

IN A NUTSHELL

Vol. 3, No. 5

MENTAL PATIENTS ASSOCIATION NEWSLETTER

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Vancouver Public Library
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anita

in a nutshell

Mental patients demand voice on forensic commission

The Mental Patients association has had a long-time concern for the great numbers of our people who have been charged with offences under the Criminal Code of Canada, but who are sent daily to Riverside Hospital for psychiatric incarceration, instead of being allowed the dignity and civil liberty to stand trial for their charges. We have known countless persons charged with minor offences who have been re-routed from the courts to the psychiatric prisons, where they have served unnecessarily lengthy time without being afforded the right to a "fair" review of their case. We are correctly skeptical about the new forensic services commission which has been set up, and about the new psychiatric remand centre which is going to be situated in the old Willingdon School for Girls in Burnaby.

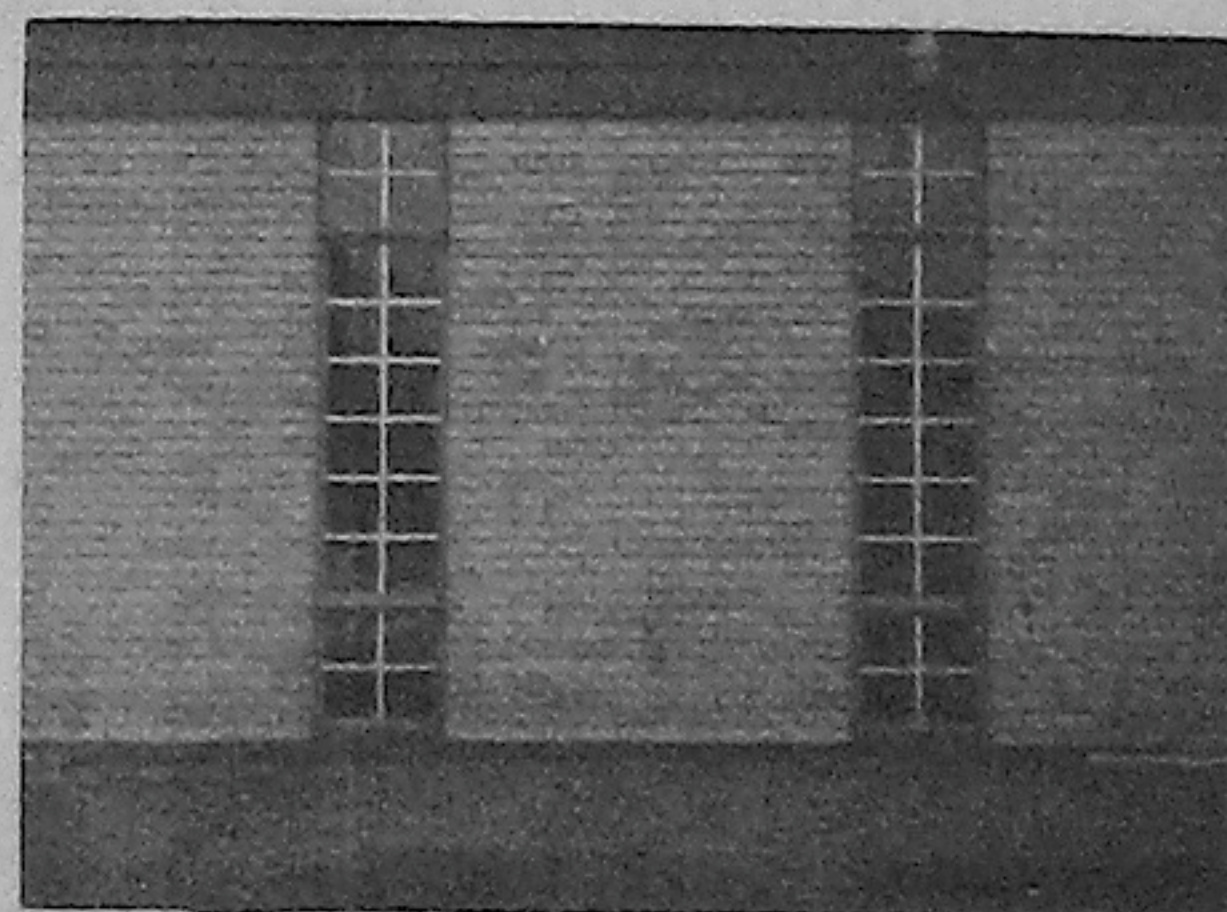
The forensic commission has the power to provide psychiatric treatment to those persons who are remanded for psychiatric examination, or who are held at the discretion of the Lieutenant-Governor in Council pursuant to the Criminal Code of Canada, or the Mental Health Act, or persons who are thought to be in need of psychiatric care or assessment while in custody, or who are held by a court order. The forensic commission will be establishing how in-patient and out-patient treatment will take place.

only professionals

Our first gripe is that the forensic commission is composed of ten professional persons in the mental health field and the legal field, and there is no "consumer representation." Yet we are the ones who may have to avail ourselves of the service. We demand that mental patients are represented on the forensic commission. We know what it was like to be in Riverside and we know what is needed to make sure that the new psychiatric remand centre doesn't turn out to be just another Riverside in the community.

Presently, when people are arrested and found un-

fit to stand trial, the charges are suspended or stayed (which means the person may have to face trial upon release from the hospital) and they serve time in Riverside at the discretion of the Lieutenant-Governor with no thought given to proper, humane review procedures. At the time of the fitness trial, nobody asks whether the person will be fit in the foreseeable future and no effort is made to get the person fit to stand trial. More often than not, the evidence of fitness is inconclusive; yet a decision is made on the



Willingdon School for Girls ... Site of prospective Psychiatric Remand Centre



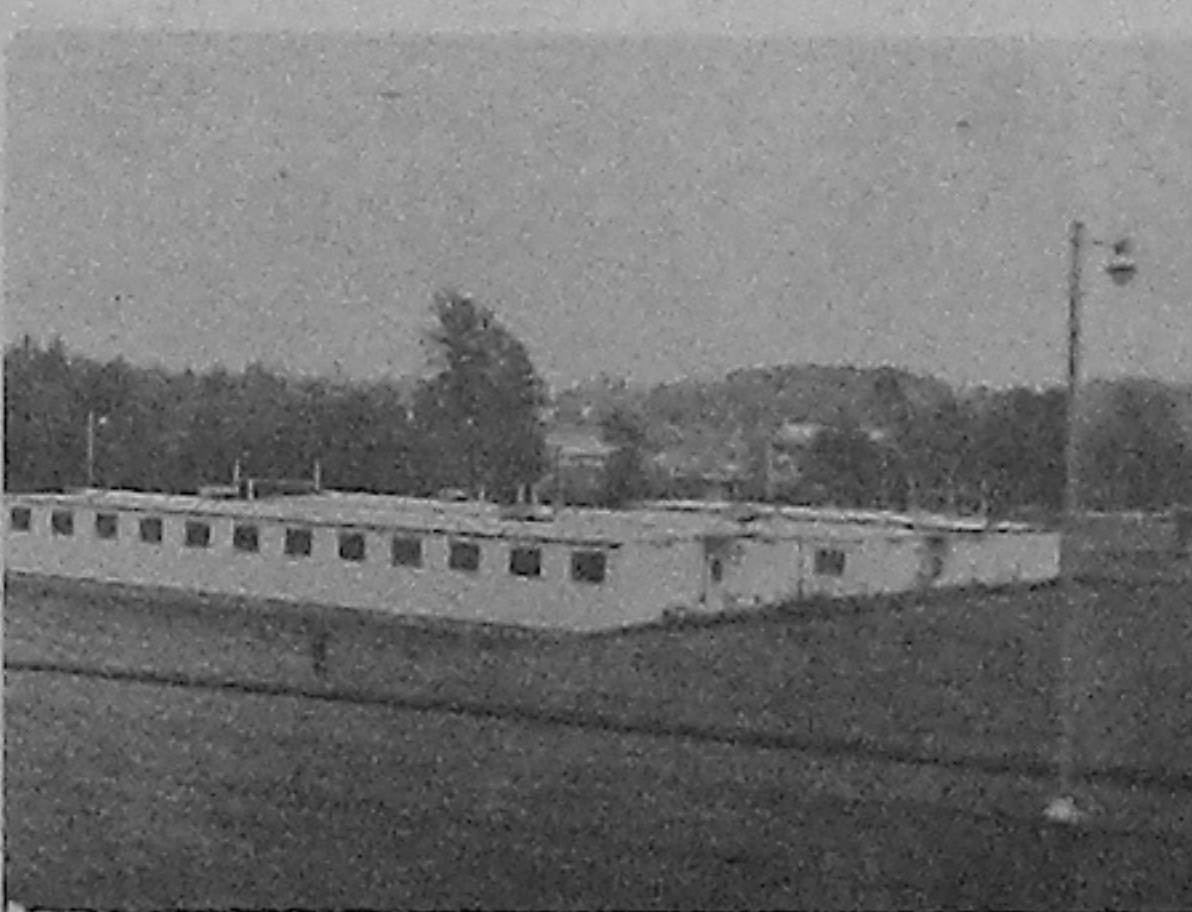
lifetime sanity of the accused individual.

One of our members who was high on drugs several years ago went into his bank to withdraw some money and the teller became alarmed that the person was attempting to rob the bank, handed him a large sum of money, and he was arrested at the door of the bank. The court psychiatrists found him "unfit" because they lacked sufficient evidence. He didn't tell them he had been using drugs.

They sent him to Riverside for a year. He was conditionally released from Riverside this year. He subsequently held a responsible job at MPA, and this year he entered art school in Vancouver. At his review in the summer, the person supplied the shrinks with the necessary information about the drugs he had been using. His review was

turned down, and the psychiatrist commented that he was unsure as to whether or not the individual would stop using drugs so he would not give him an unconditional release from Riverside. This psychiatrist was blatantly misusing his powers. The province is not hiring him to use psychiatric incarceration as a threat over the head of someone who uses LSD.

The issue of a person's fitness is extremely important. Every person has the right to stand trial. As long as the courts and the mental health professionals



support one another in refusing to consider the length of time that a person will not be fit, and do not provide a service that works to get people fit to stand their charges, we will continue to see injustice in the field of forensic psychiatry. We are concerned primarily with persons who wind up for great lengths of time in Riverside for having committed minor offences which would merit short imprisonment assuming they are even found guilty. We are horrified by the vast numbers of persons who serve excessive time in psychiatric prisons.

At the present time, fitness to stand trial is determined on the basis of psychiatric opinion. The illogicality in this is blatant. One psychiatric opinion is useful, but surely a lawyer is equally

if not better suited to determine whether or not a person can instruct counsel, and if there were one psychiatrist and one lawyer determining fitness then the inevitability of one or more psychiatrists rubber-stamping each other's opinion would be less likely.

Why is the question of when a person will be fit never asked? Who is it never asked if the person will be fit in the foreseeable future? Why is nothing done to make the person fit to stand trial?

We know from personal experience that many persons who suffer from shock or stress at the time preceding, during, or shortly after committing a criminal offence may appear to be unfit, but shortly thereafter can instruct counsel, and can stand trial.

The major function of the new psychiatric remand center at Burnaby should be to get as many people as is possible fit to stand trial in the shortest possible time. It should be to get people through the criminal justice system. It should not duplicate the errors of Riverside which serves as a psychiatric prison with no humane review procedure, and no treatment for those who are condemned.

Because we know that there are many persons held in psychiatric custody without a review mechanism for their cases, we demand that the forensic commission recommend a suitable mechanism for review. At the present time, a person can ask for a review, but will be told to see a psychiatrist, and if the psychiatrist recommends the review of the individual's case, then one will be held MPA was instrumental in pressuring the government to set up a review panel mechanism for persons involuntarily committed to mental hospitals in the province; and we demand that a similar mechanism be set up for persons committed to hospitals through the court system.

Reviews should be held several times during the year without fail. Charges should not be suspended or

PHOTOS by Julian Camp

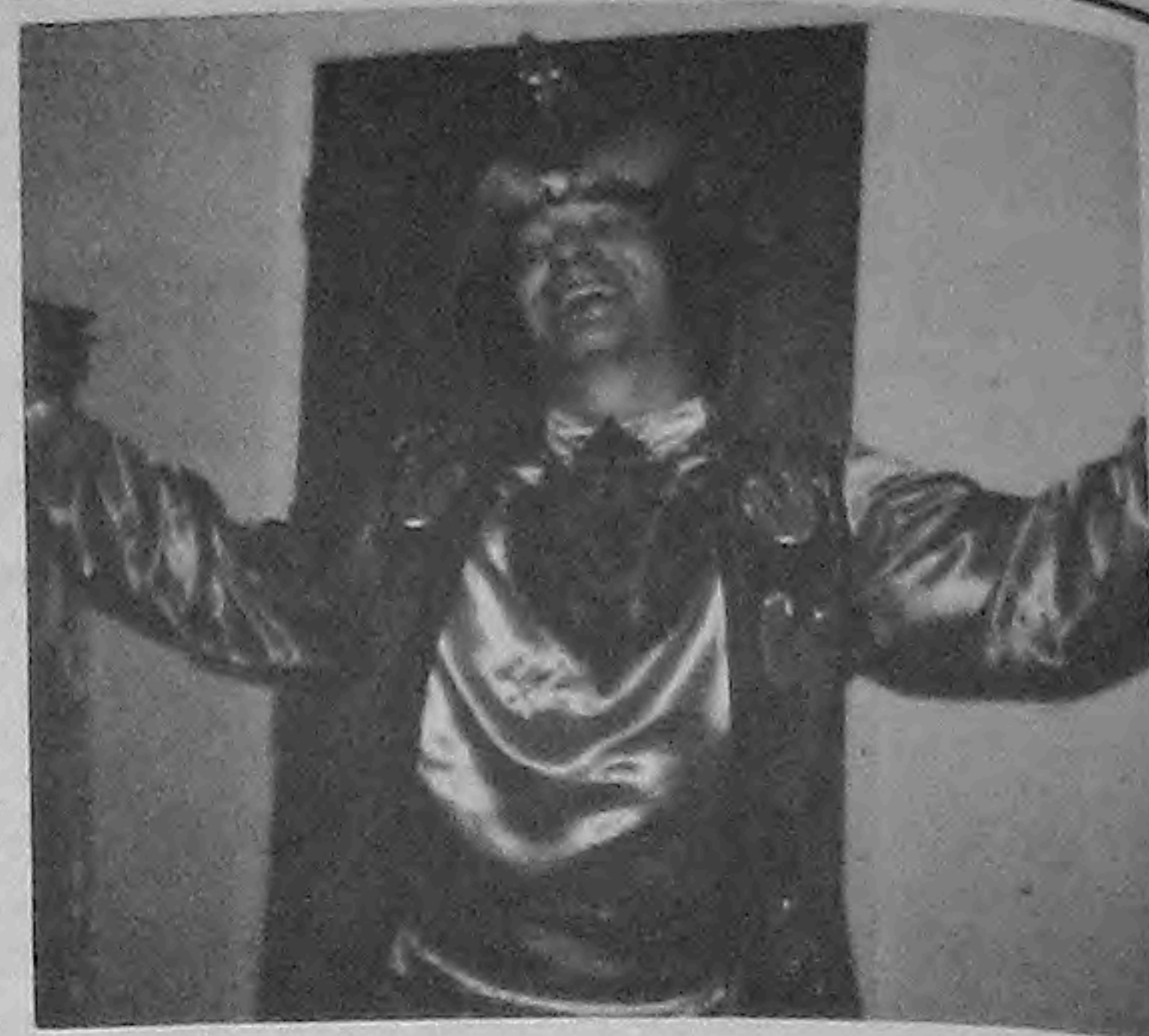
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CleoPatty and David

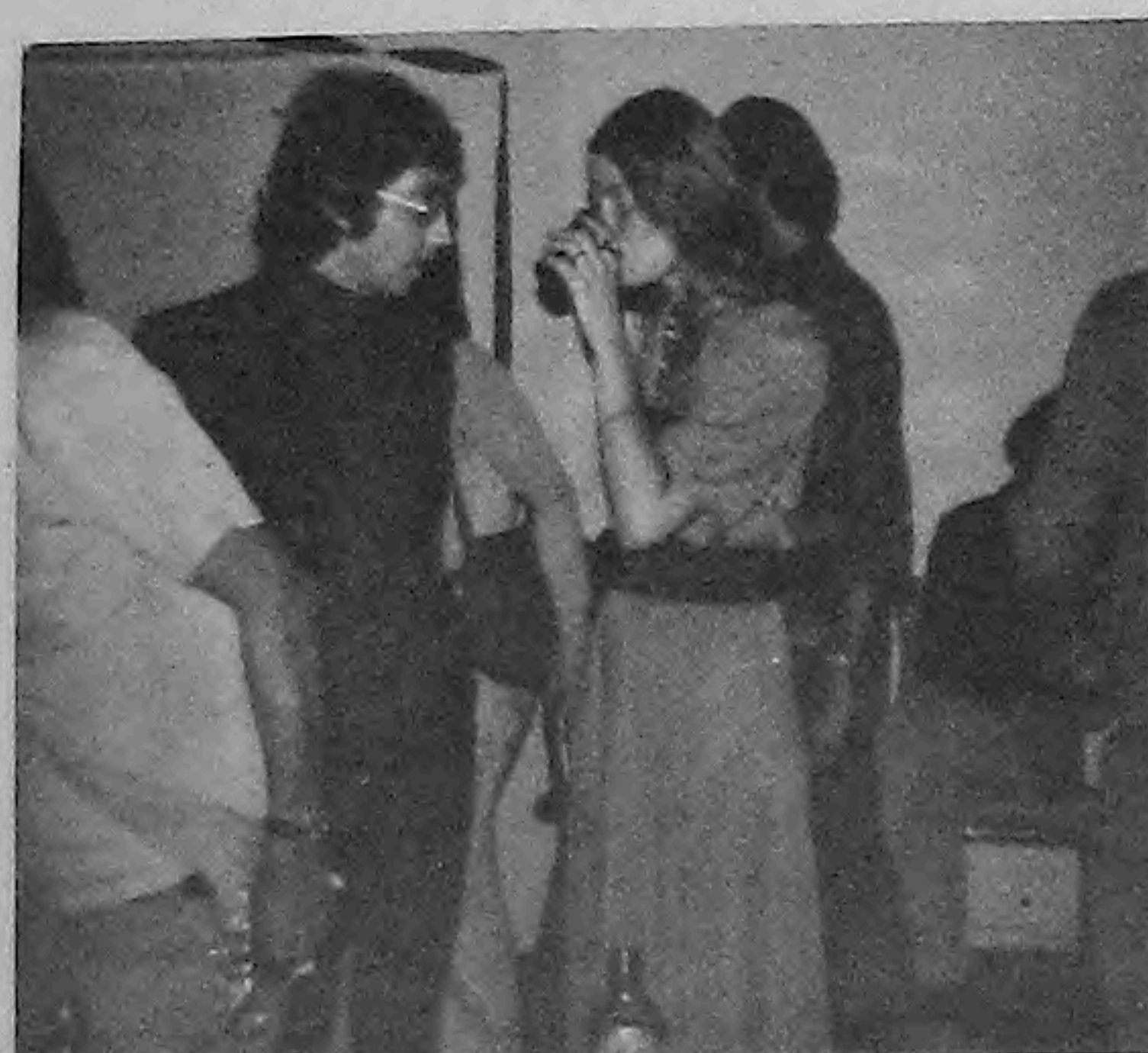
Last month, after being postponed for six months because of moving to our new drop-in centre, we finally had our grand opening three years anniversary party. It was well worth waiting for. We had two bands for dancing, which a lot of people did, two turkeys and a ham for eating, which a lot of people did and all the trappings for having a good time, which everybody did.

The punch bowl ran dry every few minutes but Phil was in the back office concocting up a new brew to



Prince Phil

Cleopatra & the Prince of Tel Aviv at MPA's grand opening party



Lanny and Jane

keep the people happy. How much went into Phil is another matter.

Lanny B. showed up in costume (He wore a suit) as did our Nun--Sister M. Nishi--and a few others. It is rumoured that Cleopatra stepped from the Nile and attended in honor of the great occasion as well as some obscure prince.

Hopefully, the future will see many more joyous occasions from our new DIC.

Patty Servant



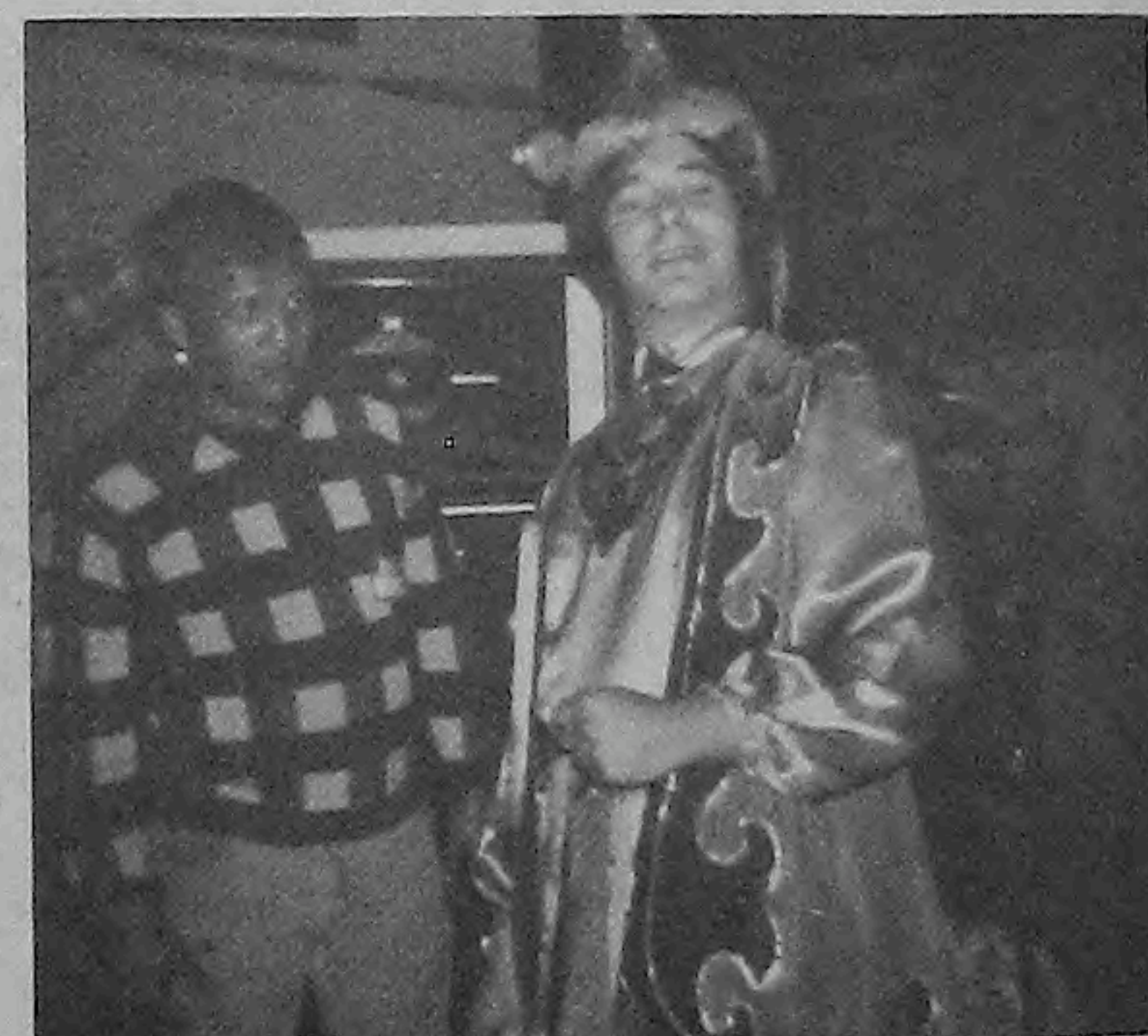
Dennis and Jo



CleoPatty and the Prince



John and Bev



Basil and the Prince

forensic cont'd

stayed. When the person is found fit they should be allowed to stand trial and time put in in the remand center should be considered against any time they would receive as a result of their charges, since they will, presumably, have already undergone a rehabilitative program at the remand center which is in accord with progressive prison philosophy.

The forensic commission must concern itself with issues of persons discharged from a remand center.

At the present time,

hospitals will discharge a person after rupturing him or her from the community for a lengthy time, and send them friendless and penniless into the street. Our experience at MPA over the years has proven to us that without the security and consistency of a warm community of people, very few of us can cope. And without control over our own lives, very few of us care to.

The model which MPA has adopted of democratic control by members of our residences and drop-in-center would be an excellent environment for person who are coming out of hospitals like Riverside.

Several weeks ago, Dennis Cocke made the outrageous recommendation that mental hospitals have two or three psychiatrists examine a person before they are discharged, if they are in hospital for criminal offences. This was Cocke's response to the Kirkpatrick case. Kirkpatrick was released from Riverside and allegedly killed a person. As mental

patients we are well aware of the hysteria that is generated when one individual commits a violent crime. But as mental patients we are also aware that mental patients commit less violence than the rest of the population and we

refuse to be the scapegoats of our society's social problems.

Cocke truly missed the point. The problems lie in our community and not in the actions of one person.

Three psychiatrist's opinion are not what is needed. What we need is places in the community where people can return to unlearn all the damage wreaked upon them in the hospital.

Mental patients will be using the new forensic services, and we must be involved in determining how the new psychiatric remand center comes about. We know what it was like to be in Riverside Hospital.

Eve-Lynne Rubin

The Conference: Training, Participation & Leadership

On Nov. 2nd, the MPA Problem-Solving Conference passed a number of recommendations which may extensively affect the organization if they are approved by a General Meeting and put into practice.

The Conference, well attended by about 60 people, and well-fed by Molly Dexall and numerous volunteers, was remarkably quiet. A few tears, some shouting, a couple of angry exchanges, but generally calm and effective. Unlike gatherings such as the Business Meeting, the Conference was controlled by members. Criticism was directed at Drop-in-Center Coordinators for not being consistently available to members, for not caring enough, and for not fulfilling members' needs. "Too much bureaucracy and not enough humanity" was one comment, while others felt that too many Co-ordinators regarded their jobs as "just jobs" rather than as integral parts of their lives.

Residence Co-ordinators and residents were criticized for not dropping in and thus exhibiting a lack of concern for the DIC and its regular users.

Office and Research were not felt to be informing the DIC workers of relevant social service developments and criticized themselves for not training people to take over their jobs.

Some members criticized themselves for not assuming enough responsibility around the Drop-in.

Thirteen motions were adopted and forwarded to the General Meeting for consideration. These motions emphasized ways in which ex-patient members could become more involved in organizing and decision-making, recommended training be established to ensure that ex-patients could become co-ordinators, demanded that 50% of the co-ordinators be ex-patients and that a mechanism be developed for reviewing and firing co-ordinators.

At the exhaustive and exhausting Nov. 6th General Meeting, only one Conference recommendation could be considered. The motion

that 50% of the MPA Co-ordinators should be ex-patients was defeated on the grounds that: (a) it might strip members of their freedom to vote for the person they felt was best suited for the job; (b) it failed to recognize that many non-patient co-ordinators do have severe personal problems, work at MPA in order to obtain the support requisite to personal change, and shouldn't be the recipients of discrimination.

In defeating this motion, the General Meeting was refusing to establish a rigid policy. The feeling of the people was that a 50% ex-patient ratio should be maintained as a general principle and implemented as often as possible.

Training programs were strongly urged as a means by which ex-patients will eventually attain total control of MPA. Obviously people must be encouraged and prepared to assume positions of responsibility. We have never adequately assisted them to do so, although over the past year approximately 52% of the Co-ordinators have been ex-patients.

Many Co-ordinators, whether ex-patients or not, have failed in their work because they were not properly educated. Numerous members have merely languished or re-entered hospital because their skills and energies have been neither developed nor directed. Training must be come a high priority within MPA. Unless members, VOP workers and Co-ordinators attain both practical and theoretical knowledge of communication and organization, neither MPA or the psychiatric oppressor will ever change.

Over the past four years the MPA leadership has remained relatively static. This has not necessarily been bad, since half of the Research and Office Co-ordinators have been ex-patients and the leadership has maintained a responsiveness to the people. But at present, none of the "leadership group" has ever been in hospital, and one of them, myself, has been with the organization since its inception. Either we begin to train members to assume power or we surmise that non-patients should be the leaders, rather than the allies, of ex-patients and thus perpetuate the myth of ex-patient inferiority and dependency.

The entire organization must devote itself to learning and teaching.

If our purpose is to struggle for the liberation of Mental Patients, we must ensure that every ex-patient becomes powerful. How? By recognizing that we are all powerless until we acquire the knowledge which leads to power.

Knowledge equals power. If you know; teach. If you don't know; learn. Demand!

Patients must take control!
Barry Coull

its election time again

It's election time again so all MPA coordinator positions are thrown open for election. We feel that every six months is time for an election at MPA. It seems to be the best way to keep democracy alive and an entrenched bureaucracy out.

If you've never seen an MPA election, you've never seen democracy in action. Wednesday, December 4th.

This is your chance to participate and even to run for a position if you want to work at MPA - not just to observe.

Each candidate gives a short talk on why people should cast their votes for her or him. This is followed by a 5 minute period of question and comments from the floor. When all candidates have spoken for a position, ballots are cast and counted and the next position is then considered.

For more information on these positions, get in touch with Stan or Barry by calling 738-1422 or 738-5177, or better yet, drop-in to 2146 Yew Street and talk to them. The salary is \$563/month.

Applications must be submitted by 4:30 pm, December 4th. You can submit a written application or just give your name to Stan or Barry or Jane Mullens or Gerry Walker.

The number of ex-patients on salary has dropped over the past year so we're really encouraging people who have been in hospital to run. The election starts at 7:30 pm sharp.

Wednesday, December 4th
2146 Yew Street
7:30 pm.

There are 23 positions to be elected:
2 office co-ordinators
1 research co-ordinator
1 job co-ordinator
1 secretary
2 transportation co-ordinators
6 drop-in coordinators
10 residence coordinators

Ex-mental patients take off their masks

By ROBERT SARTI

Molly Dexall, an ex-mental patient who used to put her poems into a drawer as fast as she wrote them, is now a published author with nothing to hide.

Judi Chamberlain used to keep a secret journal of her days in a mental hospital. Now she's writing a book on the mental patients liberation movement.

Patty Servant published her first story under someone else's name because she was sure it had no literary merit. She may still lack total self-confidence but now she's not afraid to sign her work.

All three, along with about 40 other Vancouver ex-mental patients, are out in the open at last in *Madness Unmasked*, an anthology of creative writing published by the non-profit Mental Patients Association.

The poems, stories and essays included in the book tell what it's like to be a mental patient. Selections were based on literary merit as well as on content.

Most of the entries stress the themes that spawned MPA four years ago — especially, how ordinary people can help each other overcome mental and emotional problems where conventional forms of psychiatry have failed.

Or as Molly Dexall puts it: "Psychiatrists don't give us much credit for being able to solve the problem of beating

mental illness. As soon as we realize that hospitals and doctors are not doing the trick, we are on the way to getting well."

One of her entries tells the story of a woman named Mrs. Shafron who is coaxed out of near-immobility by two sympathetic fellow patients.

In an interview, Mrs. Dexall, 54, told The Vancouver Sun that the account of Mrs. Shafron is in fact disguised autobiography.

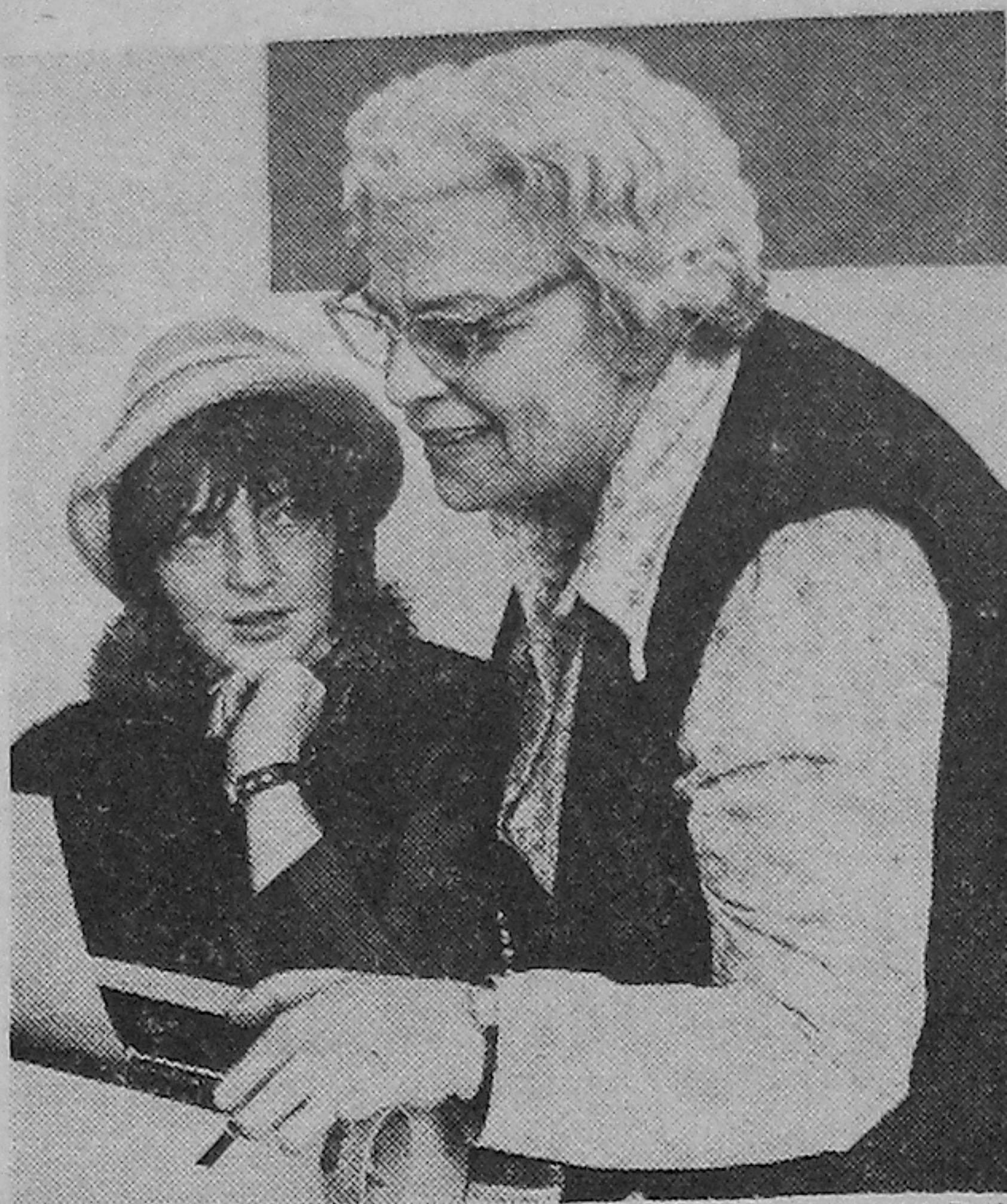
"It was patients helping each other," she said. "They pulled me out of it. I wasn't afraid of them because I knew they weren't going to give me shock treatment, like the doctors did."

Mrs. Dexall has been in and out of mental hospital 17 times in the previous 11 years. She had had 128 shock treatments and, by her own estimation, "couldn't put two and two together."

She began writing in earnest a few years ago as an aid to understanding her hospital experiences. But until MPA staff member Stan Persky inveigled her into publishing some of her work in the MPA newspaper *In A Nutshell*, she had kept it hidden.

"I can't burn it or hide it anymore," she said. "Sometimes it's embarrassing, because it's your innermost thoughts, but if I can go in really deep, that to me is a real pleasure."

"This is madness un-



—Den Scott Photo

PATTY SERVANT, MOLLY DEXALL . . . tell all

masked. We took off our masks and here we are."

Patty Servant, 27, feels she is virtually possessed when she writes — whether it's stories, autobiographical sketches or aphorisms.

"It just comes out of my fingers, like I was having somebody tell me what to write," she said.

"One time I woke up at 4 a.m. because one of the kids had leg cramps. I put him in the bath and then, because there was nothing else to do, I just started to write."

"Around Christmastime I get burned out and depressed. Then I start writing. If it's not good, I just throw it in the garbage."

The first piece she submitted to *In A Nutshell* had a friend's name on it.

"That way, I could go around asking, 'What did you think of so and so's piece?' and I could get a truthful answer," she said. "I put my name on my stuff now, but most of the time I'm still sure it's no good."

Judi Chamberlain, 30, came out of mental hospital eight years ago. She had started a journal of her hospital experience and continued it afterwards.

Madness Unmasked contains her account of how she learned the tricks of survival from other patients — how she was advised to cry at night when no one was looking, for instance, because if the doctors saw her crying they would diagnose her as sicker than she really was.

"I started my journal with incidents that occurred in hospital," she said. "It was a tool to help me understand what had happened to me, and now it's a tool to help me write articles to help other people understand."

Now she's working on a book on the mental patient liberation movement across North America which will detail how self-help groups such as MPA are battling the medical establishment to decentralize and reform the mental health system.

Madness Unmasked, which is available from the MPA at 2146 Yew and will soon be in bookstores, is the first publication of the MPA's Mental Patients Publishing Project. The project has been funded by a variety of federal grants over the past year, but hopes eventually to become fairly self-sustaining.

Due for release within a few days is an *Anti-Psychiatry Bibliography*, the only complete listing of writings, tapes, films and other material on the anti-psychiatry movement, whose best known spokesman is the radical British psychiatric R. D. Laing.

Also in the production stages are a book on gestalt therapy and a quarterly journal of scholarly and lay articles to be entitled *Bedlam*.

"We started the publishing project because there was virtually no other voice in North America in the anti-psychiatry movement," said MPA research director Evelynne Rubin.

"We think there is room for a legitimate small publishing house that may prove to be financially independent and which will provide jobs for some of our people at the same time."

madness unmasked

MADNESS UNMASKED is the first book publication of the Mental Patients Association of Vancouver. It is a collection of creative writings, primarily by ex-mental patients.

MADNESS UNMASKED exposes the hypocrisy and cruelty of a society that oppresses and stigmatizes those over which it can exert no other controls.

MADNESS UNMASKED exposes the myth of what has been labelled as mental illness. It is a sensitive and a moving experience.

96pp
28 graphics
price \$2.00

THE ANTI-PSYCHIATRY BIBLIOGRAPHY was researched and written by Kathy Frank, a member of the Mental Patients Association. It is an annotated bibliography which covers the breadth of writings in the anti-psychiatry field.

Over four hundred books, articles, periodicals, pamphlets, and audio/visual materials are listed from Canada, the U.S., Britain, France, Australia, Italy, and the Soviet Union.

64pp
graphics
price \$2.00

To:

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c/o Mental Patients Association
2146 Yew Street
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MADNESS UNMASKED:

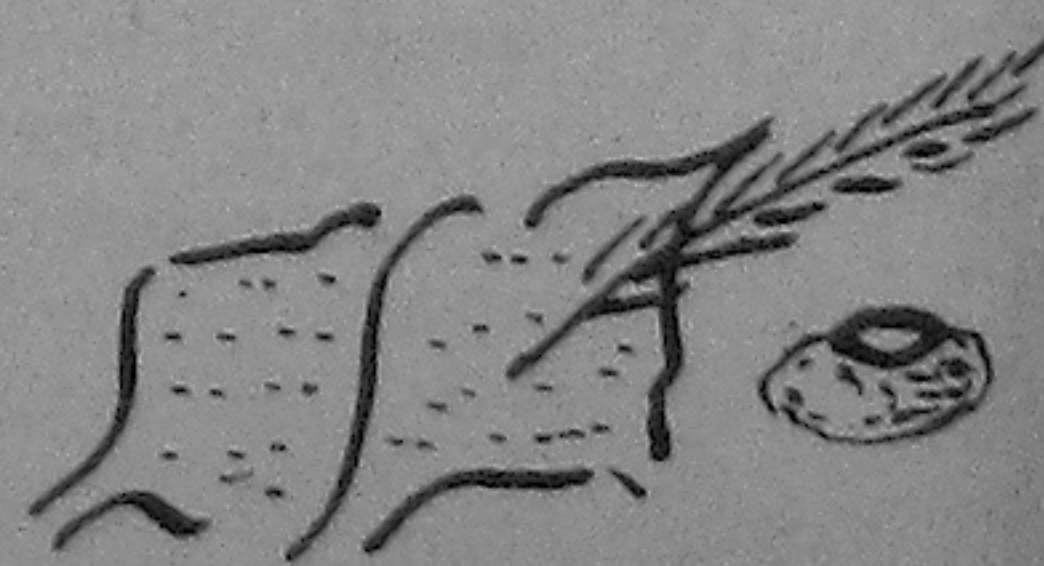
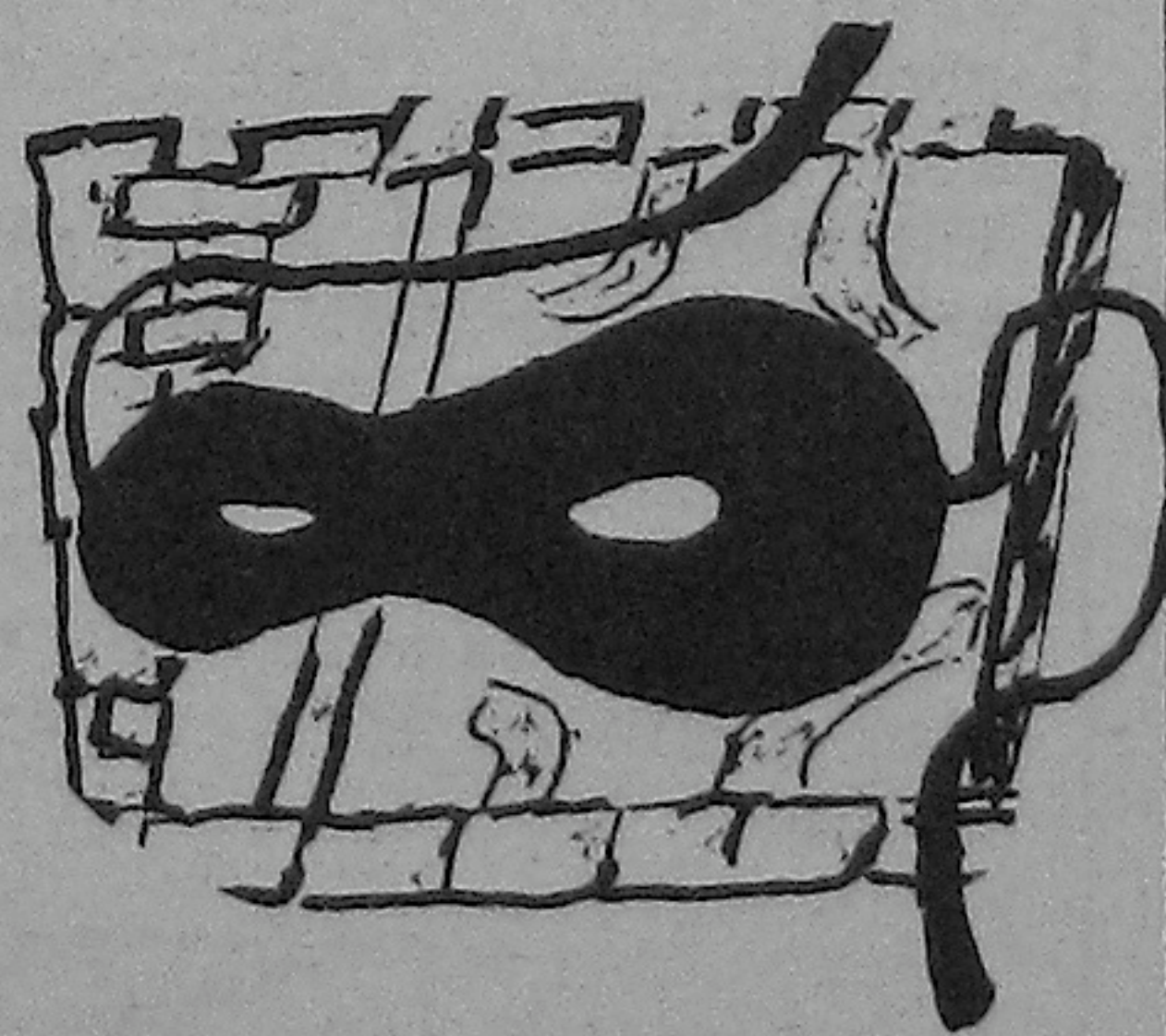
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THE ANTI-PSYCHIATRY BIBLIOGRAPHY:

\$2.00 each 1 copy
 2 copies
 3 copies
 4 copies
 5 copies
 more

N.B. Enclose \$2.00 and postage for each copy. If you are a mental patients liberation group or ex-patient deduct a 30% discount from the total.

Please use a money order or a postal order. Do not send cash or cheques. All order will be filled immediately.



topeka, kansas

(Judi is an MPA member and ex-coordinator, currently living in Bellingham.)

More than 100 mental patients and their supporters marched on Topeka State Hospital in Kansas this past Labour Day weekend, singing, chanting, and carrying signs opposing the practices of contemporary psychiatry. I was one of them. The march was the climactic action of a four-day mental patients' rights conference, the National Conference on Human Rights and Psychiatric Oppression, which was the second annual gathering of mental patients' rights groups and individuals concerned about the growing power of psychiatry. Although the core of the participants came from eastern Kansas and many had themselves been incarcerated in Topeka State, other marchers came from nearly every section of the country.

The oppression of mental patients is being fought by many organizations composed primarily of ex-patients in the U.S. and Canada, as well as abroad (in England, France and New Zealand, for example). For too long, former mental patients have been defined, by others, as sick, weak, disabled and in need of care. Mental patients themselves have usually accepted this definition and turned to psychiatrists for help with their "problems." Over the past four

years or so, this picture has begun to change, with the formation of groups of ex-patients who have re-defined themselves as OPPRESSED rather than sick, and whose idea of change is through political action, not medical treatment. Probably the first of these groups was Insane Liberation Front in Portland, Oregon, followed by the formation of organizations in New York, Vancouver, Boston, San Francisco, Kansas City, Philadelphia, Cleveland and a number of other cities.

Mental patients are not the only people aware of the dangers of psychiatric ideology and power. There are organizations devoted primarily to increasing public awareness of the ease with which anyone can be found "mentally ill," forced into treatment, and deprived of the ordinary rights of citizens. Composed mainly of civil libertarians, liberal mental-health professionals, lawyers and some ex-patients, these include the American Association for the Abolition of Involuntary Mental Hospitalization, in Syracuse; the Center for the Study of Psychiatry, in Washington, D.C.; and the Center for the Study of Legal Authority and Mental Patient Status, in Berke-

ley. Organizations which institute law suits for patients' rights include the Special Litigation Project on the Rights of Mental Patients of the New York Civil Liberties Union, the Mental Patients' Civil Liberties Union, the Mental Patients' Civil Liberties Project in Philadelphia, and the Mental Health Law Project in Washington, D.C.

The even broader category of anti-psychiatry, of which the works of R.D. Laing are probably the best known, also includes the publications ROUGH TIMES (based in Boston) and ISSUES IN RADICAL THERAPY (based in Oakland). MADNESS NETWORK NEWS is an anti-psychiatry and mental patients liberation publication produced mainly by former psychiatric inmates in San Francisco.

One of the strengths of the mental patients' movement is the many different emphases and actions of the various organizations. Publishing a newsletter, providing housing and other practical help for recently released patients, proposing changes in commitment laws and other laws related to mental patients to appropriate government bodies, picketing mental hospitals, attempting to engage psychiatrists in public debate, appearing on

radio and TV programs to represent the patients' point of view, organizing currently-hospitalized patients, assisting patients who wish to leave hospital, providing safe places to freak out as an alternative to hospitalization, helping one another to overcome the depersonalization of hospitalization — these are just some of the activities of various groups around the country. Each group has attempted to define the most important needs of its own members and the local area, and channel its activities in that direction.

The recent national conference provided an opportunity for many previously isolated organizations and individuals to learn from one another. It is hoped that participants would return to their homes with new ideas and re-newed enthusiasm to revitalize existing groups or to start new ones. A unified national organization was specifically decided against, since it was felt that this would tend to stifle local initiative.

The next conference is scheduled to be held in San Francisco during the July 4th weekend, 1975.

- Judi Chamberlin

LETTERS

Dear Nutshell,

I have just obtained my first contact with your paper and it's beautiful. The projects, things, ideas and energies happening with you are great to hear about.

We'd appreciate more copies. How much is a year's subscription?

We are a LEAP project operating under CMHA sponsorship. Any feedback would be appreciated.

Yours,
KEITH MORGAN
The General Store
2053 Cadboro Bay Road
Victoria, B.C.

WANT TO HELP WRITE A BOOK?

VOICE is a newly-established writing group in Toronto, composed entirely of former psychiatric inmates who've done time in Canada's psychiatric jails. We're still a small group of about 10 people.

We're trying to get a book together, an anthology of readings based upon people's personal experiences as "mental patients" in any psychiatric facility in Canada.

We've already got an editor, will soon have a publisher and plan to get the book out in about a year.

However, we need much more material — articles, essays, political pieces, diary excerpts, letters, poems, etc., — especially from women who've been "mental patients."

So anyone who's really interested in contributing some of her/his own writing to the book and has been a "mental patient" anywhere in Canada should immediately call or write to:

Don Weitz
VOICE Coordinator
86 Madison Avenue
Toronto, Ontario
Phone: (416) 961-0418

Dear Nutshell,

I enclose a couple of poems which might be of interest to readers of your newsletter. I believe I wrote both of them while I was staying at the MPA North House last December.

If the Nutshell is still free, I should like to be put on your mailing list, and if not, I should be glad to pay for a subscription.

By the way, it might interest you to know that about six months ago I sent a copy of In a Nutshell to a friend of mine who is teaching Senior English at Armstrong Jr.-Sr. High School. It happened to arrive at a time when his class was working on a school newspaper. The class was amazed at the excellence of In a Nutshell. The students had read I Never Promised You a Rose Garden, but your newspaper really opened their eyes to what "mental patients" are capable of.

Best Wishes
AL TODD
5730 Berkeley Street
Vancouver

This letter is a response to Alderman Laverne's protest to the Sun Newspaper regarding the new psychiatric remand centre being set up in his home territory of Burnaby.

Dear Hon. Mr. Alderman Laverne,

and a pleasant evening to you Mr Laverne, because as far as I can see, you can certainly use such a caring wish.

My name is Tom Pollok, and I am indeed a "nut" from the "funny farm" out in Coquitlam. I was a patient in that institution for a period of seven years from fears of people such as you. If your electors are the type of people we have to adjust to, then perhaps I wasn't crazy.

I would be very interested in learning just how many challenging psychiatric visits you have made to be able to make such a beautiful description of the most seriously and unwanted ill persons.

my very best blessings,
Tom Pollok.

IN A NUTSHELL is the official newspaper of the Mental Patients Association, 2146 Yew St, 738-5177.

i struggled against everyone else's conception of what i was

Was it purposeful or just force of circumstance? The world wasn't really conspiring to drive me crazy; it was just accident that loving parents, concerned educators and healing doctors had precisely that effect. Like the single soldier who claims that it's everyone else who is out of step, and just as ineffectually, so I struggled against everyone else's conception of what I was and what I should become.

The first enemy was education. Longing to escape the rote and regimentation, I retreated into daydream and fantasy. What would have been accepted in a dull child was heresy in a bright one (and didn't they have my IQ score to blind them to seeing the very real--and confused--child)? What I needed was the opportunity to wander, to adventure, to question, and to learn--but there were no free schools then, and the city was far too dangerous a place to roam freely. The choices were narrow: conformity, which brought a pain that must be hidden, or rebellion, to be spared the pain of the classroom, but gain condemnation in return. If I had had the opportunity to grope toward what I sensed I needed, perhaps I might have found it, but there were no alternatives for children.

Sometimes I conformed, went to school and suffered, sometimes I rebelled, refused, and suffered.

Adolescence added the further torment of sex. In the repressive late '50's, a time of rigidly stereotyped sex-roles, I both

longed for and feared the attentions of boys, who were strangers, almost aliens. Once again, it seemed that any choice was only a choice of which pain I was to suffer.

My parents, only dimly sensing my agony (we did not speak of such things to one another), sent me to a psychiatrist. It seemed logical to them, loving me and wanting to ease my pain. It seemed logical to me as well, out of step for so many years, I now had powerful confirmation that the fault lay within me.

The choices were so limited. Continuing my education--voluntarily once high school was agonizingly completed, a job (and what kind of job for a woman, without a degree, with no training or experience), or salvation through love (and what an easy conclusion for a child of the '50's)?

In 1965, I married. Redemption, or so I thought, through the roles of wife and mother--at last, no longer out of step. In a few months I was pregnant, radiant, joyous, at last successful in a role. Then miscarriage--failure!--and collapse.

Again, a psychiatrist, this time a dispenser of magic pills. I came to his office, cried, was given a handful of multi-coloured goodies, went home, cried, and swallowed pills. He was puzzled that I was not "improving." He suggested hospitalization. Out of longing to end the pain (pain which I could not understand, for hadn't I--for once -- done everything right), I agreed.

In March, 1966, I signed myself into the psychiatric ward of Mt. Sinai Hospital, seeking warmth, support and psychotherapy. In a manner

the first lesson to the mental patient is: behave! conform!

i failed to learn the lesson

that would later become familiar, the hospital's first act was to change my medication. Now disoriented as well as depressed, I moved through the hospital's program of occupational and recreational "therapy." The first lesson to the mental patient, repeated in varying forms in every hospital I was ever in: Behave! Conform! Never directly stated, but all too clear. It was the lesson of the first 21 years of my life repeated, by an institution of force, this time, since I had failed to learn the lesson as taught by more benevolent institutions.

I had entered the hospital in an attempt to find relief for the pain of living, and found, instead, that any attempt to show this pain to my "healers," so they could understand and help me, was swiftly met with repression. A good patient was one who swallowed the medication, followed the hospital routine, and indicated a willingness to "cope" with the life circumstances that had brought about hospitalization in the first place. Breaking out of the prison, "rebellious," was a symptom of one's illness. Conformity was mental health.

Discharged after two-and-a-half weeks, I went home to my prison. There was no women's movement to help me to see that my cold and unrewarding marriage was a trap; I became convinced that since I saw it as a prison, I was still "crazy." So I tried to convince myself that I was lucky (didn't I have a "good" husband, a "nice" apartment?), and continued to cry.

The lesson was still unlearned. Despite all the authority figures who had failed in the past to entrust me with the secret of life (which I still believed they held and could

somehow be persuaded to part with), I now decided psychiatrists were the ones with the mystical "answer." Nothing in my experience had given me the confidence to seek it within myself, the lonely, the out-of-step, the sick one. I returned to the hospital, desperate to be "helped." They had "no room," turned me away, sent me in a police ambulance to Bellevue.

Bellevue, childhood taunt, nightmare of the unknown, cold shiver in the dark. Was it once a hill, overlooking a beautiful expanse of water? An estate, perhaps, children playing on the lawn? The ugly buildings, crumbling, yet still strong, thick walls--but the name says that perhaps there was a time before the ugliness. I never saw it clearly; first, they took away my glasses.

Half-blind, I groped along the hallway to my bed, pointed out to me by a bored aide. I wanted her to lead me to it, I was afraid of falling or stumbling, but she only waved. It was night, beds everywhere, snores and moans. I tried to get up for a drink of water, was yelled back to bed.

My parents, horrified, made inquiries, pulled strings, with money they didn't have had me transferred to Gracie Square Hospital, a place where rich alcoholics dried out and rich psychotics were zapped at \$50 a shock. Terrified, having seen the price of disobedience (for I had defied the psychiatrists by not resuming my role), I tried hard now to be "good." The carpeted floors and pastel walls showed me one of my choices; the vacant stares and shuffling gaits of the patients returning each morn-

i know now that the real basis. it was

ing to be born

ing from the shock room showed the other. Again, the lesson: Conformity, or punishment!

Why was I so convinced there was some secret, if only I could persuade them to share it with me, that I was led continually back to the hospital and closer to danger? I watched, uncomprehending, how "normal" people moved without effort through the routines that seemed to me so deadly and stifling, and was sure that there must be a secret, which they shared, and from which I was excluded. Again and again, I risked the punishment of drugs, the threats of shock and continued confinement, desperate to find a way to continue to live. In the meaningless rituals of life, I saw only death. And I wanted to live.

I know now that my terror had a very real basis--it was not "crazy" at all, but a confirmation of my sanity. The rituals were meaningless, such "life" was truly death. Having moved all my life from role to role, sometimes dragged, sometimes all too willingly, I was making a desperate attempt to truly live for the first time. I was struggling to be born. And struggling alone--I was being forced towards death rather than life.

But, back then, convinced of my weakness, wrongness, and craziness, I could not believe that the answer lay within me. No one was trying to tell me of my strength; calling me crazy was confirmation that I was weak and powerless. If there had been someone to say, "Yes, go on, feel it, see it through to the end..."? (But this was not to happen for years.)

I left the shock shop unshocked. (How incredibly

i was being forced towards death

lucky I was! Patient in six hospitals, suffering from "depression" --the--prime "indication" for shock, then labelled with the stigmatizing diagnoses of catatonic or chronic schizophrenia, and never "treated" with the wires and switches of ECT! How did I escape?) Terror had me truly immobilized by now. A move in any direction seemed certain to bring death or destruction. Start "functioning" again in a marriage in which I already defined myself as a failure? Or leave it and go back to--what? Or follow the vague stirrings of a mind I had been convinced was crazy? The only way to stay alive was to do nothing.

I turned again to the wisdom of my psychiatrist. Surely, somewhere, he had the answer. If only I would be good (but it didn't seem I was ever good enough), he would reveal to me the secret of life, the secret of normality. The next psychiatric "treatment" for me was the structured environment: a hospital where every moment of the patient's day was regulated with "therapeutic" purpose. It sounded like a way of staying alive.

But Hillside Hospital was a farce. Unknowing or uncaring of my fear of the death I thought was imminent, the staff proceeded to process me through its routine. The "structured environment" prescribed that I could make no phone calls or see no visitors until I "earned" those privileges, that I could not step out of the confines of my "cottage" without a staff member, that I must participate in the daily program that combined the worst features of school and summer camp. The fact that all these requirements and prohibitions terrified me concerned no one; it was something I must do, it was

my therapy. I was facing the terror of my own death, and they wanted me to mold clay. I was taken into an expensively equipped wood-working shop and asked to guide a board past a moving saw--I screamed and fled in terror of slicing off an arm--I was uncooperative.

I now became desperate to leave the place I had been so eager to enter. (The procedure had been as complex and harrowing as a college admission.) My action had been toward life; instead, it seemed they were trying to crush the last bits of life in me. I used every means I could think of to convince them to let me leave: screams, tears, punches, logical argument. They could easily have "shipped" me. ("Shipped" was hospital slang for being committed to a state hospital.) Instead, they released me.

I was out in the dangerous world again. I slit my wrists. I entered the psychiatric ward of Montefiore Hospital. I was trying to stay alive.

I needed time, safety and support. For awhile, I was given at least the time and the safety. I began to breathe a little more easily, perhaps my death was not imminent after all. But psychiatry is never content to do nothing, to let time be the healer. I was put on tranquilizers again. I protested, argued, begged, and finally resorted to hiding the pills in my mouth and spitting them in the toilet. Uncooperative again. My safe place was no longer safe; I al-

freedom was an illusion

ready knew that drugs bent my mind and increased the feeling that something awful was about to happen. I begged to be released. "No, you're too sick." I longed for someplace safe, quiet, warm, where I could grow whole again. Suddenly, doors that had been open were locked; I was forbidden to go outside even escorted. Panic--I knew that unless I found the mythical "safe place" I would die. Panic--I pounded at the locked door and screamed my desperation.

Uncooperative patients are punished. I was committed to Rockland State Hospital.

The lesson finally learned. Freedom was an illusion. Only cooperation brought life. That life seemed like a living death was a cruel joke. But it was better than the punishment of confinement and depersonalization. I promised to be "good." There was no escape.

But first I had to be sent to the state hospital, bear the indignities to mind and body, prove that I was truly docile, broken, "cured." Only then could I be set free, confirmed in the belief that to walk endlessly through the motions of a living death was truly life, happiness and health.

It would be years before I would once again risk the struggle of being born.

something awful was about to happen

terror had a very

not 'crazy' at all

Talking 'Bout "Nothing"

The Men's Rap Group has met 3 times so far. On two Thursdays when I couldn't make it it didn't happen. When's the rap group going to meet Denis? Where's the men's rap group going to meet Denis? When are the men of MPA going to get their shit together Denis?

I think a lot of the initial interest in the men's rap group happened because of the women's committee and MPA men's reactions to it. I think many men wondered why these women were grouping together: "...wonder what they're talking about...probably ganging up on some poor son of a bitch like me ...what do they know about what it's like to be a man?... they don't want to know...so some poor joe went a bit too far with what's-her-name ... I'd like to see some of those cock teasers do what men have to do to score some action ... they want it as bad as we do but we have to do all the work, come begging for it, pay for it one way or the other---they just lie there and we

have to get it up or get put down ... then we have to sit there and listen to how hard they've got it ... so some poor slob goes a bit too far and suddenly there's twenty screaming chicks cutting his balls off! ...men would know what I'm talking about I'll bet ... " (Those were some of the kinds of comments I've heard from MPA men regarding the women's committee.)

Why have a men's rap group? To put down women we fear are putting us down?

The other night I asked the men hanging out in the DIC if they were interested in a men's rap group that evening. Twice I was told by different men that "there is nothing to talk about".

Men -- nothing?

Many of us are impotent. We can't get it up unless we feel we're in absolute control. Most of us fear and hate women, other men, and ourselves. We're after the "big money, big car, and big cunt" all to 'prove ' we're someone we fear we're really not. We rarely cry (we hate it when women do).

How many of us have been 'guilted out' because we're not built like the men in shaving commercials, or have a cock that's too small for a Playgirl centerfold?

How many of us hate the hustling game and end up hating wome for "forcing " us into it?

How many of us think of our wives and 'girl'friends as our property to be 'protected' from other men (and women)?

How many of us have raped or been raped?

How many have slept with other men and now pretend that it didn't happen?

How many of us insist that we are able to relate better with women than with other men?

I think it's about time the men of MPA started learning from each other, listening to and relating with the other men of MPA. It's time we saw each other as something other than 'the competition'. Maybe it's possible that we could even learn to love one another (horror of horrors).

It'll be difficult tho. The mental masturbation and lies that usually pass for communication between men will have to go. We will have to make a commitment to ourselves to really try to open up to the members of the rap group, otherwise we're wasting precious time and energy. Also, without a commitment by every man in the rap group the men who want to open up won't.

If any men in MPA are interested in making that commitment, the men's rap group might meet this Thursday at 7:30 in the Drop In Center.

Denis Blue.

I won't crawl into the gutter to exchange insults with that fucking crook.

-Trudeau on hearing of Nixon's obscene reference to the Prime Minister

Lanny Beckman

WOMEN'S COMMITTEE REPORT

The women's committee is a source of warmth and support, a place to be, to experiment and learn from other women and enjoy the company of other women. There are so few places where women can meet and feel unthreatened. Women are questioning what their roles are, no longer accepting a traditional image of the past. As a group, we can help each other grow and deepen to our full potential as women and human beings. Jealousy, fear and competitiveness have kept us apart in finding the solutions to the problems we find in trying to grow. We need to share our strengths and hopes to help each other become aware. Love and sharing are the balms and salves of the soul which is often bruised as it breaks from the shell which confines it, reaching out to become conscious, free and aware.

Many women have asked me what we discuss in the women's committee. We do not have a definite schedule of topics or an ideology to shape discussion around. No two meetings are the same. The discussion flows from one person to another. At the most recent meeting, the discussion happened to form around pregnancy and childbirth. Aloneness dur-



*The M. P. A. Women's committee commented that an additional reason for increased violence to women, such as rape, came from the unhappy recognition by men that women now have their own organized political movement demanding change in sexist behaviour.

ing pregnancy, lack of support or responsiveness from the father during this period was expressed by the group of women.

The women also agreed that childbirth was made difficult and painful by hospital procedures on admitting and during labour. Powerlessness, and aloneness were experienced by all the women during these "routine procedures." The delivery room where the wo-

man is strapped down on her back--the worst position possible to have a child in --the cutting of the vagina "to allow an easier birth" --were all angrily discussed as the cause. Men having control of our bodies.

Women being left to raise the children alone, without help from the father who denied them or his responsibility towards them was also discussed.

The sharing of these ex-

periences and fears during pregnancy and childbirth made me realize that I was not the only woman who had felt fear and aloneness during these times. This discovery made me feel warm and close to the women in the group.

Trust and friendship have grown amongst the women in our group. The warmth is real. Undefined, unshaped, a seed is flowering.

Elsie Ostermeier

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You live in a society where rape means "giving a woman a good time".

IN A NUTSHELL page 9

By Brian Loomes

A California court case, recently reported in the Sun, has dramatically illustrated just one area of oppression women must face, day in and day out, and not just in California. Vancouver women appreciate the importance of this case, in a way the Sun never tells you.

On the night of March 19 in Soledad, California, Inez Garcia, a 30-year-old woman of Cuban and Puerto Rican extraction, was in the apartment she shared with a friend, Fred Medrano.

Two men, only slightly known by Inez, came for Medrano, who was out. While waiting for him, they drank and began insulting Inez. After Medrano returned they got into a fight with him and gave him a severe beating, whereupon Inez tried to get them outside. They dragged her into the alley and while the larger (300 lbs.) and older man, Jimenez, held her down, the other one raped her. They then fled, leaving her shocked and bruised, to make her way into the apartment. Inez later said she couldn't believe what had happened to her. A few minutes later, her assailants phoned and threatened to kill her if she didn't leave town. At this point, Inez took a .22 calibre rifle from the apartment and found Jimenez on the street a short distance away and shot him. Evidence was given at the subsequent trial to show that the shooting occurred about 17 minutes after Inez' assailants had fled the rape scene.

Inez was arrested and charged with murder, along with Medrano, who allegedly drove her up the street to look for her assailants. At her trial, Inez freely admitted that she had killed Jimenez. Her lawyer, Charles Garry, well-known for his defence of various Black political prisoners, argued that Inez' actions were justified by reason of self-defence, that in a rape case the right of self-defence should be extended for "a broad time afterwards". Garry tried to show that the rape imposed on Inez was an unsupportable indignity. A San Francisco priest, Rev. Eugene Boyle, testified that for a devout Latino Roman Catholic, such as Inez, what was worse than rape was that she did not die fighting off her attackers. The judge, however, exercised his discretion against Inez Garcia. He first warned Garry, "you're not going to make this a cause case" and went on to bar expert testimony on "the emotional trauma resulting from rape. This was in large part a consequence of Inez' freely-admitted lack of remorse and her defiant assertion that her actions were justified. Garry charged that she would have been treated differently had she been a middle-class white woman rather than a Latino. Because of the judge's directions, the jury did not consider the issue of rape in deciding that Inez was guilty of murder. Their decision would be based on intent which Inez had already openly admitted. They chose to reject the self-

defence argument. In an interview one male juror expressed a sexist and callous view of the indignity to which Inez had been subjected.

Q: "Could a woman ever get off on the grounds of self-defence if she killed the man during the attack?"

A: "No, because the guys not trying to kill her. He's just trying to screw her and give her a good time. To get off the guy would have to do her 'bodily harm', and giving a girl a screw isn't doing her 'bodily harm'."

An act of physical violence against a woman's body, a denial of her as a human being, is tossed off as if the rapist were doing the woman a favour. Aside from the fact that Inez is a Roman Catholic, a woman in a society which treats women as sexual objects and teaches them that sexual "virtue" is of prime importance, the jury was unwilling to accept that rape is a sadistic attack on a woman's autonomy as a person.



When asked if he had said anything about the rape, the male juror replied, "I told the women (jurors) that when I leave here I'll have less fear of raping a woman now than I did before. At least I know that if I get shot, she won't get away...if she shoots me, she'll get hers anyway."

SUPPORT MOUNTED IN THE U.S.

During the trial several groups and individual women had expressed and organized support for Inez. After the verdict demonstrations were organized throughout the U.S. to take place on Oct. 21, the date set for the sentencing of Inez. In a press conference

Oct. 7, representatives from the Inez Garcia Defense Committee, the Bay Area Women Against Rape organization and Concilia Mujeres, a Spanish-speaking women's group attacked the trial and jury decision as part of the injustice women, especially minority women, suffer from in America.

They said the jury had little or no understanding of rape and its effect on women, and that Inez had acted as she did because "she had no alternative for redress in this sexist society." The groups gave evidence of the failure of police and courts to prosecute rapists of non-white women. They explained the humiliation and degradation women face at the hands of police, prosecutors and courts during

investigation, in the hopes of extracting "repentance" from Inez, at which point he could "leniently" reduce her sentence, and give her life probation. Castillo, the rapist, has not even as yet, been charged!

ORGANIZING IN VANCOUVER

Although the California decision does not establish any legal precedent for Canadian courts, women's groups in Vancouver are outraged at the penalty Inez Garcia is being forced to serve for defending her person. They also recognize the political importance of the case as a focus for the sexual and legal oppression of women.

If Inez' appeal can be won, it will be a victory for women everywhere.

(Appeal costs are expected to run in the area of \$20,000. and anyone wishing to make a donation can send a cheque to the Inez Garcia Defense Committee, No. 101, 722 Alcatraz Avenue, Oakland, California 94609.)

As in the United States, the actual number of rapes in Canada is estimated to be at least 10 times the number reported. And the number reported to police in Vancouver has been rising rapidly the past couple of years.

Offences known or reported:		
	Rape and attempts	Indecent Assault
1972	69	163
1973	104	245
9 mos. of 1974	104	200
(1974 estimate)	(138)	(266)
Previous 5 year average	77	189

The Greater Vancouver reported figures are about twice these, and if you multiply by 10, you get an idea of the actual number of rapes occurring. Only about half the rape reports result in arrest, even fewer in conviction. It's difficult to know exactly why the reported rapes have jumped. Perhaps it's only an increase in reports. But perhaps it's also related to the fact that more women work and live alone, as well as a general increase in social tension during the '70's.

Rape is an extreme consequence of the roles men and women are forced into in our society--men must be virile and aggressive, women passive and sexual.

This combined with particular circumstances of frustrations, anger etc. lead

certain men to rape. But the general identification of women as sex objects provides the victim. As Teresa Moore of the Rape Relief Centre explained, "in nearly every encounter a woman has with a man, there comes a point when the sexual confrontation arises. The woman is pushed, cajoled or seduced for sex. These are endemic characteristics of the male-female relationship in our society."

As the number of sexual assaults in Vancouver soar, it becomes another scary, ugly city for women, who quite justifiably feel afraid to walk alone at night, or hitchhike during the day, or who step into their apartments and have to check that no one's there before feeling safe. In order to do something about this situation, 3 Vancouver women began the Rape Relief Centre last October. They saw the need for an organization which could help rape victims both emotionally through personal support, and practically, by guiding them through the legal process involved in a rape prosecution. They also hoped to generate more widespread discussion on the sociology of rape and sexuality in our society--issues ranging from the question: what social conditions produce men who rape women, to how can police attitudes toward the rape victim be changed.

They are making submissions to the B.C. Police Commission (a sub-commission in the Attorney-General's Dept.) which is investigating how police procedures affect women among other things. They also plan to prepare proposals for the Federal government's Law Reform Commission, particularly in the area of evidence law. Defendant's lawyers in rape cases may now attempt to show that the rape victim was "notorious for lack of chastity" in an attempt to discredit her testimony. Teresa Moore of Rape Relief told me that their work has also had some effect on the policemen who handle rape cases, lessening the ordeal women have had to face.

While some headway may be made in these areas, Ms. Moore stated that the main problem is the social conditions in which sexism originates and flourishes. The police and courts do little to change these factors. Jurors who think a rape is insignificant, and men who think women exist for sexual exploitation, will continue to exist until sexist ideas are defeated. Rape Relief members would like to see more discussion in schools about rape, as well as the sexual conditioning and exploitation of women.

POETRY



FILIAL BROADSIDE

Then it stops and all flickers to rest, the entire panavision spectacle spread out there complete with the lobster trap, the wheelbarrow and saxophone, even the yo-yo comfortable and alone. A promoter picks his nails over a candle, a father examines his ticket stub or the edge of his destination. In the least silence a seizure can be heard and the last friendly spectre of involvement or so

it seems. But no, something will rustle overhead and the road reappear, the faults and fragments sifted under the same old scrutiny for his namesake.

Lorla Wasmuth

HOME, AS THOUGH

I have taken great pains to get here, I remember, after that last implausible glance at what had been: home.

It comes back, from the impossible eyes of the fledgling our handled litter of love or convenience, to whom all figures apologize, come to crouch and solicit in terror; born out of calculation and thrift their flaccid pose tends toward aftermath as do the unemployed, those who must stand.

As though home: it comes back from every sky that falls without a replacement while in the background I watch a friend or affectionate traitor stoop to attend his shoe, knowing full well his posture will not return, and of course, beyond caring. Should I be moved (and I should be, moved) it is not far enough, never above suspicion or far below the table because of the strings or unbeautiful cord. So moved, to trek over my own psychology incompetent as the stars, diffused in my closest relations whom I never own or retire.

At wrest it is only civilization in a housecoat, her cleft face recommending to the dumb, the insolvent, to those at home where I wait to dwell, so human, so old and capable of nothing: more than subsequence.

Lorla Wasmuth

BULLDANCE # 2

a fly said to me, one day,
how are you?

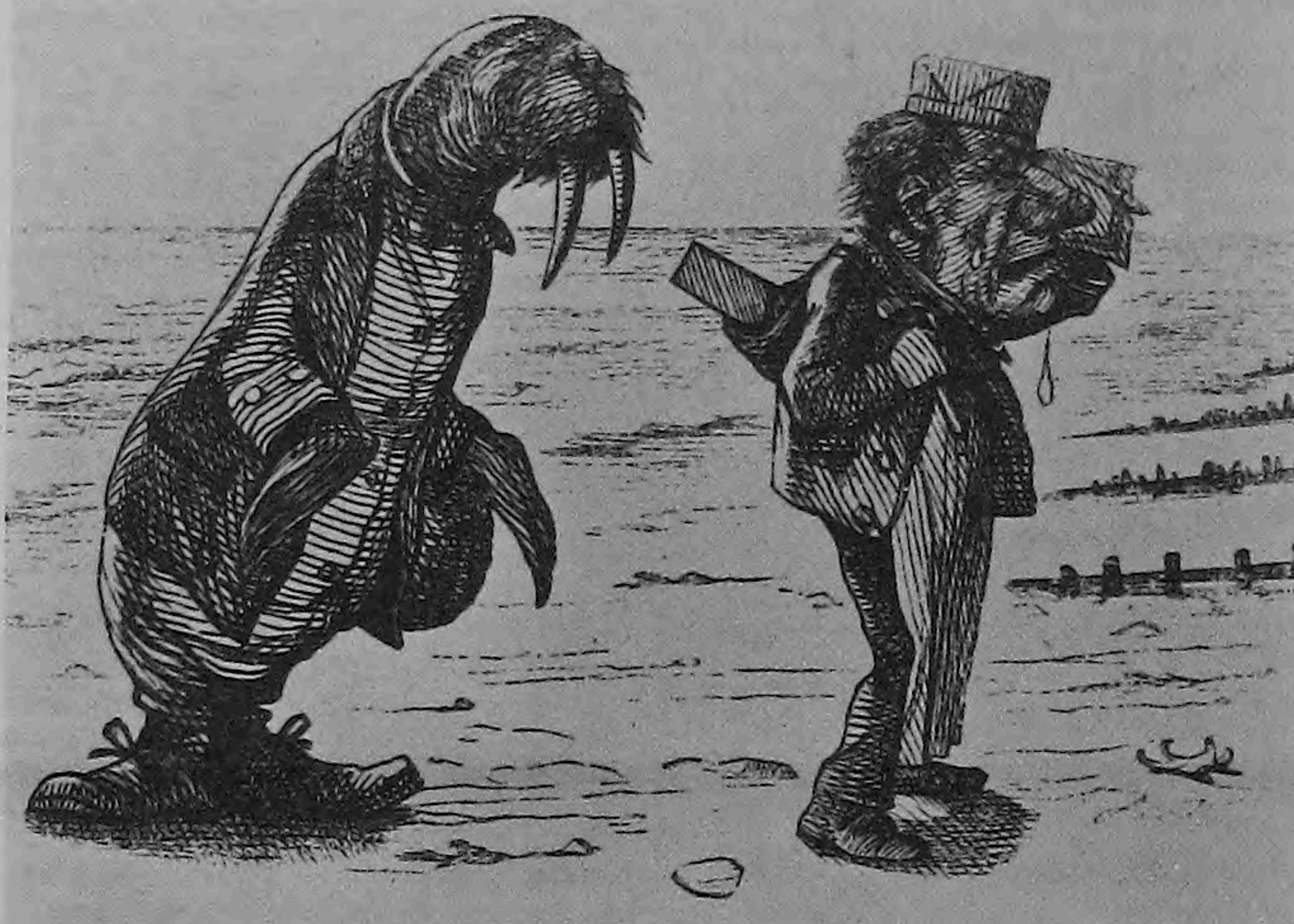
to which i replied
as the sun is, i was.
then, said he, must i fly
into your eye.

which he did
now do both my eyes fly on
his wings
into my soul's eye.

Al Todd

Love,
have I given my soul to
taste your communion.
Is it to be my struggle
that I will die for love

Love sings, wails for me
I stay behind myself
The time has stopped
In love's returning gaze
I weep behind a door
Is love the sun
A key is in my hand
I find myself,
Trembling.



THE CANNIBAL

They were all here as I recall, although that's a thing one can never be certain of, nor can I ever blame them as long as the innuendo lasts, that is, the innuendo of being here. Sometimes the fabric escapes me, or the matador, carrying a particular flurry of sadness across the shabby globe we have all forgotten to haunt. But the recollection comes to matter with a fallen librarian whose lone affliction defies the frailty that is expression, and would rather inherit a melody than his maiden aunt: there will be no end of watching myself try to get hold of them.

So many landscapes are exhausted and depraved it only irks the ear, such exquisite stump whereby defeat has stopped to listen or relenquish. Even now the weather decreases calculation where I sit of two minds frazzled in the corner dividing a third.

Lorla Wasmuth

DEBRIS

The anger we inherit from god
that sends our bodies to
glisten along the earth,
embarrassed
to multiply his regret at
having wakened.
The quarrel, the old wind
of his conscience
spread before our nights of
safety and treason
that we should be amused:
whose fault is that?
My shadow grown fat with
remorse, overtaken
at either end I toy with
tomorrow
The soul's meagre projects
fall behind
until, removing a glove one
day
or posting a letter, the
hands
Accidentally dance and
yield to a stranger
among these less than ever
my people, relentless
with sons, with small debt
and monologue
the horizon, worthless but
free.

...Lorla Wasmuth



ASYLUM

Department: They all have shaved heads like Hari Krishna Boys lost in lunatic visions and mutual masturbations.

Speech is incoherent and fragmented into word salad spiced with nonsense and sperm.

They're strapped to their bed to keep them from zooming off into the eternal confusion within the rooms.

Silence: Izak How are you today Izak "They're going to kill me".

Hypodermic: Izak slowly falls back and blends with the stripes on his mattress, an immaculate configuration of flesh, blues and reds.

In the morning awoken by micomme fits and detergent some stick their fingers through the screams on the windows and confront reality (morning is real except hunger) with the disjointed litany that goes like this "Do you have a cigarette mister".

"Cigarette mister".

"Please misters".

"Butt".

"Maybe".

The doctor was a butterfly. He'd only touch down once in a while with a brief serenity that made him look like something akin to the saviour angel.

I was in section D, the one containing the only half crazy elite.

Miriam the Manic

Miriam the depressive when she was up she was very up, like a decapitated chicken having its last fling; but when she was down, she explored the bottom of the cosmos.

She said she loves me

Now what the hell could she mean by that?

the dreams of man lead to the chronic back wards where they merge with the profoundest nightmares of those who have had their last rupture with existence.

FADE

Ludwik Hoch

'OBES E MEN...'

You've probably noticed a recent series of articles in the daily papers on the Canadian Psychiatric Association Convention held in Ottawa in early October. They make fascinating reading and offer interesting insights into the mysteries of the human mind.

Here's a typical article that didn't make it into the papers.

SPECIAL TO THE NUTSHELL

OTTAWA — Overweight men who drive convertibles are showing their maternal grandmothers that fatness isn't a barrier to success, according to a Vancouver psychiatrist.

These men see the convertible as a symbol of social achievement, says Dr. Morris Noetall, reporting to the Canadian Psychiatric Association Convention on his study of 164 overweight male subjects, half of whom drove convertibles, while the other half drove imported European sedans without sunroofs.

Dr. Noetall described his findings as a major breakthrough. Psychiatrists, he says, have long been baffled by the question of why obese males purchase certain styles of automobiles.

The answer appears to lie in an examination of the mental make-up of the subject's maternal grandmother, a factor overlooked in previous research.

"Obese men," says Dr. Noetall, "have mothers who encouraged overeating in their children. This overeating is related to an excessive desire for food which may lead to weight problems. The crucial point," he emphasizes, "is that mothers of both convertible and Volkswagen drivers have mothers who are similar in this respect, while the mothers' mothers differ. Grandmothers of small car drivers

tend to show an accepting and positive attitude toward their grandsons. The grandmothers of convertible drivers, on the other hand, fear that their grandsons' fatness will block their ability to make their way in the world."

This anxiety is transmitted to the subject, resulting in his overcompensating by striving all the harder for success.

"To an obese male," says Dr. Noetall, "success means a large, flashy convertible." He adds that in many cases it also means ulcers and displaced aggression directed especially toward the subject's brother's daughters.

The psychiatrist advised his colleagues that hope lies in early diagnosis and treatment.

"The fat male," concluded Dr. Noetall, "feels that others perceive him as overweight. This induces an insecurity which makes the patient feel unsure of himself."

"The fact that fatness and obesity are closely related psychiatrically is one which the subject represses. His unconscious denial of this connection leads him to acquire symbols—such as convertibles—which shield him from the painful awareness."

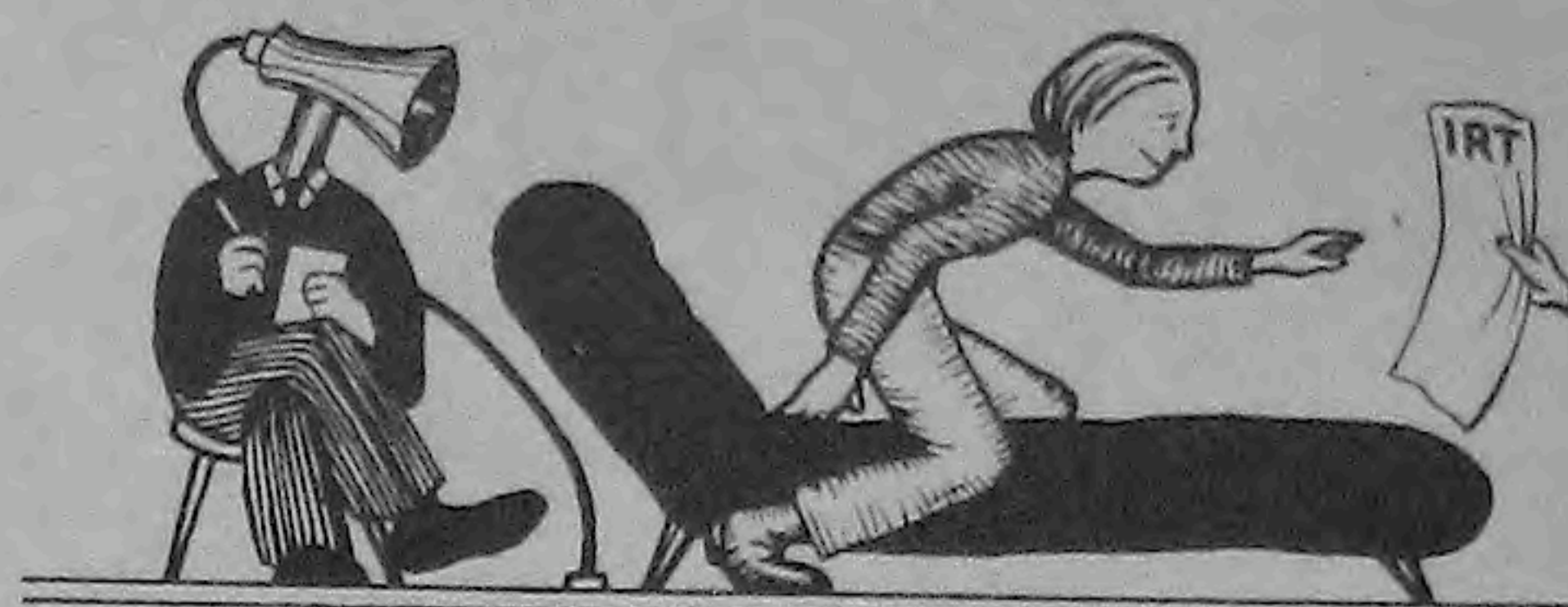
Dr. Noetall suggests that the money squandered on expensive automobiles would be better spent in obtaining psychiatric help during the onset of the illness.

— Lanny Beckman

**WOMEN
ARE
CRAZIER?**

Issues in Radical Therapy

Demystifying Psychiatric Oppression
Proposing Solutions Fighting Back Good to Look At
Exposing Political Oppression



IRT #1, articles on Fat Liberation, Intimacy, Bisexuality, Cooperation, Fighting Men's Oppression, Straight Men are in Drag, and more.
IRT #2, articles on Psychosurgery, Sexism in Psychiatry, Amazon Power, Fighting Capitalism, Equalizing Power in Groups, and more.
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SHRINKS STEREOTYPE WOMEN

MONTREAL (CUP) — "Women in psychiatric terms are considered crazy no matter what they do," says a leading clinical psychologist and author.

Dr. Phyllis Chesler said at the recent opening of a three-day women's health seminar at McGill University: "Those who accept the stereotype of the 'feminine' women are called neurotic, and those who don't are called other names, like castrating or dyke."

"We live in a male-homosexual culture," said Chesler, "one in which men are both worshipped and dominant."

"Women have low esteem, hate themselves and are at least as conformist as men."

Chesler attributed these feelings to female acceptance of a male-conceived role -- one that portrays women as compassionate, helpful, altruistic creatures whose work need not be rewarded, but whose failure to produce the expected (children, a clean house) is inevitably punished.

"Women are afraid of such punishment, and this fear leads them to both greater self-sacrifice and masochistic feelings," she said.

Chesler also noted some significant biases she believes exist in the male-dominated fields of psychological and psychiatric therapy.

"Experts who are trained to find insanity tend to

find it. No one is normal according to the experts and a standard of mental health therefore does not exist," said Chesler.

"While everybody is at least neurotic, according to the experts, women are crazier," she said.

Chesler, author of *Women and Madness*, also said "It is the prevailing belief that for a woman to be a real woman, she must have experienced motherhood."

She said many psychiatrists and psychologists believe that lesbianism doesn't exist. The prevalent notion is "lesbians are simply women who haven't found the right man yet," she said.

"It's inconceivable to most male doctors that a woman could prefer another woman to a man."

"Women need help, a kind of help that even the best psychotherapy can't provide -- Women need economic help -- in the form of direct wages for labor -- as well as education, child care and adequate housing," she said.

"Ideally there should exist a society where basic needs are met routinely for all people. I don't think that the feminist vision will ever be successful without some form of communism. But the women who desire equality in our society and institutions must first achieve personal strength. Only strong people can make strong changes," she said.

