

IN A NUT SHELL



MENTAL PATIENTS' ASSOCIATION

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EDITOR'S NOTE

Dear Reader,

This is the second issue of a rejuvenated 'In A Nutshell'. We plan to publish 6 times a year and welcome viewpoints and ideas from various perspectives by mental patients, ex-mental patients and concerned and interested persons. Your input is greatly appreciated.

The previous 'Nutshell' died due to financial restraints. We would appreciate any monetary help. Donations over five dollars are tax deductible. Write or phone us at the M.P.A.

Thank you for your participation. We are looking forward to an active and successful magazine.

M.P.A. FOCUS

The M.P.A. currently offers a variety of programs in the areas of HOUSING, VOCATION, RECREATION and SOCIAL ACTIVITIES.

Our HOUSING presently consists of 5 supervised group homes, one supervised apartment block, 9 satellite apartments with an additional 10 units for independent living coming on stream October 1990.

Regarding VOCATION, the M.P.A. today operates a woodworking shop and a retail store.

RECREATION includes a variety of inside and outside leisure activities such as pool, computer training and bingo. Outside members go on camping, skiing and other day trips.

SOCIAL events such as Christmas dinner, a Halloween dance and videos are a few of the enjoyable gatherings experienced.

The M.P.A. also operates a COURTWORER PROJECT which assists mental patients who have become involved in the judicial system.

For more information on any of the above programs or housing waiting lists, please phone the office at 738-2811.

COVER BY MICHAEL

D.I.C. MANAGER MISQUOTED

The Province headline for Tuesday, March 20th stated 'Prisons Under Review'. It discussed the issue of the mentally ill swamping the federal prison system.

Staff reporter Barbara McLintock interview our Gloria Scribner for the article.

Gloria was surprised at the out-of-context and inaccurate quotes attributed to her and sent off the following letter:

Dear Ms. McLintock,

I am disappointed with the way you have publicized and depicted our telephone conversation of March 19. Firstly although you identified yourself you did not inform me that it was your intent to publish any part of our discussion. It is not the policy of the M.P.A. to give interviews over the telephone as our past experience with that method has been similar to this one. You have taken such liberties with my discussion with you that I appear to have made these statements in a manner that was insulting and derogatory.

I discussed this issue with you only out of my concern for the people with whom I work and who I hold the utmost respect. Any effectiveness or ability that I have in working on behalf of our members is based on their trust in my integrity. You have, by taking these statements out of context, made it appear that I am supportive of forced psychiatric treatment and that I was disrespectful in the way I spoke of them.

I told you that there are programs in place; in fact M.P.A. has a Courtworker program for the purpose of identifying and assisting patients who are caught up in the judicial system.

Your interviewing method and your failure to state facts leads me to the conclusion that your intent was not to print a factual story but a sensationalist article in fact, the worst and most useless kind of reporting.

Sincerely yours,

Gloria Scribner,
D.I.C. Manager.

HOMELESS FLOOD CITY SHELTER

by Robert Sarti
(taken from The Vancouver Sun,
February 7, 1990)

Out-of-towners blamed for squeeze on locals

Homeless people from the Fraser Valley, the Okanagan, and other Interior and Vancouver Island points are starting to flood Vancouver's principal emergency shelter and squeeze out local homeless applicants, workers at the shelter say.

"People from Kamloops and Kelowna who have nowhere to live are given a bus ticket (by local social agencies) and sent down to Vancouver to the bus depot and we get them," said Karen O'Shannacery, director of the Lookout emergency shelter at 346 Alexander, in an interview Friday.

"Somebody is evicted in Surrey or New Westminster, and they wind up at the Lookout. Five years ago, we would get only the occasional person from the Island or the Interior.

"The local communities are not providing the shelter they need."

O'Shannacery said that five years ago about 80 percent of beds at the Lookout were occupied by people from the downtown east side, and 20 percent from other areas of Vancouver.

"Now, it's reversing, and 55 percent are from outside the downtown east side," she said.

In fact about 40 percent are from outside of Vancouver completely, and many have mental problems. Because of the rental housing shortage, she says, they are staying longer - up to 13 days, compared to nine days only a year ago.



SECRETARY PAM BEVAN SAYS 'CHEESE'
PHOTO BY BRAHM

For the first time in its 20-year history, the Lookout, which has 42 emergency beds and three couches, is consistently turning away homeless people nearly every night. "We are turning away more local people than we let in," O'Shannacery said.

She produced figures showing that 127 people were turned away from Jan. 1 to Feb. 10 - some because they were drunk, violent, or underage, but most (98) simply because there were no beds for them.

Assistant directory Al Mitchell said some wind up at the Crosswalk, a Salvation Army hostel in Gastown where they can doze in a chair from midnight to 6 a.m. but cannot lie down.

"For some, the ministry (of social

services and housing) will put them up in a hotel," Mitchell said. "But for alot, we just don't know ... where they go." He said they may wind up walking the street all night, or sleeping under a bridge or in a junked car.

O'Shannacery said the Lookout and other Vancouver shelters are being whipsawed between two negative trends:

* The rental housing crisis on the Lower Mainland, which has driven down the vacancy rate in even the cheapest hotels.

* The depopulating of mental hospitals such as Riverview in Coquitlam and Transquille in Kamloops, which has put thousands of mental patients on the street without proper backup services.

"People don't go to (mental) hospital as much," Mitchell said.

"Communities are being asked to deal with people who are sicker. But they don't have the resources, and they don't want the resources. They say they don't want to encourage a transient population. So they say, send them to Vancouver.

SEATTLE'S POOR BATTLE BACK FROM HOMELESS BRINK

By Colman McCarthy - Seattle
(taken The Vancouver Sun, Friday, April 20, 1990)

Seattle's poor battle back from homeless brink

A wrecking ball, dangling like a plumb bob from a 10-story crane, rests in an acre of fenced-in lot in downtown Seattle. A muddy bulldozer is nearby, parked on flattened and rubble-free dirt. The demolition is done, a recent levelling of the McKay Apartments. The 74-unit eight-

story building, boarded up form the past three years, once housed the low-renting poor.

All hope of return is gone. Seattle, a politically progressive city with natural beauty to match, devoted the 1980s to commercial spruceness. Sparkling buildings, as high as foothills in the Cascades, have risen in a surge on construction. The McKay Apartments - drab and faded even without the sorer sight of the poor people it housed - were in the way of Seattle's future.

The State Convention and Trade Center, a colossus of commerce, was built on the same block and it needed the McKay's space like a fattening hog wanting a bigger pen. After enough grunts from the civic powers, the McKay was doomed.

The demolition last month might have been another too-familiar tale of urban displacement.

But Seattle proceeded differently. In a political first, the state legislature provided \$ 800,000 for low-cost housing to replace the McKay.

The story within this story of seeming civic largesse is that public policy was shaped only reluctantly - the shapers forced to act by a group of citizens who insisted that people come before property. This is the Seattle displacement Coalition. Its Operation Homestead brought together hundreds of street scholars educated in the Saul Alinsky school of social reform that says power never yields voluntarily. For much of the past two years, they used civil disobedience, marches, demonstrations, occupations and other forms of high-quality troublemaking to win the \$ 800,000 for the homeless poor.

"In January, 1989, a dozen

members of Operation Homestead were arrested for trespassing when they occupied the McKay. The same month, 400 people staged a nonviolent sit-in at the convention centre with 48 people hauled away by the police when they wouldn't leave at the 8 p.m. closing hour.

More homeless people bunked down every night in front of the convention centre. When nose-holding conventioners were forced to walk past the huddled masses, Seattle's image-enhancers knew they had a problem.

"We were just broadening the debate," says Operation Homestead's Joe Martin. "Operation Homestead was being written off as professional rabble-rousers, which is the standard line. We were only making sure that amid the din of Seattle's largest building and development boom ever, the voices of the poor weren't drowned out."

During the months of street action, organizers from such groups as the Church Council of Greater Seattle and the Washington State Coalition for the Homeless were successfully making the case before the legislature for a financial settlement. When money came forth, a stuffy editorial in the Seattle Post-Intelligencer hailed the victory but without the largeness of mind to credit Operation Homestead for forcing the issue.

Other cities should be blessed to have Joe Martin or two to goad the commercialists. According to Chester Hartman of the Institute for Policy studies in Washington, an estimated 500,000 units a year are lost to low-income people who then are at risk to become homeless: "The old methods of displacement involved eminent domain for urban renewal and highway programs. There was assistance in relocation or

financial aid. But the new kind of displacement is done by private market activities - gentrification, condo conversion, luxury renovations. The stock of available housing is reduced but private developers have no legal requirement to provide help to the displaced."

No legal requirements existed in Seattle when the McKay was razed. Only a moral requirement, pressed on politicians and the monied by the poor themselves.

Washington Post



HOGARTH'S BEDLAM

BEDLAM QUOTE

Bedlam was the early English mental asylum with a notorious reputation. The name itself has become a part of our language.

The staring sailor that shakes his watch that tells the time of the poet, the man that lies in the house of Bedlam.

Visits to St. Elizabeths, st. 11
Elizabeth Bishop (1911-1979)

UNDERDOG

By Jim Gifford

In the Sun, Friday, March 9th, was a letter-to-the-editor bringing to light the issue of the homeless in Stanley Park. It was no surprise to me. It is a natural haven for

the down-and-out. And I recall an acquaintance who lived in the park in the 'Me Decade' of the Seventies. He was an ex-mental patient; he was also a free spirit.

For some the path they chose (sleeping under bridges, in dilapidated ruins and in our parks) is one of freedom from the obligations and restraints of an overly regimented and overly stressed society. Unfortunately, cold weather and painful hunger are a common part of their day-to-day existence.

The winter before last I was taking the bus home from the M.P.A. It had begun to snow heavily and it was late at night. At one of the bus stops, a bedraggled and lonely figure got on, begged permission for a free ride, then sat across from me. It was P.F., an old high school mate. He asked if he could stay the night at my place.

Back at my modest room, I made a meal while he had a hot bath down the hall. Later we talked. Then he went to bed while I stayed up reading and writing. In the morning he was on his way. I wished him good luck.

I'm sure there were others not so lucky, left out in the freezing cold on that and other nights. Homelessness and starvation, flip sides of the same coin, are replacing AIDS as the epidemic of the Nineties. If we are to meet the needs of the down-trodden, our society's irresponsible self-indulgence and procrastination must be transformed into compassionate concern and action.

The urgency is evident. Begging on the street-corners of Vancouver and other cities is an all-to-visible form of subsistence earning today. The capitalist consumer, for his or her part, is wary of beggars. But, after all, they are just as entitled to eke out

a livelihood as graduates of commerce and other university schools who prey on clients and patients.

W.H. Davies, author of 'The Autobiography Of A Supertramp' had an amusing comment in 'Beggar's Song':

Good people keep their holy day,
They rest from labour on a Sunday;
But we keep holy every day,
And rest from Monday until Monday.

And yet the noblest work on earth
is done when beggars do their part:
They work, dear ladies, on the soft
And tender feelings in your heart.

WHO'S THE GOAT?

by Harold Johnston

I went up to the 'Venture' to see one of our members and, as I walked up the front stairs, there was a goat on the front porch. It was wearing a collar with the name 'Candy' on it and a telephone number.

So I walked into the office at 'Venture' and told them there was a goat on the porch. They told me I must be hallucinating. So I took them outside the door and said, "Does that look like a hallucination?"

In no time they were feeding 'my hallucination' cheese, crackers and pickles.

LAUGHS WITH LEWRY

by Dave Lewry

My girlfriend and I double-date.

We're both schizophrenic.

HELP OF THE HELPLESS

By Treavor Holloway with Fr. Gerald Ornowski, M.I.C.

He was decorated as a hero of war; he will be remembered as an exemplar of mercy.

When the Victoria Cross was awarded to Group Captain Leonard Chesire in September, 1944, he became history's most-decorated member of the British Royal Air Force. He had already won the Distinguished Services Order and two Bars, and the Distinguished Flying Cross. Credited with more than a hundred missions over enemy territory, he had established for himself a record second to none.

But when the war ended, what was a courageous and energetic captain to do? Leonard Chesire thought long and hard over the death and destruction of war. From that reflection came the resolve to dedicate the rest of his life to works of constructive purpose.

His first attempt was the Christian Socialist community, a gathering of men and women in which "the strong would support the weak, the rich the poor, the skilled the unskilled, until all could stand on their own feet." It was a grand idea in theory, but didn't work out in practise. Within two years the colony broke up and Chesire was left with a dilapidated country house and a number of debts.

The fertile mind and imagination that had served him so well in war now seemed sterile in peace. Chesire wondered if he was only fit for killing.

Then God, using an old man named Arthur Dykes, too over. Dykes had been a member of Chesire's colony but was now dying of cancer - penniless, without relatives to help, and no longer able to be kept at the hospital. Could Chesire help an old acquaintance? Unable to find a place for the dying man, in

desperation Chesire took Dykes to the broken-down country house and made him as comfortable as he could.

During the few weeks that this strange partnership lasted, the two men had many heart-to-heart talks. Dykes said to Chesire: "I feel I must have come here for a purpose - not just to be looked after myself." The two soon realized that it was precisely in caring for incurables and the homeless sick that Leonard Chesire was to actualize his vocation. He would establish a place where penniless and incurable patients could spend their last days in a family atmosphere, giving assistance to one another as much as they are able.

Almost overnight that rambling old mansion grew to overflowing with an assortment of handicapped humanity, all people for whom no suitable haven could be found in the nations' health service. Often the home's cupboard was almost bare, but Providence provided both revenue and people to help Chesire carry through his projects. Indeed, much to the consternation of some of his helpers, he has often stated this conviction that too much money, too easily come by, would undermine the whole scheme. With everything provided, his patients would no longer feel they were taking part in making their home as self-supporting as possible as possible. They would feel like "charity cases" and self-respect and healthful ambition would suffer.

With the assistance of an able administrator, Miss Frances Jeran, a second home was established, then a third and many more, an ever-lengthening chain extending throughout Britain. Then came urgent pleas for Chesire to organize home in India. Then followed home in Malaya, Nigeria, Jordan, Sierra

Leone, Morocco, Hong Kong, Ethiopia and Portugal.

Today there are over two hundred Chesire Homes and Hostels in some 45 countries. They include Homes for mentally handicapped children and adults. In addition the Chesire Foundation is now running Family Support Services offering part-time help to disabled people in their own homes.

Little did old Arthur Dykes and Captain Leonard Chesire dream that a broken down house and the spirit of mercy would spawn a chain of havens for the helpless around the entire world.

MIRACLES ARE STILL ALIVE AND WELL

by Sam Roddan

Miracles happen every day. Since they are often right under our nose, most of us are too blind to see. In the life of many teachers there are moments when time comes to a quivering stop. A miracle unfolds its astonishing beauty.

Most of these miracles in the classroom go unreported. Thousands of words pour out every year about discontent, lack of discipline, frills, basics. Little is heard about the imaginative happenstance that changes lives and sets students on fresh journeys of discovery.

When I listen to a litany of decay and failure I remember one of my own English classes and a blind student, Susan Robertson. When Susan worked on a piece of writing using her Braille stylus, a hush came over the students. The tip-tap of her stylus was like the far off sound of a miner and his pick trapped deep underground in the darkness of a rocky cave.

In the class room her tip-tapping got under the skin, took away the breath. It penetrated our thick skulls and many of us

h hides as thick as a grizzly
ar's struggled out of our
ernation. Pulses quickened as
grouped our way from our
n frozen caves toward the light.

idents who had stubbornly
isted the search for words
lently listened, stared with new
olution at the paper in front of
m. Most of them lifted up
ir pens and found their own
rds to light their path. Often
etry was born out of their
guish.

though I have been out of the
ss room for many years, I still
lieve in miracles. When I am
t in my own search for words I
ar Susan tapping out her
ssages. I see her finger tips
ncing over the magic dots on
thick paper on her metal slate.

ear her voice singing out the
zling workds she has found in
darkness.

ALPH WALDO EMERSON

ll our life is a mircle ... There is
ot a minute in the twenty-four
ours that is not filled with
iracles.

BOOKWORM

ly Bruce Wilson (Appeared in
ntegra')

piritual Emergency: When
ersonal Transformation
ecomes a Crisis. Editors:
tanislav Grof and Christina Grof
rcher, 1989).

he Grofs, famous for their work
LSD psychotherapy have
athered together a remarkable
llection of articles authored by
me of the best psychologists,
ychiatrists, and spiritual
achers working in the area of
ersonal crisis care. It is
ispensable for those who are
going through a
ntal/spiritual crisis;
planations and descriptions of
experience are offered as well
some good advice on what to

All of the authors presented in the
book view spiritual emergency as
a potentially positive experience
with opportunities for great
healing and personal change.
They recognize that these
experiences were often highly
valued in ancient and
preindustrial cultures as an
important means of learning
about the hidden aspects of the
world and of connecting with the
spiritual dimensions of existence.

The only major disappointment I
found with the book was its lack
of an index. With such a diverse
range of approaches to spiritual
crisis presented, it would be nice
to refer to specific topics between
authors. Otherwise, the book
provides a viable and liberating
alternative to modern suppressive
psychiatric treatment and offers
understanding of an experience
that can be both terrifying and
disturbing as well as enormously
healing.

**CARE TEAM UPDATE FOR
MAY NUTSHELL**

by Michael David

Last time we talked about the
"Care" in Care Team. This article
will be a lot shorter and will be
followed up in another edition by
my story. I believe it will be of
value to members to learn what
they can do about their rights; of
importance is how quickly you file
a complaint or have charges laid.
More on that in the next issue.

This time I want to question the
"confidentiality" so often quoted
by the medical profession and the
Care Teams.

In my offical St. Paul's Hospital
files I find mentioned in a report
by Dr. J. Smith and Dr. K. Wade
on March 15th of last year: "The
West End Community Care
Team" sent a notice to the police
and all Emergency Rooms telling
them to deny this patient Nardil.

In my files finally viewed late this

FAMOUS MANIC-DEPRESSIVE

Connie Francis, 'Fifties' singer
with hits like 'Stupid Cupid',
'You're Sorry Now' and 'Where
The Boys Are'.

April at G.V.M.H.S. with the
assistance of Dr. Parfit I found
the notation from March 14th of
last year noting that Marg Raye of
The West End Community Care
Team had called the Vancouver
Police Department and had them
put me in their compute advising
them I was acting manicky.

I have written a letter to Mary-
Ann Kingma of the Mental
Patients' Advocate Project asking
for help with this; I've asked Barry
Niles of M.P.A. to look into this
for me; and I've sent copy off to
the B.C. Human Rights Coalition,
John Russell of G.V.M.H.S. and
the Ombudsman's office
requesting their help in this
matter.

The issue of confidentiality is one
of paramount importance to me;
and one we should all be aware
of. My own confidentiality was
disregarded; and at no time up to
that point did I sign a release of
information form.

Also, having access to one's own
medical records should be a right
of every patient and ex-patient.

I'll have more on this in another
edition as the results of this quest
for help become known.

**DIALOGUES OF ALFRED
NORTH WHITEHEAD**

The ideas of Freud were
popularized by people who only
imperfectly understood them, who
were incapable of the great effort
required to grasp them in their
relationship to larger truths, and
who therefore assigned to them a
prominence out of all proportions
to their true importance.

AN IDLE HOUR

By John Clare

John Clare (1793-1864) was the son of peasants. He worked as a farm laborer, a gardener and a militia recruit. His work was first published in London in 1820 and caused a stir in literary circles.

But poetry, poverty and patronage took their toll and he spent his final 23 years in an asylum, continuing to write his lyric verse.

Sauntering at ease I often love to lean

Over old bridge walls and mark the flood below

Whose ripples through the weeds of oily green

Like happy travellers mutter as they go

And mark the sunshine dancing on the arch

Time keeping to the merry waves beneath

And on the banks see drooping blossoms parch

Thirsting for water in the days hot breath

Right glad of mud drops plashed upon their leaves

By cattle plunging from the steepy brink

While water flowers more than their share receive

And revel to their very cups in drink

Just like the world some strive and fare but ill

While others riot and have plenty still

HE IS A STREET PERSON

By Jim Gifford

He is a street person
And has done time,
Spiritual immersion
His only crime.

Yes, they placed
Him in confinement
And thought they'd erased
His untamed refinement.

For society cannot accept
This aberration
And he is bereft
Of consideration.

I find him contented,
Singing his refrain
Yet many call him demented
Saying he is insane.

Truly, he is wise
In The Way of the Book
And receives The Prize
In his wild look.

On life's sojourn
He is hallowed
For he doesn't mourn
And he is mellowed.

He rises like yeast
Unto godly overtones
For he is a priest
Who doesn't throw
stones.

THOUGHTS

By Susan G. Brownell

Thoughts seem to come from a
 great distance.
 It's as if they come from
 somewhere deep in space
 Where you can't see them,
 But you know they're there,
 waiting
 For your command.
 To bring them into consciousness
 So you may take each thought
 apart
 Word by word
 To analyse it and sort out
 what new ideas are worth thinking
 about;
 And which should be forgotten,
 like:
 Evil thoughts and negative ideas.
 Thoughts can be so overwhelming
 sometimes,
 That you may cry from all the fear
 and pain
 Of your existence.
 Then without warning,
 A happy thought appears at the
 center of your mind,
 To change again the pattern of
 your mind,
 Which ultimately only you have
 control over,
 And decide how you will feel
 today.

FRIENDS

by Ralph Hogan

True friends are like
 Diamonds
 Precious but rare

False Friends
 Are like
 Autumn leaves
 That flutter
 Everywhere.

SLUMBER'S WINGS

by Jim Gifford

Long lonely days confine
 As time crawling creeping
 Sprawls across the mind
 Gargantuan and sleeping

Escape into flowing tides
 Where fantasy glows and sings
 And dreams are magic rides
 Ridden upon Slumber's wings

**FUNERAL SERVICE FOR
BETTY ANN ELIZABETH
IRVINE (BROWNING)**

Born: August 29, 1946.
Montreal, Quebec
Passed Away: March 21, 1990.
Vancouver, B.C.
at the age of 43 years.

Funeral service conducted from
the Glenhaven Memorial Chapel,
Vancouver, British Columbia,
Tuesday, March 27, 1990.

Officiating Clergyman: Reverend
James Browning Jr.

Betty (Liz) is survived by her
father James Sr., sister Lillian and
brother-in-law Bruce Kirk of
Ottawa, Ontario, brother Jim Jr.
and sister-on-law Linda Browning
and nephews James Jr. and
Joshua of Drumheller, Alberta,
and brother Tony Browning of
Lloydminster, Saskatchewan and
his fiancée, Terry Philips and
roommate and companion
Norman Wells, Liz's loyal friend.

As well as three aunts, Margaret,
Betty, and Donna and two uncles,
Leslie and Gordon.

HONORARY PALLBEARERS

Norman Wells
Tony Browning
Bruce Kirk
Gloria Scribner
Gary Moore
Dolores Dallas
Tom Ban

IN MEMORIAM

By Jim Gifford

The first day of spring is a time of
renewal. This year it was also the
time of Liz Irvine's passing. It
symbolized a rebirth from pain
and hardship that had been a part
of her life. It was time to enter
the great mystery.

Although poverty and illness were
the external aspects of her days,

so were the rich friendships she
cultivated. Whether it was the
macaroni feasts at her suite or just
lending someone a smoke, Liz
gave, and received, love.

I only knew Liz to say 'hi' and
have occasional small talk. But
I'll never forget one day. I
entered the Drop-In Centre, in
my customary up-beat way, and
Liz gazed at me from across the
room. She said, "You make
people feel good. You're always
smiling." Liz was a major reason
for my happiness . . . a caring,
considerate and giving person who
touched those around her with
her faith, love and presence.

FOREVER FREE

by Brad Carpenter

I ride all alone, I can't see
The road to nowhere anymore
And shadows whispers are calling
me
To forbidden forests by the shore.
There she fell deep in the night,
One breath away from heaven's
light
And she said,
'Don't cry for me, I'm leaving
you.'

The wind cries her name in the
breeze
But I can't hold her anymore.
Some fallen angel had come to
me
And fell to heavy on my soul.
She said,
'Don't cry for me because I'll be
Riding the wind forever.
Free, high in the wind, forever
free;
I'll ride the wind forever free,
Forever free!

ACROSS THE PLAINS

by Robert Louis Stevenson

So long as we love we serve; so
long as we are loved by others, I
would almost say that we are
indispensable; and no man is
useless while he has a friend.



MICHAEL

**ON CATEGORIES AND
DIAGNOSIS OF MENTAL
ILLNESS**

By Gloria Scribner

METHODS OF DIAGNOSIS

In Canada and the United States
the system used to diagnose
mental disorders is the Diagnostic
and Statistical Manual I
commonly called DSM-III. This
system was devised in an attempt
to provide a reliable and universal
set of diagnostic categories.
However, this classification
scheme is not based on any single
underlying principle.

Carlson (1984) states that some
categories seem to have been
chosen with an eye toward third
party reimbursement. Critics
have suggested that problems
such as "tobacco withdrawal" or
"developmental arithmetic
disorder" have been officially
labeled as mental disorders so
that clinicians can receive
compensation for their services
from insurance companies and
public welfare organizations.

Beck, Ward, Mendelson, Mock, and Erbaugh (1962) performed an interesting investigation to determine how well psychiatrists could agree on the diagnosis of mental illness according to the then current DSM I (an earlier version of DSM III). Two members of a team of four highly qualified psychiatrists interviewed 153 patients on their admission to a mental health facility. The table presents the six most frequently used categories and the percentages of agreement.

Keeping in mind that this test was on the ability of two highly experienced psychiatrists who worked closely as part of the same clinical team to agree on diagnosis, they were able to do so in only 54% of the cases presented to them.

In a later study, Ward, Beck, Mendelson, Mock, and Erbaugh (1962) tried to determine the reasons for the psychiatrists' disagreement. They determined that there were three reasons for the differences. Inconsistency on the part of the patient accounted for 5% (the patients gave different information). Inconsistency in interpretation and diagnosis accounted for 32.5% (different training, experiences, and temperament of the clinicians). Finally, inadequacies of the diagnostic system accounted for 62.5% of the differences.

THE DISSERVICE OF CLASSIFICATION

The danger of classifying a person with a mental disorder is that no scheme is perfect and no two people with the same diagnosis will behave in exactly the same way. However, once people are labeled, they are perceived as

having all the characteristics that are assumed to accompany that label. Their behavior will be viewed selectively and interpreted in terms of the diagnosis.

A study by Rosenhan (1973) demonstrated this tendency and created havoc among clinical psychologists and psychiatrists. He arranged for several healthy volunteers to seek admission to various psychiatric hospitals. They were to complain of one symptom - that they heard voices saying "empty", "hollow", and "thud", in every other way they were to behave normally and speak truthfully. Furthermore once admitted they did not again mention hearing voices.

The fact that the pseudopatients openly took notes on the ward gave many patients to state that they were not patients but, reporters investigating the hospital. Staff however, explained this behavior as symptomatic of their mental illness. When the pseudopatients were released, the diagnosis is almost every case was "schizophrenia in remission".

Spitzer (1975) says these results are erroneous because clinicians were not required to tell the difference between "normal" people and people with a mental disorder, they were required to detect that some people were "pretending" to have symptoms of schizophrenia. These people demanded to be hospitalized which is an important symptom of mental illness and furthermore, they did not act "normal" once admitted. **A "normal" person, states Spitzer, would have gone to the nursing station and said, "I'm really not crazy - I just pretended to be. Now I want to be released."**

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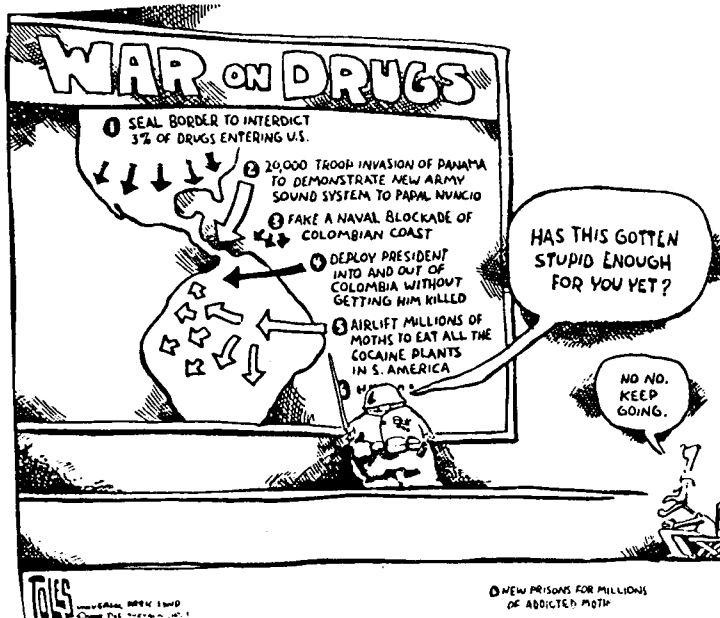
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**KATE MILLETT...
ON THE TERM,
'CONSUMER'...**
(Appeared in 'Peer Advocate')

"I am not a consumer of mental health. I have been forcibly hospitalized. That does not make me a consumer of anything. When I consume, I go and buy a Ford car or I can write the department store and raise hell. Implied in the idea of consumer is service -- the notion that there is a real service or product, and also that somebody has voluntarily decided to buy this and want it

"...very few people really volunteer to be patients; they are almost always maneuvered, manipulated and finally coerced... [Consumption] assumes there are services somebody might want, has a right to, has paid for, has paid tax dollar to have, so now all we have to do is improve on them, make them a little more sensitive. This is nonsense. In permitting the use of this term and in accepting the role of consumer, we are authenticating state psychiatry, we are legitimizing it, we are reinforcing it, we are giving it respectability. 'Consumer' is a very dangerous way to see oneself."



SCHIZOPHRENIA AND THE BLOB

by Jurgen Kuhlmeier, editor
(Appeared in 'The Millsider')

Schizophrenia, first of all is not a disease. There is not one shred of scientific or empirical evidence that demonstrates that schizophrenia is caused by organic or physical disorder. And similarly science cannot show that schizophrenia is caused by outrageous family politics. How could it? So really, in a pretty big way, anybody's opinion is as valid as anybody else's, and what I think and have deduced is that it's caused by a kind of poisonous, radio-active gas that has leaked into our universe from an alien one via a Black Hole in space. This gas, or more likely, this radio-active plasma is about the size of our own Milky Way Galaxy. It is really nothing more than a kind of mal - airia, or bad air, but the earth and the entire solar system have been moving through it for the last 35 to 40 years causing everything from manic depression and schizophrenia to anorexia nervosa and AIDS. It is even the cause of no smoking sections in restaurants. And it has been my experience, bodily, so to speak, that if by some miracle these symptoms are cured, the "bad air"

will persist and new and more hideous symptoms will manifest themselves. It is a strange thing, this plasma. Insects will be changed by time. The incidence of serial killings will rise dramatically - one a week in the western industrial world 10 more years into this thing.

Inner will be indistinguishable from outer as moral corruption collapses the knowable world. Forms of morality, hitherto unknown in origin, will become,

as origin, a kind of transcendental chaos and a murderous anarchy of the spirit will prevail... and there will be no money for schizophrenia: it will be merely another symptom of general social malaise; at best a metaphor providing insight into say, decadence or personal dislocation.

What is the separate self? The professionals will ask themselves, paddling in the foul and noxious waters. What is this new thing in the Universe, this substantive schism that began asocial schizophrenia?

And my answer is, it's the orgasmic, plasmic Blob that will consume ALL, including schizophrenia. And they will sit back and they will blink.

SURVIVAL ON THE DOWNTOWN EASTSIDE OF VANCOUVER

By Andrew Ross

You wake up at 7 a.m. with a dollar in your pocket and one whole day until you get your welfare cheque.

You shave, shower and shit.

You go to 'The Dugout' for two free cups of coffee.

You put your laundry in 'The 44' to get washed.

You find a newspaper but there are no jobs you can do.

You watch two episodes of 'I Love Lucy.'

You go to the Salvation Army Harbor Light for a free lunch of bread and slop. You save the bread for later.

You go to 'Carnegie' to play chess until 4.

You pick up your laundry and buy a can of sardines.

You have a sardine sandwich for supper.

You smoke your last cigarette.

You lay in bed listening to CFUN radio.

Now you are broke but in just 12 hours you will, after waiting in a welfare line for two hours, cash a cheque for hundreds of dollar.

You will pay your \$275 rent in your fleabag hotel, buy groceries and have your first decent meal in weeks and your first beer in a while.

Yes, tonight you are broke but tomorrow you will be laughing.

You fall asleep and dream of 10 a.m.

You are a welfare recipient in the downtown eastside of Vancouver.

HENRY DAVID THOREAU

You can't kill time without injuring eternity.

**FIRST PERSON ACCOUNT: A
DELICATE BALANCE**
Schizophrenia Bulletin
by Anonymous

Approximately 3 years ago I began to have problems with my mental health which were eventually diagnosed as paranoid schizophrenia. I had been deteriorating for about 6 months, hoping to turn things around myself, when I finally sought professional help. At that time I was afraid that soon I would be unable to function at work, and I was also afraid of getting out of control. At my job they had noticed changes in my personality and had suggested I seek help. When I finally met with professionals, my fears that I had a serious disturbance were confirmed. This reality frightened me, and I asked to be hospitalized. After 2 days I requested release because I preferred to be treated as an outpatient and the doctors agree.

After my release, I returned to work. (I had been hospitalized on my days off.) I decided to try psychotherapy rather than medication, and I was fortunate to quickly find a psychologist whom I felt I could work with me. Had I not found someone I could trust to support me during that period, I think I would have been unable to hold my life together. Since that time, I have continued to have weekly sessions with that therapist, and have not received medication other than during my brief hospital stay. I have been in contact with a psychiatrist who can provide medication for me if I decide to try it. But for the most part I feel my disturbances are not acute or frequent enough to warrant it, and I feel my mental health is continuing to improve since my break 3 years ago.

I have heard it said that psychotherapy is not very effective for schizophrenia, and as I

strongly disagree with this, I would like to list a few of the benefits I have received from it:

* The human connection I have developed with the therapist has helped me to reject the idea that I will never be able to relate to people or fit into society like a "normal" person.

* I got a lot of much needed encouragement which has allowed me to have some hope for the future rather than to feel my life is over. The therapist encouraged me to believe that my emotions, behavior, and symptoms would improve and that I could try to add people and things to my life that would improve the quality of my life. I am reasonably certain that if it had not been for this effective encouragement, I would have given in to my disturbances much more and felt helpless to have anything but a low level of functioning with no hope for the future.

* The therapy was a great help to me in identifying which situations were particularly tension-producing and also in developing strategies to deal with symptoms when they appear, to try and prevent them from intensifying.

* I have gotten a lot of insight into how my background shaped my personality, and I can see where I got some "raw material" for developing my particular brand of delusions, paranoia, and other symptoms.

For the last 5 years I have been employed as a medical technologist in a large hospital. My technical job performance during the past 3 years has remained as good as it was previously, and my problems have not caused me to have to take any time off. What has been worse during this period is my ability to handle job stresses, my emotional control, and social functioning with my coworkers. Even after there was a lot of improvement in

my symptoms and in the way I felt emotionally, I still hadn't made a lot of progress with these job problems. My employers had seen a difference between the controlled, amiable person who worked there the first 2 years and the one I had become. So they again suggested a year ago that I get counseling (not knowing if I had followed their advice the first time that they suggested it.) I decided I needed additional help to improve my behavior at work and found the self-help group Recovery, Inc. Although I began attending meetings about a year ago, they conflict with my work schedule, and so I have been unable to go to meetings very often. I have recently discovered a meeting in a nearby city that doesn't conflict with work, and I am hoping for more improvement now that I can attend weekly. It seems to be helpful in controlling my behavior, and I think it is a good adjunct to my regular therapy.

Although I am certainly not a model employee, I feel I have been able to function adequately for the last 3 years in spite of my problems. My employers think me capable enough to have asked me to assume some occasional supervisory duties during this period (which I try to decline as much as possible so as not to increase my job stress), and my yearly evaluations have been good.

I can't say my life now is as I would have expected it to be before my break, but as things have improved for me since then, I have some hope that maybe I can have a more satisfying life in the future.

REVOLVING WORLDS

By Betty Jacqueline Robertson

My problem is that I didn't operate my world properly, meaning myself, me. I went into

too many different atmospheres alone, and explored too many people that I didn't know. Some of these people projected on me too strongly and I fell out of orbit, or had nervous breakdowns. I am recovering in the Mental Institute,

Riverview, and learning to slow down and get used to a new atmosphere. The medication brings me down and I am closer to more people who are down. Must be God's plan for me.

We, meaning all human beings, are all of us, worlds circulating around each other. If we have run ins, we can dent or even wipe each other out. Love with a mate is when we have good communication and balance, stability. We land on each other gently and explore each other with caution. We take pokes at each other to probe and see what we are made of and how strong we are.

We have to learn to operate ourselves to be flexible. Our interaction with each other should be gentle and considerate. We should grow in understanding as we get older, and teach the young our knowledge. We can learn to stabilize each other and help each other have balance.

The energy source we should all look to is God. Give more to others. We can be a helping hand, a world that helps others and warms them like a sun. You can be sunshine and give light and warmth to the world.

You have to handle other people's energy. Some worlds have more energy and move faster. Sometimes too fast to be in harmony with each other. This is my problem, I operate too fast, that is why I have had so many breakdowns, and needed help. But I have been able to do a lot of mental work, by bringing communication through my writings. Bringing understanding between all walks of life, so they

can better understand each other, and we can have a better home on God's Earth.

PATIENT'S STORY OF A "CRABBIT OLD WOMAN" by Alan Massan

The National Association for Mental Health has published a poem found among the possessions of an old woman who dies in a geriatric hospital called "Crabbit Old Woman". It gives a deep insight, the association says, into how patients react to the staff with whom they come into contact.

What do you see nurses, What do you see,
What are you thinking when you look at me?
A crabbit old woman, not very wise,
Uncertain of habit with faraway eyes.
Who dribbles her food and makes no reply,
When you say in a loud voice "I do wish you'd try",
Who seems not to notice the things that you do,
And forever is losing a stocking or shoe,
Who unresisting or not, lets you do as you will,
With bathing and feeding, the long day to fill,
Is that what you're thinking, Is that what you see?
Then open your eyes, you're not looking at me.
I'll tell you who I am as I sit here so still,
As I move at your bidding, As I eat at your will
I am a small child of ten with a father and mother,
Brothers and sisters who love one another,
A young girl of sixteen with wings on her feet,
Dreaming that soon now a lover she'll meet.
A bride soon at twenty - my heart gives a leap,
Remembering the vows that I promised to keep

At twenty-five now I have young of my own,
Who needs me to build a secure happy home.
A woman of thirty my young now grow fast,
Bound to each other with ties that should last.
At forty my young now will soon be gone,
But my man stays beside me to see I don't mourn.
At fifty once more babies play round my knees,
Again we know children, my loved one and me
Dark days are upon me, my husband is dead,
For my young are all busy rearing young of their own.
And I think of the years and the love I have known.
I'm an old woman now and nature is cruel,
"Tis her jest to make old age look like a fool."
The body it crumbles grace and vigor depart
And now there's a stone, where I once had a heart.
But inside this old carcass a young girl still dwells,
And now and again my battered heart swells,
I remember the joys, I remember the pain.
And I'm loving and living life over again.
I think of the years all too few gone so fast,
And accept the stark fact that nothing can last.
So open your eyes, nurses, open and see,
not a crabbit old woman, look closer - see me.

EDITORIAL NOTE

The editor wishes to thank those who contributed to this edition of the 'NUTSHELL'. Material not published will be considered for July's news magazine. Thank you again.

