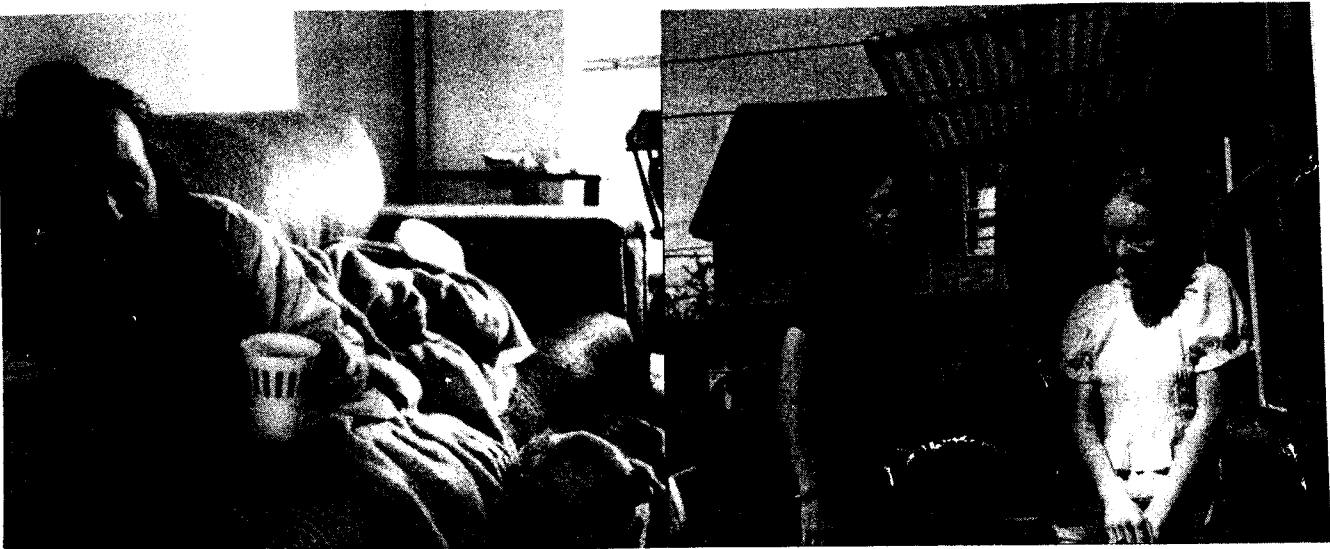
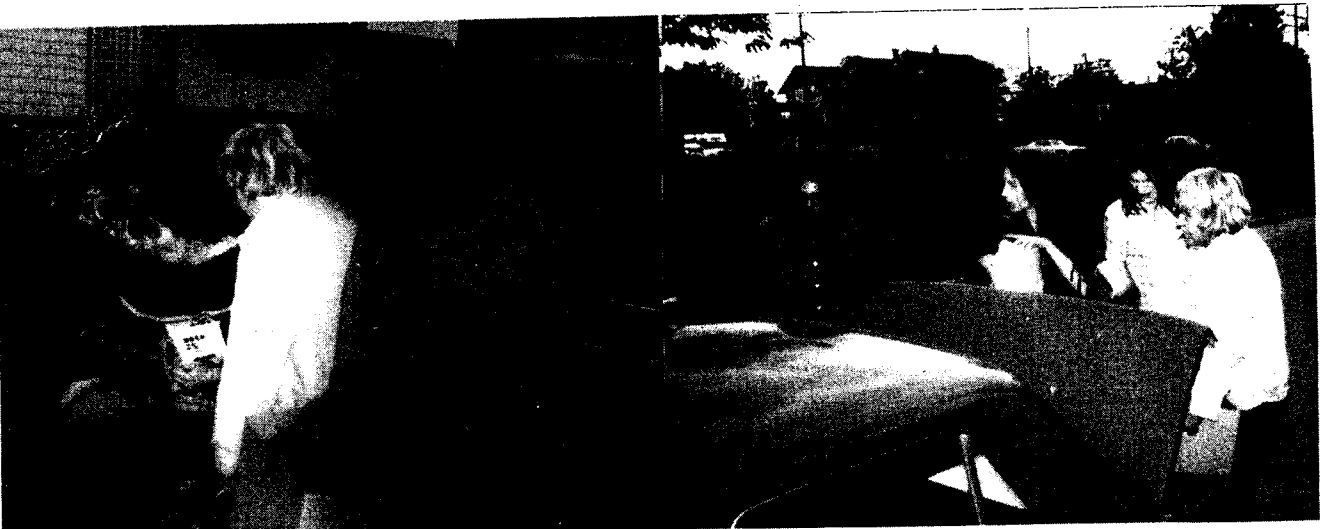


# in a NUTSHELL

Vol. 2, No. 4  
 June-July, 1973  
 Mental Patients Association Newsletter  
 1982 W. 6th Ave.  
 Vancouver, B.C.  
 Phone: 738-5177, 738-1422

bringing home the bacon to east end



jim is one of 17 elected earl is back on the job

SUN

MON

TUE

WED

THUR

FRI

SAT

## CALENDAR

is special

12:30 Writers Group 2:00 Baseball 7:30 Male/Female Discussion	10:30 Crafts at Residences Noon Drop-in Centre Meeting 8:00 Group with Tom Sandborn* 8:00 Mental Patients Lib Rap Group*	Noon Business meeting 7:00 Hairdressing 7:30 Religious Discussion 8:00 Drinkers Group (SMASH)	June 27 6:00 Supper 7:30 Politics Nite	10:30 Crafts 10:30 Riverview Visit 8:00 Therapy Group	10:30 Farm Visit Crafts at Farm	11:00 Breakfast 1:00 Outing 8:00 Sing Along
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### NOTES & SPECIAL ACTIVITIES

Activities listed across the top are regular events at the Drop-In Centre and happen everyday. Wednesday is special and is listed down the center of the page through July 25

\*One of these events will likely change times to avoid schedule conflict. Check bulletin board.

Gay Group forming at MPA. See bulletin board for announcement.

NEWSLETTER: Nutshell meetings will be announced on the Activities Board. They have a habit of being on Thursdays at 2:00.

BASEBALL: The season is now on, and transportation is available.

July 4 6:00 Supper 7:30 Politics Nite	July 11 6:00 Pot Luck 7:30 GENERAL MEETING (West End)	July 18 6:00 Dinner 7:30 Politics Nite	July 25 6:00 Supper 7:30 Politics Nite
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"SMASH" / DRINKERS GROUP: This group is for people with drinking problems.

PICNICS: Picnics will be happening spontaneously throughout the summer.

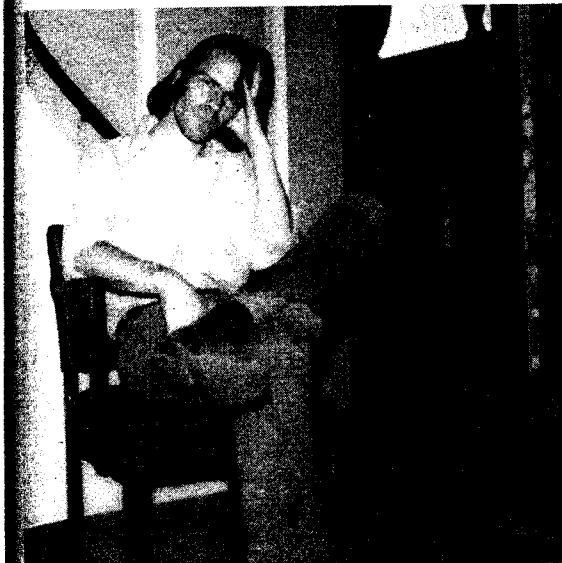
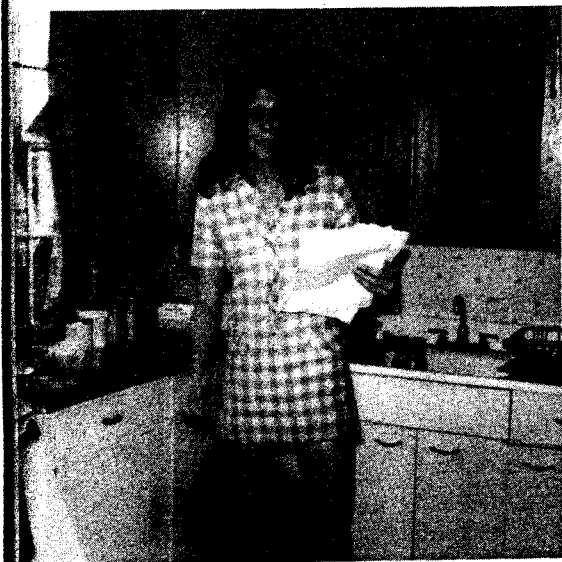
OVER - 30 WOMEN'S GROUP: A quiet rap group. If you're interested, please contact Molly or Cathy Bat-ten.

RAFTS & WORKSHOP: The Crafts and Workshop areas are always available, even when regular activities aren't posted.

DROP-IN CENTRE: Open 7 days a week from 9 until midnight. You're always welcome to come by. Hot coffee and juicy gossip regularly available.



## East End Residence: It's A Beautiful Change



"The way I got here was just through people who knew about the place," explains Brian, who's one of MPA's East End residents. "Then you come over and talk to the people already living here, and if it's okay with them, you become a resident."

"At the time, I was living in a basement by myself, and it was a beautiful change," he adds.

Brian, along with Carla, Chris, Paul, Pat and Steve, are residents of the East End house at 369 E.21st Ave. Fran is the co-ordinator and lives elsewhere. The white 2-story house, located in an ordinary residential neighbourhood, became the East End residence in April, 1972.

Although the Drop-in Centre, semi-crisis work, and public advocacy of change in the 'mental health' system are the most visible parts of MPA, it is probably the 'democratic residence' idea that is as much the core of MPA as anything else.

The reason why this is so comes out in residence members' accounts of how they got into East End, how it works, and what they think of it.

Paul says, "I got here through my psychiatrist. I was going to move into a place by myself."

Fran adds that the residence policy is that "when a professional calls in on someone's behalf, I ask that the person himself contact us and begin taking on their own life from the start of their relationship with the house."

Paul thinks the residence is useful because "if you've got a psychological problem it's good to be with people who've had those kinds of problems."

The MPA residence can be strongly contrasted with other types of facilities.

Steve says, "I was in 'X', an aftercare house run by 'hospital Y'. I spent 4 months there and I didn't like the atmosphere they laid down of endless rules and regulations." (Ed note: we've changed the actual names of institutions mentioned critically and simply designated them by alphabetical letters.)

"I started my referral to East End by myself. It's one of the few places I've ever lived in that I've really liked. Because of the atmosphere."

The 'atmosphere' is created by the residents themselves who, in twice-weekly meetings, discuss house problems, set their own rules, and retain control of running the house. The house is completely financed by the residents, from welfare and work earnings. They pay the \$180 rent, utilities, equipment for the house, and for food.

One way residents cut their food costs and contribute to the East Side area is by participation in the Eat Me food co-operative. (See photos.) Eat Me is a collection of

(cont. pg 2)

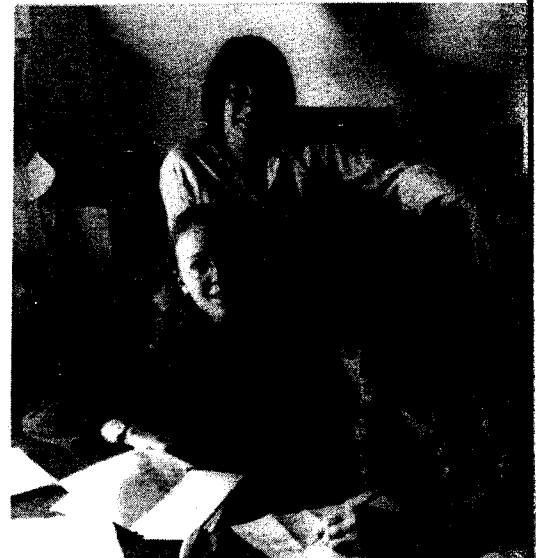
Pics: (top) Fran and Brian. (centre top left) Carla, (centre top right) Paul, (centre bottom left) Chris, (centre bottom right) Steve. (bottom) Loading the East End groceries from the food co-op.



East End: a last cigarette.



Coming Attractions: at West End Res.



Parting Shot: Patty, Eve and Karin.

east end(cont.)  
several households, including East End residence, that buys their food wholesale, and shares the work of distributing it on a rotating basis. Every five or six weeks East End is responsible for seeing that the orders are in, food is obtained and divided up, and that the financial records are kept in order. East End members feel that the co-op is an additional way of regaining control of their own lives.

Brian also compares the residence idea to boarding houses. "In ordinary boarding houses, you just live there, and that's that. You pay the landlady every 30 days and you don't have much contact with people." In comparison, at East End he says, "It's really relaxing, in that the other people here have had heavies and can understand your experiences."

At the residence, according to the people who live there, there's human contact without top-down coercion. "There's nothing about this house that has anything to do with

### Input sought

In a public information meeting held June 5 at Lord Roberts School the West End Mental Health Planning Committee sought input from the community by questionnaire and discussion in small groups.

The West End has had a small mental health team operating for some months in temporary quarters at St. Andrews-Wesley Church.

The Planning Committee and people who attended the meeting expressed their desire to have a say in the type of professional and choice of additional members who may be added to the team. The Planning Committee has already been conducting interviews with possible prospects for team positions and plans to submit recommendations to Dr. John Kyle, recently appointed executive director of the Vancouver Mental Health Team Project.

The tone of the meeting was low key. The team now working in the area expressed their openness to suggestions, their eagerness to cooperate with community wishes and their belief that key people could be supplied to meet special areas of concern (e.g., a child-care worker to serve an area in which 50% of the children are from one-parent families).

Further meetings are to be scheduled with programs and publicity designed to involve more West End people.

Jackie Hooper

medical therapy," Brian says. "It's not the type of atmosphere with: OK kiddies, be in by 11."

Steve adds, "One of the regulations at aftercare house 'X' is that anytime you leave the house -- there's a blackboard-- and you have to write your name and say where you're going and when you're coming back. At 'X' you must get up every morning at 6:30. Breakfast is over at 8:00. Then you take your pick of the household jobs on a list and they grade you. Can you remember back in grade one when the teacher gave you red stars and gold stars?"

The house co-ordinator is elect-

## MPA TELLS ROSEMARY BROWN GROUP OF CRISIS NEEDS, LICENSING PROBLEMS

"There are no adequate crisis facilities in B. C. at the present time," an MPA delegation told Rosemary Brown's provincial government Welfare and Education Committee on May 25 at the public hearings held in Vancouver's Health Unit #5.

In addition to presenting a brief on crisis facility needs, MPA also



Barry takes news of election to Mental Health Coordinating Comm. calmly.

documented a year-and-a-half experience of "frustrations, misinformation and general impediments" in a struggle to buy and establish community residences for ex-mental patients (like the one described in this issue's feature story on East End).

Dick Betts, Lanny Beckman and Fran Phillips appeared before the 7-person group of provincial legislators on behalf of MPA in the 2-hour presentation and discussion.

The MPA brief on crisis needs points out that there now exist only crisis phone lines, drop-in centres, and neighbourhood houses, but no crisis houses. Some groups are pushed into doing band-aid crisis work. However, "there is no crisis program and no short stay community-based facilities where a person undergoing an emotionally critical period" can receive help.

Crisis care facilities, claims

ed by the residents, the election is ratified at general meetings, and the salary is paid by MPA. Asked about Fran's role, residents replied, "I see it as an important part of keeping the house together." Residents say that they see her as a resource person "because the attitude she has is that we're on an equal basis."

Summing up, Steve puts it, "This house has proven that people can do the things needed to run a house by themselves. If they couldn't the MPA houses would fall apart. People can do it without people standing over you."

the brief, could "prevent many cases of hospitalization from occurring at all."

Pointing out that about 2/3 of admissions to Riverview are re-admissions, the brief attempts to uncover some of the causes involved. "It has been our experience that a release from hospital back to the community without a job or welfare or any other visible means of support can cause in a person all the contradictions of crisis."

The MPA delegates denied that studies showing high rates of suicide right after hospital release make for an argument against releasing people. Rather, these studies show the need for "humane forms of after-care."

A second section of the brief goes on to make a concrete proposal for a crisis centre based on the experiences and principles developed at MPA.

In the second half of MPA's presentation to the Brown committee, Fran and Lanny spelled out the complicated, seemingly endless tangle of bureaucratic rules holding up the licensing of MPA's West End Residence.

MPA reps also told the committee they were seeking a boarding house licence rather than the fancier Community Care Facilities license. MPA pointed out that despite the financial advantages of Community Care licenses, this course of action was dropped because the CCL Act demands conforming to a set of principles which are in "conflict with the democratic, self-governing policies of MPA."

So, the Brown committee now has MPA's point of view on the issues of crisis facilities and licensing. The next move is up to them.



# Kits Group Asks for Community Control, MH Head Kyle Says, 'It's Yours'

A Citizens' Committee of the Kitsilano Mental Health Team which had asked for 'community control' was told at its June 5 meeting by Dr. John Kyle that the power was all theirs. Kyle is the head of the Greater Vancouver Mental Health Project.

The 'project' is a new provincial government plan to establish mental health teams in communities in order to cut down admissions to Riverview and partially dismantle the old dinosaur.

The Citizens' Committee, at an earlier meeting (May 16), called for a "halt on hiring machinery" until the community was organized. In a reply from Ray Goodacre of the Metropolitan Health Board, it was announced that the machinery has stopped.

At a subsequent meeting of the citizens' group (May 29), a five-person Steering Committee was voted in and given the task of preparing policy guidelines for the proposed mental health team.

On June 5, Steering Committee member Jeff Marvin presented a draft of the policy guidelines, and recommendations that the Kits Citizens' Committee elect a 3-person personnel committee to work on the hiring question, and nominate a candidate to the higher level Mental Health Coordinating Committee.

It was at this point that project director Kyle assured the citizens' group that no one would be hired for the Kits team who didn't have the approval of the proposed citizens' personnel committee. In effect, this means that the Citizens' Committee has full veto power over anyone who wants to get a job working on the Kits Mental Health Team.

The Citizens' Committee elected Lanny Beckman (MPA), Butch Leslie and Nick Zapantos (editor of a local Greek - language newspaper) to the Personnel Committee.

Kyle further stated that no spending of the \$189,000 budget for the Kits area would occur until the Citizens' Committee had submitted a plan for how the money should be spent. The budget is approved by the Mental Health Coordinating Committee, subject to the approval of the higher level Metropolitan Board of Health. What Kyle's budget promise means is that the Citizens' Committee will have first crack at determining the actual makeup of the team.

The meeting then nominated Barry Coull (MPA) to the crucial Mental Health Coordinating Committee, and requested the Kits Steering Committee to put together several model proposals of budgets to be discussed at the citizens' next meeting on

June 19.

The meeting also approved in principle the Policy Guidelines document, a progressive series of recommendations on 'treatment principles.'

The guidelines are designed to counter the dangers that 1) neighbourhood mental health teams will be a further encroachment on people's daily lives, 2) that decisions will really be made by a far-reaching bureaucracy, and 3) that citizens will only have 'input', but no power.

The principles adopted by the Citizens' Committee include:

- insisting on treating people with respect as *individuals*, not as some classification of 'patient';
- forbidding 'occupational therapy' that is just busy-work;
- calling for keeping drug therapy to an absolute minimum;
- proposing client participation in decision - making through democratic grievance committee;
- and stating that even 'humane treatment' is no substitute for widespread social reform at every level.

If the Kyle promises are kept, and the guidelines put into effect, the Kits Citizens' group will have achieved unprecedented community control of a government project.

## 17 coordinators elected at general meeting

be a Walker-Dexall ticket running for Burrard MLAs in the 1976 B.C. election.) Newly-elected drop-in co-ordinators were Jim Cooper, Everett Dempsey, Nancy Marsden and Ross Teasdale.

In other contested elections, Joe Mandy was elected transportation co-ordinator, Ann Anderson was re-elected crafts co-ordinator, Dick Betts was re-elected as research co-ordinator, and Jackie Hooper was elected to the other research post.

The General Meeting ratified the residence elections which took place prior to the May 30 election. Fran Phillips (East End), Grace Bisson (West End), and Pat Lagos (South End) were ratified by ballot.



Everett

More than 80 people filled the West End Residence basement at the May 30 General Meeting of MPA and elected 17 co-ordinators to six-month terms. It was the largest general meeting turnout in recent months.

In usual MPA style, members breezed through the get-together in 5 hours, starting at 7:30 and wrapping it up a bit after midnight.

The most crucial election --one that drew 15 candidates --was for 6 drop-in co-ordinator positions. Each candidate spoke, and various members made statements of support, voiced criticisms and asked questions before the balloting began. MPA'ers agreed that ensuring democratic principles was worth the lengthy process.

Gerry Walker and Molly Dexall were re-elected to the drop-in posts. (Voter support was so massive that it's rumoured there will



Joe

positions, Kathy Carney was elected office co-ordinator, and Stan Persky was elected communications co-ordinator. All acclamations were by ballot.



Ross

In uncontested elections, Barry Coull and Lanny Beckman were re-elected to community co-ordinator



Balloting at the General Meeting.

# Be the first kid on your ward

Roving correspondent, Franc David, returned from a tour of mental patients liberation-land in San Francisco to report to the May 29th business meeting that there is nothing like MPA in the Bay area. Which got me to thinking that there is nothing like MPA anywhere in the States. Most American mental patients groups pretty well stick to political work and haven't developed much in the way of service programs. This is probably explained by the fact that services cost money, a commodity that American politicians don't like to waste on poor people.

For a lot of complicated reasons the Canadian government provides some funds for self-help community groups via programs like LIP and OFY. Canada is thus a natural breeding ground for MPA-type groups.

## No others

But, so far as I know, there are no other democratic mental patients service organizations in Canada. Why? There are certainly plenty of mental patients in other Canadian cities (ever been to Toronto?) and the treatment they receive is nothing short of abysmal.

We raise the issue not to be self-congratulatory, but to encourage ex-patients in other places to organize themselves and to realize that it is possible. We often receive letters, especially after a national TV or radio program on MPA from people who express interest in starting similar groups. They want to know how MPA started and what they can do.

## How to start

Our early experience will probably be helpful to others, so let us review it briefly and draw from it some general principles that other groups can consider. MPA began with a number of patients in a day hospital program. Organizing within a psychiatric program is a good, though not essential, place to start. What is needed is several people, as few as two or three, who have some minimal organizing skills and who will make a commitment of at least three months without pay to getting the group started. This means doing full-time work, slugging through all the setbacks, the apathy and the frustrations no matter how large they are.

Once this tiny core group has formed, they should set out some concrete principles of philosophy and courses of action. The philosophy, while it may not appear so at this stage, is crucial. It must em-

body policies of democratic participation which place the decision-making power in the group. This doesn't deny the importance of leadership (it is very important), but the group must know that it has the power to control its leaders and its fate.

It is in these very early stages when most groups flounder. In the face of crisis, there are great temptations to bureaucratize and to centralize the decision-making power. This lack of faith in the group often parallels the recruitment of professionals, an act which is fatal to the group's growth.

## Collective power

Ex-patients are naturally sympathetic to democratic structuring because mental hospitals are among the most authoritarian institutions in society. Collective power must

decision, the more important to involve the group.

## Serve the people

The core group should also establish policies regarding the general purpose of the organization. The cardinal purpose must be to serve the interests of patients, not to help professionals do their work. It's crucial not to get sucked into the tailwind of professional organizations. The group must maintain a real autonomy and be prepared to fight on behalf of patients, whoever this brings you into conflict with.

Progressive professionals can be useful as resource people and your services should be coordinated with theirs. But under no circumstances should they be given formal power within the group. The idea is not

Rent for the first month or two can be paid by the core group or, if possible, by a grant. It is very important not to recruit a large membership before the core group is committed to doing most of the hard work involved in seeking funds, finding a house, getting donations of furniture, etc. Wherever possible, involve the new members in this work, but expect to do most of it yourself. The more the project becomes a reality, the more others will pitch in, but initially the organization will run on the energy of a few. (This does not deny members' involvement in decision making, which again, is what it's all about. At first, many make, or at least ratify, decisions while few do the work. That's okay.)

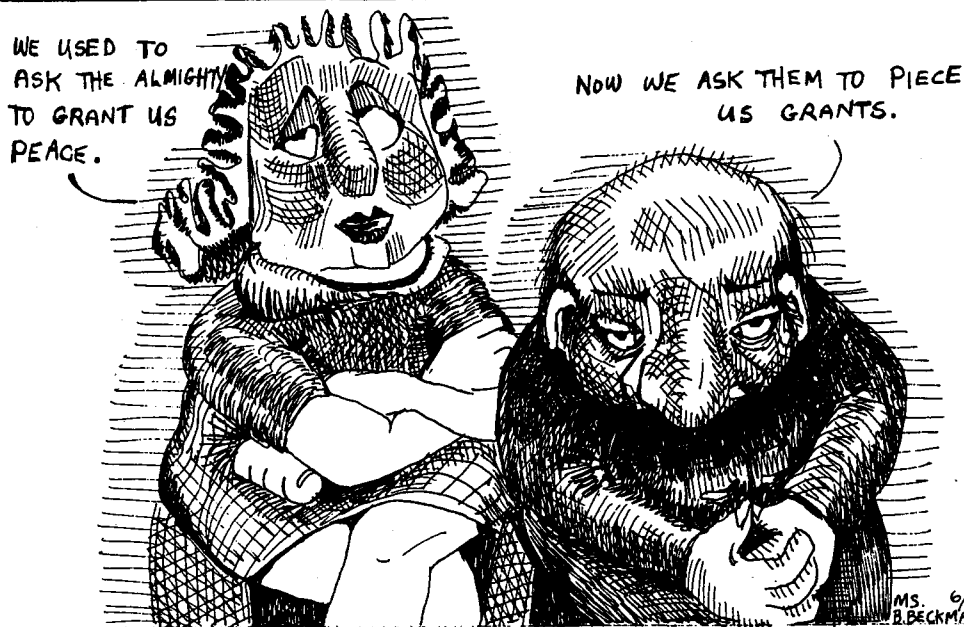
## A sexy issue

A good place to begin looking for funds is the Company of Young Canadians. They supported us first and came through with a minimum of red-tape. If the core group can convince CYC about the quality of their ideas and the strength of their commitment, a grant is very likely. Also, you can get in touch with us for suggestions about where else to apply for money, letters of support, etc.

The next step is to recruit members. It is ideal, though not necessary to have some funding commitment beforehand. Probably the best way to get members -- this is what we did -- is to get in touch with a progressive columnist on one of the big dailies (every city has one such writer) and have him do an article on your proposal, giving the background of the need for ex-patient groups. (We can send you a copy of the first column on MPA. It should be easy to get the column done. As someone put it, "Mental health is a sexy issue." The column should spell out the obvious need for such a group, say something about the horrible way mental patients are treated and ask interested people (especially ex-patients) to phone the core group.

## Ringling phones

If your experience is like ours, you will be deluged with calls. Be prepared to talk for quite a while with each caller, convincing him/her that your idea is not a pipe dream. Also, be prepared to have the first general meeting within about 10 days of the appearance of the column. People's interest in ideas dissipates quickly.



be exercised even if it appears that this power is only ratifying the leaders' decisions. A time will come when their decisions will be challenged, and democratic forms must be kept during the group's infancy so that the members' will can be enforced when it opposes the leaders'. (It took us about three months before a motion didn't pass unanimously.) If the group has to abandon the forms of democratic functioning in order to survive, it is probably better that it not survive. If the core group's ideas are good, the larger group will support them and should be encouraged to participate in as wide a range of decisions as possible. The rule of thumb is: the more important the

to set up a small growth on the body of the professional establishment, but to create a real, independent alternative geared toward uncompromising struggle against the oppression suffered by patients.

When the core group is agreed on basic policies, two courses of action ought to be initiated. One, start seeking funds, and two, begin recruiting a larger membership. Funds are essential, whether they're from private donations or government grants, because people will respond to actual services and this invariably means finding a physical location, which costs money.

Paper organizations get nowhere -- except on paper. The ideal physical structure is a house, just a plain ordinary residential house.

## nutshell

IN A NUTSHELL can always use staff, people to help with typing, layout, editing, proof-reading, all the tasks that go along with putting out the paper. If you would like to help and learn newspaper skills in the process, contact Stan at the Drop-In Centre. We get many requests for subscriptions to IN A NUTSHELL. We have no fixed rates for this but any person who is able to contribute towards the costs may do so. IN A NUTSHELL is free to all people in hospitals and to all hospital staff as well as MPA members or anyone else who has been in hospital. All movement and community service grass - roots organizations can get the paper free. Write and tell us who you are and where you are staying.

IN A NUTSHELL is the official publication of the MENTAL PATIENTS ASSOCIATION. Our address is 1982 W. 6th Ave., Vancouver, B.C. The telephone number is 738-5177.

## LETTERS TO US

Dear Staff,

We subscribe to masses of newspapers and magazines, and some of them arrive and are then stashed away somewhere, out of sight and unread.

But your newsletter which we've been receiving for nothing, we always read and enjoy, making appreciative comments to one another. ("We" is my husband and myself.) It is lively, candid, informative, humorous. Your writers are serious and urgent without being solemn.

Here's a cheque to pay for past issues and, we hope, for some future issues.

I hope you'll all want to go right on reporting, arguing, examining, laughing, crying and generally laying it on the line.

Best wishes to you all.

Irene Howard

Dear Nutshell:

Thank you very much for forwarding me a copy of your publication "In a Nutshell", which I found most interesting.

Very best wishes for the future of your paper.

Rosemary Brown  
M.L.A. (Burrard)

Dear Friends in Solidarity:

Thank you for your most recent copy of "In a Nutshell".

It is very neat, compact, appealing and informative as well as an interesting newsletter.

It is also truly wonderful how intent MPA is on helping people. And it is most visible how you all so readily extend yourselves.

# to start a mental patients organization

The column should also ask for donations of furniture and money (though don't expect to get much), and should ask sympathetic landlords to contact you about renting a house. This is very important. Our first drop-in center was rented from an ex-patient who read the column and who turned out to be a great landlord. Most landlords would of course be totally resistant to renting you a house, so be sure that the one you find knows exactly what you want to do with it and supports your ideas. There are people like that around.

## First meeting

At the first general meeting, there should be plenty of time for people to express their ideas about the need for such an organization and to talk about their own experiences. Before this discussion gets too lengthy, however, attention should be turned to the immediate work to be done. A phoning committee should be set up to inform members about developments. If no house has been found yet, a committee should be struck to look for one. Another committee can begin seeking donations of furniture, etc. Again, the core group should be involved in all these committees and should maintain contact with the members and be prepared to do the work if members' commitments prove too weak. Of course, phone lists of members' numbers should be run off (there is always a handy information center that will give you use of their facilities) and circulated among all members. A lot of phone contact should be maintained during the early weeks. People are used to groups not getting off the ground, so the feasibility of the project has to be continually reinforced until it takes on its own reality.

## Keep it equal

There will probably be some sentiment at the meeting about electing a formal executive--president, secretary etc. -- and probably the core group will be nominated. This sentiment should be resisted. It is important not to develop hierarchies, but to maintain a formal equality among all members. All of our elected people have always had the same title (e.g., office co-ordinator, crafts co-ordinator, etc.) and received the same (subsistence) salary. It is very easy to develop a formal hierarchy in the early stages when there's not much commitment among the members (who really cares if there's a president

or not?), but there will come a time when members will care. By that time, if there already is a hierarchy, it may be too late to reverse the structure. So let the members live with the apprehension of not having a structured executive at the beginning. This is also good because it leaves lots of openings for new people to begin undertaking any of the work that has to be done.



Before the meeting ends, a time should be arranged for the next meeting and the phoning committee should notify all present, plus any new names acquired in the interval, just before the second meeting. Between the meetings, it is important for the core group, by this time hopefully expanded by a few, to have accomplished some concrete goals. The main thing is getting the house--this gives the group the physical reality that is essential. After that, don't be disillusioned if things go slowly. It took us six weeks to completely furnish the center. Expect some people to get tired of waiting and to quit. Don't let this shake your faith in the viability of the project. The word is perseverance. If you have enough of it, the group will eventually develop a momentum of its own.

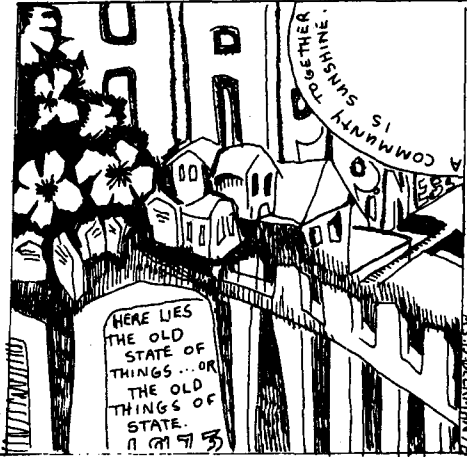
## The house

These guidelines could go on endlessly, but let us wrap it up with a couple of additional points: first, more on the location and use of the house, and second, on the setting up of rules. (Once your core group has formed, we will be able to give you more information and help, likely including some funding to get you through the first month or two.)

We keep coming back to the finding of a house because without it the group has no actual base. The main thing is to avoid church basements or other locations controlled by institutions external to the group. The setting must be under the complete control of the membership, open whenever the membership wants, and used for whatever it wants. A good location is a corner lot because there are fewer adjacent neighbours. More importantly, however, is to find a neighbourhood -- usually working class -- where neighbours are least likely to get uptight about the slightly unusual use.

## No red flags

This brings up an absolutely fundamental point. DON'T go to the neighbours beforehand asking for their approval. This is only waving a red flag in front of their noses. First, establish yourselves in the neighbourhood. Do this as fully as possible by endeavouring to keep all the activity inside the house. Everything possible must be done to avoid incurring the antagonism of



neighbours. Once they can see that you're not disrupting the community, they will naturally come to accept your presence, and there will be no need to go to them formally to announce your existence. Relatedly, DON'T go to the city to get a license. The house will be rented so it won't be in your name. Either the city will never know you're there, or like the neighbours, it will eventually recognize the value of your services and will turn a blind eye to any zoning regulations you might be violating.

The use of the house is somewhat more problematic. We began by combining three functions in one center: drop-in, crisis and residence. Needless to say, the place was a madhouse. However, we did survive

the early months until we could establish our first residence so that the original center could be used only for social and crisis needs.

If you do this though, you should try within the first four months to set up a second house as a residence. Although ex-patients need a social center, housing is a much more fundamental need. If the group is going to provide real bread-and-butter services, it must eventually establish places for people to live.

## Group rules

Finally, let's consider setting and enforcing rules. While the tendency toward bureaucratization must be avoided at all costs, so should the opposite tendency: anarchism. Democracy doesn't mean having no rules. It means having them set and enforced by the group. There will be a good deal of chaos in the early stage and without some enforceable regulations, the group's existence will be threatened. This can happen through hassles with neighbours, minor scandals, etc.

We began with four cardinal rules, and essentially they haven't been added to during the past 2 1/2 years. They are: 1) No alcohol on the premises; 2) No illegal drugs; 3) No physical violence; and 4) No interfering with the peaceful activities of others.

Usually our group was very lenient--sometimes too lenient--in enforcing these rules. They were generally broken by someone who was very freaked-out and the group felt compassion and often declined to ban the person. At times this resulted in very serious problems, and occasionally the group's survival was threatened by the excesses of one or two people.

Since we had always been the people who had rules enforced on us by others, we did not find it easy to see ourselves as the enforcers of rules. However, our enforcement was very different from 'theirs' since ours was done democratically by the whole group. Of course, you will have to confront these issues as they arise in your own experience. But we suggest that you keep the number of rules to a minimum and that you do not shrink from enforcing them when the good of the whole group is threatened.

We hope that our experience and suggestions will be helpful. We very much want to aid any groups who are getting started. Please let us know how things are developing and whether we can be of help. Good luck. Power to the patients.

- Lanny Beckman

Your engaging lime light seems to be your amenable democratic rules, the way you are open to suggestion or advice and the way you respond to each person and situation.

In other words, MPA is the emency of a warm climate.

What particularly caught my interest was the write-up on Mental Health Team hiring and the setting up of democratic community control.

I'm not sure that I fully understand it all. But if it means, each and everyone will have a say in decision making that affects and controls our lives; if it means doing away with class privileges and will solve peacefully but effectively the problems of inequality, then I am all for it.

Congratulations on your perseverance.

Amy Pollen

## FROM THE HOMEFRONT

### Transportation

Running smoothly with MPA's brand new Barrettmobile and roughly (on occasions) with our old blue farm van. More participants on the Thurs. Riverview visiting trip would be appreciated -- especially by the people in there! Regular Sat. afternoon outings so far have been to Cates & Lighthouse parks & Deep Cove, & trippy trips to continue all summer -- destination suggestions welcome.

- Joe Mandy

### Living Room

Hitler started a war over what he thought was a shortage of Livingroom. MPA has been in a series of battles establishing and maintaining houses where housing for ex-mental patients did not previously exist. Serious skirmishes over funding, licensing regulations

and the need for crisis houses adds to our residents' state of uncertainty. We never know when we will have to "fold our tents...and silently steal away" because we have broken a civic by-law or find our houses running contrary to outdated provincial legislation.

Occasionally one of our residents pulls off some prank, does some shouting late at night or annoys-one of the neighbours. We find later that instead of dealing with us directly people report us to the government department that controls our funds or the local member of parliament or medical health officer. At least we get attention from the very highest officials.

In response MPA has developed its diplomatic corps to arrange a "peace with honor". We expect some difficulty due to the small size of our airforce: Two pigeons and an unemployed Japanese starling. The

cont. pg. 6



# the myth of mental illness / THE REAL

Joan (not the woman's real name) is an MPA member who has spent time in Crease, VGH and UBC Health Sciences hospitals. This is the first in a series of interviews.

N=Nutshell  
J=Joan



N: Let's talk about the actual procedure once you got out to Crease. So you were driven there by your family, and then what happened?  
J: My sister signed the papers. Then I was taken up and I had a physical exam. I was then taken to the ward by an attendant.  
N: How did you feel once you got up there?  
J: Well, I really didn't know what was going on. I hadn't heard too much about Crease. I was just in my pajamas and we had to eat in the kitchen. I think it was rather extreme to take away my clothes.  
N: Did you want your clothes?  
J: Yes. I think it was ridiculous to go in the hospital and just like that you don't have any clothes.  
N: Why did they take them away?  
J: I had no idea.  
N: Do they explain anything to you?  
J: No. They don't explain things to you, they just do it.  
N: After they took your clothes away did you ask for them immediately?  
J: Yes. I asked for them after I got a medical exam.  
N: Then they just said 'no'?  
J: Yes. Then you know what goes on in Crease, after you get inside.  
N: What?  
J: You know, the fear. Not getting matches. Taking away sharp instruments. It was kind of a shock. I wasn't used to being denied these things.

## Sit in that chair and get better

N: What kind of 'therapy' did you get there?  
J: Oh, not very much. As far as the doctors go, I had one interview, and he seemed to think I got along well with everybody. But then people who

are quiet get along with anybody whether they're getting along with anybody or not. They had group sessions. Some of the patients wanted to sit on the floor. There was a big hassle about that. I didn't think it was very reasonable. I didn't see anything wrong with sitting on the floor.  
N: They didn't allow you to sit on the floor?  
J: No. You had to sit on chairs in a big circle.  
N: Who said that?  
J: The doctors. They were all arguing about it. There was a lot of controversy. There was a young person instigating and a lot of them joined him. Of course that was terrible because they were nonconformists.  
N: And why were the doctors opposed to people sitting on the floor?  
J: Heaven knows!  
N: Did they give reasons?  
J: Yeah. One of the reasons was because they weren't conforming.  
N: The doctor said that?  
J: Yes, that was the reason. They had quite an argument.  
N: Did the doctors all agree?  
J: Yeah. It was very nonconformist.  
N: How did the patients feel about it?  
J: They didn't mind people sitting on the floor. Some people deliberately got up and sat on the floor.  
N: Even though they were told not to?  
J: Yes, they stayed there without changing their minds.  
N: And what did the doctors do?  
J: They did nothing. They couldn't do anything unless they wanted to physically make them sit on chairs. The doctors were quite upset about it. All the staff and everybody. They thought it was just terrible.

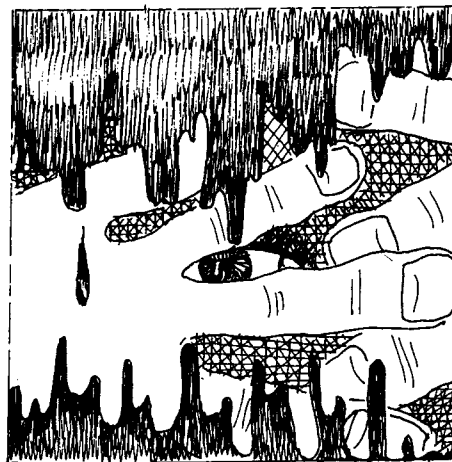
## Hellfare & Wealth Dept.

N: What about after you got out of hospital?  
J: I was working part-time in a cafe.  
N: What was your money situation like?  
J: Very bad. I finally went on welfare at that time.  
N: How old were you then?  
J: About 27.  
N: And that's the first time you'd been on welfare in your life?  
J: Yes.  
N: What is your parents' situation?  
J: My father works in a small factory in Vancouver. Well, I'm not used to a lot of money anyway. I had wanted to get work. I didn't particularly want to go on welfare. But when I went on welfare, I was quite pleased to have a little bit of money. At that time, if you were living at home, you only got \$45.  
N: How was it that you decided to go onto welfare?

J: The doctor suggested it.  
N: You had given up your part-time job at this time?  
J: Yeah. They had closed out. They were having a lot of problems with business.  
N: What was your parents' response to your going on welfare?  
J: They weren't against it, but they were against me having ECT. My mother had to go and get me a couple of times, so it was kind of depressing. This was something that bothered me. It bothered me that I was depressing her as well as myself.  
N: And you continued to live at home throughout this whole time?  
J: Yes.  
N: Did you talk to them a lot about what was going on with you?  
J: I didn't talk to anyone.  
N: Did you do at home what you did at work -- sort of put on this front that everything was okay?  
J: Yes.

## Crying on the bus

N: Your parents weren't aware that you felt as badly. Can you describe that sort of horrible depression? I know it's hard. Can you try and put into words what that feeling is when it's really bad?



J: It started when I was going to university. I used to go to classes and I used to cry. I was very upset. I'd cry in the coffee shop and I'd try to stop but I couldn't. So I went back the next year. I had these spells. Coming on the bus from university to home. All of a sudden, well, this depression would come over me.  
N: What was happening on the bus?  
J: I'd get on the bus. This happened very, very often. I'd be going to church on the bus and I'd cry and cry. It went on for 5 years.  
N: Later on, you were in VGH?  
J: Yes.

## Fake check-up

N: How did you get into VGH and then the UBC Health Sciences Center?  
J: I was supposed to be staying at

the Y. I was sitting in the chair at the Y and sometimes I'd fall asleep. That night they let me stay in this room that had three lights and - zunk! - they turned me into a dog or something. But I remember I had a bit of sleep that night. Things weren't too good and my sister weren't down. Of course, I kept saying that I wanted to stay there

but they told me that I couldn't because I was over a certain age and then they took me down to the welfare office where I talked to this social worker or something. I was with my sister. They had made several suggestions and then I stayed at the East Ender house that night. Then they said that I was to come in the next day. And my sister said to somebody, not to me, that I was not very well. In fact, nobody said that. She sort of asked them if there was some way of getting me into hospital. I wanted to get some welfare and get some money. The next day at the welfare office they said I was to go for a medical check-up at the VGH emergency ward. They got a cab to take me to VGH. This was at the VGH emergency ward for a medical check-up! I'd been there before. We sort of knew each other. The nurse says, "A medical check-up." And I said, "Yeah, a medical check-up." She says, "Well I'll phone." And I said, "O.K." She phoned. The doctor came over with a very serious look and he wanted to know what I was doing there and I told him. So, I waited around and they didn't tell me a thing. Finally this doctor said, "My name is Dr. Jones and would you like something to eat." And I said, "Well, that'd be fine." But I was very suspicious because I'd already broken away from emergency in a very violent fashion and I was wondering what was going on. So I waited around and I wasn't too enthusiastic about having a medical check-up. I didn't really see how that related to getting welfare but anyway they gave me some toast. I wouldn't order anything else just in case it was part of a trick and so then they brought me out a pill. Once they knew I'd taken that pill it was just like being caught. When I got to that door-whoosh-they just had me; they locked the door and I was really mad but I didn't know what to say. I didn't know how to get out of it. I mean I guess they already knew that I'd broken away from them the last time. Then they just took my clothes and they did not say anything. That's how I got in. I was there three days and they took three of us by ambulance to the Health Sciences Center and they asked us to sign all these stupid forms. I thought I was signing my life away and then I got the social worker and told her that

## homefront(cont.)

corps is now active in the community, bringing attention to our need for "livingspace". It has been busy at GVRD meetings and presenting briefs to the provincial government in an effort to smooth our licensing problems. Very encouraging communiques from Victoria indicate the pressure in this area is easing.

### Dispatch from the Farm Front

For two years now we have been operating on the notion that fresh air, growing things and a return to nature cures all. However, it has exactly produced problems of exhaustion for coordinators, isolation of residents from supporting groups who believe in self help and attacks by local officials who use rumor and two-hour assessments to

arrive at very biased conclusions. Our "livingroom" at the Farm is now in jeopardy. Our campaign is to regroup our forces and prepare for withdrawal if necessary. Our next general meeting will decide if we fall back, regroup or give up.

### Dispatch from the Westend Sector

The battle for this coming month will be more an internal one as Grace, the house coordinator has decided to leave. She has organized the work for meeting licensing requirements and has been involving various members in voluntary work with MPA. The house residents have just elected Clyde as their new coordinator. The Livingroom at the West End is open and comfortable with occasional spaces being available from time to time.

### Dispatch from the East Sector

With our redecorating virtually complete members of the East House have become interested in a wide variety of activities. All our residents are on VOP working with the food co-op, doing drop-in center work and speaking to community groups. We have been involved in improving morale in our whole sector by visiting and trading suppers with the South House. Livingroom at the East House is compact and together most of the time. We also have some space available.

### Dispatch from the South House

We have had a number of problems in this sector for sometime now. Getting a house together from scratch has proved too much for both our coordinators and they have

# TY OF FEELING HORRIBLE

I was a Canadian citizen and I had every right to know what was going on. I wanted to know why I didn't get welfare and she thought I was crazy.

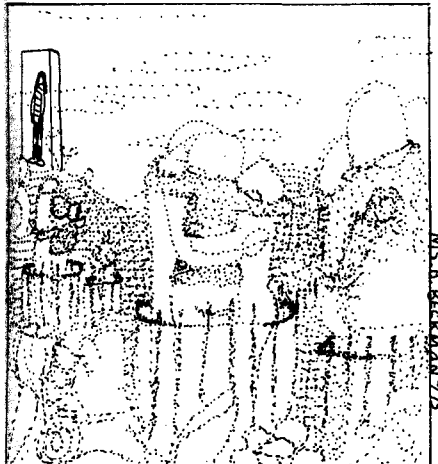
N: What did she say?  
 J: She didn't say anything. She just sort of looked at me.  
 N: So there you were in UBC. You had been tricked into it.

I was tricked

J: Right. And there's no other bloody word for it. I was tricked into that. And they don't say, "Well Joan, you're sick, something's wrong with you. You don't seem to know what you're doing."

N: I don't quite understand what happened at VGH. Could you go over it again briefly? You'd been sent down for this medical by the welfare woman?

J: Yes. I walked into VGH and there's a desk at the front. The nurse phoned the welfare office and I don't know what the conversation was between the welfare office and the nurse. She told the intern and the intern came out and talked to me. He didn't say, "We don't do medical check-ups here, what are you doing here?" And this Dr. Jones, a woman doctor, came out and said, "Would you like something to eat?" While I was in the waiting room, I waited about four hours. So finally they handed me this pill and said, "Do you want this pill?" I took it but I didn't swallow it.



N: O.K. Then you were sitting there waiting.

J: Yes. But you see - about this medical check-up - I was very suspicious because I was in that room, I know they've got locks on the door and I thought if I go in there for a medical check-up it just seems strange. I wasn't sure what to do, the welfare office had sent me there and I'd probably be out in the street again till the next day. Well I went to the doorway. I had told them I didn't want to stay. It was sort of getting late and I got up and I thought, well, if I go back to 4th I was hoping that I could stay

there that night. I was going to ask them again what was going on, and then they just grabbed me by both arms.

N: Who?  
 J: The nurses and the orderly.  
 N: They saw you get up from your chair?

J: They had sort of been forewarned. They just hauled me off into the room and locked the door.  
 N: Did they say anything when they were dragging you into the room?  
 J: No. They didn't say anything. They just took me there. They said it was best for me, etc., etc.  
 N: And they just locked the door behind you. You had already been waiting for four hours?

4 hours later

J: Yeah. I'd been waiting around. Then they locked the door.  
 N: You were in your street clothes still?

J: Yeah.  
 N: Then what happened?  
 J: Then, they left. I don't know how long. It was hammering very long because I kept hammering on the door. And the nurse came in and asked me to change my clothes and they took my clothes.  
 N: Did you do that voluntarily?  
 J: Yeah. What else was I going to do?

N: Did you know at the time that they locked you in the room that they were going to keep you there for mental observation or that sort of thing?

J: No. I wasn't told anything. In fact, my sister didn't tell me till afterwards that she had more or less committed me. She didn't tell me that till about a month ago. I thought she should explain. Well of course, if someone had sat down and sort of said, "Well, what seems to be the problem?", about a year ago which is how long I had been sort of out of it, I probably wouldn't have been so mixed up. But there was no explanation.

N: Did anything new happen in UBC? A different experience from the other two hospitals?

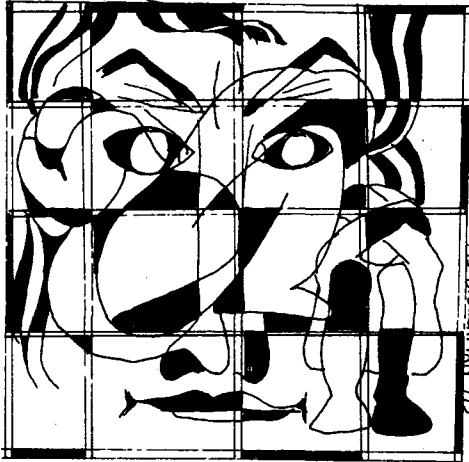
J: Yeah. It was quite different from Crease or VGH. There's one thing about VGH, if you want to go to sit in the O.T. room or play pool, or do something, you have a lot more freedom at VGH. And there are more things going on.  
 N: Really?

Regimented at UBC

J: Oh yeah. VGH, of the places I've been, is the best. I didn't feel quite so much that you were second class or something there, as at UBC. At UBC you're sort of regimented.

N: In what ways?  
 J: You have things you have to go

to; you don't have to, but there's O.T. at a certain time which is not true at VGH. At least when I was there, the person who was in charge could help you. She was maybe helping someone else a little bit the way Ann does at MPA. She had a lot of things going at once with the patients. I told one of the doctors at Health Sciences (UBC) that I thought patients should have more freedom to get out and I didn't



think much of this privilege business. There are four levels. There was one where you're told you can't leave the ward. Like if you go and walk across the dining-room, the staff comes and calls you back; and when you are allowed off the ward with the staff. Then you're allowed privileges with another patient who has full privileges.

N: What do you mean by privileges?  
 J: To go out the door, outside. There's four categories and then full privileges. I thought people should get out more. They didn't have all sorts of things that the VGH were doing, like they would take trips around Indian Arm from VGH. Another thing too that I thought the patients should get a little more information about was finding places for people to stay and getting out of hospital and have money to put down for a place. That's a really bad hassle.

N: How did you finally get out of UBC?

J: I had been going to some sessions over at the church and the doctor seemed quite mad and said, "If you can do that, you can go and find a room." So I ended up looking for a room. I told them I didn't have any money but I was a bit mad so I went out and I thought maybe somebody will let me have a room without a down payment. He seemed to think I should find accommodation but you can't get accommodation without the money.

N: So what happened? You went out and looked for a room?

J: I finally got a place to stay and I carried my stuff over to it. I went over to this place about two blocks away on campus and I carried

my stuff over from the hospital. I didn't have any means of getting it there any way else. I don't know what I would have done if I got a place in the city.

N: How much did you have?  
 J: Well, I had about 3 trips.

N: You went back and forth 3 times, just carrying your personal belongings to your new place to live?

J: Yes.  
 N: And the hospital knew you were doing it?

J: Yes.  
 N: And nobody said, we can give you a ride?

J: No.  
 N: They don't have a transportation co-ordinator. (laughter) How did you get the money to put down?

Rules are rules

J: Well, finally my mother and father lent me \$10. Then I went to the welfare office. I told the guy there: what was I going to do about this welfare situation? I'd been getting no response from the social worker at UBC. So finally he said I could collect this 'comfort' allowance of \$18.50 and I gave him the social worker's number at UBC and he phoned her. He told me that I couldn't even apply for welfare until I drew my discharge date.

N: So you had to get your discharge date from the hospital?

J: Yes.  
 N: So you went back to the hospital?

J: Yes.  
 N: What did you tell the guy when he asked you for the discharge date?

J: I told him I was still in hospital and I didn't know when I was getting out.

N: What did he say then?  
 J: He said that was the rule, that I needed to know.

Which is worse?

N: So of the three places you've been, Crease, VGH and UBC, which was the worst?

J: Oh, I think UBC Health Sciences was. I hated that place.

N: You'd rather be in Crease than Health Sciences?

J: I'd rather be in VGH. I'd rather be in none of them.

N: But if you had to be in one, what would you choose between, Health Sciences or Crease?

J: Well, I certainly wouldn't like to be in Crease. I guess it's better to be in Health Sciences.

N: There isn't much distinction then?

J: UBC is nicer looking.

N: But that doesn't mean very much?  
 J: No.

left. Reinforcements have been sent to support the residents and sort out some of their troubles. The oneman support company, Pat, from the East House arrived by popular request and has since been elected as coordinator. Helen has decided to stand for election as the second coordinator. Livingroom at the South House is rambling, vertical and barnlike. It is expensive and has been difficult to organize. Discussions are now being held to look for alternatives.

Dispatch from the Drop-In Center

All of our programs, office, workshop, newspaper, research and transportation are planned and organized at the drop-in center. Recent elections installed a number of new coordinators who have set up schedules to obtain more consistent coverage through the day and even-

ing. Chaos can occur at any moment at the Drop-in and this is the place where new ideas are tried so that needs of members can be met. For general membership and those members in single rooms the drop-in center is a major living space.

- Fran

Rap Group

The Mental Patients Liberation Rap Group has met three times and has succeeded in keeping up a core group of 5 people involved and active in it. Five or 7 people is just about right for a discussion group in which everyone can participate and get a chance to speak freely.

Don't let that turn you away if you want to join us. We can always double in size and have 2 or more

groups going. As always, the more people who get involved the better.

So far we've been very unstructured and the discussion has centered on issues such as personal and collective freedom, 'mental illness' as really being social alienation, can there be a 'radical therapy' or 'radical psychiatry', why are people incarcerated in mental institutions, etc.

We'll stay loose enough to get to peoples' concerns and what it is they wish to talk about. Above all, we want to get to the root of things we talk about, the reasons behind what appears to happen every day.

So come on along. We think it's interesting. We meet every Monday evening at 8:00 p.m. in the Drop-In Centre Quiet Room. We usually finish before 10:00 p.m. (the same night).



# Report from Berkeley area: toward a united MH front

by Franc David  
Nutshell Foreign Correspondent

During May, I was in San Francisco, and took some time to see people at 'mental health' projects and political action groups around the Bay Area.

This is a summary of what went down.

Legal Aid for Mental Patients (LAMP) is in Berkeley, and in the person of Robert Roth is active at conferences on legal rights, and serves as an information centre on patients' rights, the only centre of its kind I found in the Bay region.

An action LAMP is currently working on is how the 'bill of rights' provisions of the Lanterman-Petris-Short Act can be enforced in California mental health facilities. ('Bill of rights' provisions are similar to those set out in the MPA proposed revised B.C. Mental Health Act, i. e., a patient would have rights to a) wear his own clothes, b) to see visitors each day, c) to have ready access to letter-writing materials, including stamps, and to mail and receive unopened correspondence.)

One suggestion is to prominently display this 'bill of rights' at the facility in both English and Spanish; another is to have 'consumer advocates' at the facility to act as 'ombudsperson' for the detainee.

LAMP is moving towards incorporating an advocacy system within current state mental health legislation, and to act as counsel for persons in an institution, or who are facing incarceration in one.

LAMP publishes in *Madness Network News* and is listed in *Rough Times*.

The Berkeley Radical Psychiatry Centre (BRPC) has an ongoing conference for the next several weeks to discuss their organizational direction/focus. A day-long conference May 27 was similar to the MPA reorganization conference last October in a couple of ways. Proposals were heard from training collectives and individuals. From all proposals submitted that day, four main topics were taken for the next session: 1) structure, 2) financial survival of BRPC workers, 3) factionalism and diversity, and 4) training.

These are hot items, as BRPC is experiencing growing pains, and the conference is felt an effective way of assessing alternatives for BRPC, now that it is established. Rumour at the conferences was that the split-off collectives may decide to rejoin. If this happens, radical psychiatry will again have a united front in Berkeley. After this conference I had a good rap with persons who are setting up a radical therapy centre in Los Angeles. BRPC puts out their own publication, *Issues in Radical Therapy*, which is available through them, or locally.

*Madness Network News* (MNN) was pretty frantic when I first went to

see them, getting issue #5 down to the Post Office by closing time. We spent the day bundling, sticking and weighing newspapers, and I was amazed at how many postal codes there are in California!

I spoke with Leonard Frank (from the MNN collective) over the next few days, about conferences around the Bay area on legal rights and MH laws, on actions to challenge mental health legislation, and found several persons on the MNN collective work full-time on mental-health projects, so are in a position to know what goes down at a community level.

MNN gives fairly comprehensive political coverage of "all the fits that news to print" in the Bay area, as well as nation-wide.

Bonita House was set up a year or so ago with funding from the City of Berkeley, to provide a half way house for persons referred from hospitals. It's a big (gigantic) house, with the best view to San Francisco I've seen yet. Staff live in the residence full-time, and work with residents on a direct personal level (as opposed to the social-worker attitude prevalent in hospitals) on how he/she can fit back into the community. The residence is for short or extended stay and seemed to be functioning well as a communal house. People from



Scene at the MPA May 30th General Meeting.

## Bonham opposes people

On May 28 Dr. G. Bonham, Vancouver Medical Health Officer, spoke to what was largely a gathering of social work professionals about the community mental health system for Vancouver and its present state. From his talk one could gather that the project is seriously moving ahead and various centres have already been located throughout the city.

The centres thus far planned will be at the Old Museum on the corner of Main and Hastings, one on Robson St. in the West End, two at Arbutus and 41st, one at Granville and 16th and one near the East End residence around 16th and Main.

The centres are located in five planning or service areas in Vancouver. They represent the central offices of the community project which, as most people know by now, will be spreading mental health services to the community at large.

the surrounding community work as volunteers here, but so far volunteer work is unpaid. The house does not function as a drop-in or crisis centre.

The U.S.-China Friendship Association is impossible to locate, but I'm hopeful they're still around, as their article on mental health in China which ran in *RT* is informative.

In retrospect, I acquired a positive overview of the 'alternative' mental health structure in San Francisco.

I feel the community has not shown itself to be as open to mental health alternatives there as here, but radical consciousness, in the form of various groups I visited, is moving towards building these alternatives.

Comparing San Francisco's alternative facilities with MPA and other organizations in Vancouver, I find that service we offer here, e.g., a drop-in/crisis centre, or a forum in which we, as MPA members, can act on ways to improve facilities and legislation do not yet exist for the man/woman on the street or for the person as patient in SF.

Some reasons for this are 1) there is no government project-funding in the States, as there is in Canada; 2) foundations are hard to approach, but the issue of 'mental health' care is becoming increasingly newsworthy, so foundation grants may become easier to get in the next year for organizations like LAMP, or Berkeley Place and Bonita House.

A gradual phasing-out of county mental hospitals is underway in California, and alternatives to these institutions are apparently in the works, at the county and state level.

I would like to see community-based, community-operated facilities develop as well, run by persons willing to have a personal view of their facility, which would be relatively free from the medical model of treatment.

(All publications mentioned are available at the MPA Drop-In Centre.)

Bonham released information to the group including the program's stated aim to retain Riverview and to increase the numbers of psychiatric wards in the city. It's still psychiatry, folks.

Bonham also said he felt that community involvement in basic decisions such as hiring and firing for the new program was "not important". He mentioned that the provincial government Mental Health Branch had given \$40,000 to the planning committee for the new program. He said he felt community involvement would be time consuming and would discredit the project in Victoria's eyes. If you read the other stories on community mental health in this newsletter you'll see that there seems to be different opinions on this issue as far as some health officials are concerned.

- Dick Betts

# MRS. SHAFFRON

Mrs. Shaffron?  
 Mrs. Shaffron!  
 Can you hear me?  
 Yes.  
 My name is Fernie.  
 Can you hear me?  
 Yes.

My friend Una and I have been watching you since you came on the ward the other day. You look so pathetic, dear, with that blank expression. Can you hear me?

Yes.

We want to be your friends. We feel that you are terribly frightened and we can't bear your suffering.

Mrs. Shaffron?  
 Mrs. Shaffron!

Please don't look like that. We want to be your friends. We want to help you. You never move from that chair except to go to the bathroom or eat or go to bed. We've seen you sit in the same position for hours on end. My dear, God is with you and Una and I are with you too. We have both been terribly ill and are getting better, but we have had help. We have had each other and we have had God. We don't speak of Him except before our meals when we thank him for his blessings. We take turns doing that and we would be happy if you would eat with us and take turns too. Mrs. Shaffron,



missis shaffron                      misses shaffron

I speak to you of God. Do you have something to say?

Amen.

Una is Pentecostal Tabernacle and I'm United. Can you tell me your faith? You don't really have to say. I guess it's not really important.

It is important. I'm a Jew.

Do Jews have special words they say before they eat?

Blessed art thou O Lord our God, King of the Universe who brings forth bread from the earth and Blessed art thou O Lord Our God, King of the Universe who brings forth words from a frozen mouth.

- Molly Dexall

## ON BEING A MENTAL PATIENT

I freaked out three years ago, and spent five months in Riverview Hospital. It's taken me this long to accept what happened, and start rebuilding my life again. Admittedly I have had help. I married my husband one year ago, and the experience of living with another human being in such an intimate way helped me integrate my intellectual and philosophical conceptions about how life should be, with what actually is: in other words I became much more realistic about what I was capable of giving and wanted to give, and more demanding about what I expected and needed from other people, particularly my husband.

In that time, my awareness about the false liberalism that society hands out in place of understanding and acceptance and actual help to people like me changed dramatically. I found out that, in fact, it would have been better if I had been a 'criminal' and broken the law rather than committed the awful social 'crime' of not being able to cope with society's expectations: not having friends or an acceptable job, being awkward and 'unfeminine', and consequently breaking down.

At least if I had been sentenced to prison the conservative element in society would have felt that I had been 'punished' and done my time. As it is I am afraid that if I mention to Joe Blow that I had a nervous breakdown, my anger at his pass at me is taken as evidence of

'penis envy' or downright frigidity. My aggression is taken as an 'inadequate adjustment' to my feminine role, and so on, ad nauseum.

To put it simply, I am not allowed to express strong feelings without the people around me feeling I am about to freak out, and embarrass them. So, it seems that for the rest of my life, I am faced with the sheer necessity of concealing what happened, so that I can survive.

On a pure social level, despite my repugnance for lying, this is a fairly easy thing to do. I am, however, in the process of retraining for employment and in a few short months will be faced with the necessity of quickly finding a job. With so many others who have about the same skills also unemployed and my job history during these past years at best sporadic, and at worst non-existent, my chances of quickly finding employment are indifferent. The possibility of the poverty-loneliness-depression chain starting all over again is high.

Having one other human being sharing these experiences means that I, at least, will have support and sympathy for my plight. What, I wonder, happens to all the other people who break down and don't have someone who cares enough to support them when they get bummed out, and encourage them when they feel they really can't go on?

- Evelyn



REVIEW

# Against Sexual Repression

Sex-Pol, Wilhelm Reich, edited by Lee Baxandall, Vintage paperbacks, price about \$2.50

This is a collection of essays by Reich dating from 1929-1934. These years comprise the period when he was active in the German Communist Party. For a time Reich was a psychoanalyst who felt that people would not be happy or free from psychological problems unless they lived in a decent society where they could work and live without fear of poverty and exploitation.

Most psychiatrists today tell you to adjust to the present state of affairs. Worse still, they tell you if you have different hopes or ideas for society and yourself, you're neurotic or psychotic and you need 'treatment'. They tell you your problems are 'all in your head' or 'psychological'.

Reich rejected this narrow view. He says in one of the essays that psychoanalysis or psychology cannot explain everything, especially history or the life of a society as a whole. As far as this goes, you must look at what kind of society it is, how its economic system functions, does it leave some poor and some rich, etc. Psychology can only help see the individual within the society. Then, to do its job properly, it has to be able to criticize the society if it has things in it which make people unhappy.

The essays then go on to talk about both social and psychological problems, where these interrelate and how. Their common ground, for Reich, is the area of sexuality. "Sex-Pol" is an abbreviation for Sexual - Political, one word which unites the two.

Reich's priority at this time was to talk to Communist Youth, young people who wanted a better society. He discussed their sexual problems with them and tried to get the party to set up housing for young people where they could go and make love if they wanted. In this way he felt they could release the tension caused by repressing their natural sexual drives.

He carried on incessant attacks against the Establishment which repressed people's sexuality in order to make them submissive and fearful citizens. Freud, who was Reich's teacher once, admitted that society forced people to be repressed. Freud didn't do anything about it, but Reich became political and joined the Communist movement, since it embodied the hopes for a new society.

Reich did not ultimately succeed in getting the party to take his suggestions seriously. He did succeed in setting up several working-class clinics which were controlled by workers. For the first time they could get psychoanalytic help the same as the rich.

Both Reich and the Communist Party were eventually crushed by Hitler. Reich talks at length about this in another interesting book, *The Mass Psychology of Fascism*.

Reich fled Germany and eventually wound up in the U.S. where he lived until 1952. He died in that year in an institution, himself a victim of psychiatry which he once tried so hard to change.

- Dick Betts



## Bringing Up Your Shrink (Psychiatrist)

If there's anything we at MPA are always exchanging opinions about besides drugs (prescription and otherwise), it's shrinks (psychiatrists to the uninitiated). I would therefore like to offer three guide-lines on how to deal with these perverse and peculiar creatures.

**Rule no. 1: Do not see a shrink.** Let your friends at MPA help you with your problems; they have the advantage of having been through these kinds of hang-ups which is something few shrinks have any inside information on (though the suicide rate among psychiatrists is rumoured to be quite high).

If, however, you are desperate for other kinds of help and are insane enough to believe the psychiatric 'establishment' really has the answers, go on to rule no. 2.

**Rule no. 2: Do not let yourself be brow-beaten by your shrink.** Most psychiatrists seem to be aiming at some kind of target, namely, the root of your problems. If you honestly feel that by some miracle

they have hit the bulls-eye (and it can happen) rejoice and be glad but do not be too humble in your gratitude: it's probably good luck more than anything, and anyway, you might have thought of it yourself.

If he (or she) just plain misses the mark (and that can happen quite often) do not hesitate to shout 'bullshit' at the top of your lungs. (Don't worry too much about the waiting patients and secretary in the outer office: they'll soon get used to it.)

In particular don't take any nonsense such as the following: "What you really need is a good lay" or: "Why don't you go out and get yourself a boyfriend" (or girlfriend as the case may be). Likewise, if you see fit resist violently such standard advice as: (if a married woman) "Why can't you be happy staying at home looking after your husband and children?" or (if a man) "Why don't you go out and get yourself a job?"

If your shrink is so myopic that he can't even see the target, get

yourself another shrink, pronto.

Now that you've got your shrink to recognize you as a real person (and not just one of a long string of patients), go on to rule no. 3.

**Rule no. 3: By devious and underhanded methods try to radicalize your psychiatrist.** Suggest that he or she donate half his or her salary to MPA. Read out some of the less savoury aspects of the Mental Health Act (for example: the insane laws regarding involuntary committal). Convince your shrink that if we all made a united front we might actually get the reigning government to close down Riverview and provide adequate and human care in the community. Last of all, you might ever persuade your shrink to visit MPA (incognito, of course).

If you (and your friends) accomplish all of these things your shrink will soon be out of a job. He'll just be an ordinary human being like the rest of us. He won't need you. He'll at last be able to cut the umbilical cord.

- Margaret V. Nelson



## SEX OBJECT

Once I met a young computer  
 With a bright and sexy gleam,  
 With swivelled hips and plastic lips  
 She was a fine machine.  
 I asked her out,  
 And she accepted;  
 We went out on the street.  
 And we held hands and were together  
 To the people we would meet.  
 And for a time we loved each other;  
 Nothing at all seemed wrong.  
 Our lives moved in sweet harmony  
 Like the rhythm of a song.  
 Then one day she was obsolete,  
 And simply had to go,  
 And where her parts were scrapped  
 for salvage  
 I simply do not know.  
 Now I am old, no longer young,  
 And I no longer dream.  
 I know for me there can never be  
 Another sex machine.

- Len Lorimer



## THE QUEST

Once there was a young man of independent means, who, having nothing better to do, decided to embark on a romantic quest. He was a careful young man who liked to know what he was about so he went to the library first and read up on the subject of quests. There he discovered that professional questers had sought the holy grail for at least several hundred years without success. Being an amateur and a novice, he felt he should start with something easier.

So, instead of scaling the heights in search of the holy of holies he strolled easily downwards looking for the cynicalness of cynicism -- the ultimately cynical statement. He fooled around with such statements as: "Marriage is the cure for love," but that didn't seem satisfying. Then he was distracted by the fact that many people did not like cynicism. He wondered why, and after several weeks of careful observation and thought, he felt he had found the answer. People do not like cynicism because it is honest. For his next quest he.....

- Len Lorimer

## the contract

In the past six years of disoriented traversing and hitching throughout every nook and city slum in Canada, I arrived at a snarling fact. I didn't know what was happening anymore. Wow! It's like after you reach the end of every road a void of nothingness and lack of ambition just enveloped you like a swamp of stinking discontent and alienation from any personal contacts with other human beings. Except, of course, just for survival reasons, i.e., food, maybe a basement to sleep in and an endless craving for something or someone to relate to. A depreciating outcome evolves from many non-productive or non-creative activity, or for that

matter, any activity at all.

In many cases this kind of trip is closely related to the cause of self-destructive and even more drastic suicidal attempts. All of a sudden you want to eliminate yourself and ZAP! If you don't succeed, you're off being escorted or paddle your own nervous feet into an emergency ward. If any of you have had the experience, the surroundings aren't the most conducive to feeling you've reached an alternative!

Great: so there you are feeling like a blubbering imbecile for escorting yourself in a temporary 'Funny Farm'. Sitting or laying there in a hallway for a day waiting to see the infallible shrink,

king of togetherness and God of security. And tromp, tromp, HERE HE COMES! Before you knew it you found yourself a very temporary and short term relationship with a soon-to-be 'mailman'. In some time, you're mailed either off to Riverview, a milder atmospheric psych ward, a day care center, or maybe even outside again to start the whole thing over.

Once your contract has been signed: "I'm not able to handle myself", you're in, and tagged (happy days).

WE DON'T BOTTLE YOU ON A SHELF (and no contracts).

- B. McManus

## DIRECTORY

Where to get help when you need it...(s.o.s.) or  
 How to help yourself before they help you

### MPA DIRECTORY

Drop-In: 738-5177  
 738-5178  
 738-1422

### Residences

East End - 874-9422  
 South House- 872-5526  
 West End - 732-8222  
 Farm - 462-7750

### OPEN LINES - 24 HOUR HELP

Crisis Centre 733-4111  
 Cool Aid 736-9971  
 MPA 738-5177  
 STAY 876-8232  
 NOW 736-7376

### OTHER HELPFUL SERVICES

Cross reach 732-3245  
 K.I.N.D. 733-4144  
 Kits Info Centre 736-3431  
 Fish 299-4824  
 922-1311  
 Woman's Place 872-1824  
 Dial-A-Dietician 687-6439

### EMERGENCY

Fire & inhalator - 34-1234  
 Free ambulance (police) 683-1122  
 Crisis Centre - 733-4111

### HOSPITALS

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

### DENTAL

UBC Faculty of Dentistry -  
 228-2112  
 Gordon House dentist (free) -  
 683-2554  
 Reach (dental) 253-0232  
 Health Dep't. 738-9844 Loc. 03  
 Emerg. dental 8 p.m.-midnight -  
 738-9844

### FREE MEDICAL HELP

Pine St. Clinic - 738-6622  
 East End Clinic - 872-2511  
 Reach (medical) - 254-1354  
 Cool Aid Clinic - 731-6929  
 Gastown Clinic - 685-2744  
 Abortion Referral 873-3984  
 688-7133  
 736-8471

Women's Self-Help Clinic 731-6929  
 VD Control - 874-2331  
 City Health Unit- 736-9844  
 Gordon House Clinic (V.D. and  
 birth control 683-2554  
 684-4191

### AND...

Birth Control Info 261-9821  
 Alcoholics Anonymous 688-1716  
 Methadone Rx 872-8311  
 Narcotics Addiction Foundation -  
 736-6746  
 Salvation Army DeTox Centre -  
 688-7796

### DRUG FREAK-OUTS

The House (soft drug bummers) -  
 732-3301  
 V.G.H. O.P.D. 876-3211