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IN A NUTSHELL

MPA NEWSLETTER #9

Dec. 7, 1971

JOBS, JOBS, JOBS

We have just received very good news. MPA has received a grant that will allow us to hire up to 12 people to fill full-time positions from December 15th, 1971 to May 31, 1972. The announcement of the grant has come in just as we were about to mail out the newsletter, so we don't have all the details yet.

Here is what we do know. In October, the Department of Manpower and Immigration announced a program to create winter employment. As part of the program, \$50 million is being allotted to community service groups to create jobs for unemployed people.

We submitted an application requesting salaries for twelve people until May 31. We received word today that our application has been approved. We do not know, however, whether that means all twelve salaries will be granted. We believe that most, if not all twelve, will be granted. Also, we don't yet know the exact amount of the salaries, however, they will be in the range of \$300 to \$400 per month. Precise details will be made available to us within a few days, but we want to get the news out now so that interested people can begin applying.

The idea of the Manpower program is to create jobs quickly, so we want to begin hiring procedures as soon as possible. Obviously, the addition of twelve new staff members is an enormous venture, which will lead to huge changes and improvements in MPA.

Before discussing how people can apply for the positions, let us briefly describe the twelve full-time positions we are proposing to create.

- a) FIVE Coordinators to open and operate a second MPA House in the east end of the city.
- b) TWO Coordinators to join Lloyd in managing and expanding the Matsqui farm project.
- c) ONE Secretary.
- d) ONE cook to serve both Vancouver Centers.
- e) ONE Activity Program Coordinator to plan regular activities, such as therapy groups (led by professionals), house meetings, outings, guest speakers, parties, films, sports, etc.
- f) ONE supervisor for the arts and crafts program.
- g) ONE employment coordinator to help unemployed MPA members find work. This will entail contacting employers and informing them about the unfair discrimination against ex-patients in the job field. Also, the coordinator will help the applicant prepare for interviews, will accompany him or her to the interview and will help in any way possible during the early employment phases.

If you are out of work and are interested in full-time paid employment with MPA to do any of these jobs, submit your application as soon as possible. It should be written, stating which position you are applying for, and why you feel you are the person for the job. Give your application, or mail it, to Lanny, Barry, Janet or Gerry in the MPA office.

This will probably be the most interesting, challenging and creative work you are likely to find this winter. So even if you are uncertain about wanting one of the jobs, you have nothing to lose by applying.

Like all positions in MPA, these will be democratically voted on. To consider everyone's application, we may have to meet two or three nights in a row.

THE FIRST MEETING WHERE APPLICATIONS WILL BE CONSIDERED AND ELECTIONS HELD WILL BE WEDNESDAY, DECEMBER 15th AT 8 P.M. It is very important that everyone attend this meeting, whether or not they are applying for one of the salaries.

Further details can be obtained from the MPA office as we receive them.

APPLY NOW! ATTEND THE ELECTIONS WEDNESDAY, DECEMBER 15TH AT 8 P.M.

Editorial

By Stan Mailey

1. Complete freedom of action without restrictions with hoped for results that harmony will eventually occur.

2. Freedom of action with some restrictions being voted on by democratic process, and rules enforced.

3. No freedom of action, with complete authority over the running of the society left in the hands of a clique-like group who could seize complete control of the financial as well as the policy-making of MPA.

These are three general ways of running the MPA that various members favour.

With a drop-in center such as ours and with people from all walks of life dropping in on a casual basis, personal conflicts develop. We all are different somewhat from each other, and I think it is safe to say that man, since the beginning of time, has succeeded in reaching any form of harmony only by banding together, deciding on basic rules, and abiding by them, whether an individual agrees or not.

However, any individual can influence others (by discussion) to take a second look, and perhaps agree to his ideas. If enough support can be obtained, members can outvote the former opponents of their concept.

Harmony, in other words, can be reached only by understanding other peoples' viewpoints, and by each individual's being guided by his or her conscience in striving to reach a common goal.

The MPA was formed with this in mind, and despite individuals striving to undermine this worthwhile project, I think that the two extremes should be rejected and a middle of the road policy strengthened by democratic process.

COMING EVENTS

December 11th, 8 P.M. Films on Russia will be shown at MPA House.

December 17th, 7:30 P.M. to 11 P.M., MPA Dance, St. Mark's Church, 2nd and Larch, Recorded music by Vern Smith, Possibly added entertainment. Admission: 35¢, Refreshments, We may be short of girls, so bring one if you can.

December 18th, 8 P.M. Mildred Fahrni will be showing slides on India at MPA.

December 24th, Xmas Eve at the House. Carols and other activities.

December 29th, 8 P.M. Professional accordianist and singer at the House.

KEEP IN TOUCH FOR OTHER ACTIVITIES

At present, we are contemplating holding seminars dealing with emotional problems. If you have any suggestions for topics of discussion, Call Molly at 733-7891

THE MENTAL HEALTH ACT: INSTALMENT ONE

The Mental Health Act of 1964 is a piece of Provincial Government legislation that affects the lives of all patients during their stay in hospital. Most patients, however, are completely unaware of the contents and even of the existence of the Act. This is regrettable for a number of reasons, a primary one being that patients are thus unable to exercise their legal rights.

It is said that ignorance of the law excuses no one who breaks the law. And it is everyone's responsibility to familiarize himself with the law not just to know what he must not do, but also to know what he can do to protect his own rights.

Something MPA can and should do is to make the Mental Health Act available to patients and to help patients to understand it and to use it to their advantage. Copies of the Act can be obtained from MPA or by sending 22¢ to Queen's Printer, Parliament Buildings, Victoria.

This is the first in a series of articles in which we will analyse the contents of the Act and raise suggestions about how it should be changed and what related services should be offered to further patients' rights. Also, we will discuss how procedures in practice differ from procedures required by law.

It is important to bear in mind that laws are not God-given, but are man-and-woman-made, and hence can be changed by men and women. Specifically, laws are changed by MLA's who sit in the legislature in Victoria. Citizen's groups can lobby MLA's for legislative change. MPA, as a group that represents patients and ex-patients, should do this lobbying, after we have fully discussed and democratically decided what changes we support.

We are currently in contact with some people in the Law Faculty at UBC who will help us in preparing and presenting our Brief to the Legislature.

The Act makes it clear that hospitalized patients have few rights. For the most part, patients are regarded as incompetents or as children who need to be cared for, against their will, since they do not realize what is in their best interests. While this attitude parades as helpfulness toward the "confused" patient, it usually serves to abridge his or her liberty. Further, it encourages feelings of incompetency and irresponsibility. Whereas the law ought to protect and expand the realm of freedom the Mental Health Act serves mainly to restrict it.

Before we examine the Act itself, consider the following quote based on the Act, but stated in layman's language in the Riverview Hospital Information Handbook:

"Under certain conditions a patient, because of his illness, may not appreciate that he needs care, and in that case may be admitted under an involuntary procedure after being examined by two physicians who certify that he is mentally ill and requires care."

Stating that this happens "under certain conditions" is--to say the least--misleading. In fact the great majority of admissions to Riverview (almost 70%) are involuntary, and thus the institution restricts the liberty of most of the patients it seeks to "treat." More than 95% of involuntarily admitted patients have not broken any law, have not been charged with any criminal offense and yet are being incarcerated against their will. But the fact is that

they are being charged with being "mentally ill," an offense which justifies the use of forceful detention "for the good of the patient."

Let us see what the Mental Health Act has to say about the crime of mental illness. Section 2 of the Act states, A "mentally ill person means a person who is suffering from a disorder of the mind

- a) that seriously impairs his ability to react appropriately to his environment or to associate with others; and
- b) that requires medical treatment or makes care, supervision and control of the person necessary for his protection or welfare or for the protection of others."

Let us recognize first that the idea of reacting appropriately to the environment rests on a moral or value (but not legal) judgment. The Criminal Code specifies clearly that murder or theft is an inappropriate and illegal reaction to the environment. In a "free" country, however, the expression of all (legal) morals and values ought to be ensured by the law. Someone who believes in God is free to believe that the atheist is reacting inappropriately to his environment, but ought not to be free to lock him up for his heathen views. (Recall that in the Middle Ages atheists were burned at the stake "for their own good.") The Mental Health Act makes it a crime to react inappropriately, punishable by detention in a mental hospital.

Consider also how vague the phrase is. What does it mean to react inappropriately? To dance on the sidewalk? To have 37 cats? To refrain from bathing for three months? To refuse to carry out one's duties as son, mother or husband? To pick one's nose in public? To watch passively as hydrogen bombs are exploded? The fact is that people have different beliefs about what is inappropriate behaviour. To take one's liberty away for such behaviour is, in my view, totally unjustifiable.

The inability "to associate with others" is likewise a right that ought to be protected by law, and again depends on one's interpretation of how people ought to associate with others. It is not against the law to be hard to get along with or to be a nuisance. The Mental Health Act, however, makes such traits punishable by loss of liberty.

And who is empowered to decide what constitutes inappropriate reaction to the environment or the inability to associate with others and to decide who requires "medical treatment," supervision and control? In the vast majority of cases, the decision is made not by a judge, nor by a jury of one's peers, nor even by a psychiatrist. Rather it is made by two physicians (in "emergency" cases, under Section 24B, only one physician is required.)

Thus, a person can be committed to a mental hospital on the basis of the opinions of two doctors who have had no formal training in psychiatry! In fact, many physicians are openly hostile to psychiatry! In fact, many physicians are openly hostile to psychiatry as a medical discipline. In committing a patient, physicians act as the community's official judges of what values, reactions and social traits are unacceptable and thus require "treatment." The patient is committed without trial or hearing, without the right to legal representation or cross-examination. If he disagrees with the judgment and attempts to leave, he will be forcibly returned, if need be by police. All of this is the consequence of reacting inappropriately to the environment.

What reasonable right does a physician have to render those judgments about others? It might be said that such a judgment itself is based on delusions of grandeur and constitutes an inappropriate reaction to the environment! In this light, it is amusing to note that Section 23, subsection 4 of the Act states that, "A physician is disqualified from giving a valid medical certificate under this section if he is . . . the person whose admission is applied for;". It seems that the physician himself is not immune from "mental illness"--that is, if two of his colleagues decide such is the case. The whole situation is crazy.

In the next issue of In A Nutshell, we will consider the subject of involuntary admissions in greater detail along with the procedures for voluntary admission and the ways in which voluntary patients can be changed in involuntary.

I believe some of the views expressed in this article are controversial. Your reactions (appropriate or otherwise) will be welcomed.

MINISTER GAGLARDI EXTENDS APPRECIATION TO MPA.

The Activity Centers Program, administered through the Department of Rehabilitation and Social Improvement, has announced that MPA will be receiving a monthly grant for a salary for a supervisor of the arts and crafts workshop.

In his letter to us announcing the grant, Minister Gaglardi says, "Please express to each member of your Association my personal appreciation for your outstanding work on behalf of Handicapped persons."

We have not yet received details about the amount of the salary, but people who are interested in the position are asked to submit their applications now. Applicants ought to have a broad knowledge of crafts skills and be able to involve others in activities.

Further information can be obtained from the MPA office.

Thomas Szasz is an American psychiatrist who has written a large number of books and articles criticizing the concept of "mental illness" and involuntary hospitalization. I have just finished reading his book, Law, Liberty and Psychiatry. I feel that anyone who has ever been hospitalized for psychiatric reasons owes it to herself or himself to read it. It's a fascinating manifesto describing the actions mental patients must take to remove ourselves from the class of second-class citizens.

Quotes from the book can be found sprinkled throughout the newsletter.

Szasz - Quotes.

"Mental Health" is a vague, almost meaningless term. Probably it is only a new name for our age-old longing for security

Let us launch our inquiry by asking, somewhat rhetorically, whether there is such a thing as mental illness. My reply is that there is not. Of course, mental illness is not a thing or physical object. It can exist only in the same sort of way as do other theoretical concepts. Yet, to those who believe in them, familiar theories are likely to appear, sooner or later, as objective "truths" or "facts." During certain historical periods, explanatory conceptions such as deities, witches, and instincts appeared not only as theories but as self-evident causes of a vast number of events. Today mental illness is widely regarded in a somewhat similar fashion, that is, as the cause of innumerable diverse happenings.

When equal protection of the laws is withdrawn because a person has been labeled "mentally ill," we are confronted with an act of discrimination. Surely, from the victim's point of view, it makes little difference whether his right to stand trial is denied because of his mental illness (Chapter 13). In the past, discrimination has been based chiefly on nationality, race, religion, and economic status; today, there is a mounting tendency to base it on psychiatric considerations.

FARM REPORT

The last report from the farm was rather a less serious one, due to the fact that we had not yet had enough time nor chance to seriously accomplish anything besides cleaning it up and building additions.

We have now become quite comfortable, we have started what some would call group therapy sessions although we find they are sessions of honesty and feel they need no labels. We have met a friend who lives in a nearby town who wishes to get in on our honesty sessions, if he does and we can help then we shall accomplish what the MPA was originally started for. To help those who ask for help and who will accept help when it is given.

We have been working with clay, being creative only to ourselves and working together to help each other for we have found in helping others we are helping ourselves. We also play monopoly, scrabble, chess and card games.

Hugh and Lloyd have built a chicken coop and are working towards getting some chickens to look after and raise for eggs. We are also hoping to get a cow so that we will have milk.

We have had visitors from a group called "Spontaneous Music", they are teaching us to make instruments and to be free in music. In this kind of music it is as it says spontaneous, no written music, play what you wish with whichever instrument you wish and if you do not feel like joining in that is also your own choice.

We are also going to be learning weaving and how to make wool. The girls are embroidering and crocheting.

The only thing we are lacking are a couple more people and we are hoping this will happen soon.

Love and Peace.

The Psychiatric vocabulary and definition, which once seemed such a liberating instrument for modern man, have now woven a tight and strangling noose around the neck of the brain.

The expression "mental illness" as a convenient term of derogation, denigration, or thinly veiled attack, has thus become part of everyday life.

Mental illness now implies not ordinary sickness but obnoxious and socially deviant behavior.

The diagnosis of psychosis is employed to justify the patient's forcible retention in the hospital, and also to legitimize punishing him in the name of therapy.

Throughout history, those in power have always sought to justify their control over the weak and oppressed by claiming to act in their interests. This was the slaveholder's attitude toward slaves, and the crusading Christian's toward the heathen. Today the psychiatrist adopts a similar attitude toward the mental-hospital patient.

It is a fact that the vast majority of committed patients are members of the lower classes. Upper-class persons are virtually immune from this sort of social restraint. This point deserves emphasis.

It is pertinent to recall the case of Governor Earl Long of Louisiana. When his wife tried to commit him to a public mental hospital in his own state, he freed himself by dismissing the hospital superintendent.

Beyond the darkness, placed there by fate,
The lonely misfits silently wait.
For the thing that must happen, the day that must be
When their time is over and they are set free.

The mental anguish, the frustration, the pain,
The jailhouse promise of never-again.
The plan of the future. The talk of the day
When the tormented soul can go its own way.

But the life of a Con is not as it seems,
For he has his shell, and he has his dreams
Of the day when it's over, done with and through,
Of his soul's release and a life that is new.

Time goes on. The soul is released
From the darkness the eyes can see.
But the mind forgets the torture, the pain
The mental anguish, the promise was all in vain.

We prolong the end, we put up a fight
Only to pass in the darkness of night
And the sightless eyes, We finally see
The escape from time can never be.

Anonymous.

The Stephen's Island wren was exterminated by the lighthouse keeper's cat in 1894. This resulted in an unbalanced ecology and a very bored cat in 1895. The insect population of Stephen's Island continues to increase. What is needed is a fly-eating cat.

Len Lorimer.

SZASZ

Bad as it was, the old Illinois statute was at least honest. The inferior status of women and children, like that of Negroes, was openly recognized. Wives were at the mercy of husbands, as Negroes were at the mercy of white men. The state did not attempt to protect these people from their self-appointed guardians. Today, women and children, and gradually Negroes too, are protected by law, while mental patients remain at the mercy of their "loved ones" and of psychiatrists.

It is obvious that people who are improperly committed are legally impotent. Reform is necessary, and it can be achieved only through legislative action.

The interests of the criminally accused person, whether he be in jail or mental hospital, are better protected than those of the patient confined by civil commitment.

Sanity is compliance with the rules.

I should like to emphasize here that medical hospitals are authorized to care only for those persons who want hospital treatment. The use of diagnostic or treatment measures without the patient's consent constitutes assault and battery and is a criminal offense.

The most brutal and inhumane punishments in our day are meted out not in prisons, but in mental hospitals.

According to Lomert "it has been estimated that the average law-abiding citizen in one day unwittingly commits enough crime to call for five years of imprisonment and fines running close to three thousand dollars".

ORGANIZING GROUPS.

First of all you must have 5-10 dedicated members to get going. Rather than leaflets etc. A good way is to discuss with each person personally,

Make plans for brainstorm sessions. No ideas should be criticized.

Make plans for first meeting speaking personally to each member which will give you an idea how many will attend.

Decide what projects or jobs each member should have or do and how much time should be spent on it.

Divide it up so each member would have an equal share. Set goals on what you should strive for.

Contact each member regularly so they will not lose interest. Keep each meeting lively and not boring so you will not lose members. Make them feel important.

Plan some week end activities with the group.

Do not tell members to do things. Ask if they would like to do them. Keep all places in order and up to date so each member can work with ease.

Do not discourage a person from doing something which may benefit the whole membership.

Hold meetings regularly. At least once a week. (You can always adjourn early).

At least 2.4 hours.

Co-operation is needed from each person to keep the membership and goals thriving along.

When electing people, make sure they are the right ones and will do their job to help keep the membership go ahead and stick with you.

This could go on but basically this will help you to form a good strong membership and keep the organization going.

All members of course should support the executive and organization.

Bob Hutchinson.

More Szasz

Yet the persistent labeling of mental prisons as "hospitals" has muddled the thinking of both the public and the professions involved in these matters.

In New York State a person threatened with commitment has the right to demand a court hearing. In fifteen of our states even this ineffective safeguard has been abandoned. However, few people know this, and psychiatrists do not inform patients of their right to protest compulsory hospitalization and treatment. Thus, in actual practice, petitions for commitment are rarely protested.

Mrs Kowalski was indeed labeled "schizophrenic". For good measure she was called a doubly bad name: "catatonic schizophrenic." Why? Because she was "uncooperative"--that is, she failed to assist the state in depriving her of her liberty. In the psychiatric context, this act itself is considered evidence of mental illness.

There is a repetitive evidence that once a patient has remained in a large mental hospital for two years or more, he is quite unlikely to leave except by death. He becomes one of the large mass of so-called chronic patients."

CHILD CARE CENTER

Since M.P.A. began, the idea of opening a day care center for children has come up a number of times.

Many members, especially mothers with small children, find that their emotional problems are aggravated because they are tied down with their kids 24 hours a day. Many parents can't afford baby-sitters and have almost no time just to relax and to be free to get out and enjoy themselves.

It's no wonder that many women living under these conditions end up in the hospital. This situation is not good for the mothers or the kids. Both need time away from each other.

Usually M.P.A. Center isn't a good place for children, and therefore many mothers don't drop around. What's needed is a Center designed especially for child care, where women in similar situations can get together to provide real services to make their lives and their children's lives better.

Grace Bisson has proposed the idea of starting a day care center in cooperation with other parents and would like M.P.A. to be involved. She has done a lot of research into the subject of day care centers and feels that we could get one started almost immediately.

The Center will conform to all licensing regulations and will have a qualified supervisor. It will be run cooperatively however; this means that the supervisor will work with the parents and will carry out decisions made democratically.

Parents will participate actively in the day-to-day operation of the Center. This will mean putting in perhaps one day a week looking after the kids, leaving the rest of the week open for parents to spend however they like.

It is very likely that funds can be obtained, so there will be no charge to parents.

This is the sort of project that can make a real change in people's lives. It can really cut down the chances of going back into hospital. But the only way it will happen is for people to put their efforts into getting it started.

Day care centers are not pipe-dreams. The need for them is becoming obvious to everyone. Government agencies are making fairly large sums of money available for citizens groups to initiate these centers. If we have a core of parents (and non-parents) dedicated to organizing a center, it can be in operation within months or even weeks.

There will likely be salaries available for a few people who want to work fulltime on the project. We also need people who can participate only on a part-time basis. This project is not just for parents, but for anyone interested in working with children.

This is an opportunity to take concrete action to improve your life and your children's lives and to make a real contribution to the community.

If you have any interest at all in participating in this project, or if you would like more information, call Grace Bisson at 874-0053 or leave a message with Janet Allen at M.P.A. 738-5177. If you know of anyone who would be interested have him or her call.

More Szasz

Let us not forget that every form of social oppression has, at some time during its history, been justified on the ground of helpfulness toward the oppressed. No freedom-loving person can accept this argument. It is no more valid for mental patients today than it was for witches in the Middle Ages or for slaves before the Civil War. I submit that there is a compelling parallel between the Negro slaves unprotected by the American courts, the small businessman unprotected by antitrust legislation, and our contemporary mental patient. Each was unprotected from its vastly more powerful adversary: the Negro from the white, the small businessman and worker from the corporate giant, and, finally, the mental patient from the medical profession. Only intervention by the federal government can prevent, in these instances, the merciless exploitation of the weak by the strong.

However, even voluntary patients, when hospitalized, fall victim to various processes which lead to their human and legal debasement.

I have sought to demonstrate that mental patients in the United States suffer widespread and grievous violation of their constitutional rights. I believe that today these people, more than members of particular racial or religious groups, are the principal scapegoats of our society.

It took the jury all of three minutes to decide that Pound was of "unsound mind." He spent the next 13 years in St. Elizabeths Hospital.

Sir Figby Snort - Your foreign reporter.

I first of all must complement the London M.P.A for the magnificent job they did in smuggling me across the Scottish border. By creating a disturbance on the main road border crossing as a decoy. It allowed me the opportunity to sneak through the roadside bushes disguised as a tree. After walking to Glasgow I managed to get a small room above a haggis factory. It had no heat, light, windows or bed, but it was cheap. Although I was tired I didn't fall asleep right away. But did finally fall into a peaceful sleep by using thought projection. I visualized that I was resting in a large arm chair at an M.P.A. General meeting, and the restful atmosphere lulled me into slumberland. The next day, after a breakfast of fried haggis, I set off to do some research. Here are a few comments on Scottish life styles.

1. There is so much scotch whiskey manufactured that instead of water, hot and cold whiskey flow from their taps.

2. It was a strange feeling to walk into a bar and see people ordering glasses, and bottles of water. Some of them became completely sober by the time the bar closed.

3 Most of the girls wear a small mirror glued to the toe of their shoe, so they can look up the kilts of the Scottish men, without being observed.

4 There is no M.P.A. house in Glasgow, mostly because they don't believe in Mental Illness, and so, on to Ireland next month.

Sir Figby Snort

More Szasz.

Accordingly, Wertham suggested that Pound's insanity was contrived by those in charge of his case, and, more generally, that "His 'insanity' is an example of how we are trying to explain away profound defects in society by placing them outside society, in the sphere of individual pathology".

Psychiatric hospitals are, of course, prisons. One of the principal aims of this book is to impress this fact upon the reader, and to show the maneuvers that legislators, attorneys, and physicians use to deceive the public as well as one another of the facts.

Men other than Pound have exhibited traits of eccentricity, egocentricity, and grandiosity. Indeed, Jesus was said to have shown these "symptoms," and, accordingly, several psychiatrists diagnosed him as having suffered from paranoia. Schweitzer's study (1913), referred to earlier, was an attempt to refute the works of three psychiatrists, each of whom claimed to have established that Jesus was mentally abnormal.

MYTH OF THE MONTH: THE VIOLENT MENTAL PATIENT

There are a number of degrading and destructive stereotypes about mental patients. One problem with stereotypes is that people believe them first, and then look for evidence to confirm them. Often, almost any evidence will do. Even if the evidence often overlooks the great majority of cases for whom the stereotype is false. It is very disturbing to have to change our minds.

One of the greatest tragedies about stereotypes is that members of the discriminated-against class may say, "It's not true of me; I'm not lazy or violent, but most Blacks or mental

patients are." This sort of attitude is inexcusable when the facts show the stereotype is false.

A common myth about mental patients is that we are "dangerous" or "violent" compared to non-patients. The facts clearly show otherwise. On this point, Dr. Wahler has written:

"It is particularly unfortunate that such over-generalized fears are so deeply entrenched where they lack corroboration in fact. J.E. Rapoport and associates conducted an extensive review of literature concerning the "dangerousness of the mentally ill." They concluded "that an attack of mental illness with hospitalization does not leave an inclination toward criminal activity greater than that which existed prior to the illness and that it does not produce a tendency if it did not previously exist. Crime rates are not higher among ex-mental patients than among corresponding persons in the general population; indications are that the reverse is true."

More Szasz.

The idea of a "right" to mental treatment is both naive and dangerous. It is naive because it accepts the problem of the publicly hospitalized mental patient as medical rather than educational, economic, religious and social. It is dangerous because the remedy creates another problem: compulsory mental treatment. For in a context of involuntary confinement, the treatment too shall have to be compulsory.

For today, only psychiatrists and mental hospital patients are familiar with the full scope of psychiatry as administrative law - and hence, in Lord Hewart's words, as administrative lawlessness. It is high time for an informed public to know it too.

A person may avoid physicians altogether, or having consulted one, may consent to some procedures but not to others. He can therefore control, to some extent, the dangers of pursuing too aggressively the possibility of his sickness. In contrast, the involuntary patient lacks the authority to refuse diagnostic procedures and is therefore unprotected from its hazards.

CHINA POEM (for Jim) by Sue Landell

A brown smear
streaked
across a yellow plate

Wine-soaked livers
and garden green
peas

The method
somehow
in this madness
is poetry

Seeing this hurricane
of cups
and tablespoons
whizzing
around the counter

As poem
gaining fresh
and stone-
bone
antlers

The routine stitching
patterns/barths
and cutlery

Poems
the circle within
the circle

The feast, edged
with soft
grey...lines.

fact
rous"
on
s-
the
g

UNTITLED
by
Gerry Walker

Poetry
Is not for me.
Though not as lovely as a tree,

A tree I think I understand.
Verse, on the other hand,
Is an unknown land.

You will say, "This does not scan".
Too bad, man.

More Szasz

All provisions for involuntary mental hospitalization should be abolished. Like the institution of slavery, the institution of hospital psychiatry, as we know it, must go.

The Hospitalized Mental Patient Should Not Lose His Human Rights. Mental hospitals, both private and public, should be restricted to the care of consenting, voluntary, adult patients. Both the hospital and the patient should be treated as independent, contracting parties. Patients should be free to enter or leave the hospital at will. Similarly, psychiatrists and psychiatric hospitals should be free to refuse to accept patients they do not want.

Let us compare this with the struggle between industry and labor at the turn of the century. To solve that problem, American legislation embraced the principle that workers have a right to organize strike. I believe that mental patients should have a similar opportunity to protect themselves against the psychiatrists who coerce them.

One reason why this has not happened is that mental patients despised despised their own identities.

Few mental patients care to think of themselves as mental patients. They prefer to believe that there was never anything wrong with them, or that they have recovered.

The mental patient's disdainful attitude toward the mentally ill also robs him of the incentive to unite with his fellows. Benjamin Franklin warned the Founding Fathers that if they fail to hang together, they shall hang separately. Nevertheless, psychotherapeutic efforts with mental patients, directed at educating them to revolt for independence-might yet instill in them the understanding, and the hope, that their rights may be secured not only by assimilation into the more privileged majority but also by effective protest.

Untitled

I was much too far out all my life
And not waving but drowning.

Stevie Smith

--Father, did you call me?

--Perhaps it was only the wind. Why should I call you? I may not even be here. Have you considered that I may exist only in your imagination?

--I can remember times when I could almost see you, riding on the wings of the wind, bright as the sun, fair as--

Untitled continued

--What are you quoting that inflated rubbish for? If I exist at all, I am I and can be compared to nothing else. You are drugging yourself with words.

--When you were on earth (if that was you) I was there too, standing in a dark corner somewhere on the edge of things. As long as you were with us we were safe. Then you were gone. That was the ultimate betrayal, that you were not there. Was it only because we wanted you so badly that we thought you came back?

--You will have to decide for yourself which way you want to take that.

--What's the use of deciding if I don't know what is true? How did I get into this anyway? I would never have asked all those questions if I had not been sure there was a good answer I would find sooner or later.

--Every question you asked took you farther out.

--Can't I go back?

--No..

--I could just keep on going, decide to take all or nothing, so cut myself off from safety that I could not possibly undo what I had done.

--You could do that.

--Will I then have your safety in place of what I have lost?

--Perhaps. Perhaps not. But you will certainly have nothing else. And the good you have now is not yours to keep.

--Have I any choices at all? If there is a pattern, I'm begining to think I don't make it; it makes me. I feel I am bound to a law of which I don't know even the name.

--You are bound. Perhaps you can say Yes or No. That is all.

--Is there any safety anywhere?

--There is none I can tell you about. But you can cut loose from all the false safeties and wager all on following what you conceive to be me.

--You know I don't really want that! I want to live forever, to possess any joy I have in perpetuity, to think myself good a and have the name of being holy, and to imagine that I am happy because of my holiness, and to do exactly what I want and be able to praise myself for it, always to think I am justified in not doing what I don't want to do. I am designed like a trap of steel teeth, and when I try to pull down the stars I fall into the trap: but if I did, then if I had not, he wouldn't let me, I didn't want, I will, won't cannot, did, will, won't, could have should have, would have, wouldn't have...WHY HAVE YOU MADE ME LIKE THIS?

(As I cannot hear the answer, I can say only that the monologue/dialogue continues/does not continue into infinity, or thereabouts.)

Instead of backbiting one another or pointing fingers at one another, let us have more love for one another.

by Cathy Batten

Fred Fisher

The problem of "liberating" the hospitalized mental patient from his psychosocial, religious, and legal shackles is exceedingly complex and difficult. It calls to mind the socioeconomic problems of so-called underdeveloped nations. Because of a low level of education and industrialization, it is extremely difficult for such nations to get going in a cycle of increasing education, increasing industrialization, and increasing democratization. Similarly, it is often a lack of social feeling or interest that causes a person to become a mental patient. This deficiency prevents him from engaging in organized social activity with his peer group. Hence, he remains isolated, and the benign circle of organizing, learning, acquiring new skills, approaching equality with his superiors, never begins. Like underdeveloped nations, mental patients need "foreign aid." But such "aid" can easily be destructive. The mental hospital patient needs help, but not in the form of housing, food, and tranquilizers. Such aid only perpetuates the infantile, disabled role for the patient.

In my opinion, what the mental hospital patient needs is to acquire the spirit of liberty and, indeed, of revolt.

We shall have to create an increasing number of humane and rational alternatives to involuntary mental hospitalization. Old-age homes, workshops, temporary homes for indigent persons whose family ties have disintegrated, progressive prison communities--these and many other facilities will be needed to assume the tasks now entrusted to mental hospitals. Some of the money and effort spent on mental hospitals should be devoted to such enterprises. As matters now stand, mental hospitals only waste our valuable human resources and funds. They also endanger our trusted political institutions and our personal liberties.

POEM

I walk along the moonlit path of dreams
my eyes sprinkled with stardust
my heart full of love

My soul drifts over my body
heavy with care
and woes

and a lightness

I know

For dreams are but wishes
but I know I must awake
and reality's path I must walk
and I understand that
if life was but a dream
my eyes sprinkled with stardust

I would never know life's beauties
of ups and downs

So when morning's dawn awakens me
I thank God for my dreams
and I also thank God
for the reality of the real things
which are there to hold
and not to fade
with the dawn

We are but a
tide
flowing endlessly with
the waves
of time

POEM continued.

Ours is a journey
as the tide that knows not
the end

but with a knowing
of mind

that we are but a ripple
in the eternity
of time

- Sharon Douglas

More Szasz

An individual's personality, no less than his body, should belong to him, not to his self-appointed psychiatric guardians.

Rarely is mental illness used any more as a therapeutic word. It has become a diseased word. Inasmuch as offenders incarcerated in mental hospitals are likely to serve a longer term than those sentenced to prison, the word "insanity" has changed from an excusing condition to an incriminating one. In the past, defendants used to "plead" insanity in the hope of ameliorating their fate. Today they are often "charged" with it.

There are many similarities between the discrimination against Negroes and against mentally ill persons. So long as the Negro was considered an inferior being, it was reasonable to treat him as a ward of the state, instead of as a citizen. Hence, slavery could be justified on what were essentially therapeutic grounds; and it could thereby be made compatible with the Constitution. Similarly, if we accept the idea that the hospitalized mentally ill are, on account of their "mental disease," constitutional rights in the name of taking care of them.

It was suggested earlier that what we call mental illnesses are not diseases; nor, for the most part, are psychiatric actions treatments. This is not to say that psychiatrists may not do much to help people. However, not everything that helps a person is ipso facto a form of medical treatment.

We should guard against two basic mistakes in our relations with so-called mental patients. One is the fear that they may harm us. If strong enough, this fear can easily justify segregating and punishing those whom we consider "dangerous". The other is the discomfort that the mental patient's behavior may cause us. If intense enough, it may justify intolerance toward personal idiosyncrasies and so-called aberrations of behavior. And yet, labeling conduct as sick merely because it differs from our own may be nothing more than discrimination disguised as medical judgment.

It is often said that in a democracy a person can secure his legal rights only if he is prepared to fight for them. Like the Jews in Nazi Germany or, until recently, the Negroes in the South, mental patients have been afraid to stand up and fight for their liberty. This, more than anything else, may have made them, and may continue to make them, convenient scapegoats. Instead of protecting their own integrity, they have, as the psychoanalysts put it, identified with the aggressor. Perhaps the most effective method for securing the mental patient's liberty--not to become mentally well, but if need be, to remain as he is and yet enjoy the rights of an American--lies in legal action against his oppressors.