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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 COURTWORKER 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.

Editor: Jim Gifford

Cover By Jim Gifford

MPA ANNUAL MEETING HELD

A well attended and actively received Annual General Meeting of the Mental Patients' Association was held June 25 at Kitsilano Neighbourhood House.

First on the agenda was the Finance Committee Report given by Chairman Tony Morris. He stated the past year has been a challenge, partially due to the way we receive funding for our community residential program. Total revenue is based on %100 occupancy, the funding being split between the Ministries of Health and Social Services and Housing. When the MPA has a vacancy we are unable to bill SS and H for their larger portion of the per diem rate thus creating a shortfall. We are negotiating with the funding bodies a secure funding formula.

Executive Director Barry Niles discussed the Advocacy Committee Report explaining they had looked at about 50 issues. The issue of telephone access to Riverview patients has been successfully completed. Medical and legal issues regarding involuntary certification was raised with the Review Board at Riverview. Present policy and alternatives are under examination. Reading patients their rights upon admission and the use of a lawyer at review panels were also dealt with by the committee.

Long term planning regarding the residential program was addressed by Stephen Scott, Housing Coordinator. He said it was our intention to get into the licensed care model, saying we could successfully compete with private operators.

We have accomplished much in providing accomodation for certain ex-mental patients. Our program houses people willing and able to live cooperatively. These residences are transitional; stepping stones to independant living.

It is time to expand to include those who need more structure and support and are unwilling or unable to live cooperatively. We should run one or more boarding homes by taking care of housekeeping and providing 24 hour supervision and also by encouraging independence and responsibility.
Many of our members and other ex-mental patients are capable of living independently but are forced to live in unhealthy circumstances because they cannot afford anything better.

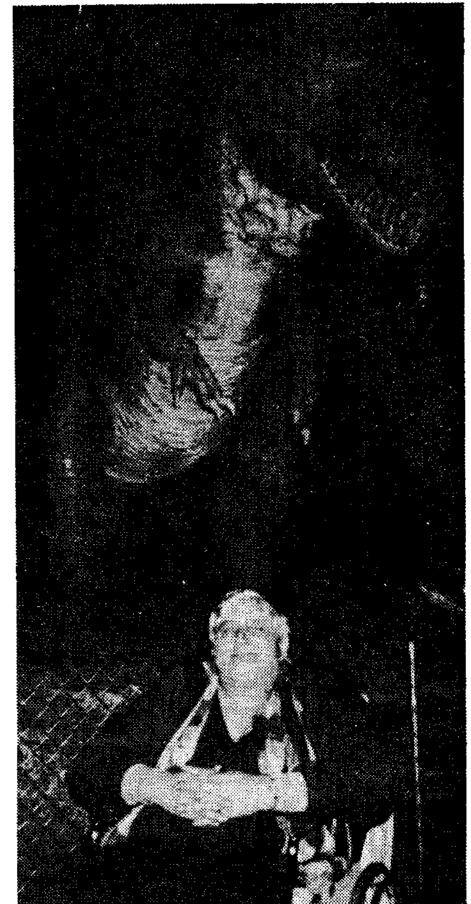
Next under discussion was the Drop-In Centre headed by Gloria Scribner. Its 'Mission' is to promote: independence; community membership; self awareness. The Drop-In Centre has key objectives.

The major consideration of the DIC is to be a safe place, a physical location to which anyone may come who is seeking a 'Haven' from the outside world and its related stresses and strains. The critical points that require satisfaction are dignity, respect and consistency. The DIC must be a fun place that induces people to come because they want to and not as a place of last resort.

A vital aspect of this facility is the providing of rehabilitation through social responsibility. This means the opportunity to interact with other people without fear, embarrassment and retribution. The members can meet, talk and listen, relax. Developing social skills and confidence in handling many mundane situations in today's world is an important role of the DIC.

The final order of business was the election of Directors. New candidates were Rob Clift and Phil Webber; incumbants were Tim Isaac and Chris Van Twest. After speeches, a secret ballot was held. In the outcome all four were elcted to the Board.

After the meeting, a plentitude of finger sandwiches, goodies and other refreshments were available to those gathered. All-in-all, another excellent example of the MPA's participatory democracy in action.



Mike Kinal and friend at Science Museum

Photo by Brahm

As part of our outside activities, we will be feeding the squirrels in Stanley Park. (We'll be feeding them to the bears.)

by Brahm

MINIMUM WAGE TASK FORCE
by Olaf Wirsching

Representatives from community organizations (including ex-patients, persons with physical handicaps, service providers, M.P.A. and advocacy organizations) have been meeting over the past four months to discuss issues surrounding minimum wage for persons with disabilities. These discussions resulted from the decision in Fenton v. Attorney General of B.C., Dec. 7, 1989.

At that time the B.C. Supreme Court decided that an exemption to the Employment Standards Act, (B.C.) which provided that minimum wage did not have to be paid to mentally disabled employees employed in therapeutic programs of a charity, violated s. 15 of the Charter of Rights. The specific regulation says that if a disabled person works for a charity and the work is part of a rehabilitative program, then the minimum wage does not have to be paid. The definition of a charity being "an institution for the poor" according to Webster's. Mr. Justice Davies held that this regulation was drafted in too sweeping a manner so as to cover all disabled workers involved in any kind of rehabilitative program. The Judge also found that some of the work programs involving patients at the Forensic Psychiatric Institute created employment relationships when the tasks performed by patients is part of a program that also provides economic benefit to the institution. This case seems to adopt the definition of employment from the Souder v. Brennan in the United States, which set the test as whether the tasks performed by patients provides economic benefit to an institution if the thrust of the program is either to provide economic benefit or to keep the patients busy with the rehabilitative benefit being incidental.

There are approximately 4,000 mentally or physically disabled adults registered in "sheltered workshops" or training programs or volunteer incentive programs in British Columbia. These programs involve people with a variety of abilities performing jobs such as potato peeling, filing, packaging and manufacturing products, food services and electronic assembly. Although these programs may offer some personal growth and training, the potential for exploitation, i.e., the lack of benefits, job security and real wages, tends to tip the scales in favour of private or public agencies that control and organize disabled workers.

Because the Fenton case has important social implications for the disabled, a Task Force was established to provide a community response to the challenge posed by the court. The position is that people with disabilities are capable of employment and have the right to work just like anyone else. The presence of a mental handicap does not per se determine employability; to re-examine the assumption that the disabled should be isolated from the work force and to look at how stereotyping creates the myth of unemployability. It forces us to define employment, training and therapy both in terms of the operational standards as well as the general program. Also, anyone who is an employee and is expected to work, should receive the standard wage, but never less than the minimum hourly wage and benefits associated with their job position.

In order to accomplish this, community organizations, government, employers, business councils and organized labour need to develop strategies to provide meaningful employment opportunities for people with disabilities; to provide the appropriate training and ongoing supervision; to address the issue of compensation to employers for productivity loss; a means to identify and remove employment barriers; to remove the present financial disincentives and create financial incentives for people with disabilities who choose to work. In addition, the government, community, employer and labour organizations need to collaborate to provide a framework for programs and services for people whose current functional ability does not permit them to participate in employment situations. These programs need to have clear guidelines and need to be monitored.

PRESS RELEASE
May 31, 1990

VANCOUVER--Today, a Riverview Hospital patient and the Canadian Mental Health Association filed a petition in the Supreme Court of British Columbia claiming that the law allowing doctors to forcibly impose treatment on psychiatric patients is contrary to the Charter of Rights.

Phillip Clapci, has been treated with medication against his will since he was involuntarily detained at the Hospital in Coquitlam in July, 1988.

The current Mental Health Act, permits doctors to impose treatment on involuntary patients without the consent of the patients, and without possibility of appeal by the patient. This legislation has

been called the "worst in North America" by some critics.

Mr. Clapci is the first person to challenge the validity of the Mental Health Act under the Charter of Rights. At the hearing, Mr. Clapci and CMHA will ask the Court to declare that a patient has the right to an independent assessment of his or her ability to consent and the right to appeal a decision to impose treatment without consent.

"This case is of fundamental importance to patients at Riverview and the mental health community", stated Stephen Garnet, acting Administrator, Canadian Mental Health Association.

Jim Pozer, Executive Director, Community Legal Assistance Society, will be representing Mr. Clapci and CMHA. He commented, "This is a serious violation of the constitutional rights of the mentally disabled in British Columbia".

Contact: Jim Pozer, Community Legal Assistance Society, Vancouver, 685-3425.

"OUR TURN" The Survivors Conference
by Brian Bion

In November 1989, a four day national conference of Psychiatric Survivors was held in Montreal. Over 200 people attended, making this conference the biggest of it's kind in Canadian history. Great enthusiasm and exceptional organization made the conference both empowering and extremely informative.

We all left the Montreal conference determined to make significant changes to the mental health system in this country. Many of us also left with a mandate to establish a National Survivors Network. Some of us even had grandiose visions of a member driven survivors network replacing the paternalistic CMHA and playing a key role in the delivery and implementation of a humane mental health system.

Unfortunately this has not been the case at all. What resulted from the National Conference was the formation of a provincial survivors network in Ontario. This is an excellent result for Ontario but a dismal performance for the Nation. Attempts to link the various provinces through a central organizer have failed. The input we sent from B.C. has received no response. It seems the cliche about Ontario thinking Canada ends just west of Kenora and a little east of Ottawa are true.

"You cured me just in time, Doctor. Another half hour and I'd have missed my ride back to Mars."

Many of us are enraged that the main mandate of the conference, a mandate based on the support of over 200 people has disappeared in the effort to build a network in Ontario. If people in Ontario are stressed to the max putting together the provincial network they should drop out of the effort to build a national network and find people to replace them. Unfortunately some people like titles more than responsibilities.

The dream of having our own representation at both the Federal and the Provincial level has died in apathy. This is truly unfortunate because the dream was not only beautiful it was necessary. People are incarcerated in bureaucratic, uncaring and destructive institutions from St. Johns to Victoria. The pain and the suffering have not stopped. The electrocution of peoples brains continues, the overdrugging continues, the put downs and the stigma are still there. The only thing that has changed Nationally is that our voice died quietly. I guess it just wasn't our turn. Bravo Ontario and the CMHA, I'm sure you will represent us all in your struggles.

LETTERS-TO-THE-EDITOR

We, as members of the M.P.A., should visit our members that are in Riverview, St. Pauls, Shaughnessy, St. Vincents, and the Vancouver General Hospital. It gets lonely being stuck in these places. Remember: some day you may be in one of these places and want visitors. So get off your butts and go visit them.

Harold Johnston
1754 West 11th Avenue

NEW COORDINATOR LEADING THE WAY

Sue Baker is the MPA's new Outside Activities Coordinator. A recent graduate of Trinity Western University in the Fraser Valley, Sue hails from Penticton.

Already she has led the gang at MPA out into the wide world

... on camping trips, an educational visit to the Science Museum, and sports outings to see the Vancouver Canadians baseball squad and the BC Lions football team in action, to name just a few happenings.

As a member of the Nabowleons five-pin bowling team, yours truly (the editor) can vouch for her enthusiasm and goodwill.

It's great to have her on board.

UNDERDOG
by Jim Gifford

Mitch Snyder, the angry American advocate of justice for the homeless, died recently. He had hung himself, apparently brokenhearted over a failed romance. Indeed!

The real failed romance was that of 'The American Dream.' For many citizens of the USA even the basics of food, shelter and clothing are denied. They must wallow in the quagmire of a society's indifference and growing antipathy to their fundamental human rights.

United in the common stand against this plague, Americans could redeem themselves as a fair and just nation. But a house divided cannot stand. America may crumble under oppression from the greedy few. Perhaps Mitch could see the handwriting on the wall.

Another aspect of the homeless plight is the disintegration of the family. Remember Burt Bacharach's hit 'A House Is Not A Home'? Many in North America exist in houses, not homes. A home is meant to be a sanctuary of love and the finer values of life. It is a place for encouragement and growth. Yet countless adults and children live together in such dysfunctional attitudes as wife beating, molestation and addiction. These are the unspoken homeless.

The House of Parliament last week gave themselves a substantial pay expense increase. Until such self-indulgence ends, our leaders will never show compassion to those afflicted by homelessness. You'd think they'd be familiar with the problem. After all, they are from 'The House.'

GOOD SAMARITANS

We, at the Mental Patients' Association, would like to take this opportunity to thank Cafe Creme and Muffin Break for their generosity and compassion in providing goodies for our hungry members. It is most appreciated.

CHATAHOOCHIE: A FILM REVIEW
by Jim Gifford

(Several members of the MPA attended the premiere with courtesy tickets)

Chattahoochie is the story of one man who struggled for personal freedom and, in the process, changed the world for the better. Emmett Foley (Gary Oldman) is a war veteran with readjustment problems. One Sunday in 1955, he shoots up his neighbourhood, then unsuccessfully shoots himself. He is committed to Chattahoochie, a barbaric asylum.

> Michael Walsh of the Province says:
> 'As Foley, Gary Oldman gets to do an accent (southern US), flip out, sweat, swear, soil his shorts, talk to himself, talk to God ... and merge a steely-eyed force for good in the community.'

Dennis Hopper, like Oldman, is superb in his role as inmate Walker Benson who faked madness to do easier time. But he finds himself in this institutional hole where, once you are inside, they throw away the key.

The movie is neither glamorous nor sensational in its portrayal of the vehement violence that takes place. It is a penetratingly stark look at a cold, unjust and aggressive reality.

It deals realistically with a frankly vulgar social situation and thus despite its truth and Foley's redeeming heroics, is not the entertainingly frivolous diversion and palp in which the masses scurry to indulge. It will achieve only a modest audience. However, it is a powerful statement of both 'man's inhumanity to man' and his instinct for survival in the onward and upward struggle for a better world. For those receptive, it is an important event.

WHAT WE THINK
by Andrew Feldmar,
Integra Households Association

For over twenty-five years "community mental health" has been an idea, and at times the practice, in England, Italy, the USA, and other countries around the world. The most promising experiments were characterized by "no coercion (e.g. a voluntary, open setting); structure to evolve from the ground up rather than begin imposed from above; presumption of personal responsibility; muting of roles and hierarchy; minimal number of rules; approaching patients from an interpersonal-phenomenological stance, etc." (Mosher &

Burti, Community Mental Health, 1989).

The core of therapy is "being with" as opposed to "doing to". We believe that the vast majority of disturbed and disturbing behavior can be effectively dealt with without the use of hospitals, and that persons interacting with clients can be as powerful a treatment as the drugs that are so overrelied upon currently. It is how we treat each other that matters, not "treatment" as conceived of in psychology, psychiatry or medicine. We believe that when madness is taken respectfully and seriously it is all to understandable. In order to open up to this approach, we have to face our own madness, and realize that being with our clients might be our own salvation. We realize that there is no us and them, that we are all in the same boat.

Mosher and Burti point out that most psychiatrists presently in the public system, "have no experience with psychotic patients not on neuroleptics. For them not treating psychotics with neuroleptics constitutes malpractice. They fail to understand that more than two-thirds of "schizophrenics" recovered without drugs before they were available and that long-term outcome is no better today than it was before the introduction of neuroleptics". We believe that the disease-in-the-person orientation does not optimally serve the interests of those who seek our help. A family and systems orientation (pioneered by the Palo Alto group called the Mental Research Institute) seems a clearly more useful one for community mental health.

A need is the lack of something essential to the purposes of life. It expresses itself as suffering. We believe that meeting the patient's needs is therapeutic per se. Taking care of each other is not a highly technical, medical matter. The most we can hope to achieve, we believe, is to help others to establish what is the case (demystification), and to provide comfort and encouragement. We are not proposing an alternative method for "treating schizophrenia". We propose that one can be with a person in his/her moments of madness / terror / despair in such a way that both patient and therapist can emerge from this shared experience with a stronger, more authentic sense of identity and purpose.

CHRISTMAS FAIR COMING

A reminder to all you craftspeople. The International Holiday Season Show is coming Wednesday December 5 to Sunday December 9, 1990, daily from noon to 9 p.m., P.N.E. Buildings.

Dan Hadesbeck reminds you that the Woodwork Shop has bought space at this years Fair. If any member or staff member has or does good quality hobbies, (framed art work, woodwork, beadwork, leather, knitting, needle point, candle making, silk screening, etc.) and would like to consign it for 15% (administration fee on the sold value, let us know! A screening committee will be set up to take quality items only. All products must be turned in by December 1st.

IN PASSING

LORRAINE CAMIRE, age 43, of an overdose. She was an opinionated and obstinate fighter for civil rights, expounding her views between puffs on her pipe. She was talented at woodwork and a whiz at scrabble. A veteran of MPA.

GEORGE DIETRICH MOSSBACH, age about 50, of throat cancer. Also an MPA veteran, he came to Canada from Germany in the early 60's. He had his machinist's degree and worked at one time, for Rolls Royce of Canada. He will be remembered for his generosity.

Michael

'BOOK WORM'
by Byron Fraser

Schizophrenia: The Sacred Symbol of Psychiatry
by Thomas Szasz

Thomas Szasz is one of the most famous psychiatrists practicing today. Over the years he has earned a reputation as an iconoclastic critic of orthodox psychiatry and as a champion of the individual rights of those deemed to be "mentally ill". His criticism of psychiatry is fundamental -- from a ruthless analysis of basic concepts to a detailed attack on coercive abuses. He is a particularly strong opponent of the involuntary incarceration of people on pseudo-medical pretexts.

In his book Schizophrenia, Szasz traces the historical roots of the concept and shows it to be scientifically

INSANITY
By Susan Brownell

People say I'm Lazy
But really I am Crazy
My thoughts seem oh so Hazy
I feel like people are
driving me Crazy
When I think about
insanity in the World
I realize it may not be
Inherited,
But it is Catching.
We catch it from our Friends,
And we feel like it
will never End.

SHEEP IN FOG
by Sylvia Plath

Sylvia Plath, the american poetess, was born in 1932. While a prize-winning writer attending Smith College, she first attempted suicide. Hospitalization followed. In the midst of her meteoric career, Sylivia Plath committed suicide. She was age 30. Her husband, Ted Hughes, is the present Poet Laureate of Britain.

The hills step off into Whiteness.
People or stars
Regard me sadly, I disappoint them.

The train leaves a line of breath.
O slow
Horse the colour of rust,

Hooves, dolorous bells
All morning the
Morning has been blackening,

A flower left out.
My bones hold a stillness, the far
Fields melt my heart.

They threaten
To let me through to a heaven
Starless and fatherless, a dark water

by G. Findlay Schultz 1989

a light bulb
sits
be hind
a black and white television

a broken sun

cables
hang
awry

yester day
they
dropped
the
bomb

A DOUBLE-RAINBOW ARCHED
By Jim Gifford

a double-rainbow arched
across the adjoining hill
and it quenched my parched
heart stirring yet still

and a field of sunflowers
glistening bright
let their abundant powers
justify van gogh's light

as by the highway
gently stood a fawn
a deer beginning her day
like day begins with dawn

GOOD OLD FRIEND
By John T. Ballard

When the goings getting rough,
And the times are mighty tough.
There's nothing like an old friend
To see you through.

One whose been with you through the years
Through the heartaches and the tears
And who knows your deepest fears
Good old friend.

When the sorrow bogs you down,
And your knees near hit the ground
When he smiles your spirit leaps
Back to its feet.

Why there's something to his gait
That makes you sit up straight
As you listen to his counsel
False and true.

For he is the dearest friend,
That the heavens often lend
When they wonder if you'll
make it through alone.

So stick with him through the years
Through the joys and through the fears

DON'T QUIT
Author Unknown

When things go wrong as they sometimes will,
When the road you're trudging seems all up hill,
When funds are low and the debts are high,
And you want to smile, but you have to sigh,
When care is pressing you down a bit,
Rest, if you must, but don't you quit
Life is queer with its twists and turns,
As everyone of us sometimes learns,
And many a failure turns about
When we might have won had we stuck it out:
Don't give up though the pace seems slow-
You may Succeed with another blow,
Success is failure turned inside out-
The silver tint of the clouds of doubt,
And you never can tell how close you are,
It may be near when it seems so far:
So stick to the fight when you're hardest hit-
It's when things seem worst that you must not
QUIT.

groundless. That is to say, there is no medically identifiable disease to which the term "schizophrenia" is applicable. Unlike diabetes or cancer, schizophrenia is basically just a loose label which describes behavior. And abnormality is not a crime. Or should not be.

Szasz says "... the claim that some people have a disease called schizophrenia... was based not on any medical discovery but only on medical authority; ... the result not of empirical or scientific work, but of ethical and political decision making." This was an example of physicians losing"... their resolution to regard as diseases only those processes occurring in the body which they can identify, measure, and demonstrate in an objective, physiochemical manner." And yet the almost universal "treatment" for the mythical disease of schizophrenia has become a myriad of drugs acting at the biochemical level. This represents an enormous presumption of knowledge based on a fallacy.

Far from any physiological disorder "Actually, often the only thing 'wrong' (as it were) with the so called schizophrenic is that he speaks in metaphors unacceptable to his audience in particular to his psychiatrist." How familiar we all are with this simple truth. And yet how overwhelming is the power wielded by psychiatrists, especially in institutional settings. Yes, as Szasz points out, psychiatrists have gone far beyond the treatment of genuine illness to the occupation of defacto control of behavior for socio-political ends.

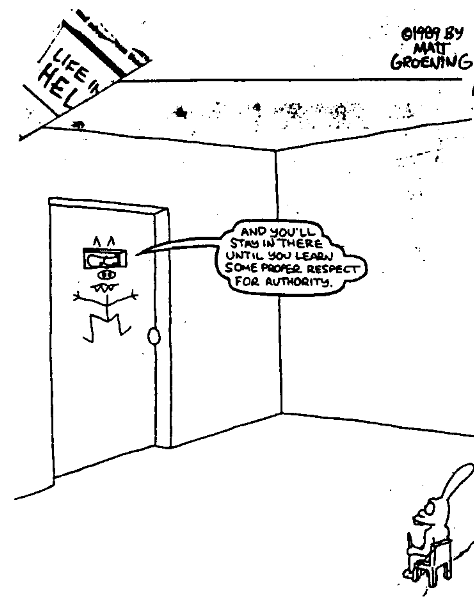
"Schizophrenia" contains a chapter on the anti-psychiatry movement -- specifically the work of R.D. Laing - and finds it wanting in many respects. Also in a chapter entitled "Schizophrenia: Psychiatric Syndrome or Scientific Scandal?", the recent claims that a genetic basis for the "disease" has been found are examined. Szasz's conclusion: "There is at present no demonstrable histopathological or pathophysiological evidence to support the claim that schizophrenia is a disease." Furthermore" ... 'schizophrenia' has never been, is not now, and probably never will be a bona fide medical diagnostic term." There is also a chapter on "Psychiatry and Matrimony" and one on "Madness, Misbehavior and Mental Illness". Both are chock-full of intellectual ammunition with which to defend yourself from the omnipresent therapeutic State.

In all, "Schizophrenia" goes a long way towards exposing the pernicious fraud which surrounds many of us. Especially those who have been unjustly labelled and "put away". Reading it can help you recover your self-esteem and positive self image. It may also be vital for conceptual self-defense.

"Schizophrenia" is available from Laissez Faire Books, Dept. C76, 942 Howard St., San Francisco, CA 94103, USA. ($15.45 US). Other Szasz titles such as "The Myth of Mental Illness" and "Psychiatric Justice" are also available. Write for a free catalogue.

All those who would like to go hunting in Stanley Park see coordinator on shift. All those who would like to help raise bail for the above, please see court worker.

by Brahm



THE TRAGIC MYTH OF SCHIZOPHRENIA

Thousands persecuted in the name of treating non-existent disease

by Bonnie Burstow and Don Weitz

Dr. Burstow, a feminist therapist, and Mr. Weitz, a Toronto freelance writer once diagnosed as schizophrenic, are the editors of Shrink Resistant: The Struggle Against Psychiatry in Canada (New Star Books, 1988).

SCHIZOPHRENIA is the most controversial and harmful diagnostic label in psychiatry. The medical establishment says it refers to a disease, but Thomas Szasz, a dissident psychiatrist and the author of The Myth of Mental Illness and Schizophrenia: The Sacred Symbol of Psychiatry, says the term really means, "human garbage...get him out of my sight."

Schizophrenia is not a disease but a pseudo-medical term invented by psychiatrists to control people by labelling their non-conformity. Granted, people termed schizophrenic frequently have serious problems in dealing with crises in their lives, but calling them "diseased" is quite a different matter.

So far, there has been no credible scientific evidence to support the traditional psychiatric claim that schizophrenia is a disease, a brain disorder or a mental illness. Eugen Bleuler, the Swiss psychiatrist who coined the term in 1911, applied it to people whose thinking seemed unrealistic or illogical, who had unusual or strange perceptual experiences, or whose behavior appeared weird or non-conformist.

Less than a decade later, he publicly reversed himself, concluding there was no such disease and severely criticizing his psychiatric colleagues for uncritically applying the word to psychological and social problems. They chose to ignore him.

With the arrival of neuroleptics (major tranquillizers) in the fifties, psychiatrists discovered that these "anti-psychotic" drugs block the production of dopamine - a brain chemical necessary in transmitting nerve impulses. Since these drugs controlled or immobilized many of their so-called schizophrenic patients, psychiatrists erroneously concluded that schizophrenia must be a disease caused by an excess of dopamine, even though there has been no credible scientific evidence to show this is true.

They also ignored the fact that schizophrenics treated with these powerful drugs soon began to develop serious symptoms of brain damage - Parkinson's Disease, a brain disorder caused by insufficient dopamine, and tardive dyskinesia, a common, grotesque and generally permanent neurological disorder.

Now the cause of schizophrenia is said to be hereditary. For example, some researchers claim to have discovered genetic abnormalities on the chromosome. This genetic link is based on the fact that members of a few families were diagnosed schizophrenic and appear to share these abnormalities. However, a rigorous study published in the November, 1988, issue of the scientific journal Nature found no such genetic link.

Even though the scientific jury is still out on the hereditary factor, psychiatrists and their supporters, such as the Canadian Friends of Schizophrenics (CFS), insist that schizophrenia is a disease. They support a "mental health" resolution passed in the Ontario Legislature last June that, if proclaimed into law, will mean involuntary outpatient commitment for thousands of schizophrenics and other psychiatrically labelled people in the province.

COMMENT

Psychiatrists and other doctors will have even greater power to force patients to take medication - and confine them if they refuse, even if there's no evidence that they're dangerous. Until now, committal has required such evidence, which psychiatrists admit they can't predict. Yet they still refuse to concede that the vast majority of "schizophrenics" are, despite the media myths and stereotypes, neither dangerous nor violent.

Meanwhile, dangerous, brain-damaging drugs such as Haldol, Thorazine and Modecate continue to be pumped into people labelled schizophrenic. Millions of people around the world continue to be treated, locked up against their wills and dehumanized for their strange or non-conformist behavior.

Psychiatrists argue that this is all right. Even if they do not yet know the cause of schizophrenia (after more than 75 years of research), they say, "Trust us, we can recognize a disease when we see one."

Not true. Research by social scientist Daniel Rosenhan and his colleagues at Stanford University in the early seventies deeply embarrassed the psychiatrists because it clearly showed that they cannot distinguish the "sane" from the "insane" in institutions. (Never mind identify who is or isn't schizophrenic.)

In their 1980 book, Schizophrenia: Medical Diagnosis or Moral Verdict, research psychologists Theodore Sarbin and James Mancuso discredit the concept of schizophrenia as a disease. They feel the term is actually a moral judgment referring to "rule-violating" conduct - a view that contrasts sharply with that found in the psychiatrist's bible, the Diagnostic and Statistical Manual of Mental Disorders. Unlike the precise and detailed descriptions and definitions in most medical texts, this grab-bag of linguistic distortion suggests that schizophrenia is some vague combination of various symptoms.

It wouldn't matter so much if the consequences of this obfuscation weren't so serious. The fact is, they can result in people being locked up (sometimes indefinitely) without a hearing, subjected to debilitating drugs or

electroshock therapy, and suffer side effects that can make them act crazy - "schizophrenic," in other words.

Those who have experienced this treatment rarely have the resources to combat the propaganda churned out by the medical establishment and its allies - they can't launch an advertising campaign to counter the deceptive schizophrenia posters found on Toronto Transit Commission vehicles.

Still, as long as the myths surrounding schizophrenia persist, millions of people will continue to suffer, and there will never be enough money to develop humane, non-medical alternative approaches. If society is truly committed to the individual's right to control his or her own life, this status quo must be challenged.

WHY DOES STATE PAY FOR THE KILLER DRUG CLOZAPINE?
by Alice M. Earl
Longmeadow, Mass.
Appeared in 'Journal Inquirer')

As was shown by the infamous murder of Jessica Short in Middletown, the drugs psychiatrists have been using may be creating violent psychoses in many mental patients. And yet the state Department of Mental Health is proposing to come up with $225,000 to start using a experimental drug that has a proven record as a killer.

In this testimony before the General Assembly's Appropriations Committee on Feb. 20, Mental Health Commissioner Michael F. Hogan said: "In research trials, Clozapine appears to be successful in treating the symptoms of approximately one third of the most seriously mentally ill patients for whom no other drug therapy has worked."

Clozapine has not been modified or reasonably tested since Sandoz Pharmaceuticals was forced to remove it from the world market after an epidemic of deaths in Finland in 1975. In 1984 the Commission of Psychiatric Therapies of the American Psychiatric Association announced that, though Clozapine has a "particular theoretical ... importance" because it does not seem to have the same physical manifestations of brain damage (like Tardive Dyskinesia and Tardive Dystonia) as the neuroleptics, it "has been associated with bone marrow toxicity and remains experimental, its future uncertain."

And yet in 1987 the association declared the drug effective against treatment-refractory schizophrenia and pressured the Food and Drug Administration for its release. Why the switch?

First, there is an enormous effort to conceal the epidemic of Tardive Dyskinesia, at least until the doctors can get state legislatures or the U.S. Supreme Court to declare that doctors are not responsible for the negative results of any treatments they try on psychiatric patients.

Second, there is the profit incentive. Clozapine promises to be an expensive drug. It will be marketed by Sandoz at an opening price of almost $9,000 per patient per year. A newsletter underwritten by Sandoz suggests that once people are on Clozapine, they should not be taken off.

These profits will be shared with pharmacists - nor will the responsibility for controlling the potentially lethal drug - because it will be packaged and distributed directly by Sandoz, through national medical lab.

A multi-center study of the efficiency of Clozapine was therefore eagerly undertaken by American doctors in 1987. But there was a gimmick. One of the peculiarities of Clozapine is that - though it produces side effects, like tremor, hypersalivation, hyperthermia, orthostatic hypotension, lowered blood pressure, delirium-like syndromes, tachycardia, and seizures - it has never produced the fatal blood disease, agranulocytosis, until after the sixth week. Though no long-term studies are yet available, the most dangerous period is the sixth to the 18th or 25th week.

Well, the study undertaken in 1987 lasted only six weeks, so there was no risk of developing the fatal disease during the study. And now the FDA has released the drug for use on Americans.

Why is the state Department of Mental Health leaping into such an expensive and dangerous experiment when public patience has been sorely tried and the "mental health" budget is in danger of being cut? The friends of Jessica Short have been compassionate in their understanding of these issues. But if the Department of Mental Health plans to substitute for the new intermediary care facility that has been requested a drug that can turn a raging bull into a pussy cat (or a pussy cat into a raging bull?), everyone's patience will be tested beyond endurance.

CAUSE AND EFFECT
by S. Janetti

Got tired of bouncing off the walls here at the 'Laughing Academy',' so I asked for a typewriter to help keep me busy. I have to type as the crayons kept breaking off in my teeth.

I was curious to why people only worry about the effect of something, not the cause. Take, for example, the recent announcement of billions of dollars being spent to combat the foreign 'Drug Lords' in an effort to reduce crime at home. Seems to me that this will result in the supply of drugs drying up, driving the price sky-high. Junkies will have to commit more expensive crimes to pay for this price increase of their habit. Where is the reduction in this?

Perhaps we should figure out what causes Junkies? I found in a book that 70% of all substance abusers suffered abnormal childhoods. I'm also informed that 70% of us tenants here, were abused as children. By gosh, I see a pattern emerging here. If you go talk to the gays and the hookers, you find an alarming proportion were also messed up by adults. Maybe we should figure out how to put an end to child abuse? Is there a way to bring up kids so they are happy enough that they won't need booze or drugs?

It's tough being a kid. You have to deal with a world of nukes, pollution, crime, and a fast disappearing environment. There's also negative influence of adults, who are not afraid to poison their children with their own fears, ignorance, hatred and other of their own failings. Is there a way to raise children without adult interference? (I note the big warning of 'The Lord of the Flies' was written by an adult, too.) Kids are under pressure from other kids, who are under pressure from ... By George, another vicious circle!

I don't have any answers myself. (Obviously, otherwise why would I be in the 'Quiet Room'?) Although, I'm not afraid to ask questions and am open to your suggestions. Just hustle down to the local 'Looney Bin' and slide your notes under the door for me. You may have to wait a long time for a reply because putting stamps on envelopes can be trickier than you think.

George Findlay Schultz and Anil Singh sharing an intimate moment Photo by Brahm

LAUGHS WITH LEWRY
by Dave Lewry

Two patients are sitting in the lobby of a psychiatrist's office.
The psychiatrist comes in and asks one of me:

'Who are you?'
'I'm Jesus Christ!'
'Who told you that? asked the psychiatrist.'
'God!'
'I didn't say anything, replied the other patient.

Vanderzalm must have multiple personality. I heard on the news he was having second thoughts.

AN OPEN LETTER from IRA GRUBER
From: Tardive Dyskinesia-Tardive Dystonia National Association

My name is Ira Marshall Gruber. I am the founder of the Tardive Dyskinesia-Tardive Dystonia National Association. I am also functionally blind and am in excruciating pain most of my waking day. For one year, I slept away my life, always hoping the nightmare would go away. A female friend of mine went to New York City and told my parents that I was in bad shape. My mother assumed I was kvetching about something as usual. Kvetching is the reason a psychiatrist in Seattle gave me Haldol for two years.

Then one day I started to twitch. I was told that I had tardive dyskinesia. Later, I was told the real story: I had tardive dystonia which is like an earthquake on my face.

When I became functionally blind, I decided something had to be done; but I was told that people who are mentally ill can never organize. I consider myself emotionally disturbed. I have never been mentally ill. I do not even

know what mental illness is all about. But I know about being physically ill. I know about twitching. I know about being fatigued all the time. But I figured that if I was going to be physically disfigured and in excruciating pain the rest of my life because some psychiatrist fell asleep on me and did not tell me about drug-induced movement disorders, then I would tell the world about TD.

I have spent thousands of hours researching the literature. I wanted to find out if there were psychiatrists in America who would join me in telling the world about these horrific neurological disorders. I found out that there were psychiatrists who cared just as there were psychiatrists who probably wished I did not exist. Nobody likes to look at a Holocaust survivor or a victim of war. TD is not a pleasant-looking disorder. In some cases, it is severely debilitating and disabling.

Both the American Psychiatric Association and the American Trial Lawyers support the newly formed national association. There is also a National Tardive Dyskinesia Litigation Task Force that has been recently formed. The West Coast chairperson is Ralph Pittle in Seattle, WA, (206) 623-7007; and the East Coast chairperson is Irwin Birnbaum in Syracuse, NY, at (315) 422-0246.

This year, I cannot leave Seattle because of the country's first national neuroleptic drug conference. It is going to be a milestone because for the first time there will be a conference really getting into issues on the use of neuroleptic drugs. And everyone is invited: psychiatrists, attorneys, physicians, pharmacists, nurses, "mental health" survivors, former psychiatric inmates, agency officials, counselors, consumers. The organization is dedicated to the work of Dr. George Crane who so valiantly tried to make the profession address tardive dyskinesia.

I would like everyone who reads this newsletter to call toll free the U.S. Pharmacopeia Convention and ask Bill Heller, the Secretary and Executive Director, to see that all neuroleptics that have inserts include as side effects tardive dyskinesia and tardive dystonia, permanent neurological disorders. The U.S. Pharmacopeia Convention is going to put it in their patient inserts sooner or later. I can't make 5,000 phone calls; but if everyone keeps calling, it will happen. The doctors have learned that TD is irreversible. Shouldn't the people who take the drugs also know about this?

The Mickey Mouse answer is, "No, that's the doctor's responsibility." The doctor says he warned you about TD, but you have forgotten...

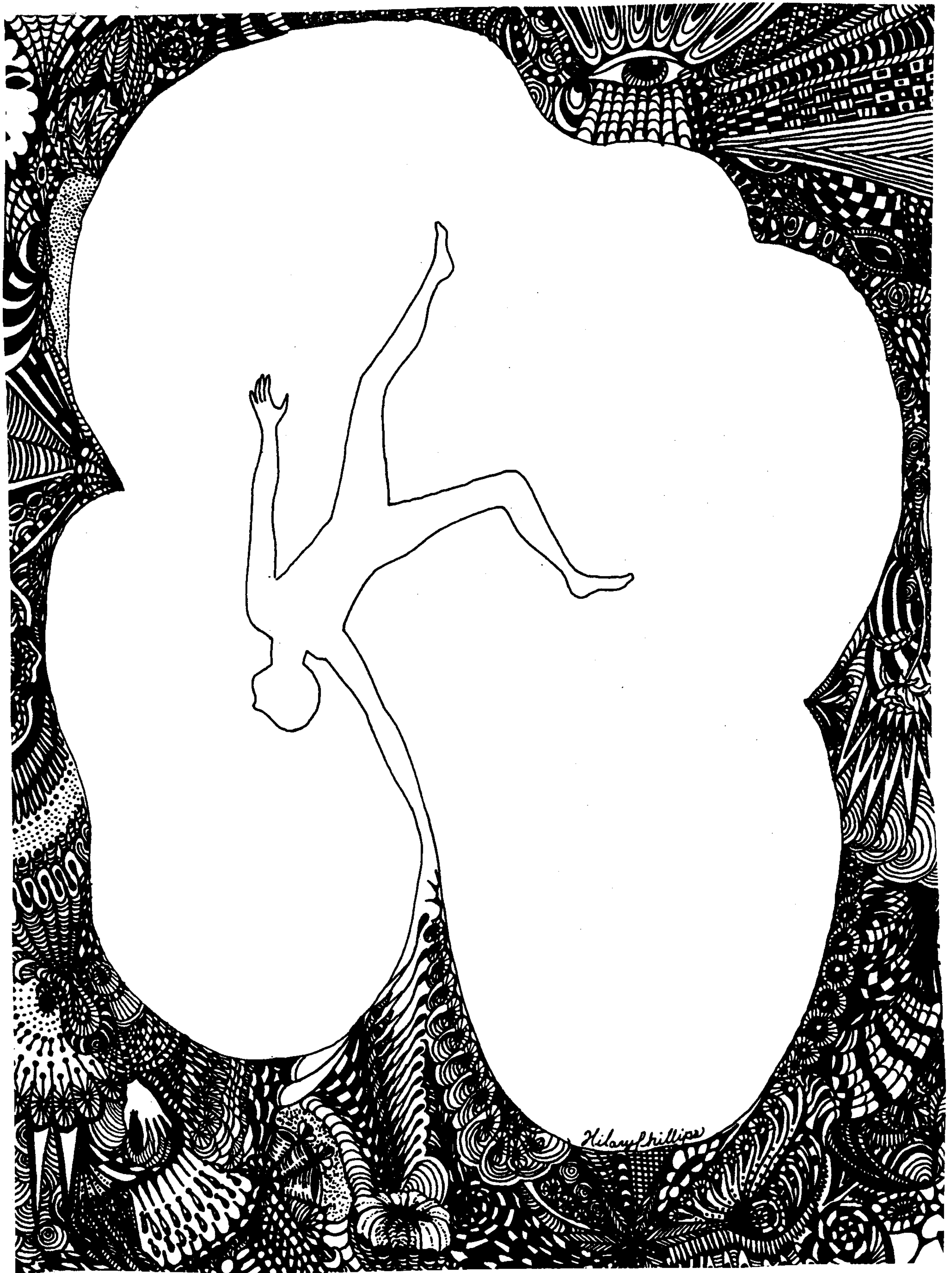
And so, we have developed two tenets. 1) The pharmacists have to put a sticker on the medication saying "this medication can cause a permanent neurological disorder." 2) The physician has to have a discussion with the recipient of the drugs about TD-TD and, after noting it in the medical record, has to give the person a letter saying that the discussion took place. We are going to let the presidents of the big insurance companies who insure physicians know all about TD. And we are going to put the pressure on the pharmaceutical companies to produce an audio tape narrated by our Medical Advisory Board.

TD is no joke. It is a major public health crisis. Whether it affects one or two million Americans is not the point. This is an issue that everyone can mobilize around. If you live in a city where your newspaper has a health writer, tell them about the TD-TD National Association. Bother the press. Just keep bothering them. The American taxpayer is footing the bill for this public health crisis. The insurance companies are paying out money. America is supposed to be about fair play. Write to the executive producers of the Donahue Show, Oprah's show, and 60 Minutes. Tell them you want Ira Gruber to appear on their show and show people what it is like to be a 16-hour-a-day "twitch machine." I cannot do this alone.

And if you have TD-TD, tell me your story -- how you got it, whether you can come with me to Washington for a Congressional Inquiry on the subject. You can stop being victims by fighting back.

I am New York City born and raised, and everyone knows the reputation of NYC guys! If the Haldol had killed me, there would be no national organization. But it paralyzed me. And no one likes being paralyzed. No one!

Don't point the finger just at psychiatry. Ask yourself where the health writers have been for the past twenty years. The press are as much to blame as anybody else. Being a former social worker and a journalist and researcher has helped me; but the real help must come from all of you out there who decide to take some responsibility. This is going to be a David vs. Goliath battle, and no amount of compensation can unparalyze me tomorrow or take away my pain. This is what I call "Neuroleptic AIDS". It goes on indefinitely.


Hilary Phillips

MENTAL PATIENTS' ASSOCIATION

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