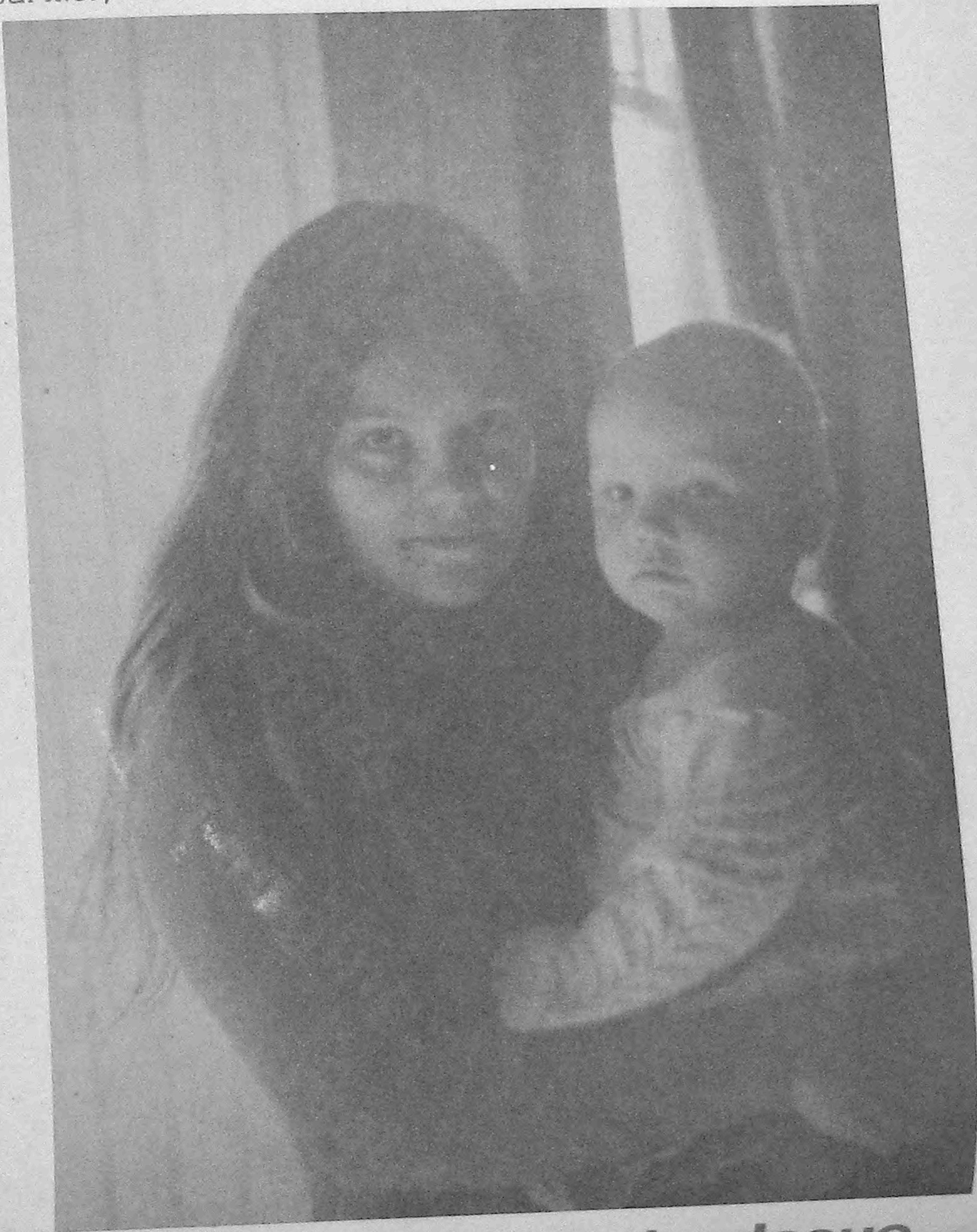


in a **NUTSHELL**

Vol. 2, No. 6, September 1973, Mental Patients Association Newsletter
1982 W. 6th Ave., Vancouver, B.C., Phone: 738-5177, 738-1422



Motherhood is the Issue

in a nutshell

Mental Patients Association Newsletter

Cuckoo's Nest, Support Groups, Women, Spark M.P.A. Conference

On the weekend of October 19-21, more than ninety people, made up of MPA members, coordinators and interested friends descended in hordes upon the B.C. Ferries for the trip to Sechelt's Camp Elphinstone and the Second Annual MPA Conference.

In the last six months the same questions that instigated the first MPA Conference again began to be raised in private, semi-private and group situations. It was generally agreed that we needed a collective meeting (Conference) in a place away from the day to day pressures of MPA. In planning for the Conference, we tried to arrive at a balance between the discussing of vital issues and different forms of relaxation and entertainment.

Post-Conference discussions indicate the conclusions are mixed. Some people feel we should have had more socializing so MPA members could get to know each other better and some felt that there wasn't enough time to discuss items relevant to the whole of the organization. But the general consensus is that we need to have follow-up meetings to resolve the questions raised by the Conference.

kick-off

The weekend was kicked off with an MPA production of Ken Kesey's play, One Flew Over The Cuckoo's Nest. Putting on a 2½ hour play was a great triumph for MPA members. After the play, people made their way to the cabins supplied by the YMCA where depending on people's inclinations, there were late night talks, pajama parties or sleeping.

Saturday, the conference was started in full scale with talks by Dick Betts on Mental Health in Canada, and Gerry Walker on the History of MPA, followed by a panel of long time members.

After lunch we reconvened to discuss Lanny Beckman's proposal on Small Support Groups, and Stan Persky's talk on Education Within MPA. After the initial presentations, we broke into small discussion groups to discuss these two topics, and then reconvened to present the ideas of the small groups. Education was more or less tabled to be discussed further after the conference; and the Support Group idea was deemed a priority.

The basic concept of the Support Groups is that people would meet weekly in groupings of about six people so that no one would get lost (mentally or physically) from the larger group and so that people would be sure(r) of receiving support when they were too depressed

or freaked-out to come around. It was felt that Support Groups would constitute a program of "therapy," a concept which has been neglected since MPA has grown too large to ensure that everyone can feel a part of the group.

The almost unanimous feeling of the small discussion groups was that Support Groups were a viable entity, but that the mechanics of setting them up were somewhat obscure. At the General Meeting following the Conference, a committee was struck to gather names of people interested in joining Support Groups and to start working out the problems of how they're to be set up. If you're interested in joining a group or working on the committee, call 738-5177.



Following coffee, Barry Coull talked on "MPA's Cooperation with Other Community Groups," Valerie Shackleton gave her views on "The Life-Styles of Work Versus Welfare" and Lloyd Howarth covered the age-old topic of "MPA Coordinators Versus Members." As with much of the Conference, there was little time to go into these topics in detail. The ideas presented, however, will provide material for follow-up.

serious sex

After supper, Nancy Marsden and Brian McManus spoke on "Sex," a subject that was treated with seriousness and intensity, and without the usual coyness and flippancy found in most other settings. One principal question was why Nancy and Brian were singled out to represent the whole subject. This led to a discussion of sex-role stereotyping and the limitations that these roles impose on MPA members. There was a heated discussion on

how and why women get manhandled (for friendship or cheap thrills) around MPA. The conflicts here served as a foreshadowing of the angry exchanges which were to occur during the Women's Committee presentation the following day. It was generally concluded that sex is a very problematic topic for almost everyone and that people, male and female, should be more honest and explicit in their expectations and demands and be prepared to respect the other person's decisions.

After the discussion on sex, people went either to the cabins, the movie (which we understand had no sound), or the Gibsons' bar (which we understand had no meaning).

And Lloyd sat in front of a fire.

Sunday morning, there were, we're sure, people who were deciding whether sleep or breakfast was a priority, but most made it to the Women's Committee presentation, which turned out to be very explosive. (See stories inside.)

foot-stomping

The topic of "Housing" followed the women's presentation, but much of the discussion was obscured by the high emotional feelings still running rampant on the previous issue. Kevin Clarke and Fran Phillips did their best to restore the meeting to order and raised many important points related to the fact that housing is one of the most difficult problems facing patients and ex-patients.

Having touched on more than ten issues in two days, the group generally felt that instead of finishing on an intellectual note, we should end with a bit of music. Everett on fiddle and Brian and Scotty on guitar hit up such resounding, foot-stomping music that hardly a soul was still.

Watching the people dancing made one realize how far MPA had come in less than three short years. Here was a group of almost 100 people (representing three times that many who could not attend) welding themselves into a community that was dealing not only with basic survival and social needs, but also with the larger issues of how to improve the lives of all people afflicted with emotional problems.

The Conference was a resounding success, and many thanks are owing to the many people who put in so much energy to plan and carry it off. It has made us aware of the strength and vitality of our community and of the amazing things ordinary people can do when they band together.

ONE FLEW EAST ONE FLEW WEST

One Flew Over the Cuckoo's Nest

Bouquets of roses were heaped upon the cast of the Ken Kesey play *One Flew Over the Cuckoo's Nest* for service above and beyond the call of duty. As part of the cast I can express the heartfelt thanks of the actors for the sensitivity and appreciation of the audience.

I would like to go briefly into the intricate internal workings and problems of putting on such a play. The people in the play were members, coordinators, residents and non-members. It was MPA democracy in its purest form--people from all areas working together towards a common goal and in the process, getting to know each other and all areas of MPA. There were a great many problems, including people dropping out, having to find replacements in the last two weeks; always being short of people at rehearsals because some were at meetings or working; and last but not least, stage-fright.

The play reflected in many ways the general philosophy MPA holds on mental hospitals. As a number of the cast, through one misfortune or another, has wound up in hospital, there was a general empathy among both cast and audience.

With the general consensus of the cast and audience, I would like to thank Lloyd Howarth for his fine job of directing as well as acting in the play. There were times when the cast felt that he was overbearing (what neurotic, theatric genius isn't?) but at the same time we all realized it was for the good of the play.

In fact, during the actual performance of the play, we (the cast) almost felt it might be necessary to load Lloyd down with tranquilizers so he wouldn't totally freak-out; but it proved unnecessary as the performance was better than any previous rehearsal.

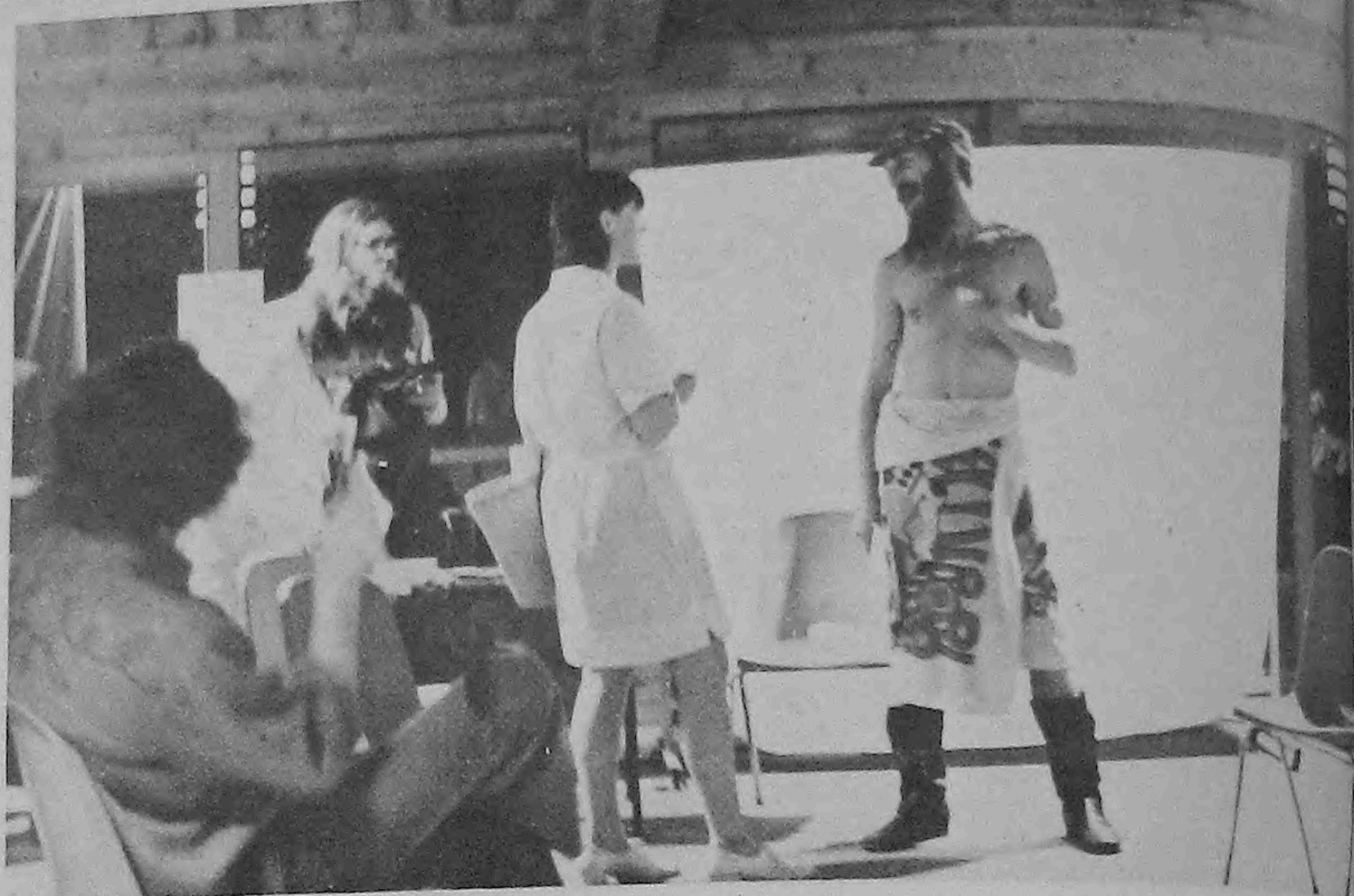
At this point I think we should express heartfelt thanks to Lloyd as director and Bill (McMurphy) the Juggler who played the lead and was brilliant.

And of course the cast: Ann-Marie Linklater, Dorin Hufnagel, Nancy Marsden, Charlene Gardener, Brian McManus, Dick Woodsworth, Karen Joveer, Sue Hall, Dave White, and Brandy LaPlante (lights), and Brian McManus and Karen Joveer (props and sets).

- Patty Servant

So what else is new?

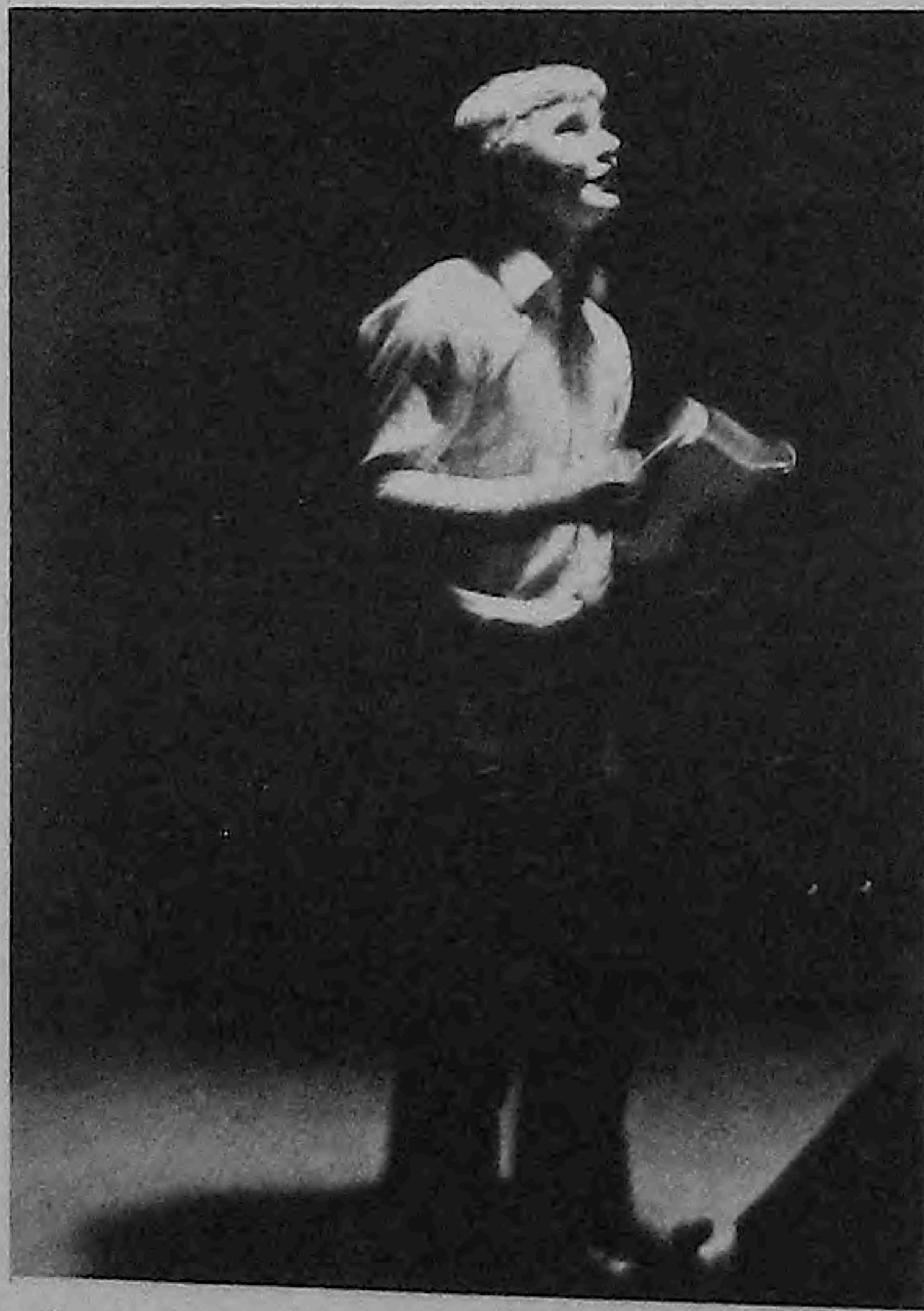
VICTORIA — Whether a mental patient is admitted to a hospital often depends upon factors other than the patient's condition, said an Ontario researcher at the Canadian Psychological Association's annual conference here Thursday.



One Flew Over the Male Chauvinist's Nest

Although not wishing to take away from the highly creditable and worthwhile production of Ken Kesey's *"One Flew Over the Cuckoo's Nest"* presented at the MPA Conference, I feel it is important to examine some of its broader ideological content in greater depth.

The play's good points are well made where the author focuses, for example, on such areas as authority being enforced with the familiar but maddening "You-may-not-realize-it-but-it's-for-your-own-good" rationale. In general, the play paints an acutely accurate picture



of physical and political conditions in a psychiatric ward, a picture which is probably just as accurate now as it was in the early sixties. But nevertheless there is an extremely unenlightened aspect within this otherwise "enlightened" play, an aspect which should be recognized as such.

This concerns the negative light in which women, for the most part,

are seen, and the fact that the play is essentially a vehicle for depiction of only male life in a mental hospital. As it turns out, this depiction is highly male chauvinist in nature, and thereby degrading for women. The women discussed in the play are frequently seen as only sex objects--just some more "poozle", whether with big "knockers" like Harding's wife, or just a paid lay, as in Billy's case.

I am not saying that this play, above all plays, is particularly sexist; the fact is that it is an accurate play, and that the attitudes exhibited in it are, for a majority of the population, a part of daily life. However, this does not mean that we have to accept these attitudes. Accepting them enables them to continue to flourish. McMurphy may feel that a man can never get enough poozle, and women may equally feel that they are tired of being thought of primarily as poozle, and may voice this feeling. Voicing it will hopefully help to change such sexist attitudes, thus bringing about a shift toward equalization in this our still highly male dominated culture.

- Tessa Stewart

LIBERATION

there are no more slogans to hide our faces

we have stopped believing in lies

we know who we are

- Ted Chabasinski

Male Chauvinist Pig*

***or everything you expected Barb & Judi to say about the conference**

We were asked to write a response to the Conference discussion on feminism. Mostly our feelings are positive. Lots of talking, discussing, learning and growing took place at the Conference, and is now happening at MPA. Questions are being asked that should be asked. There has also been some negative reaction. A few men have been pursuing the more vocal women at the drop-in center and demanding immediate answers to questions.

We are disappointed that the Conference recommendation that Mens Groups be formed is not yet being implemented. This is where these men should be finding some answers, through their own searching and education.

Looking back at the longest and most emotional topics, we feel good to know that time is now being spent on these important issues. It was unfortunate that there was a confusion of "heterosexuality" with "sexuality" and "feminism"; that there was manipulation and/or confusion of warmth for sexuality; that there were protests of men's oppression to justify the suppression of women's liberation; and that there was a reaction (by both men and women) of fear and guilt to panel suggestions.

The Conference schedule was so full of important and worthwhile topics for discussion, and time was so limited, that many important issues were very quickly mentioned and then glossed over. This occurred with the subject of prostitution, for example. Two men made rather long and impassioned speeches in support of the position that prostitutes choose their "profession" freely, and cannot be viewed as the victims of male oppression.



Although several women spoke out to protest this outrageous and insulting view, these men's only response was to attempt to outshout the women, and to insist on the absolute validity of men's opinions over women's experiences.

Prostitution is the clearest example of the male definition of women as interchangeable units used for the sexual pleasure of men. Also, it is the most profound expression of women's economic role in society. We hope that prostitu-

tion will be an early topic for the male-female discussion group.

Most important is what's happening along with these discussions. We're not only talking, we're doing. The women's residence is now a reality. There are support groups being formed, which can only make a better environment in which people can see each other as people and support one another.

- Barb Bussigel
- Judi Chamberlin

23 to be elected GENERAL ELECTION

Every six months, all salaried MPA positions are thrown open for election by the membership. The next election will be held on Wednesday, December 5th at the drop-in center starting at 7:30 p.m. There are 23 coordinators to be elected.

If you are interested in running for a position, or wish further information, contact a member of the Elections Committee at the drop-in center--738-5177.

GENERAL ELECTION, WEDNESDAY, DEC. 5, 1973, 7:30 P.M., 1982 W. 6TH AVE

LEGAL TRAINING SESSIONS

Lawyer Sid Filkow will be conducting legal training sessions November 15th and 22nd (Thursday evenings) at 8 p.m. on all aspects of how people get in and out (especially the latter) of mental hospitals. Everyone invited.

Day-care Committee Formed

Responding to the requests of many people at the Conference, the October 23rd Business Meeting struck a committee to organize a day-care service for the children of MPA members.

The committee has set a meeting for November 7th for potential users of the service so that we can estimate how much demand there will be. This meeting will be making decisions on how the center will be staffed, what kinds of programs we will have, and what hours the service will be offered.

The committee still needs volunteers. If you would like to work with us, or if you need day-care for your children and want more information, contact Barry Birch at 733-5733 or Tessa Stewart at 534-8765.

Clap... But Not Loud

The B.C. government is to be applauded for introducing legislation which will set up three-person review panels to determine whether a person involuntarily committed to a mental health facility should continue to be detained.

The panel is to include one person named by the patient. The other two panelists are a chairman appointed by the Health Minister and a doctor on the staff of the institution.

Question: Is losing 2 to 1 better than losing 2 to 0 (as was the case under the old act)?

Reviews cannot be requested until three months after committal--far too long a period of time (but shorter than before).

Considering the mass of conditions which are crying out for change, these reforms represent one inch on a hundred mile journey.

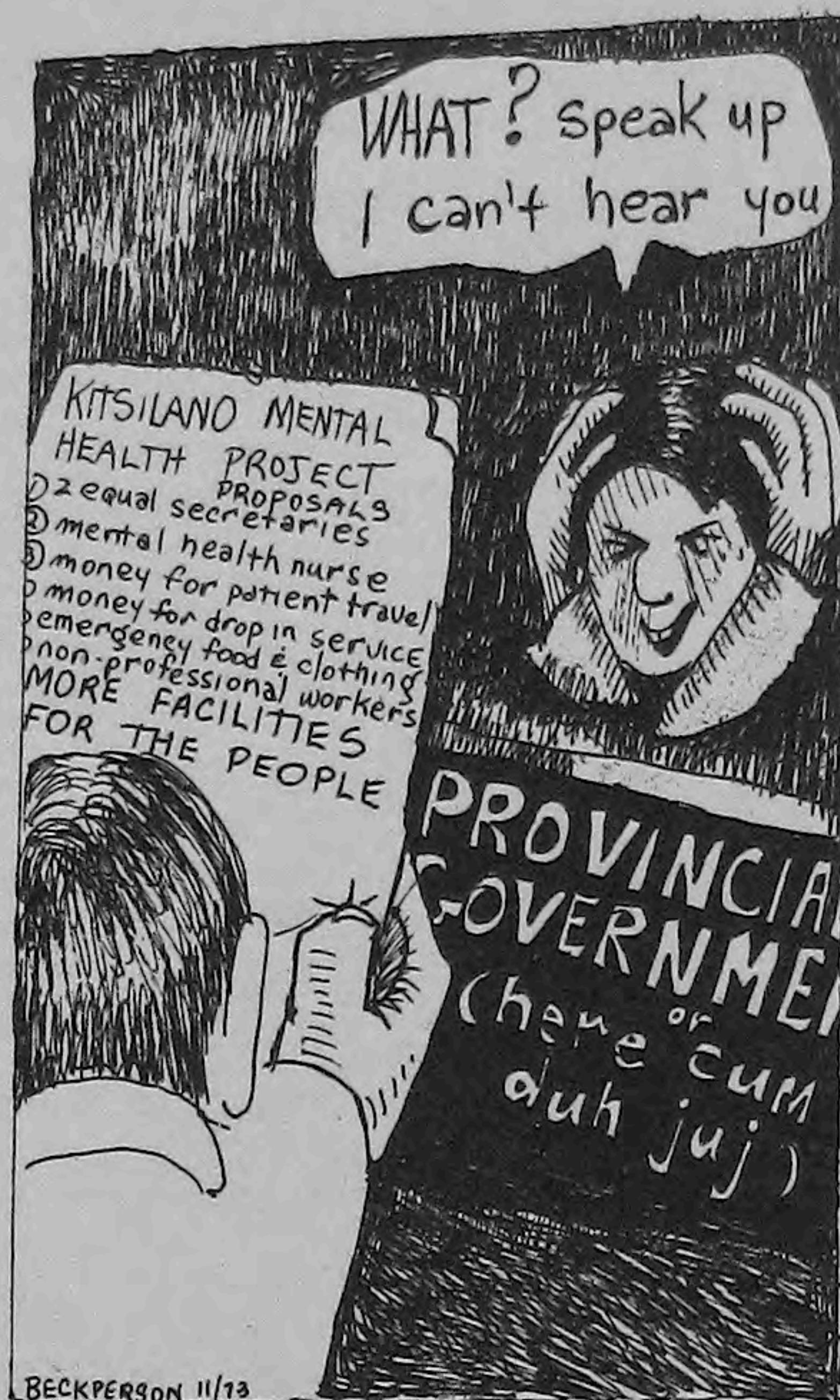
So don't applaud too loud. The government might get the wrong idea.

KITS BUDGET REJECTED....AGAIN

or Gee, it's getting hard to communicate in here

"In here" is in the Greater Vancouver Mental Health Project. For five months a group of citizens have been working, hard and voluntarily, to have a budget accepted by the Provincial Government so that a Mental Health Team can begin work in Kitsilano. At first the project tried to get a budget approved without consulting citizens. "Stop the machinery," said the Kits Committee. Stop it did, and the people drafted their own budget.

The first citizens' budget was turned down by the Project's Coordinating Committee because it proposed equal salaries for almost all workers. Wage equalization didn't correspond to the graduated pay scales of unions and professional organizations and would get the Provincial Government into trouble. The Kits Citizens Committee tried again, compromising itself into a schizophrenic state. The second budget was approved, but only after three workers, a crisis hostel and various expenses were lobotomized into non-existence. It was then sent to the Metro Board of Health, approved again, and then committed to Victoria for final rubber stamp approval. It bounced back two months later with a traumatic look



of rejection on its face.

The Kits budget was unique. It was the first one by a representative citizens group and spoke to needs unmentioned in any other areas.

It was rejected because:

1) The citizens wanted two equal secretaries; the Victoria(n) Mental Health administrators wanted one secretary to supervise the other.

2) The citizens wanted a public health nurse with community medical experience and psychiatric experience; Government administrators didn't because no other area had asked for one.

3) Kits wanted patient travel of \$2,000 to be distributed among 80-100 clients; the officials didn't (although they were willing to give nine staff members \$5,850 for travel).

4) Kits wanted an extra \$5,400 to provide a drop-in service, activities, recreation and crafts—not O.T.; the officials didn't—no other area had requested such services.

5) The people wanted an extra \$3,300 to provide patients with

cont. p. 5

Sobering

Dear Friends,

Thank you for the recent issue of NUTSHELL which I appreciated reading as I have the others you've sent.

The article on the class structure of mental illness is correct and revealing but (as it itself notes) a bit incomplete in that the "mental health" care of the middle and upper classes wouldn't be revealed in a public hospital's emergency statistics. What happens is indeed a class-based situation, in which poorer people are oppressed into "craziness" but at the same time, as always, the rich are buying good care and the poor are shunted into relatively poor quality facilities. Also, as some literature has pointed out, poorer people are more likely to use emergency rooms as the local "general practitioner" while richer people can afford to consult a private doctor.

Violence and the MPA is a sobering communication. I wish that more details of the incident and what was done and decision-making were talked about. It would probably be tortious (legal word for you'd be liable to the person) for MPA people to get together their

own freak-out place to hold persons who were angry and violent for a couple of days. Despite the persuasiveness of your hard time, it still bothers me to have "friends" of the person calling the cops to get him/her to a mental hospital. I love the suggestions and plans you have and feel that they will probably avoid or help with future troubles.

Sincerely,
David Ferleger
Attorney at Law
Mental Patients Civil Liberties Project
#1407 - 1315 Walnut Street
Philadelphia, Pa. 19107

* * * * *

Keep in Touch

Dear NUTSHELL,

Thank you for sending us your magazine. Our members have enjoyed reading them.

We will keep in touch.

The Coordinating Committee of
The Mental Patients Union
97 Prince of Wales Road
London N.W. 5
England

* * * * *

We LOVE getting

Gut Experience

NUTSHELL Editor:

I very much appreciate the candid picture of your association and some of its members.

What a treat to have a gut experience via a newspaper.

So, thanks.

Susan Malkin
Vancouver, B.C.

* * * * *

Most Misunderstood

Dear Friends,

Will you please send me a free subscription to IN A NUTSHELL? I am in Kalamazoo State Hospital but expect to be released soon.

Can you tell me if there are any Child Molesters Liberation groups? I feel that these people are the most oppressed and misunderstood group of all. Thank you.

Kent A. Boyer
Box A
Kalamazoo State Hospital
Kalamazoo 43F Mich. 49001

* * * * *

emergency food and clothing, baby-sitters and day-care, minor house-hold repairs and moving expenses; the money managers didn't--no other area asked as much.

6) The people wanted to hire two non-professional Mental Health workers just as the government hires paraprofessional child-care workers; the managers want to create their own Mental Health Worker categories. Until they do, Kits can hire only professionals and psych aides at minimal salaries.

Some project employees have suggested that Victoria would accept a budget more in line with the original one which was created with citizen participation.

What does citizen involvement in this project mean? Bowing to unclear government guidelines? Offering advice? Assisting with programs which don't properly meet community needs?

Effective citizen participation seems to be rhetoric rather than reality. The Kits Citizens Committee is discouraged, but is angrily discussing future action. Will they continue to "participate" or pull out? Kow-tow or confront? Will they do a bit of both?

Tune in next time. The results might be an infuriating compromise or an electroshocking demand for more control.

- Barry Coull

ANTI-POVERTY GROUPS GAIN SEATS ON RESOURCE BOARD

"A major breakthrough," said MPA representative Valerie Shackleton of Human Resources Minister Norm Levi's plan to give Federated Anti-Poverty Groups two seats on the interim Vancouver Resource Board.

Levi announced October 19th that legislation would be introduced at the spring session of the legislature to decentralize control of social services in the city of Vancouver. Thirteen local boards in various sections of the city would be set up, each to take over policy direction of functions now split among City Welfare, Children's Aid Society and Catholic Family and Children's Services. Provincial funding and ultimately election of members of the community resource boards in municipal elections are other parts of the proposed plan sketched by the minister.

The Vancouver Resource Board would include one representative from each of the 13 local community resource boards, when established. The interim board will include a representative from the first local community board now being set up in the Sunset-Victoria Fraserview-Killarney district--two members to be appointed by FAPG and others by the province and city.

Federated Anti-Poverty Groups of Greater Vancouver had demanded in their brief to the government that citizens have control of the social

services needed by them, through 15 to 20 community resource centers in the city. The eight-page brief, "Toward a Community-Controlled Integration of Major Social Services In Vancouver" was put forward by Margaret Mitchell (Chairperson, FAPG Welfare Committee) and Mel McDonald (Coordinator, FAPG of Greater Vancouver) to the last of the public hearings, August 30th, on Levi's original integration proposal.

The minister's announcement of October 19th shows sharp departure from his earlier proposed massive crown corporation for family and youth services in Vancouver which had been the subject of the public hearings. Under that plan there were to have been five local units and only token participation of citizens, as advisors to and volunteer workers for the professional teams.

The more democratic plan, as announced October 19th represents a marked improvement over the prior proposal.

(Valerie Shackleton and Allan Barker represent MPA on the Welfare Committee of the Greater Vancouver Federated Anti-Poverty Groups.)

I have spent a lot of my life climbing walls that aren't there.

- Molly Dexall

You are really a beautiful people. Thank you and peace be with you all.

* * * * *

Crisis Hostel

Dear Friends,

A group of us (some have worked with MPA over the past few years) are applying for government money to support a crisis hostel--a short term residence for people going through major freak-outs. We'd like to find other people in this area with an anti-psychiatry approach.

If you'd like to work with us, please contact us at the address below.

Yours,
Ellen Frank
Tom Sandborn
4465 Quebec Street
Vancouver, B.C.
Phone: 876-7831

* * * * *

Special Place

To anyone and everyone who wants to read this:

This is a hard letter for me to write because I feel very much in debt to all the people at the MPA who have helped me get my head together and I never really took the time to thank them.

Many people, including Clyde, Molly, Jan and Page (to name only a few) have a special place in my prayers and in my thoughts. I'll not forget the kindness and understanding they all gave me when I least deserved it.

nutshell

IN A NUTSHELL, founded in 1893, is in its 14th year of continuous publication. Canada's largest monthly, the NUTSHELL reaches 4 million Canadians weekly and 2 million monthly for a total of 6 million. It is produced entirely by mental patients at 1982 W. 6th Avenue, Vancouver 9, B.C. Big deal.

YOUR LETTERS

Viable Model

Dear People,

We are youth workers in a large hospital setting and can well appreciate some of the problems involved in the institutionalization process. We have been receiving your newsletter for some time now and find it both interesting and informative.

The MPA seems to be quite organized in bringing your population together in productive ways. You certainly serve as a viable model to people who might be interested in similar activities here in Toronto. We are sending a donation of twenty-five dollars to the MPA. Thank you again for sending us your newsletter.

Enclosed please find a \$25 money order and our mandate.

Ruth Rapkowski
for the Youth Workers
Annex I
Toronto General Hospital
Toronto 2, Ontario

Complex, Scary

Dear NUTSHELL,
I enclose a small contribution to IN A NUTSHELL. I hope your voice will keep growing stronger,



Women's Residence Under Way

The Sept. 12th General Meeting authorized the formation of the women's residence. Since then, what had been only an idea has become a reality. We have signed a lease on a five bedroom house with a cosy fireplace and an aura of contentment that will be converted from a house to a home by the eight women who will live there.

The problem of housing women in MPA has been a long standing one. Women, as a minority within the residences, have had a difficult time having their needs recognized. They have therefore remained a minority. At present the ratio of men to women in MPA residences is something like 8 to 2.

The new residence will provide an opportunity for women to participate in a communal living experience run for and by women. After a time the women can move on to the mixed residences if they wish. The overall balance of men to women will improve as a result.

The first group of women moving into the residence are of varying ages. Some have been living on their own, some in mixed MPA residences and some are just out of hospital.

Often institutions are reluctant to discharge a woman unless she has a good place to move into; an almost totally male residence is less than ideal for most women.

A new residence means that coordinator positions are available. We hope to elect two women coordinators soon. It is hoped that one of these women will take on the job of organizing another women's residence in the future.

But back in the present, there is considerable work to be done in the new residence by the occupants and volunteers. Along with the general setting up of a new household, there is a lot of painting, cleaning etc. to be done.

Let's hope that all the women can get together and work to make the new women's residence a smoothly running place where women will feel they've finally found a home within MPA.

- Women's Residence Committee

But we're still getting
used to

INFANTILE sexuality...

TORONTO (CP) — A doctor said Monday there should be more provisions for sexual activity in homes for the aged.

"Perhaps one possible solution would even be to have petting rooms in much the same way as some high schools now have smoking rooms," Dr. Marion Powell said. "I suspect you would have a very long waiting list."

tragedy in two acts

"We the undersigned organizations urge the government to change the B.C. Human Rights Act to make it an effective instrument for fighting discrimination. The improvements we suggest grow out of our active involvement with human rights problems in this province and our conviction that the present act is inadequate to meet the needs of B.C. citizens . . ."

The Mental Patients Association was one of the undersigned organizations. At a meeting on September 29, 1973 we succeeded in inserting clauses into the B.C. Civil Liberties Association's proposed Human Rights Act which protect the rights of people undergoing psychiatric care in all forms.

At the present time people who have been in mental hospitals are barred from jobs, housing and fair treatment by many agencies. They are blatant victims of discrimination even when studies have shown that people who have been in hospital are as reliable in a work situation as people who have not. At present there is no legislation to protect these people.



The Civil Liberties Association invited MPA and other groups to the Sept. 29th meeting where the following resolution was passed: "No person shall be denied or discriminated against in employment, housing or public services except upon reasonable grounds. . . the following criteria shall not constitute reasonable grounds for denial or discrimination: race, religion, colour, nationality, ancestry, place of origin, sex, sexual orientation, domestic arrangement, marital status, political beliefs, age, former criminal conviction, source of income, physical handicap, treatment

for mental or emotional disturbance, language and life-style."

This clause goes far beyond the present legislation in securing rights for many people who were previously at the whim and mercy of bosses, landlords and social agencies. The Civil Liberties Association is submitting this revision along with others in the form of re-written legislation, or in other words, a new Human Rights Act for the province of B.C., should their suggestions be accepted.

Bet you didn't even know B.C. had a Human Rights Act. That's how effective the present legislation has been up to now.

Bet you do know about the Mental Health Act, that charming bit of legislation which has deprived hundreds of thousands of people of their liberty over the years.

MPA has been involved over a year in the re-writing of that act. The task is now completed, with a final copy ready to be circulated around to interested people and government officials. Essentially the re-write attacks involuntary committal, setting up clear procedures through a review board to determine the few instances when involuntary committal is justified. The act states it can only be justified in cases where the person represents a clear, dangerous threat to him/herself or others.

In these cases, the person has the right to appear before a review and admissions board where clear evidence must be presented as to whether the person is indeed dangerous and should be admitted.

This is a far cry from the two certificates presently required for involuntary admissions. The MPA act also has a section on rights for people in hospital, everything from comforts such as free telephone use and the right to books and correspondence on demand, to serious issues such as the right to refuse treatment.

So far the MPA act has made a considerable impression upon professionals and government alike. A committee from Riverview hospital, which is also revising mental health legislation, has borrowed heavily from MPA suggestions. Law groups and lawyers in town have given us favourable feedback and support. It's up to the government now.

And us.

- Dick Betts

Spaced-out astronaut claims moon visit caused lunacy

Former astronaut Edwin (Buzz) Aldrin Jr., the second man to walk on the moon, recovered from the mental illness he suffered after his 1969 lunar voyage because he was open and honest about his need for psychiatric help, he said in New York.

Aldrin said he felt himself gradually slipping into periods of "devastating depression alternating with brief emotional highs" a year after his historic moon trip. He is on a tour to publicize his new book, Return to Earth.

"This is Progress?!" Dep't

CAMBRIDGE, Mass. (AP)—At Stanford University's artificial intelligence laboratory in nearby Palo Alto, a computer has been programmed to simulate the symptoms of a person mentally ill with paranoia. Psychiatrists say the machine is as convincing a paranoid as a real patient.

READER IN RAD PSYCH

Radical Psychology, edited by Phil Brown. New York, Harper Colophon Books, 1973, 548 p. \$2.95

Phil Brown, who taught courses in radical and Marxist psychology at Alternate U. in New York and formed an important part of the collective who put out the tabloid Radical Therapist (now Rough Times), is editor of a bulging new paperback entitled Radical Psychology.

Much of this lengthy collection is heavy going, especially the Marxist Foundation to psychology which is based on the relationship of social classes to certain behaviour, certain problems and institutions. (The working class, for instance, represents the largest group of people committed to mental hospitals.)

If you skim through selections on Marxism versus Freudianism; the dependency of colonized peoples and their attendant mental ills; alienated labor; and the sexual struggle of youth, you'll get the feeling of the book.

What Phil Brown is saying (over and over) is that traditional psychology is a "class rip-off" and that radical psychology is "simply the discovery of our day-to-day life and the transformation of it," not dependent on research and writing of the past, but on practical application. Radical psychology, he states, is not academia, but a force of revolution.

In this context he presents the views of those recognized writers who have contributed towards a new psychological approach.

You'll find selections here from Thomas Szasz, Erving Goffman and Thomas Scheff who question the "medical model" of mental illness. R.D. Laing, David Cooper, Aaron Esterson and Mary Barnes of the Antipsychiatry Movement of the sixties are also included. Laing and Cooper set up counterinstitutions like Kingsley Hall and Villa 21. Laing showed how social roles could be destructive, even at the family level. Later these men questioned that mental illness existed at all. Laing asked, "Who was crazier, the patient who claimed to have an atom bomb inside himself or the government leader who actually had the capacity to drop the bomb?"

Cooper advocated the "death of the family," as a destructive institution.

In an introductory discussion of sex roles, Phil Brown asserts that "it has become increasingly clear, that the psychological and related professions have been probably the most vicious attackers of women and gays," and that "sexuality and sex roles are of great importance in terms of society as a whole."

His argument is backed up in articles by Nancy Henley (who also helps produce Rough Times), Carl Wittman on Gay Liberation, Phil Brown and the Radicalesbians.

Four personal accounts by Nadine Miller and others contribute to Brown's attack on psychotherapy which he describes as "the area of psychology in which people have most frequently been oppressed."

"Therapy," he says, "offers adjustment (to the accepted values of straight society) rather than liberation"... "Places like Esalen, Janov's primal scream Institute and many others are financially available only to people with a lot of money." In these settings "the person doesn't change his/her life but simply lives in another partial life for short periods of time."

The sixth section of the book entitled Fighting Back sets forth a Mental Patients Bill of Rights and a look at radical psychiatry in Italy in light of the progressive work of Dr. Franco Basaglia in a large custodial state institution on the Yugoslavian border.



I.C./LNS

Basaglia sees therapy as "an encounter between equals, and the less equal the power distribution, the less possibility there is of a therapeutic encounter."

Brown concludes on an optimistic note that feelings of apathy and defeat can be overcome if we consider (in the words of French existentialist Albert Camus) "that strength of heart, intelligence and courage are enough to stop fate and sometimes reverse it."

- Jackie Hooper

BOOKS

You Can't Help But Admire A Man Of Principle

WASHINGTON (UPI) — Martha Mitchell, describing in detail the erosion of her marriage, said Sunday night her husband, John, left her four days ago on advice of his lawyers.

She denied reports in Newsweek magazine that she and her husband, President Richard Nixon's former attorney-general and campaign manager, engaged in "violent outbursts" after previous telephone calls to the news media and that he had tried to send her to hospital for psychiatric care.

Newsweek quoted an "intimate friend" of the family as reporting John saying, "You'd think the media would understand and leave Martha alone. It's obvious to anyone who knows her that she's a sick woman."

"Friends say Mitchell feels his wife needs medical help," Newsweek said, "but add that he cannot bring himself to the necessary legal steps to have her committed."

THE FINAL

A Brief History of

By the mid-21st century, mental illness had finally been conquered in Canada. It is the modest task of this brief history to recount the main events leading up to this momentous achievement.

Let us begin in the middle. In 2007, the Canadian parliament enacted legislation prohibiting contact between mental patients and non-patients. The Segregation Act was occasioned by the dramatic deterioration in the mental health of Canadian citizens during the last quarter of the 20th century.

By the turn of the 21st century, the percentage of mental patients had soared to 63%. (This statistic was not appreciably different from those in other modern societies.) Forty-one percent of the Canadian population lived in mental hospitals; 22% visited psychiatrists at least once a day. Of the other 37%, 1% owned the means of production; 9% were involved in the production of commodities; 11% were on welfare; 9% were in the police and armed forces; and the remaining 7% were psychiatrists. (By this time all mental health workers were called psychiatrists; the earlier categories of psychologist, social worker, psychiatric nurse, etc. had become outdated and were no longer in use.)

Patients Barred From Work

All productive labour had become so skilled, and the qualifications for obtaining work so stringent, that it was unthinkable that a mental patient could hold down a job. In 1998, they were legally prohibited from working. They were of course a drain on the economy, but in view of the fact that only 25% of the population was employed, mental patients were not singled out for disdain simply because of their unemployability. In fact, because they created work for the immense psychiatric industry, they were generally viewed, at least in this one respect, with a degree of condescending fondness.

Predominantly, however, they were increasingly regarded with fear and suspicion. By this period rationality had become such an essential quality for the preservation of electro-industrial society that any departure from rational behaviour was deemed a serious threat to the common welfare.

Only psychiatrists were exempted from the conditions of the 2007 Segregation Act. Although families in the old fashioned sense of the word did not exist at this time--by the age of 12 everyone had left his parents to live in bachelor suites--even blood relatives were included in the ban on contact between patients and normals.

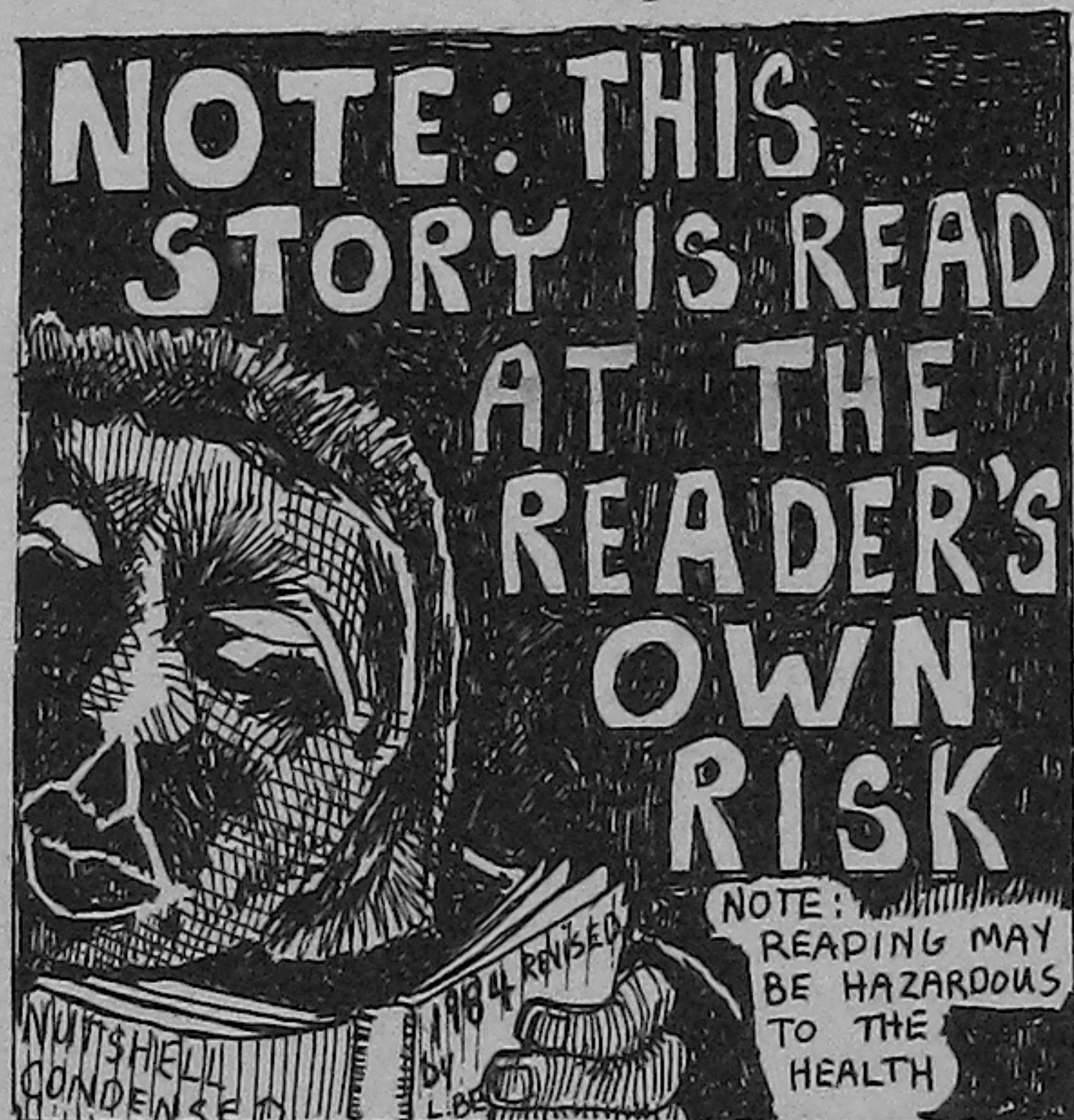
To render the Act of 2007 understandable, some background must be provided. Up to this date, there had been no significant advances in the treatment of mental illness. It was widely acknowledged that there was no cure. The disease, it was known, took many forms and often struck in a cyclic pattern; but even when a remission of symptoms occurred, the appearance of normality was known to be no more than just an appearance. The disease

still existed in dormant form, and its recurrence was as close to absolute certainty as anything can be. Twentieth century statistics showing hospital re-admission rates of 98% made this fact incontrovertible.

Mental Illness Contagious

Moreover, statistical evidence (including the burgeoning rates of mental illness) strongly suggested that the disease is contagious. Thus society could not risk relaxation of the ban during episodes of apparent normality exhibited by the mentally ill. The most stringent precautions against contact had to be taken. The ban against intermingling was absolute, rigidly enforced and lifelong. These ostensibly harsh measures were recognized by all as being necessary for the self-preservation of society. A truism recited by school children in psychiatry classes went as follows:

Once a mental patient
Always a mental patient
No such thing
As an ex-mental patient.



It should not be thought that the segregation of mental patients stemmed from cruel or insensitive motives on the part of legislators. The reader must bear in mind the crisis in which modern societies found themselves by the late 20th century. The meteoric rise in the number of mental patients was tearing apart the very fabric of the social organization. When more than one-half of the population were incapable of leading normal and self-regulated lives, drastic measures were not only desirable, but wholly necessary.

Following the historic Act of 2007, the segregation program accelerated at a frantic pace. Urban centers were remodelled to carry out the edict of separation. On the outskirts of each city a massive mental health ghetto was built in which all mental patients were to live. The ghetto was cordoned off by 20 foot high metal walls and was patrolled by psychiatrists, Class VI. The only persons permitted to enter or leave the ghetto were psychiatrists.

The residents of the mental health ghetto comprised two classes of mental patients: in-in-patients and in-out-patients. The former group occupied the hospitals, enormous structures which dotted the landscape and accommodated up to 1,000 patients each. The in-out-patients, those who visited psychiatrists daily, lived in small suites in high-rises sprinkled among the hospitals.

Kindly Incarceration

It was official policy to afford all ghetto dwellers as much freedom as possible. The in-out-patients, of course, enjoyed relatively more freedom since their illnesses were less grave than the others' and hence they required less supervision. Every effort was made, however, to ensure that the incarceration of all patients was carried out in a kindly and non-punitive manner. They were placed in the ghetto, not as punishment, but as a preventive measure for the protection of society, much as patients with communicable medical diseases are placed in quarantine.

No pretense was made, however, about treatment or cure. All the medical rhetoric of the 20th century had long ago been dropped. In fact, psychiatrists were no longer medical doctors as they earlier had been. For decades, it had been recognized that it was simply a waste of medical training for doctors to practice psychiatry. Besides, as a result of the spread of disease caused by ecological breakdown, doctors were all the more required to practice their medical skills.

In the late 1980's, courses began to be offered to train laymen for careers in psychiatry. Actually these courses functioned more as screening than as training programs. Since there was virtually no scientific knowledge about the cause or cure of mental illness--even the term "mental illness" was recognized as an inappropriate archaism--the training programs really had nothing, or almost nothing, to teach. Their principal aim was to select candidates who would make good psychiatrists, namely, people who were kind, intelligent and perceptive. After such people were selected they were given a six week course, centered primarily around the study of psychiatric drugs, and were then awarded their degree in psychiatry.

Psychiatrists Earn \$150,000

Psychiatrists were not accorded particularly high status in society, although as members of the small, elite work force their salaries were relatively large--in excess of \$150,000 per year. But since the medical degree had been dropped from their credentials, their prestige lowered considerably. They were regarded simply as good-hearted people performing an unpleasant though necessary task. (It seems

SOLUTION

Mental Illness: 1971 - 2050

that people in this category have never been held in particularly high esteem.) The romantic mystique which had surrounded psychiatrists in the mid-20th century had fallen away. The commonness of mental illness during the pre-segregation era had stripped the affliction (and those who dealt with it) of any glamorous connotations.

Mental patients were viewed as nuisances, disruptive to the smooth conduct of the community. If left unattended, they were, in the final analysis, potentially dangerous. Like garbage, they had to be removed--though of course in a humane fashion. Thus psychiatrists existed on about the same social rung as garbage processors.

Even during the 20th century, it was known that mental health workers ran a high risk of contracting mental illness from their patients. This occupational hazard was reflected in the alarmingly high rates of suicide among psychiatrists. As the mental health of the nation worsened, psychiatrists succumbed to mental disease in ever-growing numbers. In fact, by 2015 almost 20% of ghettoized mental patients were ex-psychiatrists.

Epidemic Casts Doubt

It was during the epidemic of mental illness in the 2020's that the normal population began to grow acutely wary of psychiatrists. For 15 years, the Segregation Act had effectively curbed the outbreak of the disease among normals. When, in the early 20's, the rates again began to climb, the role of psychiatrists was placed under the social microscope. Were they not the only group who had contact with both mental patients and normals? Was it not at least likely that they were transmitting the disease from the ghetto?

Scare campaigns escalated, claiming, with more than a grain of truth, that these ghetto custodians were in fact carriers of mental illness. Public opinion turned more and more against them until they became the most stigmatized group among normals. By the late 20's, the sentiment of the broad masses (meaning the 28% of non-ghetto dwellers) was clear: for the common good, psychiatrists, like mental patients, had to be segregated. Responsive to the public will, parliament acted swiftly. In 2029, it passed the Psychiatric Segregation Act, a piece of legislation requiring psychiatrists to take up full time residence in the mental health ghetto and prohibiting them from ever leaving it. Thus the world of mental illness was once and for all hermetically sealed off from normal society.

Because the barrier between the two worlds was so impenetrable, we possess very little historical data on the conditions of life within the ghetto. It is rumoured that,

with the passage of time, the distinctions between patients and psychiatrists broke down so that it was eventually impossible, de facto, to tell one group from the other.

What's In A Name?

In normal society, strong undercurrents of guilt were felt, related to the unfortunate fact that more than 70% of one's fellow human beings had to be permanently separated off for reasons of mental illness. On the one hand the situation could not but be viewed as a failure in the body politic. On the bright side, however, psychopathology no longer posed a threat to the social fabric, and it can be said without stretching the point too far that mental illness had finally been conquered.

Picky, picky!!



This formidable achievement will certainly be recorded as one of the great triumphs of the monopoly capitalist epoch.

The conquest of mental illness as a social problem was officially recognized in a Bill passed in 2050. Because it was felt that retention of the term "mental patient" had become anachronistic, it was legally dropped as a designation for ghetto residents. Although the Bill was to have no real effect upon those in the ghetto, its humanitarian intent is noteworthy. It set forth conditions for the abolition of the formal inequality between mental patients and psychiatrists. Honourary psychiatric degrees were bestowed, in absentia, upon all mental patients, thus making everyone in the ghetto a psychiatrist. To put it colloquially, this was no skin off society's nose and as a democratizing measure it could have only beneficial effects in serving to allevi-

ate feelings of guilt among normals.

While it may seem extraordinary to the reader that legislation was enacted which altered nothing but a linguistic designation, there is a surfeit of historical precedents for such action. To be sure, many of these precedents exist within the mental health field itself. In the late 19th and early 20th centuries, an entire transformation occurred in the lexicon of terms pertaining to those institutionalized for reasons of mental distress. A whole baggage of medical terminology was substituted for the earlier vocabulary of religious and criminal concepts. To take just one of hundreds of examples, the term mental hospital replaced lunatic asylum although virtually nothing changed in the procedural practices of these institutions.

Governments have traditionally manipulated language in order to achieve certain political ends, for example, the induction of a greater sense of well-being among the population. The 2050 Bill abolishing the term mental patient epitomizes the political usefulness of such purely nominal changes. Opinion polls of the period clearly show that normals, most of whom had blood relatives residing within the ghetto, were relieved by the name change. Most normals actually took pride in being able to regard the inmates as psychiatric experts in mental health rather than as merely mental patients.

Ingenious Solution

By the half way point of the 21st century, almost 80 years after the formation of the mental patients liberation movement, the most dramatic changes had occurred in the mental health field. It is difficult to say how the early pioneers of the movement would have viewed these developments. It is unlikely that they could have foreseen the twists and turns in the road; yet in many respects the very goals which they sought had been achieved. To name a few: the term "mental patient" had been abolished; patients and psychiatrists had gained a true equality; and the state held a policy of complete non-interference in the lives of patients.

Certainly these are not perfect solutions, but they are functional, and in this day and age, it is only the most naive political dreamers who ask more than that.

It is not an overstatement to say that Canada can take great pride in the ingenious, yet practical, way in which she has tackled a problem which has plagued society for centuries.

- Lanny Beckman

WHAT IS A DELUSION?

A delusion is a true idea held by the patient which the psychiatrist deludes himself into accepting literally.

- David Cooper

Psychiatry and Anti-Psychiatry



COMMUNICATION BREAK DOWN

Saturday: this is going to be a long ramble about communication and the lack of it, with many side excursions. A friend of mine once said to me that all writers (mostly of the far-out type whom I can't understand) who say that communication in words is impossible are, in fact, saying so in words, which at least partly disproves their theory. Oh, well--when I was reading Joyce Cary and he showed a world in which communication was totally impossible in anything but an art form (which would usually be misunderstood anyway) I thought this was a wild exaggeration. Now I'm not so sure.

When I was a child, living in total solitude and never having confided anything to anyone except my mother, who used my confidences to torment me with, I imagined that somewhere in the world there would be a person, or people, with whom total communication would be possible. When at last I began to have a few friends, any small scrap of communication I had with them seemed to me a miracle, a jewel beyond price. What was actually happening was that since I had no life of my own, I was adopting my friends' interests, their attitudes, their expressions, and, in some strange way, friends of theirs whom I had never met. Once I tried very hard to find a dress exactly like one a friend of mine had, not because I especially like the dress but because it was associated with her. I did not really understand these people (and I doubt if they understood me either) because, being totally lacking in any experience of other human beings, I had absolutely no perception of what another person was like. Also, because I had such a low opinion of myself, it was unbelievable to me that anything I did could possibly hurt another person: since I was a nothing, nobody could be hurt or affected by me. My friends were my charms, and everything about them was magic. When I had made a visit home, and had my identity totally destroyed by my mother, I would think, "If only I can get back with Liz, or Jim, I'll be a person again." And all this I imagined to

be communication, when it was really an attempt on my part to assume another identity.

Or take it from another angle. Suppose I really try to tell you all about myself. This is quite impossible. I once agitated someone quite a bit by telling him that no matter how much I might try, I could not tell him all about my childhood, because so much of what I half-remember consists of complicated sense impressions for which there are no words. But these things are of great importance to me. There is nobody in the world to whom I can say, "Do you remember the Daisy stable?" Suppose I try to tell you about my friend Miriam, whom you haven't met. I can show you her picture. I can even show you pictures of her as a child, which convey a great deal to me because they show aspects of her that I recognize in the adult Miriam. I can tell you about the books we read together, and the way we read them; about jokes we had together. And then about the ways she quite unintentionally hurt and damaged me. But at this point there is a two-fold lack of communication. You still don't know what Miriam is like, because you haven't met her, and I now realize that I myself didn't understand Miriam in the first place.

And yet if you're really going to know all about me, you have to know about Miriam, because she was for a long time the major influence in my life. And you can't know about Miriam. So communication breaks down hopelessly at this point.

I once had a very happy relationship which was not based on words at all. The Nairs--MSP and Geetha--came from Kerala, and were living at UBC while MSP did some graduate work in Biology. MSP could speak English very well, but was not at all Westernized. Geetha spoke English poorly, and had suffered from encephalitis, so that she was perhaps somewhat retarded--I could never estimate her intelligence because of her lack of English. We talked together, I suppose about something, but it was all trivia. Every time I went there, Geetha would start trying to

feed me something as soon as I walked in the door. MSP would once again play me the tape of Indian popular music his family had sent me, and he would show me some slides he had taken; I think he showed me the same slides on three successive visits. We would have supper and I would praise the food and be urged to eat more and be teased about my difficulty in learning to eat with my hands. The first time I met Geetha I fell asleep on the couch, and woke to find that she was putting some of her glass bangles on my wrist. I wore them for months and finally had to break them off because my wrist is not as small as an Indian's. I think I still have one that remained unbroken. I hope so.

I never knew why MSP made such a secret of his name. He said the initials stood for Malabar Special Police. Finally he told me: the name was 13 syllables long, and I still remember it. When I was in Crease I stayed with these people on two weekends. I'm sure they didn't know exactly where I was, or what for; they just knew I was their friend and needed a place to stay. It is impossible--here we go with the communication thing on two levels again--to convey the quality of this relationship. I knew nothing about them; they knew nothing about me. Yet we were friends.

Once I did try to talk "seriously" to MSP. I asked him what differences he noticed between India and Canada. He said, "Canadians don't know how to be friends. At home, if I have a friend he can come in my house any time at all and my wife will give him food." That was the way they treated me, and I suppose it was all I ever needed to know about MSP's impressions of Canada. Other things, no doubt he said to his Indian friends in Malayalam, but they were not for me to know. Communication is often greatest when fewest words are possible.

- Cathy Batten



The Getsmärt Prayer

I do my thing, and you do your thing.
I am not in this world to live up to your expectations
And you are not in this world to live up to mine.
You are you and I am I,
And if by chance we find
Our brothers and sisters enslaved
And the world under fascist rule
Because we were doing our thing -
It can't be helped?

(with no apologies to Fritz Perls)



Brian, Scotty & Everett wrap up Conference

Headline of the Year:

Understatement Department

Mental patient's needs sometimes overlooked

- Vancouver Province, 8/6/73

BEER: New Psychiatric Wonder Drug

1097. Chien, Ching-piao. (Boston State Hosp., Franklin Mental Health Center, Mass.) Psychiatric treatment for geriatric patients: "Pub" or drug? *American Journal of Psychiatry*, 1971(Feb), Vol. 127(8), 1070-1075.—40 patients on a geriatric ward were divided into 4 groups. 3 groups received a beverage (beer, fruit punch, or fruit punch with thioridazine) in a pub setup in the hospital; the 4th group received thioridazine on the ward. The group receiving beer sociotherapy showed the greatest improvement and had the best attendance and greatest social interaction in the pub. Both groups receiving thioridazine showed improvement, but not as much as the 1st group. The group receiving only punch in the pub showed the least change. In view of these findings, it is concluded that beer sociotherapy deserves a place in the practical treatment of geriatric mental patients. (16 ref.)—*Journal abstract*.

DIRECTORY

FREE MEDICAL

Pine Street Clinic 738-6622
East End Clinic 872-2511
Reach (Medical) 254-1354
KCHCS Clinic 731-6929
Gastown Clinic 685-2744
Abortion Referral 873-3984
736-8471
688-7133

V.D. Control 874-2331
City Health Unit 736-9844
Gordon House
(V.D. & Birth) 683-2554
684-4191

Women's Self Help Clinic 873-3984

RECREATION & COUNSELING

Coast Foundations 879-2363

DENTAL

UBC Fac. Dentistry 228-2112
Gordon House (free) 683-2554
Reach 253-0232
Health Dept - Loc. 3 738-9844
Emergency Dental
(8 to midnight) 738-9844

HELP

Crisis Center 733-4111
KCHCS 736-9971
NOW 736-7376
Cmity Info Center 736-3661
Cross Reach 732-3245
KIND 733-4144
Kits Info Center 736-3431
Woman's Place 872-1824
FISH 299-4824
922-1311
Dial-A-Dietician 687-6439

COMMUNITY MENTAL HEALTH CENTERS

West End Ment. Hlth. 681-8723
Burnaby Ment. Hlth. Ctr. 434-4247
Riverview Out-Patients 872-0211
New West M.H. Center 526-1601

LEGAL HELP

Legal Aid Society 687-1831
Legal Assist. Society 872-0271
Van. Legal Referral 689-5629
Emergency 733-2065

WELFARE

UCWIC 731-0131

LODGING

Youth Referral Cntr. 681-7205

FEED-IN

4:30 Daily - Free
Tribal Village Hostel
199 W. 6th Ave. 874-9009

LANGUAGE PROBLEMS

Language Aid 688-5016

PHYSICAL HANDICAPS

Handicapped Resources 261-7281

MPA RESIDENCES

369 E. 21st Ave. 874-9422
1754 W. 11th Ave. 732-8222
1656 E. 4th Ave. 253-6996
1838 W. 3rd Ave. 733-5733
2620 W. 12th Ave. 738-3616

MPA DROP-IN CENTER

1982 W. 6th Ave. 738-5177
738-1422

AND

Status of Women 736-3746
Birth Control Info 261-9821
Alcoholics Anonymous 688-1716
Methadone Rx 872-8311
Narcotics Addiction
Foundation 736-6746
Salvation Army Detox 688-7796
Van. Women's Hlth. Ctr. 873-3984
Van. Tenants Council 872-0296
Van. City Rental
Grievance Board 873-7325
Single Parent Group 738-4652
Single Parent Co-op 434-3703
Single Mothers Co-op 683-2531

DRUG FREAK-OUTS

The House (soft) 732-3301
Safer - VGH OPD 876-3211

EMERGENCY

Fire & Inhalator 34-1234
Free Ambulance (police) 683-1122
Crisis Center 733-4111

HOSPITALS

Vancouver General 876-3211
Health Sciences (UBC) 228-3731
Riverview 521-1911
St. Pauls 682-2344
Lions Gate 988-3131

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