

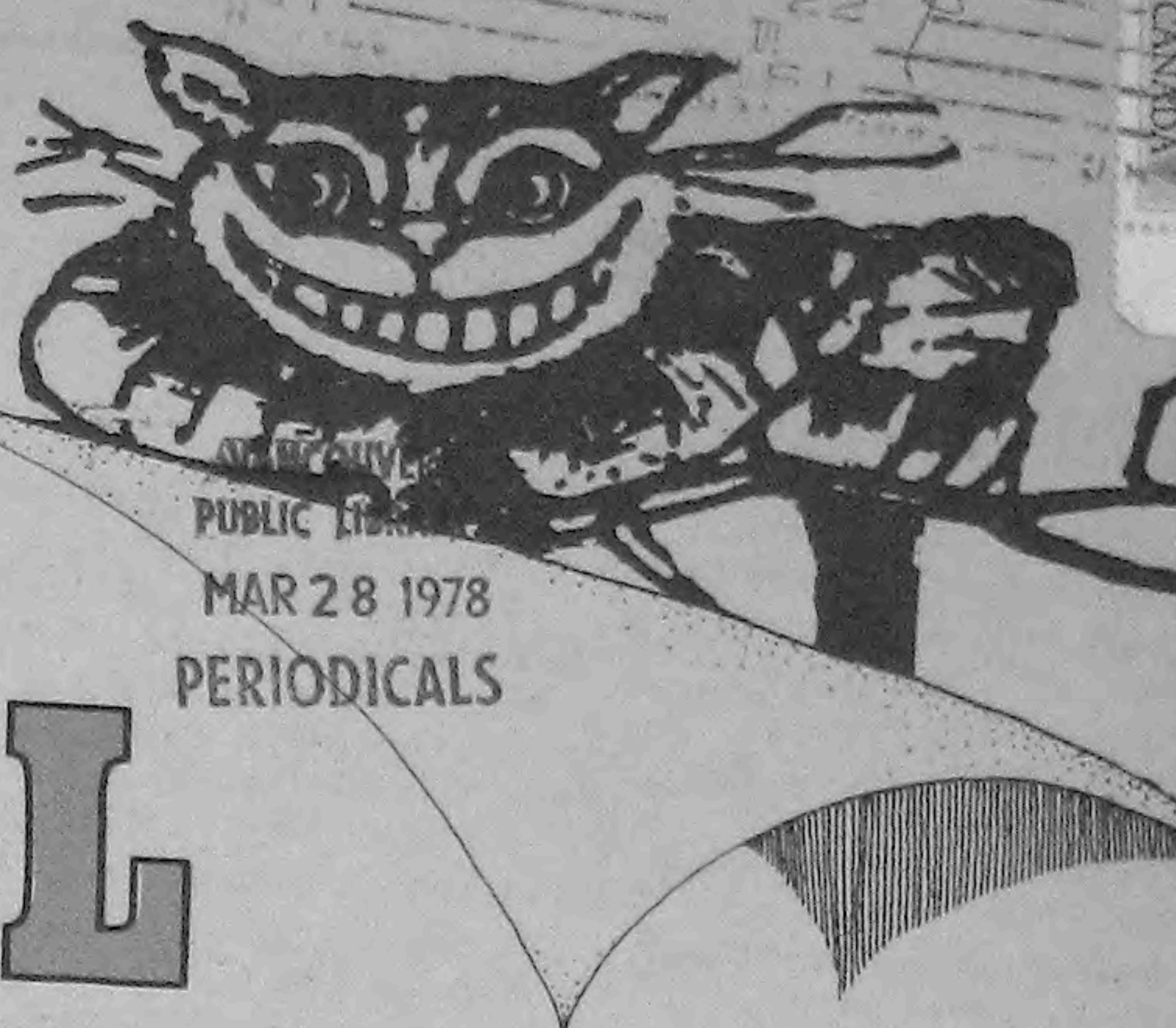
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IN A NUTSHELL

Volume 6, Number 1
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Newsletter of the Mental Patients Association.

Offices at 2146 Yew Street, Vancouver, B.C., Canada. Telephone: 738-5177.



Govt. Forms Abuse Panel

B.C. HEALTH MINISTER BOB MCLELLAND RECENTLY ANNOUNCED THAT THE PROVINCIAL GOVERNMENT WILL SET UP AN INDEPENDENT PANEL TO INVESTIGATE INCIDENTS OF ABUSE AT RIVERVIEW HOSPITAL.

The three-man panel, whose task it will be to promptly investigate and make conclusions about alleged cases of abuse, will be drawn from a list of people outside Riverview Hospital. This, says Ian Manning, director of government hospitals, will make the panel more impartial.

The composition of the list has not yet been released although Manning's assistant, Mr. Rogers, said it would "tend towards people with knowledge in the field."

Rogers said the participation of ex-mental patients was a "possibility".

Manning himself hints that the list will be composed of eight or nine retired people who will be readily available to investigate immediately.

A simple letter or telephone call, he says, will be enough to have him deploy

one of these people to do a preliminary investigation in order to weed out frivolous complaints.

The minister's announcement is the fruit of a campaign by MPA and other patients' rights organizations throughout 1977.

Reports of abuse at Riverview in 1977 and 1976 prompted MPA to raise the issue publicly.

In one incident which received coverage in the daily newspapers, a patient was scalded to death.

In another incident, reported unanimously to MPA by a Riverview staff member, a patient was struck by two nurses, suffering nose injuries. MPA members helped the victim bring assault charges to court.

An inquest will finally be held this April into the death at Riverview of a 19 year old native man, John

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To help commemorate MPA's seventh birthday the Nutshell is featuring Gordie McCann's photos of MPA members on the centre four pages of this issue. Gordie, pictured here, is cleverer with a camera than with a telephone.



Local Hospitals Deny Psychosurgery

Four major Vancouver area hospitals have gone on record as saying that they do not use any psychosurgical procedures.

The hospitals, Riverview, St. Vincent's, the Vancouver General and St. Paul's, were all asked if they performed any of the controversial operations, including lobotomies, leucotomies, topectomies, cingulectomies, stereo-taxic lesions and amygdalotomies, all procedures which destroy healthy brain tissue in order to modify behavior.

Dr. A.R. Yarrow, head of

the department of psychiatry at St. Vincent's stated "With reference to your specific question of psychosurgery, this has not been performed, nor is it likely to be performed in the foreseeable future."

St. Vincent's was M.P.A.'s prime suspect and the object of a strongly-worded article by Pat Oram in the last issue of the Nutshell which questioned the hospital's unwillingness to answer M.P.A. queries about psychosurgery.

The hospital at first declined to talk about

psychosurgery in general, but when asked about the specific procedures listed above, said "there is no brain surgery performed as treatment of mental conditions at St. Vincent's Hospital."

At the Vancouver General Hospital, Dr. Turnbull, the neurosurgeon thought by some people to be a likely suspect, denied that he was performing any of the operations listed above and pledged, moreover, that he didn't have any intentions of doing so.

Likewise, the public re-

lations officer of Vancouver General said that no other surgeons in that hospital perform psychosurgery.

The medical director of Riverview, Dr. W.J.G. McFarlane, stated last fall that no psychosurgery of any kind was being performed at that hospital, nor had there been for ten years.

Dr. Conrad Schwarz, head of psychiatry at St. Paul's, also confirmed that no psychosurgery was being performed at that hospital and none was

Continued on next page

Few Surprises at MPA Elections

All paid positions were open at MPA January 18 as the association held its general elections. MPA holds general elections for all its paid positions twice a year in order to ensure accountability to the general membership (the only exception to this are the positions under direct, government financing like Canada Works).

Gordon, the chief scrutineer, said that people seemed pleased with the smoothness that marked the large election meeting. Virtually no problems were encountered as absentee ballots were checked, speeches were given by candidates and ballots were distributed, collected and counted.

There were a few upsets in the elections, but on the whole, most incumbents were returned to office.

Acclamations confirmed Jane Mullens as secretary, Arthur Giovinazzo as office coordinator, Betty Senior as treasurer and Pat Oram as housing office coordinator although, if they had wished, members could have rejected any of the acclamations by

voting "none of the above" on the ballot. Few did.

Dennis McInnis, Eileen Bennett, J-C Fillion, Patty Servant and Alex Verkade were elected to the five drop in coordinator positions in a vigorously contested election with many candidates.

In one of the few upsets of the evening, Norm Robinson became the workshop coordinator. In another upset, Doug Gander became drop-in caretaker.

Ted Adel was returned as transportation coordinator (since resigned).

The meeting also ratified the election of two coordinators to each of MPA's five residences, decided by the residents themselves. Michael Brown and Gretchen Dulmage were confirmed at the West 7th house.

Eve Hamilton and Charlene Gardiner were confirmed at the West 10th house while John King and Therese Pare were ratified on West 11th.

The meeting also confirmed Rhona Bezonsky and Fran Philips at the East 33rd. house as well as Margaret Cohen and Mo Elwood at the East 4th. house.

No Psychosurgery Here, cont.

Continued from previous page

planned in the future. He declined to comment on psychosurgery because it was not performed at St. Paul's.

Thus, it appears that M.P.A.'s campaign to turn over the sod of hospital secrecy has drawn blanket denials from four of the hospitals thought to be capable of performing psychosurgery in B.C.

However, in light of the renewed activity and confidence of American and British psychosurgeons in recent years, the categorical denials of hospital staffs ought not to lessen our vigilance.

After the lobotomy scandals of the late 1950's, psychosurgery came increasingly under attack in the 1960's and early 1970's. The imprudent proposal in 1967 that preventative psychosurgery be used on potential rioters (read coloured minorities) outraged civil libertarians, blacks and Spanish-Americans.

Anti-psychosurgery militants like Dr. Peter Breggin raised the alarm before the politicians, the press and the public.

Students disrupted psychosurgical symposiums and conferences, a tradition that was spectacularly confirmed in Vancouver recently when a commando of groucho-marxists hit the notorious Spanish psychosurgeon, Dr. Delgado, with a pie of animal brains.

Most psychosurgeons drew in their horns, either abandoning the procedure or going underground. But not all.

A recent article on psychosurgery in *Cosmopolitan* Magazine identifies some of the more intractable American psychosurgeons. One of these, Dr. William Scoville of Hartford Hospital, is unembarrassed by the series of lobotomies he performed on involuntary patients back in the 1940's.

Called by *Cosmopolitan* the "dean of psychosurgery in the United States", Scoville has improved on the primitive lobotomy by inventing his own procedure, the orbital undercutting technique. This consists of boring two holes in the patient's head, allowing him to see the fibres he is cutting.

Cosmopolitan quotes an undaunted Scoville as saying, "I do this to a certain ex-

tent for idealistic reasons so I'm determined to keep it up."

Not to be outdone by orbital cutting, Dr. H.T. Ballantyne of Massachusetts General Hospital, one of the most active American psychosurgeons, uses the cingulectomy. *Cosmopolitan* reports that the good doctor cured a young man of hand-washing obsession by burning lesions in his brain.

The magazine, amidst praise for the doctor's "remarkably encouraging results", mentions patients who've come back for seconds.

The article also mentions psychosurgery in other places. "Psychosurgical research" it says "is less inhibited abroad than it is here." In the late 60's in Germany, seven child-molesters were subjected to an operation which destroyed the part of the brain believed to regulate the sex drive.

Aside from the never-say-die Scovilles and Ballantynes, the magazine reports that a whole new generation of neurosurgeons is beginning to show interest. "Take Samuel H. Greenblatt," it says, "a thirty-eight year old neurosurgeon at the Medical College of Ohio in Toledo. He would like to practice psychosurgery if the climate for it, as now seems likely, begins to improve."

Eager Dr. Greenblatt is quoted as saying "I suspect there are guys like me around who would go into this if the pollution surrounding psychosurgery were not so bad."

Is psychosurgery rallying for a counter-offensive? *Cosmopolitan* seems to think so, and with approval "if we are careful to define its limits." Yet, the article states that psychosurgeons are totally opposed to government restrictions in the area, arguing that they alone are capable of making medical decisions.

So who then does? Evidently not a whit chastened by the disastrous results of the largely unrestricted lobotomy years, psychosurgeons are expecting the public to allow them to police themselves.

The *Cosmopolitan* article also concludes that psychosurgery will be hunkey-dorey if "we are open, as Dr. Ballantyne is, to the possibility of error and new explanations"

Doubtless it will be a grand consolation to future victims of errors that Dr. Ballantyne and his like did their very best.

Abuse Panel cont.

Continued from previous page

L'Hirondelle, who died of pneumonia in a seclusion cell last year. MPA, acting on an anonymous tip, contacted the man's family and has demanded a full investigation.

As early as October, 1977, Jackie Hooper, writing in the *Nutshell*, called for a "full and immediate investigation of every case of assault".

Jackie also called for the creation of a patients' ombudsman who would act on patients' complaints.

Ian Manning, then executive director of Riverview, responded that there was no place at Riverview for any staff member who abused patients.

But Riverview's initial plan for investigating abuse, coming in January, 1977, disappointed MPA. At a meeting with hospital administrators, MPA, the Coast Foundation and other groups warned that the internal procedure would not likely be impartial.

In the face of these and other criticisms, this plan was dropped and a second drafted.

Manning, now director

of government institutions (hospitals), says that the recently announced procedure is "just governmental formalization of the revised plan" drawn up last year.

Details of the procedure are not yet known. Gerald Green, a lawyer who often advocates for mental patients, cautions that "there's a danger that the people who are appointed as panel members will feel their allegiance is to the minister and the bureaucracy he presides over."

Green is also critical of the information-gathering function of one of the panel members because it requires that member to be both "policeman and judge".

However, he stresses that "having some device for looking into complaints is probably better than no such device."

"I say probably because if you create a device that is not adequate to its task, then you also create a dangerous illusion that redress is available when, in fact, it's not."

The list of names being prepared by McLelland will be released in the near future.

Notice: Annual General Meeting

The Vancouver Mental Patients Association Society (B.C. Charter No. 9185) will convene the Annual General Meeting of the Society at 7:30pm, Wednesday, April 12. The annual General Meeting will receive the Annual Report and elect the officers of the Society.

Agreed by the membership and duly called this 16th. day of March, 1978.

Secretary

Treasurer

M. J. Muller
Betty Senior

LETTERS

THE NUTSHELL COMMITTEE INVITES READERS TO SEND COMMENTS, IDEAS AND CRITICISMS BUT RESERVES THE RIGHT TO EDIT FOR BREVITY AND TASTE.

Dear Nutshell committee,

My name is Leon Hill. I want to thank you for your help and understanding. I have come a long way since I came to MPA.

Before I came to MPA, I was in the hospital. I was there for two and a half years.

I was considered a chronic case. The doctors figured I would be there for an undivided period of time.

Many organizations like boarding homes would not take me because of my age; I was going through adolescence.

So I tried MPA. I was very surprised because I figured MPA coordinators would be scared to give me a chance in an MPA home. But they did because they had feelings and lots of understanding for me.

I want to give my appreciation and thanks to Miss Mo Elwood and Miss Margaret Cohen for understanding and helping me in the house. I am sure other people in the house feel the same way.

Yours truly,
Leon Hill.

person, one missed by so many of us.

Respectfully,
Donald R. Steele.

Dear Nutshell committee

In the December issue, Dr. Szasz gave the most intelligent advice I've seen in this country.

As an epileptic who has twice come to in a psychiatric ward after having had seizures, I was so angry that in my medical card - the one that comes with a medical alert bracelet - I have placed a paper which states that if I should ever be placed in such a ward again only because of seizures I will sue the persons responsible for taking me there - the hospital and every member of the staff who was "caring" for me.

It really is the only answer and to make it more effective I intend to have this statement drawn up by the free legal clinic in

legalistic terminology.

A few heavy law suits might make these parasites stop and think if, of course, they are capable of thinking. (Oh yes, have a duplicate copy safely hidden away.)

Sincerely,
Pat Armstrong.

Dear Nutshell committee

I enjoyed the transcript of the speech given by the "Shrink Critic".

However, please tell your readers in the next issue that this man's name is Szasz, not Szaz.

Now really, aren't there any Hungarian-Canadian experimental patients writing for your newsletter?

If you'd like to publish a Szasz bibliography as a service to your readers, let me know and I will forward you a copy.

I remain,
Allen P. Markman.

Dear Nutshell committee,

First let me thank you for placing my name on your mailing list. As one who majored in journalism at a major American university in the early 1970's, and as one who "taught" poetry writing to "mental patients"

and came away convinced that any form of human oppression is evil, and as one who now believes that the Left has a responsibility to lead the general resistance to oppression, I find your publication both journalistically and politically satisfying.

Enclosed, please find \$10.00 to cover the costs. Please keep publishing; you have a lot of fans here in Boston.

Sincerely,
Ted Thomas, Jr.
Boston, USA.

Dear Nutshell committee,

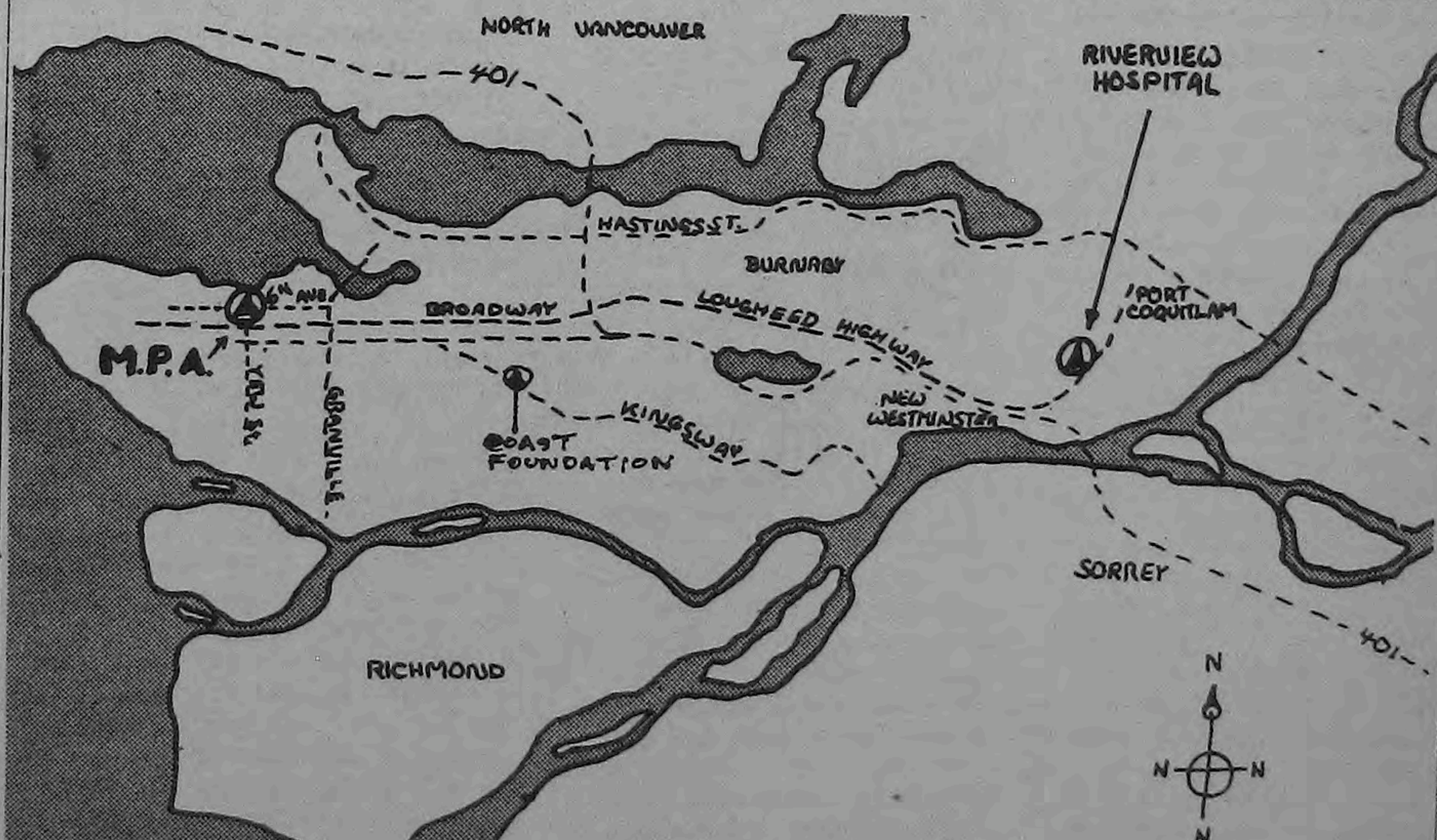
I read each edition of your newspaper with great interest and appreciation. Your self-help programmes sound dynamic and exciting. The articles you present are informative and relevant.

Your paper makes me feel encouraged that we can make progress toward enlightenment in the area of mental health. I congratulate you for the tremendous amount of effective work that you do.

Sincerely,
Barb Simmins,
Social Service Dep.
Alberta Hospital.

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Welcome to M.P.A.



Where we're at...

- drop in centre
- activities
- arts&crafts
- involvement in patients' rights movement.

TO GET HERE from Riverview, take the 933 Lougheed from the Tuck Shop. Get off at Hastings and Granville in downtown Vancouver and transfer to a 10 UBC or a Dunbar bus and then get off at Broadway and Yew. Now walk down (towards the mountains) to Yew and 6th. Ave. and here we are. On Sunday you can buy a 75¢ bus pass and ride all day. Otherwise, the fare is 35¢ from 10-3 during the day and 40¢ during rush hours.

MPA NEWS UPDATE

BREAD & BUTTER NEWS...

by Gordon Hardy

Unlike the fall when MPA seemed to wrestle with its soul around problems of identity, crucial services and behaviour of individual members, MPA in the winter months has been preoccupied with its physical well-being. Most of the decisions made by the organization have centred on the use of space, insulation, insuring property and transportation.

Back to Basics

The down-to-business tone was set at the General Meeting of December 31 when Arthur introduced a discussion of the use of drop-in facilities and space on the basis of Norm's plan.

A series of motions was passed which calls for widespread structural changes around the drop-in: the workshop area will be expanded to include the arts and crafts area; the arts and crafts area will be shifted to the kitchen area which, in turn, will be outfitted in such a way as to continue tea and coffee service; more plumbing will be installed in the bathrooms as ordered by the City Health Department, and a new washroom will be constructed thus freeing the darkroom from the inconvenience of doubling as a toilet.

An additional decision to use the Canada Works office as a quiet space and library was pushed aside by a later decision at the February 1 General Meeting to convert the Canada Works office into a suite suitable for a handicapped person. The first tenant of this suite will be Geoffrey, a long-time MPA member who was crippled in a swimming accident last summer.

Gretchen was concerned that the suite might not be big enough for a person confined to a wheelchair but Arthur assured her that a representative of the Handicapped Resources Office had examined the space and found it sufficient.

Nevertheless, as Louise said at the earlier meeting, there remains a need for some private spaces around MPA where people in crisis can talk quietly.

No Noodles, Please

The issue that seemed to concern members the most was coming to grips with the City Health Department's

shutdown of the kitchen facilities. (The person who reported MPA to the health department before bringing his grievances to MPA has not yet appealed his ban).

Arthur said "I think we should come to terms with the fact that we will never be able to operate a full kitchen the way the health department wants us to. The old days of easy accessibility to the kitchen when people brought and prepared their own food are gone forever."

Arthur went on to explain that there were two choices for MPA: easy access to a limited kitchen where people could prepare simple things like Chicken-in-a-mug and coffee or a costly, professional kitchen complete with dish-washers and garbage disposals, as required by the health department, which would be locked most of the time anyway.

As mentioned, the meeting chose to simply upgrade the kitchen in order to provide the tea and coffee service. (See letters

column for one reader's opinion.)

Bus Blow-up

By far the most contentious issue that faced MPA this season was Ted's proposal that MPA lease-to-purchase a larger vehicle.

Ted, the transportation coordinator, strenuously argued in favour of a 28 seater Thomas bus over MPA's present 15 seater van at several meetings throughout January and February. He said MPA needed a larger, heavier vehicle with better maintenance.

His detailed proposal was passed with little opposition at the February 1 general meeting. However, when he sought ratification of the decision at a general meeting on February 22, opposition to the bus had grown. Several members challenged the accuracy of Ted's figures. The motion was passed in an atmosphere of rancour and mistrust that left a large minority dissatisfied.

Opponents of the bus were not to abandon the fight. The next day a petition was circulated calling for a special general meeting

to discuss the issue since the membership, it said, had been "possibly misinformed about the actual costs of the bus. The same day a special meeting attended by about thirty members called for the rescinding of all motions regarding the bus. Ivan, Margaret and others stated that they did not think MPA needed a 28 seater bus.

The special general meeting, held March 2, suspended all motions regarding the bus as its first business. After re-examining whether MPA needed a bus or not, the meeting overwhelmingly decided not to go ahead with the purchase. Instead it directed a committee to study alternatives, including those currently used by Coast Foundation and other social service organizations.

In a climate that was at times heated but always orderly, the meeting then discussed the issue of Ted's "culpability". He was accused of misinforming the members, either deliberately or accidentally, and high-handed tactics that Dennis Mc. said reminded him of Watergate.

Ted, while sticking to his original position that the bus was a good deal,

Continued on page 8.



Not a new punk band but the hard-working members of the new maintenance project in an unusual moment of rest. From left to right, Stuart, Sean, (since resigned) Dennis and

Pharmacare and the drug companies

BUYING A PILL IN A POKE

by Denis Blue

Are you suffering "inappropriate anxiety resulting from a stress situation"? Inappropriate anxiety due to loss of job, family disintegration, financial difficulties, impending surgery or forced retirement?

Well, don't suffer any longer, get to your nearest doctor, lay the whole kit and kaboodle on him, then rush over to your local pharmacy and then, start popping!

While you're waiting in the doctor's office you might glance at the colour glossy medical journal to see what a wonderful selection of products are available with your pharmacare card. Why, you'll find cures for problems you never imagined had a chemical cure; you'll find cures for problems you never imagined were problems.

What products do these purchasing agents have to choose from, and what criteria are the purchases/prescriptions based upon?

Using figures from an excellent report by the Social Planning and Review Council of B.C. (SPARC), called *Use and Misuse of Drugs by the Elderly Consumer*, we learn that of 200,000 drugs available on the market, approximately 200 active ingredients are, in fact, involved, which alleviate about 30 symptoms. What differentiates these 200,000 products?

In its first ten years of use, the world's most popular mood-altering prescription, Valium, was the subject of a 200 million dollar promotional campaign by Hoffman-LaRoche.

In Canada, the Consumers Association estimates that more than 50 million dollars a year is spent by drug com-

of the goods being ordered and are relying on information supplied by the suppliers of the goods, often without any substantiating documentation.

As Dr. David Penman, chairman of Saskatchewan's medical insurance commission, points out, drug companies "assiduously train doctors through heavy advertising" to prescribe drugs by brand name rather than by chemical formula.

Because the physician can order no substitution on prescriptions, the wide variation among drugs which are essentially the same thing is costing the Saskatchewan health plan thousands of dollars a year.

Penman adds that many large corporations have a vested interest in promoting a life style that causes illness among North Americans.

Because drugs interact with other drugs in multifold and unexpected ways, often increasing each drug's effects and side effects many times over, the overprescription of drugs is a very serious hazard to health.

Although the elderly comprise 10 percent of the population, they consume 23 percent of prescription drugs and are hospitalized due to adverse drug reactions at a proportionately higher rate. Mightn't this also be true of psychiatric patients?

And as the SPARC report suggests, the number of elderly people suffering from

adverse drug reactions may be underestimated because symptoms such as forgetfulness, confusion, tremors and anxiety are often passed off as senility or aging.

In B.C. each person over 65 uses an average of 14.5 prescriptions a year according to the 1976 pharmacare statistics.

A review of current medical journals reveals a proliferation of ads which tend to depict old people as forgetful, ill, sexually uninterested, unproductive, depressed, confused, helpless, cranky, demanding and, most unforgivably, old.

With advance billing like that, how will an elderly person be perceived when approaching a doctor for help?

An analysis of most of the promotional ads submitted to the doctors reveals similar negative stereotyping, exaggeration and oversimplification. The message is clear - the cure is chemical. Proper diet, counselling, social change are ignored.

Dr. Samuel Epstein, professor of environmental studies and occupational health, states "The public is being kept ignorant of the dangers of chemicals in food, air and medicine because of a conflict of interests with testing scientists - most of the scientists who test the substances also work for the chemical and drug industries. As

Continued on page 8

"drug companies are spending 4000 dollars per Canadian doctor a year"

If your kid is restless, asking a lot of questions, expressing anger, not paying attention to the McDonalds advertisements, then she is probably "hyperactive" and is undoubtedly in need of "suspension".

Don't worry, though - your kid is actually normal; after all, one in every four school children in the United States is being similarly "maintained".

The pharmaceutical companies can help out in so many other ways, too. For instance, "management" of those troublesome geriatric patients. They can be a nuisance, can't they?

But here in the medical journal a lavish advertisement promises an all purpose tranquillizer than will "calm the agitated geriatric patient" and will make "Marie and Bernard easier to care for".

Reassuring, isn't it. Reassuring but not cheap. The pharmaceutical industry is a multi-billion dollar industry. Here in B.C. our provincial government covers most of the tab, 80 percent of the cost for prescription drugs after the 100 dollars deductible. Senior citizens and the handicapped receive a 100 percent subsidy.

Because only doctors can write prescriptions, they are in effect the purchasing agents for the provincial medical plan.

panies promoting their products.

Physician Jerry Green estimates drug companies are spending 4,000 dollars per Canadian doctor a year promoting prescription drugs, with about one "detailman" or drug salesman per 12 doctors.

Extravagant medical journals, detailmen with gifts and free samples, sponsorships of medical conferences and volunteer organizations - these are a few of the methods the drug industry uses to persuade doctors. But how useful and reliable are their products?

For information on the many drugs available, most Canadian doctors rely on a book called the *Compendium of Pharmaceuticals and Specialties*. Widespread distribution, free to doctors, is made possible by the "participating companies."

Dr. Murray Katz expresses concern in a Montreal Star article that the drug industry remains the primary source of information on drugs available. He reviews the shortcomings of the *Compendium*, such as its failure to mention drug prices and, most importantly, its lack of critical analysis or objective analysis of the drugs being described.

So the purchasing agents are often unaware of the cost

Sparine* to manage the unmanageable



ACUTE AGITATION¹ • ALCOHOLISM² • DRUG WITHDRAWAL³ • NAUSEA AND VOMITING⁴ • SEVERE PAIN, AS AN ADJUNCT TO ANALGESIA⁵

AN AD FROM MD, A PROMINENT MEDICAL JOURNAL

DRUGS YOUR DOCTOR GIVES YOU

The author of this article, a former mental patient, has done extensive post-graduate work in biochemistry. Although in agreement with the substance of the article, the Nutshell committee advises readers to use caution when going off medication.

The Major Tranquilizers:

chlorpromazine (Largactil), trifluoperazine (Stelazine), fluphenazine (Moditen), perphenazine (Trilafon), thioridazine (Mellaril), promazine (Sparine), prochlorperazine (Stemetil), mesoridazine (Serenal), methotrimeprazine (Nozinan), haloperidol (Haldol).

Almost everyone who goes to a psychiatrist is prescribed some kind of medication. Unfortunately, patients generally receive very little information about what the drug is supposed to do, what its side effects are, or what to do about them.

The major tranquilizers are recommended for the treatment of anxiety and agitation or withdrawal associated with schizophrenia. However, they are frequently given for any kind of anxiety reaction even though they have not been proven effective.

The side-effects of the major tranquilizers are many and varied. Their frequency of occurrence and severity varies from person to person. One problem with these drugs is that they often cause conditions similar to those the patient is presumably being treated for and so the patient may be misled into thinking he is getting worse instead of better.

For example, a common side effect is drowsiness which is often accompanied by feelings of lethargy, apathy, lack of motivation, inability to concentrate and decreased attention span. On the other hand, symptoms similar to those of Parkinson's disease often occur particularly with drugs such as fluphenazine and Stelazine. These include tremors (especially of the neck and back), uncoordinated movements, and uncontrol-

lable restlessness.

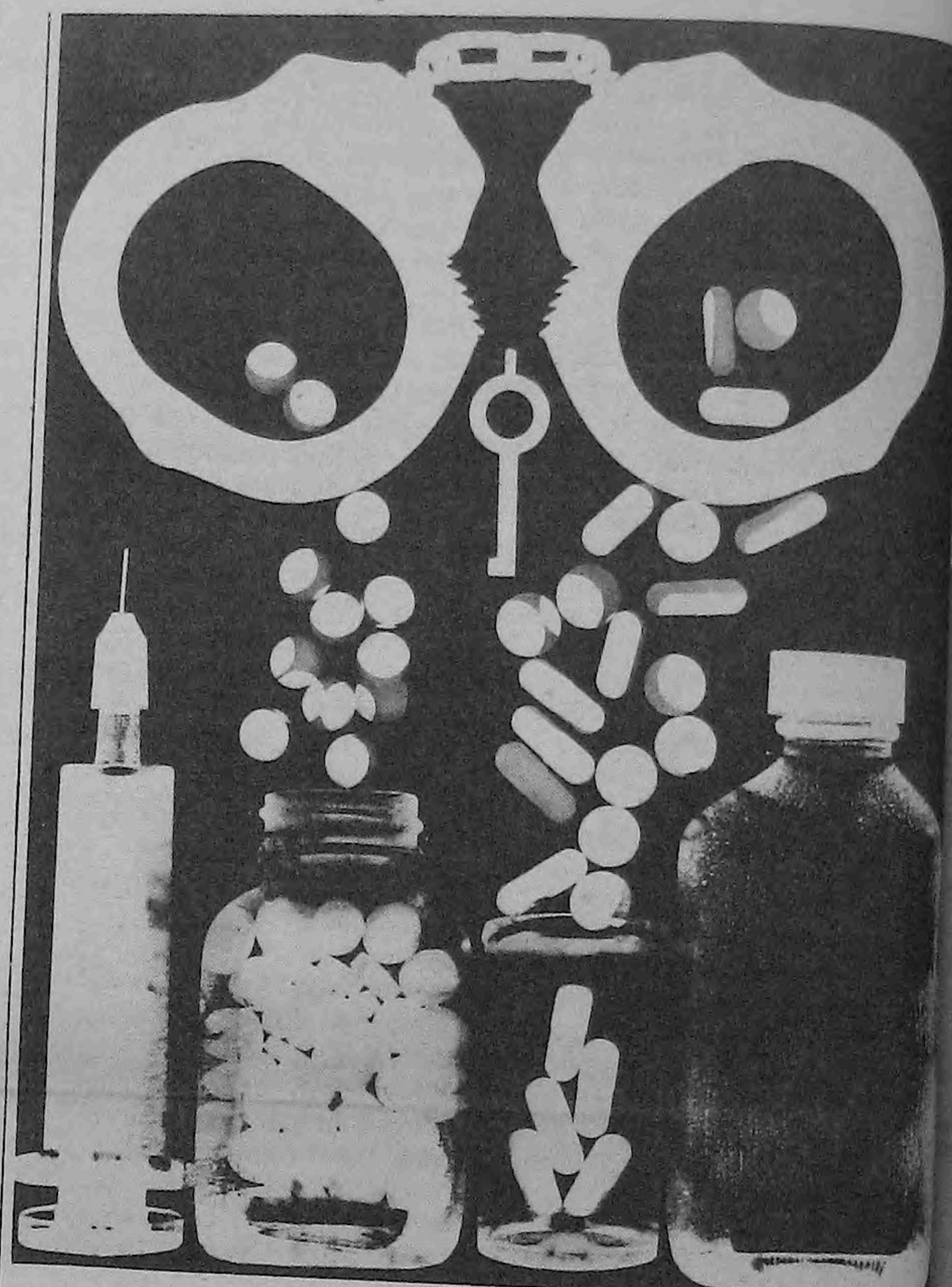
These side effects can be very disconcerting to the patient. They are controlled by decreasing or discontinuing the drug or by giving an anti-Parkinson drug such as Cogentin. It should be pointed out that Cogentin can cause visual hallucinations and other psychotic-like symptoms after one or two weeks. This effect is often mistaken for a deterioration of the patient's condition and treated by increasing the dose of tranquilizer. Another common side effect of these drugs is lowered blood pressure which may cause dizziness or fainting.

Also encountered with the

Chemotherapy, the treatment of mental conditions with drugs, has been hailed as a revolutionary advance for mental health. This is the first part of a series on these drugs, their use and abuse.

use of major tranquilizers are such effects as dry mouth, blurred vision, nasal congestion, urinary retention, hypersensitivity to the sun, rashes, blue-grey discoloration of the skin, blood disorders, breast enlargement, lactation, menstrual irregularities, inhibition of ejaculation and impotence. In a small percentage of people there is one irreversible side effect which is a hyperkinetic disorder occurring after long term use or in the elderly. All other side effects are reversible once the drug has been stopped although they may persist for some time. Your doctor should be told of any adverse effects so that the drug can be stopped or the dosage lowered.

The major tranquilizers can interact adversely with some other drugs you may be taking. With barbituates, librium or valium, some antihistamines and alcohol there can be increased drowsiness. With drugs used for high blood pressure or diuretics, the blood pressure lowering effect is enhanced and doses of one or the other drug may need to be



altered. In some cases an anti-epileptic drug may be less effective when taken with a major tranquilizer and so its dose may have to be increased.

The length of treatment is usually long, from months to years. During this time the patient may find difficulty in concentrating and co-ordinating his own thoughts. He may be either agitated or apathetic or suffer from other drug-induced effects which will probably make him lose confidence in his own mental abilities and think that he really is mentally ill.

If you feel that you would like to get off the drug treadmill and quit taking your medications there are a few important things you should be aware of. First, you should not stop abruptly but should decrease the dose gradually over a period of three to four weeks. Second, you must realize that these are very potent chemicals which have been interfering with your body chemistry so there are bound to be some adverse reactions when they are stopped. For instance,

there may be nausea and sometimes vomiting or increased nervousness and restlessness. It has been found in many cases that about four to six weeks after stopping a psychiatric medication the person will go through a period of acute depression. Sometimes this may make the person think he is suffering a relapse and start taking the drug again. But, if it can be kept in mind that this is really a temporary reaction induced by drug withdrawal, then you should be able to get through this difficult period without reverting to drug therapy. Finally, there is the fact that most of these drugs remain in the body for many months even after they are stopped. This means that adverse effects can occur intermittently for quite a long time. Although psychiatrists would probably disagree, every patient should have the right to stop taking his drugs when he feels ready to start thinking his own thoughts, feeling his own feelings and acting his own actions.

Continued on next page

again. It can't be denied that drugs may be required for short periods to help people through critical times. But to have to continue taking medication for years on end is in most cases totally unnecessary and does more harm than good to the individual's mental condition.

Lithium Carbide

Lithium has been used for about twenty years for the treatment of the manic phase of manic-depressive illness. It has now also been found useful as long term therapy in the prevention of both the manic and depressive phases. The most common side effects include a fine hand tremor, thirst and frequent urination. These effects occur early in therapy but rarely require reduction in dosage unless they recur later on. Nausea, vomiting, diarrhea and muscular weakness are signs of more severe toxicity and necessitate lowering of dosage or temporary discontinuation of the medication. Slurred speech, blurred vision, confusion and convulsions are cause for completely stopping the drug. The therapeutic and toxic blood levels of lithium are very close and consequently patients on the drug should have their blood levels frequently checked. Depletion of sodium from the body increases lithium toxicity. This can happen when there is decreased sodium intake, as in patients on a salt-free diet or increased sodium loss as in excessive sweating or taking diuretic drugs. Lithium should not be taken by pregnant women nor by mothers who are breast feeding their babies since it is excreted into the milk. Prolonged therapy with lithium does not lead to addiction but has caused kidney damage in some patients. Lithium is a useful drug but like all other psychotropic drugs it should be used cautiously with an awareness of its potential adverse effects.

The Anti-depressants:

amitriptyline (Elavil), doxepin (Sinequan), imipramine (Tofranil), desipramine (Pertofrane), trimipramine (Surmontil), protriptyline (Triptil)

ramine (Pertofrane), trimipramine (Surmontil), protriptyline (Triptil)

In 1974 about 9% of all the prescriptions in the United States were for antidepressant drugs. The percentage is probably the same or even higher today. This means that a large number of people are being exposed to the possibility of experiencing a wide variety of adverse effects. Sometimes these effects may be worse than the condition the drug was meant to treat. Everyone gets depressed but usually they will recover on their own. Occasionally depression is so severe that drug therapy is necessary. The antidepressants presumably take from two to four weeks to have an effect but it is hard to tell whether improvement is due to the drug or just a natural occurrence. Abrupt withdrawal of these drugs can cause a return of depression and so they should be discontinued gradually.

The side effects of these drugs are similar to those of the major tranquilizers. Most commonly they cause dry mouth, blurred vision, urinary hesitancy and constipation. Early in the course of treatment they can also cause lowered blood pressure resulting in dizziness or fainting. They have a tendency to increase heart rate and therefore should be used cautiously in anyone with heart trouble. Some of them (Sinequan, Elavil) have a sedating effect and can consequently cause feelings of drowsiness, lethargy, weakness and fatigue. Others have a more stimulating effect and may need to have a tranquilizer prescribed along with them. Another common side effect is tremor (particularly in the arms) and uncontrollable restlessness which should be treated with an antiparkinson drug such as Cogentin. Less frequent adverse effects include blood disorders, epileptic seizures, and swelling of the limbs, mouth and eyes. So far none of these effects have been found to be irreversible so they will gradually disappear when the drug is stopped or the dosage lowered.

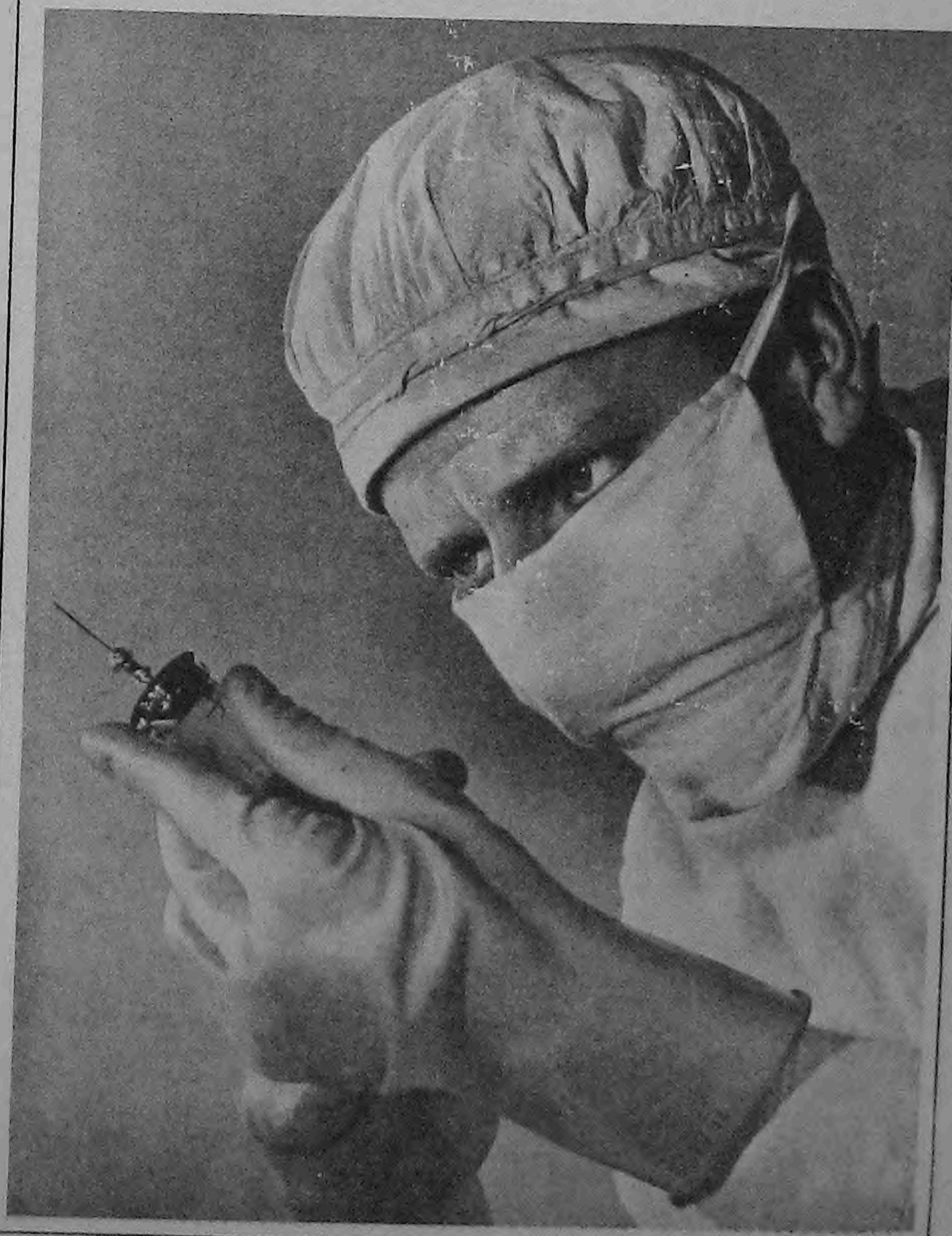
The Minor Tranquilizers:

diazepam (Valium), chlor-diazepoxide (Librium), oxazepam (Serax), meprobamate (Equanil), hydroxyzine (Atarax)

These drugs are recommended for anxiety and tension which is severe enough to interfere with normal living. They are highly overused. In fact, Valium is the most frequently prescribed drug in North America. Everyone feels anxious in various situations. It is a completely normal reaction and does not necessarily call for the use of drugs. But because of the over-prescribing of such drugs many people tend to become psychologically dependent upon them. They can't get through any stressful situation without them. With continued use tolerance will eventually develop to the action of the minor tranquilizers. This means that a person will have to take a larger dose to have the same effect. In some people anxiety will return and may perhaps be worse a couple of hours after taking the drug. As a result another dose may be taken without realizing that the reaction was actually drug induced. Even anxiety severe enough to require a tranquilizing drug is not continuous and lasting. Therefore it would be best to

use the drug intermittently, following the nature of the condition rather than taking it day after day without stopping.

The minor tranquilizers have fewer adverse effects than the major tranquilizers like chlorpromazine and Stelazine. They can cause drowsiness, lethargy, confusion and lack of co-ordination. Consequently they may impair a person's ability to concentrate, drive or perform other intellectual and manual tasks. Other less common side effects include lowered blood pressure, appetite stimulation, and a paradoxical state of excitement. If taken in large doses for long periods these drugs can cause physical dependence. This can result in a 'rebound' anxiety effect when the drug is stopped and create a false sense of need to start taking the drug again. Anyone taking a minor tranquilizer should be aware that the sedative effects will be enhanced if they are taken along with alcohol, certain antihistamines (eg. Benadryl), or barbiturates (as found in sleeping pills and some asthma medications like Amesec or Tedral). Some doctors feel that a drink of alcohol is just as effective as a tranquilizer so long as there is no history of alcoholism. Physical exercise is also a good way of relieving anxiety and tension.



"Sometimes these effects may be worse than the condition the drug was meant to treat."

Bread & Butter, Cont.

Continued from page 4.

said he may have erred in his zealousness in presenting his case. This, he said was due to the frustration he felt because of lack of support for himself and the transportation committee.

One sticky leftover from this month long brouhaha was the contract for the bus that was signed. The matter is now with the MPA lawyer and may result in litigation. Estimates of the cost of getting out of the contract range from an optimistic 200 dollars to 4000 dollars.

At the following business meeting on March 7, Ted resigned. An election to replace him has been scheduled for April 5.

Skate-board Mishap

A skate-boarding accident in December cost newly-elected George his job as manager of the maintenance project. Project member Stuart was elected to replace George at the December 27 business meeting.

George may get a job on the project when his broken hip mends but, in the meantime Bud has joined the project which has been active around MPA property, especially in the conversion of the Canada Works office to a suite, and gyrolocking of Charlie's suite.

Proxies Dumped

In preparation for the January general elections, the December general meeting also rescinded a part of the MPA constitution which allows proxy votes in elections. The decision, passed by the two-thirds majority required by the constitution, stipulates that only signed absentee ballots left with the scrutineer or secretary will be allowed for those members who cannot attend in person.

Gossip Charged

Criticism and comment of the last issue of the Nutshell was requested by Nutshell co-ordinator Gordon at the December 27 business meeting. He said he had informally heard from some members who were displeased with this column, the Bread & Butter News.

Dennis Mc. said that he feared some of the items in the last news roundup might be "injurious" to the members mentioned in it, particularly in cases of resignations and bannings. He added that the news roundup "seemed just like a gossip column".

But Gretchen defended the column, saying it was

the first time MPA's real workings had been described in the Nutshell.

Gordon replied that he selected items for the column on the basis of how they illustrated MPA concerns and procedures. "If you consider them gossip" he said "then we're gossiping right now because every item in the last Bread & Butter column was discussed and voted on at either a business meeting or general meeting."

Gordon added that MPA and its organ, the Nutshell, is a model organization to which many people look for guidance and has a duty to reveal how it deals with problems like abusive behaviour or incompetence.

Guys' Group

"A lot of the men who hang around the drop in centre seem to be hostile to women and gay men" said Eileen at a business meeting on January 10. She then proposed the formation of a mens' group to discuss the problems heterosexual men have with women and the hostility she has seen them display towards gay members.

Although several members seemed eager to participate the group has yet to be organized.

to the meeting: "I know the rules of MPA and to prove to this group I do know the rules I am going to repeat them: No alcohol, no non-prescription drugs, no violence, no disturbing the peace and quietness of others."

"I have been banned for disturbing the peace and quietness of others. If my behaviour continues and I am reminded of the fact I will immediately remove myself."

Dennis Mc. spoke in favour of Dean, saying "He's made a commitment and that's all we normally ask people." Eileen suggested that his admission to the drop-in centre be coupled with a strong invitation to join the men's discussion group.

Dean's ban was lifted for a 45 day trial period on condition that he only visit the drop-in between 8:00 a.m. and 7:00 p.m.

Heat Bills Down, Rents Up

Passersby on Yew Street were intrigued by the sight of workmen drilling dozens of small holes in MPA's two apartment blocks and then pumping white foam into the walls. The sidewalks were strewn with the stuff and neighbourhood kids loved it.

Aside from its entertainment value, the white stuff, fire-resistant insulating foam ordered by MPA on January 11 at a cost of \$7,300, will reduce hefty heating bills and chances of fire.

Part of the costs of insulating were passed on to MPA's half-dozen apartment tenants (some of them members and others not) in the form of modest rent increases of about 5%. Arthur pointed out that the rent increase would be balanced by savings in heating bills.

A few of the non-member tenants objected to the effective date for the rent increase, set for April 1, because it did not give them three months notice, as required by the Residential Tenancies Act. However, members explained to them that the act did not apply in this case since MPA was a non-profit organization.

One tenant, Judy, even said that she didn't want improvements in the buildings since that meant rent increases. Fran responded that MPA has a good name with the Central Mortgage

Pill in a Poke, Cont.

Continued from page 5

a result, "testing defects range from extensive incompetence to manipulation and distortion of tests."

Epstein suggests that a group composed of representatives of the public, business and government be established to stand between the researchers and the chemical industry and set standards.

Recently, in response to many inquiries from the public, the provincial government initiated a "full, scientific" study of megavitamin therapy.

Human Resources minister Bill Van der Zalm explained that "the government could not endorse a programme as controversial as this without knowing all the facts". Exactly. Likewise, the pharmacare underwriting of the drug industry should remain suspect.

For the first time, mandatory competency exams are being given to the

province's 1,837 pharmacists. Aren't the products they distribute in need of even greater testing safeguards?

In 1975 the Consumers Association of Canada passed a resolution requesting the department of health and welfare to abolish all drug promotion directed to doctors and pharmacists and instead promote objective, scientific information.

Perhaps the 50 million dollars that drug companies spend yearly in promoting their products in Canada could be directed into a publicly monitored research and testing body, information from which would supply doctors, pharmacists and the public with the reliable knowledge so necessary for good health care.

And hopefully, the quick and convenient chemical cure-all that drug companies have promoted into acceptance by doctors and the public will be replaced by healthy life styles and, where necessary, social change.

Piece of the Rock

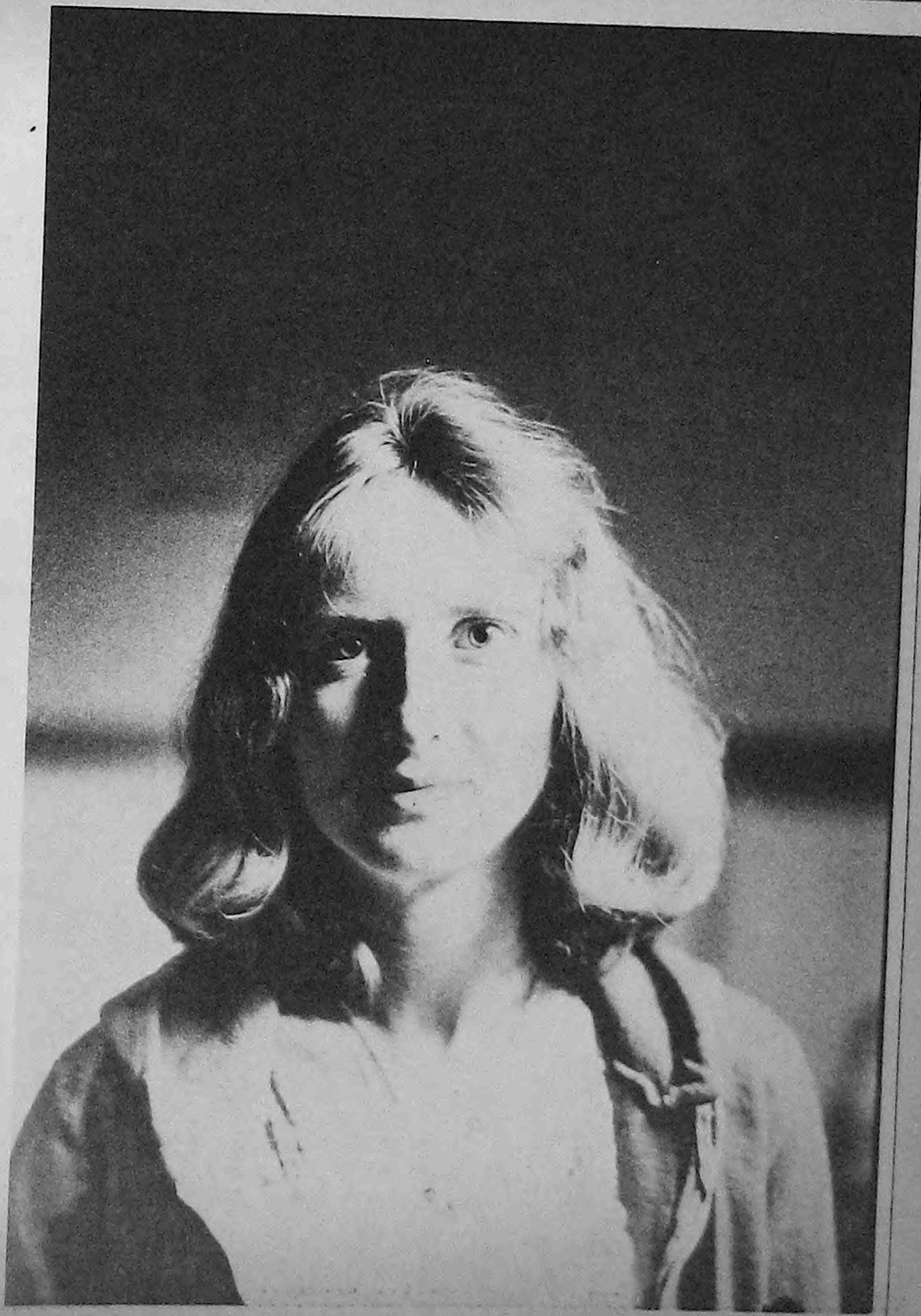
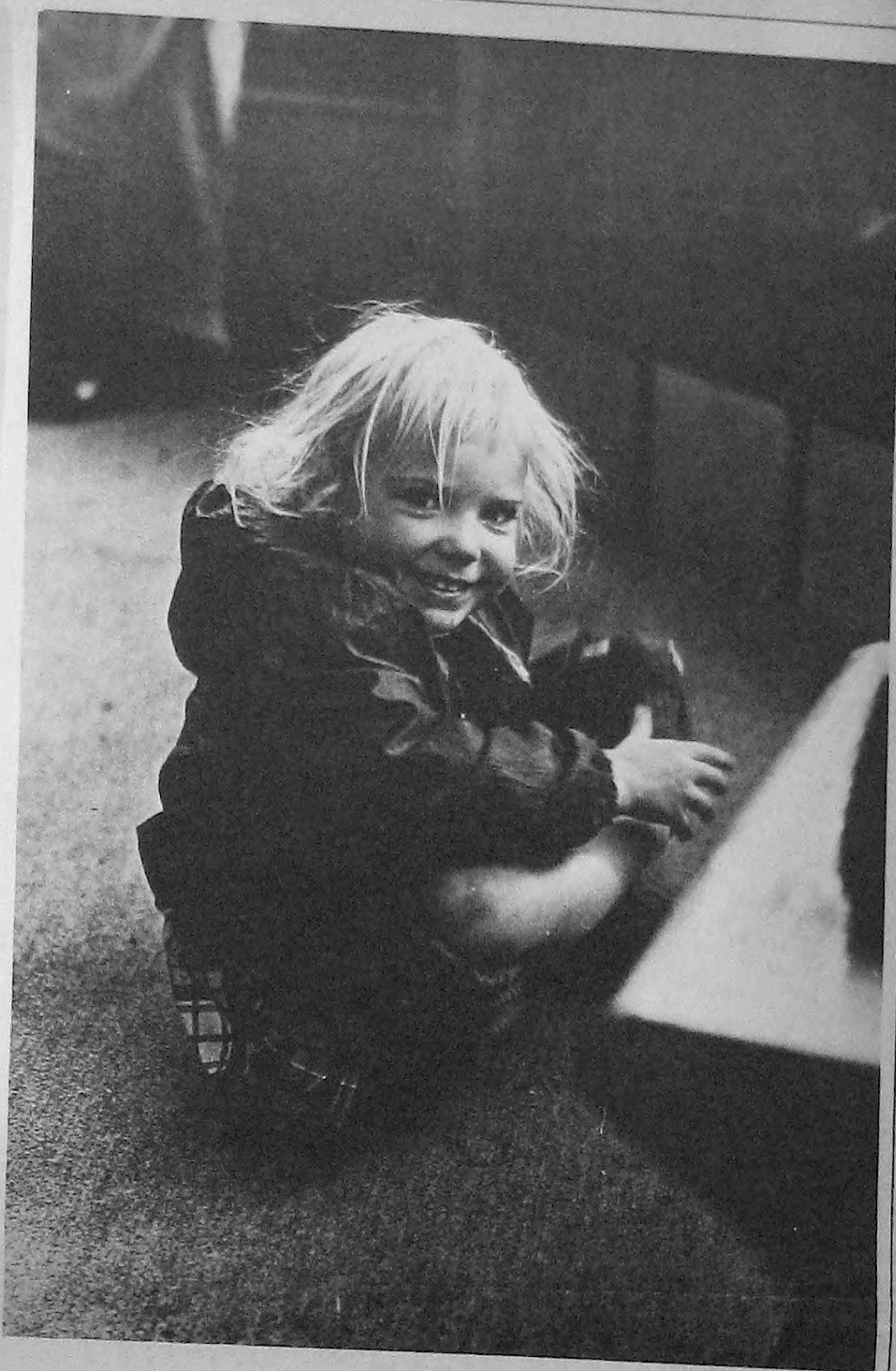
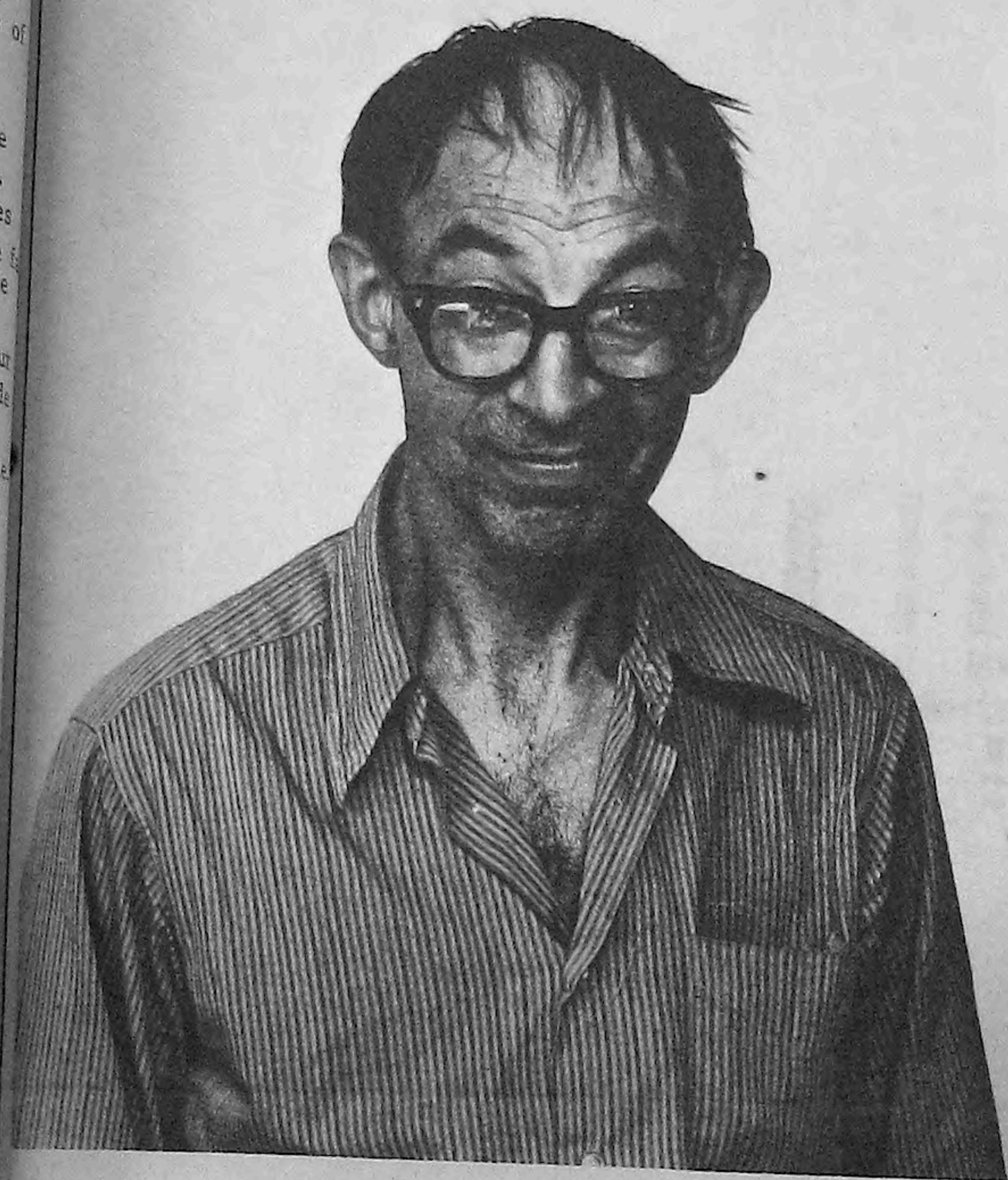
Sun Life, the giant insurance company, will again be doing business with MPA. Members at the January 11 general meeting, decided to increase its property insurance covering its five houses and two apartment blocks to \$382,500 which will cost it \$3,041 in premiums for this year.

But on Arthur's prompting, MPA also informed Sun Life of its disapproval of the insurance giant's announced plan to move its head office out of Montreal. This said Arthur would undermine national unity. Ted called MPA's letter "arcanelly humorous."

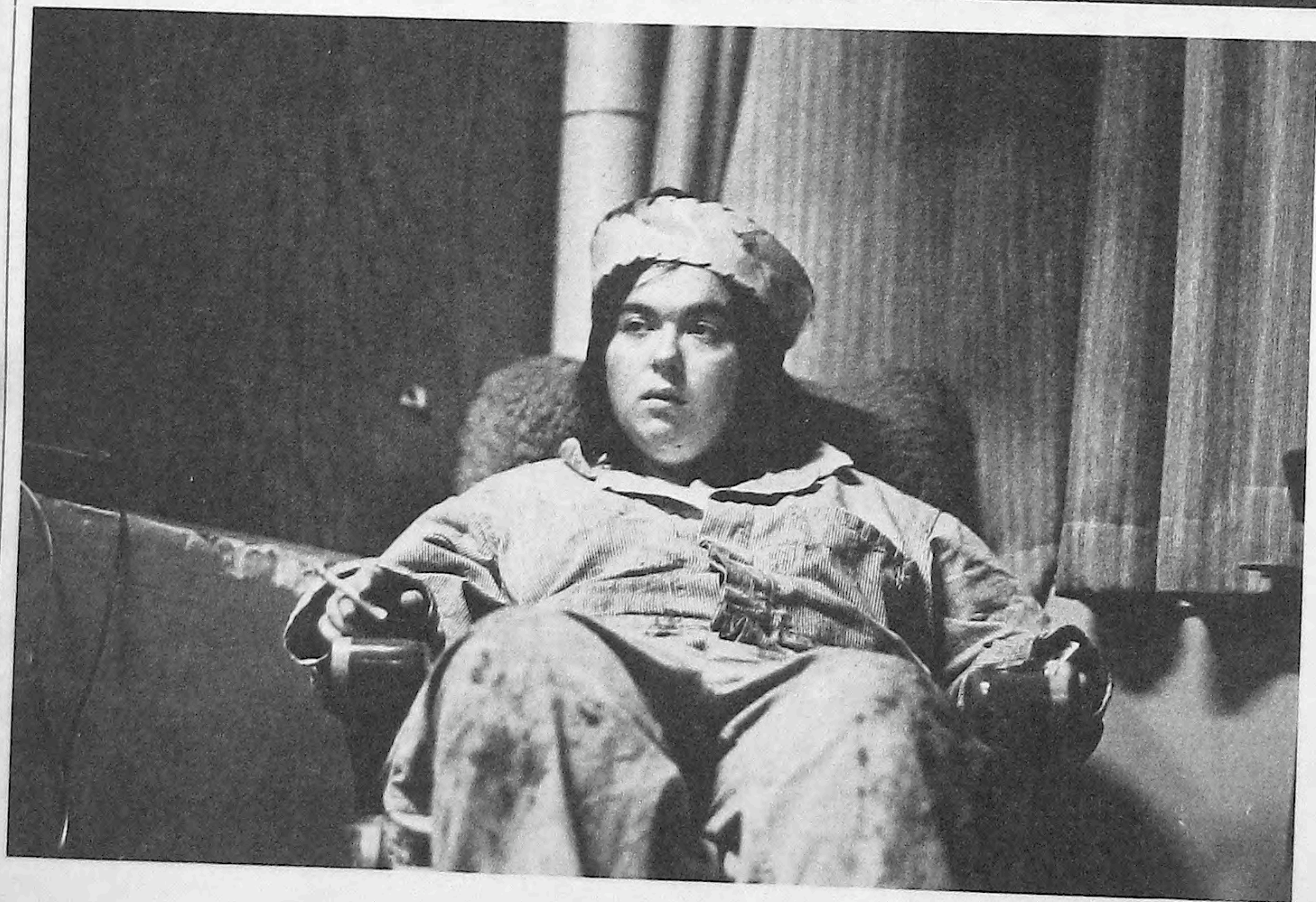
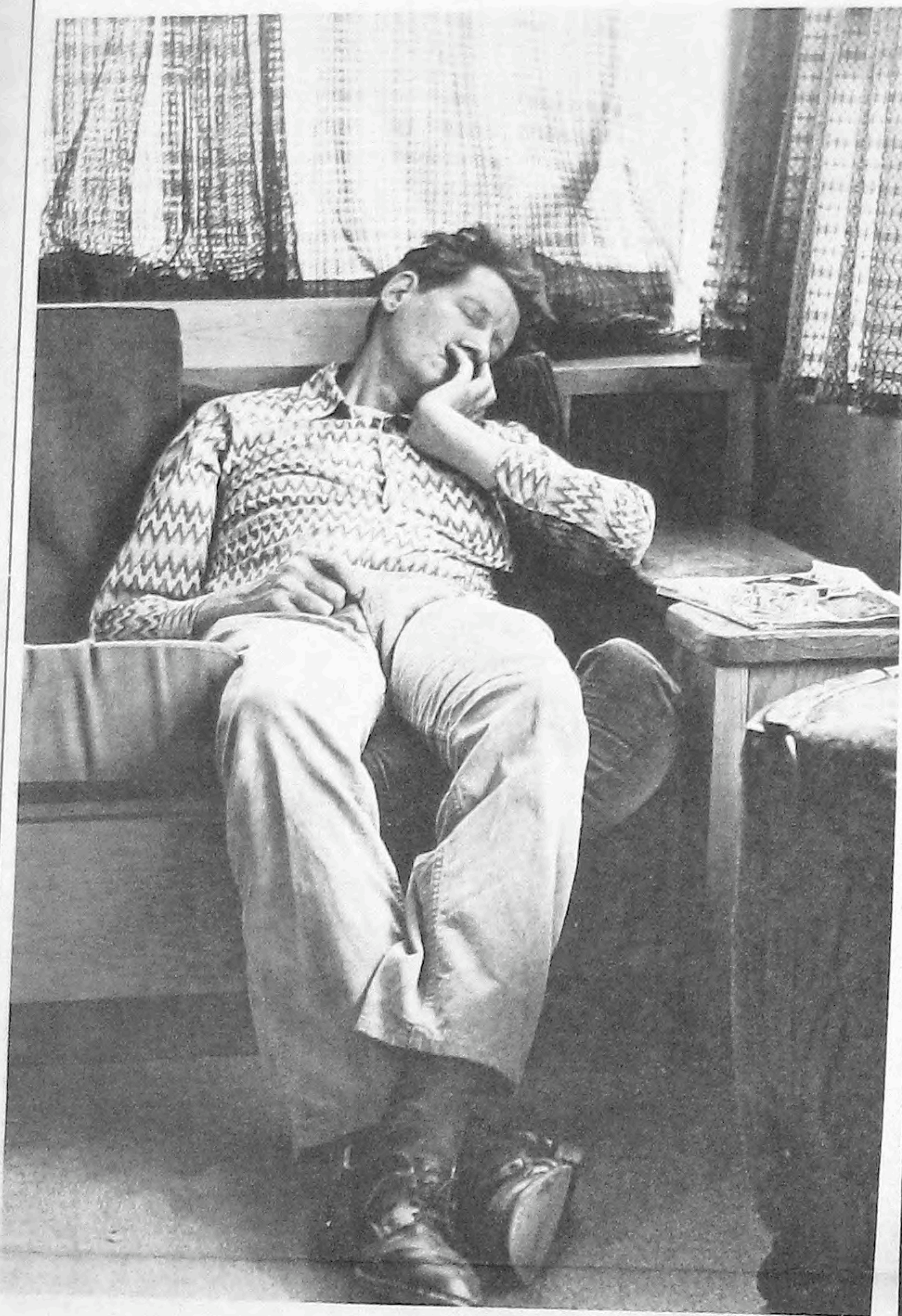
Rules Repeated

Called on the carpet at the January 11 general meeting for behaviour around the drop in centre that was rude and abusive to several female members, Dean S. read the following statement

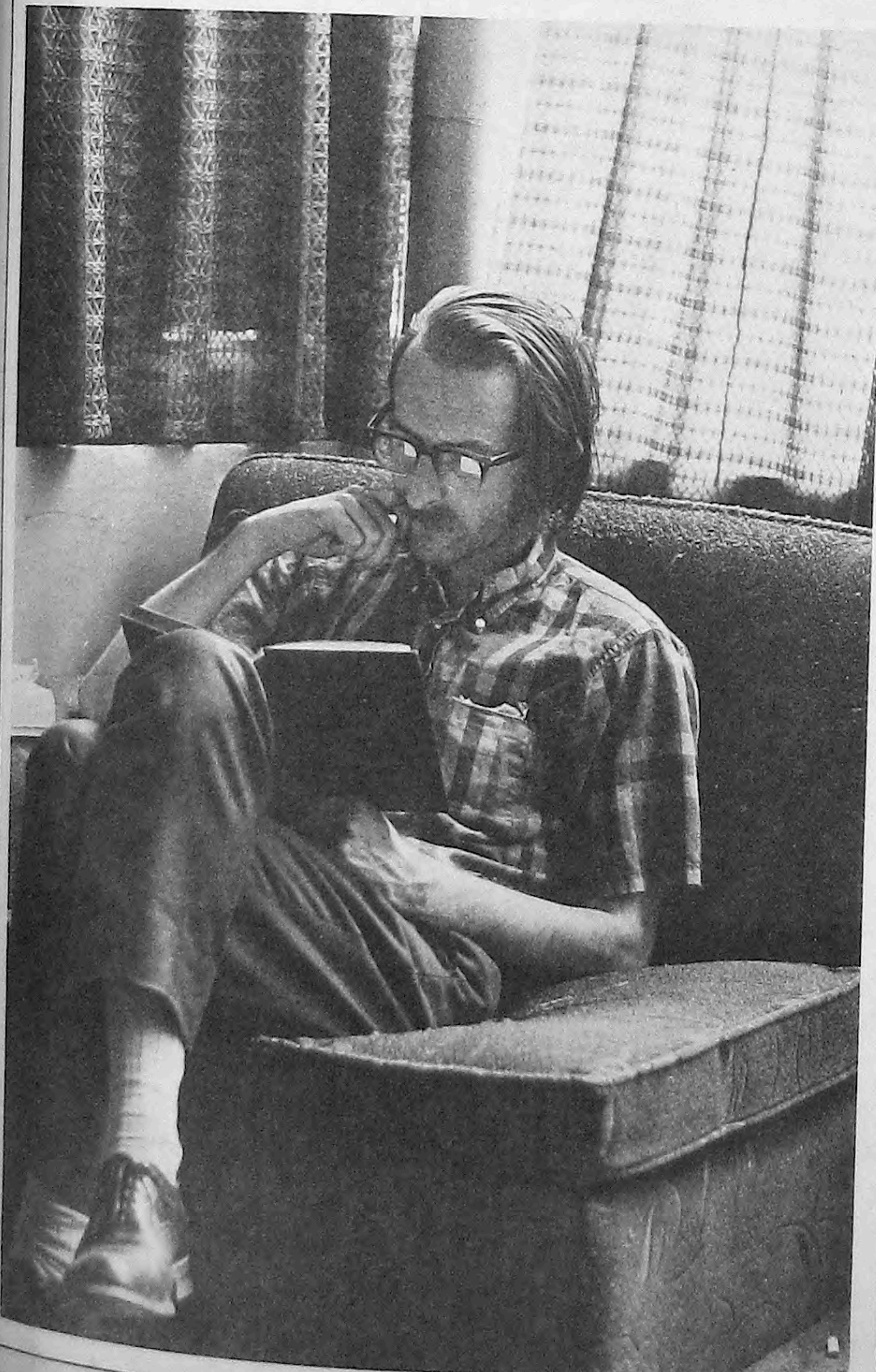
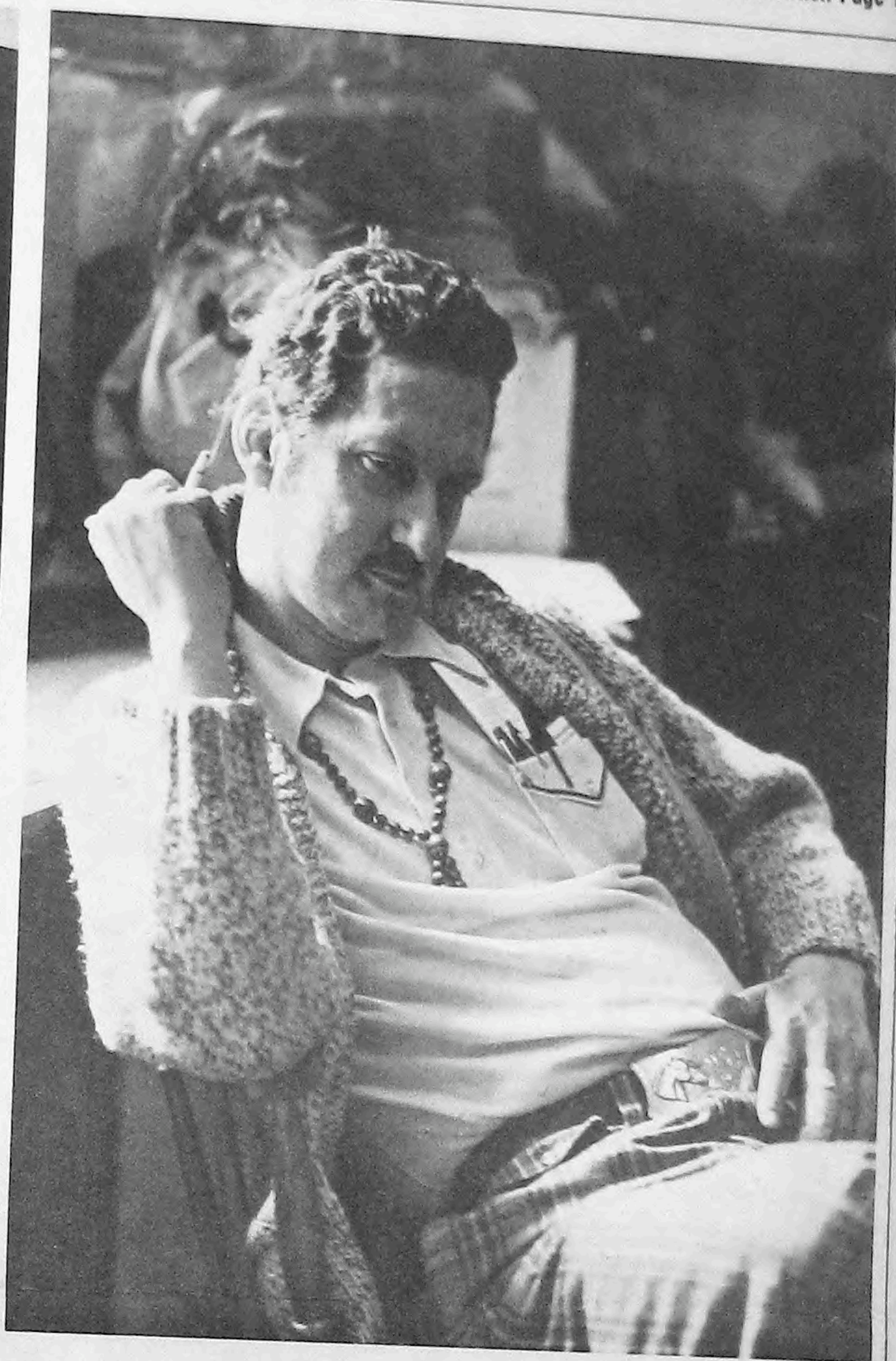
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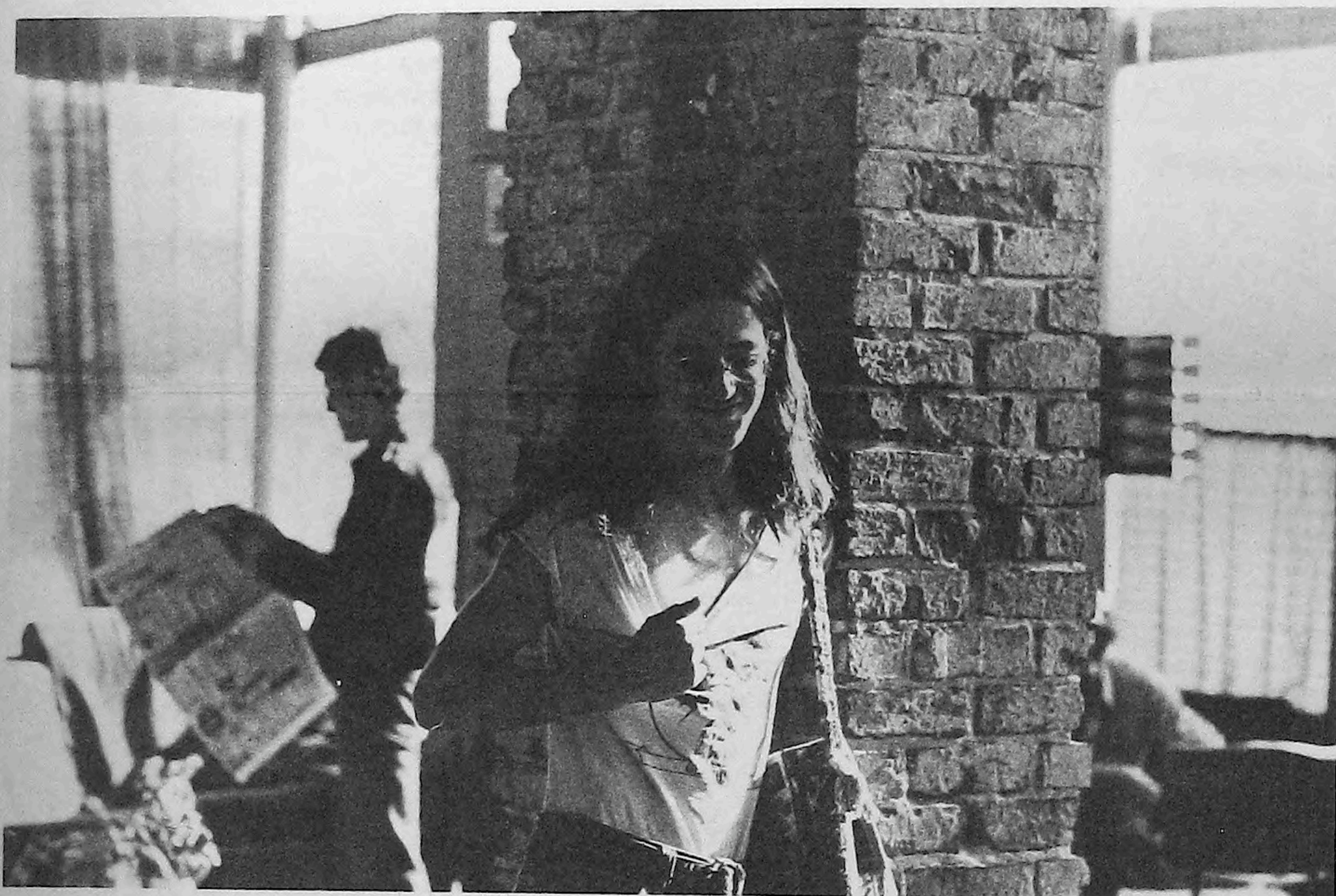
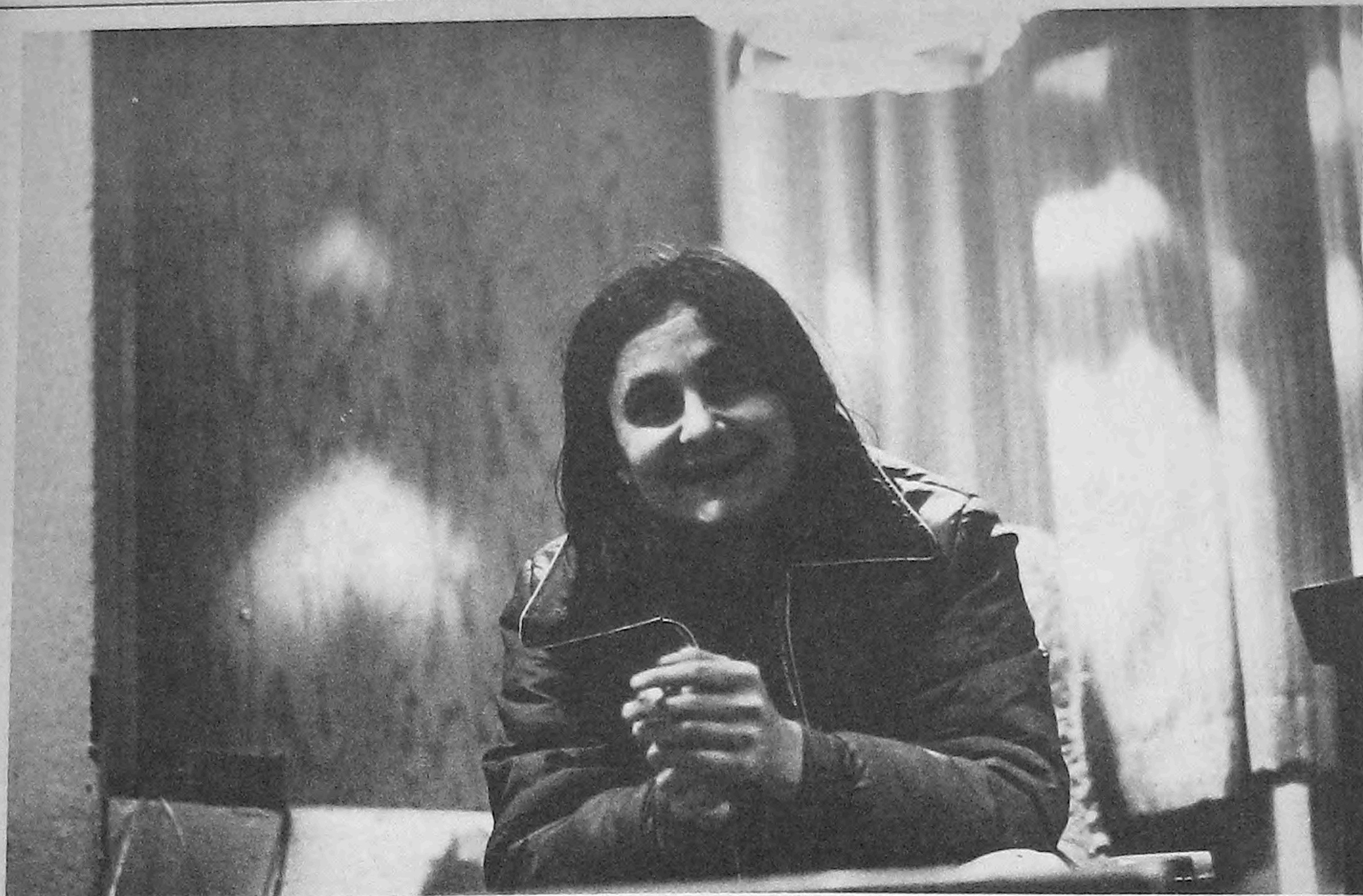


photos by
Gordie McCann
Our Gang



Our Gang





Our
Gang

Riverview Report

"TWO LOAVES, FIVE FISHES"

"They're going to move the ocean with a Vancouver barge, a junior high school and a penpal" she says in a hoarse whisper, smiling like an angel.

Howard, breaking in, says "I see the Indians are asking for 25 billion over in Maine".

And Linda Ronstadt is singing about sweet, sweet love. Someone passes me a fat, wet stogey.

Madding Crowd Too Much

by Rhona Bezonsky

I hadn't seen S. since her admission to Riverview two weeks before. Now I was visiting her on the ward. We had important issues to discuss, like her plans for release and the possibility of her trying again at an MPA house.

I had heard about the lack of privacy on hospital wards but I thought that "visiting hours" implied a place or at least some space where people could speak.

A nurse directed me to the Day Room and sent S. there. We tried to talk. At one end of the room a T.V. blared and, at the other, a radio. About 35 people milled around. The room resembled Grand Central Station on a long week-end except for the number of people in pyjamas.

S. and I adjusted our seats, moved across the room, sat close and whispered, sat closer and shouted. Nothing we tried made for any privacy, or audible communication. Finally S. suggested we go to her room.

There was only one other person in S.'s dorm, asleep at the other end. We tiptoed softly to S.'s bed and began whispering. Two seconds later "Bam!" The lights flipped on and a nurse shouted, "S.! You know you can't have visitors in your room. Now get back to the Day Room!"

Ironically, the sleeping girl awoke with a start. The nurse disappeared before we could protest.

Defeated again, S. and I trudged back to the noisy, crowded Day Room. There she was dragged off to wait in line and be weighed. Visiting hours were almost over.

We sat once more among the throngs, between AM music and a T.V. police drama. By that time it was apparent that any attempt at a conversation was useless. S. put two seats together and dozed. I waited until it was time to catch the bus, feeling frustrated.

S. did not have grounds privileges. If Riverview staff is so concerned about visitors and disrupting patients' room-mates, why can't they provide alternate space within their mammoth buildings? I also do not see the necessity for weighing patients during visiting hours.

"Hey, Stan! Is there bingo this afternoon?"

Drop in encounters; fast and full. Someone arrives, someone leaves. Pretty Barbara is here. Now she's gone. I'm handed an ashtray (someone noticed).

Howard again: "You better join an Indian tribe and cash in on the big money, Stan."

And Mark from Quebec says "I don't know, I just guess."

This is the second time MPA has sponsored a project at Riverview. Last time with a crew of ten, this time with four.

But whether it's two people or twenty, there's a lot to be done. Let me explain.

Not long ago my oldest brother, a business type from Toronto, laid some wisdom on me. He was painting a picture while waxing eloquent on life.

"Stan" he said "all anyone wants is just to be held, to be embraced."

I believe he was right, Sister Theresa said much the same thing describing her work in the slums of Calcutta.

This is a need far greater than all the others.

Someone has put a sign in the drop in:

Lost people falling inward to the plain of aloneness crying to find their way out of themselves

grouped together we share the closeness of similarities - a healing process.

Officially our project is called "The Patients Training For Independence Project".

It's a project that runs for eight months. We get the impression we're to be liaison workers helping patients cope with Riverview and the world outside. And in the main, that's what we're doing.

Let me relate an instance. Andy is a middle-aged native. His latest stay at Riverview has been for six months. Andy must be one of the most sublimely peaceful persons I've ever met.

So much so that we wondered if he'd ever leave.

Andy had just grown to damned dependent on the Riverview system. But, through many long discussions and much encouragement, Andy has gotten it together and has moved into an MPA house.

So far he's doing great!

In darker moments I refer to Riverview as the Custodial Schlock Treatment Centre.

The cop-out use of drugs

and the very real stealing of a person's soul leave us appalled.

And yet, we've become aware of a good number of sincere, well-meaning staff.

I am reminded of a birthday cake made for a patient by a nurse in Crease. And of the special attention given patients in the wood-work shop at Crease.

It'll likely be a while yet before they tear the place down and it's good to know there are staff who care.

Speaking of tearing it down, Neil, our very able bookkeeper, counsellor and floor-mopper, aptly expresses our feelings about Riverview: "It's a junk-pile for people society feels shouldn't be in public view."

The institution is a symbol of our lack of caring, and our lack of knowledge of man.

Society becomes incredibly insecure when faced with anything "non-normal".

One of the saddest features of Riverview is the concentration on the 'medical model' attitude which regards people with serious problems as 'mentally ill'.

It's true many of the people we see here just don't know how to live effectively, how to play the game of life which society demands.

Instead of teaching these people how to better realize their potential, Riverview convinces them they're 'sick' and increases the helplessness they feel."

Exactly! Except that the problem of maintaining mental health doesn't lend itself to simple solutions.

Our job remains to cope with reality at Riverview. It's a lot like Jesus feeding the five thousand; you think you have only two loaves and five fishes but the more you break the more you give and the more you get.

All of us, Micki, Chris, Neil and myself feel much enriched by our brief, though intense, encounters at Riverview.

by Stan

ONE HUNDRED DOLLARS

will be awarded for a front cover design for MPA's handbook, to be published shortly.

The design, black on white with one other colour optional, should preferably be about 9" in length and 7" in width.

Design should include a suitable name for the handbook

Entries will be judged by the members on April 5, 7:30pm on an anonymous basis. They should be given to Richard Clarke before the meeting. For more information, contact Gordon Hardy.



A CRANIOLOGICAL EXAMINATION. An illustration originally published in *Craniology Burlesqued* (1818)

"THIS IS WHAT COMMUNISM IS ALL ABOUT. BELIEVE ME, I AM NOT REFERRING TO THE BOURGEOIS, CLASS-RIDDEN, EXPANSIONIST SOCIALISM OF THE FEW GOVERNMENTS CARRYING ITS PRETENSIONS. AND BELIEVE ME, WHAT I AM REFERRING TO WILL NOT BE APPROACHED BY BOMBS OR BULLETS OR OTHER SCREAMING, ADOLESCENT ANTICS OF BULLSHIT REVOLUTIONARIES. IT WILL COME FROM THOUSANDS OF DIFFERENT SELF-HELP, MUTUAL-SUPPORT, COMMUNAL AND COOPERATIVE ACTIVITIES FINDING THEIR COMMON GROUND IN A WAY THAT WILL RENDER OUR POLICE STATE STRANGELY HELPLESS."

HUGH DRUMMOND

The Kremlin's Subtle Tool

Report on Soviet Psychiatry

By Bruce Mills

I received in my mailbox a most mysterious packet of booklets with such titles as *The Political Abuse of Psychiatry in the Soviet Union* and *The Imprisoned Conscience of Soviet Psychiatry* from a famous lady in New York known mostly for her work with the Working Group on the Internment of Dissenters in Mental Hospitals.

It seems that over the past six years a great deal of evidence has been accumulated regarding the use of psychiatry in the Soviet Union against dissent. Sane, non-violent citizens are being put away in mental hospitals until they conform to the dictates of the State. It seems also, that Soviet psychiatric abuse differs radically from Western abuse, since it is a part of official state policy, and it cannot be criticized or combatted in the USSR through any legitimate media, such as our friendly ombudsman or

newspapers.

Schizophrenia, among other things, is widely defined to include social manifestations such as the worship of God, or the dislike of political systems; the practitioners tend to use drugs to combat this hysteria in a manner which involves a punitive-like and physically harmful effect to increase the likelihood of an induced moral breakdown and 'recantation'.

Dr. Andrei Sakharov, Vladimir Bukovsky and others have asked the western psychiatric groups to resist the perversion of medical practice in the Soviet Union.

Proof of political abuse of psychiatry in the USSR reached the United States and Canada since 1962 in the form of over 210 dissenters sending information regarding these practices. Famous detailed accounts have been written by Medvedev and Grigorenko, and hundreds of others, including Plyushch.

Written unofficially, and distributed in secret, *The Chronicle Of Current Events* is a journal which provides the sombre and accurate coverage of the infringement of human rights since 1968. Bukovsky, himself a victim of political imprisonment in the '60's, sent out copies of reports of forensic psychiatric examinations of six dissenters. He sent as well a desperate appeal for the material to be studied, and for western psychiatry to proclaim an opinion on the matter.

For his efforts to expose this ugly zit on the fine folk who brought us Sputnik, Bukovsky was arrested and charged with anti-Soviet propaganda. His penalty for such a sober crime against the state was seven years of imprisonment and five years of exile. He never got to finish his exile, though, since he was traded in an unprecedented move for a leading Chilean communist and deported to the west in December, 1976.

I have read many pieces of information regarding the malpractices of the Soviet Union, only to reach the same conclusion: a state-directed policy causes political and other diversions of dissent to be construed as mental illness, the dissenters involved are declared insane and interned in psychiatric hospitals for 'psychiatric treatment'.

There exist two forms of commitment, as we know it. The first is criminal, where the subject is arrested for anti-Soviet activity, and undergoes a forensic examination which declares him insane and irresponsible. The subsequent trial, a formality, where the court accepts the forensic commission's opinion (incidentally, the subject cannot attend his trial since he is insane) sends the fellow off to a special hospital, special in that it is designed for such dangerous folk, run by Soviet Interior Ministry. Sometimes, though, the dissenter does receive a sentence in a regular Mental Hospital, run by the Ministry of Health, whoever they are.

Such wonder-drugs as Haloperidol wear the victim down to a point of human weakness where he

will recant or at least appear neutralized. Huge amounts are administered, needless to say, which describe yet another form of abuse. Just ask Dnepropetrovsk.

The alternative route to the looney bin is through a civil commitment. A set of federal directives governs the way in which doctors should act when a patient requires urgent hospitalization because of the danger he poses to himself and others.

Generally, the dissenter is placed in the hospital since he poses a huge danger to society, known as 'social danger'; for example he was found distributing dangerous literature on religion or human rights. Following his release, the dissenter has the right to attend a clinic for dangerous persons, where he undergoes therapeutic observation by doctors and police.

The most popular victims of these two forms of imprisonment include advocates of human rights, nationalists, would-be emigrants, religious believers and citizens who are inconvenient to party or government functions.

Why do they use psychiatry rather than just straight jail sentences? It serves well to reduce unfavorable public opinion and it sounds progressive to use psychiatry rather than jail. It serves as an excellent force in an effort to bring about recantation, and to discredit the dissenter's ideas and actions—the torment usually breaks him down to a point of being something between brain damaged and lunatic. Certainly, it would appear anti-psychiatric.

"it sounds progressive to use psychiatry rather than jail"

It is clear that there is a high degree of support coming from psychiatric practitioners here in USA and Canada, yet it seems essential that we, as the advocates of human rights for all human beings, further send out support and do our best to expose such hellish goings on as these.



Are Soviet psychiatrists, like these soldiers, tools of the Kremlin?

Replies Gadfly Szasz Pot Calling Kettle Black

The popular campaign in North America against alleged Soviet psychiatric abuses is a case of selective indignation, according to Dr. Thomas Szasz, and prominent American psychiatrists and groups like the American Psychiatric Association (A.P.S.) are guilty of "crass hypocrisy" when they add their voices to

Writing in Inquiry, a new political periodical, Szasz claims that "Since the late 1960's, many leading American psychiatrists have heaped praise on the Soviet Mental health system and on several leading Russian psychiatric criminals."

Szasz cites the case of Professor A. V. Snezhnevsky, director of the Soviet Institute of Psychiatry, who is regarded by critics as being highly responsible for the psychiatric persecution of dissidents, who was honoured at the 1970 annual meeting of the A.P.A. in San Francisco for his outstanding contribution to psychiatry.

Also declared a "distinguished fellow" at the conference was Dr. Boris Bedev who Szasz claims is a leading figure in the psychiatric confinement of dissidents.

Szasz says that the Western press first began to draw attention to the abuses of Soviet psychiatry in 1969 with reports of the persecution of General Grigorenko. "However, when American psychiatrists and mental health experts looked at the same scene," he says "all they saw was a Russian psychiatric paradise which Americans could not emulate fast enough."

An attempt to get the World Psychiatric Association (W.P.A.) to condemn the abuses in 1971, Canadian in origin, was defeated. The secretary-general of the organization, Dr. Denis Leigh, asserted

that the attempt was the work of the CIA.

Finally, pushed by a growing public and press clamour, the W.P.A. in 1977 barely passed a motion denouncing "the systematic abuse of psychiatry for political purposes in the USSR."

Szasz accuses Western psychiatry of hypocrisy because it utilizes many of the same practices as those it condemns in its Russian counterpart. And he accuses the Western press campaign of selective indignation because it displays concern only for the political victims of Soviet psychiatry and ignores the fate of non-political patients who are "subjected to identical persecutions and punishments."

Szasz quotes Frank Knopfmacher, professor of psychology at Melbourne University, who comments "In a strict sense there is not much difference between Soviet and American psychiatry in terms of moral rectitude and intellectual probity, as Szasz was fully justified in pointing out."

"As professions go, they are both much of a muchness. This may very well be the reason why the Western psychiatric profession showed its now notorious reluctance to condemn Soviet psychiatry, and why they had to be shamed from without, sometimes by the most elaborate methods, to 'protest'. The difference between our own and Soviet uses of psychiatry lies elsewhere."

Noting that, unlike American psychiatrists, Russian psychiatrists must, of necessity, work for the Soviet state, Szasz concludes "All of Soviet psychiatry is an instrument of the political power of the state just as most of our psychiatry is an instrument of the political power of the American state."

Bread & Butter



Looking intent, Cathy, Eileen and Arthur represent MPA at appeal meeting at city hall. See below for details.

Continued from page 8

and Housing Corporation which must be protected by regular improvements in its property.

In the face of the obvious discontent displayed by these few tenants, Ted commented, "Generally MPA members expect more co-operation from tenants considering the very modest rents it asks for."

As of April 1, tenants will be paying \$160.00 a month for one bedroom apartments, plus heat and light.

No to Grocer

MPA turned down a request from the grocer across the street from the drop-in centre for compensation for a window allegedly broken by an MPA member. The request stems from when a member, Brian W., stole some items from the store. When the grocer complained Brian was banned from the drop-in centre. Later that night, the grocer's store-front window was kicked in by an unknown person.

The January 17 business meeting discussed the request for the one hundred dollars deductible to be paid to the grocer and 85 dollars to his insurance company. Bonny said MPA ought to pay the grocer as a good will gesture but not the insurance company. Gerry W. voiced fears that such a good will gesture might establish a precedent of MPA's responsibility for actions of individual members.

The request was rejected.

MPA Warned by City Hall

Misbehaviour in the streets by MPA members or people thought to be members has brought a warning down on MPA from city hall. Arthur explained to the February 1 general meeting that even though the city had agreed to give a permit to the drop-in centre for

another year, the permit was coupled with a comment that permits in the future might be impeded by complaints from neighbours about noise and litter.

Denis B. remarked "A movie theatre isn't responsible if theatre patrons riot in the streets." But John disagreed, saying "We're an association, not a theatre, and we should have more control over our members." Arthur pointed out that most of the late-night noise on Yew Street is caused by the proximity of the 7-11 store and Bino's all-night restaurant.

City hall's approval of the drop in permit was appealed, however, by a neighbouring apartment owner. As a result, MPA was required to attend a meeting at city hall to defend itself against the appeal of the apartment owner.

The apartment owner said he was appealing MPA's permit because there were too many social service groups in the Kitsilano area. He also said the MPA buildings were run down.

Arthur, representing MPA along with Cathy and Eileen replied that MPA "solves problems in the neighbourhood rather than attract them." He also pointed out the several ways in which MPA had upgraded its property, including the installation of a new staircase, windows, and insulation.

A representative of the social planning department of the city told the meeting that his department had notified 145 neighbours of MPA's request for a renewed permit and had only received three negative answers.

At the meeting where she was appointed MPA representative, Cathy commented "Don't our neighbours remember that Gerald was the scourge of 4th Avenue long before MPA came to the neighbourhood?"

Concern about good relations with the neighbours led the March 15 general meeting to include "No disturbing the neighbours" to MPA's list of rules.

Please come to Philadelphia
(we need you)

**Conference of the National Association Against
Psychiatric Aggression**

May 31, 1978 Philadelphia, Pa. USA

If you are interested, please contact: Bruce Mills, Tel. 738-5177
683-2975

Graphic adapted from booklet of the Canadian Status of Women.

RAPE AND SEXUAL ASSAULT



Crime That Scars the Mind

by Colleen J. Walsh

While doing research for this article I spent time talking with women who had been raped. Their personal experiences agreed with what is described here as "Rape Trauma Syndrome". One woman, who had very recently been raped, described to me the effects that the attack had on her and on her life. She has given me permission to print her words and the quotations used throughout the article belong to her personal experience.

In a society that raises males to equate aggressiveness with masculinity, men often express themselves in violent ways toward women. Rape is the ultimate expression of this violence.

The Criminal Code of Canada defines rape in this way: A male person commits rape when he has sexual intercourse with a female person who is not his wife, (a) without her consent (b) with her consent if the consent

(i) is extorted by threats of fear or bodily harm (ii) is obtained by personating her husband (iii) is obtained by false and fraudulent representations as to the nature of the act.

What this legal jargon fails to convey is the fact that always rape is primarily an act of violence that always carries with it the potential threat of death and is perceived and experienced by women in this way. Short of murder, rape is the ultimate violation that can

happen to a woman. The legal definition doesn't tell us about the terror, humiliation and powerlessness felt by a woman who has been raped, nor of the effects that it has on her life.

According to research done over a 5 year period at a Rape Crisis Centre attached to the major hospital in Boston, Massachusetts, women who are victims of rape experience what is known as "Rape Trauma Syndrome". This is a response to the stress of rape. It is a two stage process including the immediate response, in which the woman's life style is completely disrupted by the rape, and a long term process in which the woman must reorganize her life.

Immediate reactions in rape victims can take two forms. Some women are visibly shaken, hysterical, and crying. Others mask their emotions of shock and disbelief and appear calm and collected. This initial reaction is directly related to the fear of personal injury, mutilation, and death.

Following the assault women may experience incredible mood swings involving feelings of humiliation, degradation, guilt, shame, embarrassment, self-blame, anger, revenge and fear of another assault. The primary defense that women use in this situation is one of trying to block the rape from their minds. Many women can't talk about what happened and are afraid to tell even their friends. It is no wonder then that

so few rapes are reported to the police.

"When I came home I was really hysterical and crying. After that, I was really on the edge...it's the intimidation of it. Not being able to make the choice. His actions and his look made me afraid. He didn't really hurt me except for the bruises... My moods after were really schitzzy, really up and down. I was really down and just cried...Then I was really flippant, really sarcastic. I went up to a friend and said "Hey! Guess what? I was raped last night!" instead of being serious about it... I was really embarrassed even to phone Rape Relief because there was so much I couldn't remember."

There is a strong desire on the part of the woman to undo the event. Many fantasize about how they could have handled the situation differently, and thus have avoided the assault. A woman may experience heavy feelings of guilt, and fear that it was her own poor judgement that brought on the attack.

"If I hadn't gone out. If I hadn't gotten loaded. If I hadn't been hitch-hiking. All the ifs... I felt really guilty at first. I know that if I hadn't been so loaded I would have been able to talk myself out of it."

Physical complaints may include pain in the area of the attack, insomnia, no desire for food, or nausea and vomiting.

Following the initial reaction a woman may go through an outward adjust-

ment—a temporary resolution of the anxiety. To help overcome the reactions to the rape, she returns to her normal life and says that everything is fine. She reassures herself and others while denying and suppressing the real impact that the rape has had on her life.

In fact, reorganizing her life may take a very long time. To do this it is necessary for her to sort out what really happened and put it together with her view of herself as a person. She must also resolve her own feelings about her attacker. Her earlier attitude of understanding may give way to anger towards him for using her, and anger at herself for being used.

A woman's life style may change drastically as a result of being raped. It will certainly impair her ability to function at work, at home, or in school. Many women feel the need to get away, to move, even as far away as another city. Others are afraid to even leave their homes. Sleep disruptions continue for some — with vivid dreams and nightmares. Sometimes phobias may appear (fear of being outside, fear of crowds) which are specifically related to the way that the rape occurred. Sexual fears are very common.

"I went to work, and I was really flippant. I couldn't take anything seriously...I knew that I couldn't stay... I know that it's still going on at some level. The fact that it happened, I pushed to the back of my mind."

This represents the normal reaction to rape. If the rape situation is more complex, involving a friend or a relative, or if it occurs while a woman is already undergoing stress, the consequences can be even more devastating. The event may be followed by more serious effects: Disabling depression, with or without suicide attempts, alcoholism, drug abuse, or total lack of contact with reality.

It is very important for women to get a lot of support and understanding from people close to them immediately following rape. In a supportive atmosphere it is easier for a woman to resolve the incident and reorganize her life. Women

Continued on next page



DID YOU ENJOY IT?

LETTERS

Hi Nutshell committee,

please find enclosed newspaper subscription.

I think the paper performs a needed function in this area.

You seem to be able to print news stories that the more established papers shy from printing until they can hop on the bandwagon.

Sincerely,
W. Baker.

Dear Nutshell committee,

Re: the *Bread & Butter* column of your last issue quoting my comments on the World Federation of Mental Health offer of membership to MPA.

I wish to protest that I was underquoted on the matter.

Although I did speak against MPA joining the WFMH (as being anti-democratic and mainly irrelevant) my main emphasis (and motion) was that it would be appropriate to invite the membership of the WFMH to seek membership in MPA.

Yes, there is still room at the top.

Sincerely,
Denis Blue.

Hi, Nutshell committee,

Many thanks for your recent issue.

I post the various points of view on my classroom notice board which most kids ignore in their rush to escape.

But more and more of my thoughtful kids stop to peruse and comment.

Again, many thanks and kindly accept my cheque towards costs.

Keep up the good struggle,
Dan Wilson

Dear Nutshell committee,

The September issue of *In a Nutshell* carried the text of an interview with Mrs. Therese Spitzer, a member of the Committee of Concern for the Rights of Mental Patients. Mrs. Spitzer expresses some of her experiences at the 1977 Congress of the World Federation for Mental Health and states that she was very interested to learn that there are two ex-patients on the Board of Governors of Douglas Hospital Centre in Montreal where Doctor Gaston P. Harnois serves as Director General. Mrs. Spitzer would like a Board of Governors for Riverview with two ex-patients on it.

Interviewed by AQPM on November 30, Doctor Harnois explained that the law regulating hospitals in Quebec specifically provides for the election, by the patients, of two patients from among themselves who will serve on the Board of Governors of every hospital for elected terms of two years. Only voluntary patients, however, may qualify for election.

The two patients presently serving on the Board of Governors at Douglas Hospital are out-patients.

Good luck in your efforts to install a few ex-patients on the Board of Governors of Riverview.

Yours truly,

Claude Labrie,
Association Québécoise pour la protection des malades (AQPM)

Dear Nutshell committee,

I am saddened by the apathy towards the loss of the kitchen; it seems to a relative stranger to MPA a pity, not so much for the people who benefit from such a service as for the ones

who sided with its abolition.

The result is that many regular visitors of the drop in centre are reduced, after consistently squandering their monthly welfare cheques in the first week or two, to a diet of junk or (uncooked) waste food.

Anonymous

Nutshell note....

MPA did not decide to shut down its kitchen - it was ordered to do so by the city health department. It did, however, reluctantly decide not to spend the hefty sums of money it would have taken to refurbish the kitchen to meet health department standards. Even then, the city health department would never allow individual members to bring in usable waste foods. See the *Bread & Butter* column.

Dear Nutshell committee,

I must say that I don't agree with many things dealt with by Ian Key in his article *Punk Rock for Krazee Kids* (*In a Nutshell*, December, 1977).

Not considering the article's mood (which was varied), I disagree with his fucked-up point of view on disco music.

It's not the music per se that's important -- the interesting fact is how it is part of a trend to create a secular society, that is, a society free from Christian superstition.

Once people lose their Christian mysticism, there is a greater opportunity for revolutionary change in a modern, "plastic" society.

Regarding the punks, of course, he misses the point from a marxist point of view. He doesn't see the proletariat against the bourgeoisie of our society....

Sincerely,

Nino,
Florence, Italy.

Ian responds to Nino's letter:

I gave thanks in my article for the punk "trend" in popular music. I am happy to see the major distribution and prominence of new wave bands like Elvis Costello, Mink Deville, the Sex Pistols and Talking Heads.

It's interesting to hear a political justification for disco music from someone who is looking (not hearing it) through Marxist-Leninist coloured sunglasses (hearing aid).

Disco is extreme decadence that totally disregards social realities. Discos offer glitter, bright lights, booze, nostalgia and musak. They are a breeding ground for nothing more revolutionary than social diseases, not changes.

We are beyond the need for the modern "plastic" society. Punk rock is a musical revolt against modern "plastic" music and I welcome it.

And, by the way, happy birthday, Nino!

Elvis Costello,
new wave musician.
Give him a macramé sandwich and he'll spit in your eye.



Reprinted from
the Georgia Strait

The Crime that Scars, Cont.

Continued from previous page.

In Vancouver, some victims of rape themselves, have organized a service called Rape Relief. It offers support, counselling, and legal assistance on a 24 hour a day basis to women in the community. This group is also actively involved in working towards changing rape legislation to enable women to more easily, and less painfully charge their assailants.

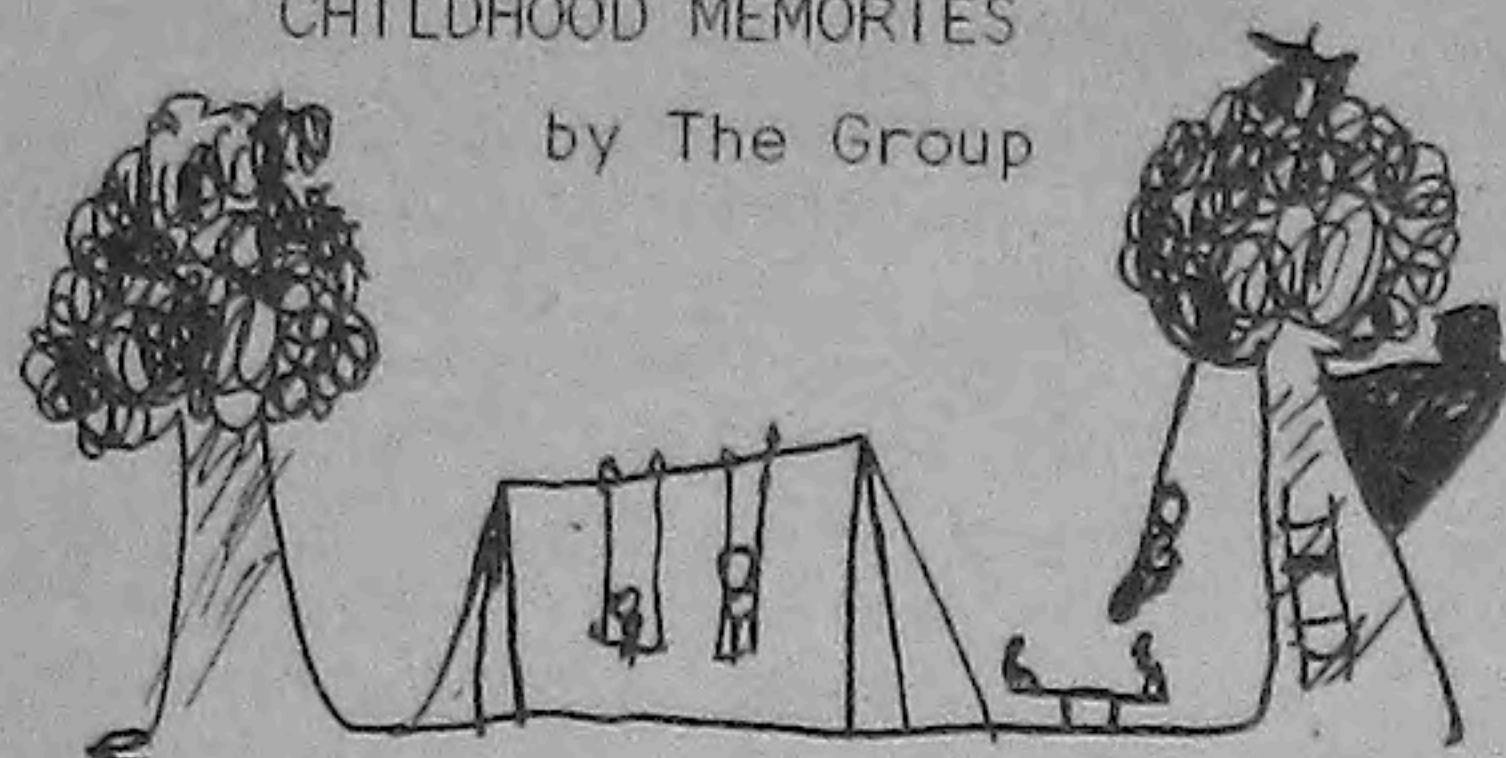
Changes in the law and increased public awareness

of the violent nature of rape and its effects, coupled with more equalized relationships between men and women, will hopefully lead us towards a world where rape is not a common event. But, as Susan Brownmiller says in "Rape: The All American Crime":

"A world without rapists would be a world in which women moved freely, without fear of men. That some men rape provides a sufficient threat to keep all women in a constant state of intimidation."

CHILDHOOD MEMORIES

by The Group



The poems on this page were written by elderly women in the Hancock Geriatric Treatment Centre in Virginia, USA.

I remember growing up
in Surrey
on a farm-
four brothers and sister and I.
On the farm we raised
corn and peanuts.
When we were little
we played king-of-the-mountain
in piles of sawdust.
It was a big farm
with chickens;
the house was white with green shutters.
Mother and Dad were always there
to help us when we needed them.
Mother was in charge of me
when I had to be punished-
we had a dog named Chet
who was brown and white.
(doris)

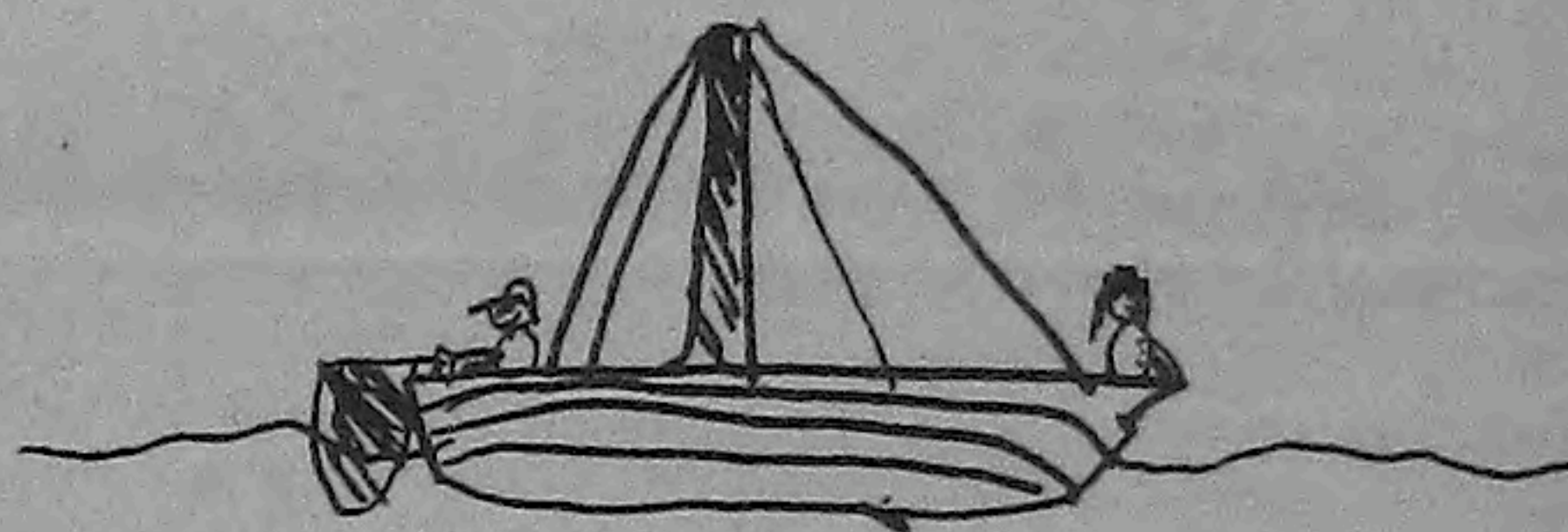
I remember North Hampton County.
I lived in Rich Square.
Father worked in a store selling drygoods.
I made my clothes to wear
and we walked outside in the
lovely colors.
Mother sent some of my father's people
away for the state to take
care of them.
My dresses were blue and green
and I wore my hair in a pigtail.
I felt safe and loved.
Mother wanted to work,
to take care of the yard
and later
we had to work
on the farm.
(annie)

I remember Rothenburg, Germany.
It is a small city
with many people on farms.
My parents once had a farm
with cows and horses and yokes
for the horses.
We plowed by hand
and we flew down the hills
in winter
when it snowed.
The chickens all had names
but the ducks did not.
The black horses were well-scrubbed
and brushed...
When the weather was bad,
the horses took us to school.
The farm was a good place to live.
I miss Rothenburg very much.
(ann)

I remember Whitestone:
five of us on a farm-
I was the only girl so I was
the pet.
I felt safe and protected
in the white house
with the green blinds
and a porch...
Mother sewed a lot:
She used to sell hats.
I had a black-and-white dog named Dash
(olivia)

I was born in Hampton, Virginia.
There were six of us
who played in the big yard.
Our father was Douglas P.
who was the head of the C. Hotel Laundry.
Mother worked hard at home.
There was a lot of fishing
and oystering in my home town.
We lived near Hampton Institute
where many of the young people
went to school.
When we were little,
we saw the dress parades
at Fort Monroe
and the prison where they kept
General Davis.
There were houses by the water
and ships coming in from faraway places.
(ruth)

I remember Big Island Virginia.
I do not know if it is an island or not.
We had a house there until I
was three.
Then we moved to Piedmont, Va.
It is in the mountains
and the mountains are very green.
There are three towns near there
and to get to town you must cross
a bridge:
I crossed the bridge to go to school
in Maryland.
I walked to school.
We had a dog named Carol, a scotch collie,
I don't know why Papa called
him Carol.
I lived there until I grew up.
(lulu)



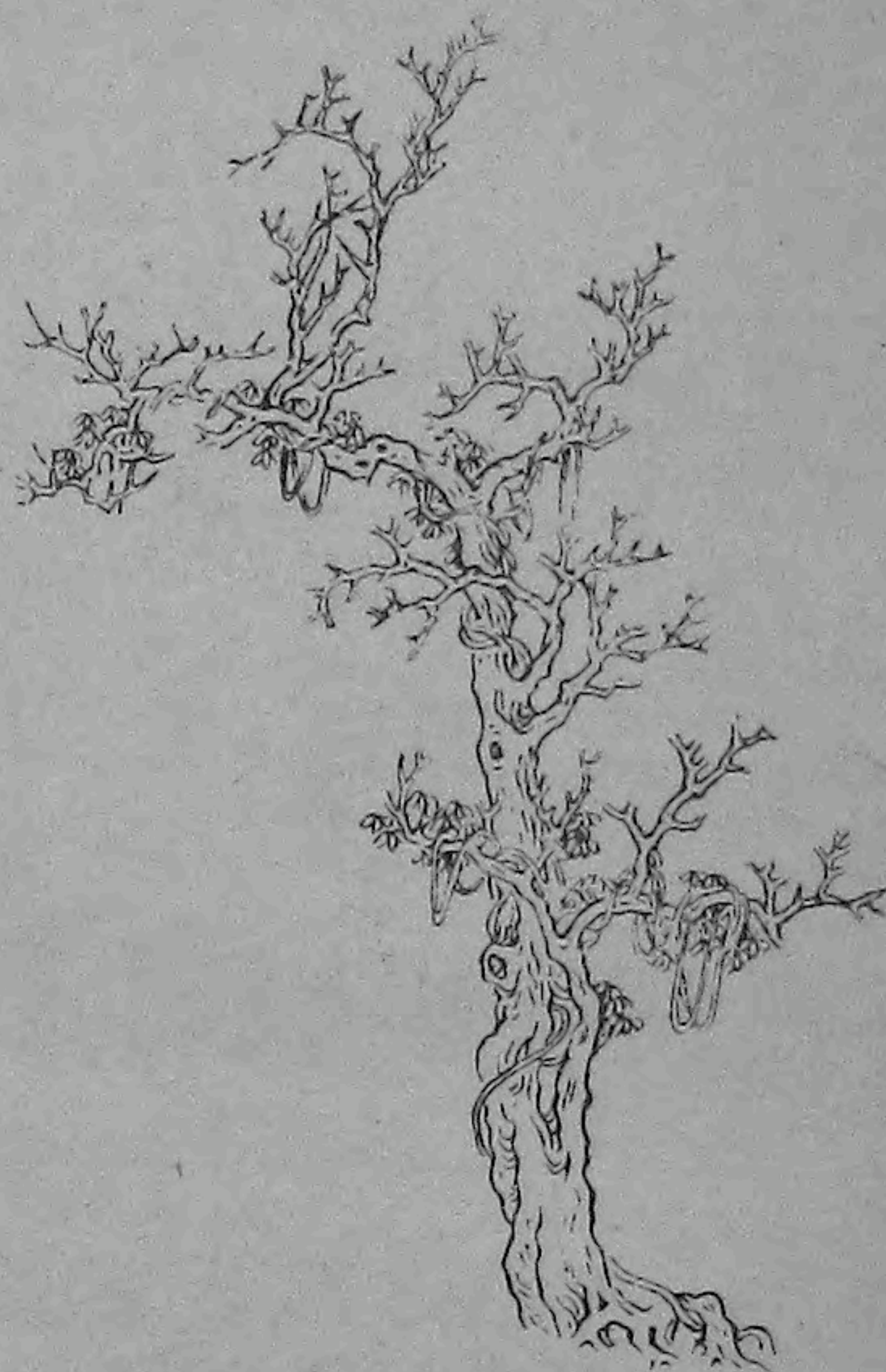
I remember North Hampton County:
a frame house in the country.
Behind the house was the ocean
and there was hay on the farm.
The children ate fish
that they caught.
Best of all, I liked rowing a boat
and going clamming.
You catch clams by finding their keyhole
marks in the sand
and digging them up
with your big toe;
if they're too small,
you throw them back to
get bigger.
On the farm we had every animal possible:
once our beautiful peacock
came to eat the chicken's food
and someone hit him with a stick
and he died.
(margaret)

I remember Richmond.
Our house was partly rented out to others:
there were six sisters and one brother.
We played hide-and-seek
and a tiskit-a-tasket.
My aunt had a cow named Daisy
and a horse named Toby.
(ruby)

Zen Stone

by Pluto

One winter day a student of zen came to the monastery. He had come to see the master Wu. Now the master Wu was not invisible. But he was very hard to see. The student of zen humbly knocked on his door. There was no answer. The student then went to the kitchen and asked the cook the honorable Wei if he could stay. Wei said he could if he would mop the floors. At night the monks partook of rice and home-brew and discussed the utter absurdity of the buddha. But the master Wu was never seen or heard from. Sometimes they talked about degrees of enlightenment and sometimes they practised judo. One day the student put a paper bag on his head and deliberately kicked over the water bucket. All the monks thought he was making some kind of cheap ecology protest and ignored his antics. The student grew depressed thinking about growing old without attaining enlightenment and decided to kill himself. He had been knocking on the Master Wu's door for five years and heard not so much as a cough. Meanwhile the bamboo kept growing and younger students were at the doors, waiting for their big chance at the white light. Some attained it by merely glimpsing the cherry petal falling but the student knew his only hope was in an interview with the master. So thinking to end it all the student went to see the cook about borrowing a cup of gasoline and a book of matches. The honorable Wei guessed at once what was in his heart and told him the master Wu had finally agreed to see him. This certainly cheered the student up and he went and took a bath before entering the presence of the master. Then the bell rang for the master to see visitors and the student entered the door he knew so well. Behold, before him was Wei the cook. With a weary grin Wu Wei indicated a seat on the meditation pillow before him. The student sat. Wu Wei spoke. He said what makes you think life is so long and conversely what makes you think life is so short? Then he gave the student his wristwatch and still smiling indicated the interview was over. Now the koan is this: if you were the student and there was a fresh banana cream pie within reach, would you eat it or throw it at the master?



The Shark

A full stomach
Leaves the ugly master
Victim
To the killer passions
Of its minds' own cold death.

by Brian Carignan



Thus Spake The Car Salesman
Come join
The heroic saga
of western man
and travel
Through reality
In an enamelled steel can.

by Len Lorimer

THERE IS A WALRUS IN THE BATH-
I DON'T KNOW WHY.

BY J.P. GORDON

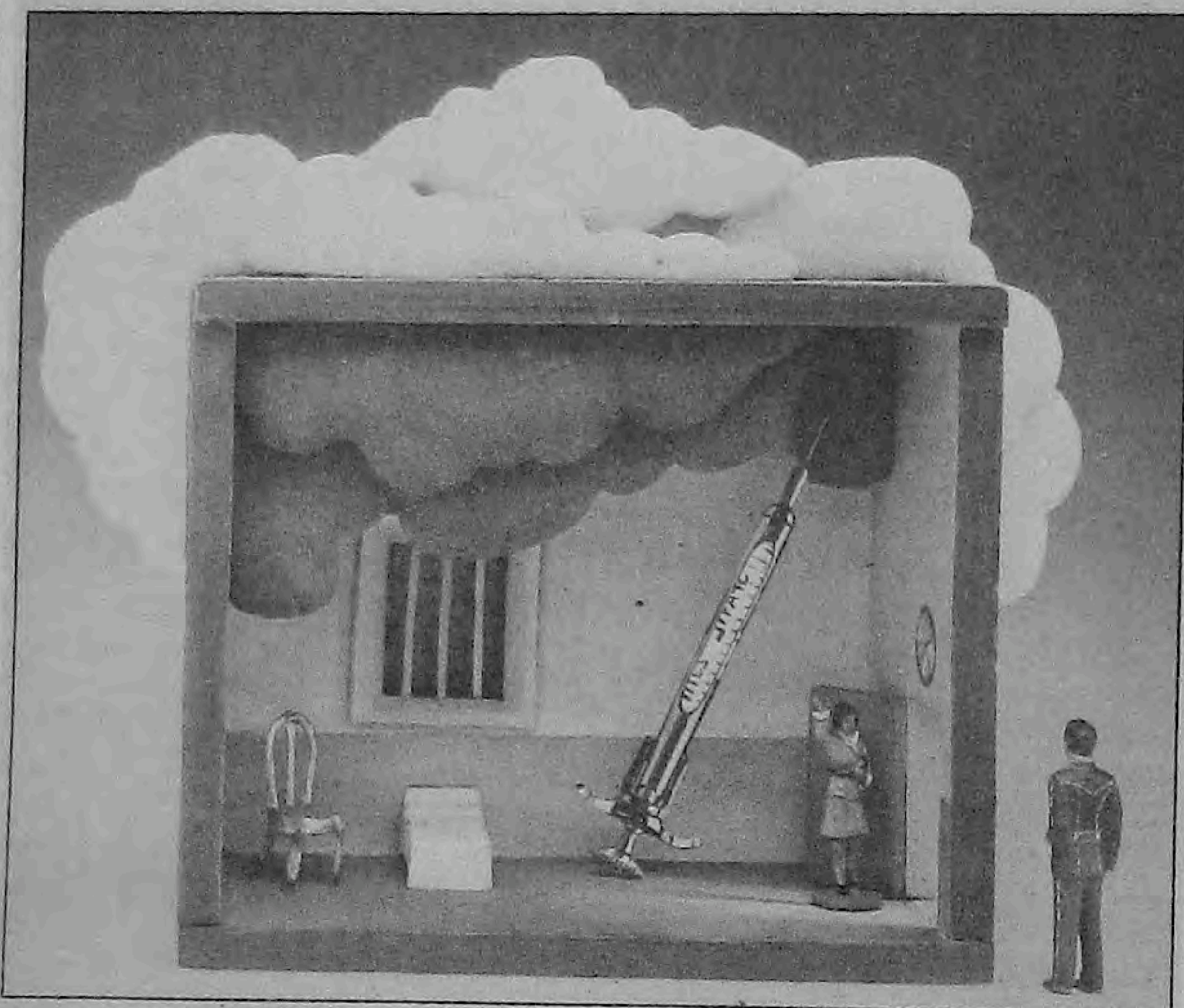
SALLOW

I'VE
HAD
AS
MUCH
SERVICE
AS
THE
LAW
ALLOWS-
I'VE
BEEN
TO
THE
LIBRARY
AND
BACK
AGAIN
TOO-
TWO
VOLUMES
OF
POUND
UNDER
ONE
ARM.
PAST
TWO
SALLOW
DRUNKARDS-
ONE COMING-
ONE
GOING.

BY J.P. GORDON

ON OUR OWN

PATIENT-CONTROLLED ALTERNATIVES TO THE MENTAL HEALTH SYSTEM



Judi Chamberlin

by Arthur Giovinazzo

On Our Own is a recently published book about alternatives for mental patients. In particular, it is about alternatives controlled by patients themselves.

The book's author is a former patient named Judi Chamberlin whom many members will know from her involvement with MPA. Judy worked for MPA in 1973 and 1974 before returning to the United States.

She now lives and works in the Boston area, an active member of the Mental Patients Liberation Front of Boston. She is a member of the Legal and Ethical Issues Panel of the President's Commission on Mental Health. She has previously written articles for *In a Nutshell* and *Women Look at Psychiatry* as well as many American magazines.

Judi became a mental patient when she needed help and support and there were no alternatives to hospitals and psychiatry (the mental health system). She describes those early experiences with vivid pictures of the fear and isolation she felt. Hospitals and mental health professionals simply didn't provide the help and nurturing that people in trouble need. Yet Judi did undeniably need some help and what were her alternatives?

Back then (1967-68) there were none; at least no real patient-controlled alternatives. Hold it! We've gotten a bit ahead of ourselves. First we need to look at the other thing that these early experiences with the mental health system taught Judi. She learned that other patients often understood better and provided more help than professionals. One brief story will illustrate how

this happened. She tells it as follows: "Maybe the staff was right-I was crazy and my demands were unreasonable. I was dizzy, disoriented, confused. I went outside to sit under a tree and think about it. I got my first 'therapy' at Hillside under that tree, and it came from another patient. Harry had been admitted at the same time I was. He was the first patient I met. Harry had been at Hillside before and knew the ropes. Now, under the tree, I told him how angry and confused I was. Why did I have such a cold doctor and why did I feel so awful? I was alternately sweating and shivering in the warm sunshine. My flesh was crawling and my stomach churning. Harry asked me what medication I was on and I repeated to him that I was being evaluated without medication. When I told him what I had been taking, (tranquilizers and sleeping

pills), he understood. "You're having withdrawal symptoms," he told me. I realized I wasn't going crazy after all. The physical feelings had a cause." Well, as Judi so carefully and clearly outlines there is no easy way to take these two observations: 1) that the mental health system does not help people in need, and 2) that other patients can and often do provide the only real help and support available; and build true alternatives for mental patients.

The first attempts to build patient controlled alternatives began approximately simultaneously in Vancouver, New York and Boston. In Vancouver the Mental Patients Association was formed on March 24, 1971 as a democratic, supportive community of patients and friends. Judi examines what has happened to MPA and other alternatives since that time. She writes with the advantage of one who has been there. And her experiences with all of these alternatives are personal and intense.

Before looking more closely at what at what Judi has to say about MPA, it's important to understand that Judi passionately believes in alternatives while understanding the difficulties in building them. In fact, she writes about the difficulties so well and clearly that this book could serve as an organizing manual to those who wish to try.

On Our Own is the best look at MPA and its operations that I have seen. We should reprint the entire chapter "Inside the Mental Patients Association" in a future issue of the *Nutshell*.

"We are increasingly vulnerable to the charge that patient control of MPA is more nostalgia than fact."

It might serve to stimulate discussion among the membership on what kind of alternative we are and how we might like to change.

Judi uses a very helpful system of rhetorical questions to ask one basic question. Is MPA a patient-controlled alternative to the traditional mental health system? Although we can in many respects claim a yes, we are also increasingly vulnerable to the charge that patient control of MPA is more nostalgia than fact.

Judi asks questions that some members of MPA are often afraid to ask. Are paid coordinators gathering too much power at the expense of the general membership? Are too many of the coordinators nonpatients? Do these non-patient coordinators have real commit-

ments to building alternatives for mental patients or is it just a job? These are hard questions to ask but they need to be asked.

Let me refer to a recent example of how we at MPA will always be vulnerable to loss of patient control over the organization. As Judi says: "From time to time, people with strong and compelling personalities have managed to attain a degree of personal power at MPA." Also: "MPA has, since its beginning, been open to anyone who wants to join. A positive effect of open membership is that MPA does not define the needs of ex-patients and nonpatients differently. Everyone is seen as benefiting from participation. Although the open membership policy was not set up with this result in mind, what has evolved is that most nonpatients in MPA are coordinators." Our recent trauma over how much information the membership had re: the Thomas bus (See Bread & Butter column this issue), and what kind of information it was, has presented a significant problem.

Long time MPA member and ex-patient Patty Servant said during the bus debate "In a democracy, if you don't have all the information, it becomes manipulation." This is a crucial point. All members, especially those unused to making the important decisions in their lives need to be included in our decision-making. The loss of the ex-patient voice in our affairs would be disastrous.

Again in the matter of future funding for our residences; It's absolutely

essential that the residents themselves make these very important decisions. MPA must provide services planned, operated and altered by the recipients of those services. That was and is our ultimate goal.

The ex-patients must be willing to take and must indeed demand a leadership role. The nonpatient members must not abuse the role we play in building patient alternatives. (The writer is a nonpatient-largely through luck and circumstance.)

If Judi Chamberlain helps us stay on track, then that is a worthwhile thing. She has also written a highly readable guide to building alternatives and that is a remarkable accomplishment. There are people who will one day use those alternatives and save their sanity.