

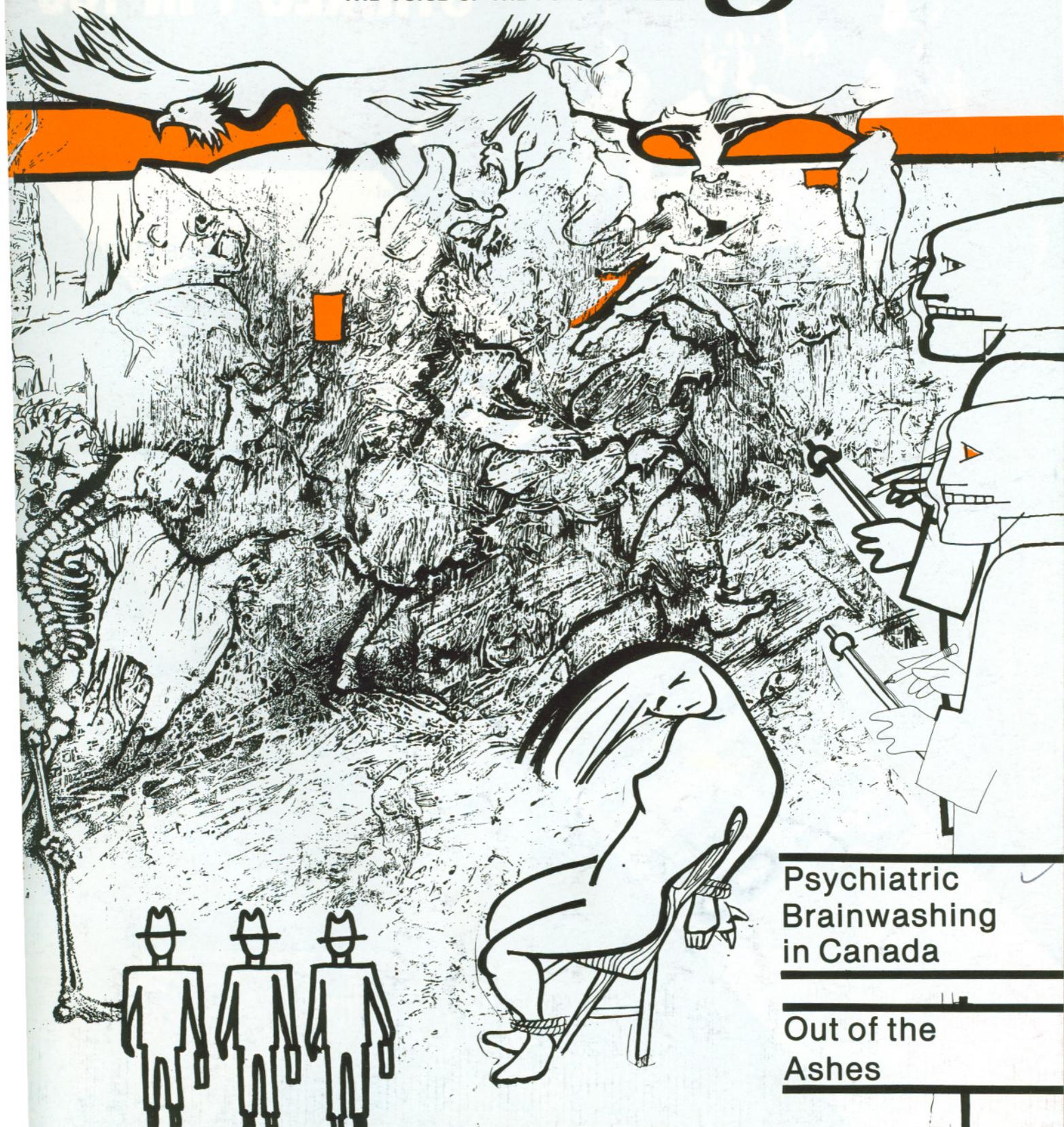


phoenix Rising

THE VOICE OF THE PSYCHIATRIZED

June 1986
Spring/Summer Issue
Vol. 6, No. 1
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Larsen



Psychiatric
Brainwashing
in Canada

Out of the
Ashes

SCHIZOPHRENIA

STRIKES 1 IN 100



**SANITY STRIKES
99 IN 100**



INSIDE

FEATURES

8 Canadian Government Supported Mind Control Experiments

Evidence—which should come as no surprise—shows the government knew of infamous experiments done for CIA at Montreal's Allan Institute and McGill University—and helped finance them. by Don Weitz

13 Canada and US Still Stonewalling Victims

After six years the human guinea pigs are still seeking financial compensation for their suffering.

38 Who Paid the Shot?

Statement of "research grants" provided by Canadian Government departments to fund the experiments.

39 Bibliography

Research source material for article.

40 Laying the Blame

A *Phoenix* reader contends that such atrocities are endemic to psychiatry, and that to attack government and the CIA is to miss the point. by O.G. Pamp

29 Inmates' Rights Inadequately Protected

Pat Capponi, a member of the Advisory Committee to Ontario's Patient Advocate Office, argues that lack of independence from the Ministry of Health hampers the program. She urges an external review of the advocacy program.

REGULAR FEATURES

32 Mad News isn't all bad news. There are legal victories over some of the more reactionary injustices of the psychiatric system. (Yes, The Charter can help us out.) Personal triumphs against the plastic mould concept of 'normalcy', and self-help information to ward off shrinks. **Shock Waves, Phoenix Pharmacy** and **Rights and Wrongs**.

15 Out of the Ashes inspires more and more *Phoenix* readers to put fire in their words. Poetry, a personal recollection, and a remarkable short story that burns from the heart.

3 Write On encourages our readers to express their opinions.

6 Maggie's Bag is really a bit weird—but we like her. So does her mother.

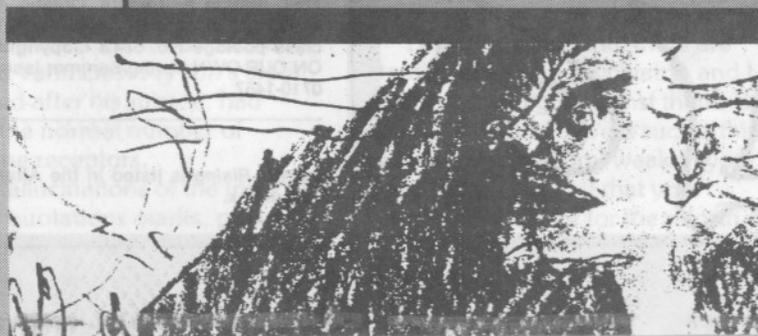
30 The Bookworm Turns

Mass Murderers in White Coats reviewed by Mel Starkman.

Still Sane reviewed by Lilith Finkler.

31 Phoenix Pheather and Turkey Tail

Whatever sticks belongs.



EDITORIAL

Society's 'norms' and 'mores' are, of course, forever with us. Too bad for the crazies. Normalcy and morality boil down to keeping your ass well covered and sitting on it for a lifetime—then on to the next generation and the same rearguard action.

So today's nut detectors are too many dopamine receptors, chemical imbalances and the still unnamed new ones being kooked up even now; so scary because they're "scientific" and this time society—straight and true and just progressing right along determined to prove the big bang theory of human disintegration—has got the answer for sure. A few decimal zero zeroes of this and a couple of hundredths of a milliliter of that and a sharp clean needle and we'll all be perfect. And it won't hurt a bit. And then there's yougenics—breeding normal test tubes. And everybody'll sit around and cluck cluck about the barbaric old days of shock treatment. Isn't science wonderful!

Who wants to sit around clucking; and besides, science will just learn more precise methods of measuring aberrant clucks to find the new crazies.

But that's a broad social view of 'them against us,' and it doesn't wash when a reader writes us a heartrending letter about the sufferings of himself, his family, and especially of his son, who committed suicide. He states:

To say that real, organic mental illness does not exist is to say that the brain, the most complex part of the body, is the one part that never malfunctions. Why?

What gives it this invulnerability? The fact is that it does malfunction—unless you believe that Alzheimer's disease, for example, is not an illness.

We can't begin to respond in an editorial, but we must respond soon.

Likewise we must react to the insanity of 'normalcy' as perpetrated by those eminent Canadian psychiatrists who mangled people's minds in the name of defending the just-and-true and with the blessings of the Government of Canada and the CIA (see feature article). It's almost enough to make us feel moral and self-righteous. But that's to fall into the trap, isn't it?

Meanwhile, **Out of the Ashes** more and more arises—people celebrating and suffering their madnasses.

And a joke comes to mind. A woman walks into a psychiatrist's office. "Take off your clothes and lie down on the couch," he commands. Afterwards he says, "Well that's my problem. What's yours?" End of joke.

It's all very difficult to measure.



phoenix rising

Editorial Collective for this issue: Tim Dunn and Liane Heller/Editorial; Don Weitz/Research and Writing; Denise Malis/Paste-Up and Layout; Maggie Tallman/Advertising, Circulation, Correspondence and Column; Carole Stubbs/Consulting.

Typesetting: Second Story Graphics

Printing: Delta Web

Cover design:
Cedar Christie

Illustrations:

Cedar Christie Stephanie Cooper
Randall Dowhan Denise Malis

Contributors:

Michael Berman O.G. Pamp
Buck Derek Robinson
Pat Capponi K.G. Rush
Cedar Christie Sperry
Stephanie Cooper Mel Starkman
Randall Dowhan Carole Stubbs
Lilith Finkler Maggie Tallman
Jerry Fromstein Tsigane
Cynthia Ingle Josephine Toews
Denise Malis Don Weitz
Brian McKinnon Megan Stuart Mills

The opinions of the editorial collective are expressed in the editorial and unsigned articles. Other articles, columns and letters to the editor express the views of the writer. We will not accept any advertising which in any way supports forced drugging, electroshock, involuntary confinement, or psychiatry's medical model of mental illness. *Phoenix Rising* reserves the right to edit material submitted. Material should be submitted typed and double-spaced. Persons wishing to have material returned must enclose stamped, self-addressed envelope. *Phoenix Rising* is published quarterly by: ON OUR OWN, Box 7251, Station A, Toronto, Ontario, Canada M5W 1X9. Telephone: (416) 699-3194, Second class postage No. 5342. Copyright © 1986 ON OUR OWN Spring/Summer Issue. ISSN 0710-1457.

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An anguished father's questions

Dear Editors

In the "Write On" section of your December 1985 issue is the statement that "a letters column is an appropriate place for a range of views, including those that differ or are even critical." That encourages me to hope that you will print this letter, which challenges one of your basic positions — your opposition to the medical model of mental illness.

I am not trying to say that all mental disturbances constitute illness in the medical sense; but I do say that *some* do. If I correctly understand my reading of *Phoenix Rising* and the statements of some of your members, you disagree with that; you believe there is no such thing as biochemically caused mental illness.

To say that real, organic mental illness does not exist is to say that the brain, the most complex part of the body, is the one part that never malfunctions. Why? What gives it this invulnerability? The fact is that it does malfunction — unless you believe that Alzheimer's disease, for example, is not an illness.

Both dissection of dead brains and electronic scans of living ones show abnormalities in the brains of some patients diagnosed as mentally ill. Some have unusually large numbers of dopamine receptors; some have enlarged ventricles. My son's brain, examined after his suicide, had double the normal number of dopamine receptors.

The hallucinations of the mentally ill — no quotations marks, please —

cannot come from normally functioning brains. You choose to call them visions or spiritual experiences (August 1985 *Phoenix Rising*, page 34A). I suggest that you ask the people who suffer from them if they would use such bland terms to describe them. Perhaps some would; many others would not.

My son heard voices, and they hounded him to his death. On the day he jumped off a bridge he left a note saying that the voices had told him they were going to kill him and would not let him warn us. A woman I know had a son who kept hearing what he believed to be the voice of God, threatening to kill him. He put the points of two knives against his eyes and fell against them. They penetrated his brain and killed him. Other mental patients in Toronto have jumped in front of subway trains. Some "spiritual experiences!"

If all the cases that psychiatrists call mental illness are nothing but reaction to the problems of life, why should young people without any serious problems sink into apathy and withdrawal, or start hearing voices, or think they are the victims of a conspiracy? Time and again it happens that happy, loving people change out of all recognition, and this for no apparent reason. Often they have brothers and sisters, living under identical conditions, who experience no such change.

I don't question that there are terrible abuses in psychiatry, and I respect your fight against them. But by denying that there is such a thing as mental illness you weaken your credibility. I suggest that your struggle should be for the reform of

psychiatry, not for its abolition.
Norman Houghton,
Toronto, Ontario

No philosophy; no belief system; indeed, no point of view — however passionately held or eloquently expressed — seems an adequate response to a personal tragedy of overwhelming emotional impact, such as you have experienced in the loss of your son.

It is clear that your belief in at least part of the medical model of mental illness, and in psychiatry's capability to achieve a cure, is sincerely held and fervently expressed. And it is equally clear that our own viewpoint, as you have pointed out rejects both the concept of mental illness and the efficacy of psychiatry in helping people who are troubled and tormented.

Despite these polarities, however, we feel we can offer a point of agreement that seems to us more appropriate than a discussion of our respective philosophic differences; this concurrence is that the death of your son was shocking, saddening, and tragic. We deeply sympathize with your pain, and we truly appreciate the frankness and thoughtfulness of your letter.

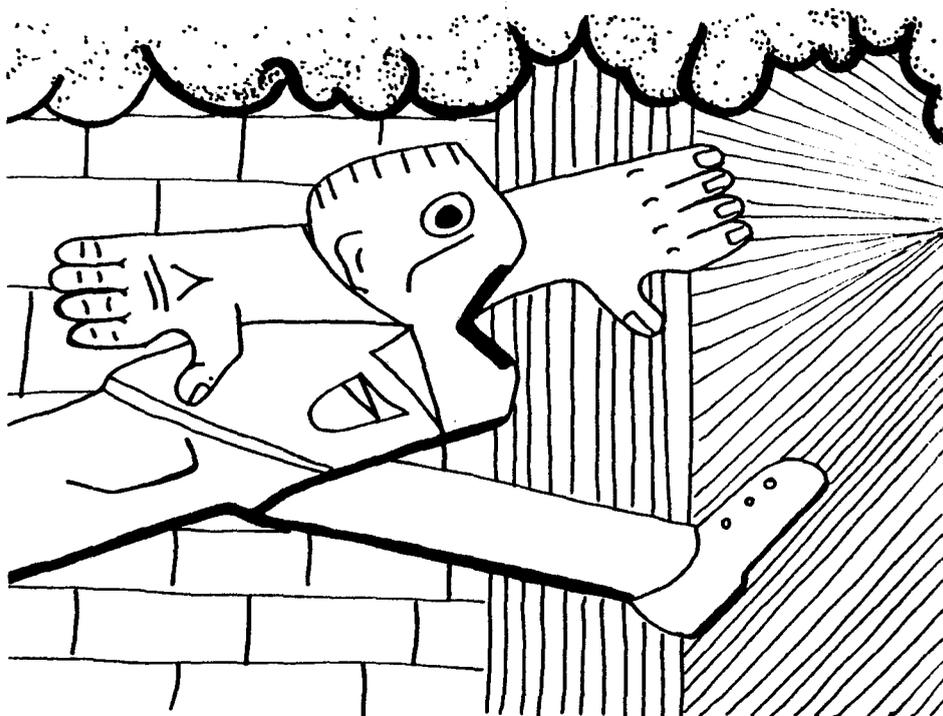


Incriminating Thoughts?

Dear Editor:

Having just read p 39 (P.R. Vol. 5/No. 4) "Landmark decision on involuntary committal" (first item under 'Mad News') I found myself, not encouraged but discouraged, not hopeful but frightened.

The item in question concerned a Mr. A's appeal of his involuntary



committal to court. How can Judge Locke (the Judge presiding at this appeal) say, generally, the burden of proof for involuntary committal lies with the physician i.e. (proof of dangerousness), and then rule in this specific instance that such evidence exists, when it doesn't?

The "evidence" that the judge considers is that Mr. A hears voices telling him to perpetrate violence toward others. Locke says that the fact Mr. A doesn't obey this voice isn't the point. The fact Mr. A doesn't obey this voice IS the point. Who hasn't thought "I am going to kill you", etc., and especially under conditions where others are depriving you arbitrarily of your human rights, as in involuntary committal? Even if it were decided that having such "violent thoughts" were a crime (which is ridiculous), what evidence is there that Mr. A had such thoughts? The only evidence for such violent thoughts is self-admission, which should be inadmissible on the grounds of self-incrimination. (Canadian Charter 11 c.)

Not only has Mr. A committed no crime then, the supposed cause of the future crime he is predicted to commit (his "violent thoughts") has not been established, either as a

legitimate cause or as a reality existing inside Mr. A.

I can only hope that District Court Judge Locke's ruling can be appealed to a higher court and, most especially, that Mr. A's legal right to refuse "treatment" (torture) while incarcerated is being respected.

Sincerely,
James Armstrong,
Thessalon, Ontario

Millbrook Censors *Phoenix*

Dear Don:

Was returned to Millbrook on January 24, 1986. It was good to see you at the Board hearing. Didn't know if you would get my message or not. The copy of *Phoenix Rising* you gave me was not allowed me here. I spoke with Administrator who said it would get looked into. It was later denied me on the grounds that it had not been mailed from Publisher to me — the institution rule here being that all magazines must come direct from Publisher. My issue of August 1985 is in my possession but has been thoroughly censored. I just began a very interesting article in issue you last got me, when I was separated from my property en route to here. I would greatly appreciate having a copy of the latest issue —

mailed to me from Publisher...

Thanks Don. For now, take care.
Eldon Hardy,
Millbrook, Ontario

Dear Eldon:

Good to hear from you but wish you weren't in that place. Of course I'll see to it the magazine is sent — the 'proper' way. It's an outrage that the authorities there hassle you so much over getting a copy of *Phoenix*. Makes you wonder what they're afraid of. We can't print your whole letter because we haven't enough space, but thanks for bringing another example of institutional stupidity — not to say injustice — to our attention.

Keep on writing and I hope to see you soon.

Don Weitz
& everybody at *Phoenix*

Friends needed — not drugs!

To Whom It May Concern:

As you may not have heard of On Our Own ... It's a group of ex-psychiatric patients trying to do something with themselves. But a lot of people are so heavily medicated they just aren't able to think. Why can't we start to take a look at that aspect huh? I'm speaking from experience. I've just about had it with our Mental Health System, 'cause I lost a sister I really truly loved to your so called medication and a lot of friends, who committed suicide from losing their power of mind. Why of course you don't give a damn all you care is just the almighty dollar! Why?! Oh yes sometimes people need just a friend to be there to confide in. Not always your so-called psychiatric drugs. Have you got a heart or what for people, cause if you did you'd start to help On Our Own moneywise.

Sincerely,
Nathan
of On Our Own
P.S. What it boils down to is people helping each other.

Thank you, readers

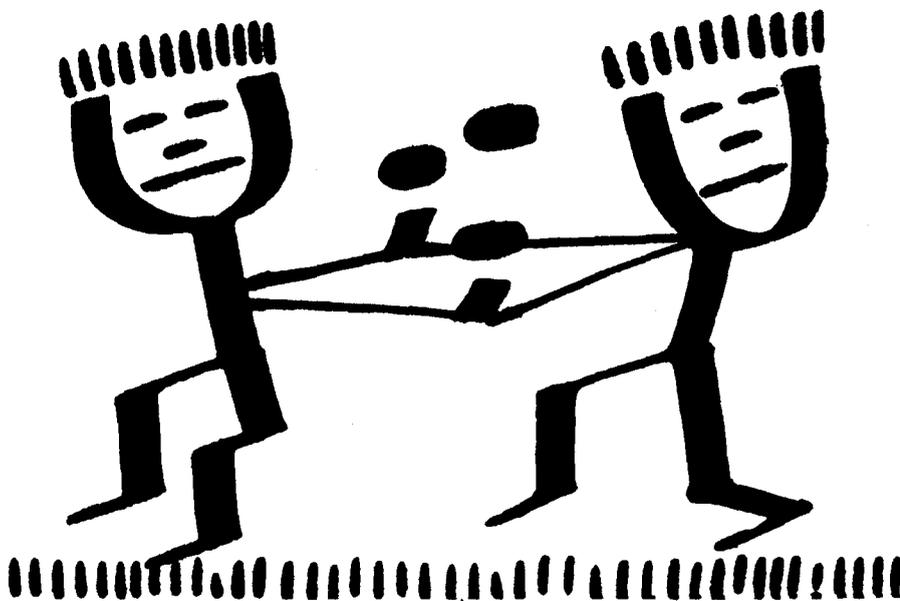
Dear Editors:

My thanks for the article in the Winter issue penned by Jean Skov, "Recovering from psychiatry: How I got myself back."

Recounting her experiences is indeed an expression of her anger that will benefit others.

More personal accounts please.

Yours truly,
A. Fewster, R.N.
Sarnia, Ontario



Dear Editors:

What a joy to see that *Phoenix Rising* is going to continue to rise...

The December '85 issue is chock full of interesting pieces. Cedar Christie's sketches and drawings (in particular the drawing on page 36), are excellent. They add enormously to the magazine's content. The Bookworm Turns is my favourite feature, and the Mad News is a

helpful resource. I especially like the fact that the editorial collective responds to letters in Write On. Keep it up! It's always annoying when a Letter to the Editor asks a question that doesn't get answered, or makes an angry statement that doesn't get a rebuttal.

Glad Tidings,
Sheila Morrison,
Toronto, Ontario

Dear Don:

Thank you very much for your wonderful letter, and for sending me the winter issue of *Phoenix Rising* which I read immediately with fascination and quite a few "oh my gods" and "holy fucks".

I haven't decided what I will do to heal myself and put into action my anger after my six week outpatient stint at UBC's "Day House". If it takes the form of writing I'll send you a copy.

Natasha Lyndon

Dear Editors:

I want to congratulate you on your excellent work...

When I read your December issue I was furious and I cried because I have been in a mental institution and I was put through hell.

A kind word, a smile, a hug, and trying to understand each other's pain would certainly be a first step; then together to find ways to cope with the everyday problems. And guidance. Things that are not taught in mental institutions.

I want to give Mrs. Skov a big hug. She's a magnificent person and she's a survivor. All the best to her...

May God Bless you!
Yvonne Savoie,
Dartmouth, Nova Scotia

THE 'MAD MARKET

is a
non-profit store operated by On Our Own,
a self-help group of Ex-psychiatric inmates.

- We offer items for sale at some of the cheapest prices in town!
- Donations of used goods are welcome.

- 20% Discount for members of On Our Own and similar organizations.

- Clothes, furniture, books, appliances, etc.

We pick up and deliver.

1860 Queen Street East, Toronto, Ontario 690-9807

Open Tuesday — Saturday



Maggie's Bag

Empty advertising

It's a wonderful idea for Ontario's Ministry of Community and Social Services to launch an advertising campaign for its assistance program for victims of assault and battering. Educate the public about the seriousness of the problem: reach the many individuals who aren't aware that such help exists; that sort of thing.

But an even better idea would have been to spend the money to open more hostels, hire more staff, and expand the volunteer base. Instead, government funding for these programs has been cut and the existing agencies are often unable to respond quickly to those who most need help.

An ad campaign that promises what it can't deliver is referred to as misleading.

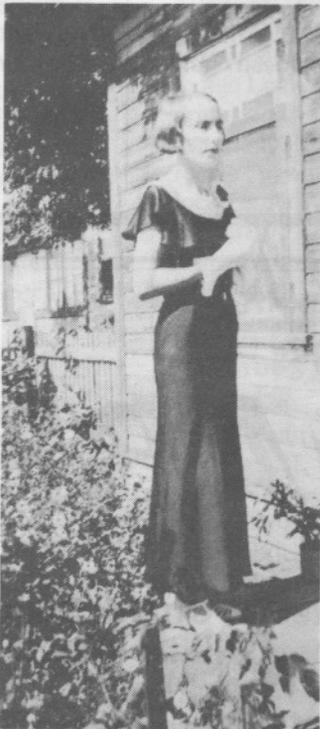
Beryl rides again!

If there are any of you folks out there sitting on your respective handicaps feeling you can't do much to change things, take a tip from Beryl Potter. She and 150 others travelled to the House of Commons to become a 'visible' minority protesting the Conservative Government's proposed Employment Equity Legislation.

Black Monday Beryl came close to being thrown out of the Visitors' Gallery when she made her feelings known by shouting at the Employment

Minister, Flora MacDonald, that she had lied to the handicapped people. Further comments from Sheri Stein, legal counsel for the coalition indicated the bill had 'no teeth.'

Who says that a 62 year old triple amputee can't move them and shake them.



DEAR MOM:
HAPPY 75TH! THANKS
FOR ALWAYS BEING THERE
WITH ALL YOUR LOVE AND
SUPPORT OVER THE
YEARS.

LOVE FROM YOUR GIRLS:
MAGGIE, OLLIE, GERTIE
AND MABEL

Getting the record straight

Finally, there's at least one psychiatrist who realizes there are problems with electroshock. It's too bad, however, that Dr. Sidney Barza of Montreal hasn't yet got a handle on the *real* problems.

It seems that one of the good doctor's patients, suffering from memory loss after receiving ECT, forgot to take her birth-control pills and became pregnant. Writing to the *Canadian Journal of Psychiatry*, Barza said his patient had greatly benefitted from ECT, and "recovered rapidly" from an "endogenous depression" — but he did allow that the "short course of treatment" had produced a side effect.

The side effect in question? Not memory impairment; that would have been too obvious. No, as far as Barza was concerned, the woman's pregnancy was the problem, and he even went so far as to note that "pregnancy may be a side-effect of ECT in a certain group of women during their child-bearing years."

It seemed fairly ironic to me that a procreative capability would be attributed to a machine normally associated with the destruction of the very essence of life — brain cells. But what do you expect from a psychiatrist?

PSYCHIATRY KILLS
(above our desks)



NEVER LET IT BE SAID I
HAVE NEVER
PARTICIPATED IN A
BEAUTY PAGEANT!

Buttons and bumper stickers seen and loved

QUEEN STREET IS CRUEL AND UNUSUAL
(Although this is a group button referring to Queen Street Mental Hospital, it is now a collector's item for the Toronto Transit Drivers who work the Queen Street run.)

Institutional anguish

Each time I correspond with an inmate at 'Penetang' (officially known as the Penetanguishene Mental Health Centre), there's a strange urge to write PenetANGUISHene. Funny how these things come over you, isn't it?

Adding insult to injury

What's in a medical chart? Well, just about anything, from a patient's political opinions to idle gossip from neighbours. Take the example of a Toronto woman who told her doctor she was opposed to extra-billing by Ontario physicians, and later — in another doctor's office — noticed these entries on her medical chart: "Has a chip on her shoulder. Antagonistic tone against doctors opting out. Wants to know what we are planning to do to inconvenience our patients."

What such remarks had to do with treatment for the sore

throat and earache, she couldn't fathom; baffled, angry, and worried that the entry would affect the quality of her medical care in the future, Fiona Stewart cried foul, and took her concerns to the press — with ample justification.

But what about people who don't get a chance to see their records, or have to wait years to find out that medical information isn't always as confidential as it's supposed to be?

A friend of mine, who was recently allowed to read the records pertaining to a breakdown she suffered 25 years ago, found out that among those who evaluated and discussed her condition were neighbours, teachers of her children, and other "interested groups."

Presumably, she didn't even have to beg her doctor to show her the charts; she could just have asked neighbours and other "interested groups" what was in her medical records!

I OWE, I OWE — IT'S OFF TO WORK I GO (seen on a young bass player's case at a bus stop)



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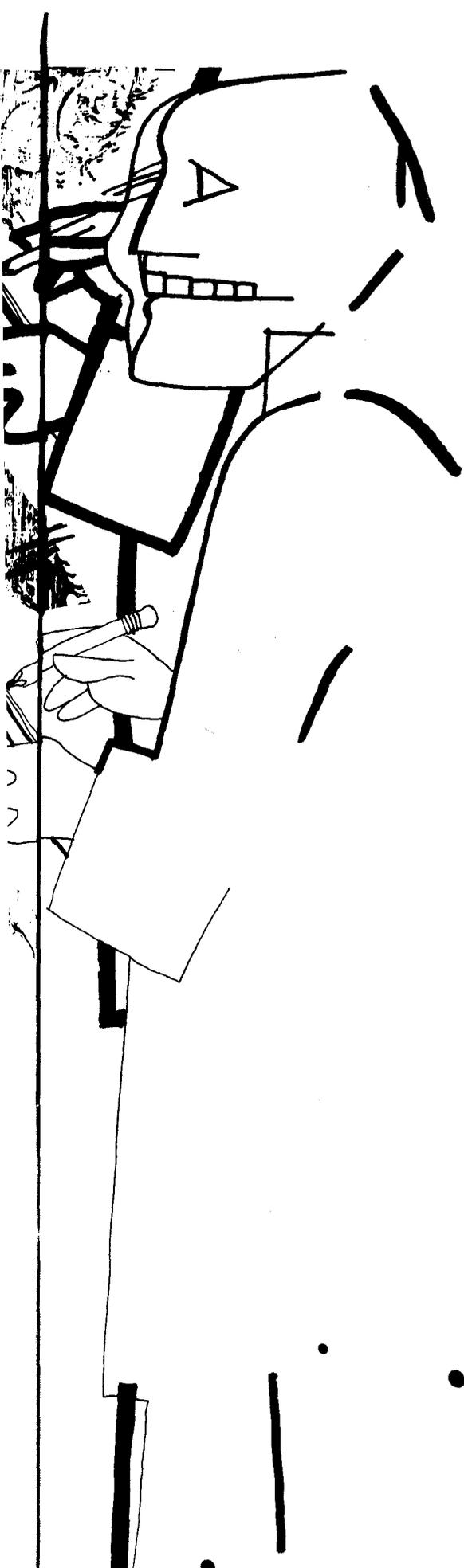
A PSYCHIATRIC HOLOCAUST?

Canadian government,
CIA supported
experimentation in
two Montreal institutions

By Don Weitz



Since 1977, when the New York Times revealed that the Central Intelligence Agency (CIA) had funded the brainwashing experiments of Dr. Ewen Cameron in Montreal, the public and the media have been under the mistaken impression that the CIA alone provided financial support for these psychiatric atrocities of the 1950s and 1960s.



Indeed, the CIA connection was paramount, as former CIA agent John Marks reveals in his 1979 exposé, *The CIA and Mind Control*, which documents some of the agency's covert operations — with such code names as “ARTICHOKE,” “BLUEBIRD” and “MK-ULTRA”¹ — involving mind-control experiments that drove many of its Canadian and American victims to madness, even suicide.

But what is only coming to light now is that the Canadian government also secretly supported and funded many of these psychological and psychiatric abuses, under labels like “psychological warfare” and “national defence.” From 1950 to 1964, the Department of Health and Welfare and the Defence Research Board (now part of the Department of National Defence) awarded several grants to Cameron and other psychiatrists and psychologists working at the Allan Memorial Institute and McGill University in Montreal.

The Ottawa - CIA Connection

During the Cold War, in the late 1940s and 1950s, the CIA was obsessed with finding and using methods to combat Soviet espionage: If the Soviets could brainwash spies and defectors to extract confessions from them, why couldn't the Americans do the same? Under the directorship of Allan Dulles and Richard Helms, the CIA set up several secret projects — including “ARTICHOKE,” “BLUEBIRD,” “MK-DELTA” and “MK-ULTRA” — all involving mind-control and brainwashing techniques, strategies and experiments.

“BLUEBIRD,” which began in April, 1950, and “ARTICHOKE,” which began in August, 1951, were discussed during at least two secret meetings between the CIA and scientists in the spring and summer of 1951. Three prominent Canadian scientists attended the June 1 meeting in Montreal's Ritz-Carlton Hotel: psychologist Dr. N.W. Morton, Director of Operational Research for the Defence Research Board (DRB) in Ottawa and Past President of the Canadian Psychological Association; Dr. Omond M. Solandt, a former

research scientist, Chairman of the DRB and Deputy Minister of National Defence, and Professor Donald O. Hebb, a research neuropsychologist and Chairman of McGill University's Psychology Department.

During the meeting, CIA officials expressed keen interest in mind-control experiments and asked for active support from the Canadian and American scientists. These excerpts from notes taken during the discussion show the extent of the Canadian involvement — both governmental and scientific — despite the deletion of the names of many of the officials: (In quoting from notes, reports and other documents, all italics are mine.)

The Canadian representatives had obviously discussed several programs which they were anxious to explore ...

Political warfare:

Research into the psychological factors causing the human mind to accept certain political beliefs aimed at determining means for combatting communism and “selling” democracy. This program was suggested by (name deleted), a consulting psychologist.²

Control of the Individual Human Mind:

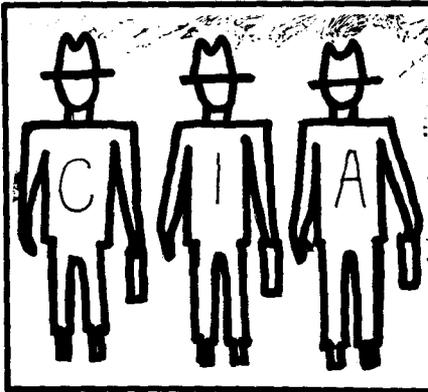
Research into the means whereby an individual may be brought temporarily or perhaps permanently under the control of another. This project was suggested by (name deleted), who is prepared to undertake it immediately should it be approved. (name deleted) has had previous experience in this type of research and *expects a grant from the DRB* in the near future ... While this grant will not permit *human experimentation* he feels that such experimentation can be tied in.

... both of the projects will be written up for *consideration by the DRB* and will probably be approved.

The Canadian DRB programs are relatively firm, and will undoubtedly go forward ... The U.S. programs ... can be tied in where they are of mutual interest.

Conclusions and Recommendations

The Canadian representatives



“The Canadian representatives were fully acquainted with the problems and were carefully selected to provide a balance of scientific competence to the discussions.”

— Secret CIA Meeting, Montreal, 1951

were fully acquainted with the problems and were carefully selected to provide a balance of scientific competence to the discussions. (name deleted) in particular, indicated a keen understanding of the “Bluebird” problem, and was obviously interested in conducting research programs in connection with it. With the backing of DRB (names of institutions deleted) should provide *a center of interest and activity which will be of utmost value in the testing of various hypotheses as to control of the human mind.*

... U.S. interests can best be served by *channeling our contact through the DRB...*³

These notes make it clear that Canada was to be a major brainwashing and mind-control research centre for the CIA, and that the Canadian research was to be carried out under the cover of the Canadian military, specifically the DRB or the Defence Department.

To ensure secrecy, the CIA would set up two distinct but related mind-control projects: “BLUEBIRD” (or “ARTICHOKE”) and “MK-ULTRA.” The need for such strict secrecy was discussed at length, as well as the possibility of cooperation with other foreign intelligence agencies.

Less than two months later, on July 23, 1951, another secret meeting was held; names, as well as other identifying information, were deleted or barely legible in the notes. But the goals and objectives of the projects were beginning to come into focus, including studies of “the availability of the individual and the detection of an amenable type,” and the “physiological and psychological reactions” to the “interrogation.” Techniques — specifically, drugs and hypnosis — were also discussed.

And the notes reiterate the

Canadian commitment to CIA research and secrecy:

There is no existing program in Canada at the present time.

There will be one.

We may expect inquiries from the Canadians as to our progress ... any connection with CIA is not revealed.⁴

Yet another secret meeting on “ARTICHOKE” was held on Dec. 3, 1951. Again, all names and other identifying information were deleted, and it’s doubtful that any Canadians attended. However, the use of electroshock as a significant technique in brainwashing was discussed extensively, and an unnamed shock expert — a “psychiatrist of considerable note ... a fully cleared Agency consultant” — was mentioned:

The writer asked whether or not in the “groggy” condition following a convulsion by the electro-shock machine anyone had attempted to obtain hypnotic control over the patients, since it could be a good time to obtain hypnotic control ... (Doctor’s name deleted) stated ... it had never been done, but he could make this attempt in the near future at the (name of institution deleted) and see whether or not this could be done. It was (name deleted) opinion that an individual could *be gradually reduced through the use of electro-shock treatment to the vegetable level ... amnesia could be guaranteed ...*⁵

This insensitive hypothesis was soon tested by Cameron and his psychiatric colleagues who reduced many psychiatric inmates to this “vegetable level” by using electroshock and other brainwashing techniques.

But first, let us turn our attention to Hebb and his experiments at McGill.

Hebb and the Sensory Deprivation Experiments

Shortly after he returned from the CIA meeting of June 1, 1951, Hebb submitted one of several grant applications to the Department of National Defence; specifically, to the DRB. Hebb’s name did not appear on the first application; instead, the research project was simply assigned to McGill.

The sensory deprivation research he undertook was always classified as “psychological warfare” and “Human Resources and Military Psychology,” but his 1951 application to the DRB, innocently titled, “Conditions of Attitude Change In Individuals,” covered what were the first brainwashing studies conducted at McGill.

In this application, Hebb requested a one-year grant of \$5,000 “to determine the specific conditions of *limitation of subject’s field of perception and action which when coupled with subsequent suggestion will effect persistent changes in attitudes of some fundamental importance.*” To make sure the DRB also believed this research was “of some fundamental importance,” he wrote, under the heading, “Requirement:”

A hostile power may attempt conversion of attitudes, together with behaviour appropriate to these, of our nationals who fall into their hands. This may include the use of psychological, as opposed to essentially physical, means. It is desirable to determine the feasibility of such attempts, with a view to ascertaining what defensive action would be taken.⁶

In this exploratory study, animals and “paid human subjects” (McGill student volunteers) would be subjected to a prolonged,

monotonous environment — “comparable to “White Noise” — for up to three or four days at a time.

The DRB quickly approved the application.

In his December, 1952 progress report to the DRB, Hebb reported on his initial results:

Experimentation to date has been exploratory. Tolerance for the conditions of perceptual isolation varies in subjects ... from 0-60 hours. *The motivational disturbance is great and the intellectual efficiency is impaired.*

Despite these disturbing preliminary findings, the DRB approved Hebb's request for an additional \$10,000 to continue his research — and no questions were asked.

A year later, in his December, 1953 progress report, Hebb reported even more disturbing results:

One study demonstrated (i) the incapacity of college students to tolerate a severe perceptual limitation, and, as a result, their eagerness to listen to almost any verbal material offered them, and (ii) that propaganda for an absurd point of view becomes significantly more effective under these circumstances than for control subjects. Another effect was a significant lowering of intellectual

efficiency during and immediately after the period of perceptual deprivation, and that during the deprivation period, the subject developed hallucinations.⁸

In short, the sensory deprivation experiments were causing many healthy students to break down or hallucinate; under this stress, they were becoming amenable to the researchers' suggestions. Except for the hallucinations — which interfered with the process — the brainwashing was proving effective.

Over the following two years, Hebb was awarded \$18,000 in grants.

By the time he submitted his final report, in December, 1955, Hebb had completed two major experiments, which he described:

... the experimental subjects show a deterioration in problem solving ability both during the ... isolation, and for several hours after emergence ... when the tests actually were presented, the subjects would frequently not try very hard to get the correct answer, and complain about having to do them. Again, after a few days in isolation ... there was some disturbance of normal motivational patterns.⁹

After completing 48 to 72 hours of isolation, five of the 65 students

experienced “attacks of acute anxiety.” One became hysterical. One suffered an epileptic attack. And a majority of these students, and the others, described the experience as “a form of torture.”¹⁰

Few of the young people could tolerate the isolation for more than three or four days, despite the fact that they were being paid \$20 a day — a considerable sum in the mid-1950s.

The details of these experiments were first published in 1954 in a scientific report by three psychologists working for Hebb in the psychology department at McGill.¹¹ A similar study, published in 1956, confirmed all the major results of the 1954 study.¹²

During the experiments, the students spent 24 hours a day alone on a comfortable bed in a sound-proof cubicle; meals and trips to the toilet were the only respite. Their vision, hearing and touch were severely restricted; for example, they wore goggles eliminating pattern vision, and special gloves which covered their arms and hands. As well, they listened to a continuous hum, or “white noise,” through earphones imbedded in a pillow. And to increase their sense of isolation, researchers rarely talked with them.

In a 1961 summary of these experiments, psychologist Woodburn Heron reported that almost all 29 students in one study group suffered some serious sensory, emotional and intellectual disturbances within the first two days of isolation.¹³ The disturbances were temporary, but the experience proved so overwhelming that within the first two days, a majority of the students experienced vivid visual, auditory and tactile hallucinations, as well as difficulties in concentration and problem-solving. During and immediately after the isolation, many of them also complained of dizziness, confusion, nausea, fatigue, headaches, and, because of the terrifying nature of the hallucinations, insomnia.

A sub-study involving 12 of these students also revealed a marked slowing in Alpha-wave activity — the brain's arousal system — for as many as three days after isolation. This neurological disturbance formed an ideal base for brainwashing: since the



“A hostile power may attempt conversion of attitudes . . . This may include the use of psychological, as opposed to essentially physical, means. It is desirable to determine the feasibility of such attempts. . . .”

— Grant application to Defence Department by Professor Donald Hebb, Montreal, 1951.

“a general disorganization of brain function similar to that produced by anoxia, by large brain tumors, or by . . . certain drugs.”

— 1961 Heron Report on Hebb's sensory deprivation research



students' brains weren't receiving enough sensory stimulation, their faculties of judgment were impaired, drastically raising their level of suggestibility. As a result, when they were subjected to a series of 90-minute recorded messages about ghosts, poltergeists, and other extra-sensory phenomena, their tendency to blindly accept the data as fact was markedly increased.

Heron compared the effects of prolonged isolation to those of brain damage: “a general disorganization of brain function similar to that produced by anoxia, by large brain tumors, or by . . . certain drugs.”¹⁴ As well, he concluded: “A changing sensory environment seems essential for human beings. Without it, the brain ceases to function in an adequate way, and abnormalities develop.”¹⁵

The McGill students quickly discovered this painful truth. Many of Cameron's patients at the Allan would also discover it. The DRB and

the CIA already knew it. Yet the funding, for these and other brainwashing experiments, continued.

The Cameron Experiments

Isolation

From 1950 to 1954, the federal Department of National Health and Welfare gave Cameron \$17,875 to support his “Behavioural Laboratory” in the Allan. This grant funded several of his brainwashing studies, including sensory deprivation, psychic driving, electroshock, and the use of the male hormone testosterone on women patients.

He was unable to find patients who would agree to undergo the Hebb/McGill isolation procedure, but he did use a modified version of “the isolation technique of Dr. Hebb”¹⁶ on some patients, to lower their resistance to his psychic driving experiments.

As early as 1952, there was evidence — Hebb's report to the DRB, for example — of the serious psychological effects of McGill's sensory deprivation procedure. And in 1956, two years after the first publication of the McGill sensory deprivation studies, psychologist Fern Cramer and Dr. Hassan Azima, a colleague of Cameron and a psychiatrist interested in “regression,” published the results of a study using the McGill technique on several patients at the Allan. Two similar versions of the Azima-Cramer study were published simultaneously in 1956; one, abstractly titled, “Effects of the Decrease in Sensory Variability on Body Scheme,” was published in the *Canadian Psychiatric Association Journal*,¹⁷ and the other appeared in *Diseases of the Nervous System*.¹⁸

He failed to mention a maximum time period for psychic driving; or, in his words, an “optimum amount.” But he did refer to his patients' “defences against psychic driving itself” as “running away from the situation” — bolting out of his office or trying to escape from the institution.

On Dec. 14, 1954, Dr. Jean Gregoire, Deputy Minister of Health for Quebec, sent a copy of Cameron's final report to Dr. Gordon E. Wride, Principal Medical Officer for Health Insurance Studies

in the Health and Welfare department. On Dec. 21, Wride answered, thanking Gregoire. There were apparently no other comments, either about the report or about the experiments themselves.

In 1956, Cameron published a major article on psychic driving in the *American Journal of Psychiatry*, the official publication of the American Psychiatric Association, of which he was once president. In the article, based on his government-funded research at the Allan, he described his technique as a new “therapeutic” method, claiming that “driving” patients with “verbal cues” would help “reorganize” their personalities. (“Reorganization” was also mentioned in the Azima-Cramer study.)

As a footnote, Azima and Cramer expressed their “deep gratitude to Dr. D.E. Cameron for his guidance and his continuous encouragement in this project...”

Most of the 15 patients who were involved in the study were diagnosed “neurotic,” and all but one were women in their 30s and 40s. The Allan technique, almost identical to the one used at McGill, consisted of severe restrictions of vision, hearing and touch. Talking was limited to two brief interviews a day with the researchers, and nurses were ordered not to talk to the patients. But unlike the McGill students, the patients at the Allan were forcibly isolated, and for longer periods — four, five, and as many as six days in a row.

Within the first 48 hours of isolation, most of the patients became disturbed, or “regressed,” and more than half of them started hallucinating and experiencing intense “depersonalization.” Two became overtly “psychotic” and were then subjected to electroshock to erase their “paranoid” or “obsessional” reactions.

One patient, a 25-year-old man, began to panic on the fifth day of isolation:

I feel I am not here ... I am scared.
I am in another world ... I am afraid I am not going to come back ... I feel like I am going out of this world ... I don't feel real.

A 41-year-old woman became so upset that she stopped the “treatment” on the fifth day; nevertheless, she was one of two

patients whom Azima and Cramer claimed as proof of "lasting improvement." (This so-called permanent improvement lasted four days.)

In their summary, Azima and Cramer made this telling — almost prophetic — statement:

The imposition of some action tendencies during the disorganization state may lead to reorganization according to planned patterns, and this may be useful in clarifying the problem of 'brainwashing', etc. Further research along the lines described here seems warranted.

This 1956 study gave Cameron even more encouragement to continue using this isolation technique on many of his patients in his psychic driving and depatterning experiments, many of which were funded by the CIA and Health and Welfare.

Psychic Driving

In his final report to Health and Welfare in 1954, Cameron described his psychic driving procedure:

The dynamic implay may be set up either by autopsychic or heteropsychic driving. The first consists in the repeated playing of a key statement by the patient. The second is the playing of a statement devised by the therapist from his knowledge of the patient's dynamics.¹⁹

Cameron added that he usually played the patients' statements for 10 to 30 minutes at a time and the therapists' statements for as long as "ten consecutive days of 16 hours each if the patient is kept under modified sleep treatment during this period."

Some of these cues, usually selected by Cameron during therapy sessions, were arranged in a "loop," which he played back to the patients for 10 to 15 hours a day, sometimes for weeks on end. Through this technique, he speculated, the patients would be forced to respond to hidden or repressed experiences triggered by the psychic driving; some of the cues, he further hypothesized, would be imbedded in their minds and eventually change their behaviour.

In the article, Cameron also described the way he dealt with seven of his women patients who

\$9-million lawsuit against CIA

Canadian brainwashing victims still seeking compensation

It's been almost six years since the nine Canadian victims of Dr. Ewen Cameron's brainwashing experiments launched their multi-million dollar lawsuit against the CIA. These Canadians are still trying to sue the CIA for \$1,000,000 each, but they have yet to receive one cent of financial compensation for the massive and permanent damages and suffering caused by Dr. Cameron's "treatment" at the Allan Memorial Institute in the 1950s and 1960s — funded by both the CIA and the Canadian government.

The Canadian victims in the lawsuit are Velma Orlikow (wife of MP David Orlikow), Rita Zimmerman, the late Florence Langleben, Jean-Charles Page, Robert K. Logie, Jeanine Huard, Lyvia Stadler, Dr. Mary Morrow (a psychiatrist), and Louis Weinstein.

In their civil action against the CIA, first filed in a U.S. District Court in Washington, D.C. in 1980, the Canadians claim that the CIA was negligent in failing to control or supervise Dr. Cameron's brainwashing experiments, disguised as "medical treatment" and inflicted upon them without their knowledge or consent; that the agency was "negligent and reckless" in providing some \$64,000 in funding for experiments, and that the agency is liable for funding the "medical malpractice" performed by Dr.

Cameron in the Allan Memorial in Montreal in the 1950s and 1960s, particularly 1957 to 1960.

In January 1985, Joseph Rauh, the lawyer for the victims, asked the U.S. District Court to allow CIA agents Stacy B. Hulse, Jr. and John Kenneth Knaus to testify about the CIA involvement in the case. Hulse was the CIA Chief of Station in Canada from 1975 to 1977, and Knaus succeeded Hulse in the late 1970s. In 1984, Hulse and Knaus formally apologized to Canadian government officials in the Department of External Affairs, according to Rauh, "for the CIA's violation of Canadian sovereignty on plaintiffs and assured that such action would not be repeated." Hulse, Knaus and/or other CIA agents also apologized on four previous occasions between 1977 to 1979, according to former External Affairs Minister Allan MacEachen.

However, Rauh said, top-ranking CIA officials "unlawfully directed" these agents not to testify. In May 1985, the CIA argued in court that it had the "right to keep secret" the names and activities of the CIA agents involved in the case — to protect the CIA's sources of information and U.S. "national security."

In May, 1985, Rauh wrote to Abraham Sofaer, Legal Advisor to U.S. Secretary of State George Shultz, asking for a meeting to discuss the case and the CIA's

stonewalling tactics. Sofar refused to meet Rauh.

On December 19, 1985, Judge John Penn upheld the CIA's right to secrecy in ruling that CIA agents Hulse and Knaus were forbidden to testify about what they know.

In February of this year, Prime Minister Mulroney allowed External Affairs liaison officer John Hawden to testify in the case. Hawden, who had received a formal "expression of regret" from CIA agents a few years ago, gave a "pre-trial deposition" in Ottawa on March 27, but Rauh called the testimony "almost useless," mainly because the court ruled that Hawden was forbidden to name the CIA agent or agents who gave the statement of regret.

Despite Rauh's many appeals to External Affairs Minister Joe Clark and Prime Minister Mulroney, the government refuses to release information to the victims to support their case against the CIA.

These Canadian victims have said they'll accept \$175,000 each as an out-of-court settlement, but the CIA has rejected this offer. And if some settlement isn't reached soon, more victims, like Florence Langleben, may die because of poor health.

We strongly urge our readers to write to External Affairs Minister Joe Clark demanding more pressure on the U.S. government to settle the case and compensate the victims, and the release of all relevant Canadian government documents about Cameron's brainwashing experiments to Joseph Rauh, the victims' lawyer. Please mail your letters to:

**The Honourable Joe Clark
Minister of External Affairs
House of Commons
Ottawa, Ontario
K1A 0A6.**

**And please send a copy to:
Mr. Joseph Rauh,
Rauh, Lichtman, Levy &
Turner**

**1001 Connecticut Ave. N.W.
Washington, D.C.**

**20036-5543
THANK YOU.**

- Phoenix Staff.

suffered from depression or "feelings of inadequacy" while being treated in the Allan. They were all subjected to intense psychic driving, for hours, and without their consent. One "highly defensive" woman, for example, became very upset after she was forced to hear her own statements repeated 30 to 45 times.

Another woman, who felt "intensely rejected by her husband," was forced to listen to this sequence:

"I hate to hear that — it upsets me; look at me shaking." (19 repetitions)

"It upsets me enough ... I can't count on my husband and my mother." (21 repetitions)

At this point, Cameron commented, "the patient became red, restless and began to breathe heavily." Nevertheless, he continued the barrage...

"It makes me mad when I think of my past, when I was so lonely... I am so lonely." (45 repetitions)

At this point, Cameron said he stopped the psychic driving because his patient "continued to shake..."²²

Another woman was so upset by the procedure, which triggered painful memories of incest with her father, that she ran out of the building; Cameron drily noted that he later had her committed.

And yet another woman was subjected to 25 hours of psychic driving, "part of it with her thinking disorganized under LSD-25."²³

In the same article, Cameron proposed using even more drastic methods, including "prolonged sleep" with sodium amylal, combined with 10 to 15 days (10 to 20 hours a day) of psychic driving; the McGill "psychological isolation" procedure, and hypnosis under the drug Desoxyn, an experimental amphetamine later taken off the market.

The experiments Cameron carried out in the 1950s were published in Canadian and American medical journals between 1958 and 1961.²⁴⁻²⁷ Nevertheless, Health and Welfare continued to support the research: from 1961 to 1964, a second grant of \$57,750 was awarded for more research into psychic driving.

The final report of his project, "A Study of Factors Which Promote or Retard Personality Change in Individuals Exposed to Prolonged Repetition of Verbal Signals,"²⁸ was

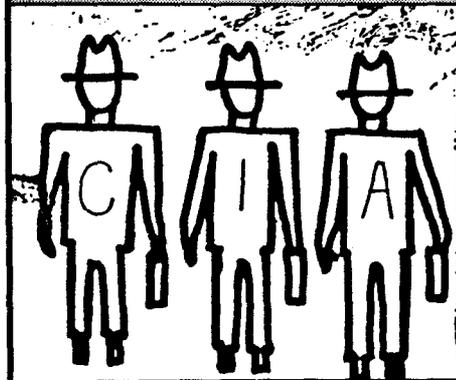
submitted in 1965, and officially received and signed by various government officials, including Wride and Dr. J.A. Dupont of Health and Welfare and Denis Lazure, Assistant Deputy Health Minister in Quebec.

In the report, Cameron described 61 tests on 50 patients at the Allan, and an "intensive study" of 18 of these patients during a two-year follow-up period. He claimed recovery for as long as five years, including three years of "ambulatory" (outpatient) driving for three to six hours a week.

Several of these people, he wrote, broke down or "decompensated"; his "treatment" for this reaction consisted of more driving, drugs, electroshock, or a combination of all three.

"I feel I am not here . . . I am scared. I am in another world . . ."

— Isolation victim, Allan Memorial Institute, Montreal.



Once again, the vast majority of his human guinea pigs were "psychoneurotic" women³¹

The results of this government-funded research were later published in 1956 in the *Canadian Psychiatric Association Journal*. The article, titled "The Effects of Long-Term Repetition of Verbal Signals," was co-written by Cameron, Leonard Levy, Thomas Ban and Leonard Rubinstein, all staff members at the Allan or McGill.

continued on p. 36



OUT OF THE ASHES

THE SEASON OF PEACHES

there is something about the eyes
of old women who have been
shocked too many times
like bruised blotches on overripe fruit
ringed like elephants' knees
eyes that look as though they have been
pummelled forever
by many fists
the shocks tell women to make meals
and to do the laundry
and to bake peach pies
some women don't need the shocks
baking comes naturally to them
for the unnatural ones
their husbands sign the consent forms
because they savour the taste of peach pie
how many women have you seen with the bruised
eyes?
who makes your pies for you?
what would happen if they stopped?

— Cynthia Ingle



by Randall Dowhan

NIGHT SOUNDS

Night a fallen web,
trapped inside
these tall awed walls.
Musk and muted whispers ebb
till the very city falls
wine and starlight to our credit,
in the yard the cricket sounds.

We have answers
in our eyes
but there is darkness
all around.

— Sperry



FOR ALL THE FLAILING BROKEN ONES

I have walked your intricate halls:
I know how you despise those tiny pills
"rape your mother, awake feeling fine."

You hate the fact that it's happened again
the mornings that come with old shiverings;
the way fast friends only stop to stare
and sad melodies are playing your thoughts.

The evening and the last pale light:
Be done with it now?
for the rug has been burned from underneath
and you lie for weeks, all splintered bones.

Favourite poems can only be words
a painting, an indulgence of colour;
the only things that can infiltrate:
sharp awareness of past imperfections.

But the corridor ends in intensity:
hurl your senses to the winds and
rejoice, new anger seeping in;
fight again each day like a wounded titan
let your tears mount up like vesuvius
And explode them into spiralling poems:
so alarming to the layman.

— **Megan Stuart Mills**

What's your excuse, Grace?



by Stephanie Cooper

by *Tsigane*

Bonding can be inadvertently achieved with Crazy Glue and flesh onto wood. I happen to know because I am stuck to the floor of my box with the leisure to read the fine print. I see I could get loose with Crazy Glue Solvent. Usually I buy the antidote to these things right there in the store, but the last time I was out, they all stared at me. Besides, I just wanted to fix a place in the floor where memories come through, only I've glued my palms and fingers to it when what I wanted to do was glue one of my self-help books over the hole.

I'm not close enough to anything that would help except the television and even if I call them, they'll just talk to each other and ignore me. Then I can't listen for the voices outside my door. I wish I could reach the phone or the sink. I'm sure I'm supposed to medicate now. Three times daily, as directed. The doctors know what a good baby I was, a baby with the instinctive ability to follow directions. Whatever my mother's baby manual said was required of me, I was ready for, I did it. All those little feats. Object Permanence was the only skill I never got the hang of because by the time I got used to her coming back into the room, she stopped coming. Then another lady came. And another.

I'm not sure why my memory leaks out of the smokey floor crack, and my mother's face fades into that book she was always reading, holding me in her free arm across from it, eye level with a nice man I came to think of as my father. The first words I ever said, according to my mother, were "over 250,000 copies sold," and neither of us knew what I meant. Later I found out that nice smiling man in the white coat was Dr. Benjamin Spock, not my dad. Bonding. You can do it to anything. The only person I know now Laurel is dead is Ms. Pfaff. I could call her. Of course, when she comes and sees me stuck to the floor this way, she may think I'm not very organized. Winning Through Intimidation, Lateral Thinking, Nice Girls Do, Eat To Win, Men Are Just Desserts, Self-Gratification: A Beginner's Manual, Pulling Your Own Strings, Dealing With Death, How To Say No, (and mean it), Teach Yourself Typing, Self-Hypnosis and Meditation Techniques, Bio-Feedback, Self-Deliverance, A Guide to Mercy ... I'm reading my bookshelf for an antidote manual. I've read so many of these how to cope books, I almost believed I could, until Laurel died. Even if Dealing With Death



didn't help, Self-Deliverance might, if I could get loose. I like the sound of it: *deliverance*. So much promise, it sounds religious. I could follow the directions and bring Grace down from heaven on to my bowed head, my stuck hands ... Psychiatrists ought to treat their lab animals better than this, but who's going to make them? It's difficult to unionize such diverse elements as white mice and manic-depressives, monkeys and menopausal maniacs, kittens, dogs and paranoid schizophrenics, victims of incest and rabbits ... Enter Grace from above. Would she come if I called? Why should she? Ms. Pfaff only comes one in four times when I call. She has so many of us to check on in our humble circumstances.

Ha. I love it. Rattle my case, Ms. Pfaff. What's your excuse, Grace? Why have you eluded me for so long? As soon as I get unstuck, I'm going to medicate. I hate all this dirty white light blaring in the window. At least the stairs are silent. Until I really start to listen. Mellaril Milpath Equanil Lithium Thorazine Valium all that stuff over all these years and why don't I get any better? Isn't it medicine? I keep taking my pills and the noise gets louder and I have come to hate daylight. My hair falls out so I stop brushing it. My gums bleed. I stop cleaning my teeth. I still have tremors. I'm bloated and these itchy pimples cover my skin wherever I look. They keep telling me to come in for my medication and take the other pills at home and I follow their directions very carefully, but I don't get any better. Since they took me off lithium, I can read a little. Before, my hands shook so hard, my eyes couldn't pick words off the page for my brain to eat. Mostly my brain isn't that hungry anymore. I wonder what the television people are doing now. They always have somewhere to go: important engagements, gorgeous clothes, people who love them and when they're sad and afraid or angry, some friend appears to listen and care. Why didn't I get a script like that? The only ones who talk to me are the ones who have something to sell. Once they start dancing and singing and insisting, I want to go buy the stuff to see if something will make me feel like singing and dancing. My box is full of stuff I can't even eat. Everything has directions to follow, even the shampoo. "Repeat, if necessary." I like that. Maybe that's why I get so few visits, because they can trust me to follow directions. One tablet, three times daily, as directed. If I turned on the television and they talked me into buying something, I

What's

couldn't go out anyway because I'm stuck to the floor. Maybe that's the only safe way for me to watch it.

Laurel used to say my big problem was organization. She was a librarian her whole life until a gynecologist insisted she needed hormone treatments for her severe menopausal episodes. These episodes had something to do with why she had to retire and when her doctor told her that it was natural to feel unattractive, or useless or cast aside at this time in her life, she told him there was nothing wrong with her having her job back wouldn't cure. He kept trying to explain about menopause and she kept saying "That's not fair. I never was attractive." Anyway she got shots and pills and I got advice:

"You can organize your life like an orderly library of times, places, things to do and with whom ... keep your life tidy and nothing will come leaping out of the floor at you with dead memories in its fangs, bloody memories."

I told her I was going to write a book called: 'U-fuck-it, U fix-it,' but she told me not to say that word.

"What word? Fix? Is that a bad word in a hospital?"

"You do need a keeper, Sarah."

Laurel's problem wasn't herself, like mine is. I mean one day she's looking at me from the next bed saying "my chest hurts" and the next day she has cancer? Then they take her away to another hospital and when I could get out to visit her, she's got this infection in the scar tissue where they cut her breast off. She cannot raise her arm and her hair is falling out, so I helped her sit up to have a smoke.

"First they gave me estrogen and now they're giving me estrogen inhibitors. Isn't life odd, Sarah?"

I can't agree. Then she is dead of a heart-attack. At least that's what the experts said, but I think she died of menopause the same way I nearly died of birth.

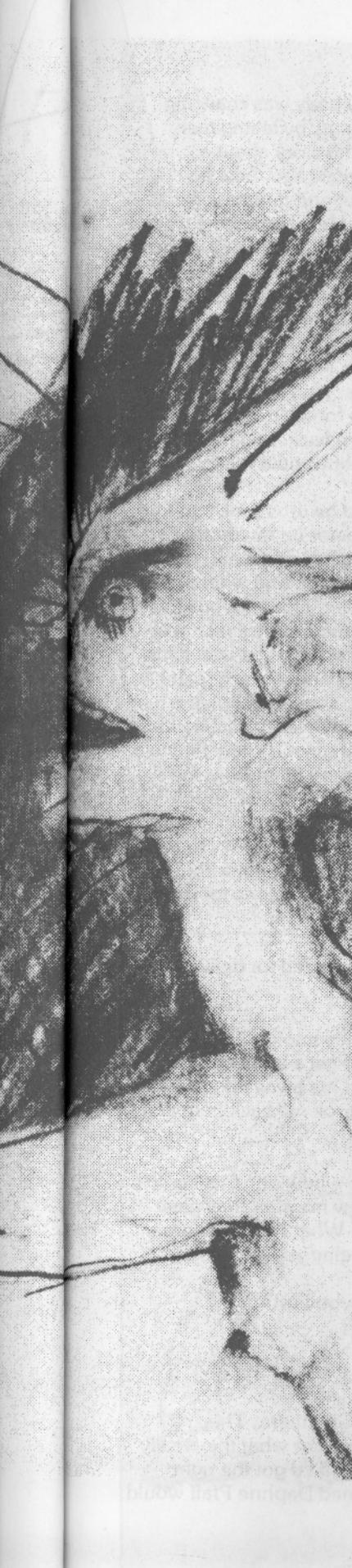
If there was a book on self-induced menopause, I'd follow the directions very carefully, *pas de problème*. It would be better than taking these birth-control pills "just in case," as Ms. Pfaff said. "You never know what might happen." Happens I thought I'd done enough damage with the knitting needles. "You never know." I have to get unstuck and medicate. Maybe she thinks Tom-Tom will come back and do it again. You never know. The thing is am I really stuck? Meditation and Self-hypnosis handbooks have taught me how to trance out and cut loose from my moorings. Not that I get out of this box, but I get out of me. Only it's been hard to concentrate like that since Laurel disappeared. When I read the book on how to cope with death, I found out that if you follow the directions carefully, you can begin to accept dying as a natural part of the cycle like the seasons and the murder of children or the shooting of innocent birds flying in the shot white light getting brighter until all else except the white warm light the flavor of its heat pours out of my eyes onto my hands as the tiny birds sizzle and pop in the healing light on my bleeding hands. Loose. My skin leaves tracks in the hard resin, finger and palm, toe and heel ... what do you think walked here? Idiot moron feeb loonie cow dog whore orphan tell me what walked here and I'll give you my disease. Gratis. Why is a psychiatrist like a whore? The more clients he sees, the richer he gets. When I left the hospital, the shrink and Ms. Pfaff told me to "get out and do things. Meet people. Take walks. But be careful." And if I can't cope, I can move into a hostel. I don't know which is worse, living alone or with a bunch of kindred spirits. I've tried both kinds of cages, and I still don't know. I wonder if the White Coats have to worry about how to meet people when they're all moving so fast. What walks do they take except down the overlit corridors to the parking lot where their cars wait to whisk them away leaving us here in our rooms full of nightmares electricity cannot exorcise.

"Take your medication. Get a hobby. Meet people."

LITHIUM BLOATED MANIC DEPRESSIVE WISHES TO MEET NORMAL PERSON FOR EXCHANGE OF VIEWS, MAYBE VOWS.

Sure, I could put an ad in the paper, if I knew how. My hands are still bleeding, I see, so I will take them to the sink and wash them in cold water. **SON AND DAUGHTER SAD TO ANNOUNCE** ... that's where it was. Under the personals in the newspaper. Laurel's funeral. They wouldn't let me visit. I called. She never answered. I wrote. She never answered. I hung around the nurses' station until they threw me out. By then the long lost children had co-opted her corpse. She was more





like willow than laurel. Me, I'm hawthorne. When I put holes in me, all these strangers decided that was a crazy thing to do. So I said you oughta try getting pregnant right after he breaks your wrists and ankles so you can't run away from him again.

Who is he?

She probably doesn't know who.

She calls him Tom-Tom.

We can't find.

There were so many people talking, wanting to know history, readings, sticking things in my arms, and someone was saying I was "too young to know what I had done, but that later I would suffer the tortures of the damned." At least one of them was right about something.

Why should anything of Tom-Tom's get to live and be called innocent? Just because the poor foetus isn't out here to get raped or broken? Nothing of his was going to live off me, thank you very much. So I self-helped it away.

If I was going with it, so what? ENRAGED EMBRYO EATS MOTHER ALIVE. GIVES BIRTH TO ITSELF, LIVING FOR WEEKS ON THE REMAINS OF HER DECAYING CORPSE.

It is Ms. Pfaff's contention that Tom-Tom only exists in my head beating beating beating and that I have made up all these stories because I have been victimised. Who am I to argue with her? She's older than me and has a lot more education and she might be right. Except his voice is in the corridor and the ghost of his hideous foetus oozes out of a crack in the floor where I left my fingers. I could hear him screaming at me to stop, but all I knew was the poor bugger wouldn't get a chance out here for bad or worse, and when I woke up out of that dream, Laurel was next to me saying how skinny I am and pale, and how she will alphabetise my life, for my own good. I wanted to let her. Then a woman came who said she was Ms. Pfaff, my caseworker, and suddenly I was a case, so when she said, "Name?", I answered "Aida Case." She filled many boxes of forms that day. Later she found out Tom-Tom rented that apartment where they found me, but since she couldn't find him, she still thinks I'm crazy. When she asked me how we "got involved," I told her about me being orphaned, in a foster home with the Sibleys, which was enough to make a person run away with the first chance that drove by. She asked me if I wanted to press charges. I wanted to press charges against my mother for raising me like a book and then leaving me to the likes of Ma and Pa Sibley. She wrote it all down. After a while, they started giving me pills. When Laurel got taken away, I almost enjoyed talking to Ms. Pfaff. I should call her now that my hands have stopped bleeding. Maybe try to explain what's happening to me. Only I don't know exactly. I keep hearing Tom-Tom outside the door. Sometimes Laurel comes to talk to him and he goes away. Sometimes I just hear men's voices out there saying:

"Let's do it. Who'd believe her anyway?"

When I turn on the television or the tap, the voices go away.

"Ms. Pfaff, please."

"Who's calling?"

"Aida Case."

"One moment."

"Hello."

"There are men outside my box and I would like to know should I take the pills now?"

"Yes, I'll be there by four. Just like last week. Please open the door this time, Aida. Last time I had to call the Fire Department."

"What time is it now?"

"Three."

"They won't be here at four."

"Read something. Listen to music. Don't get upset."

My first visit I brought Laurel a walkman to wear in bed, but the nurses said it upset everyone.

"Come live with me," I told her, "I'll feed you soup and toast and tea and hold your cigarettes."

"I wish I had time to help you, Sarah."

Why is everything I do a disease? Don't they just try to get on with it, hoping no one will notice and hurt them? Or is it easier for the Pfaff-people who are always overworked, "too much to do, not enough time in the day to do it," that's what she says. If it weren't for people like me, she wouldn't be so goddam busy. What would Ms. D. Pfaff be doing without me? Staying at home? Minding the children? Tranked out in her color-co-ordinated boredom? Would she be like me if her doctor told her to follow his directions?

Would I be her if I had her script? She tried to tell me the Sibley's "probably meant well" even when I said all they talked about was what God wanted me to do which was usually something

impossible. They got to me so bad, I used to yell:

“How the HELL do you know what God wants?”

They were always at me about stuff I couldn't help anyway, like how my body was changing and how I would have to watch myself very carefully and not make God angry by letting men touch me because I was nearing the age of temptation. Pa Sibley told me this story about a Christian Saint named Christmas or Crysotmus who lived thousands of years ago, how he tossed this beautiful woman over a high cliff to prove to the Lord he was beyond temptations of the flesh. When I said, “So was she and nobody sainted her,” he beat me. He whipped me when I came home late from school and told me not to hang around with those ungodly city kids because I was different, and that if he had his way I wouldn't go to school at all, but stay home and learn the word of the Lord. He kept me home as much as he could, calling the Principal to say I was sick and Ma was taking good care of me. Everyone thought they were old-fashioned, god-fearing people, the kind of people everyone should be, but were too busy to try. To take in an orphan at their age was seen as a miracle of generosity. What ever crazy thing Pa did, Ma just watched and smiled. When she spoke to me it was: “Sit down, eat up, wash your hands, your teeth, the floor, the dishes, the laundry, time for bed, God loves hard work, and don't you forget it, Girl. Up at four. None of that reading either. We got them library books and took them back, told that woman the only book you need to read is the Bible.” Everyone said if anyone could make a poor bereaved child feel at home, it would be the Sibleys.

God and the Sibleys drove me into the front seat of Tom-Tom's car, and he drove me into the back. The only man who ever really smiled at me and meant it was that doctor on my mother's book. And I been thinking how I can't remember my mother's face or why she left me and what I want to know is why do I have to keep telling them over and over? Who are you and where did you come from and who did this to you and do you have anything to declare. Does anyone ever ask them? All I really brought with me from back there is a doctor's smile, and how good I am at following directions. I'm doing what Ms. Pfaff said to do. I'm waiting. I'm not getting upset. It just happens I can see a woman-shaped chair in the corner. Her head and arms and legs are real skin, are aged, thin, stretched with brownish spots and her body from the boney shoulders down is a captain's chair. Her lap is the polished wooden seat and there are two wooden legs attached to her behind. She holds her arms rigid on her knees for arm rests... An old chair you could find in a kitchen or in a doctor's office waiting or placed by a friend's bed while she talks to you like she's already dead. She talks to you with her eyes closed.

“Aida, let me in.”

Is that you, Laurel? Self-deliverance sounds so perfect, like birth without the baby. Not to have them banging on my box anymore, talking out there, not to be laughed at, stared at or tested, punched with needles, not to have to wait, not to be medicated, questioned, left alone for days. All I have to do is follow the simple instructions.

“Aida, come unlock the door.”

Compose yourself. I am. Have someone with you who understands your need for deliverance. “Are you there, Laurel?”

“Please, Aida, open the door. Are you all right?”

I used to go to the library branch and sit in the rows of ordered books, only another lady works where you used to, and she doesn't like me hanging around. She wants to get a book and get out, I can tell. I haven't been back and besides I got lost. My feet wandered me away into places where nothing was familiar, everything was written in pictures until a cop took me back here and it was only two blocks away, he said.

“Aida, Aida, I'm getting someone to open the door.”

This room is too tight for me, like a dress I grew out of only I can't afford a new one that fits so I have to wear it anyway and parts of me are protruding. You wouldn't know me after they gave me Lithium, Laurel, everything bloated, blew up my breasts like balloons. What's it like where you are? If I follow the directions in this book, no one can stop me from seeing you, unless the same people who die here go up there and still get to be the experts.

“Aida, answer me, please. You called me. It's Daphne Pfaff, Aida, are you hurt?”

“Who's out there with you?”

“Thank God, Aida. No one. Only the building super to open the door.”

“Is Tom-Tom with you?”

“Can you open the door?”

Is my mother there, Laurel? How about Dr. Spock? I'd feel better if he were there. They're banging so loud my box is breaking. Maybe the test is over and they've come for what they really wanted all along. My brain. I could have been on the other side of that door if I'd got the right directions early enough. But that would mean some pitiful test animal named Daphne Pfaff would have to be in here with me yowling out there and breaking into her case.

What should I do, Laurel?

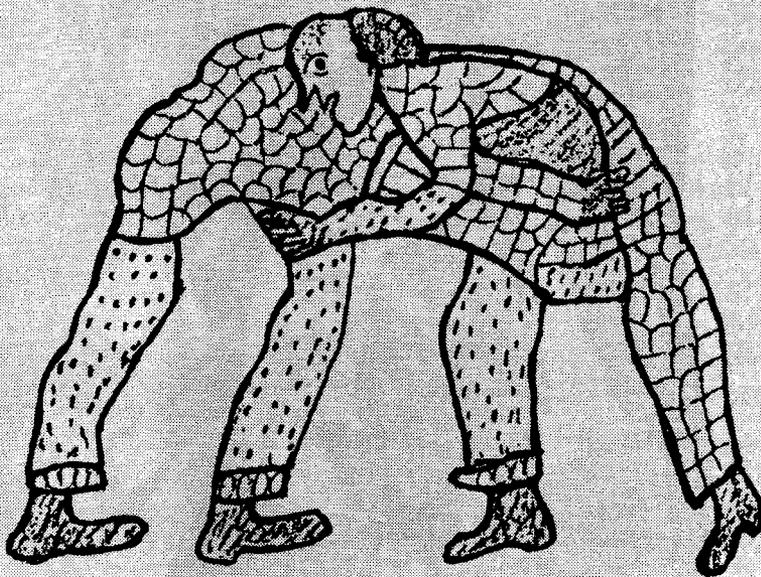
Open the window, and get away.



THE HERMIT AND THE MOUNTAINS

He said, "The mountains increase my joy
By their unmoving presence; thirty years later
And they're still the savage novelty of rock and
height
They were. Nothing's lessened though my eyes
break,
The blood creeps down and I hear a muffled thrush.
Their darkness mothers me. On a cold night
I open the window and study their silhouette.
Groves of mountain trees pray up the slopes
Towards the naked summit and the waiting stars
— Or so they seem to wait, though fleeting —
and I can follow, shivering, if only from here."
He poured himself another whiskey, drank it back,
And offered me the flask. "Some night
I'll manage more than the thought, I imagine."

— Derek Robinson



on the violent ward at christmas

on the violent ward at christmas
festive lights frame shattered faces
blue crayon decorations
festoon the padded cell
voices wail at jesus
party hats are brandished
by orderlies
'a carolling
mother mary slyly winks
orders up a round of drinks
late at night the places change
osmotic transfer (bend - arrange)
and phantoms of the past appear
(the nurses dance with richard speck)

metamorphosis complete
the inmates shamle to their feet
and noting that the shift is done
they bid adieu to everyone

— K.G. Rush

My flesh burns —
a soul —

I cry
a touch a look

I share with you a dreadful pain

Stranger on this wheel to nowhere:
Please hold me tight;
I'm starving.
I'm hungry
for those moments when you give me
myself;
for those moments when I feel
eternity waiting
like a soft dove,
an angry serpent,
another womb.

But
now

empty, confused

longing
— Carole Stubbs

I was down
rooting in the world
with some crazies
trying to help themselves
and we stumbled, coming
from the house of the faithful.
The fury that All Saints
put down upon me
blocked the sunlight
momentarily
and damn near turned out the lights.

I tried to catch myself
with my bad hand
and brutally torn thumbnail
as a woman in the parking lot
stood gazing.
The Red Cross man was too busy
giving me a case of tomato sauce
and he drove off smiling —
"too bad about your leg."
— Sperry



Poem 213 Ms. Anne Thrope and the Laundry
Special Hours Mon. 7:00 to 9:00 C.D.T.
An articulated omnibus survey in three
parts. Like the man said as he fell down
the laundry chute, "I'm really into
laundry."

No, it wasn't dark
it wasn't stormy
the rain wasn't coming down on Terence,
there was no storm, only drang
on the night I took the laundry special.
(It's much better than being taken for
a ride on a train of thought.)
Yes, I was down with the frets
sitting on that doggasted sofa
in the Lost Duchess lounge
it's named after a local legend
I say she got lost trying to find herself
Yes, I was sitting there underneath the
swaggering lamp when this gentleman
came in with his luggage
and sat down beside me.

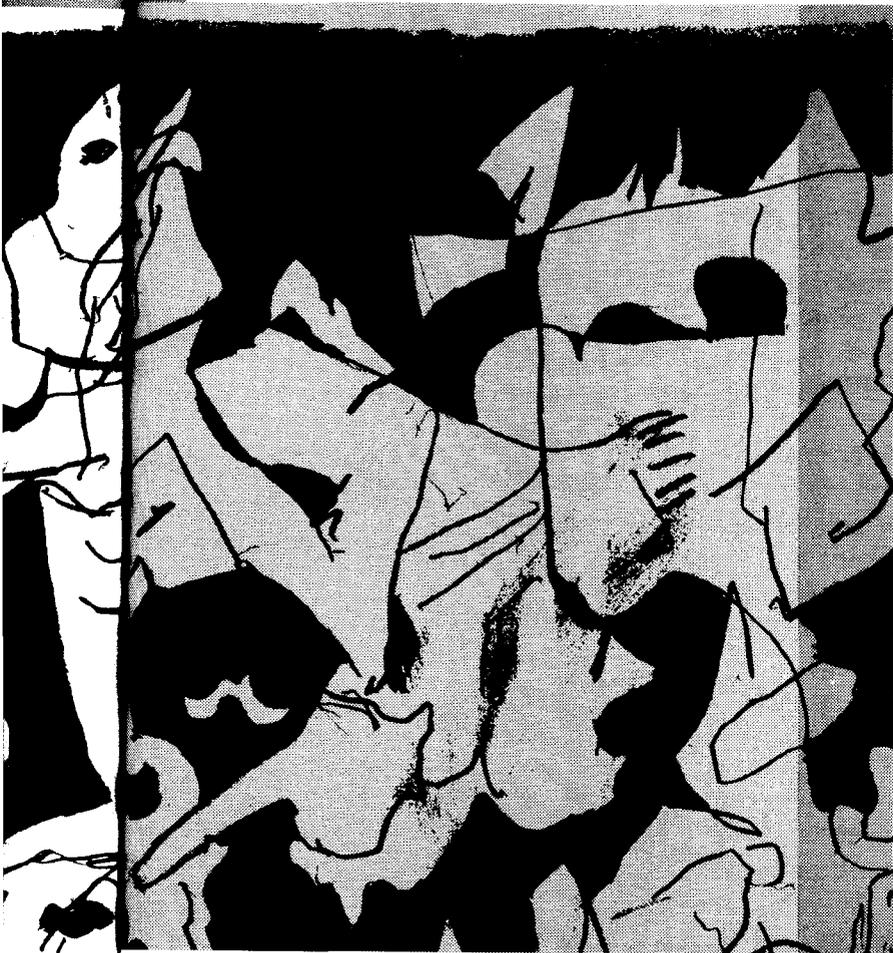
"Mind if I join you?" By the way,
could I sell you some luggage?
"Are you for real?" I asked.
"No, actually I'm Sir Real. You wouldn't
want to buy some luggage?
"I only buy luggage on Fridays at four
o'clock," I replied.
The waitress came for our order.
"Could I have a cup of water?" the luggage
salesman asked.
"Sorry," the waitress said. "We only
serve that during the cup of water hours."
"All right," he said, "I'll have the laundry
special."
"The same for me," I cried.

Meanwhile back in the apartment the
door opened. It said, "This is a fire
door. Do not leave it open." Funny,
I thought it was made of wood. And yes,
this is the laundry special.

And doing my laundry, I wondered
does Neruda do his laundry and when?
If Isaac Newton had been hit by a load
of laundry, not by an apple, would
gravity have been discovered? How did
Napoleon cope with his laundry? Why
do historians ignore laundry? Shakespeare
wrote 36 plays but he never had
to decide whether to use permanent
press, delicate, normal, or heavy duty.
And what of the presoaker? And 300
million years from now who will be doing
their laundry on Mondays from seven to
nine? Will they still be drinking
laundry specials?

Sorry Sir Real, it's nine o'clock.
The laundry special is over. No, I
am not allowed to serve cups of water.

— Josephine Toews



By Denise Mails

DECEMBER 10/85

It hurts so bad being
alone in this house.
I've always wanted to
let somebody into it,
but no one ever seemed
to want to come in.
When they came a little bit
inside the door
they always vandalized
the very poor furnishings inside,
so that I locked the door tight
and I only gave out the things
I was not afraid of losing.

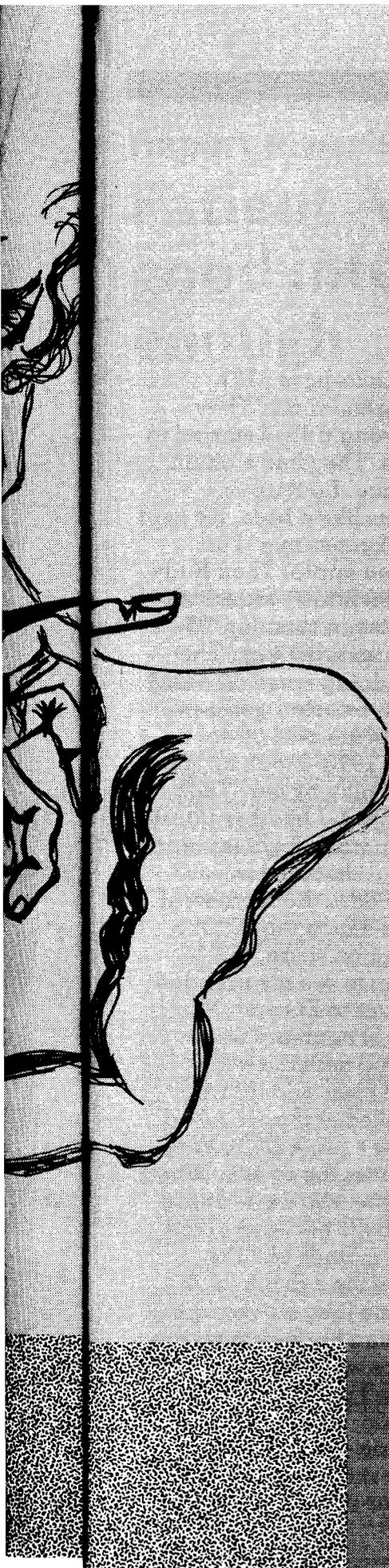
There isn't much in this house
but a lot of hurt and anger

and fear,
and some very shabby furnishings.

I think that there isn't anybody left
that even feels there is anything
worth stealing,
only those who want to exchange
their hurt for my hurt,
because, like me, their pain has become
a constant companion to them.
I don't want to add my hurt to theirs.
I want to feel someone's presence
in my house so complete that
when they leave,
their strength and spirit stay with me.
Or if they want to stay
they will put some of their
beautiful possessions
in my house
and make it a nicer place
to live in.

—Carole Stubbs





THE ROAD TO HELL

The acrid, burnt flesh
I could smell
As I pursued the road
to Hell;
Nor did I hear an
angel choir
Cry — save this soul
from Satan's fire!

There is no God — my
God is dead;
I feel the deadness
grip like lead;
The world's a box
without a view;
Oh! dear sweet Jesus —
where are You?

I feel the fear,
yet cannot feel;
Then I'm down flat,
my mind areel;
A s'ringe is filled,
I don't know why;
A needle's stabbed
into my thigh!

There is no change
until I rise;
The room starts spinning
as I cry;
I have to pee but
cannot walk;
I try to shout, but
cannot talk!

I can't move back
towards my cot;
My nose fills up with
tears and snot;
There is no help, no
second chance;
Then — I begin to soil
my pants!

There is no God — my
God is dead;
I feel the deadness
grip like lead;

The world's a box
without a view;
Oh! dear sweet Jesus —
where are You?

* * * *

If I don't pace I'll
never move;
My needle seems to've
slipped it's groove;
The pacing means a
fighting heart;
And if I stop, I'll
never start!

* * * *

Poor Edom's stopped,
his mind has fled;
And now he's strapped down
to his bed;
His eyes are closed,
his fingers clenched;
I see the sweat — his
shirt is drenched!

Then, Edom's up and holl'ring
loud;
The rogue guard yanks him
from that cloud;
The floor comes up
and Edom's struck;
Poor Edom's just run
out of luck!

That rogue guard cock —
I'll break his head;
Before I'm done, I'll
strike him dead!
You cock! you slug! you'll
hear from me;
And you'll be my
activity!

* * * *

There is no God — my
God is dead;
I feel the deadness
grip like lead;
The world's a box
without a view;
Oh! dear sweet Jesus —
where are You?

Jerry Fromstein

WHAT LIFE WAS LIKE AT THE HOSPITAL



by Randall Dowhan

When I came to live in Toronto, I lived in the west end of Toronto. The first day when I moved out of my home my mother put me in a hospital. I went for tests and from that the Dr. told my mother that I was a mad man. I first went to T.W. Hospital. When the nurse came with the food I would not eat at all. Then they gave me drugs. When I felt like getting mad, they put my hands in a strait jacket. Then I went to Queen Street. There was a grey wall outside on Queen Street and Shaw Street. The first time I saw a person get E.C.T. was at Queen Street and the nurse told me I was going to get E.C.T. When I started to run for my life a nurse told me not to run. When lunch came I met Glen, Jim, Roy and Sam. Sam was like me. He was a madman. From

Queen Street I went to Lakeshore 3131. That's where trouble began for me. They started giving me the wrong pills. I started to work down at Lakeshore. They had a chain gang to clean up the place. I got up one morning and George was like a boss. He kept on hitting me. One day I got so mad I hit Marco in the head with an apple. Then Rudy got mad at me and started hitting me for what I did. It was the hottest day in summer, 95 was the highest temperature that day. The gang was out in the sun doing some cleaning up after the field got cut. I started getting dizzy and Rudy said to let me cool off for a while. This happened in 1973. I took up some music and found I could play by ear. Then I started to get strong on food. I had breakfast one morning and went to work. I got my work boots on and Rudy told us that all the sidewalk had to be cleaned. I did my best at it. On Wednesday it was dance night. One day they asked me to sing on stage, that's when I knew Mike. I went to see my grandad in 1973. I took a flight over to Europe. The captain said hello to me of course. I was a young man at the time and never saw the pilot so I went to the first class and up front where the pilot sat. I looked at the air speed and saw it was normal for a jet, a DC8. We left Canada and flew across the ocean. When the captain told the people who were sitting to not remove their seatbelts because of the jet, I was sitting with my mother and the person on the plane gave me a drink on Air Canada. I came home one long weekend in August and my mother had her music on the radio. I asked her if there was something wrong. She said no, then I put my papers down and asked her again. She said yes. My grandfather died that long weekend. I gave her my left and my right shoulder to cry on and she let it all out of her system.

— Buck

Report reveals gaps in program Patient Advocate Office: good intentions aren't enough

by Pat Capponi

(Pat Capponi is a member of the Psychiatric Patient Advocate Advisory Committee and the Editor of Cuckoo's Nest.)

A complaint, a wish, a preference expressed by a patient can be taken by some staff as a sign of psychopathology. Resist hospitalization and you may be seen as denying or lacking insight. Resist treatment and you may become 'a help-rejector' or 'an attention seeker.'

This excerpt from the first report of the Patient Advocate Office sums up why psychiatric patients in Ontario Provincial Hospitals need a truly effective advocacy program. Professional "helpers" believe that mental illness pervades the whole self, making the person's every statement suspect.

The advocacy program, headed by Dr. Ty Turner and established in 10 provincial psychiatric hospitals by May, 1983, was the subject of controversy among legal, consumer, service providers and government groups from the start, because of its close attachment to the Ministry of Health.

No real independence seemed to exist, since reporting procedures and hiring were within the very ministry responsible for the institutions where alleged abuses were occurring; the argument that only the ministry could provide full access to its own institutions doesn't seem to stand

up: why not give such access to a totally independent body, along with powers of enforcement. Indeed, according to the report, "... the program was not given any enforcement procedures or powers which would make it legally effective in its own right.

From the outset, it was apparent that our program's success would depend on the extent to which there was voluntary respect for and cooperation with advocates by the hospital staff members and administration."

To counter such arguments about lack of independence, a provincial Psychiatric Patient Advocate Advisory Committee was appointed. This body meets regularly with Dr. Turner, but as far as independence, the report states: "There is still a great question as to how much has been lost or gained through the present reporting structure of this program." (Committee members, incidentally, are appointed by the ministry.)

Data and files on complaints were compiled starting in 1983: most people accustomed to psychiatric institutions wouldn't be surprised at the most prevalent concerns:

"The most common hospital-related issues were legal in nature. For instance, patients requested

information and/or action on legal rights more than 40% of the time. Therapeutic issues, and, in particular, the planning for discharge and treatment, accounted for 21% of all in-hospital issues."

There are a number of important matters glossed over in this report, such as an evaluation of the program's potential to respond to issues raised by the equality provision of the Canadian Charter of Rights and Freedoms, and the establishment of an external review of the advocacy office — yet to be organized.

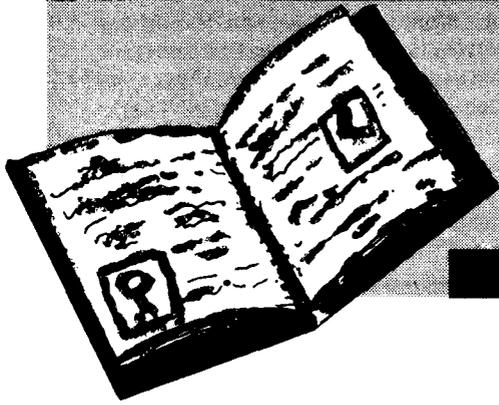
Why this apparent stalling? Some informed sources claim that the ministry fears this review would recommend that advocates gain truly independent status, with no reporting or hiring relationship to the government.

Another problem is that the program fails to deal with issues affecting treatment, quality of life, and security of the person. Each month, at the Queen Street Mental Health Centre, there is an average of two deaths: few of these result in public inquests (although a coroner attends each time) and the hospital sets up an internal review, at which no representative of the patient is present.

It is the writer's feeling that an advocate should and must be present at these reviews to ensure that the cause of the patient's death is investigated to prevent similar tragedies; but the program's self-avowed "reactive" stance prevents such involvement.

Another difficulty is that the advocacy office fails to see that people, whether in institutions or in the community, deserve rights to the security of the person, adequacy of care, and the assurance of an advocate to safeguard those rights. Instead, the report echoes institutions in so-called concern that "patients are being returned to the community without enough support to meet their basic housing, health and social needs" — as if these needs were being met in the institutions!

The Patient Advocate Office has made a significant impact on institutional care, but questions remain; and need to be answered, not avoided — starting with an independent evaluation of the office itself.



THE BOOKWORM TURNS

MASS MURDERERS IN WHITE COATS

Lenny Lapon

Psychiatric Genocide Research Institute, Springfield, Mass., 1986, 292 pp., paper, (\$9.00 U.S.)

by Mel Starkman

This book, long awaited by the psychiatric inmates' liberation movement, was well worth the wait. In his book, Lapon opens a chapter in the history of Nazi Germany that has been closed for forty years: the systematic slaughter of over 300,000 mental patients in Germany and across Europe, a tragedy that should be indelibly etched in the consciousness of humanity. Just as the Jews spend Holocaust Day in special remembrance of six million dead, so should we in the movement observe a day of mourning for this slaughter in the name of racial purity.

Lapon shows how the mass murder of "mental patients" by psychiatry in Nazi Germany and in the United States was a harbinger of later extermination of Jews and other victims of Nazi persecution.

The author also documents links between the American eugenics movement and Nazi atrocities in the "treatment" of psychiatric inmates, the mentally handicapped and other disadvantaged groups. Social Darwinism in the United States bespeaks the rottenness at the core of this so-called science.

But the book is more than a history of Nazi and American atrocities. It is an eclectic compilation of biography, political analysis, and history of the anti-psychiatry movement, including a revealing description of

incarceration in a psychiatric ward, which shows how the "mental health" system works.

Both inmates and ex-inmates will be interested in this book, which also covers the means used by German-trained psychiatrists to practice in the United States, a chronology linking psychiatry and eugenics, and a history of the anti-psychiatry movement. There are also sections which would particularly interest ex-inmates, including a critique of alternative therapies and an analysis of "mental health" workers.

This book is a valuable addition to the anti-psychiatry reading list. However, it remains to be seen if psychiatrists and "mental health" professionals are willing to have their eyes opened to this sorry chapter in their history and their ongoing existence.

STILL SANE

Persimmon Blackbridge and Sheila Gilhooly;

photographs by Kiku Hawkes

Press Gang Publishers, Vancouver, B.C., 1985, 101 pp., paper (\$12.95)

by Lilith Finkler

Frequently, individuals who "review," critically analyze and evaluate, do so under the guise of OBJECTIVITY. They unconsciously internalize the values and attitudes of the status quo, and do not acknowledge them publicly, as they comment upon books, records, plays, et cetera. They presume no bias or personal involvement. I, however, do not pretend such impartiality. I am one of the "crazy dykes" to whom the book "Still



by Cedar Christie



Sane" is dedicated. I read it, reread it, and comment upon it from that perspective.

Still Sane has been a series of sculptures, a video, a slide show, and now, thanks to Press Gang Publishers, it is a book. It is the story of Sheila Gilhooly, a young woman incarcerated in a psychiatric institution. She was forcibly drugged, electroshocked, and sexually abused. Her crime consisted of daring to love another woman in a society that reinforces heterosexual relations. However, it is also an account of a woman's survival; her determination to escape the psych ward, and the development of her pride as a lesbian and as a mad person.

While the narrative was written by Sheila, the actual sculptures were largely made by Persimmon Blackbridge, co-author of *Still Sane*. An informative transcription of a conversation, at the back of the book, offers details of the two women's collaboration.

Still Sane is presented in book form in much the way as it appears in other media. The photographed sculptures (primarily in black and white) are on one side of the page and the words are on the other. Due to the excellent quality of Kiku Hawkes' photography, the art work has retained much of its three-dimensional value, and one can well imagine the individual pieces on

public display.

The story itself is eminently readable. The words are simple, often presented in a conversational style, which makes them readily accessible to the public. Unfortunately, the authors of the three other essays, included near the end, occasionally make theoretical and political jumps without providing the necessary logical steps in their arguments. For example, Nym Hughes' explanation of how psychiatry reinforces racism presumes an understanding of eugenics. And terms such as "mental illness workers" are unclear to the uninitiated activist in the mad movement.

Nonetheless, these three essays are an extremely important contribution to the book. They help to place Sheila's experience within a political and social context. Nora Randall's story clearly illustrates that what happened to Sheila Gilhooly ten years ago continues to happen today. Lesbians are still not safe in the clutches of psychiatry. Nym Hughes explains how the psychiatric industry oppresses other groups; including the poor and working classes, women, people of colour, and the physically and developmentally disabled. Deedee M. Hera's essay, "Still Mad," clearly illustrates the tenets of both the ex-psychiatric inmate and the lesbian liberation movements. She offers a

brilliant critique of feminist therapy, clearly locating it within the spectrum of psychiatric abuse.

The list of resources at the back is helpful, and will allow those readers who are interested to explore the issues further. There are a few production problems, unfortunately: pagination does not start until page 74, and I also noted, with some chagrin, that after only a few readings, two pages had already fallen out.

While the paperback copy, priced at \$12.95, is not cheap, it is certainly reasonable. The numerous photographs undoubtedly contributed to the high costs in production. As a working-class woman, I was exceptionally pleased to read a Press Gang fundraising letter, released prior to publication, and requesting assistance in keeping the price of the book within the economic reach of most women. This speaks well of Press Gang as a feminist press; many who claim that title display no such awareness of poor and working-class women's realities.

In conclusion, *Still Sane* is highly recommended. It is educational, informative, even inspirational. The women who are responsible for its publication functioned collectively in the tradition of the women's movement for social change. I thank them all for their contribution.

Phoenix Pheather



This issue's Phoenix Pheather and Turkey Tail are both awarded for political statements on the crucial issue of electroshock.

To members of the Riverdale New Democratic Party Riding Association, a Pheather for a courageous decision to adopt a resolution to abolish electroshock in this province.

The resolution, officially adopted by the association on March 25, asks the Ontario NDP to consult with the Ontario Coalition To Stop Electroshock and other anti-shock advocacy groups in preparing an amendment to the *Ontario Health*

and Turkey Tail



Act, specifically prohibiting any use of electroshock in the province. The proposed amendment, which the Riverdale NDP wants introduced in the Legislature this fall, may be on the agenda of the Ontario NDP at its convention in June.

We applaud the Riverdale NDP for its politically daring stand.

As for the Turkey Tail, a more well-deserving recipient than A.J. Liston, PhD, would be difficult to find. Liston, the Assistant Deputy Minister of Health and Welfare Canada, recently responded to our query about operating standards and testing of machinery used to

administer electroshock in Canada.

One would have thought that a federal bureaucrat would at least attempt to suggest that standards are upheld and monitored; but no: Liston bluntly admitted that no such monitoring even exists. Here's part of what he said in his letter to us:

"No performance and maintenance standards exist for shock machines.

The Bureau of Medical Devices has not tested E.C.T. machines since there have not been any reported problems from users.

The Bureau has never inspected shock machines."

No reported problems from users, Dr. Liston? How about brain damage?

We certainly hope you can find an appropriate portion of your anatomy on which to affix your Turkey Tail.



MAD NEWS

INMATES' EXPERIENCES SUBJECT OF ANTHOLOGY PROJECT

An anthology about people's experiences as psychiatric inmates in Canada — *Breaking the Silence* — is being co-edited by Dr. Bonnie Burstow and Don Weitz, members of ON OUR OWN. The book will feature personal stories, diary excerpts, poems and graphics by psychiatric inmates and ex-inmates about their institutional experiences. A Canadian publisher is still being sought and the publication date is

sometime in 1987.

If you have been incarcerated in a psychiatric institution or ward in any province or territory in Canada and wish to contribute to this important book, please submit your material typed and double-spaced, with a self-addressed stamped envelope, as soon as possible. Please contact: Dr. Bonnie Burstow, (416) 536-4120, 17 Yarmouth Road, Toronto, Ontario M4K 1E8.

SIXTEEN MILLION DOLLAR PROGRAM TO ASSIST DISABLED

A new federal program administered by the Secretary of State will provide more than \$16 million in grants and contributions over the next five years to improve the status of disabled Canadians.

The new strategy involves three components:

- A new Disabled Persons Participation Program of community support to assist disabled persons and their advocacy organizations to meet the objectives of self-determination, self-reliance and self-management.

- A partnership between the public and private sectors in planning for the Decade of Disabled Persons in order to meet its goal of "Full Participation and Equality" of disabled persons.
- An implementation for all outstanding *Obstacles* recommendations (an all-party report on the status of disabled persons) to be tabled before the newly-created Parliamentary Sub-Committee on the Status of Disabled Persons.

Rights and
Wrongs

1985 ONTARIO REVIEW INMATES GAIN NEW RIGHTS

The past year was a good one for psychiatric inmates in Ontario, as lawyers, rights advocates, ex-inmate activists and some alarmed legislators discovered that many existing laws violated the *Canadian Charter of Rights and Freedoms* and achieved some long-overdue changes.

Thanks to recent amendments to the *Provincial Election Act* and the *Municipal Election Act*, psychiatric inmates in Ontario can now vote in all municipal and provincial elections, and many did. Last November, all inmates in the federal prisons in Quebec were allowed to vote in the



provincial election. In 1986, we can expect more court cases challenging laws denying the vote to inmates and prisoners as unconstitutional.

As of January 1, any person involuntarily committed to any of the province's ten psychiatric institutions and psychiatric wards in general hospitals must be promptly informed of the reason for their committal. If you are involuntarily committed and have never talked to a rights advisor, contact the nearest community legal clinic or Attorney-General Ian Scott, who is responsible for the rights advisors.

If you are in a provincial psychiatric hospital, first call your Patient Advocate.

On September 18, 1985, Attorney-General Ian Scott and Health Minister Murray Elston announced that inmates will have more access to legal aid, including more lawyers to respond to notices of involuntary committal and renewal certificates; and more information for all inmates of their right to a lawyer, a review

of their committal by a regional review board, an appeal of any review board decision to a District Court, and legal representation at review board hearings.

As a result of an historic court decision in February, 1985, psychiatrists and hospitals must now prove that a person suffers from a "mental illness" and is dangerous to himself or herself or others before locking up the person. Lawyer Carla McKague argued on behalf of her client, who remains in Queen Street Mental Health Centre, that the psychiatrists never proved he was "mentally ill" or dangerous, and that his involuntary committal violated the Charter. In his decision, District Court Judge Hugh R. Locke asserted that the burden of proof for involuntary committal "falls upon the physician who signs the specific forms ... and upon the hospital..." and that the standard of proof should be "a preponderance of evidence." (See "Landmark Decision" in vol. 5, no. 4, p. 39.)

you do sue for wrongful detention, and a court agrees that your doctor was wrong to refuse to release you, you could be awarded substantial damages.

PHOENIX COMMENTS

Michael Berman is a lawyer and patients' rights advocate in Toronto. Last fall, he forced Queen Street Mental Health Centre to release a woman incarcerated during the 5-day "assessment" period. Under Ontario's Mental Health Act, any doctor can order the incarceration of a

person (for five days) for the same reasons as those for involuntary committals: "mental disorder" that will cause or threaten to cause "bodily harm" to yourself or others, and/or "lack of competence" to care for yourself. Under the Act, the inmate can appeal involuntary committal, but the Act says nothing about the assessment. In this article, Mr. Berman tells us the legal steps to take to challenge the assessment; we believe it's the first time that this legal strategy has been used in Ontario.

CHALLENGING THE "5-DAY ASSESSMENT" HOW TO FIGHT FORCED INCARCERATION

by Michael Berman

There is a procedure which may be followed in cases of involuntary incarceration under a five-day, Form 1 Assessment. The challenge to the hospital's or doctor's authority arises under the Mental Health Act in its requirements to validate a Form 1 Assessment.

During the period between admission to hospital and the expiry of the five-day period, inmates or their representatives can follow these steps:

- Complete a Form 14, which gives consent to release medical records to another person, such as a lawyer or advocate.
- Fill out a Form 16: "Application to the Regional Review Board." (Copies of both Forms 14 and 16 are available on request at the nursing station on the ward. At the top of Form 16, cross out the phrase *Application To Regional Review Board*

and write in: *Application To The Treating Physician*. Also, cross out the phrase *The Chairman of the Review Board* and replace it with the name of your treating doctor. Give the form to your assessing doctor within the five-day period, and tell the doctor that this application is being made directly to him/her, because you're challenging his/her authority to detain you under the *Mental Health Act*.

- If your doctor refuses to release you, advise him/her that the requirements of the Act must be strictly complied with and if they are not, you may start a civil action against the doctor for *wrongful detention*.

The goal is to make psychiatrists think very carefully about their decision to incarcerate you or anybody else in a psychiatric institution. If



MINISTRY OF HEALTH BACKS DOWN

LAWYER OVERTURNS DRUGGING ORDER AGAINST TWO CLIENTS

Two psychiatric inmates have recently won the right to refuse to submit to forced drugging at Ontario institutions in which they were incarcerated.

In both cases, the inmates are women who were involuntarily committed and subjected, against their will, to dangerous neuroleptic drugs; in both cases, lawyer and inmates' activist Michael Berman launched appeals on their behalf, and in both cases, the Ontario government withdrew

from the appeal procedures before any court actions could be heard.

One of the women, Mrs. J., who was in Queen Street Mental Health Centre last fall on a voluntary basis, refused the drugs ordered by her psychiatrist, Dr. A. Pospisil. The doctor's response was to ask the Central Regional Review Board to change the 81-year-old widow's status to involuntary; the board concurred.

But Mrs. J., with Berman's

help, fought back: on Jan. 3, she appealed the board's decision and applied to be released from Queen Street in order to find her own home. Despite considerable evidence that Mrs. J. was in no danger of harming herself or others and that she was not benefitting from the prescribed drugs, the board upheld its ruling and ordered her to be drugged for up to three months. However, after Berman's motion in the District Court in Toronto — he argued that Mrs. J.'s committal and enforced drugging violated three sections of the Canadian Charter of Rights and Freedoms — the Ontario Ministry of Health abandoned its court action, and the institution agreed to an "unofficial understanding" that Mrs. J. is not to be drugged while in Queen Street, where she is still incarcerated involuntarily.

The second inmate, Mrs. S., was first admitted to Hamilton Psychiatric Hospital last December for a five-day assessment — a form of involuntary committal — and later declared incompetent, forced to submit to drugging, and incarcerated on an involuntary basis. Mrs. S. was denied the right to

representation at both her first board hearing and her subsequent appeal, which was rejected.

In his motion filed in District Court in February, Berman questioned the validity of the committal order and again cited three sections of the Charter as arguments against the enforced drugging of his client!

Once again, the Ministry of Health decided not to pursue a court case; the board's drugging order was allowed to expire and Mrs. S.'s status was changed from involuntary to voluntary.

PHOENIX COMMENTS

Although both cases represented what Berman called "indirect victories" — since neither was heard in court, no precedent could be set — we feel the disposition of these women's cases may cause Ontario's institutional psychiatrists and regional review boards to think twice before forcing drugs on inmates. We hope advocates such as Berman will continue to fight for people in psychiatric institutions — all the way to the Supreme Court of Canada, if necessary.

up to 50,000 people have used the drug — but that the number has been on the increase in the United Kingdom. As a result, the company has decided to extend its withdrawal of the drug to its worldwide market, including the United States and the United Kingdom.

PHOENIX COMMENTS

It's chilling that across the world, more than 14

million people have been subjected to this dangerous drug — a statistic the Hoechst company boasted in its slick, glossy advertising, while playing down its warning about serious reactions. More chilling, still, to consider the catch-phrase used by the company in its ad campaign: "Merital — the anti-depressant you can feel right about."

GOVERNMENT AND CANADIAN PHARMACEUTICAL ASSOCIATION SHIRK RESPONSIBILITY TO CANADIANS

The government of Canada and the Canadian Pharmaceutical Association (CPA) still refuse to inform patients and the public about psychiatric drugs and their risks, including Tardive Dyskinesia (see our "Tardive Dyskinesia Epidemic," Vol. 3, No. 2, 1982). Instead, the government and the CPA are simply leaving it to the "discretion" of doctors and pharmacists to tell their patients about these drugs.

Since 1983, Health and Welfare Canada and the CPA have been sending little slips of paper or "Supplementary Information On Medication" (SIMs) on various psychiatric drugs to doctors and pharmacists — *not* to patients.

The information on these SIMs is very skimpy when it comes to drug warnings and adverse effects. For example, in the blurb on the phenothiazines or neuroleptic drugs, there is absolutely no information about tardive dyskinesia, the most serious and permanent effect of these drugs. Further, doctors and pharmacists are not *required* to release this information to you when a psychiatric drug is prescribed.

We believe our readers, and every Canadian, should have the absolute right to detailed information about any psychiatric drug which is prescribed. We should have the right to know the name, type, dosage, maximum safe dosage, major effects, and, especially, the many serious risks — including tardive dyskinesia — of these mind-disabling drugs.

We urge you to write letters of protest to the Canadian government and the CPA demanding that such detailed information be automatically given to you whenever a psychiatric drug is prescribed. Here are the addresses:

Dr. A.J. Liston,
Assistant Deputy Minister,
Health Protection Branch,
Health and Welfare Canada,
Tunney's Pasture,
Ottawa, Ont. K1A 0L2

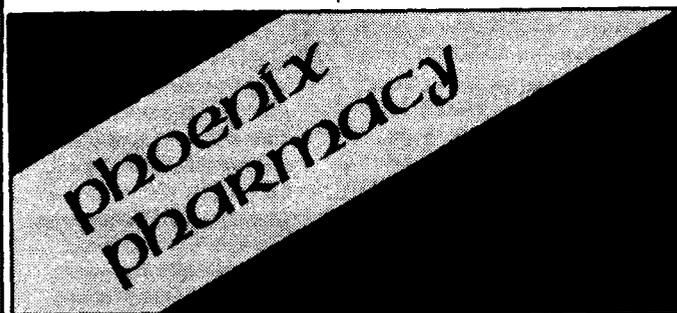
Mr. Leroy Fevang,
Executive Director,
Canadian Pharmaceutical
Association
1815 Alta Vista Drive
Ottawa, Ont. K1G 2Y6

FILM ON INJECTION OF NEUROLEPTICS THE LATEST TECHNIQUES OF CHEMICAL TORTURE

The following is quoted directly from the October, 1985 issue of *Update*, a quarterly published by the Community Advisory Board of Whitby Psychiatric Hospital. McNeill, the multinational drug company mentioned in the item,

manufactures Haldol, one of the most powerful and dangerous neuroleptics which is usually forcibly administered to "schizophrenics."

Whitby Psychiatric Hospital Audio-Visual Department in cooperation with McNeill



DANGEROUS SIDE EFFECTS

ANTI-DEPRESSANT TAKEN OFF MARKET

The anti-depressant drug Merital is being pulled off the market in Canada after reports of its many adverse side effects, including hemolytic anemia, a sometimes fatal disease of the red blood cells.

Merital, the trade name for the drug nomifensine, has been marketed in Canada since 1983 by Hoechst Canada Inc., which said that reports have linked the

drug to hemolytic anemia, in which antibodies are produced that attack red blood cells. The drug has also been known to produce hypersensitivity reactions with flu-like symptoms.

Federal health officials, who are monitoring the recall, told us in a letter that "very few" adverse reactions have been reported in Canada — where

Pharmaceuticals have produced a program illustrating a technique for intramuscular injections of long-acting neuroleptics. Marie-Claire Belander of the Allen Memorial Hospital, Montreal, Quebec teaches psychiatric registered nurses accurate assessment of patient injection site, choice

of needle length and gauge, and the Z-track method of administration.

Note: If you wish to borrow any of these tapes, please call or write: Audio-Visual Services, Whitby Psychiatric Hospital, P.O. Box 613, Whitby, Ontario L1N 5S9 668-5881 Ext. 352.

SHOCK WAVES

REVIEW IGNORES DANGERS OF ECT

EX-INMATES PROTEST PROPOSAL TO CONTINUE USE OF ELECTROSHOCK

by Brian McKinnon

The Electro-Convulsive Therapy (ECT) Review Committee, set up almost two years ago by the Ontario government, has failed to put an end to one of the most dangerous practices known to medical science.

In its 100-page report, handed down on Dec. 20, the committee acknowledged the risks and adverse effects connected to the use of ECT, but nevertheless recommended that it should continue to be available as a so-called mode of treatment.

But this decision hasn't been accepted passively by the thousands of people whose lives have been damaged by electroshock, nor by the many organizations — such as the Ontario Coalition To Stop Electroshock and On Our Own — whose goal is to end this barbaric psychiatric anachronism.

On Nov. 11, more than 30 people — including two ex-inmate activists from Buffalo and David Reville, the South Riverdale MPP and himself a former inmate — braved the bitter cold to take part in a

demonstration outside the committee's Bloor St. office and in front of the Clarke Institute of Psychiatry, the training centre for Ontario shock doctors and the site of one of the highest volumes of ECT in the province.

The demonstration was planned for Remembrance Day "to link up in people's minds the connection between the present abuse and the pioneering experimentation that was done on electroshock in the death camps of Nazi Germany," as the Coalition's Dr. Bonnie Burstow told a reporter covering the protest. Following the march to the Clarke, the demonstrators kept vigil — and listened to a number of moving testimonials — outside the building.

"I'd like to just make a statement to this Dr. (Vivien) Rakoff of the Clarke Institute, and that is: Fry your own brain, Rakoff, and leave ours alone!" shouted protestor Paul Rogers, drawing a resounding cheer from the crowd.

Added Reville: "It's got to stop! Keep up your work and it will be stopped!"

Others, like shock survivor Shirley Johnson, spoke of personal loss and tragedy as a result of ECT. Johnson, whose son committed suicide after being subjected to shock, reminded the group that the momentum to outlaw electroshock will escalate if "we have that love in our hearts to speak out."

Less than six weeks later, the committee's report was released; its main finding is a dramatic reminder of just how much opposition was — and is still — needed. While the committee proposed strong legal protections of psychiatric patients' rights, including the absolute autonomy of a competent patient to refuse treatment, its endorsement of the continued use of electroshock gave even this constructive recommendation a negative cast, since psychiatrists will be able to continue to promote ECT to inmates while playing down its many negative effects.

As well, the very structure of the committee, and many of its conclusions about the nature of ECT, were open to extensive criticism:

- The committee, largely composed of medical and psychiatric representatives, held no public hearings.
- The report fails to address the issues of age and sex bias — women and the elderly are more frequently subjected to ECT than other groups — in the use of electroshock.
- While acknowledging that shock causes "long-term

memory loss," the report rejects this finding as an indication of brain damage.

- Only about three pages of the report — little of which is based on substantial evidence — are devoted to explanation of the committee's claim that electroshock is an effective treatment.

Far from dampening the energy of the many people opposing electroshock, however, the report's recommendations fired protestors' determination to continue their fight. Again, on Jan. 11, more than 30 people demonstrated against the decision and in support of three Coalition members who staged a peaceful demonstration inside the Clarke. These protestors — Bonnie Burstow and Kali Grower of the Coalition and Don Weitz of On Our Own — were able to talk to several inmates before they were forced to leave.

Since this second demonstration, a number of other groups and individuals have written to Ontario Health Minister Murray Elston to protest the conclusions contained in the report.

Brian McKinnon is a member of the Ontario Coalition to Stop Electroshock. We at Phoenix Rising urge our readers to join the many opponents of ECT in writing to Elston: 10th Floor, Hepburn Block, Queen's Park; Toronto, Ont.; M7A 2C4. —Phoenix Staff

ADDITIONS TO LIST

SHOCK DOCTOR UPDATE

Bagheri, Alda. Queen Street Mental Health Centre, Toronto, Ont.

Matas, John. St. Boniface Hospital, Winnipeg, Man.

Brown, E.W. Mississauga General Hospital, Mississauga, Ont.

Hennessey, A. Clarke Institute

of Psychiatry, Toronto, Ont.

Orchard, B. Clarke Institute of Psychiatry, Toronto, Ont.

Menuk, M. Clarke Institute of Psychiatry, Toronto, Ont.

Voineskos, G. Clarke Institute of Psychiatry, Toronto, Ont.

Freebury, D.R. Mount Sinai Hospital, Toronto, Ont.

“I hate to hear that — it upsets me; look at me shaking.” (19 repetitions) “It makes me mad when I think of my past, when I was so lonely. . . I am so lonely.” (45 repetitions).

— Message relayed to psychic driving victim, Allan Memorial.



continued from p. 14

Depatterning

On Jan. 21, 1957, Cameron applied to the New York-based Society for the Study of Human Ecology (a known CIA front) for further funding of his psychic driving experiments. The research project had an innocuous title: “To Study the Effects Upon Human Behaviour of the Repetition of Verbal Signals.”

Cameron was eager to refine his depatterning procedure to ensure that the “dynamic implant” would lead to permanent behavioural changes in his patients.

In the application, he succinctly outlined a four-step brainwashing procedure which he inflicted on approximately 80 patients at the Allan:

- The breaking down of ongoing patterns of the patient’s behaviour by ... particularly intensive electroshock (depatterning).
- The intensive repetition (16 hours a day for 6 or 7 days of the prearranged verbal signal.
- During the period of intensive repetition the patient is kept in partial sensory isolation.
- Repression of the driving period is carried out by putting the patient, after the conclusion of the period, into continuous sleep for 7 - 10 days.

Cameron also said he was still looking for more efficient ways to immobilize or inactivate his patients during psychic driving, including such powerful drugs (used either singly or in combination) as Artane,

Anectine, Bulbocapnine, Curare and LSD-25.

From April, 1957 to June, 1960, the CIA (through its front) gave Cameron \$59,475.54 to conduct his depatterning experiments on many patients at the Allan — most of them women — and a further \$4,775 to continue his psychic driving research. The funding was officially approved by Colonel James L. Monroe, a CIA employee or agent, who signed all grant approvals as “Executive Secretary” for the New York organization. The project was also approved by Dr. Sidney Gottlieb, a psychologist and Chief of the CIA’s Chemical Division of Technical Services Staff.³⁴

The first published report of the depatterning procedure appeared in a 1958 issue of the *Canadian Medical Association Journal*, under the clinically titled heading, “Treatment of the Chronic Paranoid Schizophrenic Patient.”³⁵ In the article, Cameron and colleague S.K. Pande described their depatterning-brainwashing technique in chilling detail:

...frequently severe although *transient disturbance of the brain function is an important factor in the favorable results.* This disturbance is shown in terms of severe recent memory deficit, disorientation and impairment of judgement. Similar changes can readily be produced by a combination of sleep and electroshock treatment.

This time, Cameron’s victims were 26 “paranoid schizophrenic” patients incarcerated in the Allan. Twenty-

one were women. The basic procedure of depatterning and brain washing consisted of prolonged sleep (20 to 22 hours a day) under daily doses of Thorazine and the barbiturates Seconal, Nembutal and Veronal; and intensive electroshock, using the Page-Russell technique, which involved five to six shocks within two to three minutes.³⁶ The objective of this massive electroshock was “to produce in combination with sleep ... confusion which we term ‘depatterning’”³⁷ Each patient was subjected to at least 30 shocks within one to two months, and some were shocked as many as 60 to 65 times within two months — to achieve “complete depatterning.”

After 30 shocks and five days, patients showed “severe memory deficits...” Their “delusions” were still present. Ten to 20 days later, they demonstrated serious temporal-spatial disorientation: “Who am I?” they asked. “How did I get here?” And all “delusions” were “broken up.”

Wrote Cameron: “He lives in the immediate present. All schizophrenic symptoms have disappeared. There is complete amnesia for all events in his life.”³⁸

After 30 to 60 shocks, the typical victim was completely disoriented: as Cameron expressed it, one patient “... does not recognize anyone, has no idea where he is and is not troubled by that fact ... urinary incontinence and has difficulty in performing simple motor skills.” Nor was there any remaining evidence of “schizophrenic” behaviour.

Scientific documentation of the



“... does not recognize anyone, has no idea where he is and is not troubled by that fact. . . .”

— Dr. Ewen Cameron, description of successful depatterning project of Allan Memorial.

permanent brain damage caused by the depatterning procedure, particularly the electroshock, was finally revealed in 1967 — the year Cameron died, and three years after the Canadian government stopped funding his psychic driving experiments.

In a 10-year follow-up study of 79 of Cameron's “depattered” patients, psychologist A.E. Schwartzman and psychiatrist P.E. Termansen discovered that 63 percent of 27 shocked and depattered patients showed permanent memory loss, and that in 60 percent of these memory losses, anywhere from six months to 10 years of experience was erased.³⁹

These researchers recommended that intensive electroshock be stopped.

It wasn't.

The Response of Psychiatry

Before his death in 1967, Dr. D. Ewen Cameron was President of the Canadian Psychiatric Association, the American Psychiatric Association, the Quebec Psychiatric Association and the World Psychiatric Association. He was also the founder and first director of the Allan Memorial. He received many honours and awards including the Mental Hygiene Institute of Montreal's “Mental Health Award” for outstanding contributions to the mental health of the Canadian people” in 1966.⁴⁰ In 1965, the Canadian Psychiatric Association made him a lifetime Honorary Member. In its citation to Dr. Cameron, the CPA expressed “its profound appreciation of (his) outstanding contribution made to the development of psychiatry in Canada...” It also praised Dr. Cameron for contributing to “far-

reaching advances in the fields of treatment-education-research.”⁴¹

A month after Dr. Cameron died, these editorial statements were published in the *Canadian Psychiatric Association Journal*:

As a diligent seeker after knowledge, a gifted author, a renowned administrator and inspiring teacher he brought ... a wider and deeper understanding of the importance and significance of the emotional life of man.⁴²

Nineteen years later, the psychiatric profession in Canada and the United States is still silent, and still refuses to acknowledge that one of its leaders planned and conducted some of the most unethical, dehumanizing, and destructive experiments, which can only be compared to the medical torture carried out in the concentration camps of Nazi Germany.

PHOENIX COMMENTS

In its conspiracy of silence, psychiatry is joined by the governments of the United States, which refuses to compensate nine of Cameron's Canadian victims — one of whom has died since the victims' \$9 million lawsuit was launched against the CIA almost six years ago.

There are dozens of unanswered questions — about the identities of Canadian officials or scientists involved in the secret meetings with the CIA; about the decision to continue funding for Hebb's and Cameron's experiments after innumerable reports showed the extent of their dangerousness; about the connection of these two psychiatrists to the CIA brainwashing projects.

In future issues, we will probe

these unknowns in an attempt to shed even more light on these appalling acts of inhumanity — and the massive cover-up still being perpetuated by the governments of Canada and the United States.

Montreal writer Don Gillmor is currently researching a book on Dr. Ewen Cameron and is interested in talking to any former patients. Anonymity, if desired, can be guaranteed.
838 Wiseman, No. 2,
Outremont, Quebec, H2V 3L1,
(514) 274-2315.



“... a diligent seeker after knowledge, a gifted author, a renowned administrator, and inspiring teacher. . . .”

— Tribute to Cameron by Canadian Psychiatric Association Journal.

MENTAL HEALTH PROJECT GRANTS AWARDED TO DR. D.E. CAMERON, ALLAN MEMORIAL INSTITUTE, BY DEPARTMENT OF NATIONAL HEALTH AND WELFARE — 1950 - 1964¹

Project No	Project Title ²	Amount & Duration
604-5-11	The Effect of Senescence on Resistance to Stress	\$195,388.00 1950 - 1957
604-5-13	Research Studies on E.E.G. and Electrophysiology	60,353.33 1950 - 1957
604-5-14	Support for a Behavioural Laboratory	17,875.00 1950 - 1954
604-5-43	Study of the Personal and Social Aspects of Retirement and Retirement Adjustment	24,450.00 1956 - 1958
604-5-74	Study of Ultraconceptual Communication	26,228.08 1959 - 1961
604-5-76	A Study of the Effects of Nucleic Acid Upon Memory Impairment in the Aged	18,000.00 1959 - 1963
604-5-432	A Study of Factors Which Promote or Retard Personality Change in Individuals Exposed to Prolonged Repetition of Verbal Signals	57,750.00 1961 - 1964
Total Amount of Grants		\$395,044.41

¹Our thanks to Public Archives Canada and Health and Welfare Canada for providing this information under the *Access to Information Act*.

²Each of these research projects was related to Cameron's brainwashing research. Information about other Canadian government grants awarded for his research is either unknown or not yet available, but total government funding for Cameron has been estimated at \$500,000. The CIA grants awarded to Cameron totalled about \$64,000.

RESEARCH GRANTS AWARDED TO DR. D.O. HEBB,³ MCGILL UNIVERSITY, BY THE DEFENCE RESEARCH BOARD — 1951 - 1955⁴

Project Number	Project Title	Amount & Duration
D72-94-85-01	Conditions of Attitude Change	\$34,250.00
D77-94-85-01	in Individuals	\$195,388.00

³Although Hebb wrote and submitted these grant applications to the DRB, he mainly supervised this research, which was largely conducted by four other psychologists at McGill: W.H. Bexton, W. Heron, T.H. Scott and B.K. Doane.

⁴Our thanks to Public Archives Canada and the Department of National Defence for providing this information under the *Access to Information Act*.

1. John Marks. *The CIA and Mind Control: The Search for the "Manchurian Candidate"*. N.Y.: Times Books, 1979; also see paperback edition, McGraw-Hill, 1980 - re Dr. Cameron's experiments, see pp. 131-141 (paperback).

2. Report of Special Meeting, June 1, 1951. Matters relating to CIA project "Bluebird". Unpublished. Also see "Ottawa paid for '50s brainwashing experiments, files show", *The Toronto Star*, April 14, 1986. The *Star* article also states that in addition to Drs. Hebb, Solandt, Morton and Tizzard, "officials named Haskins, Dancey, Tyhurst and a Commander Williams" also attended this secret CIA meeting. Dr. James S. Tyhurst is a Canadian psychiatrist, and Sir Henry Tizzard (now dead)

was chairman of the British Defence Research Policy Committee, and both Dr. Caryl Haskins and Commander R.J. Williams were "the CIA representatives at the meeting."

3. *Ibid.* Deleted name of scientist that of Dr. D.O. Hebb.

4. Memorandum To The File: Notes on Meeting held on July 23, 1951. Unpublished.

5. File - Artichoke (A/B, 5, 134/3). December 3, 1951. Unpublished.

6. Department of National Defence. Research and Development Project. Project Title, "Conditions of Attitude Change in Individuals." Project No. D72-94-85-01, DRB Contract X-38, September 1951.

7. *Ibid.* Progress Report, Project No. D77-94-85-01, December 31, 1952.

8. *Ibid.* Progress Report, December 31, 1953.

9. *Ibid.* Progress Report, December 31, 1954.

10. D.O. Hebb and Woodburn Heron. Effects of Radical Isolation Upon Intellectual Function and The Manipulation of Attitudes: Terminal Report to DRB on Contract X-38, "Conditions of Attitude Change in Individuals." Report No. HR 63. Ottawa: Defence Research Board, Department of National Defence, October 1955, p. 5. Hebb's final report on the sensory deprivation/brainwashing experiments which the DRB kept secret and never published.

11. W.H. Bexton, W. Heron, and T.H. Scott. Effects of Decreased Variation in the Sensory Environment. *Can. J. Psychol.*, 1954, 8:2, 70-76. First published report on McGill

sensory deprivation experiments.

12. W. Heron, B.K. Doane, and T.H. Scott. Visual Disturbances After Prolonged Perceptual Isolation. *Can. J. Psychol.* 1956, 10:1, 13-18. In this experiment, the subjects were the researchers themselves.

13. W. Heron. "Cognitive and Physiological Effects of Perceptual Isolation" (Introduction by D.O. Hebb), in P. Solomon, ed., *Sensory Deprivation*. Cambridge, Mass.: Harvard University Press, 1961, pp. 6-33.

14. *Ibid.* p. 27.

15. Woodburn Heron. The Pathology of Boredom. *Scientific American*, vol. 196, No. 1, 1957 (Jan.), 52-56.

16. Progress Report on the Behavioural Laboratory, Dept. Psychiatry, McGill U., January to December 1953. (received by National Health and Welfare on January 20, 1953).

17. H. Azima and Fern J. Cramer-Azima. Effects of the Decrease in Sensory Variability on Body Scheme. *Can. Psychiat. Ass. J.* vol. 1, no. 2, 1956 (Apr.), 59-72.

18. H. Azima, and Fern J. Cramer. Effects of Partial Isolation in Mentally Ill Disabled Individuals. *Dis. Nerv. Sys.* vol. 17, no. 1, 1956 (Apr.), 117-122.

19. Final Report on the Behavioural Laboratory, December 2, 1954. Submitted by Dr. D.E. Cameron to Department of National Health and Welfare.

20. Letter from Dr. Jean Gregoire to Dr. G.E. Wride re Project 604-5-14, December 14, 1954.

21. Letter from Dr. G.E. Wride, Principal Medical Officer, Department of National Health and Welfare, to Dr. Jean Gregoire, December 21, 1954.

22. D. Ewen Cameron. Psychic Driving. *Am. J. Psychiat.* v. 112, 1956 (Jan.), 502-509.

23. *Ibid.* p. 506.

24. D.E. Cameron and Robert B. Malmo. Effect of Repeated Verbal Stimulation Upon a Flexor-Extensor Relationship. *Can. Psychiat. Ass. J.* vol. 3, no. 2, 1958. (Apr.), 81-86. Dr. Malmo was a research psychologist at the Allan Memorial Institute and McGill University. This study demonstrated how psychic driving could influence physical behaviour.

25. D. Ewen Cameron, Leonard Levy, L. Rubenstein and R.B. Malmo. Repetition of Verbal Signals: Behavioural and Physiological Changes. *Am. J. Psychiat.* vol. 115, 1959 (May), 985-991.

26. D. Ewen Cameron, Leonard Levy, and Leonard Rubenstein. Effects of Repetition of Verbal Signals Upon the Behaviour of Chronic Psychoneurotic Patients. *J. Ment. Sci.* (now titled *Brit. J. Psychiat.*), v. 106, 1960 (Apr.), 742-754.

27. D. Ewen Cameron, Leonard Levy, Thomas Ban, and Leonard Rubenstein. A Further Report on the Effects of Repetition of Verbal Signals Upon Human Behaviour. *Can. Psychiat. Ass. J.* vol. 6, no. 4, 1961 (Aug.), 210-221.

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Minister of Health for Quebec, March 15, 1965.

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33. Department of Psychiatry, Allan Memorial Institute. Application For Grant To Study The Effects Upon Human Behaviour Of The Repetition Of Verbal Signals. January 21, 1957. The names of Dr. Cameron and Dr. Robert B. Malmo appear on p. 7 of this application for funding to the CIA (Society for the Study of Human Ecology).

34. CIA "Memorandum For The Record", March, 1957. In a copy of this memorandum, it is clear that Dr. Cameron's application was funded under the CIA's "MK-ULTRA Subproject 68". Part of this memorandum states that this research "will be under the direction of Dr. D. Ewen Cameron, that psychic driving and powerful experimental drugs including LSD will be used to break down and inactivate the person." The CIA initially

approved a 2-year grant of \$38,180 to Dr. Cameron, which was approved and signed by Dr. Sidney Gottlieb, Chief of the CIA's Chemical Division of the Technical Services Staff, and Colonel James L. Munroe, "Executive Secretary," who monitored Dr. Cameron's research for the Society for the Study of Human Ecology. Further funding was approved.

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A personal viewpoint:

psychiatry's to blame, not the CIA.

By O.G. Pamp

Lately a great deal of dissembling rhetoric and deliberate misinformation have been uttered and written about the Canadian victims of so-called CIA brainwashing experiments. The media has, through countless articles, columns, editorials and TV news programs, incessantly restated the prevailing, if totally false, presumption that these were "CIA experiments" initiated, planned and controlled by CIA agents. The perception, especially popular among the political left, is that Dr. Cameron (and Dr. Hebb) were unwitting dupes of a sinister CIA conspiracy. Nothing could be further from the truth.

The irrefutable fact is that it was a psychiatrist, Dr. D. Ewen Cameron, who solely conceived, directed, controlled and performed the experiments in his theoretical quest to find a "cure" for the metaphorical moral or thought "disease" called schizophrenia. It was Dr. Cameron's theories, not the CIA's, which were tested at the Allan Memorial between 1957 and 1961. It was Dr. Cameron, not the CIA, who brutally and arrogantly exploited involuntary patients as guinea pigs for his "medical research." Dr. Cameron's theory was to "depattern" the human mind of morally and socially "deviant" (non-conformist) thought and/or behaviour by literally wiping the slate clean with "psychic driving" so the psychiatrist could then imprint on the tabula rasa the morally and socially correct ("mentally healthy") dogmas or values. That in essence was the sole motive for Dr. Cameron's experiments. It must be remembered that he had developed and refined his research long before the CIA funding began and would have conducted them precisely the

same way regardless of the CIA's existence. The same goes for Dr. Hebb's research. To suggest, as the media has, that these esteemed professionals needed CIA agents to help plan their research is not only utter nonsense but a misleading attempt to shift the focus of culpability from Dr. Cameron and psychiatry to the CIA. The latter is a more easily demonized target.

However, Dr. Cameron was neither a CIA operative nor a madman scientist. He was one of the world's most eminent psychiatrists, recognized as the founder of Canadian psychiatry, who served as president of both the Canadian and American Psychiatric Associations in addition to being the first head of the World Psychiatric Association. Had he lived, he would have undoubtedly followed in the footsteps of another famed psychiatrist-neurologist, Egas Moniz, who in 1955 received the Nobel Prize for Medicine for mutilating the brains (lobotomies) involuntary "patients" in order to "cure" them of their non-conformist thinking and/or behaviour.

Dr. Cameron was only the latest of a long, infamous line of world — celebrated psychiatrists who have tortured their victims in the humanitarian name of "treating" them. In fact, the whole history of psychiatry is an appalling litany of torture, mutilations and oppressions. It is the history of the straitjacket, the sack, the confining belt and chair, Cox's swing, Autenrieth mask and chamber, the pear, the box, lacing, lobotomy, infibulation, castration, etc....

This is not medicine. This is moral medicine. Psychiatry has superseded the Church as society's chief moral guardian. The rhetorical-

metaphorical exercise of branding social, sexual, moral and (as in the Soviet Union) political differences "mental diseases" is as patently sham as their alleged biological origins. It confuses brain and mind, nerves with nervousness, medicine with morality, description with prescription, treatment with punishment, and cure with control. For centuries, man believed that disease was caused by sin. Now he believes that sin is caused by disease.

Still the pervasive myth persists that the institutional psychiatrist is a humane and compassionate healer rather than a procrustean moral and political agent of the State. For example, the truth has long been carefully concealed that German (Nazi) psychiatrists were more than willing collaborators in the systematic extermination of some 300,000 "mentally ill," "retarded" and "useless eaters" — leading up to the Final Solution's gas chambers. Their patented justification was that they were only acting out of humane motivation. This excuse has always been trotted out by psychiatrists to rationalize the most execrable acts ever performed on man in the spurious name of medical science. That's the excuse given by Soviet psychiatrists when they inject painful drugs into the veins of political dissenters suffering from "sluggish schizophrenia." That's the excuse of North American psychiatrists when they do exactly the same thing to moral (sexual) and social dissenters suffering from "paranoid schizophrenia."

No wonder the immensely powerful psychiatric establishment has remained damningly silent about Dr. Cameron's experiments. For it and others to demand "justice" from the CIA is to conceal the truth. The only true justice for all past and future victims of psychiatric "treatment" is to unblinkingly expose the incriminating truth that ultimate responsibility and blame must rest on Dr. Cameron and the "scientific" methods of psychiatry. The nine Canadians were victims of psychiatry, not CIA skulduggery.

O.G. Pamp is a critic of the psychiatric system and a tireless letter-writer. He is currently writing a book on Ezra Pound.

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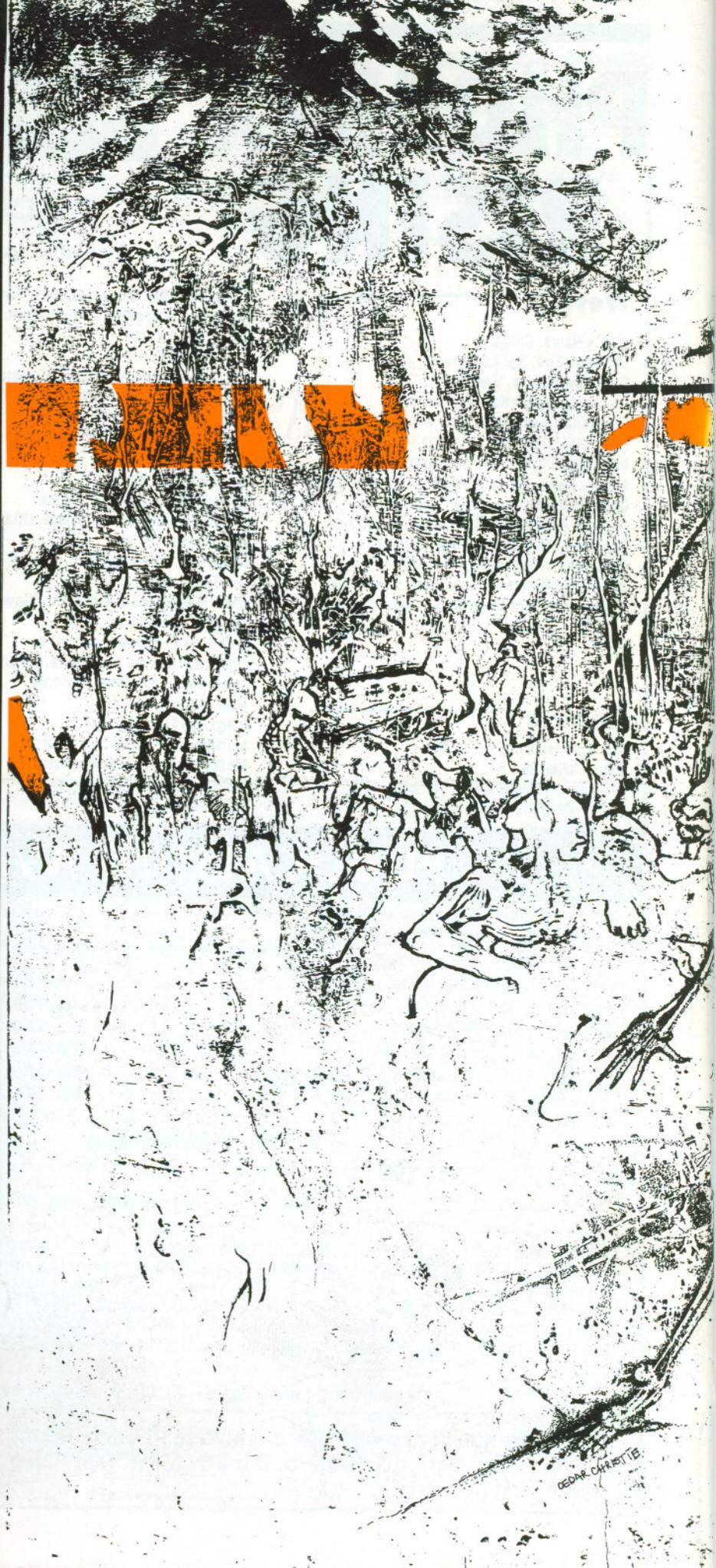
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