

phoenix rising

The Voice of the Psychiatrized

Vol. 2 No. 3

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The Movement

Injectables

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PHOENIX RISING

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Through the fire

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EDITOR

Cathy McPherson

ADVERTISING AND PROMOTION

Annegret Lamure

EDITORIAL COLLECTIVE

- Bonnie Armstrong
- Carla McKague
- Don Weitz
- Mel Starkman
- Connie Neil
- Allan Tenebaum

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contents

The Movement (insert)



How it came to be 2A

Canadian Groups 10A

The Cleveland Conference 16A

On Our Own

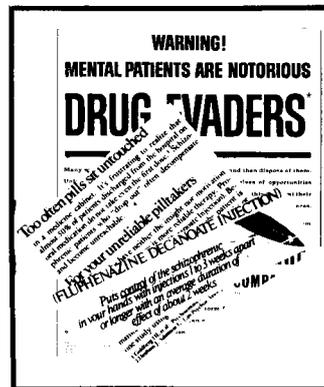


On Our Own Conference 6

Law and the Handicapped 7

Creative Contest Winners 8

Regular Features



Injectables 19

Commentary 22A

What's Happening 25

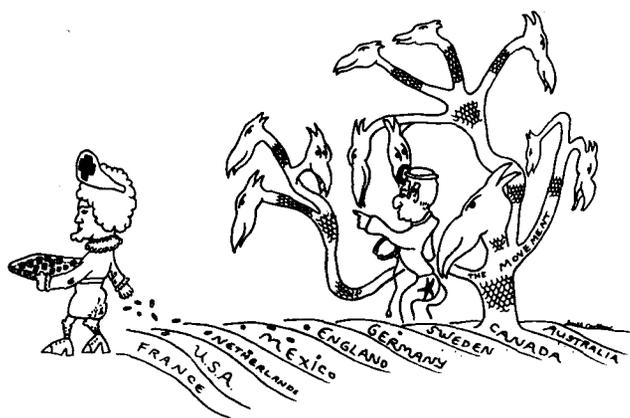
Profiles 20

EDITORIAL

Coming together; making changes

This issue is proudly committed to the Psychiatric Inmates' Liberation Movement. The Movement is thousands of psychiatric inmates and ex-inmates, together with some radical health professionals, coming together in about seventy-five self-help, support and advocacy groups around the world. This issue's insert talks about its history and growth.

We believe it is important to focus on why people decide to join and become active in the Movement. There are five good reasons: support; information-sharing; power; developing alternatives to psychiatry; and changing unjust "mental health" laws.



When people are lonely or isolated, they need a lot of *support*. This is most essential for people recently released from psychiatric institutions where they feel abandoned by their family, friends or community. To help combat this isolation, many self-help/support groups of ex-inmates exist to provide a real sense of belonging, acceptance and understanding. The Movement is actually a big support group. People who have experienced similar treatment crises or abuses can easily identify and share some of their own experiences. Support groups are es-

sential; they are the backbone of the Movement.

Through the Movement, psychiatric inmates and ex-inmates are *kept informed* about what many groups are doing, where they are, what they plan to do, how they got started, and how groups struggle to develop alternatives and fight for civil and legal rights. As psychiatric inmates, we were kept ignorant; the institutional staff and administration denied us a lot of critical information about our legal rights and the many effects and "side effects" of drugs and electroshock. Regional and national newsletters and magazines such as *Madness Network News*, *In a Nutshell*, *Off the Shelf*, *On The Edge*, *ACT/ACTION* and *Phoenix Rising* help Movement people and groups keep in touch with what's happening elsewhere. In addition, the Movement's annual (since 1973) International Conference on Human Rights and Psychiatric Oppression plays a key role in building national and international solidarity.

Psychiatric inmates, like prisoners, are probably the most powerless people in society. Locked up against their will, people are denied control over their bodies, minds and lives. They have no say in decisions which directly affect their daily institutional existence; they have no civil or legal rights such as the right to communicate openly, the right to refuse treatment, the right to vote or the right to manage their own money and property.

By participating in the Movement, people experience a real sense of *power*. They express their own feelings and opinions on almost any issue, and are listened to and taken seriously for a change; they vote on issues affecting their group or the Movement as a whole, and they help make significant changes in their own and the Movement's life. It is this empowerment process which is supported by and sustains the Movement.

CONTRIBUTORS: Scott Carthew, Chris Gordon, Barbara Kelly, Marion McPherson, Morty Goldmacher, Paul Weinberg, Ian Orenstein, Frank Farkas, Jennifer Wolfe, Harry Beatty, Pam Dillon, Kerry Cully, Paul Morin, Helen Doyle, Anne Shaw and Natalie Antonyshyn. The front cover depicts protesters at the 1976 conference of the Psychiatric Inmates' Liberation Movement in Boston, reprinted from *Madness Network News*.

Power provides people with the self-confidence and strength to start and maintain *alternatives to psychiatry*. An ex-inmate-controlled group is itself an alternative; it allows people real choices, alternate life styles and hope. Inmate/ex-inmate controlled alternatives such as drop-ins, co-op houses, crisis centres, support groups, advocacy/political action groups, and the annual conferences help bring and keep us together. The Movement continues to inspire and support such alternatives, provided they are chiefly or exclusively controlled by inmates and ex-inmates.

Some people join the Movement for the specific purpose of *changing "mental health" laws*, which are notoriously unjust and discriminating. For example, NAPA, BACAP, MPLF and ALMP--some of the more politically active groups in the Movement--have successfully organized many groups in their struggles to change laws relating to involuntary commitment, electroshock, lobotomy, lack of informed consent and the right to refuse treatment. By organizing protest demonstrations, marches, public tribunals, press conferences and political lobbying, the Movement exposes many psychiatric myths

In our next issue...

★ The Aged

★ Giant fold-out chart of Canadian mental health laws

and abuses, changing public opinion about "mental illness" and "mental patients" and pressuring governments to enact humane and just laws.

We must not allow the Movement to die. To grow, the Movement needs thousands of us active in every state, province and country in the world. The Movement will help us gain power to control our own lives and live the truth as we know it, and to share it with others.

Symposium '82: Focus on Therapy

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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.



I am writing from the Millhaven Institution and I have something that I want to say. I like the way you treated the article on Thistletown. I don't agree with everything you say, but that is because I lived there for almost three years myself. I was on Jupiter ward. I was there from about spring 1965 till fall 1968. I liked the place. There were rules, but no one had to lock me in my bedroom or bathroom. Bruce Wark was the best administrator they ever had. Pete Hern (Hearn, Herne?) and Nancy Reid were the best child care wor-

kers there at that time. I loved them and miss them one hell of a lot. Nancy used to sit on the bed at night and read bedtime stories to me and Ricky and Jerry. Pete, he used to play any song I wanted on his guitar and he saved my foot and my life when I was with him on my first overnight canoe trip. It was a hard night but I loved every minute of it.

"I had the pleasure of spending time at Browndale..."

I can remember the staff taking us kids out on horses or over to the mall or even playing hide and seek, knowing that we would head straight for the Humber River. I also remember that we had access to hobbycraft offices, and I myself did nearly all the crafts offered to me by Pam, the hobbycraft director/instructor--copper tooling, pottery, macrame, woodcarving, etc., etc... We had a beautiful big gym and an indoor swimming pool big enough to get lost at sea. I am beginning to ramble--I must get on with this.

After leaving Thistletown, I was placed in many different foster homes, not one of which had a hope in -- of working out. From there I drifted on into the training school system and visited several of them. At the time I was at Thistletown, the Warrendale sector was just beginning. In 1975, I had the pleasure of spending some time at John Brown's brainchild, Browndale--spring 1975 to fall 1977--in my opinion there was never any better place for children except their own families, and I even got to meet John himself once. At that time I had not seen my mother for eleven years and wanted to see her, so John said that every child has the right to see his mother and he paid for

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a trip for two to British Columbia for four days so that I could meet her. He paid over \$1,200 out of his own pocket for a child he had never before met or heard of. As for Browndale, there is no substitute. Now the Children's Aid was trying to take over and John said no, so they railroaded him to prison so that they could get his homes for their own without having to work for them or pay for them. I hate the Children's Aid and have since I was four years old.

I have not here told one-thirty-second of the whole story. I want to tell the rest.

--Dan Fannon, Millhaven, Ontario



This policy was passed by CASAC on June 24. We want to thank you for all of the fine work you've done on your magazine. It was very helpful to us in developing our analysis and formulating this policy.

Psychiatric Policy
for the
Canadian Association of
Sexual Assault Centres
presented by
Cornwall Centre des Femmes &
Toronto Rape Crisis Centre

Whereas we recognize that sexist attitudes are entrenched within and perpetuated by traditional psychiatry and its institutions and that traditional psychiatry has not promoted the autonomy and equality of women;

Whereas traditional psychiatry is a means of social control to coerce women to adjust to and accept oppressive sex roles, and to punish them if they don't;

Whereas common "treatments" used by psychiatrists for "depression" are electro-

convulsive therapy and chemical lobotomy (victimization through the prescription of drugs) and since women are most often labelled "depressive" this constitutes violence against women;

Whereas multi-national corporations make millions of dollars in profit from mood-altering drugs (2/3 of which are prescribed to women);

Therefore be it resolved that the Canadian Association of Sexual Assault Centres supports member centres who:

- a) refuse to make referrals to traditional psychiatrists and psychiatric institutions.
- b) protest the *Mental Health Act* re: commitment laws.
- c) support and work with ex-psychiatric inmate groups and anti-psychiatry groups.
- d) inform women about abusive "treatment" methods and recommend alternatives to traditional psychiatry, i.e., self-help.

--Laura Rand, Toronto Rape Crisis Centre, Toronto, Ontario

Dangerous mental "patients"?

About a month and a half ago, Jim Wilson, administrator of the Queen Street Mental Health Centre, wrote this notice, which was distributed to all wards:

NOTICE TO ALL PATIENTS

THE UNWARRANTED AND/OR INAPPROPRIATE USE OF PHYSICAL FORCE, THE USE OF A DANGEROUS WEAPON, HARASSMENT, SEXUAL ABUSE OR VERBAL THREATS AGAINST A STAFF MEMBER OF THIS HOSPITAL, AND/OR THEIR FAMILIES, WILL RESULT IN AN INVESTIGATION BY ADMINISTRATION AND LEGAL COUNSEL OF THIS HOSPITAL AND MAY RESULT IN CHARGES BEING LAID AGAINST YOU.

We wonder why a similar notice wasn't sent to all staff warning them that they too can be investigated and charged with assault if they threaten or physically abuse inmates. Wilson's notice perpetuates the myth of the "dangerous mental patient", which should be publicly challenged. What do you think? Please write us with your reactions.



ON OUR OWN

A conference on our issues

PSYCHIATRIC INMATES UNITE!

An all-day conference on issues of concern to ex-psychiatric inmates, sponsored by ON OUR OWN on September 26, turned out to be as big a success as we had hoped, despite publicity problems created by the mail strike.

Over fifty participants from Toronto, Niagara Falls, London, Ajax and Québec attended workshops on jobs and money, starting self-help groups, human rights issues and housing issues, to name a few.

Resolutions called for voluntary implementation of job-sharing, a minimum wage for those who work in sheltered workshops, and the increase of welfare payments to at least 60% of the poverty line income.

Housing was seen as the most important immediate need. The conference strongly backed the efforts of the Supportive Housing Coalition, now negotiating with the Government of Ontario for more non-profit co-operative housing, especially in Toronto, where conference participants saw existing housing and its lack of availability as intolerable. Consideration was given to the possibility of farm work and living as an option.

Related to all the resolutions was the clearly seen need to approach schools, media and government calling for a reassessment by the public of their perception of the mentally ill.

Strong feelings were expressed that patients be ensured of protection of their civil rights under the *Mental Health Act*. Participants also felt inmates should be informed of drug and treatment effects and side-effects and supported a resolution that an independent research group be formed to provide the public with detailed information on all drugs. Legal action should be tak-

en, the group moved, against illegal practices by doctors, institutions and drug companies. *All forced treatment was emphatically condemned.*

The group met later that evening upstairs in St. Christopher House's kitchen to join in a potluck supper, socialize and get to know each other.

It was a tremendous opportunity to develop stronger ties to other self-help groups in the Ontario and Québec region. We look forward to more forums of the same kind in the future. A special thanks should be extended to all those who contributed goods and services to the conference, particularly David Walsh of the Community Forum on Shared Responsibility, and to all the volunteers who worked with Susanne Partridge to make the potluck supper the success it was.

ON OUR OWN invited Judi Chamberlin to rap with us last summer. Judi is an ex-psychiatric inmate, author of *On Our Own: Patient-controlled Alternatives to the Mental Health System*, and an outstanding leader in the Mental Patients' Liberation Movement.

About twenty-five ON OUR OWN members, as well as Mabel White and friend from Buffalo, got together in the ON OUR OWN drop-in and rapped for over two hours on August 31st. Judi emphasized the need for support groups in all ex-inmate groups, and we shared some of our experiences and problems with her.

Judi, ON OUR OWN is always open to you. Come back soon!

(Copies of a typed transcript of Judi's taped presentation are available for \$1, including postage, from ON OUR OWN. Please make cheque or money order payable to ON OUR OWN.)

Conference on law and the handicapped

The first National Conference On Law And The Handicapped was held this summer from August 27 to 30 at York University. Approximately two hundred people, including lawyers and over one hundred people with various physical, mental and emotional disabilities participated in this landmark event. The conference's purpose was to bring together handicapped people and lawyers, so that the handicapped could inform the lawyers about their needs and lack of rights and what they wanted the lawyers to do for them.

The three plenary sessions and twenty workshops gave participants many opportunities to discuss key issues, share information and personal experiences, and get to know each other. Most of the workshops focussed on legal issues such as human rights legislation, law reform, access to the law, legal aid, the criminal justice system, test cases and class actions, and citizen advocacy. There were also excellent workshops on self-help groups and de-institutionalization.

At the final plenary session, people voted overwhelmingly to phase out psychiatric and chronic residential institutions. Some psychiatric ex-inmates, including ON OUR OWN members, urged immediate closure of all psychiatric institutions; the press picked up on this issue but neglected other major resolutions.

ON OUR OWN and ARCH members played key roles in the conference. Carla McKague, an ON OUR OWN and ARCH representative, was a panelist at the opening plenary session; Ellen Northcott and Susanne Partridge were a big help as volunteers; Don Weitz served as one of three resource people for the de-institutionalization workshop; and Phoenix Rising editor Cathy McPherson helped conduct a workshop on self-help.

A big thank you to Pat Israel (coordinator), Marilou McPhedran (consultant), Dave Baker and Burt Perrin from ARCH, and a lot of other people who

proved that the "disabled" are in fact very able and competent. A National Steering Committee is now being organized with financial support from the federal Department of Justice. Look for more news on this national movement in our forthcoming issues.

GIVING THEM THE BIRD

for this issue goes to the National Union of Provincial Government Employees, which has offered to help handicapped people in sheltered workshops join unions.

John Fryer, president of the 228,000-member union, went on

record this fall at a press conference as saying the union hopes to persuade governments to repeal legislation that allows handicapped workers to be paid less than minimum wage. "By and large we found that charitable institutions are some of the worst employers in the country. They tend to be terrible paternalistic in these situations."

is awarded to Dr. William O. McCormick,

Director of Education at Toronto's Queen Street Mental Health Centre. Dr. McCormick wins this award for an article in the Autumn 1980 *Health Law in Canada* titled

"Informed Consent" in Psychiatric Practice". He feels that "good psychiatric care probably still requires an element of benign paternalism on the part of the doctor", and that psychiatric patients should not be told about serious effects of psychotropic drugs: "a comprehensive catalogue ... would frighten the patient away from treatment." It is better, Dr. McCormick feels, to mislead a potential "patient" of dubious competency than to declare him/her incompetent, since in the latter case the insulted person is likely to sign himself or herself out and thus not get treated.

Our Phoenix Feather



Our Turkey Tail



Because of the length of the short story winner of our creative contest, our Letters section and the On Our Own section have been reduced for this issue. Rights and Wrongs will be back in the next issue as a special fold-out legal chart.



the Book worm turns

The PHOENIX RISING Creative Contest Winners



FIRST PRIZE--
POETRY: June Bassett, of New York, for "Electric Holocaust". She has been writing poetry since 1969 when "one day in desperation I was down to four walls, and I picked up a piece of paper and a pencil."

"My writing and life is dedicated to combatting shock and what happened to me. I think this [shock therapy] is one of the horrors on the earth," says June, who began her odyssey in 1953 when she put herself into a private psychiatric facility in the United States. June received twenty-four shock treatments during the time she was in and out of psychiatric hospitals. When she finally came out--and stayed out--"I was in twice as bad shape as when I went in.

continued on next page

ELECTRIC HOLOCAUST
(ECT Victim's memorial poem)

by June Bassett

Hippocrates: "Whatever you do, don't harm the patient."

It is the old brain gone
and the confusing presence
of a strange new brain.

It is never again
to feel certain
one can trust this
strange new presence.

It is to search
through vague mist
for familiar memories,
knowledge, faces, places,
finding, instead,
a gray abyss
of nothingness.

It is gradually, painfully,
finally to accept
that one's own mind--
one's former self, that is--
is mostly gone
and one must cope
from now till death
with this alien being
an unknown 'expert'
has created.



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I had a wonderful instinct for the theatre which will never be realized because of my memory loss. I can't handle a job because my reactions are slow."

Most of her work is given free to publications in the disability movement. Her poems have been published in Shirley Burghard's ACT/ACTION magazine (a movement publication). One of her poems was recently published in the Yearbook of Modern Poetry, 1981, available for \$17.00 from Young Publications, Box 3455, Knoxville, Tennessee 37917.

SUICIDAL SEE-SAW

by Sharon Crawford

One of these days you'll come home
And find me deader than a skunk on the
road,

Like Sylvia Plath.
I can't stick my head in the oven.
Ours is electric.
Instead, I'll take knife to throat,
Or dangle from the rafters.
I can't do that either.
Our attics are crawl spaces.
Who ever hung bent over?
I'll do it.

Death is the only way I can come out
alive.

TORONTO WOMEN'S

BOOKSTORE

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Sexuality. Her short stories have been published in *West End Review of Politics* out of Boston. She presently supports herself by waitressing, and swims seventy-two lengths a day.

SECOND PRIZE--POETRY: Sharon Crawford of Aurora, Ontario, for "Suicidal See-Saw".

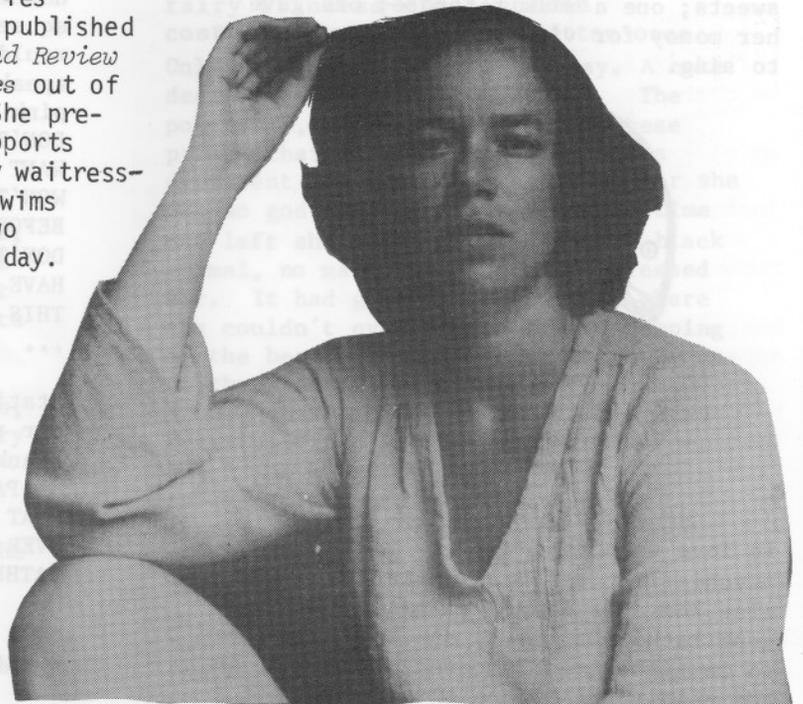


Sharon is a free-lance writer and housewife/mother who has been writing for six years. She is a columnist for the *Aurora Banner*, and her articles and poems have appeared in other publications.

FIRST PRIZE--SHORT STORY: Batya Weinbaum of Terre Haute, Indiana, for "Thirteenth State". She has been writing a combination of journalistic pieces and feminist theory for ten years.

Batya is currently working on her second book, to be called *Pictures of Patriarchy*. Her first book, *The Curious Courtship of Women's Liberation and Socialism*, is available for \$4.00 from South End Press, Box 68, Astor Station, Boston, MA 02123.

Batya's satirical dialogue has appeared in issues of *Hysteria* (an American feminist publication) on rape and



see "Thirteenth State" over...

THIRTEENTH STATE

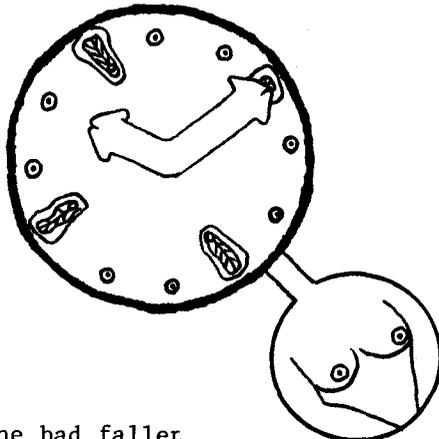
by Batya Weinbaum

1st

She was sleeping with men again in order to kill time. She looked at it as activity therapy, as they say in the hospital. She had begun to pick up men in the streets in New York when it all began—how long ago. She had lost track of time. If she killed enough time, she thought, she would distract herself from killing herself.

She couldn't see into the future, into the end. One man after another, sometimes two or three in a week. The roommates would put her out soon, she suspected. Who knew if it was the men, or all the letters from social services she had to get them to sign.

She played cards, and chess with them. Sometimes they took her to plays, and to movies. Sometimes they fed her, sometimes she fed them. The one with white hair always wanted to buy her sweets; one a silk bathrobe; one gave her money for vitamins. One taught her to sing.



She had fallen in love with the psychiatrist at the hospital. No one else had ever seemed so good. She had gone back four times, she knew, in order to be with him. He cared about her, he had said. And no one else could make her feel so good. She had become hooked

on the embraces, the conversations.

She was a wild woman, the white-haired one said. She had magic and charm, said the others.

She knew she could never outlive the memories. Jumping the fence at the hospital, hitchhiking. The truckdrivers on the cb getting rides for the beaver. The one in Massachusetts she had been going to meet, who wanted to save her with ideas about Jesus. The drug dealer in the park saying have you tried a black man, selling her black beauties. The palm reader saying she'd be dead by the end of the year.

She was mentally ill and she knew it. The shrinks knew it. The people she used to know stopped knowing her. She couldn't go back to her parents. They'd put her in hospital again. She would run around screaming at everyone again, or withdraw into her room doing nothing but pulling out her hair and squeezing her nipples. Or perhaps she would develop the control and stop speaking, just write little notes on pink and yellow notecards to everyone: DON'T SAY ANYTHING TO ME, PLEASE. I WANT MY PRIVACY, MY BOUNDARIES. YOU WON'T SAY ANYTHING I HAVEN'T HEARD BEFORE. I AM NOT BEING HOSTILE. I DON'T WANT TO SCREAM AT YOU. JUST, I HAVE TROUBLE DEVELOPING EGO DEFENSES AND THIS IS MY FIRST ONE. KINDLY, LEAVE ME. ...

Or little stamps, like at the stationery store, which she could sit in her room and stamp hard all over her blank paper, or again on little cards: BE PASSIVE AND OBEDIENT. SHUT UP AND DO WHAT YOU'RE TOLD. DON'T TRUST SHRINKS, EVER AGAIN. I HATE MY MOTHER I HATE MY FATHER I HATE MYSELF.

Last time, she had thrown shoes one at a time against the wall, screaming at the thud of each one:

I am a DRAIN

I am a BURDEN
and I CAUSE PAIN

I am a DRAIN
I am a BURDEN
and I CAUSE PAIN

I am a DRAIN
I am a BURDEN
and I CAUSE PAIN ...

She had just gotten into the staccato rhythm, experiencing some relief, some discharge, some lift of the externalized violence, venting her anger on the wall rather than inwardly upon herself, when the nurses had entered, to check out her "anti-social behavior" which, since she had been told she had, she had developed, steadfastly. ... The red-haired nurse, Vivian, had taken charge and overruled the orders of the doctor to give her her clothes and take her out for a walk. She had been locked up in isolation for two weeks, without her glasses, without her clothes, without her notecards ... no rights, no activities, no passes.

That was the past. The scene she had run away from, with her father on the phone later cursing her: "You knew what I wanted you to do." How could she scream at him a line she had learned from previous therapy, IF CHILDREN DID WHAT THEIR PARENTS WANTED THERE WOULD BE NO PROGRESS IN CIVILIZATION ... THAT'S WHY I RAN ... CAN'T YOU UNDERSTAND ME ...

Broke and starving in New York

But here she was, broke and starving in New York, feeling like an urchin. She had dreams about the psychiatrist coming to make love to her, if she lived in a cheap lower east side crummy apartment. Or of the excitement of the whistle blowing, all the patients hustling down the mountain like at summer camp, to tuck into their bunk beds for the emergency whistle, the fun, the excitement, something going on, very important, and all the patients were needed apparently. How fun to see everyone! And immediately she had hugged and apologized to the doctor. He had smiled at her.

She burst into tears at the slightest provocation, feeling as vulnerable on the streets of New York as she had in the hospital. The one who

was teaching her to sing--she had sung for a while and withdrawn again. She couldn't talk, she couldn't explain it really. He said she didn't have to talk, and she tried to use the advice the psychiatrists gave her: don't be so open. It all flashed through her mind so quickly. Here he was teaching her to sing, this one. Activity therapy. And she had gotten despairing about all the things people had tried to do for her which all seemed like pulling her off center, off herself. The psychiatrists couldn't understand it, her parents couldn't, her brother couldn't. But it felt like being pulled off, she felt evaporated, she felt as if she disappeared into whatever people projected onto her. The psychiatrist thought she should marry a doctor (where would she meet a nice 29-year-old Jewish physician, someone of the same background, he had asked her), go into the helping professions, help other people. How could she explain how she identified with the needy and felt needier. The Mexican murderer she met at the Plaza. He wouldn't do her in. She called every week asking if he had gotten the pills. He kept saying no, survival was hard for everyone, the pusher wasn't on the streets, try again.

Sometimes I feel like a black animal cringing in the forest waiting for some prince charming to come along and tap me on the head with a magic wand and turn me into a fairy princess--in a golden costume--a poem she had written once. Only it had been part of a play. A coke dealer was going to produce it. The point was, she had eighteen of these prince charmings, each giving her a different colored costume; no wonder she was so god-damned confused. Each time one left she went back to being a black animal, no matter how each had dressed her. It had gotten to the point where she couldn't even relate to the tapping on the head, to the singing of the tune, to the presented flowers.

The ex-hippie remembered his acid trips and told her it could get worse, which she knew was true. The psychiatric social worker told her things could get better, but she knew they hadn't. She sat in a mental hospital and despaired, where could she go, what could she do, what kind of jobs. When she came out with hope, feeling elated, she crashed; the last time she had left in despair, knowing

why get hopeful. Why build up again in order to fall.

Nowhere in the psychology books--she had read all of them--was it written "depressed people don't want to take care of themselves, they want other people to take care of them", but in her head she chastised herself for this constantly. Rarely was she aware of the shop windows she passed on the streets. Her voice churned with her advice to herself so that she never noticed the details, when she used to walk with such awe experiencing the sensuality of the New York streets.

2nd She sat with her mother's cleaning lady at the mahogany dining room table playing cards. "Lena," she had said, "I

see how people become alcoholics." "What you need," Lena had answered, "is to believe in Jesus and fall in love with a good man." "Lena," she had answered, "please, I can't stand it, I don't want to hear it. This is how I become schizophrenic. I can't take any more useless advice in. I'm so desperate I jump on all of it. So I tune out."

She had flipped a coin between being a bag lady (which would happen if she stayed in New York), and permanent institutionalization, tired of deliberating over decisions constantly.

It was either men or mental hospitals, she had said to the psychiatric social worker before she left, and he had admired her capacity to be dramatic.

"But," she had protested "that is my sickness."

He had given her that irritated look, and left her when she said sex was a senseless activity, and besides her roommates wouldn't allow it.

"If I want passion," he had said to her, "I have to go elsewhere apparently."

"What people don't understand," she had said listlessly, "is that my brilliance is hot flashes."

"That's what you get for trying to be a perfectionist." He had zipped up his pants, put on his black leather jacket, and left; "See, even your friends get bored with you," her New York shrink had said. "And how are you going to go to social work school and help other people if you cry at yoga class. Besides, there are no jobs."

She had cried then too: that's what she got for sitting in a mental hospital trying to "find a direction, rechannel her energies, figure things out ...", exposing herself to stupid people who said "don't go, stay here till you learn to communicate with your parents." Twenty-year-old psych tech stuff. And like a chameleon she got contaminated by the influence of all the various people.

And here she was.

Lena had gone to buy her peanuts and cigarettes. She had typed the story. Activity therapy. Like handwashing, ritualistic activity. And what about a job. Maybe at the post office. Maybe she could make postcards. Maybe, maybe--but obsessive personalities cannot tolerate uncertainty and ambiguity.

"You see, Lena, wherever I am I am falling apart and I know I'm not right. And like it or not my parents have to take responsibility for me."

3rd "Well," the psychiatrist had said. "It's been a while since I've seen you."

"I decided it didn't really matter where I was a mental patient." She had found out she would be one wherever she was.

"Yes it does. I won't abandon you. I'll be an anchor for you."

"All you have to offer is conversations. Maybe I'll go back to New York."

"Aren't you escaping?"

This was how she got to the point where she couldn't talk. Everything she said was put down from the outside.

"You are having trouble accepting that you are a mental patient."

Why shouldn't she?

4th Flashes of absurdity were in danger of popping out of her at all times. Here she was sitting in a bar in her home town with

a security guard she had met while in the hospital.

He fashioned himself on the fact that they called him Crazy Pete on the local campus. He spoke a weird dialect of his own, infected with street slang from out east which he used, no doubt, trying to impress her. His fiancée had committed suicide driving a car, no

longer being able to tolerate her life as an alcoholic. He was going to make a lot of money in computer sciences, or scuba diving, but music was his first passion. Bongo drumming. He didn't have much of a social life, and was glad she was here for a year or two to settle down. He was tickled to have somebody around who didn't think him a gadabout as they thought of him at the university.

She thought him dumb, naive, obnoxious. Especially as he described his female drumming teacher "waving her tits and ass" at him as he played, sleeping with the head of the department at the university to get her position. Her feminist consciousness pricked at the story, immediately siding with the poor woman. But blunt, blunt, blunt yourself constantly, she reminded herself, or else they'll put you in the hospital. This is what is known as adjusting to the limits of a small environment, what her father had said the hospital had tried to teach her.

At just that moment he sensed she was thinking and interrupted her: "You and I, we think alike, we do the same kind of thinking."

"What?" she had said.

"Creative, avant garde, intellectual."

"No, mine is circular, disorganized, confused, not in touch with reality, not strategic or linear."

She ate the popcorn listlessly, allowed him to treat her to a video game, listening to him talk about how macho he was, thinking what a mess his cheap little dingy apartment near the hospital had been. "Why," she had said when she had seen it, "if you keep your room like this they won't let you go to group two or group one, even though you don't have the slightest interest in either one."

He had hedged, laughed at her. She told him she felt like she was in a mental hospital no matter where she was, so demoralized had she become, and he was beginning to believe her.

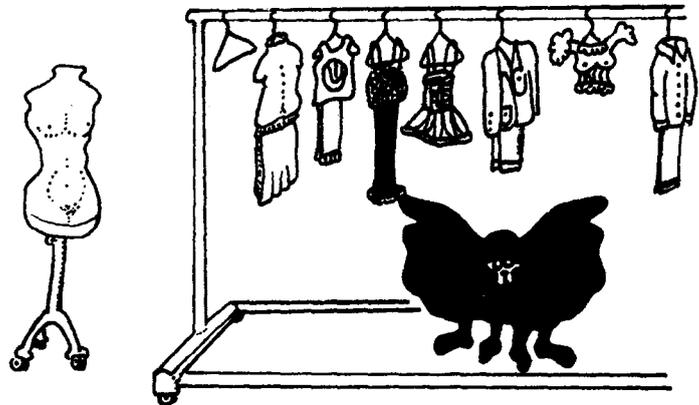
She had gone to keep her appointment with the psychiatrist. She had refused to talk, and merely dropped off a thirteen-page letter.

He had taken her for a ride in his red souped-up convertible when she came out.

And this is what I get, she had thought, for giving up my writing in the hopes of becoming middle class

and respectable. I became labeled and became a lunatic in the process.

Yet this Crazy Pete with the curly black locks and the blue bandana scarf that made him look like a Hoosier roadman, he was the object of her current fantasies. Actually no matter what the object her fantasies were always similar. It sure didn't take much of an object to set them off. They would, in the words of the psychiatrist, "build a stable relationship." In her own image, this meant she would make love to him, her hands tied behind her



back. She would read him her stories. He would come and rescue her from her parents' house. She would run away to his apartment when her brother and his wife and the kids came down for the Seder, only coming back protected by Pete for the dinner. She would move in with him. She didn't say all that, but only, later, as he dropped her off, "Would you like me to clean your apartment this weekend?" A joke in itself. Her mother had made rules about how she was to change her sheets weekly, empty the ashtrays of cigarettes, unpack her bags rather than live out of suitcases, clean up the kitty litter, sweep, open the windows, vacuum. Here she was, chastised as the family bum derelict slob, offering to clean up this shrimp's apartment. Sometimes--most of the time--she wondered, was it any wonder, about herself.

Ah ha! a shrink would say, if she bothered to tell the story to anybody, an inability to tolerate opposites! A borderline symptom, a mark of personality disorganization. You must find something between creativity and charwoman, between the mountain climber and the traditional female. You have trouble accepting that different

parts of yourself co-exist. Either/or, a child's view of the world, you think in totalities or opposites. Ah yes, you use childish defences, you are primitive.

All they were was conversations, and she was sick of them.

They had made her a cripple, unable to do, think, walk, talk, so constricted was she by the labeling, the girdle.

A captive in a captured land, chasing the myth of stability.

It wasn't that she wasn't in touch with reality. She was, and she was sick of it.

And the hospital had sickened her further.

5th

She began to drink all morning and lie around naked in the sunroom of her mother's house watching movies on

television about husbands whose political careers had been ruined by wives who became alcoholics. She had the need to communicate, yes, the lines kept zinging into her head, and the need for achievement and the need for association. Trouble was, she couldn't take a step, make a step, without wondering, **does this get my human needs met, does this get my human needs met**; and she woke up screaming in the middle of the night: "NO WONDER MY HUMAN NEEDS CAN'T GET MET. I HAVE THE NEEDS OF A CHILD."

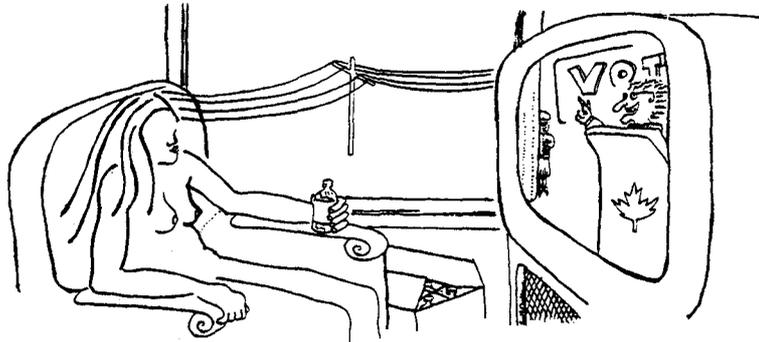
"But every one of us has a child inside," the psychiatrist would assure her, "and that's OK. You're the one who thinks it's not."

So she lay around the sunroom in her mother's house, wondering how she could tell Pete that she wasn't interested in sex, that she thought sex was a senseless activity. He thought they "thought alike" because she used the word "fuck" in her writing, and when she got exasperated. But actually, she got repelled and changed the channels even when a sex scene came on the TV. She thought of being with the one who tried to save her with ideas about Jesus, and hearing his friend say, "You better get your diaphragm on sweetheart, he needs it." And that she was even in the situation was what made it more ridiculous.

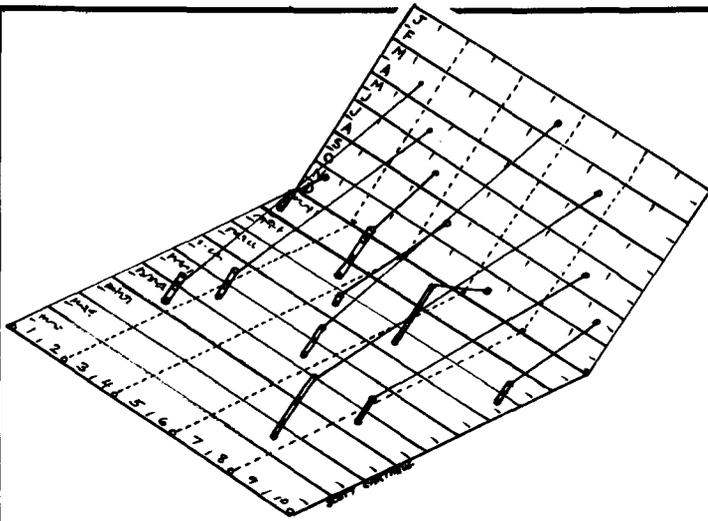
Sex was ridiculous, but could she tell Pete? That would make him leave her. And she needed somebody outside her mother's house to talk to (needs of

association); but, as she had felt with the psychiatric social worker back in New York, must she prostitute herself for companionship (she had given up on the idea of comfort). No, that seemed crazy. Although maybe not. When she had been raped, she had had the same feeling of "prostituting herself on the mere glimmer of a hope that she would stay alive"; and she had felt shamed and guilty then too. When actually, maybe the use of sex was a survival instinct. She knew she was lapsing into paralysis, unable to figure anything out, so she rolled over on her back to better catch the rays of sun, and made herself get specific rather than vague and general in her memories. The danger of abstract thinking, she remembered, was something about which she had been very naive. Dissociated personalities turn to abstract thought, and cling to it constantly. Get specific, get specific, feel the sun on your body, let the TV in, and AT LEAST GET SPECIFIC IN YOUR REVERIE.

She had run into the psychiatric social worker in the streets, in Brooklyn. She had been putting signs up trying to get typing in the neighborhood. She had talked about applying for social work school, leaving out a few details such as being hospitalized four times and jumping the fence to get away, sick to death of being herded around like an animal and treated like a child and being told she couldn't make decisions for herself. He had offered to write her a letter of recommendation, and to feed her. He had



taken her back to his three-story brownstone where he lived with his wife and a baby daughter adopted from Colombia. He had fed her turkey and cranberry sauce (it was right after Thanksgiving), and remembered her romantically from when she had been active in political circles. "People always thought of you as scattered," he reassured (?) her; "but affectionately,



physical." "I don't feel like it."
"You might enjoy it."

So, maybe she would here. Sex was doing something physical. And besides she also heard the voice of the psychiatrist in her head. "You seem to be unable to get what you can from a situation"

"No," she finally answered the psychiatric social worker before her. "I don't have my diaphragm with me."

"Then let's go back to your place. Have an orgy with your roommates."

He evidently saw the gray look on her face turn grim.

"Just a fantasy. Not serious."

"Well," she deliberated ... do something physical, mental hospital advice number one; and number two, get what you can out of a situation. She had to go to Manhattan to put up more signs. She'd get him to walk her the seven blocks to her home, at least, and she'd only have two more to the subway line then. Maybe she could do that alone.

because you were so productive." Within two hours, during which she had tried not to talk, he had diagnosed her as having a severe depression and said he wouldn't be surprised if she had made a few suicide attempts (four, she didn't say, including one the previous week), and recommended that she increase her social life. She had misunderstood that to mean he would invite her to dinners with his family, and parties. She had felt comforted, and then she had refocused a bit in order to listen to him

"... preferably with someone safe, like a married man"

"Are you volunteering yourself for the position?" she asked, out of scorn, shocked at him.

"Do you want to go upstairs?" Helplessness must be a turn-on to him, she mused, thinking how he looked like her grandfather. **It's erotic, a woman in need—and his wife is so god-damn organized and efficient.** She tried to refocus her thinking again to listen to him.

He went on mumbling about his recent theories, mobilizing specific anxiety rather than avoiding situations which created stress; increasing this, decreasing that, saying everything the exact opposite from the psychiatrist in the hospital who used to talk about building stable relationships, based not on sex, but on other "human bonds" The psychiatrist would talk loftily about life, and what could be possible for her, needs for such and such, needs for this and this, the line they use in mental hospitals ... and then she would come out of his safe little office onto the ward (euphemistically called "the unit") and the staff would be saying, "Do something physical, do something

Gth

She deliberated over everything constantly because nothing did make sense; nothing did do any good; nothing ever turned out right that she initiated on her own. So she clung to the various people around her, and she continued to float. In New York it had been the string of them: the ex-hippy, the white-haired one, the one who believed in Jesus, the psychiatric social worker ... here it was to Crazy Pete, and to her mother's cleaning lady. And at times to her mother and father. Either one of them would notice that she hadn't gone out of their house or been dressed for a few days, and suggest that she accompany them somewhere—to run errands, to look at an apartment, to the bakery. They tried to ignore her habit of obsessively writing notes and cards to the psychiatrist, of making charts and graphs in three dimensions of everything that had gone wrong—on her job in New York, over the course of her nervous breakdown, over the past ten years of her adult life (she was approaching thirty), since she was a child If she strained, she could find a pattern, a thread, some explanation, something, meaning She was just trying to organize her mind, she would say to them. Her mother would look at her wearily. Her father

would tilt his head, pat her on the back, and say, "That's all right, you need a year to rest, is there anything I can do for you sweetheart?"

The sun shot across her back, and she felt good. She opened up her pink kimono bathrobe to feel it all the better.

Might as well enjoy the present as well as she could.

And Pete, who had been calling her every night on the phone when he knew her parents were out of town, cut back to once a week when he knew they had come back from vacation (bar mitzvahs in Chicago in temples overlooking the Lake, and then Louisville for her mother's professional psychology meetings: "Community Handling of the Chronically Mentally Ill," the title of her mother's presented paper).

Was she supposed to trust him? Or could she not trust men because she couldn't trust her mother as a child? He had spoken over the phone of making \$40,000 over the summer on a scuba diving job. The thought triggered the area which used to contain feeling in her head: **well, why get attached to this one, in a couple of months he'll be leaving me. And she had answered ruefully, that's like guys on the in-patient unit, talking about getting a pick-up truck and heading out west. The favorite fantasy of all of them. It's a dream.**

And she had hung up the phone, before she had time to scream.

7th

Then she had dinner with her father.

"Stop introducing me to everyone," she had said.

He looked at her strangely. He had just introduced her to the waitress, and to the people who worked in his office, as "my daughter".

"What did you do today?" he asked her.

Fell into a trance in the psychiatrist's office, she should have answered, talking about how everything was pointless, meaningless, how things spiralled around in her head and at least the writing helped to pin things down, except she had nobody to write to, no connecting conversations to other people in her head. Let alone connections to an audience.

Of course, she had been the one to break things off.

Instead, they had an argument about why she was like this. "Like what?" The way she was. "You mean sick?" he had asked her. "Probably because you can afford to."

Damn, here was a lecture coming. When if it was just money, she would be able to do something about it. Sure enough ...

"... you can do anything you want to do ..." when she tuned back in, he was scolding her.

"You think I want to be like this?"

"Like what?"

"A mental patient."

"I don't know what a mental patient is."

Here we go again, the verbal bantering, she thought, and tried to eat the steak in front of her. The problem with spending time with the members of her family was she could see where everything that was wrong with her had come from. The backs and forths, the over-considerations, the questioning of her perceptions, decisions, and abilities, the communication that she was worthless, useless, scum; and an insincere veiled benign neglect for her.

She called up an ex-mental patient she had met on the ward, trying to seek safer connections. His mother had answered; Hank had been out of the house. "He sits in the living room. I say Hank, talk to me. He answers "Mother, I don't have anything to say." Yes, debilitated mental patients get like that. She had left her number. Hank had called her back. "Chasing any more rainbows lately?" Neither one had very much to say.

She went to sleep that night, tuning out the railings against her father, and dreamt about her book. The only published one.

8th

Life was a carousel, only she had fallen off it. What was her fantasy now? That her mother's sunroom would disconnect

from the house and float out to sea, lulled by the cooling of the dialogues of the ever-present movies on TV. Around the deck above the sunroom as it coasted out would be ... psychiatrist after psychiatrist listening to her automatic hypno-reverie.

"BETTY BETTY GET UP GO UPSTAIRS DO YOU WANT ME TO CARRY YOU"

Her father was yelling at her, wanting her to go upstairs.

"THAT WAS ONE OF THE RULES AREN'T

THE MOVEMENT THE MOVEMENT THE MOVEMENT

by Mel Starkman

An important new movement is sweeping through the western world. The "mad", the oppressed, the ex-inmates of society's asylums are coming together and speaking for themselves. The map of the world is dotted with newly formed groups, struggling to identify themselves, define their struggle, and decide whether the "system" is reformable or whether they need to create an alternative community.

The great majority of groups in the Mental Patients' Liberation Movement (or Psychiatric Inmates' Liberation Movement) use self-help tactics, educating themselves and a fearful public in the tactics of confrontation and co-operation, and learning what is possible and what is not. So far, there has been only minimal co-ordination among groups, but in spite of this, different groups in different cultures have arrived at a virtual identity of purpose.



The roots of the problem faced by psychiatric inmates can be traced back to the fifteenth century, and the death of the Age of Faith, replaced by the Age of Reason. Until that time, "madness" was seen as an inexplicable, divine visitation, to be tolerated, pitied and sometimes even honoured. But with the growth of reason, it needed to be *explained*--and could not be. Madness and the madman stubbornly refused to yield to reason and to science; five hundred years later, they still have not yielded, and the efforts of our society to label, categorize and "treat" fruitlessly continue. Psychiatric inmates are victims, not of their "madness", but of these (no doubt well-intentioned) efforts to pigeonhole them and solve their problems in a "scientific" way.

The Mental Patients' Liberation Movement can trace its beginnings to several sources. Much of its emphasis on consciousness-raising derives from the feminist movement, particularly from that movement's realization of the folly of medical treatment for so-called "neurotic" symptoms. For example, in Canada in the 1890s a Dr. R.M. Bucke, Medical Superintendent of London Psychiatric Hospital, performed gynecological operations to relieve "hysterical" symptoms in women. He saw a close connection between gynecological deformities and psychiatric conditions, and he was far from alone in this belief. (Consider the meaning of "hysterical"--it derives from *hysteron*, the Greek word for "uterus".) In the sixties, women began to reject such treatment, seeing it as harmful, oppressive and sexist.

A second source was the movement among radical professionals in the early seventies, inspired by R.D. Laing among others. These professionals tried to interpret schizophrenia as an altered mode of consciousness rather than as a pathological condition. They developed critiques of society--Marxist, existentialist, and so on--that de-medicalized "mental illness". However, they still tended to invalidate the inmate experience, and approach the problem in ideological terms.

The Gay Liberation Movement also had its impact. For a long time, homosexuality had been considered to be a psychiatric illness, and the rebellion of gays against that definition did much to force people with other psychiatric labels to question the validity of the terms applied to them.

The idea of self-help, as practised in other settings, was a further stimulus. Until the middle of the nineteenth century, self-help was a common way of life. Individuals, small groups, and entire communities looked to their own resources, and constructed lifestyles to match those resources. (Even today, communities such as the Mennonites practise self-help in the old way.) But around 1850, a culture of professionalism de-

veloped. Teachers, lawyers and doctors began to be seen as experts; they developed mystifying languages which the average person could not understand. They became leaders of society, deferred to by everyone, and answerable only to each other. Their claims to "science" were not questioned by a population who did not know what they were talking about.

Since the clients could not understand what the professionals were doing, they were thrown back on faith; they still are. For example, a 1979 Position Paper of the Canadian Psychiatric Association states:

*The essence and very existence of the healing professions depends on the element of trust in the relationship between the person (hereinafter referred to as "patient") requiring treatment and the professional consulted.*¹

The faith, however, works only in one direction; professionals routinely ignore the perceptions of their clients. For example, consider the studies of psychologist Larry Squire on ECT. Virtually every subject reported memory loss; Dr. Squire states, nonetheless, that memory loss does not occur. Or consider psychiatrist Vivian Rakoff's review of *Blue Jolts* (a compelling collection of inmate experiences, also reviewed in *Phoenix Rising*, vol. 2, no. 1):

We require more sobering examination of our errors and at this stage something more helpful is needed in our approach to the sick than the notion that "sanity is a trick of agreement".

*The book's only effect may be to alarm some people who could benefit from our imperfect services.*²

Attitudes such as Dr. Rakoff's explain why the Ninth Annual International Conference on Human Rights and Psychiatric Oppression expressed itself as it did in its press release:

We demand ... an end to a way of thinking which calls our anger "psychosis", our joy "mania", our fear "paranoia", and our grief "depression".

In other fields, people began to take power back from the professionals. Credit unions, run by members, took control of money away from bankers. Tenants' associations sprang up, as did organizations of people on public assistance, and

of other groups persuaded that the "professionals" did not always know what was best. Vietnam protesters took war out of the hands of professional soldiers. Anti-nuclear protesters stated loudly that the scientists were not always right. And this philosophy affected the infant psychiatric inmates' liberation movement; in fact, many of its founders came from these other groups.

The last source was the Mental Hygiene Movement, started in North America in the thirties by Clifford Beers. The movement took upon itself the task of speaking for "patients", but eventually became an institutionalized structure, trying to educate people to adjust to our society. Beers, himself considered to be "manic depressive", refused to work with self-help pioneers, possibly, according to his biographer, because he wanted to maintain his own position as the "advocate of the insane."⁴



Workbook

Beginnings

The radical therapists made their move at the beginning of the seventies. Their perspective is illustrated by a quotation from a 1973 issue of *Rough Times* (originally titled *Radical Therapist*):

*Psychological oppression is a pervasive aspect of modern capitalism. The choices of bourgeois existence are madness, total apathy and conformity.*⁵

At about this time, interaction began between the radical therapists and ex-inmates. Active collaboration lasted until the mid-seventies, when the ex-inmates came to feel that their own experience was being invalidated by these therapists as much as by the more conservative professionals. The uneasy marriage fell apart. Its demise was hastened by the new fad of middle-class people seeing psychiatrists for "life enhancement" and "personal growth", and

by the springing up of trendy therapies such as EST and primal therapy. At the same time, cult groups such as Scientology, who criticized psychiatry in the hope of supplanting it with their own quasi-religion, were causing ex-inmates to wonder if perhaps their so-called enemies--the psychiatrists--were less harmful than their so-called friends.

One of the earliest spokespersons for the Mental Patients' Liberation Movement, and still an activist in that movement, was Judi Chamberlin. Her book, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, is based on her own experience. In her introduction she sums up the concerns of the movement:

For too long, mental patients have been faceless, voiceless people. We have been thought of, at worst, as subhuman monsters, or, at best, as pathetic cripples, who might be able to hold down menial jobs and eke out meager existences, given constant professional support. Not only have others thought of us in this stereotyped way, we have believed it of ourselves. It is only in this decade, with the emergence and growth of the mental patients' liberation movement, that we ex-patients have begun to shake off this distorted image and to see ourselves for what we are--a diverse group of people, with strengths and weaknesses, abilities and needs, and ideas of our own. Our ideas about our "care" and "treatment" at the hands of psychiatry, about the nature of "mental illness", and about new and better ways to deal with (and truly to help) people undergoing emotional crises differ drastically from those of mental health professionals.

Europe

The Mental Patients' Liberation Movement sprang up at roughly the same time in Europe and North America. One of the earlier European groups was a Dutch group, Clientenbond in de Weizijnzorg. Clientenbond is now providing alternative options of care (not "treatment") and adjustment to society, and advocating strongly on behalf of inmates and ex-inmates. Their areas of effort are wide, and have created something

close to an alternative community within a society they see as unredeemable. As well as providing direct services of a support and educational nature, Clientenbond is applying grass-roots pressure to the whole society, trying to change policies and attitudes. In particular, *they are trying to change traditional attitudes and opinions held by psychiatrists, psychologists and social workers--attitudes which Clientenbond members believe impede the course of treatment for many members.*

Clientenbond is only one example of a thriving European movement, which includes groups in England, France, Italy, Belgium, West Germany, Great Britain and other countries. The British groups are loosely organized in the Federation of Mental Patients Unions, which is organized mainly around the issue of inmates' rights. The entire continent is involved in the European Network for Alternatives to Psychiatry, founded in Brussels in 1974. The network functions primarily as an information exchange, and involves ex-inmates, radical professionals, and lawyers working in the field.

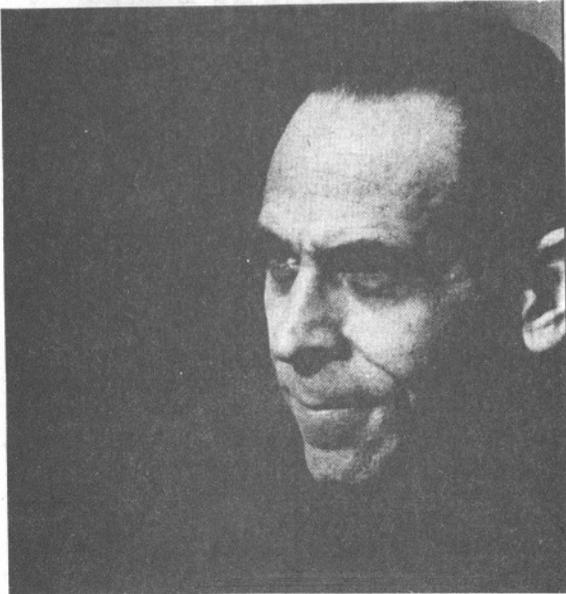
North America

Clientenbond and other European organizations tend to be national in nature. In Canada and the United States, probably because of the much greater size of the countries, regional activity is more common; groups tend to exist on a local, state or provincial basis. As well, North America has developed, along with organized groups, individual charismatic personalities operating on their own with a small group of devoted followers. The effectiveness of these individuals (such as Toronto's Pat Capponi) is mixed; they are very effective at commanding media attention, but often represent a highly individualized perspective rather than a democratically arrived at collective viewpoint.

In Canada, and to some extent in the United States, the Mental Patients' Liberation Movement has developed ties with other self-help groups (such as Toronto's BOOST--Blind Organization of Ontario with Self-Help Tactics--or Boston's Disabled People's Liberation Front). These organizations share a common goal: to demonstrate that exist-

ing power structures must adjust to the realities of "consumers'" rights to make decisions about programs and structures that directly affect their lives. The strength of such coalitions has been dramatically demonstrated; for example, the Ontario Coalition on Human Rights for the Handicapped has profoundly affected the scope of human rights legislation in Ontario through the co-operation of the mentally, physically and emotionally handicapped.

The Mental Patients' Liberation Movement in North America has passed through a number of phases. The first was that of working with radical therapists, who were virtually the only people providing a perspective different to that advanced by the main body of psychiatrists.



THOMAS S. SZASZ

Ward Roberts

However, as already mentioned, this was an uneasy alliance, and many inmates and former inmates moved on to the second phase--withdrawal into self-directed groups. They practised self-education and total democracy, in an effort to avoid the kind of hierarchy of power that they had experienced as inmates. There was an almost total lack of structure, and an emphasis on collective decision-making and action. Priorities at this stage were consciousness-raising and politicization. At the same time, many groups were attempting to provide the kind of support to people that was lacking within the psychiatric system. Experiments were launched in alternative

housing, alternative crisis assistance, and alternative social support. Houses were rented, storefronts were opened, and rights issues were addressed.

Much of the North American movement is still--through necessity or choice--in this second stage. The third phase began when some groups began to attract substantial funding. The groups getting grants went, in some respects, in different directions from the grantless. Total democracy and lack of structure came up against the hard reality of managing sizeable amounts of money. Funded groups were, on the one hand, in a better position to address such concerns as housing and employment and, on the other hand, less inclined to be purely political in nature, and to make a priority of radical protest against the psychiatric establishment.

Consequently, certain issues arose within the movement. Was it possible to collaborate in some efforts with professionals and established voluntary agencies, or would the movement of necessity continue to be isolated and totally anti-professional? These questions have not yet received a decisive answer.

As an illustration of the development of the Mental Patients' Liberation Movement, it may be helpful to look at the development of movement groups in several North American cities.

New York

In 1948, a group of people in New York started WANA (We Are Not Alone). It was formed by inmates of Rockland State Hospital. Volunteers in the community found the group a place to meet, but in the process "transformed the group from a self-help project to a new kind of psychiatric facility."⁸ Professionals were hired, and by the early fifties "most of the original founding group of ex-patients quit in disgust."⁹ WANA became Fountain House. One of WANA's members commented on the change:

There was a feeling of solidarity and companionship in WANA that deteriorated when the professionals got involved. For awhile, the ex-patients continued to run the club. We raised our own money [by holding bazaars, for example], and we voted in new members. But eventually the administrators decided to take that power

away from us. Instead of the members deciding who could join, when new people came in they were interviewed by the staff, who decided if they were "suitable cases." WANA was unique because patients ran it--that was abolished when it became Fountain House.¹⁰

Soon afterward, a group of New York ex-inmates formed Mental Patients' Liberation Project (MPLP). A storefront was opened on West 4th Street, "a really funky neighborhood."¹¹ By the mid-seventies the storefront had disappeared. However, before MPLP died it issued a Manifesto of Mental Patients' Rights, one of the first in existence. Another, more radical, group also formed, calling itself the Mental Patients' Political Action Committee. This group attended a conference on lobotomy, and also disrupted an orthopsychiatric conference.

When Project Release appeared on the scene, it was an example of what Judi Chamberlin calls the separatist model--a real rather than a false alternative to the discredited "mental health" system -- run totally by ex-psychiatric inmates. Project Release sees itself, not as providing services, but rather as a supportive community.

It is an important distinction, because the concept of a service implies the existence of two roles, the server and the served. No matter how much a group may attempt to break down such roles, some residue of them always remains when a group is delivering "services." The concept of community, on the other hand, implies interaction . . .

The separatist model is by far the most radical of alternative services, but it is also the model that promotes the greatest degree of ex-patient confidence and competence.¹²

Project Release was formed around the issue of single-room occupancy hotels in Manhattan's Upper West Side. Many ex-inmates and others on welfare were housed "in totally inadequate and unsafe conditions."¹³ At first, Project Release got office space from a tenants' organizing committee; later it got a room in a neighbourhood Universalist Church. Its activities spread to publishing A Consumer's Guide to Psychiatric Medication and working on a patients' rights manual.

In late 1976, Project Release obtained a \$10,000 foundation grant, with



Suzanne Dahlquist

drawing from "In Woman's Soul"
1972 Peace Calendar

which they rented an apartment and opened a community centre. The centre is busy from late in the morning until late in the evening, seven days a week, with a communal meal in the evening. No one is designated as "staff". Passive participation is discouraged, and each member is required to serve on one or more of the committees responsible for activity areas. As Project Release's Statement of Purpose says:

Professional supervision creates a dependency pattern which is a cause of recidivism. In the informal programs of Project Release, members seek to extend acceptance and cooperation, letting each individual set his/her own pace in tasks and responsibilities. Project Release feels that this form of self-help is a strong antidote to the anxiety of isolation and helplessness induced by society and psychiatry.¹⁴

Project Release avoids structuring as much as possible, "preferring occasional confusion to impersonal efficiency."¹⁵ Staff/client relationships are nonexistent. No one receives a salary. Rather, the concept is one of community, of people caring about people and helping each other.

Today Project Release has a mailing list of over 2,000, and all the social service agencies in New York call on the group for representation on "mental health" questions.

Kansas

The Kansas City story really begins in New Haven, Connecticut. In 1968, Sue Budd had helped start a social club on a psychiatric ward. The club was very anti-psychiatry in tone. There was some help from professionals at first, but basically Sue ran the club. Sue's husband, Dennis, tells it this way:

[The social club] was loosely supervised by a social worker, who saw Sue and me every week. And Sue ran the club. It was most successful. It had a membership of ten to twelve. We shunned the help from the mental health association that was offered to us. A lot of people who were sent to our club were dismissed as hopeless by the staff. A lot of them improved while they were with us.

Then Sue's boss moved to Kansas City and we decided to move with her. After she left, the Connecticut Mental Health Association laid down some rules and regulations for structuring such social clubs. Among these rules and regulations was a stipulation that no current or former mental patient should be a director of the club, because it was a hindrance to their returning to normal society. Sue attempted from long distance to fight this, but there was no way, and the club was too weak and it died. Sue was in a rage, a total rage, over this, and that was what provoked her to get politically involved.¹⁶

Meanwhile, in 1972, a group of students and faculty at Kansas University's School of Social Work formed the Kansas Council for Institutional Reform, in response to the commitment of a white student by her mother because she had been dating a black man. She was released after an organized legal effort. The Council started a monitoring process, and produced a model commitment law which was introduced into the legislature in the spring of 1973.

Sue and Dennis started a Kansas chapter of a group which had been active in Connecticut--the Medical Committee for Human Rights. It produced a Mental Health Task Force, which lasted two years. The task force became involved

with a group of ex-inmate nursing and boarding home residents, and undertook what was called a Resocialization Project. Although the project was formed to resocialize the residents, it ended up empowering them by raising their consciousness of their oppression.

One of the residents was informed that the operator of one of the homes had been confiscating residents' support cheques. Protesters and reporters from the local TV station sneaked into the home and exposed the conditions; the house was shut down as a consequence. But shortly afterward funding for the Resocialization Project was cut off. Ironically, Dennis says, this happened one day after the project had been nominated for an award by the director of the local community mental health centre.

These events caused a fight between the radical professionals and the ex-inmates in the Medical Committee for Human Rights. The radical professionals won, and a number of the ex-inmates split away from the Committee. These ex-inmates were approached by the university group, the Kansas Council for Institutional Reform, and joined forces with them; the name was later changed to Advocates for Freedom in Mental Health.

California

Events in California began with the founding of *Madness Network News*, which began as a newsletter and developed into the main publication of the movement in the United States. Some of the staff founded NAPA (Network Against Psychiatric Assault) as a political arm of the paper, and gradually the two groups became separate.


Madness Network News
 "ALL THE FITS THAT'S NEWS TO PRINT"

The first meeting of NAPA in 1974 was attended by more than 250 people, in spite of a city-wide bus strike. It got underway with a vengeance. Several committees were struck and went into action, including a Drug Action Committee, which in less than a month was confronting the American Orthopsychiatric Association. Immediately afterward, NAPA held a public forum to present an anti-psychiatry play. The Legal Action Committee began working with a senator and an assemblyman to introduce legal amendments providing for the right to refuse chemotherapy, shock treatment and psychosurgery. An anti-shock campaign got underway, along with a wide-ranging variety of seminars. NAPA, through Howie the Harp, organized a Coalition of Social Support Income Recipients.

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By 1976, NAPA had also moved into attacking "slave labour"¹⁷ in hospitals, and was helping organize courses in alternative perspectives on psychiatry. By 1979, NAPA was part of the Coalition Against Forced Treatment.

At the same time, California filmmaker Richard Cohen produced "Hurry Tomorrow", a powerful documentary about conditions on a so-called "progressive" psychiatric ward at Norfolk State Hospital.

More recently on the California scene is BACAP (Bay Area Coalition for Alternatives to Psychiatry), bringing together NAPA and other California groups.

Annual conferences

As groups sprang up around the United States and began to find one another, they looked for ways to get together, share information, and support one another. The result was the First National Conference on Human Rights and Psychiatric Oppression, held in Detroit in 1973. (The name has since been changed twice--first to "North American Conference" and then to "International Conference"--to reflect widening geographic participation.)

At that first conference, some important things happened. Resistance developed among the ex-inmate participants to the idea of a structure being advanced by professional attendees, and the resulting dynamics produced a very unstructured, free-floating conference; the pattern has largely held ever since. There were no plans made to hold a second conference, but during the intervening year a Kansas group (Advocates for Freedom in Mental Health) and a New York group (Mental Patients' Liberation Project) decided to organize one in Topeka, which advertised itself as "Psychiatric Capital of the World".

The Topeka Conference began the tradition of organizing a demonstration as part of each conference, as well as continuing the idea of lack of pre-planned structure. Movement veterans tend to remember Topeka as a high point in the organization of the movement, as a "beautiful"¹⁸ conference.

In 1975, the conference moved to San Francisco and a much more structured format. Reactions were so strong that the conference formulated an exclusionary rule to keep out professionals, who had been largely responsible for the structuring.

The 1976 Boston Conference was therefore totally unattended by professionals. This was the conference that produced the movement's first and only Position Paper--the first unified statement by the American movement as a whole, which emphatically condemned commitment and forced treatment. The conference also decided to relax the exclusionary rule, allowing professionals to attend the second half of the next conference.

Consequently the 1977 conference,

in Los Angeles, was split into two with ex-inmates only for the first half and professionals included in the second half. Again the experience was considered unsatisfactory, and the rule was altered to once again exclude professionals, unless they were sponsored by a legitimate anti-psychiatry group. The rule has been basically unchanged since then.

The 1978 Conference in Philadelphia, 1979 in Florida, 1980 in San Francisco (see *Phoenix Rising*, vol. 1, no. 2), and 1981 in Cleveland (see elsewhere in this issue) have continued to serve as a unifying force, not only to the North American movement, but to groups around the world. The participation of groups outside this continent is still limited, unfortunately, by the cost of crossing the ocean, but at least a little European representation happens, and there are hopes for the future.



Next year, the conference will be held in Toronto, Canada--physically not far from the United States, but symbolically a large step. It heralds even more progress toward a truly international movement.

Footnotes

¹"Consent in Psychiatry: The Position of the Canadian Psychiatric Association," approved September 1979. *Canadian Journal of Psychiatry* 25:1 (Feb. 1980), p. 78.

²*Canadian Journal of Psychiatry* 24:5 (Aug. 1979), p. 494. Dr. Rakoff is Chairman of the Department of Psychiatry, director, and psychiatrist-in-chief of the Clarke Institute in Toronto.

³August 31, 1981.

⁴Norman Dain, Clifford W. Beers: Advocate for the Insane. Toronto: University of Toronto Press, 1980, p. 304.

⁵The Rough Times Staff. *Rough Times*. New York: Ballantyne Books, 1973, p. vii.

⁶New York: McGraw-Hill, 1978, p. xi.

⁷Andrew W. Hepburn and Anton F. DeMan. "Patient Rights and the Dutch Clientenbond," in *Canada's Mental Health* (Sept. 1980), p. 17.

⁸Jordan Hess. Quoted in Judi Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*. New York: McGraw-Hill, 1978, p. 87.

⁹*Ibid.*

¹⁰*Ibid.*, p. 88.

¹¹Allan Markman, in workshop on Movement History at Ninth Annual Conference on Human Rights and Psychiatric Oppression, August 29, 1981.

¹²Chamberlin, *op. cit.*, p. 95.

¹³*Ibid.*

¹⁴Quoted in Chamberlin, *op. cit.*, p. 96.

¹⁵Chamberlin, *op. cit.*, p. 97.

¹⁶Dennis Budd, in workshop on Movement History at Ninth Annual Conference on Human Rights and Psychiatric Oppression, August 29, 1981.

¹⁷*Madness Network News* 3:6 (June 1976), p. 7.

¹⁸Dennis Budd, in workshop on Movement History at Ninth Annual Conference on Human Rights and Psychiatric Oppression, August 29, 1981.

✱ The Canadian Movement

AUTO-PSY

*Auto-psy, 45 St. François Est, Québec,
P.Q. J1K 1Y4. 418-529-1978.*

Auto-psy is the new name of A.Q.P.S. --l'association Québécoise des psychiatrisés(ées) et des sympathisants(es).

It's been in existence since July 1980, and is made up of ex-psychiatric patients and sympathizers. There are no professionals in the group. It has 188 members, although only ten or fifteen are active.

Auto-psy is mainly interested in psychiatric inmates' rights and acts as liaison between its members and the professional community. The group also tries to promote ties with other self-help organizations.

It has received funding from three sources: Centraide (which is the United Way), l'Organisation mentale d'éducation populaire, and l'Office des personnes handicapées du Québec. The last gave Auto-psy a grant to do a one-hour videotape on life in psychiatric institutions.

Members have just completed a guide to the effects of psychotropic drugs, and are now working on an inmates' rights pamphlet. Their book on psychotropic drugs is presently being distributed free

to mental health consumers by the social services department in Québec City.

The group meets every Monday night for informal activities. The new location is now open from nine to five for anyone who wants to drop in.

Auto-psy is run on a democratic basis and has a "conseil administratif" (board of directors) made up of seven members. Elections are held once a year.



People who need help for emotional problems and who come to Auto-psy are usually referred to another group called Coupe-Circuit. They can be reached at the same number as Auto-psy. Auto-psy also maintains ties with l'Association Québécoise pour la promotion de la santé, a group that concerns itself with promoting health in general.

BY OURSELVES

*By Ourselves, c/o Steve Stapleton, 1821
Scarth St., Regina, Sask. 306-525-1093.*

By Ourselves has fifty members and has recently moved its drop-in to a new location in the old Crown Building in the downtown core after receiving an eviction notice from its last landlord.

This group has funding for its drop-in centre until April of 1982, thanks to grants from the International Year of the Disabled Person and PLURA, an inter-church funding agency. They are anxiously waiting to hear from the federal government about a grant application they have made to pay for three staff to operate the drop-in and run programs.

By Ourselves has a fairly unstructured drop-in program, but plans are in the making to start a discussion group and a newsletter. Steve Stapleton is also looking into possible training to do legal advocacy work for former and present psychiatric inmates.

This group has been in existence for almost a year and holds general meetings once a month to discuss the running of the centre. Membership is free. Violence, liquor and non-prescription drugs are not allowed on its premises.

Recently the group has been attracting new members through good media coverage it has been getting on local TV programs and a full-page story in the Regina *Leader-Post*.

CALGARY SELF HELP

Calgary Association of Self-Help, 1117 Macleod Trail S.E., Calgary, Alta. T2G 2M8. 403-266-8711.

This organization is a marriage of the self-help model with social services in an attempt to provide alternatives and a complement to institutional care in Calgary.

Calgary Self-Help gets most of its funding from the Alberta government. The resources of this organization are overseen by a board of fourteen people--seven with expertise in the community and seven who have had psychiatric treatment and are members of Calgary Self-Help Association.

The ex-inmates on the board are voted into their positions every two years, or as often as they need to be replaced, by the paying members of Calgary Self-Help. (People can join Calgary Self-Help without paying the token \$1.00 membership charge but they can't vote.) There are approximately 720 active members, and many more use the facilities.

Calgary Self-Help started in 1973 as a support group for and of people who had had psychiatric treatment. It was such a success that it got permanent funding and broadened its program to include Life Skills Training, a short-term housing service run out of the YWCA, a free housing registry, a job finding service for those with emotional and/or hearing handicaps, social/recreational services, and a chapter of Gamblers Anonymous. Its social/recreational drop-in is open 365 days a year.

Calgary Self-Help does no advocacy work, apart from attempting to get housing and employment for its members, although members can request that speakers be brought in to talk on particular topics.

Two of the sixteen staff members who run resources other than the short-term housing project (which employs thirty-five people) are ex-psychiatric inmates and former members of Calgary Self-Help.

Members of Calgary Self-Help make up the rules of the activity centre which include no bumming, violence, or being under the influence of alcohol or

non-prescription drugs. Members of the organization also decide at general membership meetings, held every Thursday, whether or not a person should be suspended from Calgary Self-Help for inappropriate behaviour.

LAST BOOST

Last Boost Club, 330 Edmonton St., Winnipeg, Manitoba. 204-924-1027.

On November 27, 1981 the Last Boost Club celebrated its first anniversary with an open house in its new quarters, thanks to a \$5,000.00 CMHA-sponsored grant from the provincial government.

Current membership stands at twenty, with Wednesday general meetings attended by from three to twenty-five people. Sunday meetings feature special events.

For close to a year the University of Winnipeg provided space for Last Boost, with resource personnel from the University of Manitoba.

Occasionally one of the U of M students from the Master's course in Social Work becomes a member. Students can attend for four weeks. Then if s/he wishes to join, the student is absent from the next meeting while membership is voted on by the members; it needs a unanimous decision. The two students presently members are "very compatible with the group", says President Kendra Russell, whose son Raymond is also a member. (See *Profile*.)

The group is already incorporated and has applied for a tax number, to make donations tax deductible. And the donation from the government of a Gestetner machine makes the printing of a members' newsletter possible.

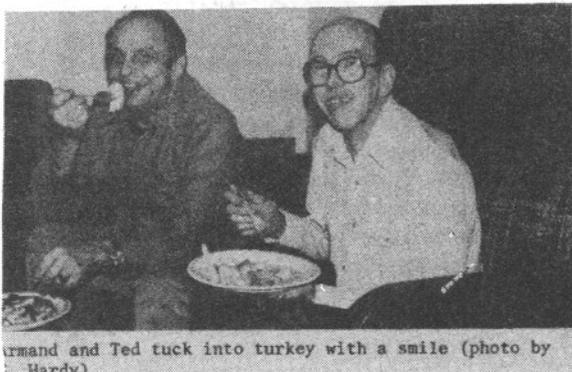
Its constitution specifies that Last Boost is self-supporting and refuses any money that would cost control of the group or affiliate it with any outside group or association; it does sometimes co-operate with CMHA, as on a committee of five professionals and five "consumers" submitting counter-proposals to the Department of Health-planned group homes and halfway houses.

MPA

Mental Patients Association (MPA), 2146 Yew Street, Vancouver, B.C. V6K 3G7. 604-738-5177.

This self-help group is the oldest in North America and has been in existence for ten years. It serves hundreds of people.

In the past few years MPA has been turning its attention increasingly toward housing. MPA owns four homes which are run co-operatively by resident ex-inmates, plus eight private apartments above and beside its drop-in centre. It is in the process of completing a fourteen-unit apartment in the downtown core for "graduates" of its other five residences, which should be completed by early 1982.



Ermand and Ted tuck into turkey with a smile (photo by Hardy).

Its drop-in centre is open from eight in the morning to eleven-thirty at night, 365 days a year. Membership in MPA is free and not restricted to former or present psychiatric inmates. The power structure is horizontal rather than vertical with a board in name only. Paid staff members must be re-elected to their positions every six months by secret ballot.

MPA has weekly meetings to co-ordinate and run the office, drop-in and residence and to do research, open to anyone interested in attending. A general meeting of all MPA members is held once every three weeks to decide on matters affecting MPA policy.

Because of cutbacks in health care and the subsequent influx of people who are less able to cope into the organization, MPA is developing more structured programs and demanding more of its members.

MPA continues to lobby for major changes in the mental health care system, a "patients'" bill of rights, and a more humane *Mental Health Act*. It has recently given money to start an office in the new Vancouver Pre-Trial Services Centre to make sure people with emotional problems who have been arrested are given all the help and attention they need.

NAPP

Newfoundland Association of Psychiatric Patients (N.A.P.P.), 11 Church Hill St., St. John's, Nfld. A1C 3Z7. 709-753-2143.

This organization is still very young and doesn't have a formal board or structure yet. Most of its members belong to the CMHA Social Club (see *Profiles* section); however, an attempt is presently being made to set up a chapter in Corner Brook. N.A.P.P. has been in existence for over a year but suffered a serious setback when one of its most dynamic members, Michael Lecour, killed himself this summer. This group welcomes anyone who has received or is receiving psychiatric treatment from a doctor or psychiatrist. A token sum of money (twenty-five cents or whatever you can afford) is sometimes asked for to help cover costs.

NEW START

New Start Inc., c/o Jim McLarne, 415 3rd St. E., Saskatoon, Sask. 306-244-6733.

New Start began in March of last year with the CMHA providing space for its meetings, a telephone message line and some office space for the group.

Since we reported on New Start in our last issue, it has begun meeting every Friday night in a church hall, independent of CMHA, and has become incorporated. It will continue to use CMHA space for its office until it hears about two grants it has applied for--one from the Kinsmen Club to purchase a building for their organization, and another from the federal government to operate it.

This group started out trying to emulate MPA's horizontal structure, but found it didn't work for them. It now has an elected working board.

ON OUR OWN

ON OUR OWN: Ontario Patients' Self-Help Association, Box 7251, Station A, Toronto, Ont. M5W 1X9. 416-362-3193.

ON OUR OWN has been in existence for four years. Only people who have been in psychiatric institutions or have received counselling of some kind on the outside can belong to this organization or be hired as staff. There is no membership charge.

ON OUR OWN has strong links to groups in the United States and other self-help groups like it across Canada, strengthened by *Phoenix Rising*, which is published by ON OUR OWN four times a year and distributed across Canada.

ON OUR OWN has over 200 members and employs seven people. It runs a drop-in at St. Christopher House, 761 Queen St. W., three nights a week (Thursday, Friday and Saturday from 6 p.m. to 10:30 p.m.), and operates a used goods store, The Mad Market, five days a week.

This organization's programs and services are funded by a number of grants from city, provincial and federal governments; all of these grants have been received in the last two years. ON OUR OWN operates work adjustment programs out of its store and in the *Phoenix Rising* office, to help ex-inmates become familiarized with the work world again and get back on their feet.

Because of lack of manpower and funding its drop-in program is fairly unstructured; however, drug, shock and legal rap groups are planned for the upcoming year. ON OUR OWN is also planning to publish a Canadian "Consumer's Guide to Psychiatric Medication" this year. Four summer students have already done much of the legwork in researching this project.

ON OUR OWN holds dances or dinners about once a month, and also publishes an in-house newsletter called "The Mad Grapevine". The general membership meets the last Thursday of every month to discuss and vote on the policy and direction of the group; decisions are carried out by its seven-member ex-inmate board.

ON OUR OWN members are actively involved in coalitions with other community groups over housing and the continuing

fight (sparked by the death last year of Aldo Alviani) for an investigation into psychiatric care in Ontario. ON OUR OWN is a member group of ARCH, a legal clinic which specializes in dealing with



A member relaxes at On Our Own.

handicapped people and their problems.

Next year, ON OUR OWN will be hosts of the Tenth Annual International Conference on Human Rights and Psychiatric Oppression.

PAT

Psychiatric Association of Timmins (PAT), c/o Florence Denison, 168 William Ave., Box 953, South Porcupine Ont. P0N 1H0. 705-233-3814.

This social club for ex-inmates was started two years ago by Florence Denison, its founder and president. PAT now has about fifty members with a core group of ten to fifteen active people and an executive of three.

In 1980 the group was given a \$1,000 start-up grant by the Ministry of Health to get a co-op house going. After six months, the members decided they felt more comfortable and secure in a boarding and lodging house setting. Nine people from the group now share a rented house run in boarding and lodging style by two former inmates. Those who want to work in the house get a reduction in their rent. Florence feels, however, that the co-op house didn't have enough money or time to really make a go of it.

PAT meets the last Wednesday of every month in the office of "Lifeline", a

program run by *mental health/timmins* that matches up ex-inmates with volunteers or buddies. At the insistence of the Ministry of Health, Lifeline has one member of PAT on its six-member board. Florence says *mental health/timmins* does not interfere with the running of her group.

It has no outside funding--*mental health/timmins* pays for the office. PAT members hold raffles and swimathons to raise funds. They are attempting to do a little bit of advocacy to get reduced bus fares and reduced movie rates for their members. One of the group's most popular activities--potluck suppers--stopped temporarily this year when Florence became ill, although Lifeline has held dinners in their place. Florence is hoping to revive this activity now that she is back on her feet again.

SETI

Self Esteem Through Independence (SETI), #2, 565 Adelaide St. N., London, Ont. N6B 3J7, c/o Brenda Ruddock. 519-434-9178.

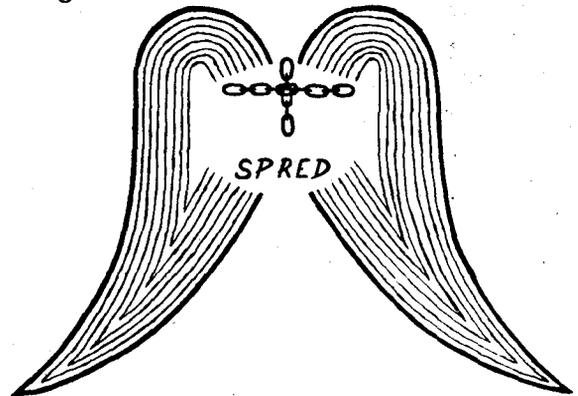
This group, formed in May 1981 after ON OUR OWN members visited London on a speaking engagement, is going through growing pains. It has decided to put off becoming incorporated until it's more settled. However, members are now meeting on their own, away from CMHA offices, at St. Paul's Anglican Church at Richmond and Queen, on the first and third Mondays of every month at 7:00. SETI has a working board but as yet has a fairly unstructured drop-in program. Some ties are being developed with self-help disability groups.

SPRED

Society for the Preservation of the Rights of the Emotionally Distraught (SPRED), 4927 Morrison, Niagara Falls, Ont. L2E 2C4. 416-358-7659.

At the time of this writing SPRED was still waiting to hear about a grant it had applied for from the Ministry of Health to pay volunteer expenses and hire three people to help run programs.

SPRED members operate out of a house given to them by a generous board member. Part of the house is used as a private residence for five people, and the lower floor and basement are used for support group meetings--held every Tuesday at 7 p.m.--and coffee houses--held every Saturday at 8 p.m. While they hope to eventually run a natural food store, they are presently trying to build up a strong group of volunteers and supporters and do consciousness-raising.



This group is about three years old and has the distinction of being the only ex-inmate self-help group in Friends of Schizophrenics (see *Profiles in Phoenix Rising*, Vol. 2, No. 2). Because Friends of Schizophrenics is a group composed mainly of parents or relatives of "schizophrenics", SPRED had to find prominent people, relatives and friends to serve on its board--but SPRED members pretty well run the show. Members of SPRED sit on the local District Health Council and a community Mental Health Action coalition.

SPRED has a core of thirty-five to forty who have paid the Friends of Schizophrenics fee to join it, and at least hundreds of other people who drop in to take part in its activities.

Its circle has expanded to include a satellite member group in St. Catharines--ten miles away--and one in Welland, fifteen miles away. As the St. Catharines group no longer has anyone's home as a meeting place, members usually drive into Niagara Falls for the support group meetings. Welland holds meetings at a member's home every second Monday. SPRED in Niagara Falls is trying to arrange for more car pools so that the three groups can get together more often on a regular basis.

SOLIDARITE

Solidarité-Psychiatrie Inc., 7401 rue St. Hubert, Montréal, P.Q. H2R 2N4. 514-271-1653.

There are over 200 members in this group, 75 of them active core members. Each day of the week is devoted to a different workshop. Mondays are reserved for meetings. Tuesdays are for writing workshops, Wednesdays for sewing, Thursdays for relaxation workshops, Fridays for electronics. Saturdays the centre is open from noon to five for informal socializing, and sometimes in the evenings for dances or get-togethers. People can drop in any time during the week from seven in the morning to ten at night.

The group is run by a board made up

of four members elected annually. Solidarité-Psychiatrie has been in existence since May 1979. Two thirds of its money comes from the Ministère des affaires sociales as an unconditional grant. The rest of the money is raised through lotteries, sales, and members' support. The main emphasis is on egalitarianism, and most members have the opportunity to be organizers as well as participants.

Solidarité-Psychiatrie denounces "weaknesses, irregularities, and injustices" in psychiatric care. The group doesn't deny the existence of mental suffering, nor does it deny the positive effects of some professionals, but most of its members "deplore the medicalization of the suffering and the manipulations and power abuses it creates in the family, the community and the psychiatric institution." Its members have spoken about "mental illness" to groups and on radio and television.

Boston drug hearings

Psychiatric and ex-psychiatric inmates had a valuable opportunity to speak out against psychiatric drugs on July 23 this year in San Francisco at two sessions of public hearings. Approximately fifty inmates and ex-inmates testified for five to ten minutes each about some of their drug experiences, and covered four issues: risks; benefits; problems with the way drugs are used in public mental hospitals; and suggestions for changing how drugs are used.

The hearings were sponsored by eleven groups in the San Francisco-Bay area, including BACAP (Bay Area Committee for Alternatives to Psychiatry). BACAP is a strong coalition of ex-inmate and radical professional groups; it continues to play a leading role in changing California's "mental health" system.

Wade Hudson and Leonard Roy Frank, co-founders of BACAP, gave powerful statements. Hudson cited many scientific studies supporting two conclusions: (1) "[t]he alleged benefit most commonly ascribed to psychiatric drugs is at best

completely unsubstantiated and possibly blatantly mythological." (2) Drug-treated inmates have higher readmission rates to psychiatric institutions than those not treated by psychiatric drugs.

Wade also asserted that "human support is more helpful than chemical control. ... The human support that is needed does not require degrees and credentials, but rather courage, wisdom, patience, compassion, understanding, honesty, warmth, and, above all, a recognition and acceptance of our limitations, our inability to control the human spirit."

Frank launched a frontal attack on some heavy psychiatric drugs, technically called "neuroleptics". He made three points: (1) Major psychiatric drugs such as Thorazine, Stelazine, Moditen (Prolixin) and Haldol are used to *control*, not "cure", people. (2) These psychiatric drugs are generally experienced as punishment or torture. (3) There have been many drug-related "sudden unexplained" deaths in psychiatric institutions; psychiatrists typically minimize the seriousness of, or cover

up, inmate deaths caused by or closely related to psychiatric drugs. Frank also cited studies showing that many inmate deaths were caused by aspiration (breathing foreign matter into the lungs), which "occurs among mental patients at a rate 20 times higher than among non-institutionalized people." Psychiatric drugs, Frank continued, have often deadened the gag reflexes, so that "inmates were unable to cough up the

food that had become stuck in their throats and they suffered death by internal strangulation."

Frank ended his statement by calling for the establishment of "everyone's right to informed consent" and denouncing psychiatrists and other health professionals for their silence. He quoted the Talmud: "One who can protest and does not becomes a party to the act."

The 9th international conference

A Report
by Don Weitz

On Thursday August 20, seven of us from Toronto and one person from New York jumped into a Volkswagen van (freely provided by Volkswagen Canada) and headed southwest to Cleveland, Ohio--my "home town". Actually, Camp Manatoc, a boy scout camp about forty minutes from Cleveland, was the site of this year's conference. Project Renaissance/Patients' Rights Organization hosted the conference, with Christine Beck doing most of the organizing.



Six ON OUR OWN members went to the conference--Carla McKague, Ellen Northcott, Nancy Connor, Susanne Partridge, Mel Starkman and myself--as well as Albert Miceli, a resident and member of Houselink, which runs co-op houses for ex-psychiatric inmates. Our eighth tra-

veller was Jean Dumont, a graduate student at Cornell University in Ithaca; Jean helped keep some of us mad Canadians sane during most of the trip.

After spending a frustrating hour looking for non-existent directional signs to Camp Manatoc, our home for the next four days and nights, we finally arrived around seven at night, tired and hungry. When we checked into the main building and dining hall, we discovered everyone else had eaten. We started to panic, but somehow managed to con the reluctant kitchen staff into feeding us.

We then trudged uphill to our cabin, which had the dubious distinction of being both integrated and segregated. We were a mixed bag of five women and three men. By mutual and informed consent, the women slept in one half, the men in the other. Fortunately, we had taken the Conference Committee's advice and brought along sleeping bags ("don't leave home without one") which we laid atop the cots. There were no rapes or serious fights--just gripes about two people snoring and the bland food, and sometimes forgetting to retrieve our sole flashlight which helped us find our way back at night.

Of roughly 125 participants, 95% were ex-inmates, including one young man who had just escaped from a nearby psychiatric institution. There were a few radical health professionals endorsed by ex-inmate groups. Most of the people were from the East Coast and the Midwest, but there were also a few from as far west as Colorado and California, and one ex-inmate activist from Clientenbond, a 1500-member group in Holland.

Although this was my fourth conference (Topeka '74, Boston '76 and Philadelphia '78), I felt disappointed at the traditionally low turnout. We should be getting at least 200 to 300 people to our annual conferences. I know a lot of ex-inmates couldn't come because they didn't have the money for travelling or other expenses. It's time conference planning committees, together with the host group(s), made a special fund-raising effort to subsidize at least 20 to 25 people so they can attend and contribute to the conferences.

I also missed seeing and rapping with people like Judi Chamberlin (Judi has been suffering from severe low back pain which makes travelling difficult), Leonard Frank from BACAP/San Francisco, and John Parkin from MPLP in New York. Nevertheless, it was great meeting many new people and sharing some of our individual and group experiences and struggles against psychiatric power, and strengthening links with other movement activists such as Dennis Budd from Kansas, Allan Markman and Fred Masten from Project Release in New York, and Mabel White from Buffalo. Mabel is solid; she's been to every conference!

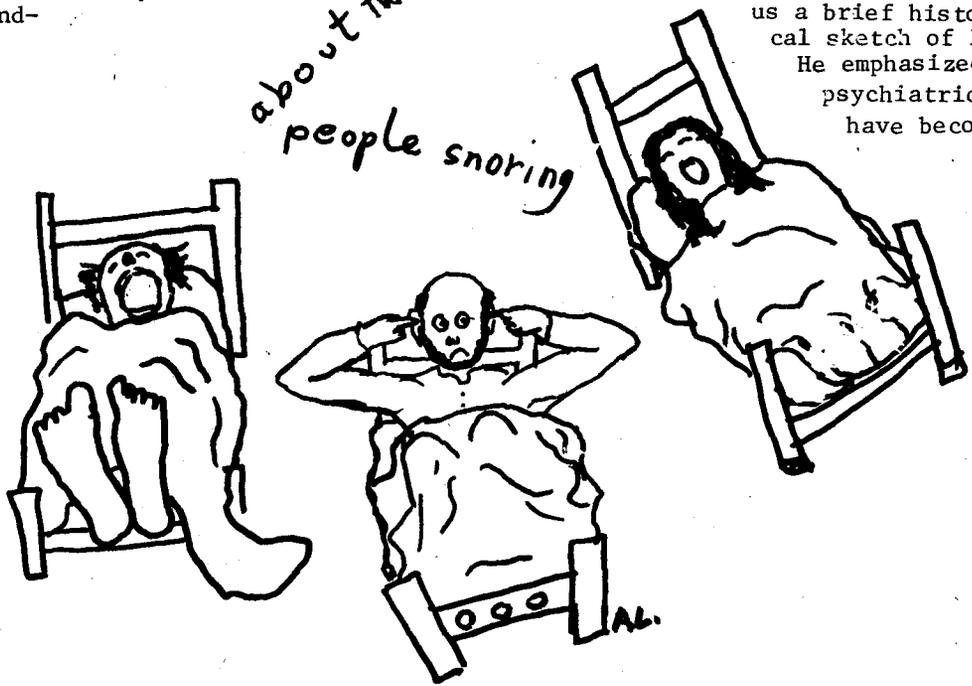
The conference got under way Friday morning when we held our first general meeting, which virtually everyone attend-

ed. After about an hour and a half of discussion, we decided which workshops to hold. They focussed on psychiatric treatment abuses (such as drugs and electroshock), advocacy, history of the movement, and women's issues (for women only), the role of non-inmates and professionals in the movement, media, and a few other topics I've forgotten. Two or three workshops were cancelled or poorly attended because of time conflicts.

In the drug workshop, many people made important contributions. David Hill (a radical graduate psychology student) pointed out the epidemic nature of psychiatric drugging with the phenothiazines (Thorazine, Moditen/Prolixin, etc.). He claimed that roughly 150 million people around the world have been given these drugs; tardive dyskinesia is one of their *direct* effects. About 45% (70 million people) who are on the phenothiazines for a few months or longer develop TD, a major indication of irreversible brain damage. Carla McKague from ON OUR OWN talked about a recent survey in Toronto (carried out by a coalition of eight health groups including ON OUR OWN) which showed that at least 25% of the ex-inmate respondents were forcibly drugged and over 75% illegally drugged in various psychiatric institutions in Ontario. Bob Harris from ALMP

in Philadelphia gave us a brief historical sketch of lithium. He emphasized that psychiatric drugs have become a po-

Gripes about two people snoring



AL.

litical weapon used by mental health professionals to stifle legitimate dissent or radical change in society and *control* troublesome, non-conformist people such as "mental patients". Some of us were also treated to a powerful slide show, courtesy of BACAP, illustrating the complicity of the multinational drug companies in psychiatric drugging.

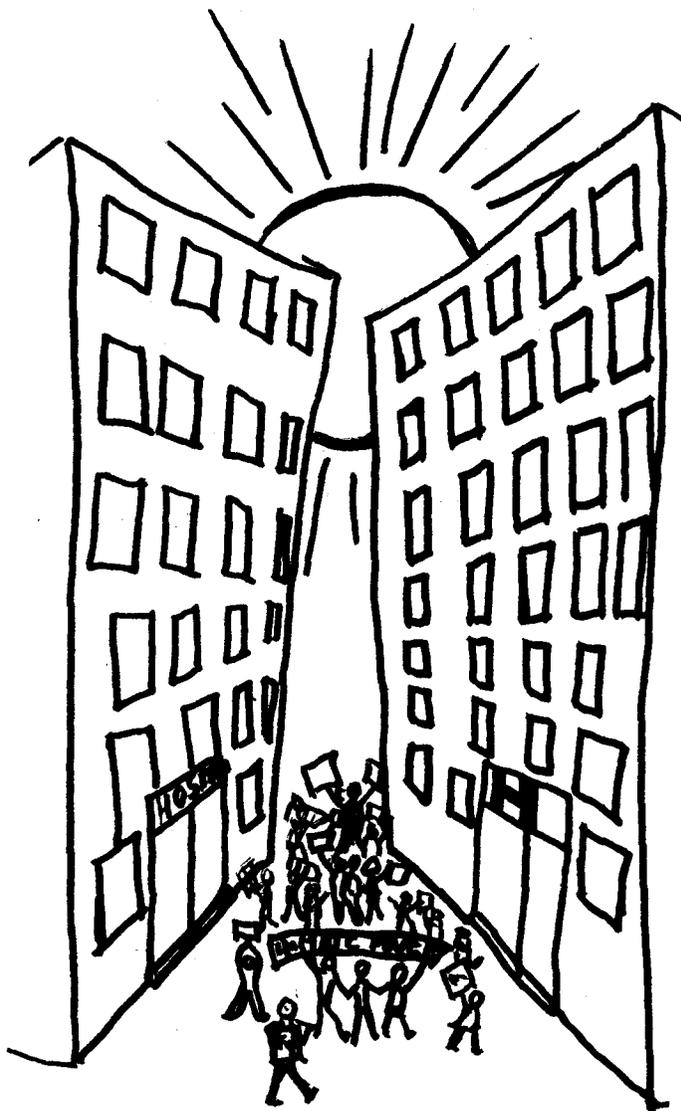
The shock workshop was a good information-sharing and consciousness-raising session which attracted ten to fifteen people. We rapped about our own shock experiences and agreed that electroshock should be immediately and totally abolished in North America, because it invariably traumatizes and damages people, causes permanent memory loss and brain damage, and interferes with people's ability to learn. The sexist nature of shock was also exposed and condemned--at least twice as many women as men get shocked, and the vast majority of shock doctors and psychiatrists are men. We got into the economic incentive to shock--shock doctors are paid \$60 to \$70 per treatment (which lasts only two or three minutes), and shock treatment is covered by many health insurance plans in the U.S. and Canada. The myth that shock prevents suicide was exposed (Ernest Hemingway killed himself after receiving a series of shock treatments which destroyed his memory). And we talked about the lack of legal protection against shock (except for California's restrictive legislation) and the need to develop a nationally or internationally co-ordinated campaign against shock.

The advocacy workshop's chief purpose was to give some specific suggestions for improving services provided by the Ohio Legal Rights Organization, an advocacy group set up and controlled by the state government. We often got off topic, but some useful information emerged. For example, virtually all complaints from Ohio inmates and ex-inmates are negotiated out of court, but this approach prevents making significant case law and changing mental health laws. The Ohio group has dealt with cases involving involuntary commitment, job discrimination, right to legal rights information, and right to refuse treatment. In Ohio, people can be committed initially for ninety days, then for up to two years; however, people can

get a court hearing after being locked up three days. The group plans to start holding seminars and distributing its literature on a few wards of state hospitals.

There was considerable discussion about how institutional staff and administration typically block or censor distribution of rights information by ex-inmate groups. Very few inmates know their legal rights, and those who do are often afraid to fight against or sue for violations of their rights.

On Sunday night, we started planning Public Day--Monday August 24, when the press conference and public tribunal at Cleveland State University and the demonstration at Fairhill State Hospital were held. The conference elected eight





People stayed
up late
drafting
a powerful
press
release

people as panelists for the press conference: Carla McKague (ON OUR OWN); Lenny Lapon (ALMP, Philadelphia); Lori Bradford (a feminist activist with *Big Mama Rag* in Denver); Jenny Collins (*Madness Network News*, San Francisco); Ellen Colum-Deacon (an ex-inmate consultant with the Ohio legal group); Fred Masten (Project Release, NYC); and Sally Zinman (Mental Patients Rights Association, Florida). About six people, including some panelists, stayed up late that night drafting a powerful press release, which Dennis Budd read out at the start of the press conference. Unfortunately, there was no serious or detailed planning of the demonstration.

The press conference was chiefly for the converted, since only five or six non-inmates from Cleveland bothered to attend. We were proud of our eight brothers and sisters, who delivered strong anti-psychiatry, consciousness-raising statements which rarely overlapped and were enthusiastically supported. A reporter from the *Cleveland Plain Dealer* stayed with us for the whole day.

Fred Masten introduced the panelists and also spoke about some of his forced drugging experiences in New York and the work of Project Release. Jenny talked about the well-known treatment abuses of institutional psychiatry, such as forced drugging and electroshock. She rightly criticized the medical model and ended with a call for more political organizing among inmates and ex-inmates.

David Hill was very articulate and forceful in condemning the phony validity of psychiatric concepts, labels and diagnoses including "schizophrenia".

Carla provided a long overdue international tone to the conference when she spoke movingly about the Canadian

scene. She focussed on three events which happened during the past two and a half years in Toronto. One involved police demands for the psychiatric records of all people discharged from a local psychiatric institution after a sixteen-year-old girl had been raped and murdered. (Fortunately, the Ministry of Health refused to give police these records.) Another was the death of an immigrant woman (Jamilia Tissiwak) from kidney disease and other physical complications, after hospital psychiatrists misdiagnosed her *real* bodily complaints as "psychosomatic" (a good example of psychiatric racism and sexism). The third was the participation of ON OUR OWN in a coalition of eight health groups which has been trying for over a year to pressure the Government of Ontario into launching a public investigation into psychiatric treatment in the province.

Lori attacked sexism in institutional psychiatry, emphasized the feminist approach, and asserted that psychiatry also supports racism and classism.

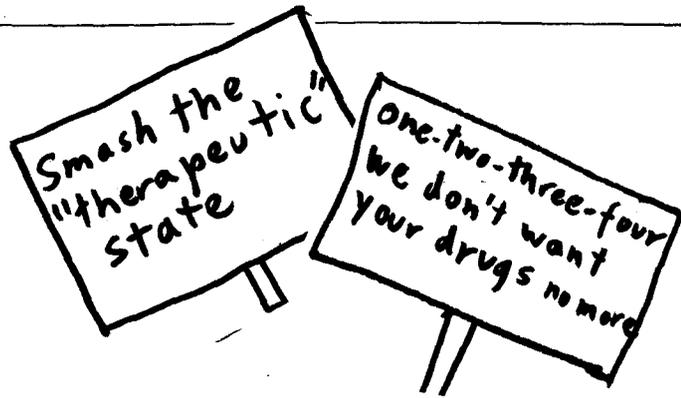
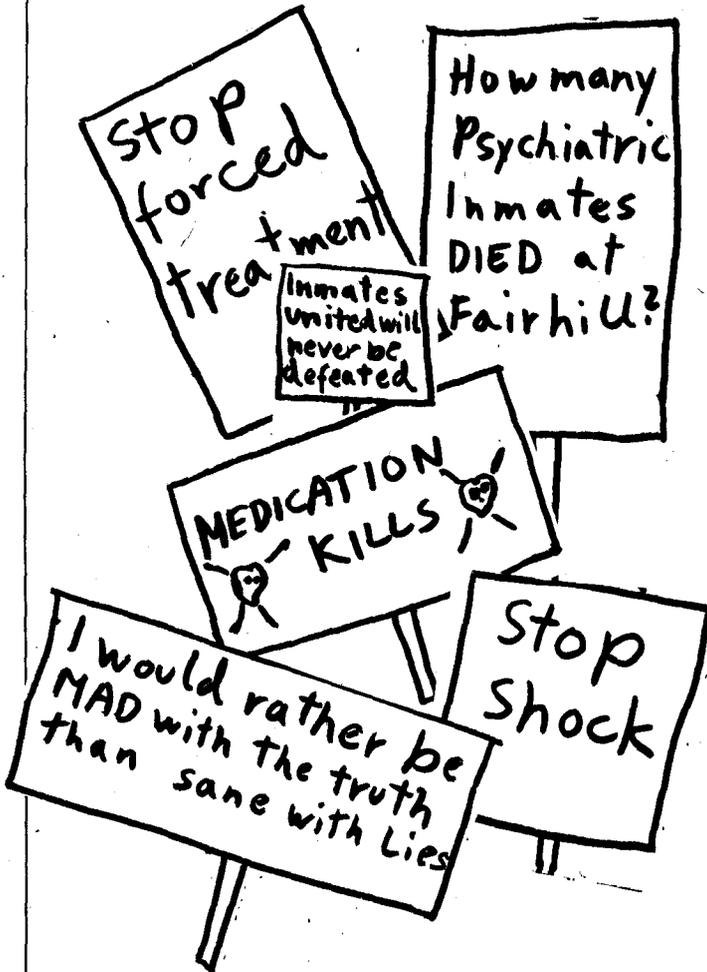
Lenny Lapon exposed the amoral and exploitative practices of the multinational drug companies, as well as the appalling lack of inmates' legal rights and institutional obstacles to informing inmates about their rights. Lenny said he was arrested and jailed about two years ago for "trespassing": handing out legal rights information to inmates at Haverford State Hospital in Pennsylvania.

Sally Zinman focussed on the need for support groups of ex-inmates, which help us gain power. She also described some of the objectives, activities and problems in a resident-controlled house in Florida.

Ellen eloquently pointed out the excessive power of mental health professionals, and shocked us by mentioning that an Ohio politician recently proposed that "dangerous" ex-inmates wear arm bands.

Unfortunately, I missed the tribunal which immediately followed the press conference. I heard there were some powerful and moving testimonials, including one by Richard Stanley (NAPA/LA) about his childhood electroshock experiences.

We then headed for Fairhill State, the site of our "demo". Around two p.m., fifty or sixty of us assembled in front of the institution's parking lot; three or four security guards and state police (plainclothesmen) closely watched us and blocked the front doors, which we never tried to go through anyway. For the next two hours we marched slowly and peacefully back and forth, carrying signs and chanting anti-drug, antipsychiatric slogans. Some signs read:



The demo's main objective was to alert the public, as well as institutional staff and administration, to the fact that Fairhill and other psychiatric institutions practise forced treatment and damage people. We were extremely peaceful, except for one incident.

George Ebert, an ex-inmate from Oswego, NY, broke away from the group and entered the hospital to visit an inmate. When we hadn't seen George for about an hour, we got worried about his safety, and then learned he had been arrested. About four o'clock, we spotted a police cruiser at a side door of Fairhill; a few minutes later George appeared and was forcibly escorted into the police car. As the police car approached the end of the driveway, a few people freaked; one person threw himself directly in front of the police car amid a lot of yelling, anger and confusion. Fortunately, the police didn't run over this person and made no other arrests. George was charged with "trespassing", "inciting a riot" and another offence. He was driven to the local cop shop and released a few hours later; the charges were dropped the next day. The demo broke up around five with a lot of us feeling uptight and discouraged.

While many people supported George, some of us resented his going off on his own into Fairhill without first checking with the group. The basic problem, I think, was that there was no careful, tactical planning of the demonstration and no firm guidelines laid down *before* the demonstration. In planning a public demonstration, it is obviously essential that everyone stay in close and constant touch and act together--no solo or hero stunts should be permitted, courageous as these may be. Individual actions only weaken group solidarity as well as the thrust of the demo. We learned a painful lesson.

On Tuesday, the last day of the conference, we got together for the final meeting. We passed two or three re-



"Sorry, but the group feels you're not crazy enough to join."

solutions. First, we decided to ban all non-ex-inmate mental health professionals from future conferences, and allow other professionals or non-inmates to participate provided they represent no more than 15% of conference participants and are endorsed by ex-inmate groups. We also elected Jenny Collins and Bob Harris, with Fred Masten as an alternate, to be conference reps at an international conference on alternatives to psychiatry held in Mexico this fall. Finally, we agreed to hold next year's conference in Toronto with ON OUR OWN serving as the host organizing group. We also warmly thanked Christine Beck for doing so much work, but a lot of us felt that not enough people had helped Christine organizing the many necessary day-to-day details.

Look for more information on the Tenth Annual International Conference on Human Rights and Psychiatric Oppression in our next two issues. ON TO TORONTO IN '82!

Cuernavaca conference

(based on a report by Leonard Roy Frank, BACAP)

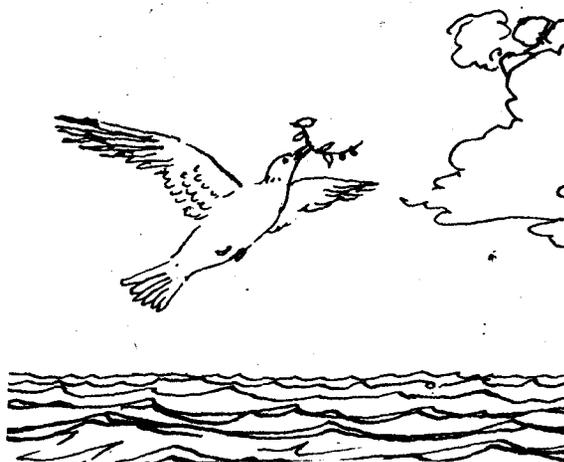
More than 600 people, mostly radical mental health professionals, from Brazil, Cuba, Colombia, Chile, Mexico, El Salvador, the United States, Spain, France, West Germany, Italy, Holland and other countries attended the First Latin American and Fifth International Encounter of the Network of Alternatives to Psychiatry, held in Cuernavaca, Mexico from October 2 to 6, 1981. Fred Masten, of Project Release in New York, represented the Ninth International Conference on Human Rights and Psychiatric Oppression.

Some of the important themes of the conference were:

- the increasing "medicalization" of social problems;
- the vulnerability of the economically dependent to the psychiatric system;
- the need to educate the public about the dangerous (often fatal) effects of many psychiatric techniques (drugs, electroshock and psychosurgery);
- the correlation between the repressive-

ness of a government and the degree of its use of psychiatry as an instrument of social control;

- the need to encourage small, self-affirming, mutual-support groups as an alternative to the psychiatric system;
- the need for co-operation among groups fighting against psychiatric oppression and for alternatives to psychiatry, and among these groups and other organizations working for a free and just society.





commentary

THE INTERNATIONAL YEAR OF DISABLED PERSONS-- WHAT HAS IT ACCOMPLISHED?

by Harry Beatty

As 1981 draws to a close, it is worthwhile to reflect on the significance of the designation of this year as The International Year of Disabled Persons. There is little doubt that this year has done much to focus the attention of the public on the problems faced by Canadian citizens who are handicapped. We have seen a multitude of public education campaigns. There have been worthwhile conferences and publications. And there have been many exciting pilot projects. Yet one can question whether 1981 has really seen the kind of commitment and planning that will ensure the full integration and acceptance of handicapped citizens into Canadian society.

The work of the House of Commons Special Committee on the Disabled and the Handicapped is perhaps the best illustration, both of the accomplishments of the International Year and of how much remains to be done. In October 1980, the Committee released its first report, which identified as a key area for immediate action the field of human rights. It recommended:

That physical handicap be made a proscribed ground of discrimination for all discriminatory practices listed in the Canadian Human Rights Act, and not just for discriminatory employment practices.

That the Canadian Human Rights Act be further amended so that Tribunal orders can be made with respect to access to goods, services, facilities and accommodation and that it include a qualification that the changes ordered by a Tribunal should not impose undue hardship on the respondent.

That persons with mental handicaps (learning disability, retardation or mental illness) and persons with a previous history of mental illness or a previous history of dependence on alcohol or other drugs be added to the proscribed grounds of discrimination under the Canadian Human Rights Act.

To date, the federal government has not seen fit to enact any of these recommendations into law. Thus the human rights protection extended to persons with handicaps is still extremely restricted. It is of particular concern that persons with mental handicaps are still entirely excluded from any human rights protection at all with regard to matters within the federal jurisdiction, despite repeated promises by the federal government that this would be accomplished. This is an intolerable situation. The *Canadian Human Rights Act*, which is supposed to protect Canadian citizens against discrimination, in fact is in itself discriminatory. It is necessary for all of us to question why this recommendation, which was given priority by the Smith Committee, has not been acted upon.

It may be noted that in Ontario, Bill 7, which has received second reading in the Legislature, does contain a wide definition of handicap which will protect from discrimination all persons with handicaps, regardless of the form handicap takes. One must be encouraged to see the support given by all three parties to this inclusion of all persons with handicaps. Still, the bill has not yet received final approval in the Legislature, and it is to be hoped that there will be no further delay and that the amendments will be passed and proclaimed in force by the end of 1981. It is worth noting that all groups representing hand-

icapped persons, and especially those representing persons with physical handicaps, actively supported the inclusion of persons with mental handicaps in the Ontario Human Rights Code. It is also worth noting that in some presentations, for example that of the Ontario Chamber of Commerce, we still, unfortunately, found remnants of ancient prejudices against those who are labelled as having a mental handicap.

Looking once more at the recommendations of the Special Committee on the Disabled and the Handicapped, it must be noted that other provisions relating to human rights and civil liberties have not been acted upon either. These include:

That the Federal Government direct the Department of Justice to consult with medical authorities to develop appropriate legal terminology relating to mental disability for use in legislation.

That the Federal Government, through the Department of Justice, and in consultation with provincial health authorities, reform the Criminal Code provisions relating to mentally disabled persons, in order to:

- *Develop and implement a new procedure to replace the Lieutenant-Governor's Warrant, and provide special facilities and treatment of the mentally disabled who are sentenced by the courts;*
- *Define the rights before the law of mentally retarded and mentally ill persons;*
- *Establish fair and appropriate procedures for all stages of the criminal process when mentally disabled accused are involved; that is, arrest, bail, fitness to stand trial, the finding of criminal responsibility, and disposition.*

That, pending the replacement of the present legal system of Lieutenant-Governor's Warrants, the Federal Government request the Minister of Justice to meet with provincial authorities in order to review the operation of the warrants, with particular reference to:

- *The functioning of review boards, particularly where cases of men-*

tally retarded persons are being considered;

- *The individual cases of persons presently being held in indefinite detention under Lieutenant-Governor's Warrants.*

That the Federal Government encourage 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.

These are good recommendations. As they relate to fundamental rights and liberties issued, they should be given priority. It is worth questioning why the federal government has chosen not to do so.

A similar comment can be made with regard to many of the other important areas in which the Smith Committee made representation: employment, income, housing, independent living, education, and consumer involvement. One has to be impressed by the scope of the recommendations, and their validity in terms of the fair and accurate perception of the problems faced by handicapped Canadian citizens. But these recommendations have not been adopted as policy by the federal government. Furthermore, rather than allocating the kinds of funds which would see that these recommendations become a reality, the federal government has, in fact, announced substantial cut-backs in those funding areas which would make these recommendations a reality.

While some may quarrel with details, most disabled persons and their advocates would agree that in the Smith Committee Report we have a blueprint for plans which would integrate people with handicaps into our society in the 1980s. We should call on Canadian governments, both federal and provincial, to make a full commitment to this blueprint, and to implement it in conjunction with disabled consumers, and their friends and advocates. The accomplishments of the International Year of Disabled Persons, and the beginnings made on solutions to problems which have faced handicapped persons for a long time, should not be abandoned at the end of the year. Let us all work together to make the promise of 1981 a reality.

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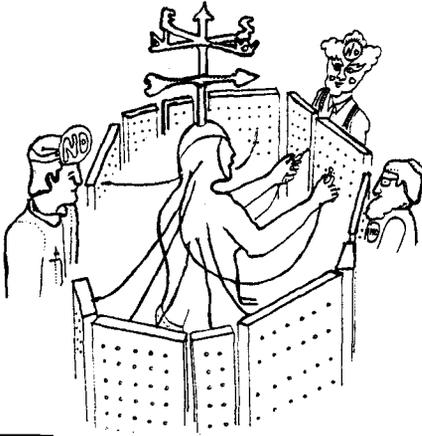
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YOU GOING TO FOLLOW IT"

"I want to sleep by the TV, I like the continuous sounds that are always there to comfort me," she answered.

"I DON'T WANT YOU DOWN HERE"

"I want to be here. You don--"



9th

"He wanted to carry you," mused the psychiatrist, carefully.

"Yes. I looked up in shock. I couldn't quite believe what he was saying to me."

"What did you say?"

"No. No, I said. OK, then I'll sit up and watch the TV, though why people can't lie around and sleep on couches is beyond me."

"Sounds pathological to me."

"It may be. He may be pathological, wanting to carry me. But I am the one who is in and out of mental institutions."

"It doesn't seem fair, does it?" the psychiatrist prodded her.

"That's what another of my shrinks has said. I have an immature sense of justice, apparently."

No. It wasn't fair. But who said life was fair. And what could she do about it. Write a letter to her New York shrink: Dear Doris. I knew it was wrong to come out here. What about setting priorities.

Contingency plans. Seeking sources of support both emotional and economic separate from my family. Mobilizing resources. My father is pathological. I am getting worse by being with him.

Or to the psychiatric social worker, who, when last seen, had just put on his black leather jacket and zipped up his pants. Yes, Jeffrey, I am descending deeper into the pathology as you predicted. I am drinking constantly and taking

medication. Forgetting the vitamins you bought me. They are in my stuff somewhere. In storage. I haven't even unpacked. Baking, always. Eating muffins. Several varieties. Feeding chicken soup to my pathological parents. The shrink here is a subjectifying man, the one in New York, an objectifying woman. You were right. I needed something in the middle. Am getting worse, worse, worse

Or, merely touch up her novel, perfect the craft, develop the technique, make a story of it, to distance herself, build on her manuscript previously. Come to a synthesis. Make the connections.

But she could do any of the above, any of it, the writing in letters, prose, novels--when she thought communication worth it. Now she thought communication worthless. As was everything else, apparently.

10th

She resorted to the stationery store, and actually paid twelve dollars of her last dollars

to print up little stamps so she could get it out. DON'T TRUST SHRINKS, EVER AGAIN. I HATE MY MOTHER I HATE MY FATHER I HATE MYSELF. DON'T MAKE FRIENDS. AVOID THE INFLUENCE OF PEOPLE. DON'T SOLICIT REASSURANCES. BE PASSIVE. BE OBEDIENT. SHUT UP AND DO WHAT YOU'RE TOLD.

Thinking of money, she had tried to strike a deal with the printer. She would think up catchy slogans, like LOVE IS A TRAP, DON'T FALL IN IT. He would print them. She would make 50% of all sales.

"You are not serious," he reassured her.

"Yes I am."

She had forgotten the seriousness of her sickness. She had lost all perspective. The idea had seemed relevant, worthwhile. It wasn't apparently.

11th

"They've got me right where they want me, in a funny way," she said to the psychiatrist the next day.

"Oh, how is that?"

"I should get you books to read on the Jewish family. They never wanted me to get away. When I would come back

from New York to visit, I'd try to get out of the house for a while--just to see high school friends--and my father would have to drive me there in the car, I'd have to go in, and get the girlfriend to come to their house to visit."

She paused, remembering some of the people she had met in the hospital. "I am no different than the fellow with the sunken cheeks who has been in the half-way house for ten years, who gets so flustered when his parents come to visit he sputters, or refuses to speak."

"We are all unique ..." the psychiatrist tried to suggest to her, but she didn't listen.

"... or that Tim River, who lives out with his mom and dad in the small room right on the edge of Illinois. Was it Marshall? His mother never let him get away, and he is still living there. The only difference between me and the other mental patients is that I know better. Why, anybody who knows half of what I do stays away from the family."

"Maybe you can separate while you stay with them," he proffered hopefully, as he was wont to. Again she ignored him.

"... yes," she continued her musing, "I hope they are happy. They've got what they always wanted, me trapped inside of their house. Not moving. No friends, no acquaintances, no contacts."

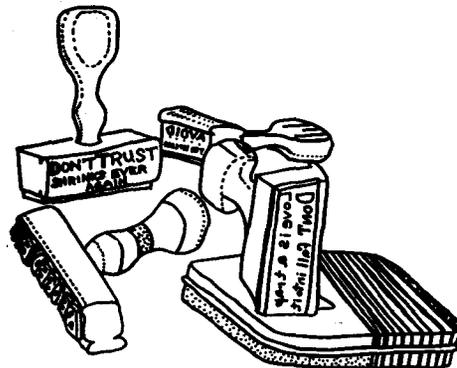
"Don't they want you to have your own life?"

"Not actually. Oh, am I going to sit here in Indiana and hate my parents, or try to get away. Is that called escape? I think it's healthy."

12th

"I'm in my male drag state," she said to him, wanting to run up to him as

he got off the bus and proclaim Pim! Let's get married! Stay here for a year and we'll work on our relationship! You could go to graduate school at the university, while I do what the doctor says, focus on the basics, earning a living. Here! I bought us a gold ring, or rather I stole this brass ferrule from the hardware store! He hugged her and she concluded, "Femininity is for fags." She was wearing her young adolescent angry look, which she tried to hide behind her dark glasses; navy sailor jacket, red beret.



blue jeans, stompers. Didn't make a hit with her mother or with anyone except men looking for loose women around this midwestern town.

He had just gotten off the bus from Cheyenne, Wyoming, en route to New York from Frisco. Her old friend, the black gay jazz musician. Also a poet. He had called her just after her parents left town again, the previous night. Again the fantasies of escape, rescue. Only Pim and she had known each other in and out, over the years.

13th

That too was fantasy. In reality he hadn't come. Calling her from New York the next

day, when he was supposed to be en route to her from Chicago. "I don't want to and be used as escape," he had said. She slammed down the phone, went to the library to do research again.

Power, she decided, was the ability to turn your fantasies into reality.

She called up Pete.

They joked. How would she make money. Offering absurdity training courses at the university. She would bill herself as a black surrealist writer of Jewish heritage in a Bible Belt town. She would train the frat boys in categories of lines to use at parties, each of which had come to her in what she referred to as her absurdity flashes which, when they first started, she had hoped would be a play.

NUMBER 42: LISTEN TO 'EM TALK.

NUMBER 35: FIND HER FANTASY AND FEED IT.

NUMBER 97: PERHAPS I COULD BE OF SOME ASSISTANCE.

He laughed, letting her know he appreciated her.

They met for a drink.

She moved in with him.



phoenix pharmacy

Injectables

by Allan Tenebaum

"Injectables" (depot fluphenazines) are the long-lasting drugs used by the medical profession to control the symptoms of "psychotic disorders". They are commonly referred to as "injectable anti-psychotic drugs".

Even though fluphenazines are not the only injectable anti-psychotic drugs available, they are the oldest and most widely used drugs of this sort. The most common fluphenazines in Canada go under the trade names of Modecate (fluphenazine deconoate) and Moditen Enanthate (fluphenazine enanthate), and are manufactured by E.R. Squibb & Sons Ltd.

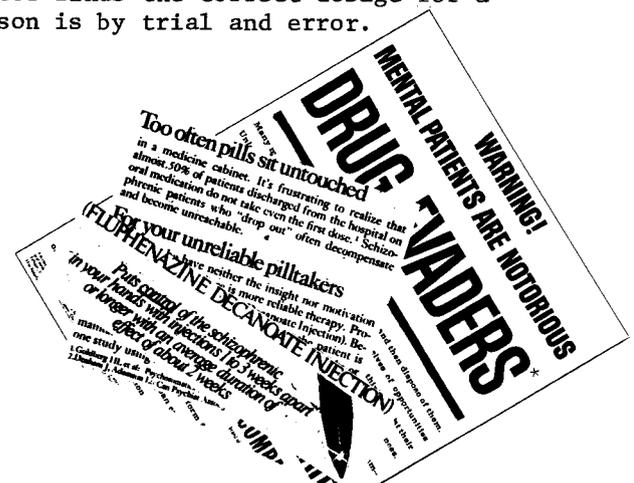
Although these drugs have been used for over a decade, their popularity with psychiatrists has grown considerably over the past few years. One of the reasons for this is that they can be administered by either doctors or nurses outside of the hospital setting, thereby cutting costs. While this may be advantageous for the doctor, it puts the consumer in a very vulnerable position, as dosages must be constantly adjusted to prevent overdose due to drug buildup in the body, and to keep side effects to a minimum.

One of the biggest concerns raised by injectables is the issue of forced drugging. Even though the same or similar drugs are available in pill form, and have virtually the same effect, in many cases only injectables are given. This is usually done when doctors believe a person will not take the medication regularly and eventually "go off the deep end".

Once injected, the drug cannot be removed from the body. It is more potent (even in smaller dosages) than the same drug in pill form, and can exert its effects for periods of two to six weeks. Psychiatrists say injections are necessary as they relieve people from their "disorders", allowing them to be more

productive in society, but many times these "treated" people become prisoners of their own bodies until the effects of an injection wear off.

Over-drugging is a major problem with the use of injected Moditen or Modecate, as they are so powerful and long-lasting. If a dose of one of these drugs is too high the consumer may be in a zombie-like state for weeks and experience terrible side effects. The problem is that doctors don't initially know how often and in what dosage the drug should be injected. In fact, the only way a doctor finds the correct dosage for a person is by trial and error.



One would think that the first injection would be a minimal dosage and then, if necessary, the dosage would be increased. This is not common practice. High dosages are usually given, and then dosages are slowly cut down until the "best" level is reached. This method of dispensing injectables is highly recommended by the *American Journal of Psychiatry*: "experiences with high dose depot fluphenazine therapy testify that it is remarkably safe and that it does not cause a significantly higher incidence of adverse reactions than low dose therapy."

Overdosing often occurs when the drugs are injected too frequently or given shortly after the same medication in

tablet form. Unfortunately, the practice of giving Modecate or Moditen in pill form, while at the same time injecting the drugs, is more common than one would expect. A body of psychiatrists believes that injections alone are not enough to "treat" some people effectively. These doctors hold that the drug should be given both by injection and in pill form, sometimes along with other psychiatric drugs (such as lithium, Valium, or Surmontil). These doctors usually say it is better to make sure that a person is "adequately sedate" rather than running wild on the street.

Although injected Moditen and Modecate can cause severe side effects, ironically these are less severe than with

Side Effects

the same drugs given in pill form at equivalent dosages. Most occur twenty-four to forty-eight hours after the injection of the drug, and if it is stopped these side effects will eventually go away.

Some "minor" side effects of injectables are blurred vision, dry mouth, low blood pressure (causing dizziness), rashes, sensitivity to light, impotence, weight gain and irregular menstrual cycles.

More serious side effects are those which cause a variety of muscle spasms and involuntary muscle movements. They are known as parkinsonian reactions because they resemble the symptoms of Parkinson's Disease, and include muscle stiffness, spasms of the face and neck, inability to walk properly (shuffling), drooling, shaking and tremor, muscle weakness, and a general feeling of restlessness.

These adverse reactions to Modecate or Moditen can usually be relieved through the administration of drugs used to treat Parkinson's Disease, the most common being Cogentin (benzatropine). Anti-parkinsonian drugs, however, are not as effective in counteracting the side effects of injectables as those of the same drugs in pill form. In fact, when the depot fluphenazines are used anti-parkinsonian drugs are of little help.

Side effects due to long-term administration of these drugs are of particular concern. One of them is called tardive dyskinesia, a disorder which causes uncontrollable movements of the tongue (such as moving it in and out), smacking movement of the lips, body

twisting and constant rocking of the body (for a more in-depth description of this disorder read *Phoenix Rising*, vol. 1, no. 2). Tardive dyskinesia occurs quite frequently after long-term use of Moditen or Modecate. In its early stages it is usually reversible if the drug is discontinued, but if administration is continued, it worsens and becomes permanent.

"Sudden Death Syndrome"

Even more disturbing is "sudden death syndrome", which sometimes occurs with long-term users of these drugs. The frightening aspect of this syndrome is that before death the person may seem quite well and free of any major side effects. Although doctors are not sure if these deaths are directly due to taking these drugs, they do know that sudden, "unexplained" deaths occur more frequently in people who have been taking these drugs for years.

Most books and journal articles on psycho-pharmacology recommend that these drugs be slowly reduced until a minimum "required" dosage is reached or the drug is completely withdrawn, and that withdrawal be accompanied by support and counselling--but this is rarely done, especially with people attending clinics.

If more support and therapy were given along with the drug, as recommended, many people would soon be able to cope without any drugs at all. However, because of the economics of the medical world, most people are maintained on high dosages with very little supervision.

REFERENCES: a partial list

American Journal of Psychiatry 135:5 (May 1975).

Goldfien, Alan; Jawetz, Ernest; Meyers, Frederick. *A Review of Medical Pharmacology*. California: Lange Medical Publications, 1972.

Compendium of Pharmaceuticals and Specialties. Canadian Pharmaceutical Association (15th edition, 1980).

Jarvik, Murray E. *Psychopharmacology in the Practice of Medicine*. New York: Appleton Sanctuary Crofts, 1977.

Litton Industries Inc. *Physician's Desk Reference*. New Jersey: Medical Economics Company, 1981.

SHOCK DOCTORS

Here is Phoenix Rising's updated list of Canadian psychiatrists who administer or authorize shock treatments. Listed psychiatrists who no longer use ECT, or who have been mistakenly included in the list, may ask Phoenix Rising to remove their names.

If you, a member of your family, or a friend, have been shocked by a Canadian doctor and want her/his name added to our list, please send us the doctor's name and hospital affiliation. Names submitted anonymously will *not* be included, but we will of course withhold the informant's name.

Allodi, Frederico. Toronto Western Hospital, Toronto, Ont.
 Ananth, Jambur. McGill University School of Medicine, Montréal, P.Q.
 Arndt, Hans. Northwestern Hospital, Toronto, Ont.
 Boyd, Barry. Penetanguishene Mental Health Centre, Penetanguishene, Ont.
 Brawley, Peter. Toronto General Hospital, Toronto, Ont.
 Conn, Bert. Belleville General Hospital, Belleville, Ont.
 Cornish, David. Alberta Hospital, Edmonton, Alta.
 Eastwood, M.R. Clarke Institute of Psychiatry, Toronto, Ont.
 Furlong, F.W. Sunnybrook Medical Centre, Toronto, Ont.
 Giles, Charles. Affiliation unknown, Edmonton, Alta.
 Gray, Trever. St. Michael's Hospital, Toronto, Ont.
 Gulens, Val. Affiliation unknown, Toronto, Ont.
 Haden, Phil. Kingston Psychiatric Hospital, Kingston, Ont.
 Heath, David S. Kitchener-Waterloo Hospital, Kitchener, Ont.
 Hoffman, Brian. Clarke Institute of Psychiatry, Toronto, Ont.
 Jeffries, Joel. Clarke Institute of Psychiatry, Toronto, Ont.
 Jeney, L. St. Joseph's Health Centre, Toronto, Ont.
 Kolivakis, Thomas. McGill University School of Medicine, Montréal, P.Q.
 Lehman, Heinz. Mercy Douglas Hospital, Verdun, P.Q.
 Littman, S.K. Clarke Institute of Psychiatry, Toronto, Ont.
 Piunick (first name unknown). St. Joseph's Hospital, London, Ont.

Plumb, Lois. Women's College Hospital, Toronto, Ont.
 Rapp, Morton S. Sunnybrook Medical Centre, Toronto, Ont.
 Rejskind, Mosje. Clarke Institute of Psychiatry, Toronto, Ont.
 Rudenberg, M. Affiliation unknown, Kingston, Ont.
 Shugar, Gerald. Clarke Institute of Psychiatry, Toronto, Ont.
 Sim, David G. Hamilton General Hospital, Hamilton, Ont.
 Solursh, Lionel. Toronto Western Hospital, Toronto, Ont.
 Steiner, Betty. Clarke Institute of Psychiatry, Toronto, Ont.
 Stevenson, Gerald. Kingston Psychiatric Hospital, Kingston, Ont.
 Zamora, Emil. St. Joseph's Hospital, Hamilton, Ont.
 Zelanko (first name unknown). Homewood Sanitarium, Guelph, Ont.

Attention All Shock Opponents!

Electro-convulsive therapy opponents tell us the American Psychiatric Association (APA) may attempt to force the United States Food and Drug Administration (FDA) to lower its classification on shock machines this February.

In 1978 the FDA changed the category on shock machines from low risk to high risk (Class III). They gave manufacturers of the machines until April 4, 1982 to prove their machines were "safe and effective" enough to sell to the public.

But very few manufacturers have made any move so far to do so, which is causing the APA much anxiety. Says the APA, "Unless ECT devices are reclassified, the FDA ruling could potentially wipe out ECT as a treatment modality."

An APA task force is presently working with the Division of Government Relations to petition the FDA to change its mind.

Help our American brothers and sisters. Send a paragraph or even a short sentence in protest against dropping ECT from Class III to Class II to:

CounterShock
 c/o Marilyn Rice
 Apt. #1, 2106 S. 5th St.
 Arlington, VA
 USA 22204



profiles

CMHA Social Centre

The CMHA Social Centre in St. John's, Newfoundland is a four-storey building on Church Hill Street that operates a lifeline to former and present psychiatric inmates in Newfoundland.

Before the 5,000 square foot building was bought by the Newfoundland Division of the Canadian Mental Health Association (CMHA) in July of 1979, "there was *nothing*, absolutely *nothing* here," says Bren Walsh, manager of the building and an ex-inmate himself. "It was mainly intended for those who needed it the most--ex-patients from Waterford Psychiatric Hospital and from boarding houses with very little resources, and other ex-psychiatric patients."

Since it opened its doors in December of the same year, people who take advantage of its facilities tell Walsh, "Thanks be God for this place or I'd be back in the hospital."

The Social Centre has a TV room, kitchen facilities and a clothing distribution centre. Its top floor is used as a halfway house which can accommodate up to five people, who stay until they can move out on their own.

The building's programs are mostly social in nature and include dances, music, arts and crafts, discussion groups and life skills classes, although CMHA and the centre are slowly moving into more advocacy-type programs and have had speakers from an alcohol/drug abuse program come in and talk to members. Several lawyers associated with CMHA are now handling advocacy cases for former and present psychiatric inmates as well.

The centre gets money from the provincial government to help operate the building and pay the salaries of a janitor, building manager and program co-or-

dinator. This is supplemented by private donations from many service clubs. "Rotary has been very good to us," says Walsh. "They recently gave us \$3,000."

The biggest problem the centre has come up against since it opened its doors has been getting ex-inmate involvement on its board and the subcommittees which run various activities. Of the eleven people who make up the Centre Advisory Board, only one--Bren--is an ex-inmate.

Bren cites over-drugging and the element of hopelessness that many members feel over their housing and social situations as the major reasons for lack of motivation and involvement. This situation is further aggravated by the fact that ex-inmates of Waterford do not mix well with ex-inmates from other psychiatric institutions, and middle-class for-



mer inmates do not take part in any of the centre's activities.

"The big problem is how to mix the classes," says Bren. "I have some friends who are ex-patients but they don't come down here. They tend to want to put it in the closet--they don't want to even admit it to themselves." He feels people in the middle class who have had problems have more resources than the centre's members and as a result don't bother to frequent the facility.

Walsh, another ex-inmate who worked as a janitor, and ex-inmate volunteer Michael Lecour pretty well ran the facilities until the centre's board hired

program co-ordinator Charles McCarthy, who is not an ex-inmate, in December 1980. "They wanted someone with pieces of paper," says Bren. "No one in the centre could have handled the position."

Members do, however, run the centre themselves in the evenings and try to handle their own disciplinary problems.

Bren, who has been agitating for more aftercare facilities for many years now, is also acting president of the Newfoundland Association of Psychiatric Patients (N.A.P.P.), formed in March of 1980. Most of its members belong to the centre. (See "The Canadian Movement".)

The CMHA Social Centre, 11 Church Hill, St. John's, Nfld. A1C 3Z7. Bren Walsh, N.A.P.P., 709-753-2143.

People

Kendra Russell

by *Connie Neil*

Kendra Russell is alive and well and living in Winnipeg, despite ten to one odds against it.

Of her ten closest fellow inmates, five are dead, two have simply disappeared, and three are in a drug-hazed state of deterioration.

At the age of twelve, Kendra was committed to Selkirk Mental Institution, where she received insulin shock treatment. Kendra later learned that, although she was ready to leave in six months, they decided to keep her four years rather than send her home to her parents.

"I decided the system was not going to beat me."

When she was fourteen they began electro-convulsive treatments, which totalled one hundred over her eleven institutionalized years. To offset the short-term memory loss she suffered as a result of her treatment, Kendra takes copious notes in new learning situations, which are many since she fought her way to stay free in the outside world.

"I hated the place," she says,

"and just decided the system was not going to beat me."

Kendra is trying to fill in some gaps for that period. As access to those medical records has been denied to her, Kendra recently presented her appeal, armed with letters of consent from her parents and doctor, to the Manitoba Ombudsman. He has refused the appeal.

"During 11 years, I can think of 4 who helped..."

None of the people who helped her were professionals.

"During the eleven years, I can think of four who helped, who related to you rather than at you. One was a cleaning woman, another worked in the laundry, one was an X-ray technician, and one was an RN [Registered Nurse] but not a psychiatric nurse," Kendra remembers. "They just drew all inmates to them and treated you with respect."

"I'm a fighter, and I never accepted the system's idea of me, never accepted that I could live only at minimum level, only under their control. So I just made up my mind to do it, and got out on a year's probation," she says.

Apart from periods totalling about three years in her early twenties, she has lived completely in the outside world.

During the year of probation, her greatest struggle was against prescribed drug addiction--Valium, Largactil, sleeping pills, and an experimental Thozazine-like drug injected bi-weekly. When her psychiatrist would not say what the "too dangerous" effects of stopping the needle might be, a GP agreed to halt the injections and be available to her should there be any problem.

But the biggest measure of help came from an ex-heroin addict who asked, in a chance conversation, when she had had her last "fix". Kendra attended several meetings of his ex-addict self-help group; and he helped her through that year of physical and psychological withdrawal symptoms, when necessary, one day at a time.

Kendra left Selkirk at twenty with Grade Five education. She married and started to look to new careers. Although hired as a correctional officer over 500 with Grade Twelve education because of her high powers of perception and natural leadership qualities, Kendra found she had had too much of jails,

feeling claustrophobic each time she went to work, and left to further her education.

In only five months at Red River Community College, she got her Grade Twelve diploma. While there, she did technical work for a professional theatre in exchange for some theatre courses, and then entered the University of Winnipeg, passing her first year in Theatre Design.

Kendra feels it is not practical at this time to continue in the design



course. Now divorced, she supports herself and seven-year-old son, Raymond, by waitressing.

Today, at thirty-two, Kendra is president of The Last Boost, a self-help group of ex-psychiatric inmates (see "The Canadian Movement").

With the bulk of her growing years spent as an inmate, Kendra had no socializing skills, no goals or life experiences to draw from. She was afraid of the unknown, and most situations we take for granted *were* unknown.

She offers some techniques that work for her.

"I imagine the best that can happen, the worst, and the most likely. In, say, a job interview, the best would be they hire me as their top executive; the worst that the interviewer take out a gun and shoot me. I know neither of these can happen, so I concentrate on the most likely. And that we can all handle," says Kendra.

Kendra feels it is equally important to find out about yourself, what you want, and gain some experience. She suggests volunteer groups where you can do, say, office work for the experience and to find out if you can and want to pursue it as a career.

Yes, Kendra Russell is alive and well and living in Winnipeg, with her parents, her red-haired son, a loud-mouthed budgie, and anything else she chooses.

"People" is a regular feature of Phoenix Rising. If you have any suggestions of people you think should be included, please let us know.

Canadian Crisis Numbers

CALGARY

Suicide Crisis Line	252-3111
Advice, Info & Direction Centre (24 hrs. every day)	268-2341
Distress Centre-Drug Centre	266-1605

FREDERICTON

Chimo Help & Assistance(for people in crisis)	455-9464
Oromocto Information Service Centre	357-9809

HALIFAX

Help Line	422-7444
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MONTREAL

Distress Centre	935-1101
Referral Centre of Greater Montreal request for information	931-2292

REGINA

Community Switchboard	352-6443
Crisis Line	525-5333

ST. JOHN'S

Citizen's Rights Association	753-7062
Community Services Council	753-7062

TORONTO

Distress Centre 1 (24 hours)	598-1121
Distress Centre 2 (24 hours)	486-1456
Suicide Prevention Bureau	368-3111
Information and Referral Centre	863-0505

VANCOUVER

Crisis Centre	733-4111
Greater Vancouver Info & Referral Service	736-3661

WINNIPEG

Suicide Prevention Salvation Army Klinik	943-4306 786-8686
Contact Community Information and Referral	944-8555

YELLOWKNIFE

Help Distress Centre	873-3555
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what's happening

Closure of Halifax's "Lane" puts in-mates on the street

Social agencies and consumers in Halifax are alarmed by the temporary closure of the Abbie J. Lane Hospital with virtually no community services or housing being provided by the province or the city for inmates of the facility until it reopens in eighteen months.

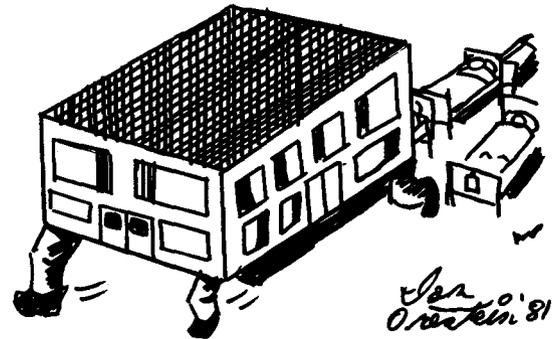
The "Lane" closed its doors on December 1 to allow for construction so that it could be combined with a huge medical complex called Camp Hill. The Lane, a psychiatric hospital with at least ninety beds at peak capacity, was sold by the city of Halifax to the province over a year ago. Halifax was to have received \$200,750 a year for ten years for it, which was to have been diverted into social services. However, money for social services for this fiscal year is almost all gone, say city officials, and no one has mentioned any concrete plans to provide programs and services. The board of directors of the Lane has disbanded and no management team is overseeing this transitional phase until the facilities are open again in 1983. A provincial election this fall has added to the confusion over who is in charge.

Aged and mentally handicapped inmates of the facility have been found alternative living quarters in the province, but many mental health care workers feel the "chronic" psychiatric inmates who had been living in the hospital for years were shifted out long before they were ready, into anything that could be found. Facilities for these people in the community are almost non-existent, and many ex-inmates have ended up being discharged into low quality housing as a result.

There are only four group homes for people with psychiatric problems in the

province, which take in thirty-some people. Regional Rehabilitation Centres (much like Homes for Special Care in Ontario) provide low quality housing and are usually located in rural areas.

In a study done by the Mental Health Planning Board of the Halifax, Dartmouth and county area five years ago, it was estimated that 800 to 1000 people were "psycho-socially disabled". With the unemployment rate as high as 64% in some places in the province, many mental health care workers say conservative estimates of the size of that group are now 1500 to 1800 people.



Lack of hostel space for homeless men was a serious problem in Halifax last year. Health care workers fear that with the shutdown of Lane, people may freeze on the city streets this winter if something isn't done.

Dialysis no miracle cure for craziness

Reports last year that dialysis seemed to help people diagnosed as "schizophrenic" have been shown to be unfounded.

Dialysis is a method of cleaning the blood, used on people whose kidneys are unable to perform this task. Last year's results indicated that "schizo-

phrenic" dialysis patients showed some remission of symptoms during treatment.

However, in a study carried out by the National Institute of Arthritis, Metabolism and Digestive Diseases, the National Institute of Mental Health, and the surgery department of the University of Texas, no improvement was seen in "chronic schizophrenic" inmates after ten weeks of dialysis or sham dialysis.

More on Alberta

Nine health care workers have been fired from an Edmonton hospital, two suspended, and nineteen ordered to take job counselling, after a recent investigation into the abuse of elderly patients there.

The Alberta Hospital investigation is the latest scandal in a continuing saga of investigations into the policies and practices of the Alberta Social Services Department.

Alberta Ombudsman Randall Ivany says the department "has a most inadequate child abuse registry", is negligent in screening prospective foster parents, overworks its social workers and tries to cover up when caught in the wrong. "The department is playing Russian Roulette with ... lives."

Elsewhere in the province, after months of investigation, Marguerite Paulson, the government psychologist who made her name through her extreme use of abusive forms of behaviour modification on disturbed children in a government-funded home last year, had her licence suspended for a mere thirty days this July by the Alberta Psychologists' Association. Dr. James Brown, registrar of the Association, said the decision to suspend her licence rather than cancel her registration was done because "this particular complaint was a difficult case".

And this fall a government-appointed committee evaluating Wetaskiwin Centre for Handicapped Children, where several mentally handicapped trainees were allegedly physically abused, publicly praised the government-run facility's programs and its director. Independent investigations done by the Alberta Association for the Mentally Retarded (AAMR) and Ombudsman Ivany have negated this claim.

A report by the AAMR stated that "26 of the 40 children in the centre are being deprived of any type of educational

program." Following an investigation by Dr. Ivany, the centre's director Keith Best was suspended from his job in light of his "over-all administrative performance". Cases of client abuse were also uncovered in these investigations.

Social Services Minister Bob Bogle has announced that his department will hire an Edmonton woman, Goldie Furman, past president of the Edmonton branch of Goodwill, to teach the new board of directors at Wetaskiwin on how to run its workshop and group homes, including how to avoid conflict of interest situations and how to handle complaints and make sure complainants have some avenue of appeal.

While further government and independent investigations are being carried on, the Mental Health Advisory Council in Alberta is working on a two-year study of the *Mental Health Act* in Alberta. But leaks from the government indicate that the province has already decided on revisions to the act which will include lowering the requirement of two doctors' signatures to commit a person to a psychiatric facility to one signature.

The Réal Chartrand affair

by Paul Morin
translated by Natalie Antonyshyn

"On October 12, 1971, it was not the policeman I wanted to kill, but him, the psychiatrist The relationship with that psychiatrist, who also represented authority, overwhelmed me at the time. He had power over me. You know, he had the power to kill me. That man, under the pretext of wanting to help, was offering me a life in which I would have had to do very little. It was very tempting. He was offering money and power. He flattered me intellectually."

Ten years after the incident, Réal Chartrand seems to be at peace with himself. The interview he gave to *La Presse* in his cell in the Archambault maximum security penitentiary in Québec in October of this year was the first since 1976.

Chartrand has been in prison for twenty-four of his thirty-eight years. His story does not hold many surprises

in the context of a system which holds the individual responsible, and in which equality before the law is non-existent since the very structure of society is unjust.

Real Chartrand's record reads as follows:

- Reform school at the age of 14.
- Five years of imprisonment for several offences at age 18.
- In St. Vincent de Paul Penitentiary, Chartrand develops psychological problems after being bitten by a rat while serving time in the "hole".
- In May 1964, Chartrand escapes but is recaptured during an attempted hold-up. Sentence: ten more years.

As his mental state deteriorated, Chartrand turned to acts of self-mutilation (more than 200 in ten years). And, as a result of too many drug treatments, he became drug-dependent.

It was in November 1964 that Chartrand first met Dr. Gilles Lefebvre at

the Louis-Philippe Pinel maximum security hospital where he was to undergo psychiatric care. Chartrand was treated by Lefebvre for ten months before the psychiatrist was promoted to the position of assistant medical superintendent--second in command.

Christmas 1970 saw Chartrand spending the holiday with his family, for the first time since 1958. What's more, the prison authorities began granting Chartrand more and more day passes. He was therefore able to find a job in a furniture store, and managed to completely free himself of his dependence on drug treatments.

To the doctors, it looked as if he were on the road to recovery. However, they had no knowledge of the privileged relationship which Dr. Lefebvre maintained with Chartrand--a sexual relationship in which pressure played an important part. Chartrand intervened on behalf of the doctor in order to stop the underworld from blackmailing the psychiatrist for his homosexuality. Lefebvre, in turn, slowly dragged Char-

ABRIA

By Ian Orenstein

Our Tale: THE PATIENTS OF THE FLORENCE MONTROSE HOSPITAL DECIDED TO VOTE TO SUPPORT THE NEW DIRECTOR, ABRIA BLUM. WHILE THEY VOTE ABRIA GETS A VISIT FROM A RELIGIOUS FANATIC, WHO SHE FINDS TO BE THE FORMER DIRECTOR.

ABRIA TRIES TO IGNORE HIM. HE DOESN'T MOVE, BEING IN SHOCK.

YOU'VE GOT TO BE KIDDING. HOW COULD A RELIGIOUS FANATIC GET CHARGE OF A MENTAL HOSPITAL



WOULD YOU BELIEVE PATRONAGE? YOU WANT TO KNOW THE WHOLE STORY?



NO, THANK YOU. PLEASE LEAVE. YOU'VE DISGUSTED ME ENOUGH. I HAVE WORK TO DO. GOOD BYE!

ABRIA LOOKS UP.

YOU STILL HERE?



YES, I AM! YOU HAVE NO RIGHT TO SPEAK TO ME LIKE THAT! I STILL HAVE FRIENDS IN THE GOVERNMENT. IF I TELL THEM WHAT YOU ARE DOING, I'M SURE THEY WILL REPLACE YOU!



SUDDENLY... YOU AREN'T WANTED HERE! BEAT IT!



OKAY I'M LEAVING, BUT MARK MY WORDS MS. BLUM, YOU WILL SOON BE FIRED!

SO YOU DO WANT ME TO KEEP THIS JOB CARL?

I DON'T KNOW IF I WANT YOU TO HAVE THIS JOB OR NOT.

I DO KNOW THAT WITH ALL THE TIME YOU SPEND WITH THESE PATIENTS AND DOCTORS OF YOURS, YOU HAVE LITTLE TIME FOR ME.



I HAVE TIME ENOUGH TO DO THIS.



EXCUSE ME, I'M ONE OF THE MEN FROM THE MINISTRY.



TO BE CONTINUED

trand into a relationship of dependence by lending him money, buying him a car, and letting him use his credit cards.

On October 9, the psychiatrist informed Chartrand that he had been refused conditional release. The doctor gave him five to ten Doriden pills (non-barbiturate hypnotics). The Pinel authorities still were not aware of the psychiatrist's actions. On the day of the murder, October 12, Lefebvre saw Chartrand once again and gave him money. Hours later, Chartrand killed a policeman in a shoot-out after a bank robbery.

Claude Castonguay, Social Services Minister, was assigned to investigate the affair. Although the proceedings were held behind closed doors, the Clement Commission severely reprimanded Dr. Lefebvre and recommended he be dismissed retroactive to December 1971. The College of Physicians and Surgeons suspended him for a short period.

Unfortunately, the conclusions of the Clement report remained unknown to the jury who found Chartrand guilty of murder. Castonguay refused to publish the conclusions under the excuse that they might influence the jury. Chartrand was sentenced to death, a sentence which he appealed to the Supreme Court of Canada. (Chartrand became the first person sentenced to death to ever plead his own case before the Canadian Supreme Court.)

His entire defence rested on proving insanity. He had to prove that he was incapable of judging the nature and seriousness of his actions and that he was not able to make the distinction between right and wrong on the day of the murder. During the jury trial, sanity was established on the basis of testimony given by Pinel's psychiatrist. Even Dr. Lefebvre was able to give his opinion, as an expert witness, regarding Chartrand's mental state. On June 26, 1975, the Supreme Court rejected Chartrand's appeal. He was to remain in total isolation for five years and seven months before an act was passed abolishing the death penalty. However, at the same time, the act imposed a retroactive sentence of twenty-five years imprisonment.

Chartrand's case finally came before the public eye when *Le Jour* (a now defunct Montreal daily) published an exposé in March 1976 regarding the Chartrand affair. Finally, the conclusions of the Clement report were uncovered.

In May 1976, *Le Jour* revealed that

two independent psychiatrists had been appointed by the cabinet to investigate Chartrand's case. They came to the conclusion that at the time of the murder in 1971, Chartrand was in fact "insane" as defined by the criminal code, and that furthermore not all pertinent psychiatric data had been supplied to the jury.



Heleen Doyte

The Louis-Philippe Pinel Institute

Shortly after this Maurice Champagne, ex-president of the Human Rights League in Québec and then vice-president of the Québec Human Rights Commission, wrote an open letter to P.E. Trudeau. He demanded the case be reviewed and that the two psychiatrists' reports be made public in the interest of giving Réal Chartrand a fair trial. Instead, the federal government preferred to bury the case.

After receiving a plea from Chartrand to review his case, the Minister of Justice decided to submit it to the Supreme Court of Canada. In December 1979, a 5-to-2 decision broadened the definition of insanity.

Because of this a judge can now accept the argument of insanity even though medically it cannot be established. Now the law seeks to know whether the individual understood his actions and not just whether or not he was aware of them.

But all of this has had little effect on Chartrand. "You know, I compare my life to an unfinished sentence in which there is a subject and a verb, but the complement is missing. That's something I've never had."

Penitentiary authorities, for their part, have transferred him to a "medium" detention centre in La Clarc.

Confidentiality of inmates' files not guaranteed

In a landmark decision this fall, the Supreme Court of Canada has ruled that RCMP informers who supplied the security service with confidential files of 368 patients had broken no laws and were entitled to "police informer privilege".

The RCMP will not be legally obliged to identify the doctors and hospital staff who passed on the information to them. The ruling involves only the thirty-eight files involved in security cases. The *Ontario Hospital Act* prevents hospital boards from providing confidential files but does not refer to hospital employees or doctors.

Chief Justice Bora Laskin and Mr. Justice Brian Dickson, the two dissenting judges, say it is absurd that the confidentiality provision of the Act not apply to hospital employees and doctors. The five other justices maintain no laws were broken, and that the informers are guilty of nothing more than "professional misconduct".

Last year, when the RCMP refused to reveal its sources to the Commission of Inquiry into Confidentiality of Health Records in Ontario, Justice Horace Krever recommended that the Ontario government provide clearer guidelines on handling personal medical files. Harvey Strosberg, the Krever Commission's counsel, does not see a rational case for protecting the informers.

The Supreme Court of Canada with its ruling has effectively "repealed the Ontario government regulation on confidential health information", says Alan Borovoy, a spokesman for the Canadian Civil Liberties Association.

Patients no longer have the law protecting their confidentiality. They have to rely upon each doctor's ethical point of view.

The provinces of Québec, New Brunswick, Alberta, and British Columbia and The Canadian Civil Liberties Association all say privileged informer status should not include medical personnel.

NDP member of Parliament for Burnaby, Svend Robinson, called the ruling a "sweeping extension of police powers". He called upon Solicitor General Robert Kaplan to amend the *Canada Evidence Act*

and end "this threatening extension of privilege in Canada".

D.A. Geekie, who spoke for the Canadian Medical Association, says that from an ethical point of view doctors have no right to expose confidential files to police unless a warrant is served.

Attorney General Roy McMurtry, however, thinks "most doctors respect the need for medical confidentiality". Police sometimes have to obtain confidential medical evidence, he said, using the example of sexual offenders with records in psychiatric institutions.

Depo-provera

Depo-provera, the long-lasting contraceptive that has not been approved for use in North America, is being given to mentally handicapped women in Ontario even though a recent study indicates that three women have died of cancer while taking it.

The study, conducted by Donald Zarfes of the University of Western Ontario, and tabled before the Ontario legislature in November, looked at the effects on 490 handicapped women who were given the drug for sanitary or contraceptive purposes. The three deaths represented twenty-five times the death rate which would normally be expected.



Depo-provera, manufactured by Up-John Drug Company of the United States, is an injectable contraceptive used in seventy-five countries, but is not sold commercially for this purpose in North America because there are indications it may cause cancer. It is often used on mentally handicapped women in institutions to stop them from menstruating.

Both the Canadian and Ontario Associations for the Mentally Retarded have called for a ban on the use of the drug, but the Ontario Ministry of Community and Social Services says it has no immediate plans to stop using it on 199 women in its institutions.

Handicapped worker sues Ontario gov't

Peter Mende, a 30-year-old victim of cerebral palsy, is suing the Ontario government and his previous employer because he didn't receive minimum wage during a work assessment program last spring in the Sudbury area.

Mende's lawyer, Susan Ellis, points out that nothing in the *Vocational Rehabilitation Services Act* indicates it overrides the *Employment Standards Act*, which requires employers to pay minimum wage. The *Employment Standards Act* allows a person receiving training to waive minimum wage by signing a consent form. Mende was not given one of these forms to sign.

Mende also complains that his employer, John Jaworski, did not give him an assessment of his mechanical abilities but assigned him work such as "washing floors, wiping bikes, general go-for stuff ... the only tools he told me to use was a broom and mop." Later, according to Mende, he was given a tool kit that was "nothing but a piece of scrap".

He finally quit because, says Mende, he was being used as a general labourer instead of receiving an assessment, and because he had to keep asking Jaworski for his \$25.00 per week.

If Mende wins the case, thousands of disabled people who have received on-the-job work assessments under the *Vocational Rehabilitation Act*, and only received the province's monthly maintenance of \$338.00 could be affected. At least 13,000 people are presently working in Ontario under Vocational Rehabilitation or in sheltered workshops.

The Ministry of Community and Social Services is attempting to classify Mende as "permanently unemployable", which would entitle him to \$338.00 a month forever. But Mende says he got a good assessment from the employer he worked with after Jaworski, and dismisses the idea as an attempt to "buy me off".

Poor kids test as smart as rich

After nine years of experiment and interpretation in the field of intelligence testing of children (IQ testing), Toronto psychologist Marilyn Miller has come up with evidence that low income children are no different intellectually from middle-class children. Results of her research with professor Juan Pascual-Leone of York University were presented in April to the Society of Research for Child Development in Boston.

Miller's research throws into question the test results of Arthur Jensen, an American who claimed that intelligence is inherited. He showed twenty objects to his subjects, then asked them to recall what they had seen. In one test each object belonged to one of four definite categories. His other test involved twenty completely unrelated objects for the children to remember. Rich kids scored well, he claimed, because they had inherited the ability to think and learn conceptually. Poor kids did not have the right genes; they scored lower since they could only remember by repetition or association and could not see the categories.

Miller reproduced his tests and his results, but continued testing over a longer period of time. In two separate studies, each child was tested four

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times on both tests during several months, then interviewed. Scores of the poorer kids got better with practice, which, Miller feels, proves they have the ability to think and learn conceptually if given the opportunity.

She believes the reason rich kids usually score better in IQ tests than poorer kids is that a middle-class family often encourages its children toward mental achievement. Lower-class families, usually larger, are busier and have less time to encourage their children. "But," cautions Miller, "an intelligence test is only a momentary measurement, not a final sentence. No one's future should ever be decided by a single test."

After her report on IQ testing of children is published she plans to use her discoveries on job-related decisions. She is concerned about the use of psychological tests by business and industry in their hiring and promotion practices.

Miller is presently a member of Peter Moon and Associates—management psychologists—and specializes in management assessment and career counselling.

The lithium "cure"

A psychiatrist from Montreal is suggesting that lithium be added to other psychiatric drugs to help "save" the 30% of badly "depressed" people who do not respond to medication or electroshock therapy.

Dr. Claude de Montigny told delegates to the Society for Neuroscience in the fall that twenty-six depressed people at the University of Montreal and nine at Yale treated with a combination of lithium and other psychiatric drugs showed a dramatic improvement within seventy-two hours. All but two research subjects improved in Montreal, and eight of nine people at Yale showed improvement.

Lithium is a metal commonly used to "treat manic depression". In order to be effective, however, it must be given in close to lethal doses and monitored carefully. The use of lithium with other psychiatric drugs has been found to cause sleepwalking, and may dramatically increase the chance of experiencing serious side-effects of both drugs. There have been no long-term studies done on the toxic effect of lithium in animals.

MPP demands probe of psychiatric care

An Ontario MPP has added another voice to demands for an inquiry into psychiatric care in the province, after receiving information that a woman in Toronto's Queen Street Mental Health Centre had been so heavily drugged she is partially blind and suffers from brain damage.

Ross McClellan (NDP Trinity-Bellwoods) had the information leaked to him by an anonymous source at the Queen Street Mental Health Centre. According to his source, the 26-year-old woman in question had been in the institution since 1970 and had been receiving at least four to nine times the amount of chlorpromazine recommended by the *Canadian Compendium of Pharmaceuticals and Specialties*, as well as Modicate and Moditen, over a ten-year period.

Clinical records of the woman, whom McClellan would not name, showed measurable brain damage had been found in an EEG (brain scan). Her partial blindness was not shown on clinical records.

"Why was it necessary to maintain such high dosages of such dangerous drugs over so long a time despite the fact that the patient had developed severe adverse reactions?" McClellan asked the legislature in October.

McClellan later told Phoenix that a review of medication dosages should be done at psychiatric facilities in Ontario to find out how common over-drugging of inmates is. He hopes that raising the question in the legislature will at the very least cut down this inmate's medication so that some of her "adverse reactions will be abated. Unfortunately, they [the government] respond to death and nothing else."

Last year, nineteen-year-old inmate Aldo Alviani died at Queen Street after a "therapeutic misadventure".

Health Minister Dennis Timbrell responded to McClellan's questions by saying that the *Compendium* was produced for pharmacists, not physicians. "We are in an age when some would argue people are receiving too much medication. Others would tell you that because of some of these new so-called wonder drugs ... people can now be in the community leading relatively normal lives. ... [T]here are strong arguments pro and con."

He and his staff are looking into the case.

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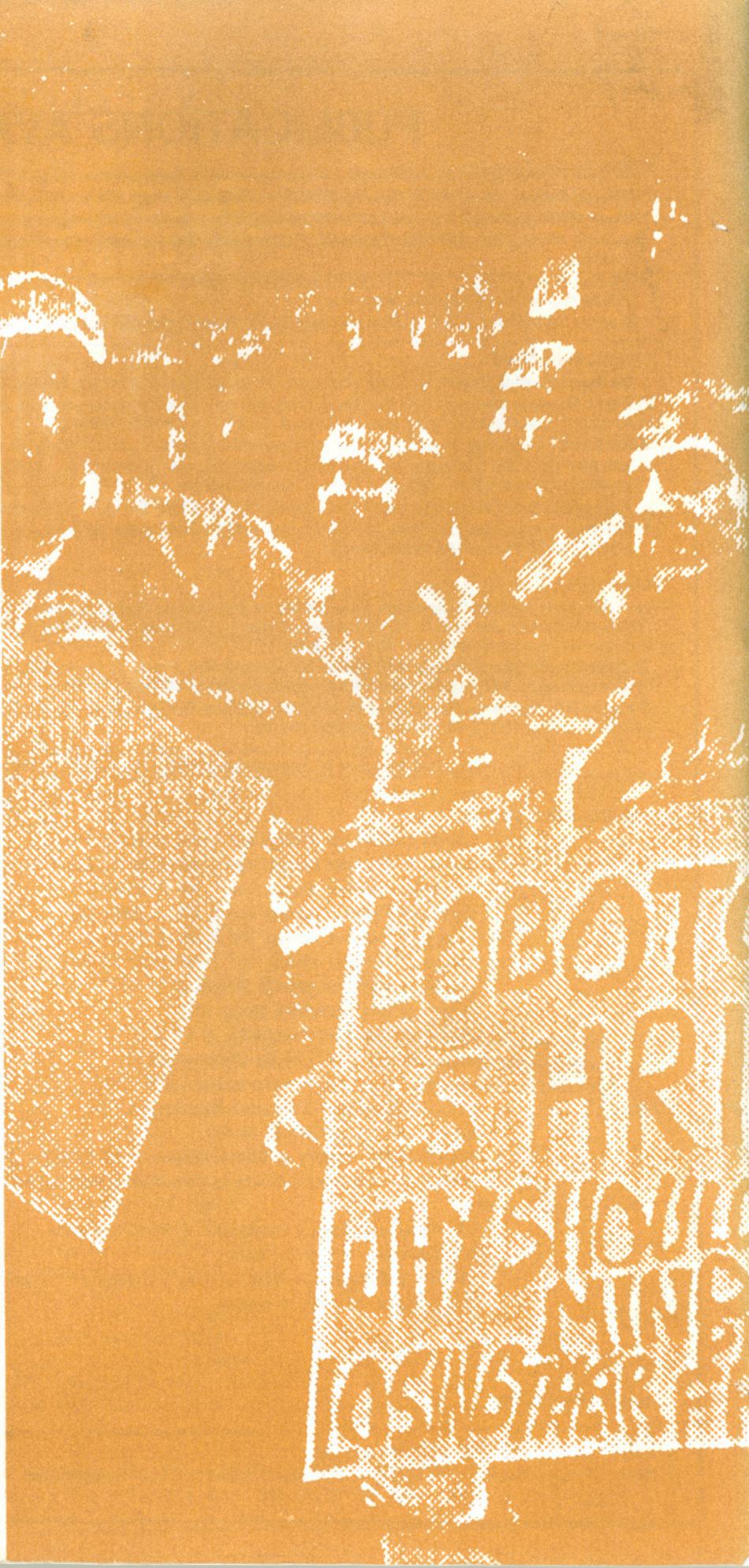
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