

DARE TO IMAGINE FROM LUNATICS TO CITIZENS



A Survivor's History of Mental Health in New Brunswick

EUGÈNE LEBLANC AND NÉRÉE ST-AMAND

DARE TO IMAGINE

From Lunatics to Citizens

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*This may emphatically be called **The Book of the Poor**, as I who write it am poor. Poor in purse, but rich in the possession of sympathy for my fellow being, rich in the possession of courage sufficient to tell the truth, when by it a public good is accomplished, even though by it I have endangered my life, and may get the reputation of interfering with a business not my own.*

Mary Huestis Pengilly, incarcerated in the 19th century,
Provincial Lunatic Asylum, Saint John

WE DEDICATE THIS BOOK

To those who suffered in silence behind the walls of the asylum, in New Brunswick and elsewhere.

To the lives lost, emptied of meaning and to those who are offering to the present and future generations a few echoes of hope.

To Stephen Inness, Mary Huestis Pengilly, Wendy Tupper, Aunt Irma, and to the thousands of others who, through their sufferings and even at the cost of their lives, remind us that in the history of our civilization, the asylum was nothing more than a laboratory for control and oppression and was psychiatric in name only.

To the memory of Shawn Poissonnier who believed:

- *That mental illness is not who you are as a person;*
- *That we need to help people who dissent from mainstream psychiatry;*
- *That the consumer/survivors' movement should be independent from the social network to which psychiatry belongs.*

May their time on earth not have been in vain;
May their messages support our struggles;
May their words kindle the hearts
of those who continue to treat the psychiatricized
as if they were social scum and citizens without rights.

Foreword

In mid January 2005, twenty-four mental health consumer/survivor leaders from across Canada, and one sympathetic researcher and community ally, came together in Niagara Falls, Ontario. Their mission was to build up a strong coalition that would work to sustain the capacity of our nation's consumer movement.

During that notable meeting, much discussion dealt with the history of the consumer movement in Canada, and the need to document our community's past in order to learn from it, as we position ourselves for the future. It was then that Eugène LeBlanc and Nérée St-Amand proposed their plan to benefit our grass-roots movement and potentially the lives of all Canadians. This was the ground-breaking moment where the history of the mental health system and its impact on consumers was going to be sought out, documented and disseminated in book format.

Since then, leaders from across the country have been updated on new findings by Eugène and Nérée. Excitement has been building about many documents supporting this historical viewpoint of our community. Personal accounts of disheartening treatment suffered by our folks throughout the centuries were also found. At times, they were treated like animals! Although such mistreatment, among others, are well known by consumers throughout Canada and around the world, very little research to support this stance has ever been published and put into the public domain, until now.

As I flipped through its pages, the horror and pain that I have repeatedly seen in the eyes of many of my peers came to life. I came to better understand the desperation and terror suffered by many of those who have lived with little or no hope, and who have been muted and segregated from society. It makes me shudder to think that the Canada I am so proud to be a

citizen of is the same country that has destroyed so many. Oftentimes, this tearing down of the soul comes from people who have turned a blind eye at those of us suffering from a mental illness.

Disappointment with the present system, its lack of services, support and reliance on the biomedical model are mused over to a great extent. The government's reluctance to appropriately support the needs of many living with a diagnosed mental illness until recent times is appalling and well documented.

Overall, it is my opinion that this is a must read book for everyone who needs to be educated in both the health and social service sectors; for they too must learn from the past in order to create better systems and supports for those they serve.

With gratitude for the research and with appreciation of the content, I applaud both Eugène and Nérée for this excellent piece of work. With every page turned, their words bring emotion to life; enlightening us on the experiences of what people went through before us and making us ponder on what the future could hold. Congratulations to you both for a first-class job!

Constance McKnight, CAE
National Executive Director
National Network for Mental Health

Introduction

Why This Other Story?

Imagination deserted by reason creates impossible, useless thoughts. United with it, imagination is the mother of all art and the source of all its beauty.

Francisco José Goya Y Luciente

When the inspiration of writing a book about the history of mental health activism in New Brunswick came to me at a meeting of the Canadian Coalition of Alternative Mental Health Resources in Niagara Falls, in January 2005, never did I think the research would lead, we the authors, in the direction and offer the conclusions which it did. As poet Janet Frame puts it:

Writing (...) is not merely going on a shopping expedition across the border...it is hours and years spent in the factories, the streets and the cathedrals of the imagination.

I find this statement to be very true because thousands of hours were spent traveling back 185 years in history. Learning about how people with a mental illness lived and the remedies applied to them made me shiver.

Our research was originally guided by an intent to document the history of individuals who experienced first-hand the trauma of undergoing psychiatric treatment, however, our initial research led us to extend and transform our work to examine why a consumer/survivors movement developed in the first place and what the future implications are for the entire field of mental health now that such a movement exists. To rationally explicate the now, we needed to understand the past. As one member of our activity centre said to me, “You are

telling the whole story for the first time.” Since historians seem to recount the history of mental health and institutions from a professional or managerial point of view, we, the consumer-survivors, embrace the notion that this book is groundbreaking in its field because it constitutes a first hand account of what was reality then, what it is today and what it might be tomorrow. Furthermore, we believe that we were able to weave a tapestry of events into a continuing story so that we can better understand our current situation.

I would like to thank my co-author, Nérée St-Amand, for his interest and his wholehearted dedication to this project. Nérée has exemplified the true meaning of what professional support in client-run initiatives should be and what it ought not to be. I wish more individuals and community groups could follow his example. I also want to acknowledge Annette Després who has been a friend and a loyal supporter of our work throughout the years; her faith in my abilities will never be forgotten. I also wish to acknowledge New Brunswick’s Assistant Deputy Minister for Mental Health Services, Ken Ross, for his appreciation of the consumer/survivors’ movement in our province and across Canada.

A special appreciation to those without whom this book would not have seen the light of the day; we wish to emphasize the volunteer contributions of:

Colin Donegani, Yves Duchesneau, Greg Golden, Gail Hutchin, David Jory, Constance McKnight, Diana Ralph, Gaétan St-Amand for their revisions and to Jeannine Turpin for typesetting both languages.

A few special words to all members who have come through the doors of our activity centre since 1987, the *Groupe de support émotionnel Inc.* of the greater Moncton area. Your wealth of experiential viewpoints has been a great source of inspiration and support to me in the last 20 years. You have all taught me so much. THANK YOU!

We gratefully acknowledge the generous assistance from:

- Canadian Coalition of Alternative Resources,
- Caring Friends Activity Centre,
- Chalets Dupuis Cottages Inc.,
- Club Alpha,
- Copains Activity Centre,
- Dieppe Mental Health Consumer Network,
- Ergon Inc.,
- Family Services Moncton Inc.,
- Groupe de support émotionnel Inc.,
- Moncton Chapter of the New Brunswick Schizophrenia Society,
- National Network for Mental Health,
- New Brunswick Mental Health Consumer Network,
- Ressource Activity Centre.

We chose to title this book: *Dare to Imagine*. After having met D^r Georges-Henri Lévesque from St-Basile, N.-B. who introduced me to quantum physics, or better stated in layman's terms, the science of possibilities, I came to realize that what we need is not more psychiatry nor a system which perpetuates disease, but rather more teachers who can enthuse us to imagine and consider innovative ways to health such as expanding our thought processes, leading us towards an awareness of our capacities and of our place in the universe. Viewed in this context, our present mental health system has been a colossal failure, for it limits and binds us within the parameters of illness, medication, poverty, human rights violation, and most oftentimes with a psychiatric label for life. We must then consider new horizons in approaching our mental health.

I have witnessed, in my own life and in the lives of others involved in the consumer/survivors movement, that if there has been one ingredient which people have used in their recovery process, whether aware of it or not, it has been their imagination. The imagination to get together with like-minded people; the imagination to write about pain and victories; the

imagination to invent a new program; the imagination to pursue an activity that we know will help us; and to have unwavering faith even if the activity is not text book approved nor financially recognized by our governments as it should be: it works! It is when imagination is united with reason and clarity that we can begin to walk the path towards many innovative realities. This book, for example, is the product of such imaginings.

I hope this book, in spite of some imperfections, does reflect the original character that is part of the mental health consumer/survivors community.

In summary, the answer to “Why this book?” is twofold:

- 1) We hope that our work will be useful to understand all the atrocities that psychiatry is responsible for and to better appreciate the ongoing rebellion against 185 years of injustices caused by the mental health care system and society as a whole.
- 2) We hope to bring to the reader’s mind a heightened awareness of what is required to recover and what is needed to combat stigma; we wish to suggest new methods of help, so that we can truly feel empowered.

To summarize, we wish to change attitudes about old concepts and remedies for people’s emotional challenges. By becoming an ally to our cause you become part of our solution and part of our circle of hope and promise.

It is time to shout enough is enough, to demand our fair share of resources and to inspire others to continue the fight for greater equality and an improved respect for human rights.

May your eyes see more than the words on the page and may your heart be able, once and for all, to grasp what we are trying to tell the world.

Eugène LeBlanc

My Contribution to This Story

Never allow anyone to clip the silver wings of your golden dreams.

Sri Chinmoy

This book is an urgent call made on behalf of thousands of citizens who simply wanted to live, assert themselves, laugh, work, pray, love one another, whereas they have been labeled as abnormal, weird or crazy.

By chance, or thru the influence brought on by the *elites* of this world, for all kinds of reasons that often had nothing to do with psychiatry, these people found themselves locked behind the walls of an asylum. Could we describe these events as accidents in people's journeys? Regrettable mishaps such as these, in New Brunswick and elsewhere, have occurred in the history of psychiatry. Perhaps some situations were desired and planned for by some to silence truths, which we do not want to hear nor see?

In 1982, I completed my doctoral thesis and wrote *Folie et oppression* and its English version, *The Politics of Madness* (1987). Since then, I have always wanted to return to the history of institutional psychiatry and the mental health system, of which I had done a brief study.

The opportunity came up in 2005, when Eugène LeBlanc proposed that I work with him to write the history, from a client stance, on the advocacy movement in New Brunswick's mental health system.

Many questions needed to be asked: how did people, who lived in the asylum, portray their experiences? How did *clients* of this system express their realities? What were the trends that led to the birth, and the emergence of advocacy and alternative movements? What were the grounds for them to expand and grow? Finally, who were the heroes who challenged the care given in psychiatric institutions?

We all know that historians have maintained a certain version of the facts because they were the ones who wrote the history. Unfortunately, we know very little about day-to-day life, as it was lived by women and men who were behind these walls, and who were excluded from society.

This book is an attempt to reconstruct a part of their lives, their sufferings, their dreams, their rebellion and their struggle. We wanted to see how it was possible, for many of them to survive and be hopeful in conditions, which were atrocious and unimaginable.

Right from the onset, we thought that there existed very little documentation authored by *patients*; however, Eugène LeBlanc's research and tenacity led to the discovery of several unpublished papers. We also researched archives and interviewed people who remember, or who recounted incidents which annual reports and official documents have forgotten. Thanks to Eugène's vision and teamwork coming from a number of people who believed in this venture, we were able to reconstruct some fragments of the unofficial history. Assuredly, this work is not complete and we would be grateful to anyone who could add other pieces to the puzzle that we are trying to assemble and present to you.

This book came about following an initiative of the Canadian Coalition of Alternative Mental Health Resources (CCAMHR). During a national meeting in 2005, it was proposed that the history of alternative approaches to psychiatry in Canada be recorded. Eugène took up this challenge and wanted to carry it through, at least with regards to his home province of New Brunswick. The idea evolved with minimal resources; it is for the most part out of genuine interest that we have freely labored in it.

We hope that generations to come will not have to repeat history. In this sense, it is of the utmost importance that we not only come to know the history coming from annual reports, but that we show a keen interest in learning about the telling

of people's struggle and cries hidden behind these reports. This is what we don't often read, and this is what we want to convey.

Thanks to the messages or voices found pleading in these texts, we hope that psychiatry and the mental health system will change course in order to focus on people's life problems. Indeed, if poverty and violence were to be addressed; if people could have a decent home and adequate wages, a very large number of them, who underwent psychiatric treatments, would never have received them in the first place. Moreover, a very large number of social problems could have been prevented.

Sadly, with social conservative policies and the disinterest of current governments, we are perhaps justifying and building today the asylums of tomorrow. As the Chair of the new Canadian Mental Health Commission, Michael Kirby stated, "The fact is that in Canada, we have made the streets and prisons...the asylum of the 21st century" We are presently putting enough people on the street to justify the opening of the next asylum. Questions remain: Is this what we really want? If so, why would that be? If not, how then do we proceed differently, so that those people who are suffering will not have to submit to psychiatric treatments that render them mad?

Nérée St-Amand

Chapter 1

BARBARIC TIMES

Building an Asylum or Creating an Illusion?

1824-1904

No Insane Man Recovers at Home.

D^r Waddell,

Superintendent of the Provincial Lunatic Asylum, 1849-1875



*The old-time abuses which surround the name 'asylum' with so many associations odious to the public mind arose from **barbarously crude conceptions of treatment**. Unfortunately such associations still linger, even in our own time of **scientific enlightenment**. Yet, the treatment of the insane has become one of our most subtle sciences having for its base and foundation **intense humanity**.*

(D^r Georges Hetherington, Superintendent Provincial Lunatic Asylum – *Annual Report 1900*: 15)

1.1 Psychiatry Arrives: Progress or Persecution?

New Brunswick, a Canadian province located on the Atlantic coast east of Québec, could perhaps boast of being the first jurisdiction in North America to get its own psychiatric institution. Is it by chance that this first North American asylum was built in Saint John, one of Canada's Loyalist bastions, a major sea port and a city known to have a conservative ideology? Did this port city already have a certain vision of what it considered madness? At the beginning of a thriving industrial era, did it want to hide those people who did not contribute to the market economy, who thought and acted differently?

As in Europe, industrial cities were the first to institutionalize the mad, which indicates that madness seems to hinder industrial development and does not fit well with capitalism. In light of this, was it then possible for madness and idleness to become barriers to western modernization? As a result, should these people be hidden, locked up? This is what Michel Foucault claimed, when he called this era the *grand enfermement*, meaning great lock-down. Roger Gentil echoed this observation when he wrote, "Society purges itself of all those who have slipped outside the world of producers and consumers." (St-Amand 1985: 65)

Before the opening of this institution, and even later, many people could not, and would not seek recourse for this type of treatment. Whether for reasons of dignity, distance, language, or means of transportation, those showing psychiatric problems were taken care of either by their families or by the parish, as provided for in the Elizabethan Poor Law. This law originates from 1601 and it was applied to the territory of Lower-Canada, of which New Brunswick was a part at that time. This law stipulates that persons who were found needy had to be taken care of on their territory and by the local authorities (parish, municipality, county) where they lived.

<http://www.saintjohn.nbcc.nb.ca/~Heritage/LunaticAsylum/>

Before the asylum was opened, how were those considered insane treated? Some were put in jail or in poor houses. Some were tied up, left to starve to death, or died from loneliness and lack of understanding. Others were sold in public by auction to the highest bidder.

<http://www.gnb.ca/cnb/newsf/king/2006f0926ki.htm>

In some situations, the public needed to feel protected against threats or possible violent acts, because so-called *lunatics* were considered dangerous. They could be incarcerated. Their care was often inhumane and abusive. This situation brought about the scheme of creating an asylum, in the proper sense of the term; this would mean allowing humane treatment by qualified and competent staff. In an era when institutions (jails, asylums, sanatoriums, orphanages, etc.) were being portrayed as help to the deprived and their families, the asylum appeared to offer the perfect solution for the people suffering from mental illness. Who proposed or pressed for the creation of an asylum in New Brunswick, business interests or potential patients and their families?

<http://www.saintjohn.nbcc.nb.ca/~Heritage/LunaticAsylum/>
<http://www.saintjohn.nbcc.nb.ca/heritage/LunaticAsylum/SectionIndex.htm>

The clergy, law and medical professionals, family members, and the public at large were invited to trust these institutions. These facilities had the advantage, in a certain sense, of being closed off, far from the public eye and relatives, families, friends, or networks. *No insane man recovers at home*, wrote D^r Waddell, second Superintendent of the Provincial Lunatic Asylum (1874-1875). Asylum authorities tried to convince communities to send their relatives who were insane to an institution. This was, according to them, the only appropriate place where treatment could be given. The means of communication were rudimentary; once people were taken to the asylum, they were often abandoned there for a very long time, even for life. Patients had no say and their loved ones did not know what the daily happenings in these institutions were. Visiting rights were regulated and visits were not encouraged.

Practically everything was left to the discretion of the asylum managers. “Totalitarian institutions”, according to Goffman, “are places of residence where a large number of individuals, put in the same situation, cut off from the outside world for a relatively long period, are leading together a cloistered life according to conditions that are explicitly and rigorously regulated” (Goffman 1970 : 41).

If someone rebelled, he or she was punished in a variety of ways. The person could be tied up with chains, put into isolation, deprived of privileges, subjected to corporal punishment or locked in a cage, among other things. As soon as they were invented, treatments also included, of course, fashionable new procedures like bloodletting, lobotomies and electroshocks. Thanks to an incoming investigative and critical media, it took, however, 150 years for the fate of people committed to mental hospitals to be reported and brought to the attention of the public at large. Meanwhile, myths were created which perpetuated the desired effect: the asylum became viewed as the ideal place to treat and cure madness.

But in fact, what does the institution do? Of course, the forms of treatment which are found in this facility during its 160 years of existence have varied according to the times and caregivers at hand. The treatments that were favoured, over the years, included cold or hot showers, bloodlettings, lobotomies, electroshocks, and closer to present day: a range of drugs. Other less radical treatments also existed, one of which was to work on the farm owned by the institution from 1855 until 1976. The annual reports indicate that force was used regularly to ensure that the orders or whims of the authorities and the intended treatment of physicians were followed.

From the very beginning, the rate of involuntary confinement was very high, and even 130 years after the asylum opened, this type of admission still constituted two thirds of the confinements. (St-Amand: 183ss) What’s more, the admissions that were said to be voluntary were not necessarily so, since tricks, lies, and manipulations were often used to bring

people to the asylum. Virtually all treatments were imposed rather than consented to. In the 1950's and 60's, for example, much was written about the use of electroshocks. In 1955, the psychiatric institution in Saint John administered close to 2,000 electroconvulsive treatments (St-Amand: 1985).

What happened in the last 150 years, between the founding of the institution in the 1830's and the period of deinstitutionalization in the 1980's? What were the defining moments, the significant ones which stand out? What signs of resistance and recovery can we recognize from those who have been psychiatricized, in a setting where barbarism, cruelty, scandals and violence are blended together, all in the name of "compassion", and for "the greater good" of the persons who are suffering and vulnerable?

The first six chapters highlight some important facts and dates in the history of institutional psychiatry, and the orientation of mental health services in New Brunswick. We will pay particular attention to people and significant events that allow us to question the actual practices of the institution. The analysis being used will be based on a critical perspective that focuses on the person who is institutionalized and victimized by these abuses. Based on a "client's perspective", we aim to show when and how people suffering from psychiatric problems (who were called "imbeciles", "mad people", or "idiots" by the institutions), started to empower themselves, to make demands and advocate for their human rights and needs. Finally, we will suggest a few questions and comments that arise from people's perception of the asylum.

1.2 The Asylum, a Shelter for Whom?

The following pages draw attention to a few dates indicating the growth of New Brunswick's psychiatric institution. They show how the law, institutions, and government officials collaborated to create a vast infrastructure to commit people viewed as "insane".

1824: First Law Aimed at Locking up Madness

During 1824, New Brunswick proclaims a law, authorizing two justices of the peace to issue warrants to arrest people viewed as insane or mad, to lock them in a secure place, chosen by the two judges, and, if deemed necessary, to have that person chained (St-Amand: 1985: 38).

Everything begins with this legislation that permits the confinement of people considered deviant, different, or insane. If two justices of the peace agree, and usually they do, they have the power to lock up almost anyone. As for the duration of the treatment, there is not even a mention of it. Essentially, the sentence is indefinite and will only end when the person has responded favourably to the treatments imposed on him, or at his death. Therefore, the choice is limited: cooperate or stay locked up.

The discretion of people with the power to treat patients is almost unlimited. In addition, people who have been committed are entrusted to the care of *experts* to whom the population usually relies on. Thanks to this law, it now becomes possible to commit, and even to chain someone. Once a law is enacted, an institution will come soon thereafter. It will have all the contradictions and double meaning that a totalitarian institution carries (Goffman, Foucault, Boudreau, St-Amand).

1832

The City of Saint John is the site of a cholera epidemic brought on by a ship that berths in the local sea port. A building is quickly built where the crew is put into quarantine. After the epidemic is checked, this shelter will serve, for 12 years, as the first asylum for lunatics.

1836

Following pressures made by a Saint John physician, D^rG. Peters, who saw how the insane and demented were treated in prisons and poor houses, the Provincial Lunatic Asylum opens its doors in the building that served to quarantine the Irish ship's crew. It was the first psychiatric institution to be

established in North America. This wooden building is located at the corner of Wentworth and Leinster Street, in the heart of the City of Saint John. The building has five rooms for men and four for women (Stewart 1974: 110).

The Province of New Brunswick is due the honor of having been the first of the old British North American Provinces to make special provisions for its insane. When the cholera epidemic was over, the building found another use; from November 14th 1836, it served as an asylum for the insane.

Chen 1967: 1-2

Annual Report for the First Year

While studying the annual report for the first year, D^r. Dorothy Chen notes:

It is remarkable to note that the budget is spent exclusively for the maintenance of the patients and for the purchase of straitjackets rather than for repairs and the maintenance of the building. According to these expenses, bloodlettings must have played a major role as a method of treatment.

Chen 1967: 3

After operating for one year, the Provincial Lunatic Asylum released six people as “cured”, “five with improvements”, and two “without improvements”. Four died and 14 remained in the asylum, including 11 who were not showing any “notable improvements”.

These few statistics and D^r Chen’s comment raise concerns with regard to the use of straitjackets as a method of treatment, the percentage of successful treatments, and the number of people who die in the institution.

All classes – idiots, imbeciles, paralytics and senile demented – were sent to him (D^r Wadell) and this without any previous application having to be made.

The overcrowding of the institution led... (to) the following regulation... 'It is ordered, in consequence of crowded state of the Lunatic Asylum, that until further notice, the Medical Superintendent be authorized to exercise his judgment in reference to receiving additional patients. Except in the case of lunatics clearly dangerous and violent, it would be advisable before issuing or procuring warrants of apprehension and commitment to communicate with D^r Wadell.

Chen 1967: 4

1836: A First Commission of Inquiry

At the request of the Lieutenant in Chief and Governor of the province, a commission of inquiry is set up to determine what directions this psychiatric institution ought to take. Its purpose is described in a letter that six commissioners send to the authorities at the Glasgow Royal Asylum, in Scotland, in the United Kingdom.

...to ascertain the most eligible site, near the City of Saint John, for a Provincial Lunatic Asylum, together with a plan of the same and an estimate of the probable cost of land, and the erection of such buildings, etc. as may be required for the same; and also any information they may be able to obtain relative to the management of similar institutions.

<http://www.lib.unb.ca/Texts/NBHistory/Commissions/bin/make2.cg1?dir=ES6>

This commission of inquiry provides several pieces of information that serve to justify not only the construction of the institution, but also to explain its purpose. Its report describes how they went about counting the number of insane people in the province and a description of the challenges that could be encountered. Suggestions relating to architectural design suitable for an asylum were also discussed. From the outset, one notices that the institution plays a dual role: to cure and to control.

At present we possess but a very scanty portion of information, but from it, such as it is, we are led to infer that important improvements have of late been introduced into the moral treatment of the insane: -- in the almost total disuse of the severe discipline which used formerly to be practiced, in the separation of the different classes of patients, so that the mild and peaceful among them may not be harassed by the ravings of the ungovernable, in providing for them separate sleeping apartments, in affording to all sorts of persons accommodations and attendance suitable to their rank in society, and such as they may have been accustomed to, and may again enjoy, should it please God to restore them to their reason, in the introduction of systematic occupation and amusement both bodily and mental, and in providing for them religious instruction, and the regular performance of divine service.

The name of God is frequently used in the text, in the sense that a Higher Power appears to justify, at least in part, madness and its treatment. This suggests an attitude of renunciation and submission to His will. Surrendering to the Divine was part of the moral treatment of the times which comprised work, social activities and prayer (Francis 103). This model derives from Pinel, who in 1793 had given the order to remove shackle and chains from the *psychiatrized* in Paris and Samuel Duke's humane care in England.

The Commission concludes that an estimate of beds needed to serve the insane people of the province should be based on a recent study conducted in the United States:

We have come to the conclusion, considering the number of insane persons at present in the Province, which we believe amounts to near fifty, that it will be necessary to erect a building adequate to the reception and proper accommodation of about eighty. We wish to be informed what number and description of

officers and assistants such an establishment would require; and also what would be considered the best means of heating the various apartments which may at once be safe to the patients and the building and suited to the severity of our climate.

The Glasgow Royal Asylum is used as an important reference for commissioners. They take into consideration the experiences of this asylum and based their proposals on it. Some of these suggestions are dividing the *psychiatrized* according to their problems, their length of stay, their gender and their ability to be treated. They feel that it will also be necessary to separate people admitted to the asylum from any situation rendering them mad. This is why, they reasoned, that the asylum must be situated far from home and why the treatments will have to be provided by strangers. Visiting rights will be very limited. Finally, they recommend that patients be put to work, because their toil will change their frame of mind and at the same time, will help finance the institution.

The asylum was now seen as progressive in terms of treating those with dementia, insanity and lunacy. Till then, these people were placed in other institutions (prisons, poor houses) or abandoned on the streets. The city of Saint John was considered progressive because within sixteen years, it built four other institutions: one for cholera (1834), a prison (1836), a poor house (1838) and an orphanage (1847). These five institutions would compete for funds and it appears that the asylum would be last on the priority list (Francis 1977: 102).

1847

On April 14, New Brunswick's provincial legislature passes legislation to build a provincial lunatic asylum. Historian and philosopher Stephen Stiles, in 2005, saw this law as the start of a disastrous series of events.

You should have left us (consumer/survivors) alone, but you didn't. It began in New Brunswick and Canada with the building of the nation's first lunatic

asylum in Saint John, New Brunswick. The decision to do so was passed in the 1847 legislature by the slimmest of margins, only one vote. How much waste could have been avoided if only that vote had gone the other way! But it didn't, and now it's too late! So, as the craziness continues to spiral out of control, remember who started this epidemic. It wasn't us.

Stiles 2005b: 16-21

But at the time, the law was praised. For example, an official ceremony to mark the start of construction takes place on June 24th in Saint John, where Lieutenant Governor William MacBean George Colebrook delivers a speech on what he believes will be the benefits of such an asylum:

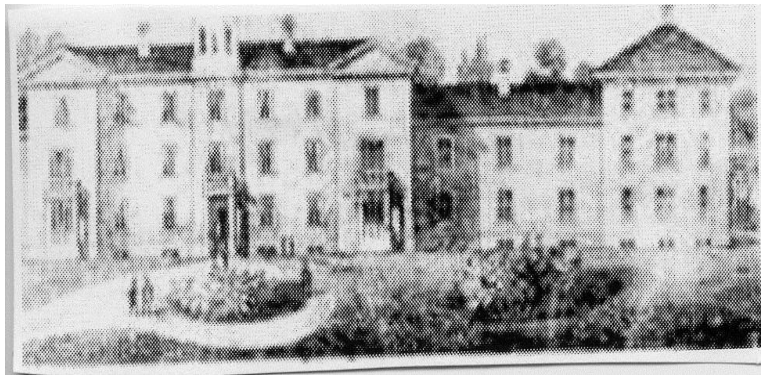
Having for several years watched the progress of the very credible establishment which has been formed in your City for the reception and treatment of those who are suffering the severest of all dispositions in the loss of reason, it has been most gratifying to me to observe the unceasing confidence of the public in its management and the just appreciation of a class of institution, which have added another to the many triumphs of professional skill and of Christian philanthropy.

There are doubtless some who will recollect the time when those who are now the objects of such judicious care were too often left unaided in their helplessness or subject to harsh treatment, until their malady became confined and incurable. The mental suffering which in their lucid moments they must have endured may well be imagined and we may hence learn to appreciate the extent of our obligations to be enlightened and benevolent towards persons who have made the treatment of mental disorders their study. They are susceptible of cure and the influence of patience and gentleness will rarely fail to those who previously have been consigned to hopeless suffering and despair.

The Courier, June 26, 1847

1848

Only a year later, evidence of serious patient abuse emerged. An investigation reports that a patient and seven employees were sexually assaulted by Superintendent Peters who had been director of the asylum for 12 years. He resigns amidst several allegations of sexual abuse (<http://www.saintjohn.nbcc.nb.ca/heritage/LunaticAsylum/Directors.htm>).



In that same year, a new building opens its doors, just outside the City of Saint John, in one of the two locations that the Commission had proposed in 1836. Architect Matthew Steal is responsible for the project; he chooses an Italian design with cornice and cupola. It is on this spot that the asylum will see many transformations and will remain there for more than 150 years, until its demolition in March of 1999.

<http://www.saintjohn.nbcc.nb.ca/heritage/LunaticAsylum/Building.htm>

Superintendent Waddell remarks in his 1848 annual report that harmless, imbecile, poor and homeless people are inappropriately sent to the asylum:

If the necessary provisions were made for the poor people of the parish and if the laws were amended to exclude from this institution the harmless imbeciles and the people who are delirious, then the proper measure of insanity would be found.

St-Amand 1985: 40

In fact, those people being committed to the institution are the ones who are unwanted, and the asylum has no choice but to welcome them. In 1850, they will be the underprivileged, those that were called *delirious, harmless, imbeciles, idiots* and later on, people with different beliefs, customs or habits. People with radical political ideas, loose morals, alcoholism, and religious frenzy are in short the ones we want to get rid of.

D^r Waddell worked as the asylum's superintendent for 26 years until 1875. During this time, he lived with his family inside the asylum, just like the others who occupied the same position after him, in a dwelling especially designed for them.

Reasons for Admissions

If we take a closer look at the reasons for admissions, we see that all kinds of people were being sent for reasons that are often bizarre. (See Table 1).

1850

As proposed in the 1836 Commission of Inquiry, the wards in the asylum are divided according to gender and social class. Those who could pay got first class accommodations, separate from those who could not pay. The latter are taken in charge by the province (*Provincial Lunatic Asylum Report 1850: 30-31*).

1853

Changes to the provincial law give more powers of detention without any medical examination. Anyone viewed as insane, disorderly or dangerous could by law be sent to the institution. The asylum does not have the right to refuse and no medical examination whatsoever is required (Francis 1977: 106).

1855

The institution purchases a farm where many patients perform manual labor. Soon after this, a building called the Annex is built to house the 150 residents assigned to these chores. Over the next 115 years, this farm of 250 acres will serve as a center of therapeutic activity for many residents but also as a means of revenue for the institution. Compulsory labor is considered, in most cases, as a means for treating madness (<http://www.saintjohn.nbcc.nb.ca/Heritage/LunaticAsylum/AnnexFarm.htm>).

1859

The number of admissions to the asylum rises steeply. In fact, the survival of the institution depends on it. In his annual report of 1859, Superintendent Waddell voices his frustration with family members and friends who try to care for their loved one at home instead of bringing them quickly to the asylum. He encourages communities, experts, and families to send “the mad” to the institution much more rapidly.

I would desire it to be understood by every person, and seriously considered too - that the chances of recovery are greatly increased by right treatment at first, and when patients are to be sent at all, it should be done with the least possible delay... Relatives keep them at home... This is reversing the order of things. The hospital should have the first opportunity of doing what can be done; if it fails, then friends might, very properly perhaps, make an effort to provide for them in some other way.

Waddell - *Report of the Provincial Lunatic Asylum*, 1859: 14

Table 1
Reasons for Admission, New Brunswick,
1875-1899*

Diagnosis	Men	Women
A. Reasons of a physical nature		
Sunstroke	15	3
Diseases of nasal bone	2	
Faulty nervous system	51	53
Unjustified breast-feeding		8
Dog bite	1	
Climate		13
B. Reasons of a sexual nature		
Onanism (masturbation)	69	5
Venereal diseases	5	1
Sexual perversions	17	7
C. Reasons of a spiritual nature		
Religious excitement	17	21
D. Diagnostics related to work		
Business difficulties	5	
Excessive workload	11	9
Excessive load of studies	9	3
Vagrancy	10	6
E. Other		
Tobacco	9	
Overindulgence	191	18
Thefts	7	2
Jealousy	2	1
No diagnosis	184	204

* Since these are historical data, which were collected several years ago by someone else, it is impossible to analyze them as one would want to, with reference, for example, to culture and religion. We wish to express our appreciation to Mr. Stan Matheson for providing this information. (St-Amand, 1985 : 45)

Why were family members hesitant to send their loved ones to the asylum? Was it because the institutional experiences of patients contradicted the official words of the asylum's administrators? History will show that this distrust vis-à-vis the so-called *institutional wisdom* was as legitimate then as it is today.

1869

Stephen Inness was admitted that year and committed suicide a few months later. During his stay, he wrote a long letter to his employer and friend. His message will be analyzed in detail in the next chapter.

1877

On August 28th, a reporter from the *Saint John Daily Telegraph* interviews Superintendent D^r James Steeves. He comments about the problems of overcrowding and the impact this had on patients. The interviewer reported:

The evils involved in this simple fact are such as could not be described in our columns, for the details would be offensive and even shocking.

Francis 1977: 258

1880 and Subsequent Years

The number of admissions keeps on increasing; the institution now has fifteen wards. In the annual reports, one still finds certain reasons for admission that, in today's context, are puzzling: poverty, alcoholism, destitution, sudden fear, heartbreak.

According to these annual reports, the rooms are poorly lighted and not heated properly. There is a lack of qualified staff. Hot or cold showers and isolation are the primary forms of treatment.

1883

This is the year when Mary Huestis Pengilly was admitted. While incarcerated, she wrote a secret diary that we were able to find. Her writings will be studied at length in the next chapter. The 1884 annual report makes no mention of her. Superintendent James Steeves, her psychiatrist, writes:

Nothing of magnitude has transpired during the period to disturb the more or less even tenor of events that pertain to the annual life of such institutions.

The 1836 Commission of inquiry had estimated about 50 people to be insane in the province. The institution could, from the very beginning, accommodate 80 patients. In 1883, they number 379; of these, 337 are qualified as incurables (Steeves 1883: 30).

1884

That year, the asylum's board of directors reviews various therapeutic approaches. It recommends the transfer of a category of patients to cottages or farms. Superintendent Steeves suggests an alternative solution: he considers the possibility of a room and board provision outside the facility for certain patients (St-Amand: 47). In this context, he suggests to examine how the therapeutic community of Gheel, Belgium, is taking care of people with psychiatric problems, rather than placing them in an institution. There will be no follow-up to his suggestion.

The Criminal Insane Law is passed. Provisions are made for an insane person to be held not criminally responsible but rather remanded to the Lunatic Asylum.

According to the dictum of law, an act done by a person who is an idiot, imbecile, lunatic or insane, is not a crime and a person who cannot therefore be tried, sentenced or punished for such act, because not capable of understanding the proceeding or making defense...And should there be found lack of mental capacity to undertake the defense, the person may be remanded to a lunatic asylum "there to remain until he is restored to his right mind.

Chen 1967: 6

1886

The asylum is now home to 424 patients; its annual report comments that before then, an institution could be increase life expectancy by about twelve years. Thanks to "an improvement in the methods of treatments", their average stay is now twenty years. This change is credited "to better conditions of management of the asylum." The annual report adds that there is now, "a greater public confidence in the institution and it is easier to admit people."

The Superintendent suggests replacing the word "asylum" with "hospital"; the first term is defined as "a sanctuary and a refuge", while the hospital is viewed as "a place of rehabilitation".

The desire to change the name of asylum to that of hospital arose from a solicitation on the part of intelligent alienist physicians to teach that the primal object of these institutions is to effect recoveries, having themselves learned that insanity is a symptom or manifestation of a physical disease, and that the term mental disease is a misnomer. What is mind? Certainly nothing that the pathologist's knife has been able to touch, or the microscopist's lens to bring to view... A large number of persons, including some leading physicians, still regard these institutions as mere Asylums - not Hospitals, and they believe that

insanity is an unknown entity, that is bounded by unknowable limitations, which not knowing we cannot treat.

Report - Provincial Lunatic Asylum, 1886: 12

1890

The province's population has grown to about 340,000 and the number of insane people to 800. This includes, "*idiots and all others incapacitated through mental defect*" (Chen1967: 4). In his annual report, D^f Steeves still emphasizes the importance of rapidly sending people suffering from mental illness to the institution.

1891

Superintendent Steeves estimates that, "...out of 442 patients residing in the institution, only 16 are expected to be restored to mental health." This is barely more than 3%. The asylum has become a place of confinement for hundreds of mentally ill who are given little hope of recovery (Francis 1977: 257).

The same Superintendent also opposes the internment of criminals in the asylum. For him, this is contrary to the institution's mission. He will cling to the view that the presence of criminals transforms the asylum into a jail, with guards, locks, and bars. Such is another example of the abusive use made by the psychiatric institution.

1894

The cost per week to maintain a patient in the institution is reported to be: \$1.25 or 18 cents per day (Chen 1967: 10).

1896

The documents reviewed by Stephen Stiles for *Our Voice/Notre Voix* raise serious concerns about why people are being sent to the asylum:

Here are some observations that Stephen Stiles makes in *Our Voice/Notre Voix*:

Over 500 patients were admitted to the Asylum in 1896. Reasons for admissions varied from nasal bone disease, eccentricity, undue excitement, disappointed affection, religious excitement, misplaced confidence, alliance with the devil, nostalgia, idleness, vagrancy, poverty, excessive use of tobacco and a bite of a dog.

Stiles1996: 7

Several other facts, reported in Table 2, describe the conditions of the asylum in the late 19th century.

1900

Superintendent Hetherington suggests a name change for the institution. Here is how he justifies this recommendation:

The old-time abuses which surround the name asylum with so many associations odious to the public mind arose from barbarously crude conceptions of treatment. Unfortunately such associations still linger, even in our own time of scientific enlightenment. Yet, the treatment of the insane has become one of our most subtle sciences having for its base and foundation intense humanity. Thus do I humbly consider a continuance of the ancient designation undesirable.

D^r Georges Hetherington, Superintendent *Provincial Lunatic Asylum – Annual Report 1900*: 15

He puts forward another argument that reflects the trend of the times, both in America and in Europe; out of the thirty psychiatric institutions, he maintains, only three identified themselves by “asylum”.

Table 2
A Glance at New Brunswick Psychiatry in 1896

Life in New Brunswick's Lunatic Asylum in 1896

The facts below were gleaned from the *Report of the Superintendent of the Provincial Lunatic Asylum in Saint John for the year 1896*. This was laid before the Legislature by command of his Honour, The Lieutenant Governor. The report describes the institution 48 years after it opened. The information below raises several questions, and I will allow the facts speak for themselves...

- Only 2 doctors were employed with an average of 500+ patients on any given day.
- The second most pressing problem was patients escaping from the institution.
- Space within the hospital was limited.
- During the year, the floors had been planed and scraped to save money – the patients did the work.
- The most frequent way to get out was to die.
- By far, the greater part of patient population was comprised of labourers, farmers, their wives, house servants or no occupation.
- There were also one banker, two missionaries and one “squaw” (American Indian woman).
- Most *lunatics* were unmarried.
- Besides being admitted on a warrant, one could also be admitted through cash payment.
- Some patients died due to exhaustion from Chronic Mania.¹
- From 1875 to 1895, only 3 patients committed suicide, all women.
- 91 cases had been there since the opening in 1848.
- Over \$10,000. worth of agricultural products were produced by the asylum in the year 1896.
- The total cost of running the institution for 1 year was approximately \$53,000.

(Stephen Stiles - Our Voice/Notre Voix – February 1996: 7)

¹ Before the invention of the diagnostic term of schizophrenia in 1911 by Swiss psychiatrist Eugen Bleuler (Seeman 1982), the word commonly used to label people was *moral mania* (Browne 1871). The expression *chronic mania*, in all likelihood, referred to people who were experiencing an extreme phase of *psychosis*. Today, a questionable term, *excited delirium* is used to replace the former.

Meanwhile, unwarranted admissions keep haunting the institution. For instance, in the 1900 annual report, Superintendent Hetherington mentions epilepsy among the main reasons for admission to the asylum; "Epileptics still continue to make up a large proportion of the admissions," he says. This reflected the current definition of mental illness as largely composed of unemployable people with serious brain damage.

In fact, the institution is sending conflicting messages: on the one hand, it said it was necessary to act quickly, to send people to the asylum, right away in order to cure them. While on the other, the institution is used for many inappropriate purposes. Even the authorities admit this: that many people without any reasons to be there are interned. "An abusive blend of heterogeneous elements," Foucault (1971) wrote.

1903-1904

Two changes are worthy of mention when Superintendent Anglin took up his position as the asylum's director.

1. The practice of allowing bystanders to come and watch people who had been committed is finally abolished. It is difficult to know when it began. Although this practice was common in Europe in the 19th century. From then on, only parents and friends are allowed to enter the asylum.
2. Indicating a change in orientation, the Provincial Lunatic Asylum becomes The Provincial Hospital For the new Superintendent, the name asylum is a "bad-sounding name and is revolting (...). It is quite difficult to have to send a relative or a friend to the asylum when, on top of it, you must face such a name. The term hospital reflects more accurately the objectives of this institution (St-Amand 1985: 46).

D^r Dorothy Chen refers to the same argument in justifying the institution's name change:

In D^r Anglin's reports...the word 'hospital' substituted for 'asylum', with such prefix as you would suggest, would be more in keeping with the aim and objects of the institution...In many cases a name is nothing; in such a case as this, it is a great deal... Many patients are not happy in this institute just simply because of the name, and some refuse to be admitted also because of it. In other instances, patients are reluctant to admit having been in a provincial hospital.

D^r Chen 1967: 9

1.3 Summary of 19th Century Asylum Practices

At the turn of the century, the asylum had been operating for more than 60 years. The first chapter raises many tribulations that cast doubt on its role, its effectiveness, and its reason for survival. All sorts of people were admitted for all kinds of reasons. Here are some examples:

1. A law makes it possible to confine people; it does not allow the institution to refuse admission;
2. People are being sent to the institution for all kinds of problems that are more or less linked to psychiatry;
3. The institution knows very little about patient history, and the reasons for their admission; it is not accountable to the public;
4. The number of deaths in the institution is high and raises many questions as to why.

It seems that in 60 years of history, the asylum served more as a dumping ground for parents, friends and professionals who wanted to get rid of certain people. But families and

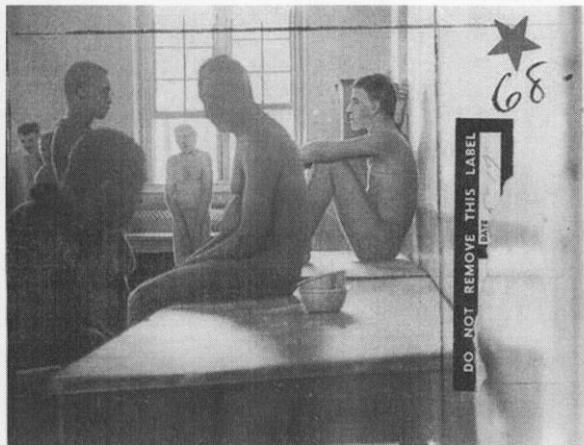
communities were strongly encouraged, possibly even forced to incarcerate their relatives and members.

In conclusion, one might hope, as Superintendent Hetherington suggested, that the era of cruelty was over, that the age of scientific wisdom and reason would prevail and improve conditions for the “insane”. However, the following two chapters illustrate that this hope was an illusion.

Two case studies will illustrate, in the next chapter, the treatments given in the asylum of the 19th century. These two accounts, from a man and a woman, that we were able to find, will give us an idea of the cruelty that *patients* were subjected to. These documents give support to Superintendent Hetherington when he referred to the institution as barbaric. But the question remains: has the institution changed much since?



Mental Patient having her meal in the Asylum



Another picture of Patient life.

Chapter 2

MY BLOOD BE ON THEIR HANDS

Mary and Stephen's Nightmare

In light of the evidence, in the first chapter, depicting 19th century institutional care, how do we then measure the degree of efforts attempted by those with psychiatric problems to empower themselves? Did the people who were sent to psychiatric institutions rebel or resort to subversive strategies in order to resist the treatments received? Their perspectives were largely stifled and their stories have been forgotten. As a result, there are very few ways to gauge the efforts of psychiatric inmates between 1830 and 1900 to assert their rights.

However, we were able to find two personal accounts, cries of agony and rebellion, which were to kindle sparks of hope for people with mental health problems in New Brunswick. Here, we recognize and pay tribute to two pioneers of this vision: Stephen Inness and Mary Huestis Pengilly who both were incarcerated between the years of 1860-80.²

2.1 Stephen Inness (1869)

As I said before, after I had been confined in that room with 40 of these characters, amidst all the singing, cursing, praying, crying, yelling, moaning, groaning, bawling, stamping, dancing, walking and running, all this beautiful medley in my ears from morning till night (and some of it all night) for two weeks...

Goss 1988: 34

To our knowledge, Stephen is the first person admitted into the Provincial Lunatic Asylum to have documented his ordeal. Here is the context of his imprisonment.

During the summer of 1868, Stephen Inness, a native of Milltown, a village in the south-western part of the province, went to work in Pennsylvania. According to his dossier, when he returned home after a few months spent in the United States,

² David Goss found and published the letter by Stephen Inness; Eugène LeBlanc was able to find Mary's journal in the Provincial Archives, and relayed her trials in the February 2006 issue of *Our Voice/Notre Voix*.

he expressed serious disagreement with his sister's decision to marry a certain gentleman. Documents report that he threatened her, along with her mate's family with a gun; consequently, his behaviour was described as "unstable". Called to the scene, a peace officer took him to the Provincial Lunatic Asylum. After seven hellish weeks, he committed suicide, but not before writing a long and detailed letter to his employer and friend in Pennsylvania, Jack Brown, whom he addressed as "Sir".

We will divide the story of Stephen Inness into seven major sections, and quote lengthy excerpts from the letter that he sent to Jack Brown. We will then follow with a few comments and raise certain questions pertaining to his experiences in the asylum. All the following quotations are from Goss 1988: 33-39.

His Admission and His First Impressions

Mr. Brown I do not wish to tire you all out with my story, but please sir, have the patience to follow me in my narrative to Saint John.

As I said before, we left St. Stephen on Tuesday morning; we arrived in St. John on Wednesday about 10 am. We drove to the Lunatic Asylum, in Carleton, just across the river. We went to the main entrance and rang the bell; we were ushered in by a sharp-nosed individual (a Scotchman, the clerk, as I learned afterwards) who asked us the reason for our visit. The constable said he wished to see D^r Waddell (the Superintendent). The clerk replied that D^r W. had gone to Halifax, N.S. and would not return for another two weeks.

He then asked if we had anything to say about a 'patient'. The constable said, 'Yes'. Where is that patient?' said the clerk. The constable pointed to me. The Scotchman then caught hold of my coat in a rude manner and opening my coat and vest, he said: 'Let's

see what clothing he has on.' I was mentioned in the third person right before my face. Just as much as to say that I did not know what he was asking. It seemed as though he wanted to wound my feelings as much as he could, by rudely taking hold of my person, and by asking the constable what clothing I had on, (who, by the way, knew nothing about it) instead of asking me myself. This unfeeling brute then asked my name, age, place of birth and religion. The wretch then told two of the keepers to take charge of me. The keepers took me upstairs in one of the upper wards in the North Eastern part of the building. They took me into a bed room and searched me from head to foot, my pocket book, my letters, which I happened to have in my pocket, and every little piece of paper, everything that could be found on me. I was searched with as little ceremony and feeling as if they had been examining a horse. After this farce was over I was told that I could walk back and forth in the ward if I liked. Then they went out, locked the doors, and I was locked up with crazy men. I cannot remember exactly how many, but I think there were about forty in that ward. God!

Locked up in the same room as forty lunatics! What do you think of that, sir? The lunatics know a stranger when they see one. I was immediately surrounded, some with glaring eyes asked my name, some wanted tobacco, and (it being cold here, no fire) I had my hat on, one lunatic struck me heavily on the shoulder, at the same time ordering me to take off my hat. I looked the man steadily in the face, when (I'm not expecting it) he struck me on the side of the head, making my head reel and knocking my hat clear across the room. I knew it would not do to make any return for his insults, for if I did I would be considered as much to blame as him; besides he was crazy and if I struck a crazy man they would say at once that was proof that I was crazy myself!

Another thing, I knew that the warrant which Alwood had given to the constable was in possession of the Scotchman downstairs. I mean the warrant upon which I was arrested. So you see, no matter how much I was abused, I could make no return, because if I did, the clerk and keepers would say at once that it must be all my fault, because my own folks had given me a bad name in the warrant.

The “Treatment” He Receives

Now, it depends altogether upon my conduct how I would be treated by the keepers. If I endured all their taunts and sneers, closed my mouth immediately when they said: ‘Dry up’, emptied my chamber pots in the morning, swept out eight or ten rooms every day, went down the cellar twice every day for wood and be ordered about like a dog. If I showed myself perfectly willing to endure all these galling aggravations and indignities, they would not handcuff me!

Sir, in hope of getting out of this cursed, ‘hell upon earth’, I subjected myself to all the above ‘shames and disgraces’ without a murmur, but I tell you it was hard. The keepers are all very ignorant men and are selected purposely for their brutal and cruel disposition. The Scotch Clerk (Supervisor of the Institute) whose name is Graham and one of the keepers whose name is Cornfield, are without exception, the most unfeeling, heartless wretches I have ever met. Those two brutes seemed to take a supreme delight in speaking short to me, especially when they found out by what I said that I was not so ignorant as themselves, and when they told me to do anything, although I obeyed instantly, yet they would push me rudely along. These two menials would stoop down to the most pretty and trifling things for which to exercise their mean and petty tyranny. Cornfield, an extremely low-bred fellow, I of course despises and pity. The other, Graham, knows better but is so hope-

lessly gone with conceit that he cannot help showing his little authority (which is little in itself, but great over his unfortunate victims) to the best advantage that is to make his victims feel it.

An Exception: “Earl, as Fine a Man as I Ever Met.”

Before I leave this description of the officers of that place, I beg leave to say that when D^r Waddell was making an agreement with one of his keepers, he made a great mistake, for instead of hiring a brute, as was his custom, he hired as fine a man as I ever met. I do not say a scholar, but nevertheless, a whole man. This is one of the keepers, Robert Earl, and had it not been for this man’s kindness to me, amidst all the abuse of the others, I never would have staid in this place for seven weeks. No sir, I would have rather torn out the grating from my bedroom window, (which I could easily have done) and ran and leaped over the cliff into the cold and icy river and there perished, but Earl told me every day to ‘cheer up’, that I would not be long here. Oh, how my heart warmed with gratitude toward the generous fellow as he bid me his unusual ‘good morning’ with always some word of hope. I was in Earl’s ward two weeks, at the expiration of which time I was shifted into Cornfield’s ward. Now, during the time that I was under the charge of Robert Earl, I got enough to eat, such as it was, dry bread and tea for breakfast and supper, and potatoes, and meat or fish, without any bread or tea for dinner. Earl often wished he had better to give me, but that was all the house allowed.

Daily Life in the Asylum

I have been confined in that room with about 40 lunatics (each paying attention to his own particular hobby). Those that had become crazy about religion were kneeling most of the time and looking up to Heaven, others that had gone crazy about the loss of property would suddenly cry out and curse their

wrongers, and many that had become insane through the immoderate indulgences of their sensual passions, were constantly having over-disgusting expressions, and some of them believe there are women in the attic above them, some think that they have changed heads with their acquaintances, that is, they believe that their head is on the body of their friend, and that they have their friend's head, some sing all night, some all day, and some curse all the time they are awake. It is impossible for me to tell you all the various kinds of insanity that surrounded me in that room.

Stephen Is Transferred

After I had been confined in that room with forty of these characters, amidst all the singing, cursing, praying, crying, yelling, moaning, groaning, bawling, stamping, dancing, walking and running, all this beautiful medley in my ears from morning till night (and some of it all night) for two weeks, D' Waddell returned from Halifax and I was removed from that room. The next room that I got into was a little better.

“With a Bit of Patience, You Will Get Out, if...”

As soon as the doctor returned, Earl tried his best to get me released. He told the D' that he had noticed me every day since I came and could see nothing wrong with me at all, and also said he thought it too bad to keep me there. The D' turned to me and said: 'Cheer up, young man, just have a little patience until I get a little better acquainted with you.'

I waited, suffering, for two weeks longer. The D' passed through the ward about three times a week, and I merely spoke to him, saying: 'Good Morning', or something of the sort, and he passed on always in a hurry.

At the end of this time I asked an audience of him, and it was granted. He said that since I had been there I

had conducted myself as well as any man could, that if my folks could see anything crazy about me they must be sharper than he was. 'But', said he, 'although I feel assured of your sanity, and would like to let you go, your folks have given you such a bad name that I do not feel safe in releasing you, because I don't know you, and if you should (as your folks say they fear) go and kill some of them, the blame would fall upon me, and that would disgrace me. 'But', said he, 'if you will write to your folks and ask them to intercede for you and come for you or write to me, asking your release, that will clear me of all consequences and I will open the door and let you go where you please.'

Stephen's Last Message

You are well enough acquainted with me to know that I will never try to lift myself from the hopeless depth to which they have plunged me in the mire of disgrace by sending me to that Lunatic Asylum, -my only effort now will be (before I sink too far) to draw one of the cursed wretches in with me and let them smother in the same cloud of infamy with which they intended to suffocate me.

I beg leave to express my gratitude to all my friends and acquaintances in Pennsylvania. Give them my love, and sir, it is my wish that everyone of them should know the contents of this letter. Kind sir, farewell, and if there is a God, may God have mercy on me.

His letter ends with the following poem:

My Blood Be on Their Hands

*I long to lay this weary head
And aching heart beneath the soil;
To slumber in that dreamless bed
From all my toil.*

*For misery stole me at birth
And cast me helpless on the wilds
I perish - O My mother earth,
Take home thy child.*

PS: Notwithstanding what I said with respect to my friends knowing the contents of this letter, you are at perfect liberty (as far as I care) to destroy it, or read it to the crew, or let them read it, or anyone else, do just as you think fit.

Steve

2.2 What Does Stephen's Story Reveal?

From this account, we can extract several observations on the manner, which people were treated in the 19th century. Here are some of those main elements:

Those Admitted Were Often Treated Like Animals

I was searched with as little ceremony and feeling as if they had been examining a horse.

I was mentioned in the third person, 'Let's see what kind of clothing he has on.'

He (another patient) struck me on the side of the head, making my head reel.

Now it depended altogether upon my conduct how I would be treated by the keepers. If I endured all their taunts and sneers, closed my mouth immediately when they said: 'Dry up', emptied my chamber pots in the morning, swept out eight or ten rooms every day, went down the cellar twice every day for wood and be ordered about like a dog... If I showed myself perfectly willing to endure all these galling aggravations and indignities, they would not handcuff me!

Stephen's Choices Are Very Limited

Stephen must conform at all costs, without complaining. He knows what strategies to use.

I knew it would not do to make any return for this insult, for if I did I would be considered as much to blame as he... No matter how much I was abused, I could make no return, because if I did, the clerk and keepers would say at once that it must be all my fault, because my own folks had given me a bad name in the warrant.

The Staff Is Generally Aggressive, even Brutal

The keepers are all very ignorant men and are selected purposely for their brutal and cruel disposition.

The supervisor of the Institute... is the most unfeeling, heartless wretches I have ever met.

These two brutes seemed to take a supreme delight in speaking short to me, especially when they found out by what I said that I was not so ignorant as themselves... yet they would push me rudely along.

Lumping Diverse, Desperate People Together is not Therapeutic

Those that had become crazy about religion were kneeling most of the time and looking up to Heaven, others that had gone crazy about loss of property would suddenly cry out and curse their wrongers, and many that had become insane through the immoderate and excessive indulgences of their sensual passions were constantly having over-disgusting expressions... Some sing all night, some all day, and some curse all the time

Returning to the Community Is Inconsistent and Depends

- On the mood and possible influence of employees:

Earl (an employee) tried his best to get me released... he told the superintendent that he could see nothing wrong with me at all and also said he thought it too bad to keep me there...

- On the verdict of those who requested his admission:

Although I feel assured of your sanity, and would like to let you go, our folks have given you such a bad name that I do not feel safe in releasing you (the superintendent's words).

- Mainly on the superintendent's discretion:

...and if you would go and kill some of them, the blame would fall upon me... (D^r Waddell)

The Institution Aimed to Destroy Patients

"They intended to suffocate me," he writes. In fact, they were successful. We are able to see the might of the institution: it gets the better of Stephen who was from character, a courageous man.

It should be noted that the annual report makes no mention of Stephen, or of other suicides occurring at the institution. On the contrary, it was at this time that D^r Waddell wrote, *"No insane man recovers at home."*

2.3 Mary Huestis Pengilly (Admitted on October 29, 1883)

If I were committed to the penitentiary for a crime, I would not be used any worse than this.

Mary Huestis Pengilly writes a diary where she relates almost on a daily basis, her experiences in the asylum where she was confined for six months between 1883 and 1884. Her diary was published in 1885 (Pengilly: 1885). Subjected to conditions, which were more or less similar to those of Stephen, she

survived, and after she left the institution; she devoted her life to telling everyone about her experiences, especially in the United States. As soon as she was released, Mary presented to the New Brunswick government her diary; it was consigned to oblivion by the province, until Eugène LeBlanc found this special book in 2004 at the Provincial Archives, and dedicated issue 46 of *Our Voice/Notre Voix* (2006) to this pioneer of alternative psychiatry.

Mary Huestis was the daughter of Lewis Huestis, from Queensbury, York County where she married Robert Pengilly, from Saint John, on February 16, 1847. According to the 1871 census, the couple had five boys and one girl. Their daughter died in circumstances that are unknown to us, and their sons all seem to have settled in the Saint John area. After the *Great Fire* of 1877 that destroyed a large part of Saint John, Mary turns up in Lowell, Massachusetts, where she writes a book about the “*laws of health*”. Being passionate, she goes through a momentous spiritual experience, as she is writing this book. She said that she was so absorbed by lettering this manuscript, and receiving messages from another realm, that she had not eaten for eight days. Her sons got worried and went to visit their mother. They brought her back to Saint John and one of them, a pharmacist, made arrangements to have her admitted to the asylum on October 28, 1883. She is then 62 years old.

She dedicates her diary:

This little book is humbly dedicated to the Province of New Brunswick, and the State of Massachusetts, by one who has had so sad an experience in this, the sixty-second year of her age, that she feels it to be her imperative duty to lay it before the public in such a manner as shall reach the hearts of the people in this her native Province, as also the people of Massachusetts, with whom she had a refuge since driven from her own home by the St. John fire of 1877. She sincerely hopes it may be read in every State of the Union, as well as throughout the Dominion of

Canada, that it may help to show the inner workings of their Hospitals and Asylums, and prompt them to search out better methods of conducting them, as well for the benefit of the superintendent as the patient.

Her first entry, written in December, states:

They will not allow me to go home, and I must write these things down for fear I forget. It will help to pass the time away. It is very hard to endure this prison life and know that my sons think me insane when I am not.

During her stay, Mary paid very close attention to the approximately 40 other women who lived in the same ward with her. She helped and talked with them. Despite the abuse and injustices that she was witnessing and suffering herself, this visionary recommended ways that would help these women survive. She wrote this diary in secrecy and she recorded what happened in the ward where she was confined. Her writings are very candid; Mary simply described what she saw and did. The contents of her writings are rational and logical; therefore, we are led to conclude that the author was in full possession of her emotional, intellectual and spiritual faculties.

Thanks to her writings, we can witness both the methods and treatments, which were administered to women of this ward, and also of the strategies that they endured to survive these experiences. Her tactics comprised among other things:

Caring for Others

Miss Fowler had an eye infection and she was put aside.

I often sit beside her and she tells me of her mother, and wants me to go home with her... She does not seem a lunatic and she is neglected.

M^{iss} Snow is angry and cold, Mary consoles and warms her:

I soothed her as I would a child in trouble, until she ceased her raving, and then questioned her to discover the cause of her disease. She is a well-educated, intelligent lady. She seems to have a temper of her own, which has been made more than violent by her stay in this ward. She is very fond of drawing small pencil sketches, and works at them late at night, which I think is certainly injurious. I conclude she is the victim of late hours and fancy work; she acknowledges she used to sew until after twelve, working for bazaars. If the ladies (in her village) would only come here and study the needs of these poor victims of insanity and make better arrangements for their welfare, they would find a higher calling than exhausting their energies working for bazaars and leaving us to the care of those who care nothing for us and will not learn. Too much temper and too much indolence rule here.

I cover her up to keep her warm; she is blue with cold. (She would be better) ...if I could keep her in a nice warm room with kind treatment and nourishing food.

M^{iss} X makes others happy; Mary encourages her:

I have taken her in my heart as my own; she is so good a girl, wasting her precious life here for amusement of others - I don't see anything else in it...

Mary Advocates for Herself and for Others

This castle belongs to the Province, and so do I. We have a right to all the comforts of life here, and especially so when five dollars a week is paid for our board; let us have a nice fire and bask in its comforting rays...

Mary Implores, Begg, and Tries to Touch the Hearts of the Caregivers

Mary makes the astute remark that staff should treat them

...like mothers or friends, to all its occupants...and it is such arrangements, we need to perfect the working of our public institutions.”

I was so hungry for milk, but she said it was against the rules of the house. She gives me now a glass nearly full at bed time, with one soda biscuit. This is the only luxury we have here; some others get the same. It is because I have tried to make her think we are her children left in her care. I said to her, “Feed my lambs, you are our Shepherd;” and she is; if she only knew it. I have quoted the words of Him whose example we should all follow: ‘Do good unto others.’

This may emphatically be called the book of the poor, as I who write it am poor. Poor in purse, but rich in the possession of sympathy for my fellow being, rich in the possession of courage sufficient to tell the truth, when by it a public good is accomplished, even though by it I have endangered my life, and may get the reputation of interfering with a business not my own. Wherever I may meet a sufferer, whether man or woman, rich or poor, I cannot hold my sympathy, but I need not waste my sympathy on man. If he sins, woman will hide it and forgive; if woman sins, she will be hunted by the law and slandered by all parties.

Letting off Steam through Writing

For Mary, writing is a strategy for survival; hence, she entrusted to posterity the message that the asylum is unacceptable:

I am glad I have taken it down in black and white, so as not to forget the wrongs of the Province, and the

wrongs to those poor neglected women, of whom I am one. I ought not to write in this manner, but my indignation overcomes me sometimes, and I cannot help it.

Is there any justice on earth or under heaven? Will this thing always be allowed to go on? Sometimes I almost sink in despair. One consolation is left me, some day death will unlock those prison doors, and freed my spirit will go forth rejoicing in its liberty.

If I were committed to the penitentiary for a crime, I would not be used any worse than I am here.

This day, I remember being excited by seeing one of the most inoffensive inmates pushed and spoken to very roughly without having done any wrong. They attempted to comb that poor girl's hair; she will not submit, begs and cries to go down there. I go to the bathroom door to beg them to be gentle with her. M^s Mills slammed the door in my face. She is vexed at any expression of sympathy. Again I hear that pitiful cry, and I go up the hall to see what the trouble is. They had taken her in a room to hold her on the floor, by those heavy, strong nurses sitting on her arms and feet, while they force her to eat. I return, for I can't endure the sight. I met M^s Mills, with a large spoon, going to stuff her as she did me.

Mary views it her mission to advocate and defend those poor mistreated patients. After her release, she brings a copy of her diary to the Lieutenant-Governor and leaves him a copy. As always, she fights relentlessly and with convictions.

...until every individual shall have learned of the wretchedness that is endured in Lunatic Asylums, Hospitals and Almhouses, until petitions are sent to the Legislature and Governors to make new laws and rules for public institutions, that the poor be made

comfortable by the monies drawn from the people, through the public treasury, instead of allowing it to float unquestioned into the purses of high officials, who are adding to their real estate yearly while the poor, the sick, and the afflicted are fed on a pauper diet; and although the voice of a woman may not be listened to, or believed, because she is only a woman and has been in an Asylum, the pen of a woman shall write and her books shall go as messengers over land and sea, to vindicate the rights and redress the wrongs of the poor.

Observing and Commenting on Abusive Mistreatment

In fact, Mary recounts several instances of threats, as well, as abusive attitudes on the part of staff.

She (nurse) treats them like wicked school-boys who have done something to torment her and merit punishments.

She (M^s Mills) was angry at me again; she ordered me to my room, and threatened to lock me in.

'I know better than any other man,' (answered the doctor when she asked for a bit of milk, and she retorted, inwardly, of course), 'You don't know anymore than this old woman does.'

...they have put leather hand-cuffs on M^s T's wrists so tight they make her hands swell. I say, "Oh, M^s Mills (nurse), don't you see they are too tight, her hands look really to burst, purple with blood.

Describing Physical Surroundings and Care Received

In her diary, Mary makes several comments, in particular about the poor quality of the food and how cold the asylum was.

And here we have such horrid stuff. Dark-colored, sour bakers' bread, with miserable butter, constitutes

our breakfast and tea; there is oatmeal porridge and cheap molasses at breakfast, but I could not eat that.

There is one lady whose room is carpeted and furnished well, but she is so cold she sits flat on the carpet beside the little grate, trying to be warm. She has not enough clothing on to keep her warm.

Mary Constantly Gives Suggestions to Staff

Mary's presence is commanding on the ward; she is very sympathetic, dedicated to the well-being of her colleagues and friends; she understands what is happening and proposes different possibilities to caregivers:

If the doctor would question the patients and their friends as to the cause of their insanity, they might, as in other cases of illness, know what remedy to apply.

The younger nurses are learning from her (M^s Mill, head-nurse), and will grow hard-hearted.

If they (a patient's relatives) knew all as I do, they would not leave her (the patient) another day.

Mary Can Manipulate the System

As time goes by, she learns the institution's unspoken code of survival: cheat and manipulate. This, she believes will help the women, as well as herself, to get out of the institution:

I love to cheat M^s Mills (the head nurse), to get the heat put up in the ward, since it is very cold in February, and the institution hardly seems to be heated at all.

The weather is so cold. I have more to occupy my time now. I have learned how to let off the cold air from the radiators, and then we get more heat. I do it when no one sees me. I shall do all I can to make myself comfortable, and they all share it.

When I arise in the morning, my first thought is to look up the hall to see if there is fire in the grate, the one little grate in that large hall, to give warmth and comfort to us poor prisoners.

I am regulating the comfort of this ward in a measure, but they don't know it.

This calculating line of attack that eventually enables Mary to secure her release:

The Doctor came in to make his usual morning call, in the hall, with a book and pencil in his hand; that is all he ever does for us. I thought I would make him think I thought him a gentleman, who he is not, and perhaps he would be more willing to let me go home. It has taken effect.

Shortly thereafter, Mary is released; however, she does not consider her work to have ended. In fact, she adds at the end of her diary:

I suppose the doctor thinks I have forgotten all the doings of the past winter, and that I will not dare to say anything against such a mighty man as he. I am glad I have taken it down in black and white, so as not to forget the wrongs of the province.

After her discharge, she visits the Province's Lieutenant-Governor in 1866 and leaves him a copy of her journal in hopes that the treatment of psychiatric patients will improve. Although he greeted her warmly and gives her some flowers, neither he nor any of his successors did anything to address her concerns.

Mary Pengilly: Madwoman or Prophet?

While reading her text, we have to recognize that Mary was a heroine, and a visionary with incredible strength of character. She refused to succumb to madness, refused diagnoses, and knew how to make use of her experiences.

I am sane as I ever was. I know more than I did years ago, when I had many friends, for I have been learning something every year. Here is my loneliness, I am learning more than ever before. I have been so near the grave, the border land of Heaven, that I have heard the angel voices. I hear them yet, and they give to me more charitable views in regards to the weakness and wants of my fellow sisters.

Mary saw her wretched experience in the asylum as an “education”, and she, “hoped to graduate some day.” Her goal after her release was, “... soon to return and stay with them, I would like so much to look after those who are so neglected.” She envisaged a central role for the psychiatrized in showing the staff and mental health officials how to conduct their business, “I will teach them to think theirs is no common servitude – merely working for pay – but a higher responsibility is attached to this work, of making comfortable those poor unfortunates entrusted to their care, and they will learn to know they are working for a purpose worth living for.”

MARY’S POEM**My Pen Now Shall Replace my Tired Feet**

*Why am I thus a stranger,
So far from home :
My life is yet in danger,
Where’re I roam.*

*Why am I thus sought after,
‘Tis not for love;
Oh In the great hereafter,
I will freely rove.*

*My life is made complete;
And my pen now
Shall save my weary feet,
Though age is on my brow.*

*Yes, that has proved my college;
That castle on the hill;
In it I gained this knowledge,
To do my Master's will.*

*My graduating lessons
Have cost me dear;
But they have proved rich blessings
I will not fear*

Pengilly 1885b: 10

Her last words were to pass the torch to us:

I will leave this subject now in the hands..., wherever this little book may find them, who having leisure and influence, will not, I hope, fail to use them for the benefit of suffering humanity, remembering we are all children of one Father – Our Father in Heaven. Improve the talent He has given you, that it may be said to you, 'Well done, thou good and faithful servant.'

Mary Pengilly died in Dubuque, Iowa in 1893. It appears from the obituary notice that she traveled throughout North America selling her poems, and copies of her diary criticizing the management of the Provincial Lunatic Asylum. Throughout, the purpose of her crusade was to draw attention to the care given to people who were so called *mentally ill*.

As mentioned earlier, the 1885 annual report makes no mention of Mary Huestis Pengilly. D^r Steeves, her psychiatrist and superintendent at the asylum, instead refers to this year as one when nothing unusual happened, “nothing of magnitude has transpired during the period to disturb the more or less even

tenor of events that pertain to the annual life of such institutions.”

Stephen Stiles offers an insightful perspective in *Our Voice/Notre Voix*:

Soon she went on her way to Fredericton to meet with the Board of Commissioners and discuss the affairs of the Provincial Lunatic Asylum concerning which my time at present is devoted. But they seem to be too busy for anything.

So why aren't things any better?, Mary Pengilly started this work 120 years ago and still the abuses continue and remain essentially the same. Doctor's attitudes, nursing staff neglect and abuse remain just as condescending and harmful, while society-at-large and governments continue to fund and support these practices. What is going on here?

Stiles 2006: 6, 8

And Eugène LeBlanc continues in the same issues of *Our Voice/Notre Voix*:

'You cannot know what a pear tastes like until you have eaten it', says a Chinese proverb, meaning you can't really appreciate, nor understand a psycho-spiritual crisis of a specific kind unless you go through it yourself. And this is precisely what Mary dedicated her life after she left the prison walls of this asylum. She placed herself on the same level as other patients, and she avoided coming across as better than someone else or as condescending. Her experiences as expressed in this diary are prophetic and are very much treasured knowledge about the truest form of self-help, and put to shame many stakeholders and advocacy groups in today's mental health system that take on such responsibilities, and exemplify such practices.

Martin Luther King made the observation that, 'the salvation of the world lies with the creatively maladjusted,' and history's greatest personage reminds us by saying that, 'the weak of the world are chosen to put the mighty to shame.'

Whether the respect for human rights or the struggle to be free falls into the socio-economic or political-religious sphere; ...those oppress ...those who endure...and those who hope have within their hearts the capacity to overcome and survive.

And for those who earn a living in boxing people up...who 'biologize' emotional pain with discriminatory medical words...who impose policies which maintains people in a perpetual state of marginalism and poverty... who profit in the billions of dollars from our misery... they already have their reward for the truth is deluded and hidden from them because they err and are blinded to the purpose of their calling.

LeBlanc 2006a: 2-3

Conclusion

The records left by Stephen Inness and Mary Pengilly gives us a glimpse about the horrors of *patient life*, their liaison with staff, and the difficulties of getting out of the psychiatric hell-hole, as well as the institution's scandalous practice to break, to humiliate and to punish people. But they also demonstrate that at least some of the patients developed ingenious and sometimes successful methods of coping, mutual support, and resistance.

We hope that Mary's aspiration will come true.

I sincerely hope it may be read in every State of the Union, as well as throughout the Dominion of Canada that it may help to show the inner workings of their hospitals and asylums and prompt them to search out

better methods of conducting them as well for the benefit of the superintendent as the patient.

Pengilly 1885a: Preamble

Mary fervently hoped that there would be some encouraging actions taken following the publication of her diary. This book honours such aspirations. At press time, we have learned that the School of Performing Arts of the Capitol Theatre in Moncton will stage a play depicting Mary's hardship in the asylum as recounted in her journal.

These two testimonies clearly illustrate that the 19th century asylum was indeed an instrument of oppression. When Superintendent Anglin qualified the times as barbaric, he was indeed right!

The first two chapters can thus be summarized as follows: manipulative rhetoric by the authorities, to sell the populace a positive spin on psychiatric incarceration contrasted with the cruelty imposed on patients, which reveal a very different face of the asylum.

Table 3
Summary of First Two Chapters

Institutional Rhetoric	Actual Practices
Professional expertise Brilliant psychiatry	Handcuffs, blue hands
Excellence in treatment	Suffering from and dying of cold Tea and dry bread twice a day
Scientific wisdom	Prisoners without rights
Very subtle science	Cacophony of howling people
Humanely compassionate	Asylum open to the curious on Sundays
Only the asylum can heal	3% will be cured (D ^r Steeves: 1891)
Moral treatment	Locked wards and bathrooms at night
Patience and kindness	Shackled, put in cages

Chapter 3

A TIME OF “INTENSE HUMANITY”

1904-1980

*They're not humans...They're animals...
They'd be better off dead. And you can't trust one of
them, not one of them.*

An employee with 25 years experience
at the psychiatric hospital, 1945

With an alteration in name and a newly appointed administrator who is filled with good intentions, we enter into the 20th century. Superintendent Hetherington defines the era as “*scientific enlightenment*” and of “*intense humanity*”. Since the change of this institution’s name from “*asylum*” to “*hospital*” in 1903, this chapter will endeavor to determine if the promises of better days became a reality. This third chapter will end in 1980 where we will be able to see a rise in protest movements against institutional psychiatry, and which also coincides with a trend of moving the latter into the community. The fourth to sixth chapter will complete the historical part of our research.

3.1 A Few Important Dates

1904

D^r James Anglin becomes the institution’s fifth Superintendent and Chief of Psychiatry. His annual income is \$5,000, and it will increase one year later to \$6,000. Upon his arrival, he sends out the order to tear down the fence surrounding the asylum. In addition, he removes the shackles and chains constraining patients. Up to 1500 people are hospitalized at the same time under his tenure (Stewart 1974: 113). We have estimated that, seventy years earlier, the number of insane people to be 50 in the province, and the asylum had been built for the contingency of 80 patients. Was this a sign of great success or an indication of troublesome aspirations?

The 1904 annual report emphasizes that a very large number of admissions are occurring without knowing the person’s background, or the context for being sent to the institution.

With most of the cases admitted since my arrival, no history of the nature of the mental affliction is brought even with the patient. The statement is badly made that he is insane, with no facts to prove it, and no reference to his bodily condition, etc. No matter what the nature of the disease, it is important that the physicians who are to treat him here should have for their guidance an outline of its course before the patient’s arrival in order that they may know how best to deal with the new-comer from the

very beginning... The real nature of the case may remain long masked when the patient's environment is changed from his home to a hospital.

Annual Report 1904: 15-16

1916

At age 16, Wendy Tupper, is admitted to the institution. Reason given: she is afraid of men. In 1976, she is still there, and her fear of men remains after 60 years of psychiatric care! At 76, she plays with her dolls, and is still waiting for her mother to come and pick her up

A newcomer to the hospital encounters sights, sounds and smells which he has never experienced before. Everywhere he goes doors must be locked and unlocked. Everywhere patients have a drugged look. And idleness reigns.

Camp 1976: 15

1920

The *Mental Hygiene Survey of New Brunswick* asserts that, “...the degree of excellence of present methods in health (p.2),” but discloses that in the field of mental illnesses, “the province is twenty years backwards (p.5).” The psychiatric institution has, “no less than 655 patients crowded into a space intended for 450 (p.6).” The building is old, in ruins, and should be torn down and replaced by a new one. Two psychiatrists and 35 attendants without adequate training are clearly unsatisfactory. “Restraint is permitted, and the long ago condemned crib beds, for which nothing good can be said, are still advocated as of use in treatment.” (p.7) Twenty-five years later, the Baxter Commission will make similar comments. The report concludes that not much good can be said of this institution, and that there is urgency in addressing this situation.

1929

Expansion of the building is completed; two wards, a store, and a kitchen are added to the structure. In 81 years, the institution has grown no less than thirteen times.

1934

D^rE.C. Menzies takes office and replaces Superintendent Hetherington. Menzies will supervise the institution until 1956. In his first annual report, he presents the following statistics: till now, the psychiatric institution has admitted 11 796 people; among them, 4 708 (39 %) are considered to be fully recovered.

During this year, the doors to the bathrooms are opened in the evening; thus, it allows people in the institution to use the facilities even during the night.

D^r E.C. Menzies became superintendent of the hospital on 1st November, 1934. He began by opening the doors at night so that patients would have access to the bathrooms. That involved the possibility of patients getting into altercations and it has increased minor accidents, but has worked well, despite the shortness of staff.

Baxter 1945: 6

Why did inmates not have the right to go to the bathroom at night? How did patients manage during those long hours? Thirteen years after this reported fact, the *Baxter Commission of Inquiry* raised questions related to the fact that patients' feet and hands were tied to their beds throughout the night and that the doors to their rooms were locked; many of them were confined to their beds, where they were compelled to relieve themselves!

http://www.lib.unb.ca/Texts/NBHistory/Commissions/bin/read_commission.cgi?file=es70r0T&dir=ES70

Table 4
Statistics, 1935-1944: The Provincial Hospital

Year	# of people Previous Year	# of admissions	Deaths	Discharge	# of people year's end
1935	919	293	102	151	959
1936	959	341	80	214	1006
1937	1006	352	105	207	1046
1938	1046	334	83	265	1032
1939	1032	416	100	233	1117
1940	1117	415	95	285	1152
1941	1152	463	95	310	1210
1942	1210	417	84	295	1248
1943	1248	429	114	305	1258
1944	1258	459	128	304	1285
Total		3919	986	2569	

Source :

http://www.lib.unb.ca/Texts/NBHistory/Commissions/bin/read_commission.cgi?file'es70r0T&dir'ES70

1936

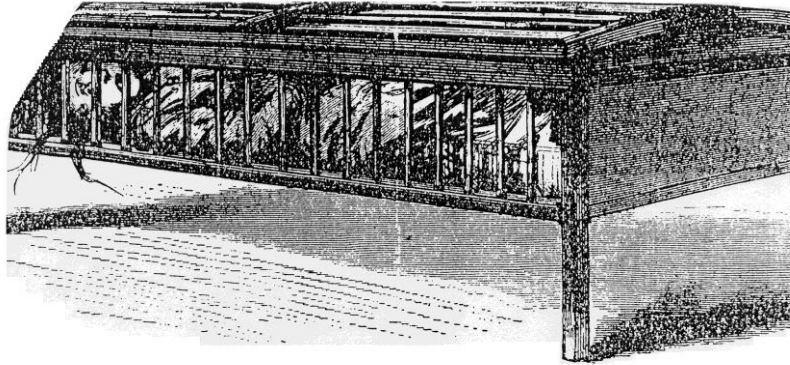
Beginning of insulin coma therapy clinic, under the direction of Hatfield (Stewart 1974: 112).

1939

Cost per person, per week, according to D^r Chen : \$5.95, or 85 cents per day (Chen 1967: 12).

1940s

This decade was when the practice of locking up people in cages ended. How long was this policy in place and for what purpose?



The Crazy Crib

A crazy crib is an iron cot covered by a cage of iron bars. A patient was held immobile in the coffin-shaped crib by straps at his ankles, wrists and waist. M' Stan Matheson, social worker, believes that they were used until the 1930.

Camp 1976: 15

During World War II, the institution faced many problems including a lack of trained personnel, and the admission of many people who had been impacted by the war. Almost every medical practitioner, as well as the majority of the nurses were hired away to war-related duties, resulting in a scarcity of medical practitioners in the psychiatric institution.

In the name of “*scientific enlightenment*”, 1942 marks the year when an electroshock (ECT) clinic, under the supervision of D' Fisher, is set up at the hospital. The very controversial era of electroconvulsive treatments then begins in New Brunswick (St-Amand 1985: 48).

Fifty years later, Stephen Stiles will write on this subject matter:

More Shocking Facts about Electroshocks!

If your doctor diagnoses you as suffering from depression, and then suggests to administer a set of

shock treatments (ECT): here there are a few facts that you might want to consider first.

- 1. To start the average V6 engine, the alternator handles a discharge from the battery of 14 volts. The average shock treatment ranges from 100 to 400 volts. Is the starter on your car less delicate than your brain?*
- 2. Ernest Hemingway, that great American writer, who suffered because he saw and told it like it was, was forcibly shocked in 1961. A few days after this “cure” for depression, he committed suicide. So shock works -- if the objective is silence!*
- 3. USA Today reports that deaths among elderly shock patients’ number 1 in 200. The practice of shocking senior citizens is rising at frightening rates. Wow! Health officials really are taking this problem of an aging population seriously!*
- 4. Dr Cerletti invented shock treatment in 1938, and developed it into repeated, daily treatment; he called “annihilation”. He got the idea of shocking people from watching pigs in a slaughterhouse. They were being electrocuted before having their throats slit. The concept was further explored by the Nazis.*
- 5. Dr Moniz received the Nobel Prize in 1949 for performing lobotomies on patients who did not “respond” to ECT. One of his patients unsuccessfully tried to murder him, but did leave a bullet in his spine. Sounds like quite a sane response to me...*

Even today, shock is routinely administered to helpless people in south eastern New Brunswick.. Over the last three fiscal years, both the Moncton and Georges-Dumont Hospital admitted about 400 patients a year to their psychiatric wards. Between 10-15% of these were involuntary admissions, and 15-

20% percent were given shock treatments an average of 7-8 times. Province-wide, over the same years, New Brunswick taxpayers were billed \$175,000. for 3 188 ECT treatments in 2000-2001, \$226,000. for 3 717 in 2001-2002, and \$264,000. for 3 830 in 2002-2003.

That means the average cost of having your brain electrocuted is \$500!

Stiles 2004: 28-29

http://www.sur-la-toile.com/mod_News_article_738____.html

1945

When three former employees of the Provincial Hospital wrote to the Editor of the Montreal weekly, the *Standard*, about the institution's reprehensible practices, rumors and accusations of barbarism and cruelty on the part of the asylum keep spreading. Former reporter for *TIME* magazine, Kenneth Johnstone, is sent to Saint John to work undercover as an employee at the institution. He secretly writes a story entitled, *Eight Days in a Mental Hospital*, published in three parts. He observes and reports the hidden side of "scientific enlightenment". His reviews are published in the *Standard*, on January 20, January 27, and February 3, 1945 thus, he brings to public attention some of his observations, and the horrors of the institution that he had witnessed.

Here are a few excerpts from his story report:

Part 1: January 20, 1945

The New Brunswick Provincial Hospital was chosen for this investigation because of the disquieting reports received of conditions there.

These statements... show that the hospital suffers from the general problems of all mental hospitals but also from certain evils peculiar to that institution.

He (Chief Attendant in charge of hiring) could not understand why I should come all the way from Ottawa for employment in Saint John, New Brunswick. The Chief

Attendant told me that my job would be as an attendant to lunatics.

Between 50 and 60 sleep in the Short Hall, about 30 sleep in a place called the Old Attic, and the balance are placed in smaller rooms in other wards.

I noticed that about eight patients wore hobbles around their ankles which made it very easy to push them off balance should they become violent. Four were strapped to benches and were only released to be transferred to bed, where they were strapped down by wrist and ankle to the bed itself.

However, the main bulk of the patients seemed to be made up of middle-aged and older men in various stages of mental illnesses ranging from milder forms of nervous breakdown to complete incoherence.

The Old Attic...is unheated, the walls are filthy, a curious slime covers the floors and rat-holes are everywhere.

This fact was but one reminder that the Provincial Hospital is badly understaffed with attendants. I was told, for instance, that Ward 2, which now boasted of five day men, including myself, formerly had between eight and nine to look after only 80 patients. The same condition prevailed in other wards.

Aside from the comparatively trivial incident of seeing cockroaches wriggling in the sugar, the breakfast was excellent. I soon got used to the cockroaches which I was told are a feature of most institutions.

When witnessing a patient physically abusing another by giving boxing like punches to his left and right jaw... I was aghast at this attack, and turned to the other attendants to see what swift retribution would follow. They (the staff) were laughing heartily...Never once did I

see reprimands for (such) brutal assaults against helpless idiots...The attitude of the attendants towards such unprovoked attacks was one that puzzled me considerably.

One staff responded to my concern about the ailments of one of his patients, 'They're not human... They're animals... They'd be better off dead. And you can't trust one of them, not one of them.' Thus he summed up 25 years of experience in a mental hospital.

One patient said, 'Do you think I have been raised like a pig?'

In reference to a patient not having enough time to eat, Johnstone remarks,

It's simply one of slow starvation. Each group is given precisely 20 minutes for meals in the cafeteria. With perhaps 150 patients lined up for their trays, and the strongest ones first, old fellows like Mr. Kay inevitably are shuffled to the last...(when 20 minutes is up) the plate is seized, dumped and (they) are bundled back into line to return to their ward.

The great majorities of the patients' lies in bed 12 hours, rise and dress, and then sit on a bench 12 hours. Unless they are members of the various little cleaning groups, they have no other occupation, no other diversion. The same deadly pattern is repeated day after day, excepting Tuesday, bath day, and Friday, shave day. I wonder how long it would take a sane person to lose his mind with this routine?

Part 2: January 27, 1945

Some patients would beat other patients while staff would watch and laugh. Those patients were called the ‘wolves’.

One patient said, ‘My God, I’ve worked hard all my life. Am I going to die like this?’

They (the patients) want to trust and they want sympathy but a mental hospital is no place for such feelings.

Many are French speaking...they are poor, and mostly they come from farms and the woods.

I found myself wondering if there were more rats than patients.

The Old Attic consists of two large rooms, a smaller room, an antechamber, and a toilet. The two larger rooms contain about 14 beds each, there are three beds in the smaller room and another bed in the antechamber. I counted eight beds that possessed woolen blankets, the rest were equipped with one cotton under sheet and one thin flannelette sheet. Three of the patients were ankle strapped to their cots, the door of the small room was locked, and the door to the stairway was locked as Sid Phillips (Sid is an employee who serves as guide) and I left the patients to their dreams. During the eight winter days that I spent at the Hospital, it was a constant source of amazement to me that no one collapsed of exposure in the Old Attic.

I was shown the dungeons underground where unruly patients were formerly confined... (according to one staff) the present superintendent, Dr E. C. Menzies, who has headed the Hospital for the last eight years has turned an asylum into an hospital. He has replaced unsanitary wooden floors that can be swabbed easily. He has brought in medical facilities like x-ray and each new patient is given a thorough medical check-up. He has

abolished the straight jacket and the 'crib', which was a coffin-like box of slats in which violent patients were formerly confined, taking their meals through the bars like beasts. Restraining straps and the 'needle' are the methods now used to deal with violent types.

One staff made a sarcastic remark when one patient doing progress was being sent home, 'And they say, we kill people around here.'

He discreetly interviews a few patients to find out what they think are the causes for madness. Here is one answer:

We talked about insanity and its causes, Georges and Johnny (patients) both agreed that the world was such as to expose and crack up the weaker minds. Social and economic environment, they felt, played a big role in sending people to the madhouse.

Part 3: February 3rd, 1945

One of the night attendants has a predilection for 'stretching' patients; a process of tying the patient's arms over his head in bed which leaves the arms numb all the next day.

When a patient was asked by Johnstone on why he was giving solid boxing punches to another inmate's face, his reply was, "for exercise."

Paul (a patient) talked and sang all day, as usual but nobody bothered him. I was quite pleased at nightfall when I was able to persuade him to take a cup of water. I stroked his head, and the poor kid quieted down long enough to mumble, 'I love you, Mr Johnstone. I love you'. I was amazed to find he knew my name. His usual monologue runs along 'Left right. Left right. About turn. Excuse me please I do not speak English. Left right. Left right. About turn.'

I feel sad at leaving Johnny (patient) there. He has been such a darned good kid, and has done more to stop bullying than all the attendants put together – a decided understatement as they don't interfere at all.

A patient asked Johnstone:

Is it true they kill people in Ward 2? I told him that if I thought it was true I would not work there.

Leaving the cafeteria, I spoke to Tom Mitchell, a veteran attendant from Ward 5, and complained about the way the patients were bullied. He agreed that a little kindness and a little courtesy were far more effective than abuse and blows. He told me that he never had any trouble. 'The rest of the time you will have no trouble with them if you treat them as human beings entitled to sympathy and consideration. And you only restrain them to prevent them doing harm to themselves and others.

This was my last day at the Mental Hospital. My more than usual interest in conditions at the Hospital has apparently produced a flood of speculation concerning my presence here. I became somewhat uneasy Sunday when one of the attendants asked me whether I was connected with a newspaper...I could see that it was only a matter of hours before the rumor spread to Ward 2. When that happened, I did not want to be anywhere handy to Ward 2 discipline.

1945: Royal Commission of Inquiry on the Provincial Hospital

When these allegations are brought to light by journalist Johnstone, panic strikes hospital administrators and politicians of the riding where these reprehensible deeds had supposedly occurred. The New Brunswick government established a Royal Commission of Inquiry, and asked Mr. Justice J.B.M. Baxter to head it. The accusations made by those former employees were swiftly rejected by the Baxter Commission; they were dismis-

sed as being made by criminals³ or unstable individuals. The commissioners went so far to suggest that these former employees were linked to the CCF party (of socialist allegiance, inspired by the British Labor Party). Johnstone's allegations are quickly dismissed. The commissioners arrive at the conclusion that the institution:

...was providing good quality care and treatments in all its departments and that Mr. Johnstone's account gives too much acceptance to the statements made by patients as if they were facts.

The Baxter report qualifies Kenneth Johnstone's writings as rumors and treacherous journalism. It clears the institution of any blame, and displaces the responsibility on the patients for what is happening to them.

It must be remembered that in the care of the insane, there is always a group of very difficult patients, and I refer to the group which is untidy, demented, denuded, destructive and restless because of the inroads of their disease. These patients, even under the best of conditions, would leave any hospital open to criticism by a critical observer.

However, the Commission admits that problems do exist; these are in part justified by a depletion of staff due to the war, rather than causes of an administrative nature.

All mental hospitals in Canada are faced with great handicaps. War conditions and inadequate budgets make it impossible for the desired standard of care and treatment to be obtained.

³ If indeed, they were criminals, why would the Provincial Hospital hire them in the first place, and what kind of background check was put into place to ensure the hiring of *good caring people*?

Yet, the following excerpts of the report give credibility to Johnstone’s observations:

Ward 2: There exists a complete lack of segregation; (this is where) troublemakers from all wards (are sent). The mentally disturbed, the mentally deficient, complete imbeciles, alcoholics, epileptics, all are thrown together in this ward. Conditions are as written in the article.

We are of the opinion that patients requiring restraint (i.e. strapping to beds) should not be put in the Attic where they are locked for the night with only infrequent visits by the night attendant. All patients sleeping in the Attic should be able to leave their beds for the purpose of visiting the toilet as required.

The Old Attic: a room in the upper section of the main building, unfinished, and crowded with low cot beds - so crowded that it is and was difficult for one to make his way about. It has been charged that this section was unheated, but there were evidence of a plan to heat this section by means of radiation. At the time of my visit, this area had been scrubbed out with a solution containing a disinfectant, which gave off a strong odor. Toilet facilities seemed totally inadequate for the thirty patients who slept in this section. The Superintendent recognized the inadequacy and the inappropriateness of this dormitory and had intended as soon as possible to have had it remodeled and refinished, but on the whole it is a very undesirable place to house human beings.

Several inspections, both morning and night, bear out the fact that usually about ten or twelve patients are strapped to their beds, bowel movements occur, the windows are kept closed and the stench, together with that from unwashed bodies, the odor arising from the mattresses and the impregnated slime from the floor

combine to cause an atmosphere that is disgusting. Examination of patients at night showed evidence of bed-bugs, and in two instances rats were seen scurrying from room to room.

It is evident that the 3 physicians and the Superintendent can absolutely not grant adequate medical attention to almost 1,300 patients.

The Commission questions the fact that certain medical treatments are not prescribed by doctors, and insinuates that, at least in some cases, psychiatric attendants employ electroshocks or medication as a means to discipline.

http://www.lib.unb.ca/Texts/NBHistory/Commissions/bin/read_commission.cgi?file=es70r0T&dir=ES70

Nonetheless, in many instances, the Report supports the institution and accuses Johnstone of exaggeration.

...had the writer (Johnstone) of the article spent more time describing such commendable factors in the Hospital, he would have given the public a more just and fair description of conditions as they exist. Also it may be remarked that there never were any dungeons in the Hospital.

If Johnstone saw (physical abuse), he should have stopped it. He seems to have forgotten that he had responsibilities as an attendant and was not entitled to act only as an observer.

The Provincial Hospital is nearly one hundred years old. It has a long history and has developed many outstanding men in Canadian psychiatry.

The Provincial Hospital...should and can be the center of mental health activities for the province... one has the picture of this institution becoming an outstanding opportunity.

No person in public life is free from criticism and no person, particularly having charge of a large body of mentally sick persons, can be entirely immune, and no matter how much labor is expended. The very nature of our work with this type of illness oftentimes lends itself to public criticism and, in many instances; we do not have the opportunity of rebuttal. We must accept criticism and divide the criticism into two parts – that which is deserved and that which is undeserved. That which is undeserved should be sifted and relegated to one side. The criticism that is deserved leads to the development of a better institution. A mental hospital exists for one purpose and that is the best care that can be given to any and all types of cases, regardless of the comfort and security of any employee.

Because of overcrowding and the shortage of help, Dr. Menzies has had a very heavy burden and has certainly done the best he possibly could with what resources he had at hand, and I again commend him for his hard and faithful work.

Among the twelve proposals made by the Royal Commission on the Provincial Hospital, Mr. Justice Baxter recommends to the Legislative Assembly, on July 27, 1945:

- *That one should recognize the exceptional work carried out by four physicians during the war years and give them substantial pay increases;*
- *Veterans from the Second World War should be transferred to a veteran’s hospital and the children to another institution built specifically for them⁴;*
- *A new institution should be built to solve the overcrowding problem;*

⁴ The William F. Robert Hospital School was built in 1969 as a result of this recommendation. It took a neglectful twenty-four years to follow up on it.

- *At least six psychiatrists should be among the staff;*
- *That the Premier and the executive council appoint a board of governors at the hospital;*
- *At present they are approximately 350 patients of French origin. Far from friends and visitors, loneliness and inability to understand English clearly, natural bewilderment adds much to their mental confusion. Therapy is disturbed and hopes of early and complete recovery are lessened. Humanitarian as well as economic reasons point to the conclusion that the best interest of a goodly share of our population would be best served by the erection of a modern psychopathic hospital located in the north central section of our province.*

http://www.lib.unb.ca/Texts/NBHistory/Commissions/bin/read_commission.cgi?file=es70r0T&dir=ES70

As an appendix to this report, the Commission includes D^r C.A. Bonner's observations. At the request of the Judge Baxter, Bonner had inspected the premises five times in April 1945. Some of Bonner's comments support the institution, while others are quite critical and do confirm Johnstone's observations in *The Standard*.

Here are some of his remarks:

- *The presence of vermin, such as cockroaches and rats;*
- *Restraints (straps, chains) are used very freely, without order of the physician; restraint of this type is an obsolete practice and, in its place, methods of treatment should be planned; it is regrettable indeed to find restraint so extensively carried out when more humane forms of treatment have long*

ago been the acceptable device for the care of the mentally sick;

- *Chemical restraint is used freely in the form of apomorphine 1/20 to 1/50 gr. plus 1/100 hyoscine;*
- *Toilet facilities are totally inadequate for the thirty patients in the Attic. The Superintendent recognized the inadequacy and the inappropriateness of this dormitory;*
- *There is a grave shortage of personnel in practically every department of this institution, but on the wards it has reached a very dangerous level;*
- *The attitude of certain attendants toward patients, that is, fatalistic;*
- *The following practices have to be corrected: Roughness and even abuse of some attendants toward patients; Restraint as applied by straps;*
- *Improper classification of patients according to type;*
- *A process called ‘stretching’, whereby a patient's arms are restrained over the head, leaving the arms numb the next day;*
- *A great deal of criticism directed toward Ward 2.*

1945 and Subsequent Years

Immediately after the war, admissions rose quickly. This was in great part due to the posttraumatic stress caused by the war, and the return home of the soldiers.

1948

According to D^r Chen, 1,400 persons were admitted during the course of the year (Chen 1967: 13).

1951

One of the recommendations of the *Health Survey Committee* was to focus on education, with the assistance of a soon to be created provincial mental health association, and more specialized training for professionals (St-Amand 1987: 172).

1952

Stanley Matheson is hired as the first social worker at the Saint John institution. One of his tasks is to write its history; the intent is to emphasize the positive role of the Provincial Hospital and its social value to society.

As part of his job, he decided to record a history of the hospital because he thought that the public should be aware of the hospital's role. These rules certainly reflect the theme of caring that has been part of the institution's long history.

<http://www.saintjohn.nbcc.nb.ca/heritage/LunaticAsylum/Rules1875.htm>

1954

Opening of the Campbellton Provincial Hospital, later called the Restigouche Hospital Centre (RHC). Immediately, 255 people (likely Francophones) are transferred from Saint John to Campbellton. Many are chained; others are transferred over the next seven years (Charting a new course: 4). D^f Eaton will become the first superintendent (Stewart 1974: 114).

Information in reference to the Restigouche Hospital Centre will be provided in the following chapter. The remainder of this one will deal with what occurred in Saint John and with the overall situation in the province.

1956

The number of people staying at The Saint John Provincial Hospital peaks at 1697. This is 50% more than it is purportedly able to care for. (Information provided by D^f Robert Alexander Gregory). The transfers to the Restigouche Hospital Centre

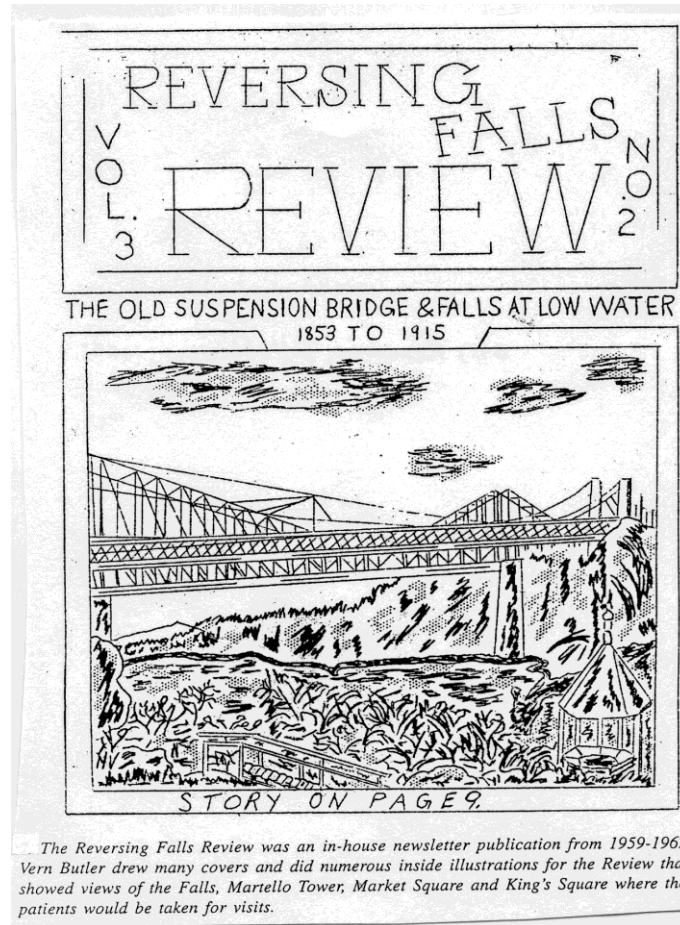
continue (<http://www.saintjohn.nbcc.nb.ca/heritage/LunaticAsylum/Directors.htm>).

One should note that in Italy, England and in the United States, individuals begin confronting the institution and its inhumane ways of treating people. *L'analyse institutionnelle* (the institutional analysis) of Lapassade (1965); totalitarian institutions of Goffman (*Asiles*, (asylum) 1961, *Stigmates*, (stigmas) 1964), and *L'histoire de la folie* (The History of Madness) of Foucault (1972), just to mention a few, will also challenge the practices being carried out in asylums at that time.

1959-1962 *Reversing Falls Review*

The Reversing Falls Review was, as far as we know, the first patient-published newsletter of its kind in New Brunswick. Overall, one can assume by skimming through its content that the editorial was staff controlled, and provincial hospital patients were responsible for the production and distribution. Patients were encouraged to submit (pending approval) testimonials, poetry and artwork. The March 30, 1961 issue has the following introduction:

This magazine is published in the Occupational Therapy Department of the Provincial Hospital, Lancaster, N.B. as a medium for self-expression and communication within the hospital. It is intended primarily as a patient project, but contributions from other sources are invited...In so far as it is possible, the editors reserve the right to reject any submission and to revise and edit material. The views expressed in this magazine are those of the contributing authors and do not necessarily reflect hospital policy, nor the opinions of the editorial staff.



Psychiatrist D^r L Deutsch authors the editorial in March 1961. He goes on to explain how he perceives the confusion being conveyed to the public with respect to mental illness. He also makes a dismissive observation that many past accounts on the nature of asylums and mental hospitals are merely “*tales and superstitions*”.

This state of confusion is not surprising when we consider the general attitude of the public toward mental illness as a whole, and the mental hospital in particular, which are still full of tales and superstition. The fact that much progress has been made in psychiatry in the last

few decades; the mental hospital is not anymore an asylum, as it used to be, but the hospital for treatment and rehabilitation of mentally ill patients, that we have now ‘wonder drugs’ and new methods of treatment, and rehabilitation have not penetrated yet into the awareness of the majority of people in spite of different channels of communication, (Lectures, movies, literature, radio, TV, etc.) used by the mental health movement to enlighten the public in these matters. It will probably take more than one generation to eradicate superstitions regarding mental illness, which have accumulated for many centuries.

Deutsch 1961

The period also reflected a deep connection between mental well being and a strong religious component. In a 1962 article titled: *Christian Attitude is Basic to Mental Health Program*, Welfare worker L. H. Austin writes:

A comprehensive survey and the establishment of a mental health clinic in a community must have a spiritual foundation built on faith in God.... This must include education in the values of spiritual therapy... We feel this is the first step in providing better mental health and a feeling of well being in all citizens. A second step which could follow almost immediately is the establishment in the community of a mental health clinic. This cannot be done successfully by just a few interested persons. The willingness of all to help is needed. This is the Christian approach.

Austin 1962

According to this worker, if someone becomes a patient, it means that his or her faith is not strong enough, and that they lack religious beliefs and spiritual convictions. A hospital patient reflected this viewpoint with the following poem:

GOD IS STILL BOSS

*I don't know how it makes you feel
To read what men will say,
And how they try to tear God down
From off His throne each day;
This proud exalted race,
Because they've got a satellite*

*Somewhere out there in space.
I'd like to know how God must feel,
And how his thoughts must run
When he observes that piece of tin,
Revolving 'round the sun';
And mingled there with His great works,
This thing of sinful man,
I wouldn't be a bit surprised*

*There's judgement in His plan.
God's proud of everything out there,
The stars, the moon and sun,
They are His glory, He's declared,
His hands have made each one;
And man would dare contaminate
His handiwork in space,
Just how He holds His wrath, to me,
Is more that I can face.*

*They've got so smart these men of brains,
You'd think they knew it all,
But God has met their kind before,
To Him they're mighty small;
Don't let them rob you of your faith
With all the scares they toss,
Remember, God is on the throne,
And He is still the Boss.*

Although *The Reversing Falls Review* began publishing in 1959, we could only find copies from 1961 and 1962. In 1961, four issues were published while 1962 had two. The subject matter

varied from news of the Canadian Legion, an update on the hospital nursing program, personal hygiene, religious and spiritual matters, ward news, entertainment news, relevant developments to the city of Saint John, and a strong encouragement to consult the library at the local branch of the Canadian Mental Health Association.

What is eye catching from reading testimonials of patients about their hospital care is how most of them begin their paragraph by stating that they are under insulin treatment, and how much this has helped them. Here are a few of such remarks:

I am a patient who has been on the treatment ward for 12 weeks. My treatment, which is insulin, has certainly made me feel 100% better.

I have been a patient on the treatment ward for seven weeks and at present feel 100% better. When I first entered the treatment ward, I thought at the time that I would never feel like myself again, but with encouraging words from...your nurse and with insulin treatment, I truly have a different view of life.

How surprised I was to see all the amusements and games they have for patients in this hospital. Before I came here, I thought the patients were all locked up with no privileges at all. Everything is different from what I thought. I never felt lonesome since I came here. Every moment of the day we have some kind of excitement, to make us forget about our troubles. Outsiders, I want you to know how well treated the patients are, in case you have the same thought I had before I came in this hospital. This hospital is surely alive.

An attention-grabbing comment, signed by Betty Hinchey, suggests how services could be improved:

I am a patient in the Provincial Hospital on the treatment ward. One of the patients less fortunate than myself on

the ward is not allowed parole on these nice summer days. A person gets restless when not allowed out. On this matter, I believe we all should vote. Otherwise the treatment and recreation is fine.

Hinchey refers to some time spent outside as being on “parole”, as if the purpose of the Provincial Hospital had some additional reasons to exist. The proposal that a vote should be taken in order to decide who can go outside is a challenge to the undemocratic nature of institutional authority. The idea of a vote embraces the notion of participatory democracy, in so far as recipients of mental health services should have a say in the treatment that they receive.

The editorial written by therapist A. P. Puri in the September 29, 1961 issue illustrates how some people see their hospitalization, and how they fear the stigma and prejudice deriving from society:

Some patients, though they do like to contribute to this magazine, still do not like to publish their name in the paper. It may be that perhaps there is shame connected with being in the Hospital that the public will see their name and how they will feel about him or her, but I would say it is a wrong attitude regarding their hospitalization.

In the past, the trend in mental illness was to give it custodial attention to a far greater extent than to try and treat the disease with the view of getting a cure. Today it is more stressed that with the modern form of treatment and understanding of the disease, it is possible for a greater majority of the patients to be returned to their rightful positions in their communities.

Still, as I stated about the patients, we see no reason to hide a person’s identity for, after all, regardless of what shape the patient is in, he or she is still a human being and deserves to be treated as such by all others.

Puri 1961

The darkness of hospital life and depression are the subject of Harry Todd’s poem:

AT THE EDGE OF ETERNITY

*I walked to the edge and looked over
It is terrible over there
But I was so soul sick and weary
I did not seem to care.*

*I could see no light in the darkness
No encouraging voice did I hear
My body was torn with anguish
My heart was wrenched with fear.*

*For I parted from my loved ones
And all the things that to me were dear
No words can describe the terror
Of that lonely awful night.*

*When my brain seethed in throbbing horror
For on my road there was not a glimmer of light
When at last there came a faint dawning
A beacon finger of light.*

*Down my long road of horror
This light shone steadfast and true
Then again I noticed the sunlight
Once more the skies were blue.*

*Step by step I was climbing
Back to life and living again
Back to the world of reality
Back to the normal and sane.*

*Now the morning brings the sunlight
And the sun paints the western sky
And I praise God in all His glory
That He did not let me die.*

Todd 1962

The inside back cover of the same edition says the next *Review* will be available in March 1963; as far as we were able to determine, Volume 4, No 2 - December 10, 1962 was the last issue of *The Reversing Falls Review*. We do not know the reason for its demise. And such was the history of the first quasi-consumer/survivors-run patient newsletter in New Brunswick.

1959

Recreation facilities are being organized. Patient comfort is said to have improved quickly. The hospital has been free from rats and cockroaches (Chen1967: 14).

1961

Here is how Mrs. M., 58 years old, admitted in 1961, describes the way she was treated:

I was locked inside a room measuring 60 cm by 120 cm (2ft by 4ft) and I was given a blanket. It was in the middle of winter. The place was not heated and it was very cold. A 35-year old woman died there, shortly before.

St-Amand 1985: 50

1968

Report of the Study Committee on Mental Health Services in the Province of New Brunswick is published. A new law is also introduced in the provincial legislature. This legislation aims at reforming psychiatric care, with the objective of providing care in the community rather than in institutions (St-Amand 1985: 51). Neither the report nor the legislation mentions self-help groups nor the participation of mental health clients to take part in creating their own programs and services.

Table 5
Forms of Treatment, New Brunswick, 1954-1968

Year	Sex	Deep-Insulin Treatment		Modified Insulin Treatment		Electroconvulsive Therapy	
		Patients treated	Sessions	Patients treated	Sessions	Patients treated	Sessions
1954	M	7	-	31	-	68	1207
	F	21	-	15	-	85	1113
1955	M	12	677	53	1077	92	1535
	F	18	508	51	1254	142	1958
1956	M	16	647	80	1866	127	1239
	F	11	318	67	1207	195	1492
1957-58	M	13	691	92	1841	130	1439
	F	9	285	48	967	160	1883
1958-59	M	23	401	84	1620	150	1516
	F	15	420	51	921	148	1353
1959-60	M	5	134	39	435	172	1552
	F	3	120	21	302	158	1424
1960-61	M	-	-	12	222	180	1578
	F	-	-	40	849	165	1335
1961-62	M	6	239	17	385	129	1015
	F	7	345	30	537	151	1099
1962-63	M	11	574	12	157	86	514
	F	13	876	29	482	127	882
1963-64	M	-	-	5	36	56	331
	F	-	-	2	15	132	1062
1964-65	M	-	-	7	130	51	482
	F	-	-	-	-	155	1298
1965-66	M	-	-	6	175	34	216
	F	-	-	14	240	147	1030
1966-67	M	-	-	-	-	20	133
	F	-	-	-	-	98	588
1967-68	M	-	-	-	-	45	316
	F	-	-	-	-	80	549

Source: New Brunswick, Department of Health, *Annual Reports* 1954-68. A dash indicates that these “*treatments*” was not mentioned in the respective annual report.

Beginning of 1970

Accommodations in adult foster homes or community residences are being used as an alternative to long-term care in an institution. The 1974-75 report of the Department of Health calls these residences a “third psychiatric hospital” (St-Amand 1985: 52). Drawing up a chart for change has undoubtedly begun: the goal is now to treat people in the community rather than in an institution.

Our mental health services had been developed to place patients in foster homes and nursing homes, which were subsequently supported financially... with federal cost-sharing. By this means, we are currently maintaining 800 patients in the community – our third psychiatric hospital.

Cockburn 1975

Stephen Stiles will make the following remarks:

As long ago as the 1880s hospital Commissioners reported overcrowding due to the ‘deplorable’ admission of ‘aged demented’ ‘harmless idiots’ and ‘imbeciles’ from the Alms House”, and recommended the province pursue ‘cottage-type care for a class of accumulated cases’, but it was deemed too expensive. Cheaper to just keep us locked away. But now, at last, the mental health industry was poised to jump out into the community because federal dollars finally were available to assist in the costs.

Stiles 2005b: 19

1976

At a 1976 Canadian Mental Health Association conference held in Memramcook, D^r Cushing tells conference participants:

And so it is that 76 years later, we arrived at the point, where people and government began to look at the populations, and much of the reduction in patient population has been due to the transfer of these

patients to special facilities for the retarded, to boarding homes and to nursing homes.

Cushing, (in *Our Voice/Notre Voix* 2005b) #45: 19

Already in 1976, 800 patients had been successfully transferred into this new hospital spread throughout our communities, and more were scheduled to follow.

1973-1977

D^r Allan Robertson, who has been the director of Centracare for four years, tries to convince the central government that the institution is outdated and must close its doors (<http://www.saintjohn.nbcc.nb.ca/heritage/LunaticAsylum/Directors.htm>).

Comments made about Centracare are becoming more and more negative and scathing. In particular, reporter David Camp, writes a series of articles on New Brunswick’s institutional asylum. In his articles, published in the *Telegraph Journal*, he asks the question, “How far have we come since the dark ages?” He emphasizes the fact that many people use the words “scandal”, “prison”, “dungeon”, and “disgraceful place” when referring to the psychiatric institution in Saint John.

A newcomer to the hospital encounters sights, sounds and smells which he has never experienced before. Everywhere he goes doors must be locked and unlocked. Everywhere patients have a drugged look. And idleness reigns. The hospital has a history of total instability... There are a considerable number of skeletons in a variety of cupboards here, wrote a psychiatrist.

D^r Robin, 3rd page of document

Camp concludes:

Neither hospital can qualify for accreditation with the Canadian Council on Hospital Accreditation. Not one of the ten psychiatrists who serve a thousand patients in two hospitals has received Canadian certification.

Camp 1976: 15

Undeniably, we are far-off from the era of “*intense humanity*” that Superintendent Hetherington referred to.

1978

The Advisory Committee on Health Services, presided by Maxine A. Holder-Franklin, produces a report on mental health. It recommends that the two psychiatric hospitals be phased out. The recommendation is justified as follows:

The Saint-John and Campbellton psychiatric hospitals should be phased out. Institutions of this size constitute impediments to the principle of providing rehabilitation and the best care possible; also, these institutions isolate the patient from the community and his home.

Another name change takes place with The Provincial Hospital; it now becomes: *Centracare*.

<http://www.saintjohn.nbcc.nb.ca/heritage/lancaster/centracare1.htm>

1980

An internal investigation conducted amongst staff working at Centracare reveals that more than 70% of patients have no reason to be there at all (St-Amand 1985: 47).

Based on all the data presented so far, here are two ways of perceiving the institution: the official discourse coming from the ruling authorities and the documented treatments of three persons.

Table 6 - Official Discourse and Reality

Official Discourse
<p><i>We hope that, under Dr Gregory’s guidance and wisdom, the provincial hospital will continue to operate like a ship carrying precious lives, and that it will move towards tranquillity and prosperity, in order to improve the situation of this class of unfortunate citizens. By continuously carrying on their rehabilitation, the ship continues on her journey.</i></p> <p>140th anniversary of Centracare psychiatric Hospital, speech given by Dorothy Chen, <i>Historic Facts on the Provincial Hospital</i>, June 1967, unpublished document, p. 15.</p>

Table 6 – Continued

Treatment Received by Three Persons
<p>Mrs. X, 23 years old <i>This patient suffers from mental confusion; this may be caused by the many sessions of electroshock therapy she undergoes.</i> (Comment made by the attending psychiatrist, 1966.)</p>
<p>Mrs Z, 72 years old <i>Admitted for the 22nd time for a routine ECT session. She has been depressive for the past 50 years.</i> (Information taken from file, St-Amand: 50).</p>
<p>Mrs. V, 41 years old <i>Admitted for the 5th time in 1981. During her first hospitalization that lasted 14 years, she had been treated with electroshocks, in a coma with insulin, with Stelazine, Tofranil, Mellaril, and Surmontil. She comes to us now in a catatonic state.</i> (Notes taken from file, 1981</p>

It is easy to see that the *sailing* of Superintendent Gregory’s “ship” did not have the same meaning for the institution that it did for the patients.

3.2 Summary of the Asylum Era: Can We Speak of “Scientific Enlightenment”?

In this chapter’s second part, we present a few general comments and a few questions that relate to the first 130 years of the psychiatric institution.

An Institution Firmly Established

1. We can see a great stability in the institution’s administration (six superintendents in 130 years, including Superintendent Anglin, who headed the asylum for 30 years);
2. There is a vision of what the institution could become: expand and making it more popular and acceptable;

3. The institution is in demand; it seems more and more people are using the Psychiatric hospital;
4. It is estimated that about 80,000 people have been interned in New Brunswick up to 1980.

An Indispensable Institution?

Moreover, the role of the institution is challenged from all sides. While reading available research, we found the following contradictions to the official documents:

1. The reasons for admission: in fact, this has created problems from the outset. Here as elsewhere in the West, people are sent for all kinds of reasons. The asylum quickly becomes a social dumping ground.
2. In 1904, visits from bystanders were banned. How long had this practice been going on?
3. Based on given facts, it appears that the asylum authorities are in a position of power; at least one of the superintendents is suspected of sexual abuse.
4. As early as 1850, there were two classes of patients. Those who paid and those whose costs were covered by public funds. One can presume that the two classes were treated differently, leading us to believe that the paying patients were the ones admitted voluntarily.
5. Why are there so many deaths in the institution? Cold temperatures? Violent treatments? Abuse? Suicide?
6. Descriptive diagnoses gives us an understanding of why people were committed to the institution in the first place; several of these reasons have nothing to do with mental illness, as highlighted in some of the annual reports.
7. D^r Steeves seems to be the superintendent who was the most open to other perspectives; he looks elsewhere. He

wants to transform the asylum, and seems to be open to alternative practices; he wants to see what else is happening in other jurisdictions, especially in Belgium. It would seem that his message was not heard.

8. In 130 years, attitudes have completely changed. In the 19th century, the institution was the preferred location for treatment (“*No insane man recovers at home.*”); in 1980, everyone seems to acknowledge that the community is the place where care should be provided. We then need to close the institution.

An Abusive Institution

Speeches surrounding the institution contrast oddly with its practices. We are led to conclude that the institution wanted to hide the truth behind fallacious statements. In addition to table 7, here are some contradictions between the official humane discourse and the brutal facts.

Table 7
Between Words and Facts

The Discourse	The Reality
<i>Intense humanity</i>	Locked washrooms
<i>Scientific enlightenment</i>	Routine electroshocks
<i>Brilliant psychiatry</i>	People attached to beds
<i>Modern era</i>	Rats everywhere, cockroaches in sugar
<i>Miracle drugs and cures</i>	Lobotomies, cages
<i>Human, compassionate treatments</i>	Twenty minutes to eat, patients stretched
Reality described as: <i>Tales and superstitions</i>	Straight jackets, abuse, slow or quick death

The so-called scientific treatments offer us a glimpse of what large scale abuse could entail:

1. Shock treatments: the use of ECT remains a sensitive issue for the institution. We should explore the reasons and frequency for their use; very little information is available on this topic;
2. Lobotomies: very little mention is made in documents which we reviewed but we know for a fact that they were practiced;
3. Cold or hot showers were a form of treatment;
4. The use of the dungeon as a form of punishment and treatment;
5. People recount being treated like animals;
6. We believe that minorities were treated with more cruelty than others in the institution. What happened to Francophones, women, visible minorities, aboriginals, youth, and what to say about homosexuals, people with handicaps or those with intellectual deficiencies?

Conclusion: *Tales and Superstitions?*

We can see that during its 185 years, New Brunswick psychiatry has been attentive to certain problems, and forgotten about others. Authorities built a roof under which many were isolated. The asylum created many hopes and at the same time destroyed so many lives.

The assessment of this great ordeal that lasted for more than 150 years is that it has gone through the stages of illusion, hope, and ended on an admission of failure. After the 1980's, treatments and the management of problems will go through structures put into place by communities. Hopes are then shifting towards community and alternative resources. The institution will only be there for emergencies and very complex problems. However, the question remains: has there been a revolution to the era of scientific

enlightenment or has the institutional philosophy and methods of treatment merely been transferred into the community?

Table 8
Problems Created, Unsolved and Resolved by the Psychiatric Hospital
1830-1980

Problems solved thanks to the institution	Problems unsolved, made worse, or caused by the institution	Problems caused by the institution
A refuge for people in pain;	The French language (until 1975 at least, and still today for some;	Quality of life inside the institution: human rights, people chained;
A job (psychiatrist, health care staff);	Culture (people coming from minorities, particularly);	Language discrimination among the committed;
In some cases, security to the general public;	Geographic distances, communication;	Cultural insensitivity;
The exterior maintenance, appearance of building;	Foul smell, urine and feces in beds, cockroaches, rats;	Sexual abuse and mistreatment, diagnostic and drug abuse;
The control of deviants	Links with the community, families; - The right to speak and the right to live. Poorly trained and discontented staff with the working conditions those are difficult and impossible; - Several discrimination on the basis of gender and sexual orientations, among other things. - Several types of treatment are challenged: electroshocks, excessive prescriptions of drugs, experimental laboratories; - Treatments results unconvincing, both in the short and long-term; - Inadequate diagnosis and treatment plans.	Reasons for admission and treatment (Lobotomies, electroshocks. Etc.; Results of treatment: lost lives, desperation and suicides.

Psychiatric institutions are not only a problem for the ones who were committed unjustly, and ill-treated by a system that does not recognize or accept differences. Asylums are a societal problem, an illusion of hope, an error in the history of humanity. In his quest for human rights and the liberation of the oppressed, Martin Luther King identified similar collective problems as they relate to class, culture and the so-called “maladjusted” of the world:

...as a minister seeing and counselling with people every day concerning their problems and their maladjustments, I'm certainly concerned with those who are maladjusted, concerned to see everybody as adjusted as possible. But I want to leave this evening saying to you that there are some things in our social system that I'm proud to be maladjusted to, and I call upon you to be maladjusted too...I never intend to become adjusted to the evils of segregation and discrimination; I never intend to become adjusted to the tragic inequalities of the economic system which will take necessity from the masses to give luxury to the classes;... There are some things that I never intend to become adjusted to... History still has a choice place for the maladjusted. There is still a call for individuals to be maladjusted. The salvation of our world lies in the hands of the maladjusted.... It is through such maladjustment that we will be able to emerge from the bleak and desolate midnight of man's inhumanity to man into the bright and glittering daybreak of freedom, equality and justice.

Martin Luther King 1955

http://www.stanford.edu/group/King/publications/papers/vol3/560600.000-The_New_Negro_of_the_South,_Behind_the_Montgomery_Story.htm

Chapter 4

RESTIGOUCHE HOSPITAL CENTRE

Veterinary care for francophone patients!

1954-2008

I'm not bilingual when I'm sick!

The purpose of this chapter is to scrutinize psychiatry in northern New Brunswick, and to see whether or not, in the middle of the twentieth century, this new psychiatric hospital was able to solve the problems facing the province. Let us bear in mind that this institution was built following a recommendation from the Baxter's Royal Commission of Inquiry, which had proposed the creation of a new psychiatric hospital in the north of the province.

Right from the outset, this facility has had a dual, ambiguous mandate; was this psychiatric hospital built to care for New Brunswick's Francophone population, or must it accommodate residents of the northern part of the province, whether they are English or French speaking? Whatever the answer, from the very beginning and for a considerable length of time, a nursing and administrative workforce, in which Anglophones were predominating had been the root cause of a linguistic fiasco. Many, like Superintendent, R.C. Eaton and Chief-nurse, Leslie Gaull, were unilingual Anglophones. It was an unacceptable fact for many years that all treating psychiatrists were solely English-speaking (Stewart 1974: 114).

4.1 Some Important Dates

1954

A psychiatric hospital opens its doors in the city of Campbellton; it will later be called the Restigouche Hospital Centre (RHC). This brand new building takes shape on the outskirts of the municipality, at the bottom of Mount Sugarloaf. This township with a population of 10,000 residents is at the heart of Restigouche County; this is where the Restigouche and the Matapédia rivers meet to form the entrance to the Baie des Chaleurs. Two hundred and twenty-five patients are transferred from the Provincial Hospital in Saint John.

1967

The Restigouche Hospital Centre shelters a record number of 812 patients over the year (*Charting a new course*: 4).

1968

The consulting firm of D^r F Grunberg and MDT Associates writes that Campbellton's psychiatric hospital presents, "...an appalling picture when viewed from the treatment perspective" (Camp: p. 3). "All psychiatrists working in New Brunswick's mental hospitals are foreign-trained," he added (p. 4). "No far-reaching plans for improvement... Everybody admits to the inadequacies of the building and the lack of human resources, but few protests are ever heard and they seem to disappear in a sea of indifference (p. 5)."

The 1970s: French Language at RHC: a Thorny Issue

During this decade in particular, the *Société des Acadiens du Nouveau-Brunswick* made language in both psychiatric institutions its primary focus (St-Amand 1984: 30).

1971-73

This period has several reports describing dubious practices within the hospital setting, such as patients' files not being reviewed for over a year, and patients not seeing a doctor for an entire twelve months. In total, eight deaths due to unnatural causes were reported within a few years (suicides, drowning, etc). There also were 15 patients who escaped (*L'Évangéline*: May 1977: 5).

Pierre Godin (1971)

When I arrived, they thought I was a patient. After having mistaken me for someone else for at least half an hour, the staff eventually corrected their mistake and apologized several times. (24)

After working at the Restigouche Hospital Center for five years, Pierre Godin publishes *Cinq ans de trop* (Five Years too Many), a critical book in which he shares his experiences at this institution. This is the first account in French by a mental health employee denouncing the nature of institutional services.

One must admit that the vast majority of these high managerial positions (administration) were held by Anglophones. This room where I now had to work was badly divided. It was supposed to hold mentally deficient

and retarded children, but there were men mixed in with these youngsters. I cannot gloss over several shameful scenarios that were played out there. Most of these young patients were of Acadian origin. (It should be remembered that this establishment was built for Francophones, for there was already one for Anglophones, which was bursting at the seams)” (28-29)

I even saw a male nurse giving 16 cups of coffee to a child, who then threw up. Sometimes, children dozed on the floor or under the tables. They were woken up roughly, either with a slap right in the face or a hard kick in the pants. Another form of discrimination was prevalent: unilingual Anglophone staff ordered patients about, and if they didn't obey... They never understood the brutal behaviour of a few of the staff members. How many times did patients have to clean up after themselves or others when they had relieved themselves on the floor? The saddest thing I saw was when one staff member rubbed a patient's nose in his own urine, just as people do to dogs.” (30-31)

I remember one male nurse eating a patient's treats; nobody believed the patient, who was given an injection to calm him down. (35)

Imagine: 85% of patients were Francophone, while the staff and administrative positions were in the hands of unilingual Anglophones. Simply because I wanted at all costs to defend this worthy cause, I was given a bad report at my evaluation, which meant I automatically lost \$200. (35)

So that I would stop revealing other dishonest practices, it was decided to cut my activities outside where I worked. I was not allowed to leave my work area. (43)

In January 1970, another group of patients signed another petition so that I could carry on working with

them. The petition was tossed in the garbage, but the patients decided to throw a party for me before I left. At least four of my former bosses wanted me to go back to work with them. However, I was left to suffer on that floor (i.e. in that room), where I did my utmost to give full satisfaction. I was determined to hold my own. (43)

During one month, 22 employees resigned at the institution. Ms M. strongly criticized me because she said I was doing social service work with the patients; I always did my best to help them. I have absolutely nothing to reproach myself with, except what I would have liked to do, but which Ms M. prevented me from doing...

I cannot close without drawing attention to this gross ingratitude toward patients. I had organized a trip for seven of them. I wanted to take them to Bathurst to visit the trade school, the college, the smelter, and other places that might have interested them. The two ladies boycotted this trip—and this was after the psychiatrist and the social worker had signed the form. The reason they gave was that they were afraid there might be a storm in the middle of May. I always regretted being unable to make this excursion. (46-47)

The patients called Ms M. (administrator) a wicked witch and complained about certain services. Hopefully, there will be better care in the future—and top-notch psychiatric assistants will return to provide service that the medical administration has never recognized. (48)

Comments Arising from Godin's Book

In terms of a working language, services offered and the administrative ambience which prevailed at this institution, Godin denounced unacceptable living conditions and treatment. This negligence will be brought out into the open some ten years later, conspicuously by the *Société des Acadiens et Acadiennes du Nouveau-Brunswick*.

1974

Thanks to pressures brought to bear by the institution's director, people who were admitted to the Restigouche Hospital Centre as *voluntary patients* gained the right to vote in municipal, provincial and federal elections. The question merits the asking: What were the reasons for not having that right earlier?

Aunt Irma (Committed in 1975)

Here, I would like to pay tribute to one of my aunts who was incarcerated against her will at the Restigouche Hospital Centre in the 1970's. Expressing her disgust against a system that had imprisoned her for totally unfounded reasons, she threw a cup of coffee at a nurse. Overnight, this mother of 18 children found herself behind bars. The context of her detention is as follows:

Aunt Irma worked as a maid at a health facility in the town where she lived. There, someone who was hooked up to a breathing apparatus kept expressing a desire to die. No one wanted to turn the switch off that was keeping this person alive. Aunt Irma, confronted with someone who wanted to die, decided to unhook the respirator. This amounted to an embarrassment for the institution. The person was hooked up again, but my aunt was also hooked up: she was sent to a psychiatric institution. This is how I found her in Campbellton, the town where I was then working.

At her admission, Aunt Irma, who had a strong personality, was appalled at being shunned away and even moreover at being put into seclusion in this manner. In fact, because she would not cooperate, she was put into isolation, in a totally bare room. She asked for a cup of coffee; when it was brought to her, she expressed her rebellion by throwing the coffee at the nurse who had brought it to her. She eventually came to realize that the only way to get out of this asylum was to conform. After about two months, she obtained her release, but her diagnosis will remain in her *files* for life.

Aunt Irma stands for men and women who, throughout the past few centuries, have rebelled in their own way against involuntary admissions, forced diagnoses, and treatment given out by

institutions. She made a political gesture; annual reports make no reference to this.

When I visited her, I was able to witness some of the horrors that are only seen in the movies. Forty women, with extremely different conditions and moods, confined in one room, and telling horror stories that initially seemed impossible.

1975

Here is how one provincial newspaper described what was occurring at the RHC:

There is definite unrest at Campbellton's psychiatric hospital, where Francophone patients, as well as employees, have to suffer an unacceptable subservience. It is completely unacceptable for example that a patient has to rely on the services of an interpreter to talk to a psychiatrist or a nurse. It seems quite clear that the health department is not ready to do anything to end this flagrant injustice and insult to the entire Acadian population.

Richard: 1975

1976

Mental health provincial director, D^r Forster, personally invites, British psychiatrist, Ashley Robin to come and work for two months working at the Restigouche Hospital Centre. At the end of his stay, he submits a confidential report to the Minister, in which he criticizes various institutional practices. Among which are that, "...a relative's permission is all that is needed to impose treatment on a patient; the patient's consent is not required. This is insulting for a human individual." He is also stunned by the fact that a patient can be put into seclusion indefinitely, without having to inform his or her doctor, and even more so without it being clearly recorded on his chart. Many policies and practices offend him. For example, the lack of systematic review of all patients' files could lead to the same medication being prescribed for a person's entire life! He was shocked by the scant respect for patients' privacy; the lack of respect for the *Mental Health Act*, which was already "very

restrictive”, and the fact that routine became an “inflexible credo”. D^r Robin made the point that the geriatric ward was always locked, and had a persistent strong smell of urine; there were very few opportunities to breathe fresh air in this room. He considered mixed dormitories unacceptable.

Newspaper columnist, David Camp, described the institution as “outdated”, barely 20 years after it was built.

One official, who has worked at the Campbellton provincial hospital for 20 years, says that when a patient passes him in the hall he can usually tell which unit he is from by the smell. Each ward has its own particular odour.

Camp 1976: 15

He also points out that only one of the psychiatrists understood French. The *Société des Acadiens* described the care received at the Campbellton psychiatric institution as “veterinarian care”.

Lack of French speaking psychiatrists at the Campbellton Provincial Hospital has resulted in ‘veterinarian medicine’ for Francophone patients, the New Brunswick Society of Acadians charged Thursday. The Moncton based Acadian organization also charged that five hospital psychiatrists are English-speaking only, two doctors practicing general medicine at the hospital are also unilingual English, and that of a total of 18 registered nurses, only seven are bilingual.

New Brunswick Society of Acadians 1976

During that same year, the President of the Canadian Union of Public Employees (CUPE), who works at the institution, is dismissed because he “criticizes the work and the professional misconduct of his superiors” (*L’Évangeline*, February 2, 1976). After several legal arguments and media exposure, he will return to work a month later.

1977

The hospital's board of directors intends to hire its first French-speaking psychiatrist; everyone wants him on board; negotiations at headquarters last for more than six months. Yet, in June 1976, the hiring of D^r Robin, an Anglophone psychiatrist and friend of the institution's director, was settled in one day. Due to budget restrictions, board members were forbidden to go and recruit in Quebec; however, head office employees had their expenses paid to go on recruiting drives in Britain (*L'Évangéline*, April 4, 1977: 6-7).

Unilingualism became entrenched in a hospital serving a population nearly 80% French speaking. The mental health division has built a little empire over the years, and mentally ill Francophones are suffering the consequences. A complete clean-up is imperative. It is revolting for the ordinary citizen to read the information which shows that no serious effort has been mounted all these years to make this hospital bilingual.

The Telegraph Journal, March 20 1977

The situation is difficult, even critical; relations with the union are tense. In regards to a working language for services, English is predominant at all levels. Francophone patients are forced to learn English so they can be able to speak with their psychiatrists.

L'Évangéline, November 22, 1977

My doctor does not understand me and I don't understand him, confides one patient.

Camp 1976: 4

1980

Minister of Health Brenda Robertson appoints two unilingual Anglophones as chair and vice-chair of the RHC's board of directors; the board is furious and the public is flabbergasted. This move is termed as "political mockery" ("bébelle politique") (*L'Évangéline*, February 15, 1980: 15). Here are some excerpts taken from the January 28 editorial of the same newspaper:

It's provocation... political blindness from its ministers... unjust history... Political rewards are more important than peace and respect for language... Almost everything is administered by unilingual Anglophones with the outrageous blessings of Mental Health Division.

Richard 1980 : 6

After an unprecedented outcry from the public in the media, and the board itself, these appointments will be revoked a few months later.

Has anyone thought of opening a political wing?



Cartoon - *L'Évangeline*, Feb 13th, 1980

1983

Five French-speaking psychiatrists are hired at the Campbellton psychiatric hospital. This was the first francophone psychiatric team since it opened 30 years ago (St-Amand: 1985: 86).

Behind the debate surrounding language hid another one. Despite the fact that Acadians were receiving psychiatric services in French; would this mean the situation was now satisfactory or that psychiatric treatment, whether in an institutional or community

setting was justified? When reading reports on this debate, it is often taken for granted that a French psychiatry is an acceptable psychiatry and an effective one as well.

4.2 Claude Snow : Treating the Head with Your Heart

Those who dare to criticize, who take a stand to denounce, and who refuse to conform, are often the ones who are capable of seeing farther into the future. They challenge us, and in so doing, they do us an immense service. (35)

Claude Snow, a professional social worker and advocate for hospitalized individuals in the psychiatric setting in New Brunswick, has made a tremendous contribution to raising public awareness about the fate of psychiatric patients and other disadvantaged groups in the province. His book, *Traiter la tête avec son coeur (Treating the Head with your Heart)* remains, in our opinion, a model for compassionate intervention with respect to human rights. For the purpose of putting forth a few possible modes of intervention which are based on equality and dignity, we will quote a few excerpts from his book.

The vast majority of us realize that there is a price to be paid for speaking out, for denouncing injustices, gaps, and imperfections—in other words, for casting doubt. Although the Canadian Charter of Rights and Freedoms clearly entitles us to express our opinions, our disagreement and to speak our minds; in practice, things are quite different, because fear of reprisals paralyzes us. So, rather than finding an outlet in denouncing, we bottle things up and become embittered, so much so that we find it hard to accept that patients' most basic rights should be recognized. Unfortunately, there is not so much difference between a psychiatric hospital and a prison. There is a strong custodial influence throughout the Mental Health Act. It actually refers to 'release', just as if patients were detainees. (28)

It is incredible how strong a tendency we have to discredit people with mental disorders. This is by expressing our prejudice, and that we often repeat unwittingly, 'You can't always believe what they (patients) say!' As if we could always take at face value what everyone else says as gospel truth. (35)

Psychiatry is often cut off from the social reality that surrounds it. We forget that care and residential facilities, emergency services, the clergy and religious communities, school staff, public health nurses, counselors, and many other individuals and organizations within society also do a great deal of psychiatric work, if by that we mean treating mental disorders. These individuals and organizations help reduce the impact of stress, make unbearable situations bearable, delay hospitalization, calm, reassure, inform, and help people communicate with each other; and in so doing, they patch up situations when everything else had gone to pieces. These interventions are certainly just as therapeutic as those carried out in so-called specialized establishments.

In addition, these individuals and organizations often act on a voluntary basis without being given any credit or the necessary funds. However, thanks to them, the number of people admitted into psychiatric hospitals is relatively low. Often, those who have been unable to gain access to residential service or find a receptive ear are the ones who end up in psychiatric hospitals; which means that in many cases, admission into or release from a hospital depend far more on contingencies than on the person's actual condition. (48)

It is so easy, once someone has become disturbed, to lay everything on the back of mental disorders; refusing treatment is interpreted as a lack of introspection; questions are seen as suspicion; standing up for one's rights is viewed as rebellion; a lack of interest means

depression; failure to conform is seen as hostility; looking too happy is a sign of euphoria, and so on. These symptoms become the best possible ways for us to excuse the issue, because by referring to them, we have what we need to explain the person's mental disorders.

In psychiatric hospitals, we are lucky, because we can always say the patients are too sick to understand what we are telling them. Too sick to have any say in their treatment, too sick to appreciate what we are doing for them, and even too sick for us to talk to them. This is the classic excuse for sidelining them and doing our job without anything bothering us. Yet, we ourselves make them irresponsible by calling them 'sick'. (49)

Telling people with mental disorders that they are sick amounts to making them enter a medical and hospital world that does offer certain responses to human problems, certainly--but the range of responses is still limited. We will never be able to effectively develop the human potential of those we treat as long as we reduce them to the level of sick people, for this leaves no more room for responsibility, taking charge, and moving toward self-reliance. (49-50)

We absolutely have to set these people apart, so that we can do our job. They must be the focus of our inquiries, our comments and even worse of our gossip, and we have to make them scapegoats for our frustrations. In fact, this is what maintains balance among care-givers--otherwise we would fight amongst ourselves.

We are so much more comfortable talking about such people behind their backs, because then we can safely describe their actions. We can tell each other about the ins and outs of the person's life, linger over his setbacks, interpret what we see, categorize him very specifically, and do so quite happily. If he were present, he might contradict us, force us to see something else, like his

successes, for instance, or else he might literally hit us, as has already happened. The best test for honesty, that we can face, is to say what we have to say about the patient when he is in our presence. Not as a laboratory specimen, but as a human being who is there before us, and with whom we are bridging the gap. (50)

Following the publication of his book, *L'Acadie Nouvelle* reports on some of Snow's comments:

What I tried to clearly state in my book with supportive examples is that hospital patients are not protected against the use of excessive force, rough handling, lack of courtesy, physical and psychological abuse, degrading treatments, arbitrary detention, searches and intrusion in their private lives, overmedication, threats against being placed in isolation, corporal mistreatment and other abuse of this sort.

L'Acadie Nouvelle 1990: 6

The RHC's board of directors retains the services of a lawyer André Richard who writes a letter to Snow on November 28, 1990. Richard asks the author to provide additional information concerning his declarations; the tone of his letter leaves open the possibility of a lawsuit. This long letter suggests that Snow is the one at fault in this matter.

The board of directors has problems understanding your silence for the last seven years where you worked for the RHC...The board of directors, itself, has been stunned by the tone of your declarations and by your attack against psychiatric institutions...

...it was your duty as an employee to report these cases of excessive ill-treatment, physical and psychological abuse, of degrading treatments, of arbitrary detentions and corporal mistreatment. These are very serious accusations brought against the aforementioned staff.

In this letter, the Board follows up with a warning and almost a threat:

The Board is putting you on notice against the use of specific issues concerning RHC in your future conferences since the use of this information is contrary to the abovementioned laws.

Restigouche Hospital Center: 1990

Claude Snows replies:

Mr. André Richard:

I received your letter in which you are asking me to meet you for the purpose of supplying further details about the content of my book, 'Treating the Head with your Heart'.

I do not see any use, nor purpose to meet a representative of the RHC in this matter, because it would simply confirm that I am doing in my book, the RHC's job. In fact, I have already done my job for the psychiatric system as a whole, and I took out examples here and there to educate the public on the need for reform in this sector.

If by chance some people wish to claim that these are issues which have happened, or are ongoing at the RHC; wherefore, I have gone on a witch hunt, they merely need to look for proof. It is not up to me to do it in their stead.

I have written 100 pages to explain my position and I believe that this should be sufficient. I would advise those who want to know more about my whole hearted beliefs to read my book, rather than to limit themselves to media reports. One may obtain a copy of it by writing to me or through the 'Librairie Acadienne' or other libraries in the province.

I don't see why the RHC's Board of Directors, that seems to have an interest in knowing more at length on the situation does not address the over 500 employees in its workforce. They would then have a better idea of the prevailing situation than communicating with me through legal channels.

I thank you still for your invitation and I ask that you consider this matter closed.

Claude Snow (1990)

The Board of Directors will retreat and close this file a few months later.

In 1945, The Baxter report held the same views against Kenneth Johnstone. A table in Chapter 8 will compare three similar incidents in the history of standing up against psychiatry in New Brunswick: Johnstone vs. Baxter (1945), Snow vs. RHC (1990) and Mental Health Moncton vs. *Groupe de support émotionnel Inc.* (2007)

2005

In 2005, the Campbellton psychiatric institution has 150 beds with eight treatment units, and a forensic psychiatry unit.

4.3 Conclusion : *Get out of My Face*

After 50 years of fighting against unacceptable practices at RHC, the issue of Francophones receiving services in their mother tongue has generally been resolved. But the fundamental questions have not been addressed: what is the purpose of an asylum? What is its value? Here are at least some incidents that suggest that these basic questions have not been answered.

Christmas Day 2006

A patient, all enthused because he will receive candies on Christmas day, greets a nurse when she arrives on the ward.

She replies: *Get out of my face*, and then turns to her colleagues and says: *Today, they are gonna get some PRN*⁵.

Doors Are Still Locked...

In October 2006, *Our Voice/Notre Voix*, points to the fact that the psychiatric ward of the Georges Dumont Hospital still has its unit in lock-down mode while a similar department at the Moncton Hospital (in the same city) does not.

Is the madness of Acadians more dangerous than that of Anglophones? Patients should not be treated like criminals and staff should not consider themselves to be the police! What then is the role of the care giving staff: are they 'interveners or interferers?'

LeBlanc 2006c: 1-2

Build a New Psychiatric Hospital?

In September 2007, Minister of Health Micheal Murphy confirms the intent of the government to build a new psychiatric hospital in Campellton because the present institution “*is in a sad state*”, he admits. The forecasted budget for the planning of this project is \$500,000.

I was aware of the state of this place. I was aware of the detailed report. The building is in a sad state and it is not something, in government that we are satisfied with. Those are the reasons why we will be holding discussions to know by which steps we should proceed.

L'Acadie Nouvelle, 2007: 5

In January 2008, the Minister of Health announces the construction of a new psychiatric hospital at the cost of 85 million dollars.

⁵ Derived from Latin (pro-renata), meaning *when necessary*. PRN pills or injections can be administered by attendants without permission from the doctor. The purpose of PRN is to calm down or punish.

Or Tear Down the Present Institution?

Many questions arising from this book's research evolve around the care received by people admitted in psychiatric institutions. Is there a need for such an institution? If so, who would benefit? What do people need? More institutions or more care? How do employees treat people? Does the population know what is going on in psychiatric institutions?

Many symptoms of institutional abuse do exist. How can this be investigated? Can we trust the Ministry of Health to care for its people or should Mary Pengilly's questions be reformulated today? The debate continues and it is not limited to New Brunswick. Should we build a new asylum, as the Minister suggests, or should we tear down, once and for all, the one already in place? After all, the Advisory Committee on Health Services in 1978 had already recommended the closure of both psychiatric institutions, calling them an obstacle to care rather than a place for care.

Chapter 5

**A GREAT VICTORY?
WALLS DOWN; HOPE REVIVED**

The End of an Illusion: Centracare's Demolition

1985-1999

What have been the results of one hundred and fifty years of “scientific enlightenment” and of “intense humanity” for those receiving institutional and community mental health care? According to experiential views until now and later on, we can recapitulate that people have had bittersweet memories, unbelievable deceit, empty lives and shattered hopes! Those receiving psychiatric services, along with their friends and families, began insisting that new orientations be implemented in the province’s mental health system. After all this mistreatment, the New Brunswick government was finally prepared to acknowledge that a system, which is completely managed and controlled by the psychiatric hierarchy cannot have the best interests of people at heart nor can it succeed in *curing* people’s suffering.

This new inclination required that consumer/survivors receiving services be given the opportunity to participate in designing their own mental health care; this would be based on a foundation of mutual respect and understanding of *what it’s like* to live with the experience called “mental illness”. This latest orientation would have as a fundamental principle a policy of encouraging people to assemble, advocate for their human rights, and strive to overcome the legacy of abuse and neglect which past generations had to deal with.

New Brunswick seemed disposed to move on to another phase in managing people’s psychiatric problems by emphasizing the importance of people rather than experts and institutions. Here are some significant events, which led to this dramatic change in the landscape of the province’s mental health system.

1985

Nérée St-Amand publishes his doctoral thesis, *Folie et oppression* at the *Éditions d’Acadie*; it is translated by Fernwood, and published in English in 1987 as *The Politics of Madness*. This thesis is based on an analysis of the medical records of over 500 individuals who were interned in the province’s two psychiatric institutions. Many questions arise from this study, such as reasons for committal, contradictions

found in the psychiatric system and its criteria to determine a person's madness and ensued treatment. He concludes that we must imagine a new system whose premise is built on people's potential rather than on their diagnoses and their handicap.

1986

New Brunswick's Department of Health asks a mental health committee to propose a more effective mental health system for the province.

1987

The Moncton magazine, *Égalité*, publishes issue No.21 in the Spring dealing with the theme, *Health: Beyond the Medical*. It contains many articles relating to mental health from a critical standpoint.

1988

A policy document entitled *Directions in Mental Health*, authored by the New Brunswick Division of the Canadian Mental Health Association (CMHA) is submitted to the Province. This report recommends to government how to prevent hospitalization by improving community support; it suggests the redistribution of resources to community-based initiatives such as self-help programs for families and friends, as well as education and awareness (p.ii, #7). This paper also proposes the implementation of resources such as an emergency mobile crisis team (p.ii, #8). It suggests preventative strategies for groups at risk such as adolescents (ex: youth suicide) (pp.ii, #9). Most importantly, it also recommends that a strong central structure be established to report directly to the Minister on matters pertaining to mental health.

Following the recommendations brought forward by the provincial CMHA, the New Brunswick government shifted the focus in the delivery of mental health services on May 5 when the Minister of Health, Raymond Frenette, announced in the Legislature that a new policy aimed at striking a balance between institutional care and community services would soon come into play.

We will develop and strengthen informal support groups already in place for individuals with mental health problems, such as neighbours, family and friends and self help groups. We believe that emphasis should be placed on activities that increase the prevention of mental illness as well as the number of qualified service providers.

To undertake such a framework of change, he added:

...we will propose a plan to transfer the resources from the institutional sector to the community over a period of 10 years.

Frenette 1988

1989

The first of its kind in Canada to meet this objective, New Brunswick creates its *Mental Health Commission* (Niles 1989). Based on an approach of decentralization, the province's 7 regional boards were each anchored to a consumer and professional advisory committees. These boards would be responsible for overseeing and supervising mental health services for their respective regions.

In this new political climate, clients of mental health services began to imagine the creation of alternative self-help resources and activities of their own. They embarked on redefining their roles from being merely passive patients of psychiatry to warring against the abuse and neglect, of which previous generations had been victimized. They envisioned becoming advocates for themselves and each other, and envisioning equal human rights and a better standard of living.

Eugene Niles, former chairman of the provincial division of the Canadian Mental Health Association, is appointed chairman of the new Mental Health Commission; this agency will have under its jurisdiction:

- 13 mental health clinics;
- Psychiatric wards in the 7 regional hospitals.
- 2 psychiatric institutions in Saint John and Campbellton.

The Commission will have as its slogan: “New Directions in Mental Health”.



http://www.phac-aspc.gc.ca/publicat/mh-sm/mhp02-psm02/6_e.html

1990

Claude Snow writes *Traiter la tête avec son cœur (Treating the Head with your Heart)* and calls for a model of kindhearted intervention for people with mental illnesses. (Detailed in 4.2)

1991

The Commission details a 10 year plan to reallocate resources towards the community. The year sees 87% of the mental health budget given to institutions, while 13% to community services and less than 0.5% to alternative options managed by clients.

Nérée St-Amand and Huguette Clavette publish *Entraide et débrouillardise sociale: au delà de la psychiatrie*, an analysis of interviews conducted with the psychiatrized in New Brunswick. Among other things, this book questions the psychiatric care received by women and minorities. The authors propose a model based on self-help, instead of psychiatry, whether institutional or community based. This book will be translated in 1992 under the title, *Self-Help and Mental Health: Beyond Psychiatry*.

1996

Centracare now has 125 residents divided into three groups; individuals with an handicap or intellectually challenged, those with serious psychiatric problems, and people who are preparing to return to community-based settings, and for whom

appropriate rules of conduct are taught. The institution has more than 200 employees, an employee/resident ratio of almost 2:1. There is also a library, a woodworking shop, craft rooms and an auditorium.

After seven years in operation, the liberal government of Frank McKenna, who had created the New Brunswick Mental Health Commission in the first place, decides to dismantle the agency and reintegrate mental health services with the Department of Health and Community Services. Reason for this decision: cost saving measures.

For consumers/survivors of mental health services, the Commission's two greatest legacies were the enactment of a revised Mental Health Act and embryonic support for client-run programs. Its failure, however, was shortsightedness in terminating its innovative operations and completely neglecting to deal with the stigma issue.

With a mental health budget totaling about \$50 million, a mere 1% allocation is given (approximately \$523,800) to client-run programs. This meager budget will support:

- Sixteen Activity Centres; the *raison d'être* of these centres is to foster an environment of opportunities for people to access a social life, and to provide them with a sense of belonging.
- A provincial network whose goal is to advocate client needs, and create links of solidarity among those having a mental illness in New Brunswick.
- *Our Voice/Notre Voix* whose purpose is to give people an outlet to express in writing their viewpoints on topics related to mental health, mental illness and the psychiatric system that *serves* them.

1999

The New Brunswick government orders the demolition of Centracare, formerly known as the *Lunatic Asylum*. Here is how a daily newspaper reports this historic event.



At 12:30 P.M. on Tuesday March 9, 1999 the walls of Centracare came 'tumblin down". The demolition of what was formally known as the Provincial Lunatic Asylum was supposed to start on Monday March 8, 1999 but a major snowstorm on the weekend cancelled those plans.

Early in the afternoon, the demolition started with the upper parts of the buildings in the northeast courtyard coming down. A crane with a wrecking ball began to knock down parts of the building, with a second machine picking up wooden debris that will later be recycled.

In the latter part of 1998 the West Saint John hospital site was purchased by J.D. Irving Ltd. from the provincial government for \$1-million.

Before the wrecking ball could begin the demolition, the outer bricks had been stripped off this part of the complex, exposing a second layer of bricks and mortar. Windows are broken and the old structure looked forlorn with part of an old deck lying on the property near Lancaster Avenue.

Over the course of the next few hours, the crane moved into the courtyard that sits above the Reversing Falls as Loyalist Man stood guard below in the cold outside the Reversing Falls Restaurant. It's another bit of Saint John's history being pulled down...

The deal between the province and Irving was made months after Centracare's remaining patients were moved to South Bay in the spring of 1998. The old brick buildings stood empty since.

<http://www.saintjohn.nbcc.nb.ca/Heritage/LunaticAsylum/Demolition.htm>

With those falling walls came a symbolic victory; but what was worrisome for the community, was that the provincial government was gradually ending its short-lived era of *transformation*. They had taken apart their notorious mental health commission; community committees began becoming disoriented, and leaders were slowly leaving the scene.

Despite walking on a “shaky” political stage, consumers/survivors were pushing forward their own agenda. A bolder vision was about to take hold; one where labels of yesteryears were going to be left behind, and where hope is revived to inspire the psychiatrized to becoming full participating citizens in society. If the political and the medical elite were not going to do it, then consumers/survivors will. Nonetheless, reservations remained: would this be an effortless goal or turn out to be a long strenuous struggle?

Chapter 6

FROM VISION TO REALITY

1987-2007

*I have had dreams and I have had nightmares;
I overcame the nightmares because of my dreams.*

Jonas Salk

6.1 Obstacles Become Possibilities

Hope is like a road in the country; there was never a road, but when many people walk on it, the road comes into existence.

Lin Yutang

In the late 1980's, the New Brunswick government begins listening in part to the frustrations of people receiving psychiatric care. The Province adopts a policy to assist them in forming their own grass roots version of services. A first of its kind in Canada, this broad based course of action will ensure that people, whether they live in a rural or an urban part of the province, would be able to access self-defined empowerment programs.

In this chapter and the next, we will explain the consequences of such initiatives at the regional, provincial, national and even at the international level. We will attempt to identify many problems and challenges brought to the light of day by numerous contradictions surfacing from institutional and professional self-interests.

6.2 Provincial Initiatives

The province has two provincial initiatives: *Our Voice/Notre Voix* and the New Brunswick Mental Health Consumer Network. Considering the impact and struggles of these programs for real autonomy, we believe that each of these two projects deserve to have its history told in-depth.

Our Voice/Notre Voix (OVNV), (Moncton)

Before the beginning of great brilliance, there must be chaos. Before a brilliant person begins something great, he must look foolish to the crowd.

I Ching

In New Brunswick and elsewhere, stakeholders of the mental health system have their communication tool in order to share knowledge, and to promote their interests, and advance their values in the cause and treatment of mental illness. Stephen

Stiles envisioned the need for the same means to be available for the psychiatrized. Where there was none, he imagined *Our Voice/Notre Voix (OVNV)*. Here is the inside story of this remarkable venture.

In 1987, *OVNV* came to life when Stephen Stiles founded the publication with the author of this chapter becoming his assistant. Its orientation and philosophy were outlined in its first issue:

This first issue is a modest beginning of perhaps, something good. As far as I know, it is the only publication of its kind produced in the Atlantic Provinces. These pages are an opportunity for mental patients to speak openly and freely of both the pros and cons of being a mental health consumer, of the treatment we receive, of hospitalization and medication, or any other topic of interest to us. Why are many afraid to speak of their illness? What is it like to be a mental patient? How can there be such a wide divergence in diagnosing and treating the same patient? How is it that many patients do not even know their own diagnosis? Why aren't side effects explained to us? How is it that programs recommended by professionals are often not put into effect? Is involuntary shock treatment or hospitalization right? What causes mental illness? This magazine is being established to provide us with a voice, in either official language, in these matters that affect our lives so personally.

Stiles 1987

After two published issues, Stephen Stiles decided to leave this enterprise and passed the *baton* to give me the responsibility of, "...doing whatever I wanted to do with it." Having always dreamed of publishing my own magazine, I decided to pursue this project with passion and involved other people who felt the same.

In those days, the *OVNV* mailing address was located at 78 Weldon Street in Moncton, where the local branch of the Canadian Mental Health Association (CMHA) and the Our Place Club were also residing. After several attempts were made to interfere in the affairs of *OVNV*, the decision was made, on the basis of what an independent free press stands for, that it would be best for all parties, if we had an alternate mailing address outside the walls of 78 Weldon. Here is how issue #6, May 1989 explained what was at stake:

You have probably noticed by now that this publication has established a mailing address outside 78 Weldon...As Managing Editor, I feel that we owe you an explanation for such a decision. We have never borrowed a pen, pencil, postage stamp, envelope or paper to produce Our Voice/Notre Voix... Since its controversial third issue, this magazine has been produced with the personal investments of the Editors, as well as some financial assistance from the School of Social Work at the University of Moncton. Based on the above facts and being in such a position, we felt confidently comfortable in making the decision which we took... We also believe that no particular collectivity by their number should assume that they can overrule the contents of this publication or vote out the present staff of Our Voice/Notre Voix. This magazine should be answerable to all readers inside and outside 78 Weldon...As individuals, it is your duty to control the contents of this publication because what you write is what the contents will be.

LeBlanc 1989b: 1

Criticism poured in from professional agencies and others telling us, "... that we were very negative, (and) we were worsening people's sense of hopelessness (#5 - January 1989)." Notwithstanding the pressures to curtail the expression of our viewpoints, and to allow the mental health system to completely cloud the true meaning of psychiatric care; we did not give up and stubbornly persisted with our convictions.

Regardless of the poor printing quality, the abundance of grammatical errors, using personal funds to produce and distribute *OVNV*, and being stared down by some mental health professionals, as if we were doing something criminal; we knew in our hearts that WE were on the right path, and that someday, we would ALL see the benefits of having such a publication in New Brunswick and in all provinces and territories across Canada. By now, we had readers in 11 other countries!

At this point in *OVNV* history, Serge Richard agreed to do artwork for the publication; this professional artist would enhance the visual appearance of the magazine.

As all of this was happening, I was hired on August 24, 1987 as director of *Groupe de support émotionnel Inc.* This was at a time when the concept of having French-speaking consumers manage client-run programs in Moncton received a cool welcome! Things were about to change! The provincial government accepted recommendations from the provincial division of CMHA that a formal and central agency be implemented, which would have as its mandate the shifting of institutional resources to the community setting; this would include the creation of a financed informal support network. The climate was ripe for recipients of mental health services to flourish and mature in self-defined empowerment programs.

The physical infrastructure of *GSEI* served as the host location for the *OVNV* writing staff. With no consistent financial support for the magazine, I invested some personal funds in the project from time to time to keep it afloat. Occasionally, some readers would send a donation to the cause, which helped alleviate my personal costs. The School of Social Work at the Université de Moncton, covered part of the printing cost of the first few issues. The above illustrates how *Our Voice/Notre Voix* and *Groupe de support émotionnel Inc* began to be weaved together; this intertwining still lasts to this day.

Members of *GSEI* and others have always been an ongoing, essential grass roots inspiration for numerous ideas and concepts for this publication. The *GSEI* was supported by the Department of Health, and then by the Mental Health Commission; while the magazine's human resources worked for free, and the operational costs related to production, printing and distribution were coming from consumers' own pockets! Mental health's formal sector was not yet prepared to support *OVNV*; but as we shall see, events were slowly changing.

In 1991, the New Brunswick Mental Health Commission provided funding to the Provincial Consumer Advisory Committee (PCAC), which in turn allocated \$2,500 to *OVNV*. This allowed for the production of the 10th commemorative issue with 210 copies; this would also help improve the printing quality and the expansion of a province-wide circulation list.

1993 saw the Commission transfer its provincial support from the PCAC to the newly created New Brunswick Mental Health Consumer Network. For two consecutive years, the Network allocated \$3,000 to *OVNV*. However, in 1995, the provincial organization wanted to control the contents of *OVNV*, and tried to overrule the Publisher's philosophy of what an independent consumer/survivors publication should represent. This originated from Stephen Stiles' controversial article about the manner in which the network was created (#14, June 1993). Considering that this publication belonged to us, the relationship became tense and difficult.

Not being able to control *OVNV*'s content, the Network withdrew its support; and we did not dispute their decision. Refusing to compromise on publishing principles, we again reiterated that it is better to be poor and side with the truth; rather than gain financially at the expense of diminishing the standards of free speech. What was sad about this hasty decision was the fact that as a result of the Network's lack of vision they could not foresee that *OVNV* could be used as a tool

to convey to readers, the Network's own ongoing activities. An example would be in #16, June 1994 where the Network's formation was the cover story. In 2004, OVNV finally convinced the Network's leadership to use the publication as a vehicle to communicate with its constituents. The wound had been finally healed!

On many occasions, this publication has demonstrated its influence within the mental health system. Some of its proudest accomplishments have been:

1989

Our Voice/Notre Voix decides that its logo will be the *ear*. This symbol will represent the need to listen carefully to people's concerns and preoccupations.

1992

Issue # 11 openly exposes the vocational exploitation of some with a mental illness. Shortly afterwards, one agency moved to increase its nominal rate of pay from \$1.87 to \$3.22 per hour (still shameful, though). Would there have been a change if we had kept silent?

1993

An index covering the first 15 issues is published. Reaction and interest comes from as far away as Australia and Ireland. The publication gets increasing exposure within the consumer/survivor movement across the country. At this crossroad, *OVNV* echoes are being heard throughout New Brunswick and outside the province. The publication enters into a partnership with Nérée St-Amand from the School of Social Work at the University of Ottawa; this joint venture will be about conducting a research project on the needs and satisfaction of mental health clients in New Brunswick. This needs survey brings forth some challenging proposals; some of which are:

- 1) *Promoting alternative approaches to empowerment.*

2) *Encouraging vocational self-help mini-projects within activity centres.*

St-Amand and Vuong 1993: 11

Among other data provided from this research was the fact that respondents' average income remained at the very low amount of \$580 per month! Emphasis was also put on the importance of recognizing and strengthening the province's self-help networks. Personal views on psychiatry, mental illness and the mental health system were also revealing:

- *I learned that you don't die from madness. The mental health system is organized for the needs of professionals.*
- *Most of the 'treating' psychiatrists are not familiar with our Canadian culture. Patients remain 'sick' for eternity.*
- *I need more love and less medication.*
- *I was overdosed with Haldol; my eyes were rolling in my head and I was left to stare at the light on the ceiling for two days. When I asked for Cogentin, the answer was a stern, 'No'.*
- *I was in a crisis and I was trying to access the formal system for help that I badly needed. I spent 12 horrifying hours in a prison. This happened a year ago and I still have not recovered from this experience.*
- *Professionals should recognize self-help initiatives and programs with equality and respect and not as leftovers which need to be tolerated.*

St-Amand and Vuong 1993

Frustrations and needs expressed in 1993 have a *familiar ring* to what was being said, 100 years before, in the days of Mary Huestis Pengilly in 1883. Readers, who have experienced psychiatry and institutional life, will acknowledge that this still rings true in 2008 where many situations remain the same as we will go on to describe, especially, in chapter eleven.

With \$800 in assistance from the provincial network, the survey's results were presented at the Château Frontenac in Quebec City at the CMHA national conference. The highlights of this study, published in *Sociologie et sociétés* (St-Amand and Vuong: 1994), could be summarized as follows: Acadians feeling marginalized are looking for answers to their psychiatric problems. In this context, other research projects, based on the intricate relationship between oppression and exploitation, particularly as it applies to Acadians in general and Acadian women in particular, could reveal some political and cultural dimensions to mental health problems.

Despite having such an initial slim budget with no official support, our project did indeed its mark and help in the advancement of our cause.

1994-95

The above-mentioned research study brought the Commission to support the founding of the Our Voice Vocational Self-Help Opportunities Program. A component to financially recognize the efforts made by people for the hundreds of hours spent in producing and distributing *Our Voice/Notre Voix* was finally added as a feature to this program; funds were also given to substantially cover the costs of printing and postage. After 8 years in business and 18 printed issues, we had finally succeeded!

Others who wrote to our publication were former Premier of New Brunswick, Frank McKenna, (#16 - June 1994) and Antoinine Maillet. The internationally renowned Acadian writer commended us for, “intelligent journalism” (#18, March

1995) following the publication of issue #17 in November 1994.

We also worked with CMHA National on a public education campaign involving violence and abuse against recipients of mental health care (#19, October 1995).

1997

Our French editorial, *Un réseau pour demain* (A Network for Tomorrow), appearing in #25 about the provincial consumer network's centralized policies, brought a massive change in the landscape of consumer programs at the provincial level. The concept of decentralization was accepted and powers were transferred to local committees across New Brunswick. They were not, however, transferred to activity centres, as originally recommended.

We created The Our Voice International Centre for Alternative Literature in Mental Health. We reasoned that if professionals could have their journals, we could create a library of alternative publications authored from around the world. This has been a source of great inspiration and comfort to many because writings from other parts of the globe acknowledge similar experiences and preoccupations with the psychiatric system; hence, reducing isolation and bridging solidarity among consumers/survivors. Publications from many provinces and territories in Canada, and other countries such as the United States, France, Norway, Iceland, Australia, New Zealand, Slovenia, and Israel are collected, catalogued, and made available for viewing at our Moncton office.

1998

OVNV publishes a completely bilingual *Guide to Your Mental Health Rights in New Brunswick*.

The United Kingdom National Network praised OVNV's publishing policies by stating that, "we were a group after their own hearts." This British national organization reprinted our editorial and cover art from issue #29 in their magazine (*The*

Advocate- Issue 3 - Autumn 1998). Such acknowledgment supports our efforts and encourages us to continue.

1999

Another completely bilingual issue gets published; this one deals with people's housing crisis. It includes an interview with the Provincial Minister responsible for this department. It was our largest publication with over 70 pages!

2003

OVNV sees its 40th commemorative issue in print accompanied by the results of a second satisfaction/needs survey carried out by the University of Ottawa under the designation, *For Better OR for Worse? What the Psychiatrized Think of the New Brunswick Mental Health System*. Some of its conclusions are:

- *Those people having answered the questionnaire recognized the quality of services received through activity centres. All things considered, it's a matter of a resource which is very inexpensive for the province, if we compare it to institutional and professional resources.*
- *People appreciate help from those close to them much more than institutional organizations.*

The following recommendations are brought forth

- *Taking into account the essential importance that respondents have assigned to the self help network, we recommend that an appropriate increase in financial allocations be directed towards the activity centres in the province so that they can be able to maintain their basic operational needs and improve their programming.*
- *That we adopt comprehensive policies, so as to incorporate socio-economic factors such as income, housing, employment, schooling and community*

*integration, as essential components to the equation
of a well balanced mental health.*

St-Amand and Allard 2003

In September, I was given the year's New Brunswick Human Rights Award at a ceremony in my honour at the Lieutenant-Governor's mansion in Fredericton. This was in recognition for, "...his groundbreaking leadership... and innovative grass-roots efforts to create social and vocational opportunities for New Brunswickers who have experienced mental illness," said Patrick Malcolmson, Chairman of the Province's Human Rights Commission.

2004

Our Voice/Notre Voix launches its website at www.ourvoicenotrevoix.com where all past issues may be viewed and read free of charge.

2005

Our Voice/Notre Voix enters into a book writing partnership with Nérée St-Amand of the University of Ottawa. This book will chronicle New Brunswick's 185 years of history in mental health care, as well as introduce the methods, which people have used to get away from the heavy-handedness of psychiatry and its institutions. This book will attempt to demonstrate the consequences of institutional oppression and show how disheartened individuals will fight and create networks of solidarity; thus, promoting advocacy and activism amongst themselves.

2006

The publication's circulation increases 32% from 605 to 800 copies; this will ensure that all New Brunswick Public Libraries and Members of the Provincial Legislative Assembly receive a copy.

Issue #45 uncovers the hidden and forgotten diary of Mary Huestis Pengilly who was sent for 6 months to the Provincial Lunatic Asylum in 1883-84 in Saint John. In honour of her

memory and mission, *Our Voice/Notre Voix* establishes The Mary Huestis Pengilly Life Story / Activism Scholarship Writing Fund for those who wish to write their life story or viewpoints, which in turn serves to educate and promote activism in mental health.

Katherine Tapley-Milton from Sackville, New Brunswick, is the first person to publish her life story as a psychiatric survivor under the Mary Huestis Pengilly Scholarship. *A Mind Full of Scorpions* is launched on March 19 at the Marshlands Inn in Sackville. On this historic day, she declares that:

In New Brunswick, we have a lot of work to do to make the mental health care system and society a better place for psychiatric survivors. Personally, I would like to see consumers treated with compassion and respect in hospitals, and shock therapy relegated to only the most desperate of cases. Also, I would like to see some enlightened employers willing to hire persons with a psychiatric disability. Because of my illness I ended up on social assistance for 25 years and more recently, I've worked in a lot of undesirable jobs, since many employers won't hire me.

In the near future, I would like to see those with personal experience of mental illness used to advise governments, mental health clinics, and hospitals -- and I don't mean just as a token consumer on the board. I see a well of untapped experience out there that is not being utilized. Also, I would like to see psychiatrists and health professionals that work in psychiatric hospitals made more accountable to the public. There was a time that people like me would have been hidden away in attics or confined in antiquated institutions.

However, today we are out in society and the next step is to raise our voices against the stigma and the abuse.

Tapley-Milton 2006: 31-33

In that same year, *Our Voice/Notre Voix* clashes with the New Brunswick Psychiatric Association (NBPA) by opposing the legislation of Community Treatment Orders (CTO's). A debate reflecting various views on this topic is published in its October, # 47 issue. Due to the lack of support from consumers/survivors for CTO=s, the NBPA abandons lobbying for such a policy until the subject resurfaces on February 12, 2007 of the *Moncton Times-Transcript* under the heading, *Courts Caught in Bind With Mental Illness*.

Summary

Our Voice/Notre Voix has become a distinctively New Brunswick made consumer/survivors' initiative centered on research, consultation, production and distribution dealing with the viewpoints of those living with a mental illness. Since 1987, we have published approximately 1700 pages and involved over 425 persons in our operations, totaling over 5000 workforce hours! Our publishing policy provides a forum for a diverse spectrum of experiences and perspectives. Here is a sample of what readers have written to *OVNV* in the last 20 years, listed in order of year and location. We also have received a few negative remarks in the last two decades, which we are sharing in this section.

- *I have been helped by reading it* (1989, Illinois, USA);
- *I find this journal to be of quality as it's used for a tool to give us an opportunity to express what we need in mental health* (1992, Atholville, N.-B.);
- *Through this publication, you tackle some very important issues* (1992, Toronto, Ont.);
- *I found the articles and items interesting and helpful with the added ingredient of passion so often missing in newsletters and journals. This is important work* (1993, Moncton, N.-B.);

- *I am confined in prison and under psychiatric care. I need to really understand more and your publication might be helpful* (1993, New York, USA);
- *When you are allowed a little initiative, you can do things that are extraordinary* (1993, Ottawa, Ont.);
- *It is very refreshing and it keeps me in line about the feelings of the client* (1994, Fredericton, N.-B.);
- *I learn so much from each issue* (1995, Drayton Valley, Alb.);
- *It is with pride that I read each issue from cover to cover, each time I receive it* (1995, Tracadie-Sheila, N.-B.)
- *I wish you well in your efforts to protect those with mental health problems* (1996, South Africa);
- *I read them with great interest* (1997, Ireland);
- *They are candid and enlightening* (1997, Weyburn, Sask.);
- *When you have a broken heart, prayers are not worth much, but I thank HIM today, because someone gives me a lot of value by accepting my poems* (1997, Bathurst, N.-B.);
- *I especially like your logo. You are alert to hearing the consumers as well as spreading their word by voice. Very clever!* (1998, Wisconsin, USA);
- *Thank you for your enjoyable, exploring newsma-gazine* (1998, Rhode Island, USA);

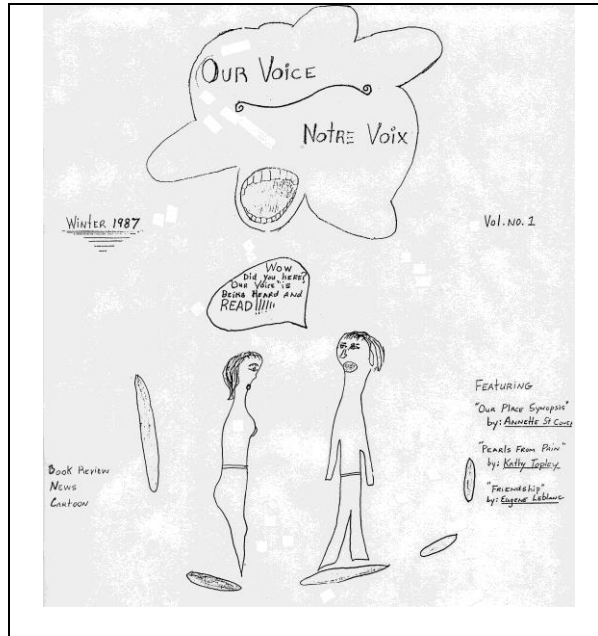
- *I am impressed by the sharing of strong emotions* (2000, Taloyoak, Nunavut);
- *I have felt good that you have written such truth. Keep it up!* (2000, California, USA);
- *Your down to earth editorials are wonderful and full of plain truth of what the poor are up against. Please have all your articles with the truth - nothing spared* (2000, Saint John, N.-B.);
- *I truly respect what you are doing on behalf of the consumer movement provincially, nationally and indeed worldwide* (2001, Moncton, N.-B.);
- *We want to congratulate and commend your team who know how to keep this information vibrant and interesting, while keeping it simple, accessible and well-illustrated. You are addressing exceptional challenges in a number of areas* (2000, Montréal, QC);
- *Thank you very much for your very interesting magazine* (2001, Denmark);
- *Keep up the good work you all do to inform the public and consumer/survivors community* (2002, Nevada, USA);
- *It's a very well produced magazine* (2003, England);
- *Your small echoes have amplified to connect with the world. This echo cannot die* (2003, Moncton, N.-B.);
- *Congratulations on continuing to carry the torch for the consumer/survivors movement* (2003, Port Robinson, Ont.);

- *Please continue to tell the story the way it is being seen, felt and experienced by consumers* (2005, Saint John, N.-B.);
- *Your magazine is on the cutting edge of its kind and is useful and therapeutic to both the reader and writer alike* (2005, Moncton, N.-B.);
- *It is a good statement about the abuse in the psychiatric industry* (2006, Los Angeles, USA);

Some comments, which were less praiseful throughout the past two decades, have been:

- *I am totally disgusted that such a publication should be allowed to exist* (1989, Moncton, N.-B.);
- *Your articles are very negative* (1989, Saint John, N.-B.);
- *I am not a crazy person. Your magazine sucks and I don't want to see it again* (1996, Whitehorse, Yukon);
- *Your articles should not whine* (2004, Whitby, Ont.).

And there you have it! Some highlights of the inside story of a vision that began with incredible obstacles to become what it is today; what then, has *Our Voice/Notre Voix* become? It is for others to judge but in this author's view, it has become a reflection of a more accurate portrayal of the kinds of challenges facing people at ground level, and how those who are subject to these injustices perceive the services and treatments that they are receiving. *Our Voice/Notre Voix* has never compromised, and is determined to maintain as its primary publishing policy; the promotion of Av viewpoints of the psychiatrized@, as the subtitle suggests, and nothing else. Here are the front covers of the first publication in 1987 and of the most recent one, in 2006.



NEW BRUNSWICK'S "THOMAS SZASZ" SPEAKS OUT!
 ENTREVUE AVEC DR. GEORGES-HENRI LÉVESQUE

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October
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Numéro Double Issue



Should an expansive agenda for psychiatric care
 be legislated in New Brunswick?

THE HIDDEN PAGES OF MARY HUESTIS PENGILLY

VIEWPOINTS OF THE PSYCHIATRIZED SINCE 1987
 POINTS DE VUES DES PSYCHIATRISÉS DEPUIS 1987

The New Brunswick Mental Health Consumer Network (NBMHCN), (Edmundston)

It is natural for people who want to associate with others of a like mind to work for the same social cause. The same applies to those having a mental illness or living with psychiatric challenges. The first provincial gathering of consumer/survivors was held on June 9, 1989, at Lake Livingston near Fundy National Park. Hosted by the *Our Place/Chez Nous* members from Moncton, Summit 89 saw people from across New Brunswick spend a weekend together, exchanging and sharing experiences. Here is how author, Roger Melanson, justifies the reasons for having such an assembly:

Summit 89 will also demonstrate to our communities that people who have serious mental health problems are competent, capable of speaking for themselves, and able to make a valuable contribution to society... We, as consumers, are offered a product, which has a direct influence on our lives and future. If the product, we are receiving does not satisfy our needs, we must become part of a consumer lobby influencing government policy... We must now assert the rights of people recovering from mental illness...

(We) have the physical needs for decent food, clothing and shelter, the emotional need for a sense of belonging and the need to be employed within the community... Each one of us has a decision to make. Are we satisfied with the way, we are treated and the services we are offered within the mental health system OR are we ready to take a stand, change public attitudes towards (us) and take an active part in changing the system and helping ourselves?

Hopefully, we can begin to create a provincial network of support groups where consumers can (live) without stigma, where they can speak openly about who they are, where they have been and where they are going... Conferences which bring consumers

together can only make us stronger and more positive about ourselves and our ambitions.

Melanson 1989: 4-5

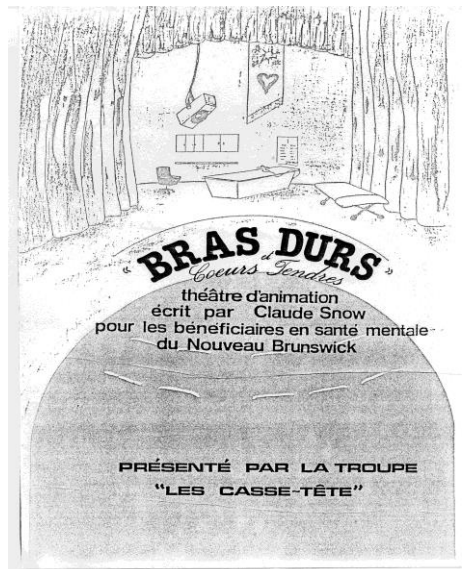
This was the first effort to call people from across New Brunswick to gather and unite with one voice. A second successful provincial summit with approximately 70 in attendance was held in Miramichi in August, 1990. Its theme was, "We Care, Do You?" Despite the positive turn out and the best of intentions from this weekend gathering, the summit concept did not succeed in creating momentum for future conferences. No sustainable funding was available at the time to maintain such activities and to foster leadership at the provincial level.

A second attempt to create a comprehensive provincial network occurred in 1990-91 when the Federal Secretary of State gives \$6,000 to Nancy Smith, Stephen Stiles and I to form such an association. With these funds, we were able to sponsor a leadership training program held in Fredericton for some consumer/survivors; this course would be offered by Pat Capponi. A meeting of self-help leaders was also held in June of 1990 in Alma. Despite these encouraging efforts, the leadership to uphold an organization of this sort was performed on a volunteer basis. We eventually burnt out and became leaderless in pursuing this vision. The Secretary of State withdrew its support because of a lack of formal leadership, and our dream of creating a provincial network was once again delayed.

At this juncture, the New Brunswick Mental Health Commission had begun its mandate to reallocate financial resources from the institutional setting into the community. It had anchored a professional and consumer advisory body to its provincial board. The Commission, under the leadership of Eugene Niles, gave a substantial amount of funds to its consumer advisory body in the hope that it would create a provincial network. Two networkers were hired along linguis-

tic lines: Pat Roussel from the north and Stephen Stiles for the south.

A major accomplishment at the time was the creation of a French stage play titled, *Bras durs et coeurs tendres* (Brass Arms and Tender Hearts) authored by Claude Snow. The complete cast consisted of consumers and the project was coordinated by Roussel. This production traveled the province, and was used as a tool to increase awareness of mental health and the psychiatric system's pitfalls.



Although the Mental Health Commission was supportive of a provincial consumer network, it became weary of funding it through its provincial advisory body. Other provincial jurisdictions in Canada, where consumer/survivors-run networks were being supported, had an arms-length relationship with a government agency. This was no longer the case here; thus, it was back to the drawing board on how to pursue the creation of an independent provincial consumer network.

Finally, a procedure was put into place; and here is how, then Vice-President, Nicole Malenfant, explained it:

The Commission asked people from different regions of the province to sit on an interim committee. The mandate of these people was to establish the network and to incorporate the work of the former networker... Preceding the creation of the interim committee, a grant from the Secretary of State had been received and a contract with a professional consulting firm had been signed. \$13,000 was paid to these consultants in order for them to organize and make possible the creation of the network. These professionals guided and helped the interim committee in organizing the founding conference. An extra \$12,000 served to defray the cost incurred for this weekend where about 60 consumers coming from all 7 regions of the province participated as well as a few professionals and special guests.

Malenfant 1994: 3-4

The founding conference of the New Brunswick Mental Health Consumer Network takes place on February 5-7, 1993 with provincial headquarters located in Edmundston. Its first annual operating budget was approximately \$82,000 from various sources. The NBMHC's creation did not come about without controversy and heated debate; as a result, two provincial associations in English and French were created and united under one federation. *L'Acadie Nouvelle* reported in their February 8, 1993 edition that:

(The) New Brunswick Mental Health Consumer Network was the first organization under the enactment of Bill 88 in the Canadian Constitution to legally recognize the rights and privileges of both linguistic groups.

L'Acadie Nouvelle 1993: 8

Among the guest speakers at this founding conference was national networker, Susan Hardie. She spoke about the

meaning of “networking” which was to “connect with” and that some principles of networking are that, “...everyone should find strength in his personal situation and that communication is critical to building bridges of understanding.” Jim Roker, Co-Chair of the National Network for Mental Health at the time, spoke about the importance of not “struggling in solitude.” He cautioned, “...not to bite off more than (you) can chew and even if organizations offer money, not to necessarily buy into it, but to bite off small manageable chunks and turn success into a growing process... People cannot discover new oceans unless they lose sight of the shore,” he said to about 65 in attendance. Ken Ross, who was then the appointed interim chairman and executive director of the Commission, mentioned that he, “...believed in empowerment, although it may cause strain on the formal system.” He explained that both, “... the informal and formal systems should attempt to establish equal and reciprocal relationships and not to alienate each other, otherwise,” he said, “the system will listen but will not hear you.”

As previously mentioned, the founding of this organization did not occur without controversy. Regarding the debate surrounding language and two associations, I received, as Editor of *Our Voice/Notre Voix*, a critical letter from Stephen Stiles on what he perceived had transpired in the Winter of 1993 in Fredericton. Here are excerpts of his letter, *What Happened in Fredericton?*

Two consumer networks: The New Brunswick Mental Health Consumer Network and Le réseau des bénéficiaires en santé mentale du Nouveau-Brunswick are now founded in this province. These developments should eventually be of great importance to all New Brunswickers...

How many attendees of the conference weekend were able to, speaking even from just the standpoint of time, review the importance handouts before very important decisions were made? How aware were

attendees of what was transpiring? From many comments made in the hallway, workshops and plenary, it was clear: not too many. This concern is raised because we do not need another top-down bureaucratic institution. That is, we don't need people making decisions for us, rather, an organization that allows for the real involvement of us all.

One major decision made was to found 2 networks. One primarily representing Francophones with their particular concerns and one for Anglophones...many were entirely unaware that we were founding two organizations. On Sunday, two constitutions were approved, and again, many missed this fact altogether. Is this grass-roots power in operation? I am not singling out attendees, but those organizers who knew so, yet failed to educate us...

I also had concerns which I felt, we, consumers should work out together. These included: Why are there not two CMHA's in New Brunswick or two Mental Health Commissions? Why are members of one association voting on the constitution and directors of another? Can a consumer join both networks if desired? Is this going to cost more money? Were the government bodies and other advisors happy with two associations? Will they fund both?...

At this point, I stood up and made a motion to the effect that we still found the network immediately, but leave the topic of two separate organizations until the morning, giving all of the participants' time to think about and discuss the possible ramifications.

Unfortunately, I was immediately labeled a bigot and prejudiced. Anyone who knows me know that is completely false. I only wanted we, the consumers to have a little more time to hash out the implications

among ourselves. If nothing else, this would mean, we at least didn't have these decisions forced upon us... On the day I mailed this article to Our Voice/Notre Voix, I also return my membership by mail. By the way, where was our sense of respect? Nancy Smith carried, two or three years ago, the whole network project single-handedly for quite awhile. Also, Eugène LeBlanc has been pushing for New Brunswick from the national level for years. And Patricia Roussel worked extremely hard to see the network realized. Yet, I saw or heard not even an honorable mention that weekend for any of these three who really deserve significant commendation.

Stiles 1993: 20-21

I had a decision to make; would I allow free speech and print this critical viewpoint and risk losing financial support, or would I refuse to publish this article and maintain the status quo of the newly formed provincial body? The former was chosen out of respect for a free press and it was concluded shortly thereafter that *Our Voice/Notre Voix* would lose its support from the Network. This parting of ways was best for both parties under the circumstances. It took almost a decade for both sides to reconcile this estrangement.

In 1995, the provincial network hired PGF Consulting from Shediac to undertake a comprehensive study, which would portray New Brunswickers' perceptions and attitudes towards those living with a mental illness. Recommendations were made on how to address the stigma and improve people's inclusion in society.

The advice, put forward in this report, on reducing stigma, was to work in conjunction with professional groups and associations representing the sectors of education, such as the New Brunswick Teachers' Federation, and other bodies in the field of employment, housing and mental health services. It was reasoned that by educating these sectors of society, that they in turn, would be able to have a greater empathetic

understanding for those living with a mental illness. We have no evidence to show that these recommendations were ever implemented.

In spite of such worthwhile and huge studies, rumblings of discontent, regarding the network, permeated the landscape in the mid 1990's; regions felt isolated from headquarters in terms of information sharing. A turning point occurred in April, 1997 when a French editorial in *Our Voice/Notre Voix* titled, *Un réseau pour demain* (A Network for Tomorrow) appeared. This editorial suggested that a portion of the funding allocated to the provincial network be decentralized and given to local consumer groups in the province, so they could better meet the needs of their respective regions. This was accepted in principle and adopted at the Network's next annual meeting.

November 14, 1997 has the New Brunswick Mental Health Consumer Network legislated as a recognized provincial organization under the Mental Health Services Act.

On April 3, 1998, the New Brunswick Mental Health Consumer Network decided to abandon its model of two associations under one federation and opted to simply have one, in which both linguistic groups would strive for harmony and respect with a sole board of directors. A factor leading to this decision was a 50% reduction in travel expenses for board members (14 with the federation as opposed to 7 with one association).

In 2005, *Our Voice/Notre Voix* finally convinced the Network's leadership to use the publication as a tool to notify its constituents of its ongoing activities. A column appears in every edition under the caption, *The Network Today: Connecting New Brunswickers Who Have Experienced the Mental Health System*.

Network President, Yves Hudon, states in this column of October 2006, that the forthcoming priorities for this provincial organization will be to advocate for these three major changes:

- 1) *That those on the Canada Pension Plan be able to access New Brunswick's medical card.*
- 2) *That single people be eligible to obtain a rent supplement.*
- 3) *To ensure that consumers have access to transportation when wanting to attend an activity centre.*

Hudon 2006

In June of 2006, The New Brunswick Mental Health Consumer Network (according to their web site at www.nbmhcn.com) had 11 active local networking groups. The four operating in English are in Miramichi, Saint John, Sussex and Woodstock; while the seven French ones are in Bathurst, Dieppe, Lac Baker, New Jersey, Saint-André, Saint-Isidore and Saint-Joseph de Madawaska. These local networking groups have done various sorts of activities, which they define as being conducive to the betterment of their mental health. An example would be the Dieppe Consumer Network that has produced expressions of self-affirmation in a variety of media (print, video and CD format) all under the umbrella of *Autonomie*. Lea Chamberlain also made a province wide presentation of her workshop, *Life is Worth Living and is Destined to be Shared*, to local networks in the province.

As we have seen, the process of merely creating and maintaining a functional provincial network has been a long and strenuous struggle. The roadblocks have been many and the challenges are never-ending, but the vision never dies. As the team spirit grows and the level of consciousness increases, there is a heightened awareness to advocate in matters beyond recreational needs of those living with a mental illness. Improving quality of life and ensuring that human rights are respected remain key goals in pursuing a coherent mental health policy.

6.3 Regional Initiatives

New Brunswick has 25 activity centres and 63% of these have provided us with an historical summary. Serving over 2000 citizens, these centres are available to help people access social support, self-help, recreational and advocacy activities.

For unknown reasons, consumer/survivors-run or partially managed centres in Fredericton, Hopewell Hill, Mill Cove, Moncton, Sackville, Shediac, St-Stephen, Sussex and Woodstock did not make available historical briefs for their groups. Each center was asked to provide a *word* that best describes people's resiliency in overcoming mental illness and/or psychiatry.

Caring Friends (Miramichi)

Providing recreational and networking opportunities for vulnerable people in their own community setting, the Caring Friends Activity Centre began in 1988 under Anne Marie Hartford. Among the successful highlights reflecting its growth has been the donation of a beautiful building with land from the Twilight Gems Seniors Club. This centre has also hosted several provincial Jamborees and bowling tournaments. A good collaborative environment with other centres and clinicians also prevails. However, challenges in terms of fund-raising remain a significant issue, and the ability of members to have access to transportation is also a pressing need. According to director, Beatrice Loggie, "determination" would be the best word to describe people's resiliency in overcoming mental illness and/or psychiatry.

Centre d'Alnwick (Néguac)

Established by Paulette Breau and eight clients, the *Centre d'Alnwick* opened its doors in Néguac in 1995. At the very beginning, the centre was situated in a former funeral home where the region's residents with mental health problems went, and began to understand the importance of sharing and socializing. In 1998, Sylvette Rousselle took over. We are proud of the fact that for a number of persons, the centre serves to prevent psychiatric hospitalization. The centre faces

challenges, such as the lack of funding, the scattered nature of rural areas and the prejudicial attitudes of a small community. For this centre, the best word to reflect the members' resiliency in overcoming mental illness and/or psychiatry is "determination".

Centre Idéal Centre (Bathurst)

The Bathurst branch of the Canadian Mental Health Association was responsible for the creation of the *Centre Idéal Centre* in 1989. Some highlights in their development were the production of a promotional video, the hiring of an executive assistant and a conference on suicide prevention. The *Centre Idéal Centre* has a good partnership with other activity centres; however, the centre notices the absence of professionals at conferences initiated by members. Always aiming to provide quality services, the agency is always seeking additional funds. According to the director, Léa Chamberlain, "prevention" is the best term to reflect the members' resiliency in overcoming mental illness and/or psychiatry.

Centre Mieux-être (Richibucto)

Located in Kent County, this activity centre was established in 1991 in cooperation with the Canadian Mental Health Association. Because of the region's vast rural territory, this centre is the only one in the province to offer a mobile program; whereby, the director visits its members and organizes activities in their respective regions. The *Centre Mieux-Être* is known for its exceptional Christmas parties and for its involvement in the community. They claim to have a good collaboration with other activity centres and with the community mental health centre. The centre's main challenge is insufficient funding to fulfill its mandate. Director, Linda Bastarache, defines "perseverance" as the best term to reflect the members' resiliency in overcoming mental illness and/or psychiatry.

La Ressource (Saint-Quentin)

France Thériault, along with other employees from the Kedgwick mental health centre initiated *La Ressource* in Saint-Quentin in 1999. By moving to a more spacious facility, the centre can accommodate more people during special activities. *La Ressource* feels respected by the community, which provides financial support for the centre's leisure activities. Its Outdoor Days, where other activity centres participate to make it a regional event, are well attended. According to the centre's director Brigitte Roy, "fear" is the term that best explains the members' resiliency in overcoming mental illness and/or psychiatry.

La Source (Grand Falls)

The Canadian Mental Health Association opened *La Source* in Grand Falls in 1993. A significant event acknowledging their achievement was the presentation by the New Brunswick Association of Social Workers for their contribution in improving people's outcomes in the area. *La Source* won the provincial bowling tournament three times. They maintain a good partnership with other activity centres and with the community mental health centre. The lack of funding for the centre remains a huge challenge. According to the director, Yolande Cyr, "survival" is the best word to reflect the members' resiliency in overcoming mental illness and/or psychiatry.

L'échange (Tracadie-Sheila)

A working group of consumers and others interested in this cause, such as Claude Snow, André Morais, Aurélie Basque, Émélienne Cormier, Jonathan Cormier, Marie Anne Duguay, Yvon Basque, Roger Boudreau and Serge Roussel created this centre in Tracadie-Sheila in 1999; the official opening was in 2002. Obtaining computers with high speed internet and moving to a bigger facility has been two significant events for this centre. One of the most pressing challenges is the lack of funding for the centre to adequately fulfill its mandate. According to the director, Édouardine Boudreau, "support" is

the word that best describes people’s resiliency in overcoming mental illness and/or psychiatry.

Le Contact (Caraquet)

Its current director, Monique Mazerolle founded the centre in 1994. *Le Contact* offers a variety of rewarding activities. Some of their memorable highlights have been a celebration of their 10th anniversary with participants and the community; a trip to the Carnaval de Québec; an outing to Prince Edward Island, and an airplane ride with 18 people on board. The centre cooperates well with other components of the mental health care system. However, their challenges include additional fundraising, in order to offer various types of activities. According to the director, the word that best describes people’s resiliency in overcoming mental illness and/or psychiatry is “determination”.

Le Lien (Edmundston)

One of the oldest francophone groups in New Brunswick; *Le Lien* opened its doors in 1987 with the Canadian Mental Health Association responsible for its creation. This organization started with federal and provincial work projects. The centre promotes community integration and is located in a private home. One of its challenges is the lack of funding; another is access to transportation for its members. According to director, Wilda Landry, “perseverance” is the term that best explains people’s resiliency in overcoming mental illness and/or psychiatry.

L’Envol (Shippagan)

The creation of this centre was initiated in 1986 by Lucie Robichaud, Françoise Chiasson, Colette Rousselle, Roseline LeBlanc Mallet and Béatrice Mallet. Participants are proud to have created a place with a warm and welcoming atmosphere where people with mental health problems can meet. The lack of funding and transportation are some of the challenges faced by *L’Envol*. According to the director, Raymonde Gionet, “survival” is the best term to describe the members’ resiliency in overcoming mental illness and/or psychiatry.

Le Rendez-vous (Campbellton)

This group in Campbellton was founded in 1988 with a grant from Employment and Immigration Canada. Thereafter, the Canadian Mental Health Association took over and requested assistance from the Department of Health and Community Services. Some of their highlights have been its separation from CMHA; therefore, members became solely responsible for the management of their centre. Internet access has also been very helpful to *Le Rendez-Vous*. In 1997, the centre hosted the second Provincial Jamboree and a bowling tournament for the region's activity centres. The centre claims to have a good partnership with other groups in the province. One long term goal is to move the centre to a dwelling with a backyard for outdoor activities. Getting sufficient funding is still an issue for *Le Rendez-Vous*. According to the director, Jessica Letourneau, the term that best describes people's resiliency in overcoming mental illness and/or psychiatry is "fellowship".

Les Copains (Dalhousie)

The director of the Campbellton centre, Jessica Letourneau, initiated the creation of *Les Copains* in Dalhousie in 1998. In 2000, the centre opened its doors five days a week. *Les Copains* has been responsible for the organization of two provincial bowling tournaments. The centre claims to have a very good relationship with other activity centres and with professionals. According to current director, Joël LeClair, "confidence" is the term that best describes the members' resiliency in overcoming mental illness and/or psychiatry.

L'espoir (Ste-Anne de Madawaska)

With imagination, willingness and experience, this centre was established in 2002. The current director, Linda Godin, was responsible for the centre's implementation. Having previous skills with *Le Lien* in Edmundston, she worked tirelessly to get a similar group in her region. Among *L'espoir's* achievements, was the hosting of the Provincial Jamboree, of which they are still proud. Fundraising is always an issue, along with overcoming the barriers to community integration that people

must face due to psychiatric labelling. According to the director, “hope” is the term that best defines the resiliency of individuals overcoming mental illness and/or psychiatry.

New Beginning SHARE (Saint John)

This activity centre was created in 1990 by D^r Pike and friends. Among the highlights marking its growth have been incorporation, supporting two consumer network groups, and hiring a director in 2000. The organization’s pride has been its ongoing fundraising drive by its membership, as well as partnering with other non-profit groups. Sufficient funding, as well as generating interest from younger members and those living in special care homes, remains a continuous challenge. New Beginning SHARE operates at arm’s length from professionals, but remains under the umbrella of mental health services. According to director, Elaine Hooper, “patience” is the term that best describes people’s resiliency in overcoming mental illness and/or psychiatry.

Le Groupe de support émotionnel Inc. (GSEI), (Dieppe)

Created as an alternative to psychiatry by a community of francophone mental health consumers, *Le Groupe de support émotionnel Inc.* began its activities in the same period as the start of the New Brunswick Mental Health Commission. Alternative networks were new at the time for formal mental health services, and such groups reflected to some extent the wish by psychiatric patients to control their own destiny; and this of course meant without interference from either the clinical setting or from the Canadian Mental Health Association (CMHA). Being separate from mental health professionals was the ideal mental picture. With an initial budget \$88.13 in 1987, a coffee kettle, and numerous opponents to our initiatives, this group has been serving the community for over 20 years. It provides a service that keeps growing in importance, and has succeeded in serving the provincial, national and international interests on several occasions! Here are a few historic milestones of *Le Groupe de support émotionnel Inc.*

1986

Université de Moncton, School of Social Work Director, Nérée St-Amand, puts forth a challenge to his students: are they ready to assist the community in fostering an alternative network to institutional psychiatry? A 4th year student, Annette Després, responds to this call; she goes to the streets, and brings together individuals who are getting out of psychiatric institutions. Annette attempts to orient this group towards principles of solidarity, so that it can become an option to psychiatric practices. The group meets weekly in the basement of the Christ-King Church in Moncton, where they are offered a meeting room free of charge.

The founding of a French-speaking emotional support group, serving ex-psychiatric patients and those with the potential to be so, comes to fruition as the result of an initiative by the School of Social Work at the *Université de Moncton*.

1987

The *Groupe de support émotionnel Inc.* is officially incorporated on June 16. Other students from the School of Social Work are responsible for the *Group* during the summer. Eugène LeBlanc becomes a member and is offered a part-time directorship position on August 24th; this will be under the supervision of Nérée St-Amand. After four months of good performance, his job becomes permanent.

1988

Frank McKenna's Liberal government proposes a new orientation for the mental healthcare system; this begins with the transfer of a portion of the financial resources from formal structures to support groups and other initiatives managed by psychiatric patients. A temporary agency, known as the New Brunswick Mental Health Commission is given the mandate to make this a reality. The *GSEI* director sits on the Commission's Planning and Implementation Team.

1989

Following this morsel of a \$7,000 grant, the Director of Support to Programs for the Department of Health and Community Services, Joy Haines Bacon, writes on January 13th to the *GSEI* director to advise that:

*We are reminding you that this grant will not be renewed in the future, the aim of the program being to award but one grant per group to help you set up on solid ground.*⁶

Haines-Bacon 1989

On March 22nd, Minister Frenette reinforces this message with a letter stating that:

Unfortunately, financial resources available from the Department of Health and Community Services are very limited.

Frenette, March 22 1989

On April 28th, the *GSEI* closes its doors due to a depletion of funds. This causes distress and disenchantment for the region's French-speaking consumers, given the fact that the Province had supposedly triggered a new direction in mental health. Another important detail that was being conveniently ignored by everyone was while *GSEI* was being shut down for lack of funding; the English-speaking centre was operating with a budget of around \$97,000!

The City of Moncton is chosen by the National Office of the Canadian Mental Health Association as one of three Canadian cities to launch the Framework for Support pilot-project, whose

⁶ This illustrates a complete misunderstanding of what psychiatric patients are trying to do in the long term. Could a psychiatric hospital or a community mental health centre operate on a one time subsidy, so that it can be *set up on solid ground*?

aim is to unite the community resources base⁷, so as to better help those with a mental illness.

On May 1st, I am asked to introduce Minister Frenette in French at a Gala-Dinner in Moncton for the official launching of this new project. Strategically, I accept this task for the purpose of making a legitimate request to the Minister afterwards. Here is an excerpt from the letter sent to the Minister two days after this event, and circulated to community mental health care providers:

It is with the deepest of regret that I had to inform the members of our 'Groupe' that we would cease operations as of April 28th, 1989...

Having been in charge of the 'Groupe' for 18 months, it seems unfair to me that this closure...would take place quietly without making you aware of the impact and consequences of such a decision.

Those of us, who are involved in the 'Framework for Support' pilot-project in Moncton, are well-aware that the self-help sector is the weakest of the four sectors in mental health. The absence of our organization in this sector dramatically reinforces this fact and the francophone contribution will diminish even more.

In the whole debate, what I find most demoralizing is...that we are supposed to be encouraged and not discouraged. Regrettably, this event has taken place and seems shameful to me!

⁷ The community resource base consists of four major components: clinical, community services, family members and friends, and self-help groups or consumer initiatives. The four sectors unite and cooperate to create a *framework of support* for the person living with a mental illness.

Being at a disadvantage on an emotional, social, economic and vocational scale, it is often difficult for us to sway bureaucracy in a way that they might understand and have our message conveyed as intended.

Personally, I am saddened that our Groupe was not functioning on the first of May; the same day I had introduced in French the Honourable Minister during the Framework for Support dinner at the Hotel Beauséjour in Moncton.

It is with hope...that intervention and political resolve will create funds as soon as possible for the Groupe de support émotionnel Inc.

LeBlanc 1989a

The letter proves to be an embarrassment for Framework for Support organizers, and to some workers and public service employees involved in mental health. Some accuse me of impatience and lack of political sensitivity while others sympathize with my well intentioned strategy. Minister Frenette reacts on June 12th:

I thank you for bringing to my attention the difficulties encountered by the Group. I am aware that since then, you have had the opportunity, with other similar groups, to meet with Mr. Niles (in Edmundston) to discuss these difficulties and plans for the future. I now know that monies will be available to enable you to continue on.

Frenette, June 12, 1989

1990

The parish priest and the members of the Christ the King Church Council throw out all the self-help groups, including *GSEI*, out of their church. Their decision is disputed with a letter that we write to them on April 3, 1990:

...you told us that all the groups had to leave the church basement; there seems to be a problem; however, in explaining why those who play cards can stay for example. What is more important?

We will find another location, which is almost certain because fortunately Providence is much greater than the parish. However what message are we receiving from your parish, from our parish, from your committee and from the new priest? Even here in church, we are not welcome. As one of you said at our meeting, 'there are clinics and hospitals for you.' Is that where you want to see us, far from you, far from our home surroundings, locked behind four walls and drugged-up with medications? In any case, some members of our group have no desire from now on to go to church on Sundays to be treated this way during the week.

There remains still an unanswered question that we had asked of you: 'What does Christ think of this and what would He have done in your stead?' We shall have to wait on the other side for the answer...

Very disillusioned!

*Eugène LeBlanc
and the psychiatrized of Christ the King
and of Greater Moncton.
LeBlanc 1990b*

In the same year, *GSEI* moves to a new location in April on Norwood Avenue in Moncton, and also moves to separate from the School of Social Work's official supervision, so that it can form its own board directors composed of a majority of mental health consumer/survivors.

1992

The Mental Health Commission identifies a group like *GSEI* as an "activity centre". The Commission enacts a provincial

policy to finance these centres, which are being spread across New Brunswick. Gatherings with other consumer groups at the provincial and national level take place to promote unity and greater political visibility.

1993

The *GSEI* gives Nérée St-Amand, the title of life-time honorary board member for his tireless contribution to the psychiatric patients' movement in the Greater Moncton area and in New Brunswick.

1995

The *Groupe de support émotionnel Inc.* puts into place The Vocational Self-Help Opportunities Program and becomes responsible for the management of *Our Voice/Notre Voix* publication. In partnership with the national office of the Canadian Mental Health Association, we participated in a national pilot project on violence towards consumer/ survivors.

1997

On June 16, the *Groupe de support émotionnel Inc.* celebrates its 10th year of existence by publishing its eleventh newsletter to commemorate this anniversary.

In order to reinforce its philosophy on diluting powers, the *GSEI* puts into place a pilot project; The Community Empowerment Activity Program⁸ whose goal is to improve members' quality of life. This project, as far as we know, is unique in New Brunswick and even in Canada.

2002

The *Groupe de support émotionnel Inc.* pays tribute to its 15th anniversary by publishing a special newsletter for this occasion.

⁸ The CEA is a program where members, are compensated to cover cost to attend volunteer work functions for a community agency, or to visit someone who is isolated and in need of friendship.



2004

Pursuing the goal of transferring power to people, the *Groupe de support émotionnel Inc.* launches another project called The Weekend Club; this program will address the issue of isolation during the weekend and helps to reduce loneliness during this time of the week.

2007

Mental Health Services of the Beauséjour Regional Health Authority (RHA) put forward a proposal in April to the *GSEI*; this suggestion calls for *GSEI* to accept a professional to sit on their board of directors. Refusing to allow this to happen, President Babineau sends a letter dated April 27 (circulated at the national level to consumer/survivors groups for the purpose of advocacy and moral support) to the RHA regional mental

health director explaining the reasons why this activity centre will not cooperate with this suggestion. Here are some excerpts:

We also reason that we often have caregivers in ‘our treatment plan’ within the clinical setting, so why then would we want to extend their involvement in the management of our self-help activities?

Are we ready to create an upheaval with the philosophy of a group, which serves as one of the principal engines of advocacy for the consumer sector in New Brunswick?

Why is it that the dominant themes of professional bodies are partnership and rapprochement, while those of self-help programs are independence and a need to detach from formal services?

Groupe de support émotionnel Inc. 2007

In order to resolve this conflict, *GSEI* proposes another option, which will be to provide all relevant documents pertaining to its operations such as minutes, policies and procedures, code of ethics, etc.

Following such a swift and forceful reaction, the mental health regional office decides to respect the *GSEI*'s viewpoint on May 17, and to accept its proposal of supplying all relevant information to RHA representatives. Here are a few excerpts from the reply written by the RHA regional mental health director on this issue:

This is a follow-up to your letter dated April 27, 2007. First I would like to say that I was very surprised by your comments...

Mr. Babineau, I recognize the work that you and your board have done for almost 20 years. I, myself, was even involved in your Centre receiving funds, having

been asked by NB Mental Health at that time to evaluate the needs and merits of your Centre. For your information, I gave it my full support. The reason for my request has nothing to do with control because the representative would not even have the right to vote. The reason for my request is in order to ensure better understanding of the needs of our clients and to work in partnership with you in order to assure that we address them...

Instead of having representation on your Board, you propose to send me information: I thank you for it. As you mentioned, I already receive some and it will be my pleasure to accept the other material, at your convenience. You have also invited me to come and visit which I greatly appreciate; I will do so as soon as our schedules allows it.

Beauséjour Regional Health Authority 2007

In this same year, the *Groupe de support de support émotionnel Inc.* celebrates 20 years of service to the community.

In the face of these achievements, *GSEI* members still strive for a better future, and aim to alter the manner, in which it views the mental health system. It is particularly out of the ordinary to go back to two quotes in their annual reports for 1991-92 and 1992-93, written in a style, which we admit does not respect publishing standards. However, it seems important to emphasize the sarcastic humour and opinions, by which consumers perceive the psychiatric system. These messages reflect a community's call for urgent help and an express frustration at not being heard nor understood.

Our emotional and psychiatric activities:

We had nervous breakdowns; we felt alone; we helped each other; we complained; we saw our psychiatrists; some of us were hospitalized; we took pills; we stood

up for ourselves and we laughed at the system. Life is tough!!! (1991-92).

We helped each other and we stood up for ourselves; as a result, our mental health improved. We had individual and collective victories and failures. For some, mental pain has caused them to be lonely and depressed. Some saw psychiatrists. We took all kind of pills from Anafranil to Xanax. Very few were hospitalized. For some of us, medications caused some inconvenient side effects. Where are the jobs? Where is the adequate housing? Where is the family support? Where is happiness? (1992-93)

Groupe de support émotionnel Inc. 1991-93

If this group had followed the paths drawn by the stakeholders in the fields of academics, politics or psychiatry, their destiny could not have been realized. However, with a strong determination, *GSEI* has never allowed itself to be intimidated by the so-called mental health experts. Twenty years later, this book, you hold in your hands, stands as proof of our perseverance and our vision of a better future.

According to the director, the word which best defines people's resiliency in overcoming mental illness and/or psychiatry is "imagination".

6.4 New Brunswick's Contribution to the National and International Movement

Since its inception, our movement has not been solely active on the local and provincial scene, but has made some contributions at the national and international levels. Here are a few examples:

1989

It is documented that one of the first national gatherings of people with a mental illness was held in Montreal on November 24-26. Under the theme *Our Turn*, it was heralded

as, “a conference about mental health alternatives and consumer involvement.” New Brunswick was there!

1989-1994

Under Julie Flatt’s leadership with the National Network for Mental Health, I served the organization as their translator for meetings and eventually was elected as a board member.

2001

New Brunswick played a significant role in the 3 day North American Symposium on Empowerment held in Montreal. As Master of Ceremonies for the *Madly Empowered: From Darkness to Light* event, I opened this conference with the following remarks to 400 guests:

The stories that you will witness here in the next three days will not be an interpretation coming from the system to explain our challenges, but rather a tale from the heart expressed in the first person, so as to inspire us to overcome our obstacles and to reinforce our solidarity.

LeBlanc 2002b: 38

Two workshops were presented at this symposium: Katherine Tapley-Milton from Sackville presented *The Art of Madness or the Madness of Art* and Monique Mazerolle from Caraquet spoke about *Peer Support: An Enlightening Experience*.

2004

Moncton was the host city for the annual Fall meeting of the National Network for Mental Health (NNMH). This chapter’s author was guest speaker at this function and presented an historical perspective of the NNMH growth from the late 1980’s to the present day. I shared with them the anecdote of being in Toronto on a Saturday afternoon in the early 1990’s and proposing that we name this national organization: The National Network for Mental Health.

Throughout the Years...

In the last two decades, New Brunswickers such as Léa Chamberlain, Yves Hudon, Beatrice Loggie, Roger Melanson, Robert Mackay, Nancy Smith, Stephen Stiles, Katherine Tapley-Milton and others have contributed to the national path of advocacy and progress with the National Network for Mental Health, CMHA's National Consumer Advisory Council and the recently formed Canadian Coalition of Alternative Mental Health Resources, as well as other national groups.

6.5 Budgets Spent: Numbers Speak

Do not tell me about your values; show me your budget, and I will tell you what you value.

Joseph Biden Sr.

Let's emphasize that in 2005, the total financial support for consumer/survivors organizations in New Brunswick came to approximately \$1.1 million (1.8%) of a global mental health budget of about \$61.7 million. In terms of cost effectiveness, we estimate this to be a mere \$1.51 per day in cost to the taxpayer for this service compared to over \$645 for a daily stay in a psychiatric ward. How can we explain this incredible difference of over 350% in expenditure to stay in an institution rather than be in the community?

Despite such minimal financial support, we can come to better appreciate that initiatives, which are born in the heart, and managed with courage and imagination, have been brought to fruition by people whom professionals would call "consumers" and "clients". The psychiatrized have shown, thanks to such feats, that they are people with great promise and vision. The next chapters will deal in length with people's potential and will raise a few questions based on their experiences and their commitment to living "the dream of change".

Chapter 7

ARE WE CONSUMERS OF CONVENIENCE?

...it is not a very positive view to describe oneself as a consumer. If you end up in society as only a consumer, then you are necessarily weak because you depend completely on others. It seems to me that all of us must be as much producers as consumers. People who get labeled need especially to be producers rather than consumers so that they will have power.

John L. McKnight: 1989: 7

The Challenges to Maintain Imagination and Vision

Vision without action is merely a dream.

Action without vision just passes the time.

Vision with action can change the world.

Joel Arthur Baker

With all the information presented so far, especially, in the preceding chapter, we can make plain that the consumer/survivors' movement has the following aspirations:

- 1) Functioning under the ideal of independence;
- 2) Distancing from institutional systems;
- 3) Taking ownership of their recovery and self determination;
- 4) Putting into place an agenda for controlling their personal and collective destiny;
- 5) Maintaining authenticity by being loyal to self-help principles.

We also see another powerful force simultaneously attempting to overshadow us by having our dream of freedom kept in check and our powers of creativity curtailed. This is the fallacy of partnership with the formal system and its adherents, who request from the consumer/survivors community, that we collaborate on their professional committees and boards. The purpose of which is to exert control over us.

Regardless of all the noble attempts towards the ideal of independence, we believe that there have been too many compromises; this is not only a New Brunswick issue, but a concern in all of the consumer/survivors' movements across Canada and elsewhere. For the purpose of this book, we will concentrate on our province and we will ask, in this chapter, some questions to support our way of seeing this problem of involvement with professional parties.

7.1 Brain Pain or Shattered Hearts?

Different opinions pervade about what causes mental illness and what solutions should be applied. Are we the way we are because of wounded hearts or broken brains? Studies and

clinical articles have been published to support both sides of this issue. Some revere psychiatry and its bio-chemical theories while others tolerate it and some reject it completely. Some hold the belief that consumer/survivors can do it on their own, while others maintain a condescending, paternalistic approach towards them. The spectrum to explain why we are different and what to do about us is very wide-ranging. How one answers this question will greatly reflect whether we uphold the truest of ideals or a watered down version of the dream.

7.2 How We Name Ourselves

Another component which is crucial to influencing how we govern ourselves is on what we see in the mirror. Are we *consumers*, *survivors*, *psychiatrized*, *users*, *recipients*, *mental patients*, *ex-patients*, *beneficiaries*, *clients*, *members*, *schizophrenics*, *bi-polars*, *free thinkers*, *people with a mental illness* or simply *citizens*? Some terms are neutral; others are passive and limited in scope, while others define someone as if they are under an oppressive regime. The internalization of what we choose to call ourselves will determine the path of our beliefs and value systems in the mental health system and in society at large. (See chapter 10 for an in-depth analysis of this problem)

7.3 A Question of Control?



This satirical illustration conveys the message that consumer/survivors are distrustful when they are being approached by the mental health system in regards to establishing collaborative partnerships. Victims of psychiatry are often hesitant fearing their agenda will be taken over by those who view client's *limitations* as something to control. Values and interest differ between parties. History has many examples of this so-called cooperation.

It has been a trend throughout New Brunswick and across Canada that those who are in the business of third party advocacy, such as branches of the Canadian Mental Health Association (CMHA) and other community groups, have maintained consumer-run initiatives under their wings. Some will approve of this practice while others will argue that it is an agenda which only duplicates the control that prevails in the psychiatric system.

An historical illustration of this would be in 1988, when a small group of members from the Our Place Club in Moncton, dared to propose separating from the clutches of the CMHA local branch, and establish an independent, true self-help model of operation. Not being successful in their attempts, they were ousted from their centre. Here is how this was interpreted by Stephen Stiles at the time:

These attempts were continually blocked...were labeled 'seditious' and 'subversive'. Ideas such as the forming of a Board of Directors, questioning voices on the part of active members, and the concept of placing high functioning members in responsible positions were all squelched... Hopefully the oppression directed towards the mental patient...will be brought to an end... Hopefully, the members of Our Place will learn that they can and should fight against maltreatment. Hopefully some day, they will learn that they are human beings with as many rights as anyone else.

Stiles 1988: 3-4

In 2003, similar echoes of concerns were displayed when Robert MacKay went on a 17-day hunger strike, for what he claimed was the, "...non-enforcement of policy whereby consumer-run initiatives are managed and staffed by consumers." Mental Health Services Division will not take seriously the legitimate message coming from this tactic.

Are these incidents merely isolated anecdotes or do they reflect a genuine concern in the consumer/survivors movement that there is infiltration by outside parties who are preoccupied with the administration of our self-help agenda?

Under the New Brunswick formula for consumer run governance of activity centres, it is stipulated in policy that the, "board of directors are to be made up of a majority (50% +1) of volunteer consumers." What is of concern to us is that there does not appear to be any incentive to increase this minimum percentage, therefore, *the powers that be* may keep under their control initiatives which should be solely managed by us. It is, undoubtedly, for those reasons that there are no real efforts to allow consumer/survivors to fly on their own.

How often do we see recipients of mental health services knocking on the door of psychiatry, or various community and clinical services asking to be part of their governing team? And how often are those groups knocking on our door to be part of our team? Mental health professionals and service providers aspire for partnership while the prevailing goal of most of the consumer/survivors movement is to divorce itself from this alliance. If control over us is exerted in the clinical setting, as well as in the delivery of marginal social policies, why then should we also accept having our self-help agenda influenced by such parties? Their obsession to be involved demonstrates that they tend to ignore what it's like to be at the receiving end of mental health services, what it's like to be subject to human rights violations, and they assume too often, that the truth and nothing but the truth begins with psychiatry and professionally run services!

In regions of the province where this still occurs, it surely indicates a failure to promote the cause of independence, and maintains a passive outlook towards those who want to enhance collective awareness in providing mental health reform. It should also be noted that activity centre policy further stipulates that, “activity centres complement the formal service delivery system.”

In her book, *A Fragile Revolution: Consumers and Psychiatric Survivors Confront the Power of the Mental Health System*, Barbara Everett articulately elaborates on the partnership agenda put forward by government and community agencies:

...it is impossible to have a partnership when the power of one part of the equation so vastly overwhelms that of the other. There is validity to this perspective, as the reality is that, in most instances, the government retains an inordinate level of control in the lives of its consumers ...For example, government issues the social assistance checks that most depend upon. It funds the housing in which they live. It employs their counselors, therapist and case managers. It formulates the laws that call for a suspension of their civil rights under certain conditions. It runs the psychiatric institutions and hospitals against their will. It even funds their own self-help and advocacy groups. Given that our society's most common experience of power is dominance, it is perhaps predictable that consumers distrust the apparent good intentions of the partnership agenda.

Everett 2000: 174-175

The practice of inserting ourselves as *consumers of convenience* is detrimental and counter-productive to the purpose set forth in mental health recipient-run policy in New Brunswick. One has to remember that everyone has had a mental health problem in his or her lifetime, but what many do not understand, ignore and often overlook, is that not everyone has

been psychiatrized, nor has everyone been stigmatized by such an ordeal!

There is a book, published in 1987, that recognized the value of consumer/survivors self-help initiatives. It is well worth providing the following excerpts from author Zinman in *Reaching Across: Mental Health Clients Helping Each Other*:

Two revealing questions should be asked of groups calling themselves self-help or client-run alternatives:

- 1) Who holds the real power? Mental health providers and other non-client helpers, or the client membership? Do the users of the service or the participants in the group run the program? Is it token power with the official or unofficial power lying in other non-client hands? For true self-help groups are run for, by and of mental health clients. Mental health clients make the major decisions in these groups.”*
- 2) Is there a spirit of advocacy in the group? To some degree or another, is there an expression of the liberation dream? For this is the root of true self-help groups.*

In the author’s opinion, most of the so-called self-help social clubs and networks developed by the mental health system fail these tests. They usually are run by mental health professionals and/or non-client helpers. They have also depoliticized the self-help model. They have fit self-help into their mental health thinking and service delivery system as a treatment modality and neutralized its adversarial effects.

However, any group has the potential to become truly client-controlled, if it chooses. Client-run self-help groups stand as role models and a guide for what is

possible, for clients to exercise real power and control over their group.

Zinman 1987: 18

How many groups in New Brunswick have a political agenda? How many are expressing a dream of liberation? How many provide an adversarial voice to the formal system? The province=s linguistic and cultural traditions, as well as its outlook on the causes and remedies for mental illness, at times hamper the progression of such a vision.

Having expressed this concern, I wish to reiterate in the strongest of terms and with the greatest of respect, that I believe there is much good done in New Brunswick with a consumer-run and partially managed sector in the province=s mental health system. Many people have been helped by these services and some have even had their lives sheltered from committing suicide! This cannot be denied! Furthermore, activity centres play a crucial role in preventing psychiatric hospitalization for some individuals. As was once stated by a respondent to a satisfaction and needs survey in 2003, “*I would go crazy without an activity centre.*” However, one has to imagine a greater vision than what we have already. In my opinion, this would be a much more proactive consumer/survivor sector, which can only be brought about by those who are personally disenfranchised by a system that contributes to their social, medical and economic paralysis.

7.4 Propaganda of Recovery: Truth or Fiction?

In his critical article in 2005 questioning the legitimacy of social work, Stephen Stiles also shared many significant and forthright observations regarding the consumer/survivors movement’s claim to empowerment and recovery:

The so-called consumer/survivors movement is no exception to the rule of self-interest. We are told there are ‘consumer initiatives’; ‘consumer empowerment’; ‘reform is working’; etc., but these are just words

spoken out of the self-interest of those involved in the movement wanting to solidify their ill-gotten gains... The realities of those they represent speak otherwise. The plight of the mentally ill is worsening, not getting better. True self-help groups have vanished. Welfare rates have not increased in over twenty years. There are still virtually no schizophrenics, nor manic depressives free of medication, free of psychiatry, free of social workers, none living fully in a worthwhile manner... The truth is the only ones profiting from the so-called consumer/survivors' movement are the lucky few transported off to this or that conference, applauded in public, even salaried. The suffering mental patient remains just that - a suffering mental patient. 'Empowerment' is a myth generated by the system and perpetuated by the consumer/survivors drawn into that system. Self-interest, once again.

(Stiles 2005a: 45)

Is there any soundness to this claim? Despite an improvement for a very small number of people, social and economic trends reflect much truth in the above statement, as this is often the reality that many need to contend with on a daily basis.

The province's consumer movement serves approximately 2000 New Brunswickers, and *Our Voice/Notre Voix*'s circulation is a mere 800 copies. However, according to the Canadian Alliance on Mental Illness and Mental Health, "1 in 5 Canadians will experience, during their lifetime, a mental illness serious enough to impair functioning," which translates into approximately 150 000 New Brunswickers experiencing a mental illness in their lifetime. All this to say that only 1.3% of the population are being exposed to the consumer/survivors movement today while the other 98.7% are being served, if at all, completely by expensive forms of medical or psychiatric treatment.

Another important factor, determining quality of life, is access to the minimum wealth, which a Canadian citizen should be able to attain in terms of a decent standard of living. In 1993, *Our Voice/Notre Voix* conducted a survey on the satisfaction level consumer/survivors had with their provincial mental health system. Despite a third having a job, their average monthly income average was \$580. If we take into account the average annual rate of inflation for the years of 1993-2003, the average income would increase to \$713 monthly or annual revenue of \$8,556! This is still very much under the poverty line. Here is how St-Amand and Allard concluded their finding in this second survey carried out in 2003:

Moreover, it stands out very clearly from this study that the clients participating in activity centres are very poor - very much under the poverty threshold. And so, what hope do they have of getting out of their situation if monies received are not enough to cover their basic needs such as housing and food. This situation has clearly gotten worse since the last study. What concerns us here, in part, are the links between poverty and mental health, poverty and housing, poverty and self esteem. To live under the poverty line brings enormous amounts of stress which contribute to accentuating mental health problems. A global view of these problems is necessary and some comprehensive policies are required to address this as well.

Also, what are the possibilities for people to be able to get out of the mental health system and find themselves a job and to make a decent living? Indeed, it seems that psychiatry is a dead end for if we combine factors such as income, medication and employment, we realize that these people are caught up in a system where it's impossible to get out.

St-Amand and Allard 2003

How do we then reconcile the empowerment agenda of the New Brunswick consumer/ survivor movement and the actual standard of living of its constituents? Governments have listened to a limited extent regarding our need to create and foster networks of social solidarity, but have not yet come to terms with addressing the citizenry=s need for improved economic benchmarks beyond providing recreational opportunities. By ignoring these problems, stigma and prejudice against the average person with a mental illness remains very high. There is still much to do! By propagating the myth of *recovery*, we bypass the real issues and neglect addressing the real *bread and butter* needs of people.

7.5 Honouring Our Writings

A sudden enlightenment can sometimes bring a divide into our fate. But this clarification is, but a sudden vision, by the Spirit, of a path long ago prepared. I slowly learned grammar. I was taught syntax. My feelings were awoken. And there abruptly, was a poem that struck me in the heart.

Antoine de Saint-Exupéry

In August 1994, at the first World Acadian Congress held in New Brunswick, the world renowned author, Antoinine Maillet, spoke to attending delegates. She mentioned that after all these years of fighting for equality and recognition, Acadia was establishing its place in the world, and Acadians were gaining greater political power, so as to be increasingly able to advocate their needs in the fields of communication, culture, economy and education. However, the most memorable part of her speech, which is very relevant to our provincial consumer/ survivors movement, is the perceptive observation that prior to obtaining political influence with government, the Acadians used another strategy to combat the repression under which they were living: They wrote poetry and they told their stories!

Since 1987, the plight of consumer/survivors is being told; the stigma against those labeled with having schizophrenia or bipolar illness, and other forms of mental illness is being

expressed. The dissent from those who don't conform to societal standards is being heard, and the contradictions and the debate continue. Reading a story that conveys a message of oppression is difficult; however, it remains a worthy tale to write and a noble vision to publish.

Antoinine Maillet ended her address by proposing:

“...that the biggest challenge facing nations and individuals of the planet are the triumphant victory of freedom, and that we cannot stifle the voice of a people as long as individuals inside the community provide it with liberating energies.”

LeBlanc 1994: 1-2

All who partake in New Brunswick's consumer/survivors' movement bring to it an invaluable contribution. The challenge now is to direct this passion into one flow with the same intensity of purpose. Those who embark on talking and writing about their messages are like activists. Barbara Everett in her book: *A Fragile Revolution: Consumers and Psychiatric Survivors Confront the Power of the Mental Health System* summarized it this way:

Naming themselves as 'activist' appears to have more appeal than 'partners' because it captures more accurately the nature of their critique, while at the same time, acknowledges their fighting spirit. Activists are independent, honorable and committed. They don't give in and they don't sell out. They are demonstrably separate from the powers they assail. They are the modern version of warriors, lonely, isolated and rather dispirited as it has been demonstrated, but nonetheless warriors who have discovered their purpose and found their place in the world.

Everett 2000: 178-179

And such “warriors” across New Brunswick are those who do not sit content with their fate, but fight for a better tomorrow; they attempt to empower themselves and others through self-help initiatives or other meaningful tasks. They have imagined something greater than what former generations received from social workers, health care professionals and, most importantly, psychiatry. They have dreamed of things which never were, and believed that the impossible could become new dimensions in reality. They dared to think outside the box. Some layers of the New Brunswick consumer/survivors’ movement have left us a legacy of knowledge and improvement. We are on the edge of something great, and the power to reclaim our lives is a work in progress for all. The question remains: will we stay vigilant and utilize the aspirations of Mary, Stephen and thousands of others who came before us as bedrock to fulfill our dreams?

7.6 What Would Happen If?

Leave the poor some time for self-improvement. Let them not be forced to grind the bones out of their arms for bread, but (give them) space to think and feel like moral and immortal creatures.

Phillip James Bailey

As previously stated, statistics suggest that approximately 20% of New Brunswickers – about 150,000 people – will have a significant mental health problem at some time in their lives. However, with our very meagre, limited budgets, our movement is only able to serve 2,000 citizens and the circulation for *Our Voice/Notre Voix* is currently at a nominal 800 copies. Again, it is important to reiterate that 1.3% of the citizenry are exposed to the consumer/survivors’ movement in our province while the other 98.7% are being served by costly mental health services. What if we imagined things differently?

- 1) What would happen if the consumer/survivor’s movement had the resources to reach 150,000 people?

- 2) What would happen if 150,000 homes received *Our Voice/Notre Voix*?
- 3) What would happen if we could print and distribute 150,000 copies of this book?
- 4) What would happen if students going into social work studies had parts of their classes taught by consumer/survivors?
- 5) What would happen if people's awareness were heightened into believing that there are new ways of interpreting their own psycho-spiritual crisis (expression from Dr Peter Breggin) and new ways of applying solutions?
- 6) What would happen if we redefined madness?
- 7) What would happen if 'wellness buildings' replaced sterile looking psychiatric units and hospitals, and what if these structures were to be designed aesthetically to please mind, body and soul?
- 8) What would happen if budgets were to be turned upside down, by putting the emphasis on maintaining mental health and wellness, rather than treating mental illness with expensive forms of intervention?
- 9) What would happen if the New Brunswick government adopted a comprehensive and coherent mental health policy that consisted of addressing issues of housing, income and employment for those having serious mental health challenges?
- 10) What would happen if the Canadian government decided to eradicate poverty by adopting a guaranteed annual income; thus, eliminating duplicating layers of bureaucracy?
- 11) What would happen if we replaced our provincial Psychiatric Patient Advocate System by a more consumer/

survivor friendly model like the one in Quebec?
(A.G.I.D.D - Quebec Association for Human Rights
Intervention and Advocacy)

- 12) What would happen if *Our Voice/Notre Voix* linked with other Canadian and international consumer/survivors groups to establish a transnational forum of understanding and action?
- 13) What would happen if we established a day of remembrance for those whose voices were forgotten in the days of asylum care? What would happen if one of the activities on that day was NO-Psychiatry Day, encouraging people to avoid consulting and listening to psychiatrists for at least one day during the year?
- 14) What would happen if things were done differently, and we had a nonviolent revolution in mental health care?
- 15) What would happen if real choices and multiple options were offered for our mental and emotional well being?
- 16) What would happen if we learned about and helped create alternatives to standard mental health care treatment, such as safe houses, drug free centres, peer support, emotional healing, poetry, music, drama, performance, writing, journaling, fun & games, liberation, activism, nutrition, exercise, and much more?
- 17) What would happen if we said “Enough is enough”?

Mary Huestis Pengilly, Stephen Inness and many others who have suffered in silence and gone through the tortuous hell of the Provincial Lunatic Asylum and 20th century institutional care, must have imagined many “what ifs.” The answers of those times were as gloomy as they are today; however, we are convinced that this present generation has dealt with a tiny portion of those “what ifs” in the last 20 years. Who has authored this change in the province’s mental health system?

Who has been responsible for demystifying mental illness and explaining the true nature of psychiatric care? The New Brunswick Mental Health Consumer/Survivors' Movement, its few brave activist, their allies and no-one else! The last two chapters have clearly displayed this.

Possibilities are only confined by the limits of our imagination. We are put here to create, design and improve new models for our communities, our societies and our mental health. Life invites us to think outside our comfort zone, and challenges us to imagine a different world from the one in which we are invited to, or even at times forced to accept. Let future generations write the sequel to this book of account with the ink of hope and promise, and may their writings be of the dreams to which we aspired. As you reflect on the words from this chapter and of this book, we ask you: what will you dare to imagine?

Chapter 8

TWO WORLDS?

Why has society chosen a certain group of people who think 'strangely' - let's put it that way - and decided to give them medication that is so powerful, that they can't think anymore. That's a question that needs to be answered, and it is a testament to how regular people view mental patients.

Stephen Stiles

Invaluable Observations and Remarkable Journeys

We interviewed six people for this book, and they were asked several questions pertaining to mental health. What came out of this task was differing layers of awareness and conviction in regards to New Brunswick's movement of consumer/survivors. In some instances, responses were divisive and going in opposing directions. We can take note of the fact, the immense challenges required to change structures, when people who are considered leaders search for solutions and alternative practices, express different views on topics which they hold dear to their heart. This teeter-tottering of consciousness raising reflects a continuous debate about whether, or not to be content with the views professed by our current mental health system, or to be resistant of the helping model that the psychiatrize often find themselves in. And, between both, is there a place for mediation?

The respondents are credible and respected stakeholders of the province's mental health system and/or its consumer/survivors' movement. Listed, in alphabetical order, are very brief biographical notes for each respondent.

Jessica Letourneau: Activity Centre director of *Le Rendez-Vous* in Campbellton and former President of the New Brunswick Mental Consumer Network.

Beatrice Loggie: Activity Centre director of Caring Friends in Miramichi and former Chair of the New Brunswick Mental Health Consumer Network.

Constance McKnight: National Executive Director of the National Network for Mental Health in St. Catharines, Ontario.

Shawn Poissonnier: From south-eastern New Brunswick, he was a writer for *Our Voice/Notre Voix* and a strong advocate for human rights in mental health. He passed away shortly after this interview.

Ken Ross: New Brunswick's Assistant Deputy Minister for Mental Health Services of the Department of Health.

Stephen Stiles: Founder of *Our Voix /Notre Voix* and a professional writer/researcher.

8.1 Questions Asked and Opinions Expressed

Eleven questions were asked to six experts in their respective fields. Below are excerpts that we judged to be the most relevant.

How do you view New Brunswick's Mental Health Consumer/Survivors' Movement?

It is a good movement because it gives mental health consumers, a bilingual voice in the community. It acts as an advocate for them; it tries to educate the public and reduce the stigma related to mental illness. (Beatrice Loggie)

I think that any consumer movement is a very positive thing. (Constance McKnight)

Well, I see it as a very positive force in the whole evolution of reforming our mental health services. The consumer movement brings to me, the sense of a very important voice for both policy and program direction in mental health...The consumer movement has the opportunity to make contributions that I think, sometimes, the formal system cannot make simply because people in that movement are coming from a personal experiential point of view. (Ken Ross)

I honestly don't think there is one...if we look at it as a social movement...as people who are oppressed...The consumers are still consumers...they still think they are in need of help...they have not taken control of their own lives as the blacks, the natives or the unions do...so there isn't a movement in New Brunswick. (Stephen Stiles)

What do you think are its strengths?

The movement has succeeded in reducing the labels and allowing for less taboo. It has given a chance for consumers to express themselves...to give their opinions and to see that they are not alone in this world...and that they can accomplish whatever they set out to do. (Jessica Letourneau)

I think it's the number of groups that are actually in existence. That's a very positive thing especially for such a small province with such a small population. You compare this with the rest of the country, and the number of groups there per capita really outweighs anything that is being done across Canada. (Constance McKnight)

Years ago, we probably did not recognize nor appreciate the contribution that people who have experienced mental health care could provide. The other thing is, I think they bring a credible perspective. You know, in my view, one cannot dismiss comments that are made simply because a person has a history of mental illness. (Ken Ross)

What kinds of improvement do you think it should adopt?

To have better communication in the regions would be a good addition...more specialized services such as psychiatric nursing. (Jessica Letourneau)

To have more mental health consumers participate regionally, provincially and nationally. (Beatrice Loggie)

It would be for people to leave their jobs as leaders within the consumer groups if they are not consumers...they should be replaced by consumers. I think that is something that should really be looked at. The other thing is that budgets need to be increased because you want to be able to attract people to those positions at a reasonable rate of pay. With an overall budget as little as each of the groups has, it would be very difficult to be able to do that. (Constance McKnight)

Well it's my sense that a lot of work tends to fall on only a few shoulders. I guess what I mean by that is sometimes, it seems that responsibilities aren't distributed broadly enough within the consumer network or consumer movement, so that key leaders tend to have to take on more and more and more...From time to time, there tends to be some substantive conflict in the consumer movement, and sometimes it may just be due to very entrenched points of view, where there is no willingness to compromise. I think when you have conflict and schisms within a particular voice it doesn't really help. (Ken Ross)

In a sense, it would all have to be started over again... in the so-called mental health consumer movement...they never got it together who they were...they never identified who is crazy and who is not really crazy...who is the oppressed and who is the oppressor...they have allowed all kinds of non-crazy people into their own so-called movement...it would be like when the blacks were trying to take back their rights in the 70's in the southern United States...it would be like saying 'I'm kind of a second class citizen and I need white people's help so the black rights movements are going to be run by white people.' Sounds crazy, but this is what the consumer movement has done. (Stephen Stiles)

Do you have any examples or models from which we could benefit, either in Canada or elsewhere?

I'm somewhat proud of what we've got in New Brunswick to start with. I think we have quite an activist consumer network in our province. (Ken Ross)

Which direction should the movement take in the next five to ten years?

Continue to avoid hospitalization by giving more tools...do more prevention...open more crisis centres across the province, transition houses, etc. (Jessica Letourneau)

I think that one of the biggest pieces is to have real consumers in leadership capacity. I think that's one of the greatest things

that the consumer movement has to do, especially in New Brunswick. (Constance McKnight)

First of all, we need to start focusing on individuals. I think what we need to have is a really soft adversarial way of looking at psychiatry, and the way they treat patients... The movement should be independent of the social network that psychiatry belongs to...that would help...that would be better. (Shawn Poissonnier)

We really need to continue focusing on the importance of people being included in their community. In that context, we have to deal with stigma and I think that consumers are uniquely positioned to address the stigma issue, both through what they say and what they do. I think there is also a need in the years ahead, for the consumer movement to really understand, and be vigilant about what policies, practices and programs are being put in place, that will impact on their lives, and that when they see something going in a direction that may not be helpful, that they need to find strategic ways to be able to influence a change in that direction. (Ken Ross)

I think they should get out of the system...not take money from the system...see it like the blacks did...like the natives did...like the unions did...see it as a war...as a struggle...they should see themselves as 'nothing wrong with me'...nothing wrong with my friends...and we're going to take control of our own lives'...the so-called consumer movement is not doing that...in my life time...I saw it happening somewhere in the late 70's and early 80's, and since then, it has progressively gotten worse, to the point where it doesn't even cross the oppressed mental patient's mind that maybe they're the one in the right, and it is the system that is wrong. (Stephen Stiles)

How best can the consumer/survivors' movement help the people in need?

By giving them the keys to be able to get out of the system... by giving them a place to belong to...an opportunity to meet other people and to realize that they are not alone...For example,

activity centres can meet this need. Another one would be the Provincial Network...a chance to prove that we can accomplish a lot by working together. Teamwork is not easy but it always is fruitful. (Jessica Letourneau)

They need to forget about the labels and stigma...and focus on the experiences of people, their experiences with psychiatry, and to use those as strengths... focus more on what the person is about...who they are...what their likes and dislikes are. (Shawn Poissonnier)

What does that mean ‘the people in need’?...I think that is the most telling question in this list...the consumer movement has so bought into the model that weak mental patients need help...that’s the exact model the psychiatric system has...so now their service delivery helping the weaker and poorer mental patients...they become just like the system the movement has... if it was a real movement...they would know that the people in need are actually in society, and psychiatry, and mental health services...they=re the ones that are in need and we have the answers. So that shows how skewed the whole movement is... just the fact that this question would even be asked. (Stephen Stiles)

What needs do you think are more urgent in order to help the psychiatricized people of New Brunswick and elsewhere?
To improve their standard of living in terms of income, housing and access to education. (Jessica Letourneau)

I think that one of the biggest things is income. If people don’t have appropriate income...how can we eat well?...If we can’t eat well...how can we function well?...If we can’t dress well how can we feel the self-confidence that we need to be able to go out there, and become involved in the community? (Constance McKnight)

What we really do need is rights...I think the individual's rights...the patient's rights to make informed decisions is the most important one. (Shawn Poissonnier)

Well for me it always falls back to decent housing, being included as part of the community and having a decent income. If those three things were in place...those are pretty critical determinants of health... I think if we could go forward in addressing those three important social health determinants, there would be very useful and beneficial health benefits that would come with that....and I think it would mitigate some of the impact of the illness on the individual. (Ken Ross)

I have been talking about people taking control of their lives...but there is a little added fact here that makes it very hard for people who want to take control of their lives, and it is a testament to how evil...the regular people view mental patients...harder than the blacks and harder than the natives...and that is, they put us on mind tranquilizing medications, which rob us of the ability to take back control of our lives, and I think that really has to be addressed... Why has society chosen a certain group of people who think strangely...let's put it that way...and decided to give them medication that is so powerful...that they can't think anymore...and they never are going to be able to take control of their lives. That's a question that needs to be answered. (Stephen Stiles)

**What should be our attitude towards oppressive services?
How can we best change the system?**

Thank God for the Patient Advocate! (Beatrice Loggie)

First of all, what we need to do is start to have an adversarial system....not totally against psychiatry but at the same time dissent from...have a different point of view. The Our Voice magazine does that excellently, but it doesn't have enough distribution on all levels... I want to make this point that a lot of people with mental health problems have problems in living. They don't necessarily have 'biochemical imbalance'...they

usually have problems dealing with what they're living with.
(Shawn Poissonnier)

I think the first thing is you've got to stay at the table... My experience has been that the most successful way to influence change is through educating others that there are many ways to look at a problem, and other solutions to address a problem, and putting solutions on the table as opposed to perhaps walking away, withdrawing or aggressively attacking a particular oppressive service. (Ken Ross)

I think the best way, we can change the system is every person individually...who wants to change the system... to forget about changing the system and change their own individual life...and get free of it all. You'll notice that the so-called mental health consumer movement in Canada...those people sitting on boards, committees...supposedly reforming things...talking with the Kirby Commission...bla bla bla...everyone of them is still seeing a doctor or taking pills...or seeing counselors...and a lot of them are still on welfare or on a disability pension...or Canada Pension. It might seem that they are more together as a mental patient but they are still mental patients... so really the only way to change the system is to get your own individual life out of it completely. One person, who is free of it and just living a regular life like everybody else, has done more in terms of changing the system than all the consumer movements combined. (Stephen Stiles)

What do you think of *Our Voice/Notre Voix* and what kind of impact do you think the publication has on politicians, service providers and disempowered people?

The journal has made enormous progress since its beginning. It has a very good impact because people don't shy away from saying what they think. We see a lot of talent...we learn a lot about what is going on in the province. This magazine is proof that teamwork accomplishes a lot. (Jessica Letourneau)

I love Our Voice. It's one of the best publications I've seen....Our community has been empowered by Our Voice. (Constance McKnight)

I think that in order to make a change in the system... someone has to stand out to make Our Voice into 'My Spotlight'...it makes people aware of what is going on...we need to start telling the experiences of people in the hospitals, and then start to work with that...From there, to tell the public that this experience is disempowering and doesn't help other individuals and that it is making people worse rather than better...it's advocating more powerfulness for individuals who are consumers. (Shawn Poissonnier)

Our Voice/Notre Voix is a very important awareness vehicle...there is no question about that...I really think that there is a receptive audience out there...the question and the key is how do we strategically get the message out to people so that their immediate reaction isn't, 'I'm turned off by the message', but rather, 'I want to know more about it or what can I do to help or assist or how can I be part of the change?' And so, the impact it will have will vary depending on the people in the audience. (Ken Ross)

Our Voice has done a really good job. Eugène LeBlanc has done an exceptional job across Canada... I can hardly think of a better example. (Stephen Stiles)

Do you have an inspirational quote, expressing, how people succeed from helplessness to empowering their lives?

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has. Quote from Margaret Mead (Beatrice Loggie)

To ask for help is not a weakness. Look around you and you will see that you are not alone. (Jessica Letourneau)

Living well is the best revenge. Quote from George Herbert.
(Shawn Poissonnier)

The way you really deal with powerlessness and empowering people is by changing the behaviour in how systems treat people, and to recognize that not one of us is as smart, as all of us collectively. (Ken Ross)

And this I believe: that the free, exploring mind of the individual human is the most valuable thing in the world. And this I would fight for: the freedom of the mind to take any direction it wishes, undirected. And this I must fight against: any idea, religion or government which limits or destroys the individual. This is what I am and what I am about. I can understand why a system built upon a pattern must try to destroy their free mind, for that is one thing which can by inspection destroy such a system. Surely I can understand this and I hate it and I will fight against it to preserve the one thing that separates us from the uncreative beasts. Quote from John Steinbeck (Stephen Stiles)

Do you have any other comments or suggestions?

The New Brunswick mental health consumer movement provides a lot of help to its constituents...and so we need to keep this movement very active. Let's continue to prove that teamwork can be very profitable and much can be accomplished. (Jessica Letourneau)

One of the biggest things that people have to remember is that people are people are people. We all have our issues. (Constance McKnight)

Instead of having a small speaker, we need to have a loud speaker to say what we want...I think we need to start to make our point that mental illness is not an identity...it's not who we are...it's about people, and it's about making decisions about ourselves, and remembering that mental illness is not who you are as a person...it's actually brain dysfunction. That's a better term to use than mental illness. We need a better consumer

movement...we need something that helps people dissent from the mainstream...without it we will have no consumer movement at all... we need to start to have empowerment in terms of gathering people together and saying, 'This is not tolerable...this will not be tolerated'... Reject the mainstream and focus on the individual and collective experiences. (Shawn Poissonnier)

I guess one of the things that I've tried to do in my job, is to always look at issues, when they are brought to my attention with a sense of obligation. I think sometimes in our culture, we try to help people through an adversarial role. We think something is not going well for a loved one, or a friend, or an acquaintance and we advocate...we get into quite an adversarial approach to try to solve the problem, and it usually ends up by saying, 'You're right, I'm wrong' or 'I'm right, you're wrong', and people tend to get entrenched in positions, and you get a sort of an adversarial relationship going, that we tend to lose sight of why we're really here. We should all be obliged to help one another...but when you come from an adversarial perspective...you tend to start entrenching in it..., 'this is my territory; this is my background; this is my history and I'm advocating from this history', and we tend to sometimes lose sight of who it is all about anyway. So my comments would be to encourage greater mutual respect, and greater openness and a greater sense of mutual obligation to one another, as we try to chart the course in the years to come about how we continually make our mental health system better for people. (Ken Ross)

You can walk into any city in New Brunswick today, and find any mental patient on the main street bumming change, or maybe sitting in an office waiting for their psychiatric appointment and if you say to them..., 'what do you think of the New Brunswick mental health consumer movement today?' They would look at you and say, "what, never heard of it, what is it?' So that's proof that there is no such movement. (Stephen Stiles)

8.2 Contradictions or Synergy?

As we can see, the previous comments reflect a vision of psychiatry, of alternatives and the roles of networks to act as an agent for change.

These answers are at times unrestrained, farsighted and in focus; and at other moments, they reflect a departure from the ideal, but they remain heartfelt and sincere, for they are part of the continuum towards freedom, independence and wellness.

Some respondents advocate a collaborative and mutually respectful improvement of services; whereby, we would all benefit by listening, sharing, voicing opinions and gradually improving the system altogether. A cooperative model appears to be the motto for them.

Others would have a more radical approach, with more distance from mental health institutions and their values. They believe that independence is the course to follow rather than interdependence. In this context, they retort that we don't need psychiatry, that those experts will not improve our lot, and that we need to become true citizens, able to think outside the psychiatric box. For these respondents, cooperation is co-optation. It appears that Shawn makes a good argument, when for example; he suggests that, "the consumer/survivors' movement should be independent from the social network that psychiatry belongs to."

We are led to conclude that many people within the system argue for a more cooperative approach, while those who have had hard core experiences with psychiatry want to build another one altogether. Stephen Stiles also has a refreshing view, when he proposes that psychiatry's purpose is to essentially exert "control over our lives".

Should we be reminded that psychiatry is the only branch of medical science (if science at all!) where the managerial class has put into place two policies: one is to fund and further the

medical model, and the other, which aims to give autonomy and empowerment to clients. It is in this framework that they give funding to consumer/survivors groups, so that they may in turn, be better enabled to advocate their human rights within the mental health system! Such a course of action is unprecedented in the medical field, and should cause us to seriously reflect on the reasons for this! The interviewees who had long term involvement with psychiatric care were able to echo this concern.

With a more poetic content, the following chapter will express different ways of seeing problems and decrying systems. As in this chapter, we will be able to decipher enlightening messages and the raising of awareness from the standpoint of people. All this creative writing will confirm the title of this chapter: can we reconcile the world of psychiatry and the world of the suffering, or are we living in two worlds?

Chapter 9

A CELEBRATION OF THE SPIRIT!

The soul would have no rainbow if the eyes had no tears.
Native American Wisdom

9.1 Words of Resiliency

We rely upon the poets, the philosophers and the playwrights to articulate what most of us can only feel, in joy or sorrow. They illuminate the thoughts for which we only grope. They give us the strength and balm we cannot find in ourselves. Whenever I find my courage wavering I rush to them. They give me the wisdom of acceptance, the will and resilience to push on.

Helen Hayes

Confidence, Determination, Fear, Fellowship, Hope, Imagination, Patience, Perseverance, Prevention, Support, Survival

These have been the *words* used by some members of the New Brunswick mental health consumer/survivors community when they were asked to describe people's resiliency in overcoming mental illness and/or psychiatry. The meaning of these terms has been the driving force of inspiration for our activity centres, our network, our magazine and this book! The spirit of this vocabulary was once censored in the days when we were treated like nonentities – people without feelings. May we be reminded of this language when we attempt to overcome barriers, and may these words help us to build a destiny befitting independent citizens of the world!

9.2 Understanding Who We Are!

Life must be understood backwards; but it must be lived forward.

Soren Kierkegaard

Only by understanding our past, can we better understand the now and prepare for the future; and only by reciting our stories in a first-hand account, can we begin to exert control over the

vocabulary, so that we can unshackle the chains of compliance and prevail with liberty and freedom of thought.

For the lunatics became idiots, and the idiots became inmates, and the inmates became mental patients, and the mental patients became psychiatrized, and the psychiatrized became clients, and the clients became consumers, and some consumers became survivors, and some survivors became full-fledged citizens who will be used as an instrument to convey to the masses that suffering and overcoming are a vehicle, by which we can aspire to greater and better things. It is only when pain is mutually acknowledged that an equal footing of understanding and respect can flourish. As Australian activist, Lilla Watson, once said to a gathering of social workers:

If you have come here to help me, you are wasting your time, but if you have come because your liberation is bound up with mine, then let us work together.

9.3 Expressions from the Heart

By way of conclusion, we showcase a few of the writings which have been published in the last twenty years. We selected pieces which reflect the potential of creative writing as a means of expression, as well as those which draws out the great themes surrounding this book. This panoramic vision allows us to embrace, on one hand, the pain of the past, and on the other the hope that is to come. They are presented here in the language in which they were written.

ENCOURAGE-TOI, MON AMI(E)!

Darryl Cottreau (1988)

Le plus grand défi que nous avons à relever est de vivre en paix et en harmonie avec nous-mêmes. Il y a toujours des obstacles qui se présentent devant nous mais il faut les vaincre et les surmonter du meilleur de notre potentiel.

Malgré les souffrances qui troublent notre esprit, il faut quand même aller plus loin dans notre cheminement intellectuel et spirituel. Dans les moments les plus pénibles, il faut quand même regarder les choses positives qui nous arrivent parce que les pensées négatives ne font qu'accabler notre esprit de peine.

Dans nos moments de dépression, au lieu de nous réfugier dans l'alcool ou les stupéfiants, trouvons-nous un(e) ami(e) qui peut nous reconforter. Un(e) ami(e) compréhensif(ve) et solidaire est la seule drogue que nous avons besoin pour combattre notre état dépressif.

Avec l'aide de votre esprit confiant, vous verrez que le soleil apparaîtra parmi tous ces nuages noirs et moroses. Il faut se dire en partant qu'il y a toujours une lumière au bout du tunnel. Malgré que le tunnel est parfois long et étroit, il ne faut surtout pas se décourager, car plus le tunnel est long, plus la lumière du bonheur sera intense à l'autre bout.

Tu te dis peut-être que tu n'as pas besoin d'amis mais observe bien autour de toi et tu verras certainement un regard délicat et compréhensif qui te surveille. Ne cherche pas ces regards avec tes yeux mais surtout avec ton coeur car c'est seulement avec le coeur que nous ressentons clairement et totalement tout l'amour que les autres veulent nous donner.

Ne laisse surtout pas ta mélancolie t'emporter au suicide car celui-ci est la solution des lâches. Gardes ton esprit combatif et ne laisse pas cette société endiablée te vaincre car tu verras, il y a toujours une raison pour vivre. Renonces à tes pensées négatives et suicidaires car tes proches et tes amis t'aiment bien mais surtout parce que la vie vaut la peine d'être vécue.

*Ne manques pas ta chance de vivre pleinement ta vie
car tu verras, comme moi; il y a extrêmement de
belles choses à voir et des belles et bonnes gens à
rencontrer.*

DON'T LABEL ME

I.B. Iskov (1997)

*If I can't talk as well as you,
Don't label me a 'retard'
I'm still a person with a mind
And deserve respect and regard.*

*If I can't walk as well as you,
Don't label me a 'spastic'
I'm still a person with two legs
That feel like they're elastic.*

*If I can't cope as well as you
Don't label me as 'crazy'
I'm still a person with a heart
That isn't dumb or lazy.*

*A handicap is something
That needs your sympathy
So when you see me coming,
Please don't label me.*

LA GUERRE DES NERFS**Carole Labrèche (1998)**

*À la guerre comme à la guerre
 Nous sommes tous des correspondants de guerre.
 Notre ennemi : l'intolérance;
 Notre objectif : enrayer les injustices;
 Guerre d'usure tu me rends la vie dure.*

*Essayez de vous jeter dans la mêlée et non sur un divan
 L'argent, le nerf de cette guerre?
 Non, les calmants!
 Réveillez-vous! La guerre ne se fera pas sans vous.*

**À LA RECHERCHE DE LA MAGIE****Eugène LeBlanc (2002)**

*On cherche des solutions au passage des aventures
 Des réponses qui nous diront la vérité sûre!*

*La boisson, les drogues, le sexe, les jeux du hasard,
 les 'self-help books', toute une soupe bazar et bizarre,
 Une pill, une thérapie, la réadaptation, l'hospitalisation
 Sainte médecine : Tu es devenue notre magie!*

*A bra ka da bra... Pill bleu, pill grise
 Alleluia, ici la magie, Acclamons la parole de la psychiatrie!*

*Le psychiatre à notre secours, misère diminuée
 Père Noël est arrivé, prestige professionnel se fait élevé!*

*Illusion, distortion, "From the outside in
 Instead of the inside out", au lieu de refaire la route!*

*Voici le secret de la guérison, la magie est en nous
 Et l'amour des autres viendra!*

THE CRAZIES ARE COMING**Eugène LeBlanc (2001)**(Conference *Madly Empowered*, Montreal)

*The maladjusted have spoken in great number and zeal
Their madness has shown the way to a better path.*

*The wise and the experts have lost their ground
Their tools of control washing away into sand.*

*The crazies are coming, I say! The crazies are coming
A fragile revolution becoming a self sustaining community.*

*Turn to the left, Turn to the right
But turn to the Supreme and to each other
And turn within you so as to find healing, power and might!*

**UNE VAGUE À LA FOIS****Emmanuelle Robichaud (2002)**

*Pataugeons, nageons, suivant le courant, cherchons le port.
Une vague s'affaisse caressant le sable chaud et radiant
Rayonnant, chaleureux et accueillant
Décrit pour moi le 'Groupe de support'.*

*Le contact humain éveille en moi
La terre entière
C'est dans mon cœur
Où je garde précieusement le partage
Matelot, pêcheur, navigateur
Plongeur explorateur.*

*La mer nous unit
C'est l'océan, c'est le nouvel Orient
Hissons nos voiles
Laissons le vent souffler
Dans la complexité de nos pensées.*

SATIRE
Pierre (2003)

*La liberté dans le comique, la vérité dans l'humour
 la persistance du drôle, le défoulement du cœur.*

*L'acceptation de l'âme, le dialecte de l'esprit
 l'expression du drôle, l'antagoniste invisible
 le désir du changement.*

*Le désir de l'arrêt du délire, le désespoir de sentir les fleurs
 l'amour d'avoir peur
 l'amour de vivre le changement.*

*Il n'y a pas de risques dans la satire
 Il y a que contradiction de vie
 Il y a l'arrogance de parler
 pour les divinités et le luxe de rire.*



L'IMAGINATION
Eugène LeBlanc (2007)

*J'ai vu des sourires sur le visage des gens
 sans pauvreté sûrement
 Tous avaient un endroit où rester
 où la maxime était de donner.*

*J'ai vu que la dépression était partie
 Ainsi que la peur
 Uniquement des vies vécues
 et la tristesse était une chose du passé.*

*J'ai vu la paix dans le cœur des gens
 et la satisfaction régnait dans l'air
 Nous avons fait le bon choix
 avec un seul cœur, un seul amour et une seule voix.*

PILLS À NERFS**Cayouche, Eugène LeBlanc et Gérald LeBlanc***(Album *Last Call*, 2003)

*Amène-moi ma pill à nerfs, tu sais qu'ça m'fait du bien
 Amène-moi ma pill à nerfs, attends pas à demain matin
 Y'a du monde qui fume du pot pour calmer leur cancer
 Y pouvons faire quoi cé qui veulent, amène ma pill à nerfs!*

*Y'a un vieux bonhomme qui s'appelle Charlie;
 y vit dans un foyer
 Quand ça l'pogne dans l'milieu d'la nuit
 ou même en pleine journée
 Les docteurs pis les garde-malades y savons pu quoi faire
 Quand c'qu'y s'met à hucher : « Amène ma pill à nerfs! »*

*Ma grand-mère avait des pills dans sa pharmacie
 A en droppait une demi-douzaine avant l'après-midi
 Quand ce qu'a droppait toutes ses pills a donnait pas sa place
 On l'enterrée l'année passée avec un smile dans face.*

*La vieille soeur qui m'enseignait si qu'a serait en vie,
 A irait dans les écoles pour voir comment les jeunes agient
 A pourrait pas les radorser, a saurait pu quoi faire.
 Dans son temps, c'était la strappe, asteur cé les pills à nerfs...*

*Amène-moi ma pill à nerfs, tu sais qu'ça m'fait du bien,
 Amène-moi ma pill à nerfs, attends pas à demain matin,
 Y'a du monde qui fume du pot pour calmer leur cancer,
 Y peuvent faire quoi cé qui veulent, amène ma pill à nerfs
 Y peuvent faire quoi cé qui veulent, amène ma pill à...
 Amène-moi ma pill à nerfs, tu sais qu'ça m'fait du bien!*

* *Pills à nerfs* was composed by Cayouche; Eugène LeBlanc, co-author of this book, partook in the creation of this song.

L'ENTRAIDE, C'EST NOUS**Loïse Forest (2005)**(Winner *Our Voice - Notre Voix*'s poetry contest)

*Souvent désemparés
Ne sachant à qui parler...
N'osant pas le dévoiler aux gens
Présents pour nous aider
Et qui, à travers les années
Nous ont aidés à exister...
Sachant déjà qu'ils vont nous dire
Qu'on a déjà passé pire
Ou que malgré leur bonne volonté
Ils n'ont pas vécu notre passé
Mais en en parlant entre nous
Sachant qu'on est tous un peu fous
En respectant notre expérience
Nos limites, notre bon sens...*

*Peut-être pourrons-nous nous aider
À comprendre ce qui est passé
À vouloir s'encourager
Et finalement se « truster ».
Dans la limite du possible
Ne pas rester impassible
Reconnaître que chez l'autre
Il y a beaucoup de nous autres...*

*Mais attention à ne pas mettre
Tous vos problèmes sur leurs têtes
Simplement en discuter
Peut quelquefois tout changer...
Ou avoir une autre vue
De quelqu'un qui l'a vécu
Nous permettra peut-être
D'aider ceux qui nous aident...*

LOOK INWARD**Lois Yerxa Morin (2005)**(Winner *Our Voice - Notre Voix*'s poetry contest)

*Look inside, don't hide from yourself,
The elf in you, say it to be true
To your feelings, society is trying to get you,
To conform, be a norm, a number
But don't slumber, don't run
Don't hide, wear your feelings outside
On your chest, let people see the best
Of you, don't try to construe
Answers about insanity, it's like profanity
It comes out in various ways
But don't be in a haze, look inward
See yourself an elf sitting on the shelf of the world
You have your say every day*

*Eat your suicidal thoughts and erase the black blots
From your mind, we are a unique kind
We must stand tall, don't take all the falls
Of misfit society
Piety is good but to speak out
Should be an option for us*

*Those who were psychiatrized in institutions,
jails without bail is our plight
We must always fight not to be dehumanized
Or hidden by lies from friends who don't know
Our troubles, our woes. Look inward, don't hide*

*From yourself or the world, look inside
Show rainbows, show glows
Look inward, don't hide away
Have your say. We are strong
We have issues on mental wellness*

*Lets all get along, show the world our illness
Look inward, look inward, be strong*

LE FOU
Nérée St-Amand (2007)

*On avait peur de lui...
Il rêvait un peu trop d'autrement et d'ailleurs.
Il quêtait aux passants pour donner son argent
aux enfants des alentours...
Mais surtout il riait trop souvent
et même sans raison...
De cela aussi, on l'avait averti...*

*Il avait refusé de porter chemise ou souliers...
De renoncer à l'idée de caresser les filles
aux longs cheveux couleur d'or
en oubliant ses rendez-vous...*

*C'est alors qu'on décida
à force de documents convaincants
de le placer parmi les siens
là où il ne pourrait guère déranger
que son espèce...
On l'avait pourtant averti... De ça aussi il avait ri...*

*J'ai fait le détour un lendemain d'octobre...
J'ai visité sa cage et vu ses yeux
qui caressaient encore
les mêmes cheveux couleur d'or
comme si le temps n'avait pas réussi
à lui faire une prison.*

*Il me raconta revenir d'un long voyage...
Il avait souvenance d'une époque
où on mettait en cage vieillards et vagabonds,
inutiles à l'espèce...*

*Toujours souriant il me confia
qu'il préférerait sa couche à la mienne,
ses rois à nos présidents, ses lois à nos armées,
ses voyages à nos prisons.*

Chapter 10

PATIENTS? SURVIVORS? CITIZENS?

The bottom line is that a great majority of community based services are professionals practicing under the expensive ruler-ship of psychiatry outside the hospital walls and inside a residence! It takes more than this to be called 'an alternative'.

Eugène LeBlanc 1992: 2

As a conclusion to what has been presented in preceding chapters; can we determine which role survivors have played in the institution as well as in the community? What kind of voice and influence did they have? What trends stand out from more than one hundred and eighty-five years of asylum history? How can we evaluate the history of institutions when we take into account people's testimonies and how they were victimized? These questions will inspire this chapter's comments. We will attempt to demonstrate the kind of suffering that institutions have brought on the psychiatrized, and the bravery these people have shown under this oppressive rule; thus, we will put forth some evidence-based approaches of people's resourcefulness.

10.1 What History Demonstrates

The historical review carried out in the course of the first seven chapters, suggests a few important considerations in understanding how people, with psychiatric problems, were treated in New Brunswick. The main focus of our questions will deal in four areas: admission; how the institution is utilized; methods caregivers employed; and finally how those who are psychiatrized have taken control.

Who is Admitted?

Two types of admissions are possible: voluntary and involuntary, but a great majority of people were sent against their will (see statistics from St-Amand, 1985, for example). In addition, for more than a hundred years, we find two categories of persons staying at the institution; those who pay for the care that they receive, and non-paying individuals who cannot afford their stay in the asylum.

There were then, two levels of care. Those, paying for their treatments, presumably had better quality care; whereby, their family and friends would be more attentive to their situation. For example, one of the annual reports mentions that some did not work on the farm while others had to. We can also assume that they were involuntary patients who came from poorer families, and who were, for the most part, abandoned, chained, abused, and left to die without a trace in this institutional bareness.

10.2 The Purpose of Institutions: Do We Lockup Crazy People or Undesirable Citizens?

I would like to know who is able to interpret or define the word dangerous on which such momentous issues hang.

D^r Steeves 1887

The query of interpreting who is mad constantly emerges from the historical analysis that we have undertaken. Whom do we commit? To which ends, do we commit? Why? Who decides? What kind of events influences someone to being sent into an asylum? These questions often remain unanswered. However, some comments made by the superintendents clouds doubt, pertaining to diagnosis as well as reasons for admission. Criminals, the homeless, people who are intellectually delayed, epileptics and alcoholics, are more often than not targets for admission. Likewise, people considered to have sexually deviated from the norms of the times, such as homosexuals, prostitutes and promiscuous individuals, were also subjected to exclusion and admitted to the asylum.

Michel Foucault concluded that persons in psychiatric institutions are part of an, “abusive amalgam of heterogeneous elements”; in short, a mixture of all sorts of people considered undesirable by their community, and for all kinds of reasons.

Location of Care

The history of the institutional asylum allows us to bring out three trends pertaining to care: before the institutional era, the rule of the institutions, and community treatment.

Homecare

Before the opening of psychiatric institutions, persons suffering from “madness” would be treated in familiar surroundings, at home, in their community, by family and friends. This brought on numerous problems, some of which were disparity of care according to location and culture; some individuals would be treated fairly well, while others succumb to mistreatment.

People who lived far away from psychiatric institutions had limited access to psychiatrists and other caregivers, which in turn lead to

great inequalities in the care given, particularly in the case of vulnerable individuals. Some could receive care with respect and without shame, while others were hidden, beaten and abandoned.

Institutional Rule

Nineteenth century New Brunswick sees personages arrive and claim that the treatment of the insane must pass through the institution. “*No insane man recovers at home.*” said Superintendent Waddell. Laws are therefore enacted, institutions are built, and care-givers are hired; based on the assumption that the institution can *heal*. This is all in line with European experience that is nearly three hundred years old. In New Brunswick, this institutional detour will last from 1834 to 1970 - about one hundred and forty years - until the province decides to invest in a third psychiatric institution within the walls of the community. We must remember, however, that the institution remains very much on the scene, and professionals proudly exert great influence when it comes to the treatment of deviancy. Yet, fewer walls are required to control people.

How then, did the psychiatric institution survive for so long? Here are some explanations for this:

1. The institution was far from people; isolation was one way to keep secreted doubtful practices;
2. Visitation rights were controlled; wards were closed to the public;
3. Through a reassuring discourse, the institution could promise better days for families of those that they were sending to such a place;
4. It generated important employment and economic spin-offs for the regions involved. At a time when the institution accommodated more than 1,700 persons, Centracare was one of the chief employers in the City of Saint John., and was a great boost for the local economy. “Centracare is indeed a major employer in the greater Saint John area,

providing employment for well over 500 people,” stated Director of Personnel - J.R. Cummings in his 1981-82 Annual Report.

A Return to the Community

We are witnessing a dismantling of psychiatric institutions. They are criticized by many for being places of oppression and totalitarianism (Goffman). This turnaround was not brought about without resistance, notably from professionals whose main interest was to keep their jobs; and local businesses for maintaining the local economy and facing the cost of closure. Even many families were under the impression that the institution was *the* place for treating those considered as crazy.

What brought about this change in policy? Many situations arose, which were conducive to the undermining of the asylum:

1. An awareness of the contradictions with respect to the institution in general (anti-institutional inclination in Italy and the United Kingdom), especially in prisons and psychiatric institutions;
2. A media coverage that has, at long last, given to the general public a viewpoint coming from persons having suffered from an oppressive psychiatry and its institutions. For example, *One Flew Over the Cuckoo's Nest* is a film which brought unambiguous influence in this matter;
3. A significant number of people who stayed in these institutions and who would decry these contradictions (books, films, testimonies);
4. A financial crisis within governments in the 1970's where they wanted to reduce their budgets. Community treatment proved to be about ten times less expensive than institutional treatment; this of course, would be in the short term, and in accordance with the proposed plan of treatment;

5. And more recently, the *Our Voice/Notre Voix* magazine has given a voice for those under oppression; *OVNV* has contributed to the creation of a forum where consumer/survivors can be aware of their oppression and freely give their opinions.

The forerunners of this protest movement were people like Stephen Inness (1869) and Mary Huestis Pengilly (1885), to whom we pay tribute in this book.

10.3 How to Care?

The kind of treatment given to those afflicted with psychiatric problems at the hands of professionals, are also dubious. Here are a few issues raised by our studies:

1. What place did lobotomies have in the institution and why were they practiced?
2. To what ends did we use electroshocks in the institution? What are the consequences of the use of ECT in history and even to this day?
3. Since the 1950's, the *medicalization* of human suffering at the hands of psychiatry has played a very important role in the name of "treatment"; furthermore, some treatments do not require any form of medical authorization and are likely to be a source of abuse;
4. Violence as a form of treatment within institutions: according to testimonies, it was apparently used regularly to control people. Because of its magnitude, we must devote a special section to this problem.

Violence Within the Institution

Certain facts remain difficult to explain when we read testimonies, hospital and media reports; conspicuously, the number of people who were abused and even died in the institution. During one year alone, in 1944, there were one hundred and twenty eight deaths at the Provincial Hospital. Nonetheless, in such cushioned surround-

dings, numerous abuses could very likely be overlooked, as could numerous violent incidents that people were subjected to by employees and/or residents of the institution. Victims' lack of recourse rendered them vulnerable to physical and sexual abuse, over medication and to "routine ECT". As one attendant suggested, using the "dungeon" for discreetly disciplinary reasons could be a consideration.

The numbers of abortions performed, for which we do not have any detailed statistics, are indicative of significant sexual activity within those walls. Could it be possible that these were cases of sexual abuse rather than consensual sex? What caused Superintendent George Peters to leave his post in 1848? Could this be symptomatic of what was happening behind this fortification?

<http://www.saintjohn.nbcc.nb.ca/heritage/LunaticAsylum/Directors.htm>

In sum, the institution's effectiveness is questioned on all sides. The number of those who don't experience improvement is also another noteworthy sign of the psychiatric institution's low success rate. Several annual reports reveal the signs of a *sick* psychiatry.

Can We Call These *Treatments*?

Many forms of "treatment" have been tried or imposed, such as blood letting, lobotomy, electroshocks, insulin therapy, and at long last: medication. All of these forms of treatment have had their advocates and detractors. The advocates are generally professionals and interest groups, especially the pharmaceutical industry and psychiatric associations. Many have been opposed to these various approaches, especially those who have gone through it themselves. There lies no political forum for the psychiatrized to make their views known, similar to what is made available to high powered interest groups; hence, treatments continue, even if their effectiveness is questioned. Electroshocks are an example of practices still being used without reason.

10.4 The Importance of Protest

In short, the mental health movement is not a monolithic radical movement to abolish psychiatry, nor is it a benign convocation of medicated ne'er-do-wells. It is a community of people who try to support and validate one another and who seek to advance the interest and rights of their compatriots. Being part of this community breaks down the walls of isolation that surround so many who have been through the journey from asylum to community. Oh yes, and it is very healing.

Carten 2006: 73

We postulate that the protest movements are making an essential contribution in questioning both institutional and community psychiatry. In fact, our study demonstrates that governments and citizens have invested enormously in institutions and then in community psychiatry. These two fields of practices; however, bear a resemblance to each other in the sense that professionals have an ever commanding control over people's behaviour. This is what Eugène LeBlanc said in reference to this in 1992:

The bottom line is that a great majority of community based services are professionals practicing under the expensive ruler-ship of psychiatry outside the hospital walls and inside a residence! It takes more than this to be called 'an alternative'.

LeBlanc 1992 : 2

There is an argument to be made that a good working democracy has at its core two main parties. One in governance and the other in opposition; the role and responsibility of the latter is to critique abusive powers and misleading statements. This in turn, will suggest alternatives and promote more democratic methods on how to legislate its societies. In terms of an ideal, this clashing of ideologies creates in part a framework of checks and balances in the working of its institutions. History has confirmed that no policy or best practices favouring consumer/survivors would have ever seen the light in the mental health system, if it had not been of

the disputes initiated by clients. If it had not been for the cries of dissatisfaction, and even of rebellion coming from those having suffered at the hands of psychiatry and community, we would still be in a locked-in mode from the past. A voice of dissension is required to enlighten others, and an adversarial approach to remonstrate treatments and services which are unsatisfactory. We must remain vigilant and not be complacent with the gains achieved. Otherwise, we will find ourselves in the same setting, we once were!

To enhance our current mental health system and to have it answer the real needs of people: advocacy groups are essential. In New Brunswick, they mainly gravitate around *Our Voice/Notre Voix* which, for twenty years, has presented to the public, the contradictions of a care system, which has *control* for its foundation. Historically, this network is the only one till now that has presented, with courage, innovation, and strength of mind, a discordant viewpoint questioning professional and institutional practices. It would seem to us that an organization similar to *Le Regroupement des ressources alternatives en santé mentale du Québec (RRSAMQ)* (Québec association of alternatives resources in mental health), would be important to have in order to improve psychiatric practices that often remain without resistance in a society that rather prefers conciliation to confrontation.

10.5 Names Say it All

The growth of institutional psychiatry in New Brunswick, and the consequences of having a lobby group stemming from those afflicted with significant mental health problems have known many stages in the province. This could be summarized from being submissive to wanting more and more control. It seems possible, at this point, to divide into four eras, the progression of empowerment by those who are experts of their fate, the psychiatrized themselves!

1824-1945: From *Lunatic, Imbecile, Crazy, Idiot* to *Patient*

Until 1945, those committed to a psychiatric institution were generally labelled as *lunatics, crazy, idiots, and imbeciles*.

Little effort seems to have been put into place to revise the methods of identifying people or to undermine the manners, in which they were labelled.

With the arrival of modern psychiatry and the advent of the DSM, crazy people became patients of a system that became increasingly medical. This happened around 1945 when electroshock therapy and X-rays were introduced at the Provincial Hospital, and compounded by the recognition of psychiatry as a science in the western world. Coincidentally, psychiatry became even more legitimate and began expanding onto the scene at the same time as World War II. The war caused much trauma to returning soldiers and their families.

1945-1975 : From *Patient* to *Mental Patient*, *Consumer*, *Client*

Born in the 60's, the *consumer movement* impacted psychiatry in the sense that the psychiatrized started calling themselves *consumers/clients* rather than perceiving themselves as mere *patients*. However, *consuming* does not necessarily mean engaging to create change or awareness of the powers at play. It seems that many groups in New Brunswick see themselves as consumers and remain to this day in a passive state. The Canadian Mental Health Association continues to use this term (St-Amand 2004: 19-23); thus, CMHA demonstrates its attachment to a history and a way of looking at things that are, to put it bluntly: outdated!

1975-1987: From *Consumer*, *Mental Patient*, *Client* to *Psychiatrized*, *Ex-patient*, *Survivor*

The *survivors* movement, coming from the United States in the 80's, had followers in New Brunswick, notably thanks to the *Our Voice/Notre Voix* publication. Terms such as survivor and ex-patient convey a political analysis, a critical distance, and a victory on the part of people who have resisted a compressing and domineering psychiatric system. We believe that people like: Stephen Stiles, Robert MacKay, Roger Melanson, Katherine Tapley and Eugène LeBlanc are important representatives of the movement, and who have contributed to the

shake up of an abusive psychiatry. Their writings seem to us essential in unravelling the contradictions deriving from institutions. A few francophone professionals such as Claude Snow, Annette Després, Ronald Maltais and Nérée St-Amand have also been allies to the cause. However, anti-psychiatry professionals and survivors do not carry the political influence of institutional psychiatry; the latter still has an important stranglehold on a large segment of the population.

1987-Today: From *Psychiatrized, Ex-patient, Survivor to Advocate, Person, Citizen*

It would seem that we are currently witnessing throughout the West an increasing political awareness by those who have gone through various experiences with psychiatry, of which they have been and continue to be targets. Thanks to this awakening, these people have become activists and placed this science in the great field of professional and institutional oppression; moreover, some of them are ready to use more radical models to put an abusive psychiatry in its place.

In addition, it is well worth mentioning that a significant number of people, who remain subjected to a system, are submissively and faithfully accepting what is suggested to them by professionals. As a result, we are faced with two different and opposing views; one aims for acceptance and cooperation while the other is based on resistance and refusal.

To indeed pursue this second path, *survivors* will need to become committed *citizens* and play a greater role in the professional and political process. Considering what history has recorded with respect to a change in language policy at the Restigouche Hospital Centre, and the hospital's resistance to change; it appears to us that not much alteration will occur to a medical and institutional system, unless there are intense pressures being exerted or a large scale scandal takes place.

Despite all the lobbying, commissions of inquiries, professionals, psychiatric hospitals and the Canadian Mental Health Association: the system still calls people patients, clients and

consumers. Professionals still treat them as cases or perhaps better said consumers. The general public still continues to believe certain myths about people who are considered to be mentally ill (dangerous, need isolation, infectious, etc. A new paradigm must be put into place so that we can avoid a repetition of past experiences into the present 21st century.

10.6 The Power of Institutions

At least three incidents seem to be quite revealing with respect to the institution's vulnerability, and its ways of justifying and defending itself when certain problems are exposed in public; thus, its powers are put into question.

1945: The Baxter Commission vs. Johnstone: an Institution under Scrutiny

When Kenneth Johnstone publicly revealed shameful asylum practices, the province had to react to pressures that befell it; the government put into place a commission of inquiry. In summary, the commission defended the province and accused the accuser of not conducting himself in a responsible manner.

If Johnstone saw (physical abuse), he should have stopped it. He seems to have forgotten that he had responsibilities as an attendant and was not entitled to act as an observer.

Baxter 1945

1990: Regional Hospital of Campbellton vs. Snow: Threats and Accusations

When Claude Snow publishes his book, in which he calls into question some abusive practices at the Restigouche Hospital Centre, the Board attempts to put him in his place by silencing him, and reacts in the same way and with the same argument:

The board of directors has problems understanding your silence for the last seven years where you worked for the RHC...The board of directors, itself, has been it stunned by the tone of your declarations and by your attacks against psychiatric institutions.

...it was your duty as an employee to report these cases of excessive ill-treatment, physical and psychological abuse, of degrading treatments, of arbitrary detentions and corporal maltreatment. These are very serious accusations brought against the aforementioned staff.

Restigouche Hospital Center: 1990

2007 : Mental Health Moncton vs. *Groupe de support émotionnel Inc.*

In 2007, when mental health services of the Beauséjour Regional Health Authority in Moncton asks *Groupe de support émotionnel* to allow a professional to sit on its board of directors in order to “work in partnership” with GSEI; the activity centre refuses to allow this to happen and does not succumb to this pressure. In an exchange of letters, regional mental health services justified their request as follows:

First I would like to say that I was very surprised by your comments...The reason for my request has nothing to do with control because the representative would not even have the right to vote. The reason for my request is in order to ensure better understanding of the needs of our clients and to work in partnership with you in order to assure that we address them...

Beauséjour Health Authority : 2007

Following these three institutional tactics, the question remains to be asked: are the psychiatrized, in 2008, justified in being weary of what systems can do when taking into account what it has done in history?

To be continued...

Conclusion

AN ASYLUM-FREE SOCIETY?

*The prison bars may be gone but the invisible ones
always remain.*

A stigmatized person

For those of us who have been stripped of our rights, the experience is both humiliating and brutal. Some of us never get quite over it, for being locked up and treated like an animal is so traumatizing that, like animals that have been abused, we never fully trust again. We are always looking over our shoulder, and we begin to see ourselves not as human beings, but as objects, at the mercy of those with power over us. In this way we become marginalized, we drop away from the mainstream of a society that fails to understand us, that feels it is secure in its rights to work, to love, to journey unmolested in this country, living a life only half-conscious of the freedom that we have had taken from us.

Ronald Carten 2006 : 13

On many occasions, our mental health system intervenes without considering the opinion, experience, or expertise of the people it treats. It owns the knowledge; enjoys the privileges and has the budgets. But what have been the outcomes? What has it accomplished in 185 years of institutional and community practices in New Brunswick?

We could argue that the asylum has been more useful to professionals and communities than to ailing individuals. Sometimes, everything is played out at the expense of the psychiatricized, but when they are given the opportunity to speak, they will suggest methods to help people, which are in complete contrast to what is currently proposed by the mental health system. This explains why consumer/survivors will resist working in partnership with this pretence of a profession, but rather attempt to distance themselves from it.

In this chapter, we will propose a few changes at various levels, to better help survivors in their quest for practices that best meet their needs.

11.1 Professional Education and Experiential Learning

In a purely medical and scientific model, science has become a god, and wisdom belongs to the professional, and no longer is in the domain of the individual. This is where problems of chemical dependency and stigmatization begin!

D^r Georges-Henri Lévesque 2006

Today, we are witnessing a vicious circle in learning: people in training learn according to old methods, according to aged values and beliefs. Experienced professionals perpetuate the myths that psychiatry produces miracles; whereas, the patients who are being treated often denounce the care being received. Two stories, two opposite perceptions, and two versions clashing with one another.

We must transform these methods of furthering institutional practices that perpetuate people's oppression. To accomplish this, we must hire consumer/survivors within their culture of poverty and precariousness so that learners are better able to recognize how psychiatry treats those who suffer, and who are considered as deviant. This one-way track educational mindset must stop; in addition, future caregivers must meet on-site victims of psychiatry. The era of book learning knowledge is outdated; experiential learning is required now.

Rather than working in an illness/dependency model, caregivers and managerial resources need to be open-minded about new procedures when it comes to helping those in need of services. In order to unclog wait times, we must devote attention to the most serious of cases; the time has now come to imagine a model of resourceful independence; one that better meets the needs of people at ground-level.

Such a premise would see mental health communities promote self-help principles; an environment where people are inspired to be brought together; to share and interpret their experiences; and to promote their own solutions. We also need to be critical of the high cost of psychiatric treatments and their links with pharmaceutical companies.

In 1987, researchers who worked in the United Kingdom's mental health system listed nine steps for formal systems to undertake in creating a process that brings recognition of our expertise. They are as follows:

1. Recognize the problem of power imbalance in mental health;
2. Seek consumer/survivors and other colleagues who share similar perspectives and develop local self-help networks;
3. Create a forum for the introduction of ideas for consumer/survivors involvement;
4. Allow consumer/survivors the space to develop their own initiatives. Recognize the validity of a range of strategies. Be patient;
5. Change your style of operating to allow us to get involved. Watch the style of meetings, the language, and the setting of agendas;
6. Help to provide resources for our initiatives, (funding, information, equipment, access to professional infrastructure);
7. Let go! But continue to offer advice on our terms. Be prepared to be ignored;
8. Network colleagues in mental health on the local, regional and national level about self- help initiatives;
9. Congratulations, if you have done this, you have now become partners with us!

11.2 The State and the Consumer/Survivors' Movement

All those initiatives (consumer/survivors run) have one thing in common: they are undervalued, under funded,

and because they do not fall within the prevailing cultural framework of clinical and unionized services, they are not a priority for governments, and are often seen as an afterthought. In many instances, tokenism is very much enshrined in the mental health system.

LeBlanc in Kirby 2006: 244

Governments have a reputation for apologizing for wrongful historical acts. They prefer expressing regrets, rather than changing unacceptable situations at the right time. Whether these apologies are to the Chinese for the way they were dealt with during the construction of the Canadian Pacific railway, or to First Nations people victimized in the residential schools system, or to the children of Duplessis: all these injustices have met the same unravelling. Why then, doesn't the New Brunswick government apologize to the province's psychiatrized for the harm it caused to their lives and to their families?

The cycle of abuse and apologies must stop. For this to happen, the mental health consumer/ survivors' movement must be self-managed and considered partners by the State and its institutions. The Kirby Commission proposed paths to follow that are altogether tangible and constructive, so as to not constantly repeat the mistakes of the past.

In Québec, for example, the *Regroupement des ressources alternatives en santé mentale du Québec* (The Association for Alternative Mental Health Resources of Québec) receives ongoing funding as a starting point for their operations. Their presence on the provincial scene makes them able to publish information and policy papers; they are an essential part of the mental health system; these people are themselves, psychiatrized, and their work and expertise are recognized by the State.

In New Brunswick, some acknowledge the priceless contribution of *Our Voice/Notre Voix*, the New Brunswick Mental Health Consumer Network, and of activity centres in the province. Others, on the other hand, are ready to cut this financial aid; for this reason, the vulnerability of those organizations and the

instability of their funding must be addressed. There is an urgent need to recognize, increase and secure the support that needs to be allocated to alternative resources.

The self help movement in mental health is new and has had to advocate strongly for its place in a largely professionally driven system.

Kirby 2006: 220

11.3 New Brunswick Without Psychiatry

The creation of patient controlled alternatives stands in sharp contrast to the psychiatric system. Instead of creating clear and stigmatizing distinctions between those who are competent to give help and those who are weak enough to need it, these alternatives are creating new communities of equals, counteracting the alienation and powerlessness most people rightly sense to be the prime cause of their unhappiness.

Chamberlain 1978

The psychiatric institution, so fragile at its core, and whose bases are blurred, ambiguous, and vague, has successfully kept behind their walls, thousands of people the world over, all in the name of a so-called science. Over several hundred years, in practically all of the western nations, we can witness the same occurrences: millions of people being shunned, isolated, over medicated; treated for various problems such as behavioural crises, differing opinions, a controlling spouse, an intolerable environment, a sexuality considered deviant, alcohol and drug addictions, homelessness, or even mood swings. Furthermore, this totalitarian pseudoscience has used all kinds of diagnoses and treatments (and continues to invent more) to control people, to silence enlightened persons and to control activists, social movements, cultural and political demands.

Can we conceive of a system, in which people's problems are dealt with by themselves, and by their support network? The following chart outlines some reflections on differing paths. In the right column, a mental health without psychiatry whose

foundation is imagination and experiential expertise, while the opposite view holds a reassuring stance and a convincing dialogue, which appears favourable to this profession.

Table 9
Two Discourses – Two Realities

Institutional Discourse	Views of the Oppressed
The asylum's credentials <ul style="list-style-type: none"> - The asylum is essential; - The asylum cures; - Professionals are qualified; - Success rates are high; - Lunatics are well taken care of. 	The asylum's role <ul style="list-style-type: none"> - The asylum is a place of torture ; - The psychiatric institution makes you go mad; - Professionals don't understand; - The public does not know what is going on; - Very few people understand what psychiatrized individuals go through, importance of life stories and studies carried out by the psychiatrized.
Discourses based on <ul style="list-style-type: none"> - An ideology, an education and a set of practices aiming to force people to conform. 	Analysis based on <ul style="list-style-type: none"> - The journey, the experience. People who speak, who reveal their experiences and their suffering.
Turning points <ul style="list-style-type: none"> - The construction of an institution; - Recognition of psychiatry; - Inventing of the DSM; - <i>Medical-scientific</i> discoveries 	Turning points <ul style="list-style-type: none"> - Questioning the institutions ; - Many scandalous practices ; - Research showing the contradictions of the institution ; - Creation of activities centres, the provincial network, and <i>Our Voice/Notre Voix</i>.
Examples of acknowledgements <ul style="list-style-type: none"> - Annual reports, commission of inquiry, media articles, government speeches, professional writings, media advertising, conferences... 	Examples of contradictions <ul style="list-style-type: none"> - Mary, Stephen, article from the <i>Standard</i> (1945), <i>Our Voice/Notre Voix</i>, Stephen Stiles' articles, the book by Katherine Tapley, poetry of suffering written by consumers.

Table 9 – Continued

Institutional discourse	Discourse of the oppressed
Stakes - Political, ideological and financial influence. - Patients and families who praise institutions, and who cannot do without professionals.	Stakes - Life stories, testimonies, poetry. - A few professionals who dared to decry institutions ; Ex. : Pierre Godin, Stephen Stiles, journalist from the Standard, Eugène LeBlanc, Claude Snow, Nérée St-Amand.

Moreover, a chart appearing in *Le répertoire et la vision des ressources alternatives en santé mentale du Nouveau-Brunswick* (The Vision and Directory of Alternative Mental Health Resources in New Brunswick), published by the *Groupe de support émotionnel Inc.* in 1993 demonstrates the widening differences in terms of priorities and cost between professionals and their clients.

Table 10
Differences in Priorities and Costs

	MENTAL HEALTH SYSTEM	CONSUMER/SURVIVORS	COSTS
Bio-chemistry	10*	1	\$\$\$\$\$\$\$\$\$
Behaviour Interpretation	9	2	\$\$\$\$\$\$\$\$\$
Diagnostic	8	3	\$\$\$\$\$\$\$\$\$
Recognition of Difference	7	4	\$\$\$\$\$\$\$\$\$
Intelligence	6	5	\$\$\$\$\$\$
Holistic Health	5	6	\$\$\$\$\$
Friendships and Relationships	4	7	\$\$\$\$
Sense of Belonging	3	8	\$\$\$
Security : Income & Housing	2	9	\$\$
Independance	1	10	\$

* Legend: 10: very important; 1: not very important

This table highlights what is central in importance for the professional system and where consumer/survivors situate these values; furthermore, what clients define as important are much less costly, and the results more tangible and positive. Moreover, these priorities receive scarce funding and recognition by governments.

11.4 A Few Questions Left Unanswered

Subsequent to all of this research so far, here are a few additional questions to those already asked over the span of our book, which to this day have remained unanswered:

What were the mechanisms put into place to deal with the abuse of authority by professional and other staff within psychiatric institutions? For example, the first superintendent was forced to resign after having been accused of rape. How are present-day protocols set-up to protect vulnerable patients in psychiatric and community settings?

Why have the contentious issues been subdued? Why was the diary of Mary Huestis Pengilly suppressed?

Why don't we speak of abusive treatments, especially lobotomies, ECT, over medication, seclusion of individuals, suicides, etc., in the institution's history? Many patients were beaten, mistreated, and died in this institution without anyone necessarily conducting an investigation.⁹

What does the phrase "scientific enlightenment", suggested at the beginning of the 20th century, mean? When we take into consideration what we know today and the analysis of institutions that we are bringing forth, is the institution more "enlightened" than it was then?

⁹ Nova Scotia had a policy of "*merited punishment*" aimed at patients who would not obey (Francis 1977). Although Francis did not find a similar policy in writing for New Brunswick, the authors are very much inclined to believe that such measures were also practiced in this province.

Who were the ones admitted to psychiatric institutions? Who were the instigators who labelled people as mad? What were, and what are, the criteria used by tribunals, as well as psychiatrists and general practitioners to admit someone to a psychiatric ward and give him or her a diagnosis? Why do the courts, to this day, send so many people for psychiatric exams?

What kind of treatments did women receive in these institutions? All we know is that they were subjected to more electroconvulsive therapy than men. According to our research, many therapeutic abortions were performed within the institution. Could it be that members of the staff or other male residents were sexually abusing female patients, who then had to have an abortion?

What happened to Acadians who had to go to the Provincial Hospital to be treated? In a city and an institution, which was quite daunting for Francophones, how were they understood and taken care of? Even at the opening of the Restigouche Hospital Centre, many of the workers remained unilingual Anglophones. *La Société des Acadiens du Nouveau-Brunswick* (The New Brunswick Society of Acadians) of the 1970's addressed this issue, denouncing the fact that institutions were often recruiting their caregivers, especially psychiatrists from cultures totally foreign to Acadia. What to say about other minorities such as First Nations people, other races and cultures? Until now, history leaves no trace of their institutionalisation.

The length of stay in the institution, compared to today's standard is an overwhelming incomprehensible problem. How can we justify the fact that many people stayed there for twenty, thirty, even fifty and sixty years? For example, the report of 1896 mentions ninety-one people were confined since the establishment's opening, in 1848 (so for forty-eight years). D^r Waddell even admitted that the most common way of getting out of the institution was death! (*Telegraph-Journal: A Patient for 60 Years*)

In history and even to this day, are psychiatrists medical doctors or agents of discipline? Are isolation rooms in a psychiatric ward made to punish a patient who does not obey orders? Are these practices rampant today as they were 185 years ago? In what sense can isolation be considered a *treatment*?

Are current services offered by the Psychiatric Patient Advocate sufficient to defend the interests and rights of consumer/survivors, especially when these advocates have not lived the experience and are often too close to governments and psychiatry?

Why is it that, after 20 years, we still have CMHA, clinicians and other staff from community mental health centres involved in the administration and delivery of self-help programs and activity centres in New Brunswick? Is this involvement invited or imposed? Why, for example, do we have an obsession of wanting to be part of an activity centre's board of directors? Why do some professionals not seem to respect nor understand the need for solidarity among consumers? How many professionals involved in self-help programs have an interest in performing social and political advocacy?

If the Canadian government recently recognized the importance of a national commission on mental health, why then did the government of New Brunswick abolish its own in 1996? Have we been told the real reasons for its demise? Is a model of having integrated mental health within general health services, all under the managing umbrella of Regional Health Authorities best for its citizens, or does it serve other purposes such as gains in terms of power and political prestige?

Since mental health is the most misunderstood and weakest sector in terms of financial allocation in the delivery of health services (4.2% of the health budget is allocated to mental

health), we recommend the restoration of The New Brunswick Mental Health Commission, so it can best reclaim its original position as an accountable and well-informed front line leader in terms of implementing progressive policies for New Brunswick. We believe this to be in the best interests of mental health consumers, psychiatric survivors, citizens and the community at large.

11.5 The Art of Resistance

How does an illusion come to have the power of fact? Through belief, through the assent of the governed. Since this system relies upon locks and bars and drugs and police powers; however, its force would be there whether you believed in it or not. Our belief gives it greater force, god-like force. It has had such a force for those of us who have been its prisoners in body and in mind.

We are also the survivors of one of the meanest systems of oppression ever developed, and its victims and its critics. We are the ones to tell the truth, to say that mental illness is an illusion, intellectually and scientifically, but also a system of social control of unprecedented thoroughness and pervasiveness. It is our role to expose this illusion and to free us all – for we are all constrained, oppressed, limited, intimidated by this phantom of mental illness. We stand with reason against error and superstition, with imagination against conformity and oppression. What good fortunes to be part of such a struggle for freedom and human rights.

Millet 2007: 37

A set of determinants must be at hand to facilitate a movement that becomes resistant to formal mental health practices; these factors have played an important part at various moments in history. They include:

1. Large scale patient dissatisfaction in regards to the care system (the story of Mary, Stephen and Aunt Irma);

2. One or many people (survivors) who went through the system and who are aware of its contradictions. They are able, in turn, to speak from their experiences and devote an important amount of time to the cause. (Stephen Stiles, Katherine Tapley, Judi Chamberlain, etc.);
3. Professionals who are anti-institution, and who use their know-how to make a difference. (Claude Snow, Nérée St-Amand, etc.);
4. A media and some journalists who critically investigate institutions and who remain sympathetic to the fate of people residing in such places. (Kenneth Johnstone, David Camp, *L'Évangéline*, *The Moncton Times*).

Judi Chamberlain summarizes very well the rationale for establishing networks and programs originating from recipients of mental health services.

We cannot eliminate problems. But we can do away with a system that stigmatizes those who have problems and makes us all fear to recognize the problems within ourselves. The psychiatric system damages us all, because it teaches us (falsely) that those kinds of difficulties it claims to treat are illnesses and that the people who suffer from them are essentially different from other, normal people. Only by developing true alternatives can we prove that we can care for one another far better than psychiatry has «cared» for its patients who have suffered under its control for too long.

Chamberlain 1978: 220

11.6 Has Psychiatry Changed?

The question needs asking. Is there a difference between what Mary encountered, what Stephen lived, and what is occurring in this day and age? Is there a real difference? The distinction between Mary and Wendy Tupper are as follows: Mary got out after six months while Wendy remained in the institution for more than 60 years. Treatments are different and even the diagnosis have become more technical, but the manner in which we treat people has not changed much. Today's suicides are as tragic as they were then. Professional arrogance mixed in with insensitivity to people's pain, and furthered by this need to control, appears as prevalent today as it was then. Drugs have replaced cages, and we increasingly prescribe medication for all kinds of reasons. People don't die of cold, but of loneliness; and within this scenario: the New Brunswick government can ridiculously find, in 2008, 85 million dollars to build a new asylum while it has always been hesitant to fund at a decent and respectable level, programs initiated by people with a psychiatric past. Investing in institutions is more politically rewarding, but does it help people? Even if history proves otherwise, such policies are still pursued.

11.7 An Asylum-Free Society?

Without a doubt, the answer to the question being asked in this chapter is clear. We must continue our work of researching alternatives to a *mental illness system* that has nothing to do with maintaining our sanity. Oftentimes, the world of *treatments*, which we are invited to enter into makes us worse. We owe it to ourselves to create a society without asylums.

We are citizens and we are proud of the contributions, which we have brought to our communities. We are no longer patients or clients, nor are we consumers. We are, without a doubt, people who have faced many hardships, but these hard times have been caused by poverty, violence and abuse. Why then, give so much attention to solving our dilemma by treating our brain?

Let's acknowledge that these adversities have made us stronger; they also transmit into words, which were the structures and who were our allies upon whom we could rely. Tomorrow's society belongs to those who can dare to dream and can make these imaginings happen. With the inspirations of Martin Luther King, of Mary, of Stephen and countless others, we are embracing, from now on, the journey of our next awakening.

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APPENDIX 1**CONSUMER/SURVIVORS' MOVEMENT
DIRECTORY¹⁰*****NATIONAL***

- Built Network National: www.builtnetwork.ca
- Candian Coalition of Alternative Mental Health Resources: www.ccamhr.ca
- National Network for Mental Health: www.nnmh.ca

PROVINCIAL AND TERRITORIAL**ALBERTA**

- Alberta Mental Health Self Help Network: www.selfhelpnetwork.org
- Alberta Network for Mental Health: www.anmhf.ca
- Opportunity Works: www.opportunityworks.ca

BRITISH COLUMBIA

- Lunatic Liberation Front: www.walnet.org/llf/be_crazy.html
- MPA Society: www.vmpa.org
- Vancouver Richmond Mental Health Network: www.vnc.bc.ca/vrmhn

MANITOBA

- Partnership for Consumer Empowerment: www.manitoba.cmha.ca

NEW BRUNSWICK

- Our Voice / Notre Voix: www.ourvoice-notrevoix.com
- La Source: www.lasource.piczo.com

¹⁰ *Organizations listed in this directory are those that New Brunswick consumer/survivors initiatives have had direct or indirect ties with. Where the web site was not available, the email address was listed instead.*

- Le Réseau des bénéficiaires en santé mentale du Nouveau Brunswick : www.nbmhcn.com

NEWFOUNDLAND

- Consumer's Health Awareness Network of Newfoundland and Labrador:
www.channalinc.ca

NOVA SCOTIA

- Nova Scotia Mental Health Consumer Network:
glhaack@yahoo.ca

ONTARIO

- North East Ontario Consumer Survivor Network:
www.neonorg.ca
- Ontario Association of Patient Councils:
oapc@sympatico.ca
- Ontario Council of Alternative Business:
ocab@on.aibn.com
- Ontario Peer Development Initiatives: www.opdi.org
- People for Equal Partnership in Mental Health:
www.pepplace.ca
- Psychiatric Survivors of Ottawa:
www.psychiatricsurvivors.org
- Psychiatric Survivors Archives Toronto:
www.psychiatricsurvivorarchives.com

PRINCE EDWARD ISLAND

- N/A

QUÉBEC

- Action Autonomie : www.actionautonomie.qc.ca
- Auto-Psy Québec : www.auto-psy@bellnet.ca
- L'association des groupes d'intervention en défense de droits en santé mentale du Québec: www.agidd.org
- Les Frères et sœurs d'Émile Nelligan :
<http://fsnelligan.org>
- Raiddat: www.lino.com/~raiddat

- Regroupement des ressources alternatives en santé mentale du Québec : www.rasmqu.com

SASKATCHEWAN

- N/A

YUKON

- Second Opinion Society : info@second-opinion.ca

INTERNATIONAL**DENMARK**

- World Network of Users and Survivors of Psychiatry : www.wnusp.net

FRANCE

- Fédération Nationale des Associations de Patient et (ex) Patient: www.fnapsy.org

ISRAEL

- Israeli Association Against Psychiatric Assault: www.iaapa.org.il/

NEW ZEALAND

- Patient Rights Advocacy: www.benzo.org.uk

SWITZERLAND

- International Association Against Psychiatric Assault: www.iaapa.ch

UNITED KINGDOM

- United Kingdom Advocacy Network: www.u-kan.co.uk

UNITED STATES

- Citizens Commission on Human Rights International : www.cchr.org
- Support Coalition International: www.MindFreedom.org

APPENDIX 2

What More Do They Want? by Stephen Garnet¹¹

Our Voice/Notre Voix: October 1989, No.7, p.2

A friend of mine once said “We allowed our self-help group to use our space and mailing address. We gave them advice on finding new members; we even set up an advisory committee. And you know, they have the nerve to complain that we’re too controlling. We’re on their side and they should be thankful for all that the professionals have done to start this group.”

This is a familiar problem for professionals and one that he truly did not understand. When I think back on his words, I realize that he had been missing the spirit of self-help. Unfortunately, he had one idea of what *his group* should do and was not willing to let the members set their own agenda. As long as self-help groups remain poor and unrecognized as a true mental health alternative, professionals can be useful to get funding, provide space and promote the idea. However, beyond this, it is too easy for us to get in the way of natural growth and change.

Mental health workers must remember that there are some basic self-help principles, which can direct their involvement. These are:

(1) A noncompetitive, co-operative approach. (2) An anti-elite and anti-bureaucratic structure. (3) An emphasis on *those who have the problem know a lot about it from the inside*. (4) A shared often rotating leadership. (5) A belief

¹¹ The author was the national coordinator of the pilot project, Framework for Support, sponsored by the national office of the Canadian Mental Health Association. He wrote this article in defense of consumer/survivor initiatives which were beginning to take hold in Moncton in 1989, and which encountered, at the time, numerous instances of oppositions by the professional mental health system.

that helping cannot be bought or sold - it's a result of being helped through mutual support. (6) A power of its own -the beginnings of real control over one's own life. (7) A critical stand toward professionalism-simple and informal is the key. (8) A value in the "community" of the group.

I, as a professional, and those that I work with need to recognize that self-help groups start because of an imbalance of power and a view that we may be part of the problem. If we have not directly prevented individuals from taking control over their lives, we may indirectly do so by helping a self help group by our well meaning interference.

Our job is to convert other professionals to the self-help movement and offer funding, information, equipment and access only when asked. This can be a movement that extends the range of choices for people and allows us to get back to (offering) clear straight forward programs (for which we are paid). The issue is independence and control.

In fact, the question is not "what more do they want"? But rather how can we get out of the way and still be supportive. It is worth trying! Take my word for it.

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