pissin in this fuckin corner."

"Ohnosir," swears Harry.

"You lyin sonuvabitch. You wanna cut that out or you'll git my boot up yer fuckin ass."

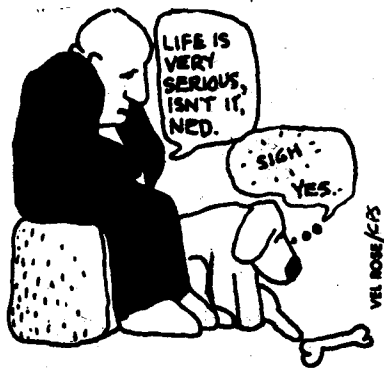
"Please don't hit me, sir. I'm just a little mouse."

"Yer fuckin right yer a mouse. Now get the fuck outa the way."

"You got to hate me," pleads Harry.

"Yer fuckin right I hate you, you black-eyed cocksucker," says the B.P. agreeably, "and here's a fuckin kick up the fuckin ass to prove it."

Looks like it's going to be an ordi-



nary sort of day.' The sadists and masochists are up stomping and cringing, old Greenback will be in the kitchen freezing the toast and oh sigh! it's bath day today.

It's different here than on Eight. We pull off our own dung balls. The rest is about the same, sheets down in the fall from the clothes room to the showers, a line going in and a line coming out. I do squeeze my cheeks together a little tighter, though, and I try to get through early on to avoid itchy underwear.

I'm wearing joint clothes now. Look a bit like a storm trooper, khaki work pants, black T-shirt, work socks, work boots.

At my desk. (It's really a metal night table but I call it my desk. I must be entitled to some delusions.) You know, sometimes I almost forget where I am. Sometimes, hunched over, scribbling, I could be anywhere. I wonder what that means. Did they forget in Dachau? Does my neighbour in the Hole forget?

April 15, 1966. John still heavily sedated. Are they really going to kill him?

April 17, 1966. I was summoned today to attend my doctor's office for an interview with my lawyer. They didn't want him on the ward, obviously. I shaved and dressed up in my lawyer's suit out of mothballs from my law school days. I'm going on trial Monday. Powell rocked back in his chair, smiling his maddening smile, exuding superiority. I asked the lawyer about his getting me out of here. Powell's chair came down with a thump and he refused to allow any discussion of that useless topic. The lawyer wouldn't take any initiative; he's being responsive to the man with the chequebook--my father.

April 18, 1966. The crown has dropped the charges. My lawyer has gratefully closed the file. I guess he figures he's done his job; he's saved me from jail. At what price?

Powell came around to tell me how ludicrous he thought my performance with the lawyer was. "You sounded like you were talking about somebody else." Brilliant. I was talking about somebody else. I was talking about the guy who got fucked up and stole some cars. He and I barely know each other. What did he expect me to do? Wear a black shirt and white tie and walk in carrying a violin case? Sit in the chair with my head hanging down and a tear trickling down my cheek? I probably know as much criminal law as the lawyer. Do I pretend I don't? Shit, that little prick grinds me. But he can afford to be supercilious. He goes home at 3:30. I'm not going anywhere.

April 19, 1966.

Happy birthday to me
Happy birthday to me
Happy birthday Happy birthday
Happy birthday to me

A parcel arrived this morning from Mom and Dad. Socks, cigarettes, cookies. They think I'm at camp.

April 20, 1966. Good for John--a change. He's turned red. Chameleon? Naw, just side-effects from the dope.

April 23, 1966. John got tired of red and thought he'd try blue. Rod cut him down, though.

So, c'mon, let's hear it for chemotherapy. Give us a C. Give us an H. Give us an E. Etc.

If I thought I could stand seeing the food twice, I'd puke.

April 25, 1966. I struggle to be an individual, to exercise some degree of self-determination. I am doomed.

They say "Pick up the garbage."

I say "Give me a job that has some meaning."

They say "Pick up the garbage."

I say "Give me a job that has some meaning."

They say "Pick up the garbage."

We are at an impasse.

The impasse is resolved. They lock me up again. Clang.

April 26, 1966. I don't seem to have much

bargaining power. How would Ahab have handled this?

April 27

Making it

April 27, 1966. I hate this place. I hate Powell. I hate myself. Yet I look around and see people who are making it here. For them it is a haven safe from the horrid shocks of the world. If your I.Q. is low or if you barely survived your birth or if you have scrambled your brains in a hundred grand mal dives, you probably will like the undemands of the O.H.K. (*Ontario Hospital, Kingston*). You can walk in a line around the carefully landscaped grounds, you can see a movie and knit the now-famous little wallets and nice ladies bring cookies once a month, bingo too. You can shit your pants and wet the bed and anyway you've been here fourteen years and couldn't leave if you wanted to.

I look at the B.P. and wonder why he's got town parole and why I'm locked up. He's supposed to have killed two people. He's supposed to have tertiary syphilis. I know he beats the shit out of weaker and slower patients. I know because I've managed to stop him a couple of times. (He has some kind of respect for me, the source of which I don't understand.) The staff give him a lot of leeway. It's easier to accommodate him than to call in six men to put him in a strong-room. Anyway, he keeps order, kicking people into line when they interrupt the attendants' card games. Me they don't need to accommodate. I'm not anxious to be beaten up, I can't see the point. (I've also got too much imagination to be that brave.) And--if I make it--I get out. The B.P. is a lifer.

Later. There've been times when I thought this place was hell. But I've grown used to the various deprivations and no longer cringe at the more horrible happenings. So it can't be hell. Is it limbo then? A prison of oblivion?

Later. You are not hungry? You must

eat. It is easier for us to make you eat than to allow you to interrupt the mechanics of hospital routine. This above all, my boy, the smooth function of the machine. We have schedules for bathing, shaving, sleeping, eating, changing beds, singing, dancing, talking, resting, working and you shall do nothing except at the appointed time. Do not be so foolish as to talk at 11:15, to sleep at 6:01, to bathe on Wednesday. You will be punished. The whole order of this universe depends on your timing, on your adhering to the schedule. There is, however, no schedule for screwing; you are to forget about that.

Obviously, I resist structuring. In my little ways. I am clever, I am manipulative, I am able to get little favours. I both applaud and hiss myself for each little favour. I begin to realize that I'm prolonging my imprisonment. I grow cunning. I behave expeditiously and I suppress the rage I feel when I see Powell's sarcastic face. I do everything when, where, and how I am supposed to and, lo, I "progress". I move to an "active" ward. I am, however, a little suspicious. It has worked too well. Something must be wrong.

May 4

Active

May 4, 1966. "Active" is about as euphemistic as you can get. One--count 'em--patient goes out to work each morning and returns each night. The door is, however, open. Just try to go through it without being asked the password. The doctor lavishes one entire hour on this ward each and every week. But there are two student nurses and two not-student nurses who have already expressed some concern that they can't get through to me. I shall have to see that they get through somewhere or I'll be heading back up-stairs. So when they come and ask me what they can do for me, I'll think of something.

"And there I was, staggering through the bush, half starved.

I was three days out of Verona.
I came into a clearing and in
the middle of the clearing was
a pole, a white pole about four
feet high and six inches around.
I put out my hand and touched
it and it was stone cold. It
was, of course, the North Pole."

Who could wish for anything more active
than that?

May 8, 1966. The ward supervisor caught
me crying this morning and got very upset.
"What do you have to cry about?" I didn't
know where to start, so I didn't.

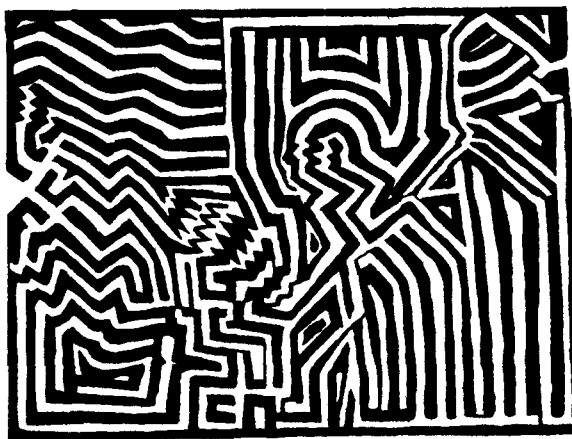
Night on the ward--a refuge.
The drone of many sleepers.
In repose, their faces lack
the wildness of the day.
Yet reminder of where we are
now a hideous shriek a pacer in the hall
mutterings and hammerings
and gaunt sockets staring.

I'm an elevator. A hundred technologists
designed and assembled me. My program was
faultless. A million fingers pressed my
UP button. But I didn't work. Turn off
the MUZAK, press ALARM, call the mechanic.
But everything checks out. The two built-
in responses--Door Open, Door Close--fail.
The light at the top of the shaft is on
but the elevator isn't seeking it. The
DOWN button was programmed out at the
start. What could be wrong? The elevator
had been going UP as directed, the door
opened and closed at the appropriate
times, the maintenance was on schedule.
Why is the program being rejected? Con-
fusing. There is only one thing to do.
Get that elevator out of service. A ma-
chine doesn't work? Who ever heard of
such a thing? It could be a threat to the
entire system. Get rid of it. I am taken
out of the shaft and junked. I lie in a
heap, wires trailing. I hum softly, de-
spite my lack of power source.

May 13, 1966.

SCANDAL ROCKS THE HOSPITAL SOMEBODY BETTER
INVESTIGATE SOON SAYS SOMEBODY

Well, well, well. Such buzzing and tit-
tering and heh-hehing has seldom been
heard. Seems that last night a furtive
four-some was discovered in the basement
of the new hospital. Down by the morgue,
they are saying, but that smacks of cheap
journalism to me. The Line-Up: two at-
tendants, one of them Married, and two
teen-aged girls, both patients and both
... significant pause ... under sixteen.



What ever could they have been up to?
(let no wag utter "to the child"). Lurid
myths spring up like very weeds. I'll
probably never know what *really* happened.

What interests me most is the sort of
response one should have. No doubt the
young women in question were willing ac-
complices to whatever crime is alleged to
have been committed. And we will care-
fully ignore (for the sake of the argu-
ment) that it doesn't matter whether a
girl of that age is willing or not. Waive
the whole Criminal Code if you like. We
are still left with a problem. What if
they get pregnant? (This looks to me like
sour grapes, said the dog in the manger
to the cat who just fiddled.) Ah, a du-
bious tragedy. There's rape all around us
anyway; maybe this time somebody enjoyed
it. It will have blown over in a week and
you can be sure there will be no charges
laid. Nossir, the administration takes
care of its own, and if some back ward
gets two very young patients, all the bet-
ter--the grants will be bigger. I was
tired of the whole story before I even
started writing it. Wonder why I did?

May 14, 1966. I walk into the washroom
this morning and there is Allan washing
the mirrors. Allan is about twenty and
has spiky hair sticking out of his head at
about 49 different angles.

"Washing the mirrors, eh?" I say,
brilliantly.

Allan doesn't answer. Rightly. The
staff are always saying things like that--
"Walking up and down the hall, are you?"--
and wondering why they get no response.
They hurry off to write in the book "out
of touch with reality" or some such. But
then something makes me think that Allan

hasn't heard me come in because he leans close to one mirror and whispers "mars". He moves to the next mirror, peers into it and whispers "mars" again. And so on, down one row and up the other. (I look in the mirror closest me--just to make sure--but all I see is myself looking into a mirror.)

Allan confronts me.

"You know, I used to jerk off all the time."

"Never mind. Everybody does."

"My mother told me it'd make me crazy."

"Lots of mothers say that."

"She was wrong."

"Oh?"

"Yeah, jerking off didn't make me crazy. My trouble started after I tried to fuck that chicken."

Then he walks past me out the door, leaving me somewhat confused: who to curse--his mother or that reluctant chicken?



Re-read the above. It's disturbing. I don't know anything about Allan and yet I have made the assumption that he's crazy racing around playing baseball and beating the drum in the hospital "orchestra" and zipping in and out of the art room and chopping out stumps on the grounds. What do I think this is--Bigwin Inn? And this, this Pretentious Journal of mine! What an elaborate trick I'm playing on myself. I am teetering on the edge. What if I drop on the Lifer side? Will this journal comfort me forever? Another disturbing thing is that I've fallen into the same error that the staff have; they don't look at a person, they look at the person's tag. If it reads "patient" then that person is nuts and is treated as such. And there's no more effective way to keep a hospital full than by treating everybody as though they were wingy.

I've encountered a lot of puzzled looks since I've been here; staff I don't know ask me when I started and what ward I'm working on or what medical school did I go to. I suppose it could be a put-on but I expect that I look too "normal" to be a patient. (Maybe I could grow an antler.)

What is a madman? I'm functioning. I might even be considered succeeding in this frame of reference. I mean, who hit a home run today? Who filled out three attendants' income tax in March? Who has been on FIVE wards? Who? Who? Yes, but who has been unable to grasp the hard facts of his situation? Who has been unable to move toward that door in any real sense? I haven't been able to run away and yet I know with my guts that this place is poisoning me. I haven't been able to come up with an alternative Life for myself. I'm still hanging on to some stylized vision of Carol and the baby out there somewhere, all clean and comforting and warm. But what if? And there I stop because it's too dangerous for me to go on. Oh, have you got me in a box! Do I really have to be frightened to death? You, Powell, what *are* you doing? I say to you "I'm sad" and you say smugly "This isn't supposed to be a picnic." That's such a help.

I have realized that I have a lot of things to work out. Things were going up, up, up at such a rate, I was too busy to think about what I was doing. Then everything went down, down, down even faster. Is this where I stop? How long? Or am I sliding into a deeper pit? I'm running, running, that's what the baseball, the orchestra, the art room are all about, keep running, don't get off the merry-go-round, spin, spin, blur all the ugly realities, in this some minor league version of what I was doing before, if I can't be Joe College, never mind, I'll make do with Joe Funnyhouse. If oooooh fuck. Enough.

There is nothing wrong with Doug. I have lived with him for ten days and I have reached the conclusion that there is nothing wrong with him. So I'm letting him out. Trouble is, he won't go. He's got nowhere *to* go and nothing to do when he doesn't get there. But he even gets a bad shake in here. Not being crazy he doesn't get messed around with daily overdoses of drugs; however, being diabetic, he still gives them a chance to screw up his insulin two or three times a week and you shouldn't do that, Doug, you're asking for

trouble. The other thing you shouldn't do is respond truthfully to the inane questions. As ...

Nurse: Where are you going, Mr. MacDougall?

Mr. MacDougall: To take a shit.

Oh, no, that's unwise, very unwise. Sociopathic, probably. Pretend you don't mind the constant invasions of privacy, the attendants under your chair peeking up your bum, pay them no mind. Who cares if there are no doors on the shithouses, all that delicacy about bodily functions isn't good for you anyway, invite all the staff into the tub with you, empty out your night table drawer so a couple can crawl in there too. Old Grenville is right. "Don't spyhole me." But for Grenville and Doug and me, it's pointless to protest. They all got first-class honours in spyholing and aren't about to let their spyholes rust.

May 16, 1966. I'm having a shit in the regulation clear-view stall. Next door, Ernie is happily sloshing in the bowl. That's his job. I don't know how he managed to get it, but he's faithful and energetic about it.

"You know, David, I'm not asleep. Nosirree, I am not asleep."

"I can hear that, Ernie."

"Nope, I'm not asleep. I've got the Power." Emphatic.

"How did you come by that?" Not as supercilious as it may sound. I'm interested in power.

"Came on me one night when me and my brother Arnold was over at the Mowat. I rose up out of my bed and flew over to the Farm to visit with my brother Jack. Then I heard the Lord Jesus calling me. He said, 'Ernie, your sister needs you.' Annie's my sister, she's over here on Ward Three. So I flew over to Ward Three and sure enough there was my sister fallen down in the bathroom. Her ankle was broke. And the Lord Jesus said to me, 'Ernie, heal your poor sister's broken ankle.' So I put my hand on Annie's ankle and Annie looked up and said, 'Ernie, it don't hurt no more!' So I flew back to the Mowat and I told my brother Arnold that I had the Power. Nosirree, I'm not asleep."

Then he begins to sing a hymn of his own composition. He's got a lot of them. All with a personal touch and a signature at the end ... "Amen. By Ernie van Dongen." But I can't take Ernie's hymns. He sings in a squeal and no matter how much

he sings it never seems to lose its edge. So I leave him to his toilet washing and his hymns. And I feel just a little perverted envy--viz., Ernie's power is stronger than mine: he's smiling and singing.

Character File--Entry #7--Barry

Age--23. Not too long ago, Barry went to the cupboard and the cupboard was bare. So he walked out to the service station he owned and drank a quart of anti-freeze. He felt ill but he couldn't phone the doctor because he couldn't see the phone. So he just lay there.

Not too long after that, Barry again went to the cupboard and again the cupboard was bare. So he didn't walk out to the service station because he hated not being able to see the phone. Instead he walked out to his car but he couldn't see that. His kid brother had taken it.

Not long after that, Barry's brother drove into the driveway. He opened the door and immediately fell down. He fell down because Barry had shot him.

Not long after the bullet had been removed from Barry's brother's leg, Barry came to live at O.H.K. He hasn't touched a drop of anti-freeze in six months. But Barry's not leaving just yet. Every time the doctor gets ready to discharge him, Barry gets so high that the doctors stop getting ready to discharge him. That makes Barry very low.

One day when Martin was low and Barry was not, Barry advised Martin to

"tink of flowers.

tink of a cottage small
by a waterfall

where little drops of alcohol
come tricklin down the wall

tink of tirty-six

twenty-two

tirty-six."

Unfortunately, Martin couldn't tink of any of dose tings or, if he could, found no comfort derein. Barry, on de udder hand, was so enchanted dat he put his fedora on backwards and punched de ward supervisor in de nose and everyone except de ward supervisor found comfort in dat.

May 20, 1966. There are consolations to be found almost everywhere, I hope, and one of mine in this has been Chummie. He just left today and that's good for him and not so good for me, but I'm glad he's gone. I first saw him just before I got transferred over here and I was sure that the Prophet had come among us. He was wearing a hospital gown of dazzling white

and his back hair touched his shoulders. Above the beard were very startling blue eyes. He told me he'd done the turn-off scene. I heard later, from Bill, that he'd tried again on the ward. Drank a bottle of wintergreen. Caused a bit of scurrying around, I imagine.

I'd never have seen Chummie again if he hadn't been so handsome. Not that I refuse to see anyone who isn't handsome. That is not the reason. No, the reason is that a certain nameless nursie found Chummie so handsome that she couldn't bear to see him so few hours a week but must needs lure him to her home--first luring her husband out of his and her home--so that she could see him some more. That, of course, bugged up the accounting at the hospital--hmmm, only thirty-nine nuts here, forty nuts on the list. Chummie arrived on Ward Six.

And Chummie would never have been on Ward Six so long if the same certain nameless nursie had not been so unprofessional as to practically plant herself outside Chummie's window and make all manner of suggestive suggestions up at it ... this is not the point of this essay; I'm getting hung up on Nursie. She didn't like me; said I was obsessed with sex. Mind you, the way Chummie tells it, there are degrees of sexual obsession. Hers is of a higher order.

To get back to my in memoriam. Chummie was 18. Still is. He thought journals were a good idea, kept one himself and encouraged me to write in mine. His entries were coded, however. He wrote some little poems and kept track of the days ... day no. 57, day no. 58 ... or DNM-7, DNM-8, which signified the seventh and eighth consecutive days in which he did not masturbate (ah, Lenten deprivation).

Chummie and I were put on Group 2½ at the same time. This was a special grouping that allowed activity at the ward supervisor's discretion. A ratio established itself. Two hours of sucking ass--polishing brass switch plates, cleaning windows, scrubbing walls--to one hour out. We bought it. We were glad to. Outside the sun was shining, waves were crashing on the rocks, tight-assed girls were strolling; I got the sunshine and the crashing waves, Chummie got the tight asses. Ironically, Chummie didn't take advantage of his share of the goodies because of some sense of loyalty to Nursie.

Chummie and I were the key men on the

Rockwood ball team, at least until Chummie decided he wanted to spend the ball game cuddling with Nursie up the hill. I was pissed off--we needed a long ball hitter--but couldn't really blame him.

Some over-extended staff person decided to go modern and try a little group therapy and Chummie and I were invited because we were "active". We were supposed to get up the loafers. We didn't play. We admitted we played baseball, we worked on the outside gang, we went to the art room. Why did we do it? You had to do something to keep from going crazy. The psychologist's face falling rapidly makes up for two or three pounds of horseshit. But we continued with it anyway. It got us off the ward for the morning.

Open House, come and see the musical rides. Chummie entered into the spirit. He had me sit in a chair with one leg folded up under me and a boot strapped onto my knee. Then, just as a string of eager sightseers troops through, he lets out a blood-curdling laugh and kicks me right in the congenital deformity. Good stuff. The string of eager sightseers unravels. Chummie and I are "spoken to" later.

So now I'm on my own again. I couldn't in any conscience wish that he had stayed longer. This is no place for a man of 18. No place for anyone of any age, for that matter. Good luck, Chummie, wherever you get to.

June 1

Grey sky

June 1, 1966. Where is something that isn't grey? The sky is grey, the lake is grey, poor old Reuben across from me is grey. He's looking greyly out of his grey face with his grey eyes. He's wearing a plaid shirt and it is grey. Grey. Goddam grey.

You get grey in here. The food tastes grey. Sleep is grey. Television is grey. Dirty fucking grey.

The big Frenchman fights the grey.

He's got pink satin bows on each corner of his bed, he's got red bows on his curtain and his bureau--he's got yellow bows on his chair. But the big Frenchman is stone deaf. There's a grey nothing in his ears.

The grey will get you. You can't hear it coming, it seeps in through your pores, it leaks in behind your eyes, it coats your tongue and collects between your toes.

I hate grey.

Notice the grey? You're still alive. So put pink bows on your bed, hang them off your ears and bury a large magenta bow in your head--for later, just in case.

June 15, 1966. I've got a handful of saved-up nickels and dimes in my pocket and I'm on my way to the new hospital to make a phone call. There's a reasonably private phone there. I want this call to be reasonably private.

I don't need to look up the number.

I have rehearsed my speech. I wish I had the other half of the script.

There is, I've heard, a tide in the affairs of men.

The six-month exile is over. The silence is going to end today. In about ten minutes. I'm going to call her and say that I want to begin again.

oh.

July 10

Starting over

July 10, 1966. "I don't want to try again," she said.

"I don't want to try again," she said again, perhaps because I didn't respond. That is, I don't know what I responded or if I did. I don't remember anything of our conversation after that calm "I don't want to try again." I do remember a feeling, a feeling like falling out of an airplane, cold, cold and bottomless.

The clock said 7:03.

I walked down to the point and stood there, looking across the lake. There was a strong wind blowing. I tried to grin in

the wind.

Inside my head--nothing, nothing at all.

The emptiness is still with me but it's got a lot of second-guessing for company.

How could she have been so calm? I was almost falling down. I might have been asking her if she wanted to take another shot at throwing the ball into the milk can at the Ex. Funny, I'm supposed to be the cool customer.

I've been upside down and inside out and backwards. I've accused her. "Carol, you are a cowardly, cop-out bitch." Again. "Carol, you are a cowardly, cop-out bitch." More conviction. I've accused Them, oh yes, They were the ones, They confused her with their double-think, of course, They promoted the six-month separation, They intercepted and destroyed all her letters, her dutiful, loving, daily letters, They smoked up all her gift cigarettes, it's a plot, They're trying to break me, well, by God, I'll show you who you're messing with, I'll smash clean through the wall and go to her and straighten this out. Mostly, I've accused myself.

The shock is wearing off. I must have known. I must have but somehow I didn't. I couldn't. I had to have something to hang onto during the winter, that black winter, something clean and shining and warm. Crossing the days off must have seemed like progress.

The light at the end of the tunnel is out.

(Hey, Carol, do you have any idea of what it's like in here? Do you know how much I've been counting on you to rescue me from this? You've let hope out of the box. I've nothing left, do you hear me, NOTHING LEFT!)

One more thing. As long as I could dream of going home, I didn't have to get out of here. Why else would I have come back after I ran away? Now that I have nowhere to go, I can leave. BUT I'M ALREADY NOWHERE. Hell of a place to build a new life. It's going to be a good trick.

I don't feel tricky.

The staff is embarrassed. I wonder why? Was she supposed to wait stoically outside the gate until I emerged with my rebuilt head? Powell even lost his smug grin--for a minute. Shit, if I stay here long enough, maybe I'll see some humanity yet.



Photo by Annegret Lamure

© 1981 by David Reville

Additional copies of David Reville's "Don't Spyhole Me" can be bought at The Mad Market, 754 Queen Street West, Toronto, or ordered by writing to: PUBLICATIONS, Box 7251, Station A, Toronto, Ontario M5W 1X9. \$1.00 per copy plus postage (50¢ for 1 to 5 copies, \$1.00 for 6 to 10 copies, postage free for over 10 copies).

KINGSTON REVISITED (CONTINUED)

(continued from page 16)

Thomson is full of praise for the 1978 amendments to the Ontario *Mental Health Act* because he feels it has made KPH's staff think twice before committing people. He admits to having difficulty in finding psychiatrists willing to work in the hospital rather than in private practice. For this reason, a lot of therapeutic responsibility is delegated to the nurses and other staff.

KPH gives inmates shock therapy, and has recently installed a new machine that controls the voltage more closely than before. Kingston has also been doing research into pharmacology and, judging from an intra-hospital report, is having second thoughts about the whole-hearted use of drugs, especially now that the long-term side effects of these drugs are becoming more well-known.

Kingston no longer uses the drug succinylcholine in its treatment of alcoholics. (Succinylcholine produces severe physical reactions, including the stoppage

of breathing for up to two minutes. Another drug must be administered to start the breathing again.)

To its credit, KPH has been instrumental in starting up several co-operative houses for ex-psychiatric inmates in Kingston that are now run by a board of private citizens (including some who have had psychiatric treatment themselves, according to Thomson) called Friends of KPH. It is also working with the Canadian Mental Health Association in Kingston to start a drop-in centre for former and present psychiatric inmates.

Inmates at KPH are still receiving next to no pay for their work in that institution.

* * *

If you've been in Kingston Psychiatric Hospital or have had anything to do with some of its programs, we would like to hear what *you* think about KPH.

Phoenix Rising plans to do features on other psychiatric institutions in the future.



what's happening

Nurse blows whistle on staff neglect

Mavis MacKenzie had been employed at Toronto's Scarborough Centenary Hospital for almost three months as a psychiatric general duty nurse when she received her written dismissal on January 29 this year.

Shortly after the incident, she told *Phoenix Rising* "I was fired after speaking out about what I consider an injustice to the psychiatric patients in that facility. I had come across a lot of neglect which was due to lack of communication with those patients who were either seriously ill, senior citizens, unable to speak

the English language, or so heavily sedated that they lacked the ability to concentrate on what was going on around them. These patients cannot help themselves; they know very little about what their rights are, and how to go about fighting for them."

While working at the hospital, Mavis became very concerned about several psychiatric patients who were complaining about physical illnesses. She found that her colleagues tended to ignore these complaints and say that "It's all in his head."

Jamila Tissawak, an elderly patient who spoke only Arabic, had begun to complain of abdominal problems soon after her admission to the psychiatric unit of the

hospital. The only way she could let the nurses know she was in pain was by crying out and pointing to her stomach. No translator was called (although a pool of translators is available for hospitals to use). As Mavis's colleagues continued to ignore Mrs. Tissawak's gestures, Mavis decided to talk to her husband, who had some knowledge of English. It was only then that Mavis became aware that Mrs. Tissawak might be suffering from a physical illness.

Mavis brought Mrs. Tissawak's case, along with a few others, to the head nurse, the supervisor, and the board of the hospital. But one lone voice was not enough. Mavis was viewed as being "over-critical" and "not quite fitting in", despite her twenty-odd years of experience in nursing, many of them on psychiatric wards.

Some of her colleagues, although they agreed with Mavis's concerns, were afraid of reprisals, and would not get involved. One nurse said, "Don't mention my name, please. I have a mortgage to pay, and I can't afford to lose my job." At least two hospitals in Toronto serving large ethnic populations (Doctors' Hospital and Central Hospital) felt concerned enough about the issue to offer Mavis jobs with them after her dismissal.

If the staff had collectively shared

Mavis's concern, Mrs. Tissawak might not have died--as she did on January 30--because she would have got immediate treatment for the kidney or liver malfunction she suffered.

Mavis sums up the situation by saying, "Medication is not the only source of help. I think communication is very important. Psychiatric patients who are elderly, or those who speak another language, tend to be given medication and/or electroconvulsive therapy for the most part, rather than psychotherapy, group therapy or other types of treatment."

What about constructive suggestions? Mavis has several.

First, she suggests that every hospital should provide a readily available translating service for all patients who do not speak English, in order to equalize the information available to this group.

Second, she suggests that communications between hospital staff and patients require greater emphasis.

Third, Ontario needs a "Health Service Ombudsman" who would have the authority to go into hospitals to investigate complaints and could hear complaints not only from anyone in the medical profession but also from people receiving medical treatment. This would help prevent unnecessary deaths, and would help patients feel more at ease in the hospital environment, knowing that they have an advocate.

Fourth, a shift in priorities is necessary. Paperwork needs to be reduced, and more staff should be hired to work with patients in order to make communication and the personal touch more a reality. Salaries of those people at the top should be reduced, as they are extraordinarily high.

Fifth, much public awareness must be promoted in order to prevent injustices in the medical system. For, as Mavis MacKenzie puts it, "It doesn't matter who you are. At some time in your life, you are going to become ill. You ought to invest in your future health care now. Today, I may be a patient in a psychiatric unit; tomorrow it may be you."



Tell a psychiatrist what you're afraid of, and he'll tell you what your phobias are.



More shocking news from the APA

The American Psychiatric Association (APA) has escalated its war against the 1978 ruling by the Food and Drug Administration (FDA) that the use of shock therapy constitutes high risk.

The APA is planning to petition the FDA to have the high risk category reduced to low risk and is campaigning to promote the *greater* use of shock treatment through the media and pro-shock articles.

A number of such articles have already appeared in the *New York Times Magazine*, *US News and World Report*, *TIME* and *Parade*. According to the APA's newspaper *Psychiatric News*, "continued ... determination to articulate the profession's positions on patient care issues will determine what the public sees and hears about psychiatry in the future."

Drop-out doctors deprive needy

Over the past two or three years, a steadily increasing number of Canadian doctors have dropped out of various provincial health insurance plans. According to the latest figures from the Ontario Ministry of Health, roughly 17% of doctors in Ontario have already opted out of OHIP (Ontario Health Insurance Plan).

A very high percentage of these "opted out" doctors are psychiatrists. As of April 1980, 35% of Ontario's 785 psychiatrists had dropped out of OHIP, including about 50% in Toronto.

High expenses is the most common reason doctors give for opting out and "extra billing" (charging their patients higher than OHIP fees). Unfortunately, it's the poor people, including many psychiatric patients, who are suffering the most from this professionally sanctioned economic warfare against the public. In Toronto this situation is especially desperate, with the number of psychiatrists who are still covered lower than the national average. (Ontarians are hard hit as it is--they pay the highest health insurance rates in Canada, at \$240 per year for a single person.) This means that poor people in need of someone to talk to often have to wait weeks or months just to see someone covered by OHIP, and thus affordable. Community crisis centres are not adequate, or often not available, for someone in this position.

There have been many cases across Canada in which opted out doctors have neglected to inform their unsuspecting patients of their extra billing practices *before* treating them--an unethical practice which provincial health ministries have criticized. None, as yet, has censured these opted out doctors or refused to pay them the insurance rates. However, federal Health and Welfare Minister Monique Bégin has threatened to cut off fed-

eral contributions to provincial plans if their doctors continue to misuse them.

Incidentally, the average *net* income of Canadian psychiatrists is about \$60,000 a year--hardly a survival income. And we're mad as hell about paying extra medical fees to opted out psychiatrists who specialize in making money from people's sufferings.

We urge all of our readers to ask their doctors, including psychiatrists, if they are in or out of their provincial hospitalization plan *before* allowing them to treat you. If they're opted out, then go to a doctor who is in--if you can find one. And complain loudly to your local medical association, provincial Ministry of Health, and Health and Welfare Canada.

Your financial health could depend on it.

Sask. holds review

The Saskatchewan division of the Canadian Mental Health Association has been inviting the public since last May to present submissions and come to public hearings held by a task force on mental health. The task force is independent of the Saskatchewan government, and directly responsible to the provincial board of the Association.

From the beginning it has expressed interest in hearing from people usually less represented in policy-making, such as native people, women, older people, consumers, and people on low incomes. It will also be examining ideas from around the world in an attempt to make the province an "international leader in its approach to mental health".

The task force plans to come out with a preliminary report this May. Its final report is scheduled for November 30 of this year.



"Uh, I made a mistake," musician Billy Joel tells reporters

A recent story in the *Toronto Star* reveals that famous folk-rock artist Billy Joel was a psychiatric inmate. Believing that he was suicidal, Joel committed himself to a New York psychiatric institution a few years ago when he was 21. This is how he describes some of his inmate experiences:

So I checked into an observation ward and said, "Lookit, I really think I'm going to do something suicidal." So they gave me a robe--that's all you wear--you can't have any matches, there are bars on the windows and they

B.C. ex-patients living in boxes

Vancouver is having a housing crisis of similar proportions to that in Toronto, with real estate prices soaring beyond the reach of even the wealthy.

The one per cent vacancy rate in that city has made it hard for ex-inmates to find housing once they get out of the hospital. According to the Mental Patients' Association (MPA) in Vancouver, things have got so bad that ex-patients are sleeping in street clothing donation boxes.

MPA owns four group homes itself, rents one and runs a drop-in centre with apartments beside it and above it, giving members eight private apartments as well.

They have been attempting to buy a house to replace the one they're renting, but so far have found the housing prices too high, although housing officer Tim Isaac says prices have gone down slightly in the last few months.

MPA is also attempting to build a 14-unit apartment building in central Vancouver that should be ready by the end of the year--if the provincial government comes through with its fair share of the subsidizing. Both of the other levels of government (the city of Vancouver, and the federal government through the Canada Mortgage & Housing Corporation) have committed money to the project.

have electric doors. I start to look around and I think, "Hey, these people are crazy." ... So after the first day I said "Uh, I made a mistake," but after you've checked yourself in you have to stay three weeks.

You see One Flew Over The Cuckoo's Nest? It was exactly like that. I'd go up to the glass window of the nursing station and I knock and say, "I'm okay. They're nuts, but me, I'm okay."

"Sure you are," they'd say giving me my Thorazine for the night. After your three weeks there you meet with the psychiatrists who'd show you ink blots and things. To me, they just looked like ink blots. But once I got out I knew I'd never get that messed up again feeling sorry for myself.

After being in that hospital, I know what the bottom line for me really is.

Right on, Billy Joel. The bottom line is STAY OUT!

Drug doctor restrained

In the Winter 1981 newsletter of the Alliance for the Liberation of Mental Patients in Philadelphia, readers were told that "Nathan Kline, the Timothy Leary of psychiatric drugs, has been barred by the FDA from using experimental drugs on humans."

It seems that Kline, who made his name some years ago by fathering the medical approach to "mental illness" by using pills and drugs extensively, has been rapped by the Federal Drug Administration for "repeatedly and deliberately" violating safety rules in his tests of dangerous drugs on human guinea pigs.



Obstacles—a report on difficulties faced by disabled people

The federal government is finally getting concerned about some of the many problems facing over two million disabled or handicapped Canadians. (The timing of this concern is no accident, since this is the International Year of Disabled Persons.) Commitment to action is at least one message that comes through a recently published (Feb. 1981) report titled *Obstacles*--a 189-page booklet prepared and published by the House of Commons Special Committee on the Disabled and the Handicapped.

Obstacles is the result of twenty-three public hearings held across Canada last year, and over six hundred submissions by individuals and groups. (See *Phoenix Rising* vol. 1, no. 4, for a brief summary of ON OUR OWN's submission to the Committee.)

Unlike most government documents, this report is refreshingly free of the usual bureaucratic jargon; the language is simple, direct and factual. Also, photos of eight handicapped people on the handsome green front and back covers, and biographical stories about some of the hardships, struggles and successes of twelve disabled people, make reading the report a very human and uplifting experience.

Simpson advertisement world first

The use of three paraplegics in a Simpsons advertising supplement that went to newspaper readers across the country in March has been described as a "world first".

The three people, portrayed as just "ordinary people" in photos selling a bedroom set, children's clothes, and a dining room suite, are all handicapped in real life. The idea was the brainchild of the Canadian Paraplegic Association.

Sales Promotion Manager for Simpsons, T.R. Amireult, told *Phoenix* that his company planned to do more of the same in future advertising supplements. "Our attitude towards this will be the same in selecting models for our regular books."

Obstacles is quite comprehensive in its 130 recommendations, which cover twenty key areas including human and civil rights, employment, housing, prevention, changing attitudes, and funding and implementation.

In the "Human and Civil Rights" section, five specific recommendations are of particular interest to people labelled "mentally ill" or "mentally retarded". Recommendation #9 calls for amending the Canada Elections Act (which disqualifies all Canadians with "mental diseases" from voting) so that "mentally ill" and "retarded" people can vote. Other recommendations call for: using less stigmatizing legal terms for "mentally disabled" people ("lunatic", "idiot" and "imbecile" are some current legal terms); reforming the *Criminal Code* (particularly the "insanity" and "fitness to stand trial" provisions); getting rid of the Lieutenant Governor's Warrant (which permits "mentally ill" or "mentally retarded" people accused of a crime to be imprisoned or institutionalized indefinitely) and replacing it with fairer and more just procedures; and urging the provinces

to review their mental health acts at regular intervals with input from the public in order to reflect current thinking regarding rights of and treatment for mentally/emotionally disabled persons.

Although the Committee makes only four recommendations under "Funding and Implementation", one urges the creation of a Minister for Disabled Persons, independent of the Department of National Health and Welfare.

We don't know when or if the federal government will act on any of its impressive recommendations. However, we'll be watching closely. If you are disabled or handicapped, or belong to a group of disabled or handicapped persons, you can get a free print copy or audio cassette of *Obstacles* by writing to Richard Rumas, Clerk, Special Committee on the Disabled and the Handicapped, House of Commons, Ottawa, Ontario K1A 0A6. (Be sure to include the name and address of your group, and charitable tax number if any.)

Coffee can make you mad

The caffeine in coffee is "bad for psychiatric patients", according to Clarke Institute pharmacist K.Z. Bezchibnyk and University of Toronto psychiatrist J.J. Jeffries. In a science article published in the *Toronto Globe & Mail* in March, they told reporter Joan Hollobon, "The actions of caffeine on the central nervous system are particularly significant in psychiatry." Her piece went on to alarm the reader about caffeine's "wide range of unpleasant side effects ... irritability, nervousness and insomnia," and to say that caffeine may even aggravate various psychiatric conditions.

Results were also cited of one U.S. study in which fourteen "schizophrenic patients were switched to decaffeinated coffee unknown to themselves or to staff treating them. Psychological tests indicated a substantial decrease in hostility, suspiciousness, anxiety and irritability, but one week after a return to regular coffee these gains were lost; patients became more psychotic and slowed in their mental processes and social competence."

You didn't know decaffeinated coffee was a cure for "schizophrenia"? It's OK--neither did we.

The piece ended by suggesting that doctors warn their patients about the dangerous side-effects of caffeine, including withdrawal problems, and that doctors urge their patients to cut down their coffee intake, especially while on a major tranquilizer or antidepressant. Strangely enough, the doctors and nurses were against cutting down! "It is the medical and professional staffs of the hospital, not the patients, who oppose changes in 'caffeine consumption habits.'"

It's ironic that establishment papers such as the *Globe & Mail* and some psychi-

atrists are more concerned about the effects of caffeine than about the mind-disabling "side-effects" of psychiatric drugs. We'll take coffee over Thorazine any day.

Coffee, anyone?

More shocking news

Results of a study conducted by a team of British physicians indicate that the use of a general anaesthesia may have the same effect as electroconvulsive therapy.

The study was done on 70 depressed patients at the Northwick Park Hospital in Middlesex who ranged from 30 to 69 years of age.

Half were given eight ECT treatments, while the other half received eight pseudo-treatments. All of the patients were assessed periodically by psychiatrists who did not know what type of treatment they were receiving.

Although patients receiving ECT treatments scored slightly better on the depression rating scales half-way through their therapy than the other group, by the end both groups were showing equal improvement.

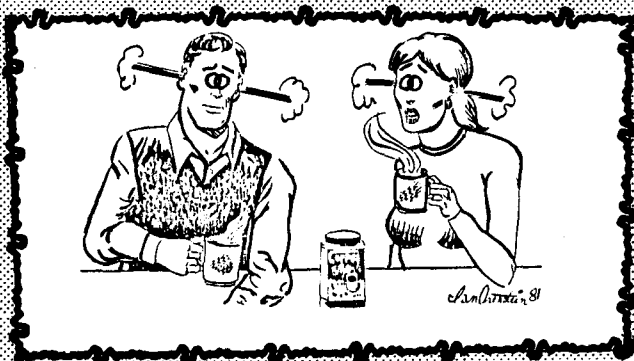
Oh give me a home...

A mentally handicapped couple in North Bay, Ontario have won the right to live together in a co-operative apartment with counselling facilities run by the North Bay and District Association for the Mentally Retarded.

Donald Cameron and Shirley Clarke's application for an apartment in 1979 was turned down because they were a common-law couple. The couple battled the decision for two years, taking it all the way to the Ontario Supreme Court before it was finally settled out of court.

The North Bay Association for the Mentally Retarded agreed to let the couple move into the next vacant apartment and gave the couple \$500.00 and a letter of apology.

Ironically, a not-too-well-enforced provision of Canadian law makes it illegal for mentally handicapped people to marry.



Still no action on boardinghouse situation in Parkdale area

The housing shortage for former and present psychiatric inmates continues to capture media attention in Toronto, as governmental committees try to dodge responsibility for the squalid boarding and lodging house conditions many ex-inmates are forced to live in.

In January, the provincial Ministry of Health told Queen Street Mental Health Centre not to monitor the conditions in individual boarding and lodging houses. (Most--about 60--of the boarding and lodging houses lodging ex-inmates in Toronto are located in Parkdale near the Queen Street Mental Health Centre.)

The provincial government directive brought to a head negotiations that had been going on since last fall between the province and the Metropolitan Toronto Social Services and Housing Committee over the findings of a Metro report on the boarding and lodging house problem.

Since Queen's Park sent back its response to the report early this year, ab-

dicating its responsibility to set and enforce standards over boarding and lodging houses, talks between the Metro committee and the province have ground to a halt. Copies of the reply to the report have been sent by Metro to the agencies the province named as the possible "alternative" responsible parties. Now it's "wait and see what the new cabinet under Premier Bill Davis will do" time.

In the meantime, Metro Social Services and representatives from Queen Street Mental Health Centre, the provincial Ministry of Health, and the city of Toronto are meeting and still trying to come to some agreement on just who should accept responsibility to clean up the mess.

Meanwhile, in the wings, Community Resource Consultants (CRC) has been given a \$190,000 grant to start a two-year pilot project to link mental health facilities and the community, thanks to meetings held between Metro chairman Paul Godfrey and Ontario Health Minister Dennis Timbrell. CRC works with hospital personnel informing them of facilities available to psychiatric inmates once they get out of the hospital.

The money was given to CRC by the Adult Community Health Branch of the provincial Ministry of Health and will cover funding for one year. Eight people will be hired for the project, which should be implemented sometime this summer.

CRC has also been meeting with several general hospitals in Metro and has formed a steering committee to establish some goals and directions in trying to deal with the housing problem. They hope to be finished by May, at which time community- and inmate-controlled agencies will be asked to get involved in a coalition to help pressure the government.

While the dickering continues, ex-inmate Pat Capponi, who edits Parkdale's inmate literary publication *The Cuckoo's Nest*, has decided to take a little action on her own. In late February Capponi organized a two-week drug strike of former and present psychiatric inmates to protest the government's reluctance to take any action on the boarding and lodging problem and lack of community care for inmates.

Capponi got the support of a few ex-inmates in Parkdale as well as two Queen

are you

UNDERHOUSED

?

NDP MEMBERS OF CITY COUNCIL
ARE DEVELOPING A HOUSING POLICY

Anyone who is having difficulty finding adequate, affordable housing is invited to contact Alderman David Reville.

Phone 367-7915

or write

David Reville c/o City Hall
Toronto M5H 2N2

so that your concerns can be included in our policy.

Street Mental Health Centre inmates who were told by staff there to either take their pills or get out. One left; the other stayed and started taking his pills again.

ON OUR OWN shared Capponi's concern, but opposed the strike because of the dangers it saw in urging people to quit drugs cold-turkey. Withdrawal from psychiatric drugs should be done slowly and under a physician's care to avoid any serious withdrawal problems.

Languishing in Penetanguishene

One more unfortunate victim has been added to the list of people interred indefinitely in Penetanguishene's "mental health" facilities.

Paul Doe (a pseudonym) started on the short road to Penetanguishene last year, when he was so severely beaten by fellow inmates in Millbrook Correctional Centre that he went into a coma. When Paul came out of it 26 days later he had permanent brain damage, was subject to grand mal seizures, and had badly damaged nerve connections to both his arms and legs.

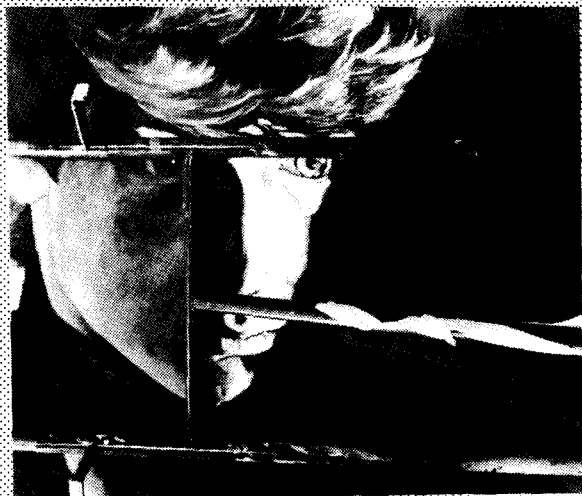
Although Paul began receiving physiotherapy almost immediately (this became irregular with time), he was never able to get into the kind of housing necessary to a person with his physical and emotional needs.

The months following his release from Millbrook were darkened by the threat of eviction by his roommate, who couldn't handle his needs. Through a local MPP's assistant, Paul attempted to negotiate with Queen Street Mental Health Centre to get into a Home for Special Care.

Despite frequent phone calls, however, Paul was refused even temporary admission to Queen Street until proper housing could be found. On the eve of his eviction, with no place to go, Paul finally blew up and tore the apartment apart. The police came, and he ended up in Queen Street.

But his troubles didn't stop there. Paul was transferred to a Home for Special Care in Newmarket, suffered a grand mal seizure, was transferred back to Queen Street as "violent", and finally ended up in a boarding and lodging house in Parkdale. He stayed less than a week before its unsanitary conditions and lack of food had him out on the street again.

A call to Queen Street by the same



Morty Goldmacher

MPP's office brought another round of frustrating "yes, we'd like to help, but our hands are tied" replies--not enough money, not enough staff or beds, inadequate housing for the handicapped in the community, and little or no work and life skills courses available.

Paul was re-admitted to Queen Street, where he stayed until he was attacked and knocked down a flight of stairs by an out-patient. The out-patient was allowed to leave the hospital without being disciplined. Paul reacted with indignation and harangued Queen Street staff about the incident. A week later, at the end of March, Paul was transferred to Penetanguishene, where he still languishes.

A number of people associated with this case who believe Paul's behaviour was remarkably restrained under the circumstances are attempting to advocate for him before a Regional Review Board. If they fail, Paul Doe, at the age of 22, could end up spending the rest of his life in Penetanguishene, serving time for society's insensitivity.

Editor's note: We told you in our last issue about Henry Kowalski, and his nine-year imprisonment in Penetanguishene's Oak Ridge Division. Kowalski is still there, despite the fact that he has never committed a crime.

About two weeks ago, a Regional Review Board refused to free Kowalski, and said it lacked the power to order his transfer to a less punitive "mental hospital".

Kowalski's lawyer, John Weingust, believes Kowalski is not violent or dangerous: "I have yet to see a report detailing allegations of his violence." Weingust is urging a public investigation into Ontario's "mental health" system. So are we.



commentary

Kreever recommends qualified record access

by Harry Beatty

In January 1981, the Report of the Commission of Inquiry into the Confidentiality of Health Records in Ontario was released. The Commissioner, Mr. Justice Horace Kreever of the Supreme Court of Ontario, dealt in his report with a large number of matters relating to access to health records and privacy issues surrounding access. He reported on a wide range of abuses and potential abuses which can occur when third parties have access to the health records of patients.

Among the abusers of health information were included private investigators, insurance companies, employers, and lawyers. The record-keeping practices of doctors, hospitals and governments came in for criticism as well.

Mr. Justice Kreever reports that patient access to records was one of the most "controversial and emotional" of the many topics dealt with throughout the long course of Commission hearings. Many witnesses and presenters of briefs expressed strong views on this issue, both pro and con. If anything the debate became even more heated when access to psychiatric records was at issue.

As you will see elsewhere in this issue ("Rights and Wrongs"), people who have received medical or psychiatric treatment in Ontario have no right of access to their records. But, as Mr. Justice Kreever points out in his Report, there is a growing international movement in favour of patient access to health records. Alberta and Québec, and many American states, have recognized (with qualifications) the right of a consumer to see his or her own health record. The basic motivation for this change is simply a matter of human dignity. Who should have more right of



access to information about me than I should? As in other fields such as employment records and government records, more and more health care consumers are asserting their right to see exactly what others have written about them, and what has been communicated about them to third parties.

From the consumer's point of view, there are a number of arguments to be made in favour of access besides the simple human dignity argument.

Informed consent

First of all, the person who is fully informed of his or her own treatment will be in a much better position to monitor developments and problems, such as the side effects of medication.

A second argument is that it is recognized that people generally ought not to be treated without their fully informed consent--how can a consumer be said to be "informed" when access to essential materials has been denied?

A third related point is that people have the right of informed consent to release of information about them as well as to treatment--how can a consumer give a true consent to the release of information to a third party if he or she does not

know what is being released?

A fourth argument, which is the most important to many consumers, is that access will give the consumer an opportunity to correct any misinformation that may have found its way into the file and which may have been damaging to the consumer, socially, economically or educationally.

Finally, contrary to what is asserted by many professionals, consumers often feel that access would enhance the relationship between themselves and health-care providers, in that there is less reason for distrust in an atmosphere of full disclosure.

Consumers need information

These arguments are equally valid for consumers and ex-consumers of psychiatric services as for all other health-care consumers. They obviously have an equal right to human dignity. Because of the many side-effects associated with psychotropic drugs and ECT, to name just two forms of psychiatric treatment, the consumer has a real need to be fully informed of the nature and effects of the treatment modality, and an equally real need to have full information with respect to consent. Since there is still unfortunately substantial prejudice against people who carry psychiatric "labels", it is important for consumers to be able to correct misinformation in their records and to know exactly what is being communicated to which third parties. So there is no reason to deny access to consumers of psychiatric services.

Professionals opposed

While there was a heated debate on patient access generally before Mr. Justice Krever, the most thorough-going objections came from those opposed to granting access to psychiatric records. Professionals in psychiatry expressed the view that, even if access were to be granted to "ordinary" health records, it should be denied to psychiatric records, on the grounds that in this field it was more likely that harm would come to the patient or to other persons. The Clarke Institute of Psychiatry and an *ad hoc* committee of the Department of Psychiatry of the University of Toronto were two exponents of this view.

The Clarke Institute produced a number of examples in its brief in support of the view that access should be denied to psychiatric records.

The mother of a very depressed adolescent confides in the social worker about an affair she has been having for several years. She is sure her husband does not know about this. We are reasonably sure that the son does not know about it. There is some thought that the patient's illness is related to the tension and the distance between his parents. Revelation of the above information to either patient or husband would constitute a serious breach of trust.

A patient with recurring psychotic episodes "stole" his clinical record. He took it from his doctor's desk, read it thoroughly, and returned it. It has seemed as if, since that day, the patient has been unable to trust psychiatric staff. He refers to the medical terms he read in his record, i.e. "paranoid", "manic", "schizophrenic" and interprets them as pejorative labels that have been affixed onto him by "arrogant, uncomprehending" staff. It has not been in this patient's best interest to have gained access to his chart.

There is no doubt that the first ex-



ample creates a real dilemma for the health-care provider, if the information is recorded and the patient has access, or the patient's family has access. Arguably it would be better, however, not to record this information in a file at all, where it might be accessed by third parties. A better practice might be to simply "re-record" this information in one's head or in private notebook which is not released to third parties under any circumstances.

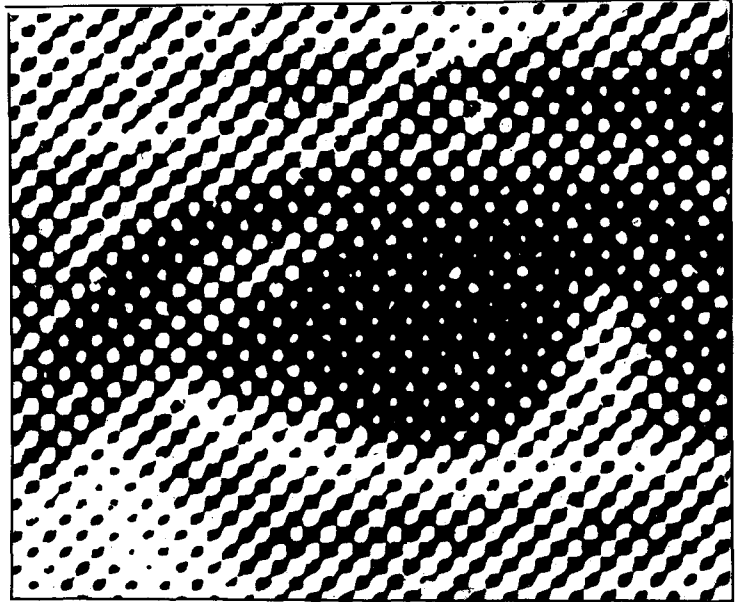
The second example is less convincing, in that it would be difficult to prove that the consumer was actually harmed by reading the record. It seems unlikely that he was unaware of what was in it before he took it. Even if the incident was harmful to him, some of the harm may well be attributable to the fact that he had to "steal" information about himself, rather than having this information shared openly with him throughout his treatment.

Compromise

Mr. Justice Krever, in his recommendations, attempts to weigh the conflicting views and arrive at an acceptable compromise. He rejects the paternalistic view that consumers should not have access and recommends "that legislation be enacted to express the general rule that an individual has a right to inspect and receive copies of any health information, of which he or she is the subject, kept by a health-care provider". So far, so good. He also rejects any fundamental distinction between psychiatric and other health records, which is to be applauded. Another important conclusion which he draws is that a consumer's agent, whether that agent be another health professional or a lawyer, ought to have no greater right of access than the consumer himself or herself has. On more than one occasion Mr. Justice Krever firmly rejected the view that a lawyer "stood in a higher position" than his client and had a right to information which his or her client could not have.

Qualified access

Having decided all these issues in favour of consumer access, however, Mr. Justice Krever is not able to take the last step to an unqualified right of access. In the light of considerations involving information about other persons in the consumer's file, and related examples, he recommends that the general right of consumer access be subject to the right of



the health-care provider to apply to a Health Commissioner for an exemption. The Health Commissioner could refuse access on the grounds that "disclosure of the information is likely to have a detrimental effect on the physical or mental health of the requesting individual or other person". The Health Commissioner should be independent of the health-care professions: his or her decisions could be appealed to the County or Supreme Court.

A better way

In my view a better approach would be to allow access outright to consumers. The test proposed which the Health Commissioner would use is dangerously "open-ended": it would allow refusal of disclosure on a wide range of grounds, depending on the approach which the Commissioner takes. The consumer might be in a difficult position opposing an application, especially if the consumer is a disadvantaged person with no ready access to an advocate. Finally, the consumer will have problems in arguing for access before the Health Commissioner, since he or she will have to dispute the dangerousness of information without having seen it!

While I cannot endorse the Commissioner's recommendations in their entirety, it is impossible not to be impressed with the thoroughness with which each issue is addressed. All consumers should become aware of the issues around access to their records, and support a proper system of access for Ontario.



letters continued

I received volume 1 no. 4 on Wednesday or Thursday. We have quite a rag there! But there is still room for improvement.

Throughout volume 1 no. 4 I noticed a small amount of hope and optimism in *Phoenix*. I suggest we expand on this. How? Well ... I noticed comics in *Phoenix*--one dealing with ECT (no. 3), another with Valium (no. 4)--but they're grim! Could one of our members start a satirical strip centred around a psychiatrist ... or a hospital? Could an associate group provide us with one?

Our Profiles are good, but let's be careful not to miss profiles concerning successful individuals. This may be hard because our cause is smeared with so much stigma. Why not list historical instances throughout all walks of life?

One complaint I have which may produce an article for us concerns the ombudsman. My brother and I contacted them regarding my situation (*as an involuntary inmate in Oak Ridge*). Shortly afterward, I spoke to one of their workers, asking him to investigate certain issues. He came here again in January only to tell me he didn't remember our first talk at all. We had to start from scratch and I didn't remember much either. Other psychiatric inmates have experienced very slow action, if any, as well.

It might prove interesting.

--Name withheld, Penetanguishene

In early February, collective members of Phoenix Rising held a planning meeting to make plans for future issues. We agreed at that meeting that there needed to be more positive material in Phoenix. With this issue we begin including "success" stories on people who have been in a psychiatric hospital and/or through therapy and are now playing an active part in the community. We hope that these profiles will be an inspiration to those of us who are still struggling to get back on our feet.

We also hope that our Poetry/Short Story/Humor/Feature Writing Contest (announced in this issue) will encourage more people to submit humor and other creative material to the magazine.

As far as starting a regular comic strip on the adventures of a doctor or hospital, please note the adventures of fictional hospital administrator ABRIA, who has been coming to Phoenix in the last

two issues, thanks to the talented efforts of cartoonist Ian Orenstein. Phoenix is always looking for cartoons and line drawings for future issues, and we invite our readers to send us any material they think is relevant to the subjects we cover.



In *Phoenix Rising*, WAPA Denver is listed. I am the only surviving member. I was never an organizer. I am not an ex-patient, though--I am a present patient. I go to a psychiatric day care centre and take Loxapine, Cogentin and Norpramine, and I am emotionally dependent on my psychiatrist.

WAPA Denver did have meetings for a couple of years and a couple of demonstrations. There is so much more to be done.

There's the infamous locked ward--the dreaded 4-West--and inside it Room 611 with its adhesive-taped chains. It's hard to convince the kitchen staff that I'm a vegetarian each time I eat. They send bouillon, chicken, fish, eggs, as I patiently explain: no, no jello, no gravy. So we need an alternative to all that.

I do answer WAPA's mail, and Woman to Woman Bookstore is a great place to come for those new in Denver, at least for women. Denver is quite sexist.

--Mel Sharp, Denver, Colorado



Congratulations for printing another fine edition of *Phoenix Rising*.

It seems that every time I begin to feel a little down, I receive the next issue of *Phoenix Rising* and my mood gets an uplift. I was very pleased to read that Emerson Bonnar has finally won his freedom. Even though I am still incarcerated under the barbaric LGW system, it does me good to hear that someone else has managed to win his freedom.


The short note about MP Neil Young's intention to call for amendments to the Criminal Code ending the use of Lieutenant-Governor's Warrants was especially encouraging. When you are incarcerated it's good to know that there are some out there who care and are trying to better the lot of those less fortunate than themselves.

Another article I found to be of special interest to me was "Ontario Human Rights--One Step Closer". I certainly hope this bill gets passed as it would

continued on the inside back cover

CLASSIFIEDS

We invite the public and members of ON OUR OWN to submit ads for this section. Rates are \$2.50 for each 25 words or less. Members of ON OUR OWN may advertise FREE up to 25 words. Cash, cheque or money order must be received before advertisements are published. Mail your ad with payment to: Classified, *Phoenix Rising*, Box 7251, Station A, Toronto, Ontario, Canada M5W 1X9.

PUBLICATIONS	FRIENDS	
<p>Join the Association for the Preservation of Anti-Psychiatric Artifacts! APAPA collects and stores materials of importance to the mental patients' liberation movement. \$6 a year gives you a copy of <i>The Politics of Madness Forum 1979</i> and four computer printouts of your choice from the Data Bank. Choose materials by ex-inmates and such notables as Drs. Peter Breggin and Thomas Szasz. Write APAPA at Box 9, Bayside, NY 11361, or call 212-229-1993.</p>	<p>BACAP (Bay Area Committee for Alternatives to Psychiatry) has started an ON OUR OWN PEN PAL CLUB. They distribute the names of those interested in joining to all psychiatric inmate liberation movement publications (see first list in <i>vol. 1 no. 4 of Phoenix Rising</i>). To join, write: ON OUR OWN PEN PAL CLUB, c/o BACAP, 944 Market St., Rm. 701, San Francisco, CA 94102. Include your name, address, postal code, and interests in 10 words or less.</p>	 <p>MADNESS NETWORK NEWS</p> <p>a quarterly journal of the psychiatric inmates' anti-psychiatry movement</p> <p>subscriptions (6 issues):</p> <p>—individuals \$5 —institutions \$10 —overseas \$ —prisoners \$1 —free to psychiatric inmates</p> <p>NAME _____ ADDRESS _____ CITY _____ STATE and ZIP _____</p> <p>MNN, PO Box 684, S.F., Calif. 94101</p>
WORK WANTED	FRIENDS	
<p>Do you need... CUPBOARDS BUILT? SHELIVING INSTALLED? MINOR RENOVATIONS & REPAIRS? Leave message for Len Lorimer at The Mad Market, 363-9807.</p>	<p>Young man, 36, 5'3", seeking matrimony. Age no barrier. Photo & phone number a must. Janos Krakoczi, 42 Bellview Ave., Toronto.</p>	

eliminate one of my major worries, and that is finding employment with a mental record.

In closing I would like to say "thank you" for what you are doing. Hopefully some day I too will be out there doing my part to help those who are incarcerated in some of Canada's Hell Holes.

Keep up the struggle.

--Gary Genereaux, St. Thomas, Ontario

We are in the process of updating our Antipsychiatry Directory for the next issue of *Phoenix Rising*, when a complete listing will appear under the new (and, we think, more positive) title "Inmates' Liberation Directory". If you know of the birth of a new group, the death of one already on our list, or any change in name or address of an existing group, please let us know so that our Directory can be as accurate and helpful as possible. Send your information to: Inmates' Liberation Directory, Box 7251, Station A, Toronto, Ontario, Canada M5W 1X9.

Because *Phoenix Rising* is rapidly becoming a national rather than a local publication, we are discontinuing our Metropolitan Toronto Emergency Resources List. Beginning with our next issue, we will be printing selected emergency and information numbers for many Canadian centres.

You can help us compile this information by sending us crisis phone numbers and/or numbers of community information centres in your city. Help us help someone else in your community. Information should be sent to: Phone List, Box 7251, Station A, Toronto, Ontario, Canada M5W 1X9.

Beginning with this issue, *Phoenix Rising* has become a member of the Canadian Periodical Publishers' Association. This means that we will be distributed to outlets across Canada, and will be available to many more people. Watch for us on your newsstand or in your bookstore.

The publication of this magazine is made possible by a Canada Community Development Grant, and grants from Health and Welfare Canada and the Ontario Ministry of Culture and Recreation.

PUBLICATIONS AVAILABLE FROM ON OUR OWN

- Consumer's Guide to Psychiatric Medication (published by Project Release, New York). A concise and thorough description of psychiatric drugs and their effects and side-effects. \$2.50.
- Myths of Mental Illness, by Carla McKague (*Phoenix Rising* Publication #1). An exploration of common beliefs about the "mentally ill"--are they really true? \$1.00.
- Inmates' Liberation Directory. An up-to-date list of inmate-controlled groups and journals around the world. (Printed periodically in *Phoenix Rising*.) 50¢.
- On Our Own: Patient-Controlled Alternatives to the Mental Health System, by Judi Chamberlin (McGraw-Hill Eyerson). "Required reading for all 'mental health' professionals ... who still believe that 'mental patients' are too 'sick', helpless and incompetent to run their own lives." \$5.00 (list price \$6.95).
- The History of Shock Treatment, edited by Leonard Roy Frank. A compelling and frightening collection of studies, first-person accounts, graphics and other material covering 40 years of shock treatment. \$6.00.
- Don't Spyhole Me, by David Reville (*Phoenix Rising* Publication #2). A vivid and revealing personal account of six months in Kingston Psychiatric Hospital (included in this issue of *Phoenix Rising*). \$1.00.
- Phoenix Rising*, vol. 1, no. 1. Boarding homes in Toronto; Valium; legal advice; gays and psychiatry; and more. \$1.50.
- vol. 1, no. 2. Prison psychiatry; Thorazine; blindness and emotional problems; commitment; and more. \$1.50.
- vol. 1, no. 3. Electroshock; Haldol; how to say no to treatment; a Toronto drug death; and more. \$1.50.
- vol. 1, no. 4. Women and psychiatry; lithium; sterilization; ex-inmates and insurance; and more. \$1.50.

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_____ copies of <i>Phoenix Rising</i> , vol. 1, no. 4 @ \$1.50	\$ _____

I include mailing costs of (The History of Shock Treatment: \$1.00 per copy; On Our Own: 50¢ per copy; all other publications: 50¢ for 1 to 5 copies, \$1.00 for 6 to 10 copies; postage free for over 10 copies): \$ _____

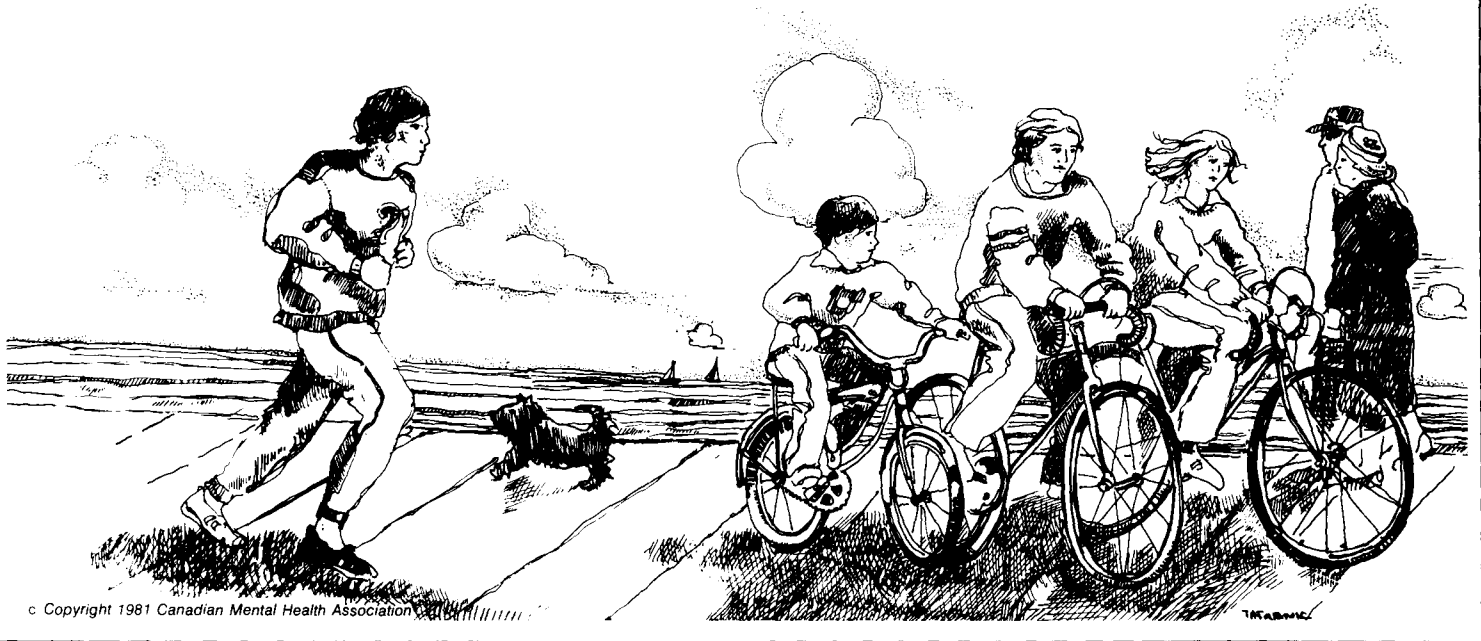
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