

IN A NUT SHELL

VOLUME 1

JANUARY 1991

NO. 5



MENTAL PATIENTS' ASSOCIATION

1731 WEST 4TH AVENUE VANCOUVER BRITISH COLUMBIA V6J 1M2 TELEPHONE (604) 738-2811

EDITOR'S NOTE

Dear Reader,

This is the fifth 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 April 1991.

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 COURTWORKEER 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.

The views expressed in the "The Nutshell" are not necessarily those of the Vancouver Mental Patients' Association.

EDITOR: JIM GIFFORD COVER DRAWING: TOM BAN

TO GIVE OR NOT TO GIVE...?

By Douglas Todd
Vancouver Sun

You're downtown for dinner, dressed up a little more than usual. It's dark, but not too cold, so you decide to walk, window shop and cleanse your mind of everyday worries. Before you cover two blocks, a figure with dark clothes and two-day-old beard steps out from a doorway and asks, politely: "Excuse me. Do you have any spare change?"

Kerblaaam! You're thrown into an ethical dilemma. And you don't like it.

Most keep on walking - some without turning a head, without a sound, as if the question was never asked, the person never existed. Others don't miss a step and respond, semi-politely: "No, Sorry." A few stop and place a mish mash of change in the outstretched hand. Most wonder whether they've done the right thing.

The ethical dilemma posed by an approaching panhandler is complex and messy - penetrating to the heart of our personalities, our spiritual conviction and our political choices.

Some just don't give a damn about others, but University of B.C. ethics professor Paul Russell says most people - whether they're politically conservative, centrist or progressive - share the fundamental principle that "we all have an obligation to help those in need."

The Christian roots that undergird the Western world have something to do with that sense of obligation. The highest ideal in Christian thought is charity: to embody God's unselfish love by showing compassion even to those who might not merit it.



Dan before he bought his elevator shoes

Whether we attend church or not, or whether we hand out a few quarters to a panhandler no matter if he's dirty and turns us off, most of us have been touched by the Christian notion of charity and feel twinges of guilt and responsibility when confronted with a panhandler.

Russell usually comes up with the spare change. Although he finds the split-second decision awkward, he believes "if you genuinely think the person is in some distress, you should be inclined to help them out." He allows himself the privilege of making an instant judgment about the panhandler and whether he or she will benefit from a donation. He doesn't give to drunks, fearing they'll use it for more booze.

Some people, says Russell, are simply annoyed by panhandlers and believe they are lazy or lack discipline and have "chosen their lifestyle."

But he believes society will always include people who need the support of others. Many panhandlers, and many people on welfare, he believes, are mentally or physically disabled or otherwise incapable of holding down regular employment. "It's absurd and heartless to say all these people should get jobs."

Russell believes it is valid to question whether giving to panhandlers will take away their incentive to get off the street.

But unless passersby begin regularly forking over \$20 bills, he believes cold, rain and the embarrassment of begging are incentive enough to encourage a panhandler to find a better life and eventually contribute to society.

Some who don't act charitably to panhandlers "disguise their own callousness," Russell says, by convincing themselves not to give for the panhandlers' alleged own good.

The key for Rev. Barry Morris, a United Church minister who each day passes numerous outstretched hands in the downtown eastside, is to offer dignity by acknowledging each panhandler.

"They've come out of their 12-by-10 hotel room and their empty hand or hat represents a vital source of contact with the public. It's their way of saying: "Here I am. Talk to me," says Morris who works at the Longhouse Council of Native Ministry and Central City Mission.

When Morris walks past a

panhandler, he thinks of the John Prine song, Hello In There, which is about the beauty of even minimal human contact. If Morris does not give a panhandler change, a bus ticket, directions to a shelter, or go with them for a coffee, he at least wishes them a good day.

The negative side of giving to panhandlers, say Russell and Morris, is that it might do little more than give the donor a feel-good buzz.

Tossing away an occasional looney can lull someone into thinking they've done their bit for another human being, say Russell and Morris. That could lead to people rationalizing that they don't have to do much else, be that working for an organized charity, lobbying for improvements to the welfare system or voting for politicians who will redistribute wealth.

Part of the reason Morris and Russell usually come up with spare change is they have judged Canada's welfare system inadequate (though not as bad as in the U.S., where homeless people now clog city alleys).

"Short of absolutely superb financial discipline, many on welfare can't help but splurge when their monthly cheque arrives," says Morris.

Most of us give to a panhandler hoping it will go to basics such as food or shelter, but Morris' idea of Christian charity goes further. He'll donate so a beggar can enjoy a rare luxury: a movie, night on the town or a trip to Vancouver Island to see a friend.

DIARY OF A "MENTAL PATIENT":
STREET PEOPLE
(appeared in "Phoenix Rising")

We are the hole in life's doughnut. We sit here, all six of us, over coffee. It took us seven hours collectively to beg the price of a coffee. The begging is essential or we freeze to death in the winter night. Two hookers, exhausted from the night's tricks, come in for a whore's breakfast, a cigaret and coffee. This is a gilt and neon scene. Neon announces the trade of the place in its outdoor sign. Neon shines through the artificial orange juice and grape juice that swirls and tumbles in its containers. Neon lights the place with raw colors. If our eyes weren't shut they would hurt with the reflection of so much light.

This is how we sleep over a cup of coffee. The hostels were full. The churches are wall to wall bodies. There is no room for us there. We walked, begging, until we were saturated with cold. Then with fifty cents in small change we made it to the doughnut shop where there is warmth if not life. The waitress is all of fifteen years old. Her boyfriend waits patiently for her as he plays the outer space game on the neon light machine.

We are doomed to this place until the Eaton Center opens. Then we can sit in front of one of its restaurants and listen to the jazz band inside. The music curves out of the front door and envelopes us in its opium. It is also a place to sleep sitting up and a place to dream if the dreams will come as they infrequently do.

At lunch time the restaurant is filled with sales girls and salesmen, with executive types

who are slumming, with old lady shoppers who are lured in by the menu that hangs in the window. The odor of food sifts out through the door as well. Our stomachs have been empty for so long that we are immune to it.

We are eventually joined by the people from the mental hospitals who are let out during the day. They spend most of their time here. If you will listen they will tell you the story of their illness. Some of the six of us who sit here are former mental patients too. But we are silent. We are sick of the story of our illness. We are too confused or too lethargic to apply for welfare. We just joined our small group at the Eaton Center and we have never left it. Half a dozen of us together always. We are welded together by illness, poverty and the necessity to belong somewhere if only in this isolated group of six. There are other groups and cliques in the crowd. They are lucky they are mostly men and girls. We are only men, barely men in age.

When our eyes are open we watch the shoppers walking back and forth. They dangle highly colored plastic shopping bags from their hands. They are well dressed; coats open because they are too warm. What must it be like to be too warm? We are familiar with what it is like to be too cold. There is a mathematical line somewhere in the body that turns into an icicle in the cold that almost cuts the life's blood out of you.

We are companions to the cold between the time the Eaton Center closes until we beg fifty cents for the nightly coffee. There is one waitress on the late shift who will

hand us free doughnuts as she will only put them on sale at a cut price because they will be stale by the next day. We would like to repay her for her generosity but what would we use to pay it with? We are too numb to make the effort to ask her. Where did street people hang out before the Eaton family built this place? We are too young to remember those days.

A drug dealer drifts in. Want any acid or grass? Up your ass. We are street people but we are too smart to go on drugs. Some of us have seen the junkies they bring in to the crisis wards of the hospital. They can vomit but there is very little else they can do.

The dealer scores, though. Someone with cash in one of the groups has enough for a joint for everyone. What would old Timothy Eaton say in the church named after him if he could see his high tech shopping plaza swirling in the odor of grass smoke? What would the old man say into his beard if he were alive and witness to the street people of the city. They say you can buy anything on Yonge Street where the Eaton Center sits. Commerce attracts commerce. Available as merchandise are human flesh, male and female, thugs, thieves and ID cards. That wasn't the idea that built the place but it unexpectedly turned up as one of life's iron facts almost as soon as the place was open.

They say tourists come for miles around to visit this place. How do they miss the street people? How do they avoid the odor of grass? Do they know how much acid it takes to rot the brain? Hardly. They are the innocents of the world united in their ignorance of life. And they are not enlightened about

these things by the tourist brochures about Toronto.

You won't find anything on Timothy Eaton's gravestone that he left the city these things in his will.

But, now it is closing time. Time for us to move among the hurrying pedestrians to beg until we have fifty cents for coffee.

Tonight there are only five of us in the doughnut shop. The sixth member of our group didn't make the fifty cents. Don't worry about him. He jumped off the Bloor Street viaduct before he froze to death.



IN PASSING

JEREMIAH VALE. After a long illness caused by a 'love of the spirits.' He was a soft-spoken soul who always met me with a smile and an openness of heart. His generosity is remembered by his companions.

MEMBERS BRAVE ELEMENTS FOR CHRISTMAS DINNER

Members of the Mental Patient's Association braved the elements to attend our annual Christmas dinner, held at St. Mark's Anglican Church, 2nd and Larch, on Saturday, December 22, 1990.

The hungry gathering enjoyed a festive feast of turkey with all the trimmings. Later Santa arrived, bag of gifts in hand. The spirit of giving was in the air as exemplified by the hard work of Dan Hadesbeck and a few ardent cohorts who decorated, cooked, served and cleaned up. A special thanks.

UNDERDOG

By Jim Gifford

Recent Vancouver municipal elections revealed a groundswell of unhappiness over Mayor Campbell and his Council concerning the development of affluent housing while leaving middle and lower classes stranded for accommodation. It is time governments on all levels woke up to the real plight of the less monetarily endowed members of society. Like food and clothing, decent shelter is a basic need and indeed a right in any civilized society. Substandard dwellings are only too common for the underprivileged.

A few weeks ago I read a newspaper article concerning the Kitsilano Apartments at 2036 York. Mike Usinger's story told how the peace and quiet of the neighbourhood was disturbed by loud music at all hours and how the apartment, made up of many mental patients, was not supervised. As an ex-mental patient I lived in one of the suites during the winter of 1987-88. Yes it was sometimes noisy and I am sure a crusading Council

would be quite willing to take the necessary measures to bring these 'outcasts' under their legal thumb. But the important issues to be addressed are not brought up in Usinger's article: the plague of cockroaches, the greed of landlords, and the general and increasing public disrespect for the human dignity of the destitute. Unless the powers-that-be radically change their viewpoint, our 'TurnAround Decade' will usher in extreme action as the only alternative to achieving affordable housing.

The Frances Street Squatters are among the advance forces of this upsurging rebellion in the ongoing battle against wasteful negligence by developers and lack of sensitive policy at City Hall. The youthful exuberance of the squatters underscored a sentiment of frustration that all who struggle for the downtrodden feel as a burden every day.

This Christmas season, let us stop and remember the deeper convictions of our western culture: the care of the poor, the handicapped and the elderly. Christ, whose birth we celebrate, was history's noble fighter for justice and the worth of all humanity. And he knew all about a housing crisis firsthand: he was born in a stable for there was no room at the Inn.

LAUGHS WITH LEWRY

By Dave Lewry

What do psychiatrists give their patients for Christmas? Replicas of the Brooklyn Bridge.

Did you hear about the mental patient who got a job in an upholstery store. He's a recovering schizophrenic.

ANNOUNCEMENT

Our social centre is now named the Mental Patients' Association Community Resource Centre. The reason behind this change is the new title more aptly describes our ongoing activities. Membership lapel buttons are available in the Community Resource Centre.

STRANGERS IN THEIR BODIES

Facts about the disease of schizophrenia
by Dr. W. Gifford-Jones

Schizophrenia is getting renewed attention today, and with good reason.

The U.S. National Academy of Sciences estimates that this mental disorder costs North American society \$48 billion a year. It is one of the most devastating diseases in terms of human suffering and one per cent of the population either has it or will develop it.

Schizophrenia normally strikes males in their teens or twenties. Female patients are usually married by the time symptoms appear, and their symptoms are usually less severe.

There are two main types of schizophrenics. Those of the overactive type wander the streets proclaiming themselves God, or reacting to voices that the rest of us can't hear. The majority of schizophrenics, however are cast in a different mold. They appear lifeless, exhibit flattened emotions and talk in monotonous tones, showing no facial expression. It's been aptly said that schizophrenics do not seem to be at home in their own bodies. They have a distorted view of the world and a tendency to daydream. Finally they start to believe their daydreams and are

oblivious to events around them.

Coping with these people can be tremendously taxing for their families. They are socially withdrawn, shy and afraid to go out; often they hang around the house or just stay in bed. They seldom feel motivated to look for work.

Parents of young schizophrenics often interpret such behavior as laziness and forget that it is caused by the illness. It's particularly difficult for parents when the child has a high IQ. They must accept the fact that their ambitions for the child may never be fulfilled.

A high IQ also takes a toll on the victim, who realizes something is wrong but cannot accept it. The suicide rate for schizophrenics is seven times that of the general population.

There's little doubt that genetics play a role in schizophrenia. Usually a close relative has suffered from the disease. A child of a schizophrenic parent has a 10 per cent chance of developing the disorder. If both parents are schizophrenic, that figure rises to 39 per cent. and if an identical twin has schizophrenia, the other twin has a 50/50 chance of developing the disease.

Contrary to popular belief, schizophrenics do not have split personalities. They often change their minds but they're not Dr. Jekyll and Mr. Hyde types. Nor are they violent. The general population demonstrates more violence.

In the past, researchers believed schizophrenia was caused by maternal rejection or an unresolved Oedipus complex. Recent evidence

points to brain disease. CAT scans reveal enlarged lateral ventricles caused by brain atrophy in some patients. The frontal lobe of the brain may also have decreased electrical activity and blood flow, altered glucose metabolism and abnormal neurotransmitter cells (the cells that send out and receive information).

Schizophrenia has always been a grim diagnosis. Previously it was thought that about one-third of schizophrenic patients improve, one third remain the same and the rest gradually deteriorate. Recent studies are somewhat more hopeful. Many cases, it appears, eventually cure themselves.

The discovery of anti-psychotic drugs has been a major breakthrough for sufferers of schizophrenia. These help to control the disruptive symptoms, hallucinations and delusions of the disease. Side effects such as involuntary movement of the limbs, tongue and mouth can usually be controlled by adjusting the dosage.

Regrettably these drugs cannot control all symptoms. A patient cured of delusions may remain deeply impaired by apathy. Others, however, will recover enough to work and live relatively normal lives.

BOOKWORM

BITTER FAME: A LIFE OF SYLVIA

PLATH

by Anne Stevenson
Published 1989 by Houghton
Mifflin Co. in Boston
(appeared in Advocate by
Cathie Long)

Most people are familiar with the legend of Sylvia Plath, poet and novelist who killed herself when she was thirty

years old. In the past several decades, she has usually been portrayed as a martyr, betrayed by her father and later, her husband. This biography on Plath presents a different perspective on the poet's life and untimely death.

Plath was an all-around "golden girl" as a high school student and scholarship student at prestigious Smith College. While attending Smith, she tried to kill herself and was hospitalized at MacLean hospital for some time. She completed her studies at Smith and was



awarded a Fullbright Scholarship for study in London. There she met and married Ted Hughes, an English poet. They had two children. Eventually the marriage faltered, and Sylvia, successfully this time, took her life. Her autobiographical novel The Bell Jar, and her book of poems, Ariel, became famous after her death.

Bitter Fame is not an uncompassionate book, but portrays Plath as an individual with whom it was often difficult to have any type of relationship. Drawn from Plath's journals and memoirs of family and friends, Plath is depicted as an extremely jealous, self-

centered and intolerant woman who literally drove her husband into the arms of another woman. Once, when she suspected Hughes of improper conduct with a woman with whom he was arranging a job, she tore all his current manuscripts and journals into tiny pieces. Friends say that although Sylvia was given to icy rages and bizarre behaviour, Hughes never complained about her and tried valiantly to be supportive. While the book recognizes Plath's genius, it also dispels the myth of Plath as an abused victim. Bitter Fame is an interesting study of one of the 20th century's most complicated and quixotic literary figures. Highly recommended.

BOOKS TO READ BY BRAHM

"SAWDUST: THE POOR MAN'S SHAKE 'N' BAKE"

"THE COCKROACH AS A MEAT SUBSTITUTE"

"PROCTOLOGY: HOW TO MAKE ENDS MEET" (FORMERLY TITLED "THE LIGHT AT THE END OF THE TUNNEL")

" And what is a genuine lunatic? He is a man who prefers to go mad, in the sense of the word, rather than forfeit a certain higher idea of human honour. That's how society strangled all those it wanted to get rid of, or wanted to protect itself from, and put in asylums, because they refused to be accomplices to a kind of lofty swill. For a lunatic is a man that society does not wish to hear, but wants to prevent from uttering certain unbearable truths."

Antonin Artaud, Van Gogh. The Man Suicided by Society.

HUMAN FRAILITY

By William Cowper
 (18th century literary figure
 who suffered from mental crises.)

Weak and irresolute is man;
 The purpose of today,
 Woven with pains into his plan,
 To-morrow rends away.

The bow well bent, and smart the spring,
 Vice seems already slain;
 But passion rudely snaps the string,
 And it revives again.

Some foe to his upright intent
 Finds out his weaker part;
 Virtue engages his assent,
 But pleasure wins his heart.

'Tis here the folly of the wise
 Through all his art we view;
 And, while his tongue the charge denies,
 His conscience owns it true.

Bound on a voyage of awful length
 And dangers little known,
 A stranger to superior strength,
 Man vainly trusts his own.

But oars alone can ne'er prevail
 To reach the distant coast.
 The breath of heav'n must swell the sail,
 Or all the toil is lost.

dancing with the wolves
 by gfindlayschultz
 in memory of jeremiah vale

dancing naked
 in the evening light
 the stars said
 'to be a leader'
 and the wolves said
 'to be a member'

and we all agreed
 to be anybody
 as we shared dry leaves
 all through the winter
 dancing naked
 in the evening light

THE FREE SPIRIT

Susan Brownell

Thoughts comes, sometimes fast;
sometimes slow.

Where they come from and where
they go, sometimes I think I will
never know.

They make me think about my life
and eventual death, and how I feel
such an emptiness.

Where is my life going and where
does life really come from.

Some day's I can sit for hours pond-
ering the mysteries of life, and death.

When my life was conceived, I was given
a free spirit.

So I know life doesn't really end, it
just continues after death.

When physical life ends, my spiritual
life begins.

Finally I will know the true nature of
my existence.

WE HAVE A MEMBER NAMED DAVE

By Harold Johnston

We have a member named Dave;
He is our best sleeper

When we try to wake him,
The snoring gets deeper.

He sings all the time
At his own will.
He sounds like a hog caller
Just home from the hill.

Boy!
Can he ever snore:
The whole building shakes
From rafters to the floor.

We have to listen
to his corny jokes,
Some pretty bad
You want to choke.

He is a really
Gentle friendly guy;
We are still trying
To figure out why.

LOVE & MALICE

By Andrew Feldmar, R. Psych.
(Appeared in "Integra")

Most discussions of psychotherapy bear no fruit because the terms used have not been defined. We may often misunderstand what others are saying so that neither genuine agreement nor genuine differences of opinion can be possible. The fear of making enemies is well matched by the fear of making friends. Becoming visible through clearly articulated, heartfelt agreement or disagreement, means, to many of us, exposing ourselves to shame and humiliation, ridicule or exploitation. Much better to live life in the protective darkness of confusion, mealy-mouthed compromise and deliberate, even if unconscious misunderstandings. Realizing the truth of what's in front of me, this revelation, means that I have to change. To the degree I wish to avoid change, I must use all my resources to avoid realizations.

The best methods of sabotaging insights, for that's what we are talking about, are lying and cheating. One of the most frequent lies people utter upon entering therapy is, "I want to change!" This, most often, translates, "I can sense, with great fear, that change is upon me, it's about to happen, so PLEASE!, help me through some trick to avoid having to change!"

I realized that one way of cheating is to enter into psychotherapy, co-opt the therapist to become a partner in crime, and then continue criminal activities with a clear conscience ad infinitum, after all, "I'm working on it, I'm in therapy, what more can I do?" By "criminal activities", I don't just mean theft, rape or larceny, but any action that is unethical, immoral, cruel, inconsiderate

or malicious. These days people rather think of themselves as "neurotic" than consider themselves "bad" or "mean" or "callous" or "malicious". Scott Peck, in his People of the Lie, had the courage to ask the question, "Why is there no diagnostic category in the compendium of modern psychiatry for "evil"? Is evil an illness? Is there a cure for it?"

Back to definitions. What is "evil"? Words cast a spell, blessing or curse, for better or worse. Vaclav Havel remarked, "Words that electrify society with their freedom and truthfulness are matched by words that mesmerize, deceive, inflame, madden, beguile, words that are harmful -- lethal, even". All psychotherapists use words. So do all patients or clients. We have an ethical responsibility to be suspicious of each other's words and to be wary of them. As Havel says, "There can be no doubt that distrust of words is less harmful than unwarranted trust in them".

Evil is in opposition to life and liveliness, it kills spirit, it's basic idea is transgression. Deliberately aiming South, when you know the target with the bull's eye is to the North, is evil. Sin, an old archery term, is the error you make, measured from the bull's eye, when you're aiming at it. When the error is so great so often that one forgets the target and one forgets that one has forgotten, one becomes evil. As Kierkegaard observed, "the more in sin you are, the less you even realize that you are in sin". This way of defining "evil" implies freedom of choice. Lucifer, Satan chose to transgress. I have been unconscious of this and so do not feel responsible, I must realize that I am.

R. D. Laim? in an essay

entitled Violence and Love, written in 1965, points out that in the past 50 years we human beings have slaughtered over one hundred million of our own species (a figure that continues to climb). He suggests that we can only stop destroying others when we stop destroying ourselves, and that we have to begin by "admitting and even accepting our violence, rather than blindly destroying ourselves with it, and therewith we have to realize that we are as deeply afraid to live and to love as we are to die.

Scott Peck comes to a similar conclusion when he writes that we become evil by attempting to hide from ourselves, unwilling to suffer the discomfort of significant self-examination. The difficult problem starts not just with pretending that I am good, but with pretending that I am not pretending and then forgetting that I pretending anything at all. By now I am one of the "People of the Lie" with an intense desire to appear good, but lacking all motivation to be good. Love enhances, fosters, cherishes life and liveliness. Love can promise, "I could hurt, but I won't!" If I love you, you will experience that your life is easier, richer with me in it, than it was or would be without me. So, love is work I do for another, having his/her best interest close at heart. Love is not sentiment, love is not desire. In fact, love desires nothing. Love takes delight in and cherished what is, in its es-ness. Love is an exacting description, an act of will, freedom and determination. If love were an emotion, how could you ever promise to love another?

Ill will, good will; malice, love: when do I choose one, when the other? Ill will, malice, is made up of three components: envy, greed and jealousy. Joseph Berke in The

Tyranny of Malice writes, "envy is to modern times what sex was to the Victorians, an obsession best forgotten, denied or avoided". I think envy is so ubiquitous that most of us swim in it, that's why we don't even know what is: ask a fish about water and it'll say, "What water?" If I envy you, I hate you because I want to be you. I don't want to be me, and I know that my desire can never be fulfilled. So, if I can't be you, I want to destroy you. Down with everyone going up!" Some of us are so terrified of being envied that we make sure we achieve nothing enviable. Or we complain all the time and enjoy ourselves in secret lest someone should give us the evil eye.

Greed at least admits that life has some worthwhile aspects: it's just that I want more and more and more and everything and forever and everywhere. Greed is anti-life because biological variables, to support life always settle for optima, never for maxima wealth.

Jealousy comes from feeling left out. I A is my lover and at a party I see her enjoying herself with B, I might feel devastated; if I sense or imagine that my absence is essential to their enjoying each other, my jealousy may grow into murderous passion. Can envy turn to gratitude, greed to generosity, and jealousy to compassion? Can I turn my malice into love? Not if I am unconscious of my own malice. What I am not aware of, I certainly don't have any control over. The Hippocratic "Do not harm!" urges one to admit and accept one's own capacity to harm. It is noteworthy that the vocabulary available to talk about this about-face from malice to love is not psychological but religious; conversion, metanoia, repentance, contrition, renunciation.

Religion, in a broad sense has to do with out attempts to experience ourselves as the living parts of something much greater than our puny selves. It's deeply painful to experience isolation, not belonging, and it is bliss to experience communion. Communion doesn't have to be "religious". Camus' existential humanism allows for losing oneself in humanity: "Then we understand that rebellion cannot exist without a strange form of love. Those who find no rest in God or in history are



condemned to live for those who, like themselves, cannot live: in fact, for the humiliated. The most pure form of the movement of rebellion is thus crowned with the heart-rending cry...if all are not saved, what good is the salvation of one only?...This insane generosity is the generosity of rebellion, which unhesitatingly give the strength of its love without a moment's delay refuses injustice. Its merit lies in making no calculations, distributing everything it possesses to life and to living men. It is thus that it is prodigal in its gifts to men to come. Real generosity toward the future lies in giving all the present".

Nothing ruins, destroys communion more than deception. W.H. Auden writes, "To lie, even with the best of intentions, is a deadly sin, for every time we tell someone a lie, even with the best of intentions, we not only forfeit forever the right to his faith in all men all speech. It is with good reason that the devil is called the father of lies".

A day before he died, R. D. Lain expressed some hope: "Maybe a plague of love will break out. Why not? Are we so immune to the virus of compassion?"

HAS PSYCHIATRY GONE TO THE DOGS?
 By Rev. Kenneth J. Whitman
 (appeared in Phoenix Rising)

A recent New York Times story stated that "in treating certain forms of schizophrenia, it has been found that dogs can be used successfully where human therapists have failed."

This canine "barkthrough" was pioneered by Dr. Samuel A. Corson at Ohio State University.

The prime qualification of a psychiatric dog is warmth and friendliness. A medical degree is not required.

In a report, Dr. Corson describes the case of Marsha, allegedly brought to the University hospital screaming and disoriented and was diagnosed as a "catonic schizophrenic" by a humane psychiatrist. Marsha was given drugs but did not respond. Next, 25 sessions of electric shock were administered with the result that Marsha became "withdrawn, frozen and almost mute."

Traditional psychiatric methods having not only failed but having made things worse, a psychiatric dog was assigned to the case. The report says that Marsha "soon began to show signs of recovery, leading ultimately to discharge from the hospital." Said Corson, "The dogs offer the kind of love a psychiatrically sick person needs."

All this is certainly a step up the social ladder for animals who were formerly employed as domestic pets, but it is not much of a testimony for the efficacy of modern psychiatric care.

It would seem Dr. Corson has missed the important point which evolved from his experiment - that warmth and friendliness can do a lot more for someone experiencing difficulties in living than can drugs and shock treatment.

The experience also indicates that human psychiatrists have lost touch with their patients as thinking, feeling individuals. Perhaps due to their medical training and the status medicine has achieved in our society, psychiatrists have developed a penchant for things medical: the use of facilities called "hospitals", drugs, physical treatments and even surgery. These trappings are part of what is known as the "medical model" which is simply an attempted analogy between physical illness and mental conditions.

The main point that usually gets missed is that the general practitioner or medical specialist is treating largely organic, observable illnesses and the psychiatrist is not.

The human psychiatrist calls problems in living "illness" and has many impressive (and intimidating) diagnostic

terms, but these do not help achieve results. This is one big advantage that psychiatric dogs have - they don't "know" that an individual is a "patient" or that he "has schizophrenia of the paranoid type." The dog just relates to a person. People do this too - friends talk problems out with friends and marital partners talk things over with each other, often to great benefit and relief.

If human psychiatrists don't change their methods of dealing with troubled individuals, they may well be replaced by canine therapists. Dogs don't charge \$50.00 an hour, they are faster to train and they have the simple ability to relate to people which many psychiatrists have neglected. After all, no one ever said that man's best friend was a psychiatrist.

MENTAL HOSPITAL HORRORS SHOCK AUSTRALIA

The Vancouver Sun

SYDNEY - A bizarre tale of drugs and death at a Sydney psychiatric hospital, where 24 patients died after undergoing electric shock treatment while in drug-induced comas, was disclosed today.

A two year official investigation into Chelmsford private hospital in Sydney found that from 1963 to 1979 a total of 24 patients died as a direct result of deep sleep therapy, or DST, barbiturate-induced comas lasting up to three weeks, and electroconvulsive therapy, or ECT.

Twenty-four other patients committed suicide after being discharged, a royal commission said. In all, 183 deep sleep patients died either in hospital or within one year of being discharged, while 977 were diagnosed as brain-damaged.

"The practice of deep sleep therapy at Chelmsford Hospital...was the darkest episode of the history of psychiatry in this country," said the New South Wales health minister, Peter Collins, in making public the royal commission's first report on its investigation.

Supreme Court Judge John Slattery, who conducted the inquiry, recommended criminal charges be considered against three doctors, John Herron, Ian Gardiner and John Gill, for their involvement in Chelmsford.

Slattery laid blame for the horrors of Chelmsford primarily with the late Dr. Harry Bailey, described by a nurse in evidence as Dr. Jekyll and Mr. Hyde. Bailey, who headed the hospital's DST program and underwent his own treatment, killed himself in 1985.

In his 12-volume report Slattery chronicles forged death certificates, massive drug use and midnight sexual rendezvous between Bailey and patients.

The report gives evidence of conscious patients, some strapped naked to their bed and some as young as 12 years old, receiving jolts of electricity without anesthetic.

Some patients were bona fide psychiatric patients but some were suffering only from stress and were trying to warn themselves off alcohol or drugs.

Slattery said Bailey must have known DST was dangerous after nine patients died, but he persisted in the treatment.

"There can be no doubt that by 1967 Dr. Bailey knew beyond any doubt that DST was so dangerous that it was causing

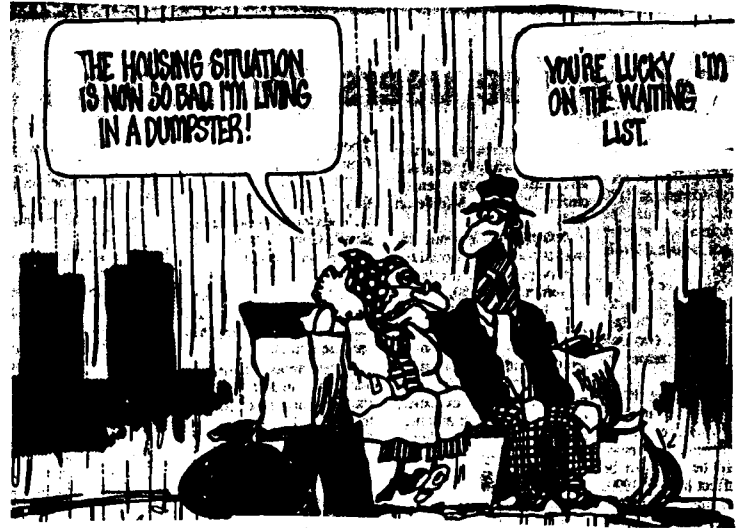
serious complications, even death," he said.

Slattery found that Bailey falsified 17 death certificates in order to avoid investigation. Slattery said it is inconceivable that Herron, Gardiner and Gill did not know that their use of DST was dangerous.

BOOKWORM By Olaf Wirsching

**INCOME SECURITY: THE
DISABILITY SYSTEM IN CANADA**
By Sherrie Torjman
(The G. Allan Roeher
Institute, 141 pages, \$14.50)

I first heard about this book from an interview between David T. Lewry and C.B.C.'s Morningside program. Sherri Torjman, the author of *Income Insecurities* was also on the show. She described our welfare system as "an enemy of promise" for the way it treats the disabled. The discussion centered around the cycle of poverty and frustration around the cycle of poverty and frustration that David and others like him encounter while trying to live on a handicapped pension allowance. Cheap rooms and cheap food are the order of the day with not much to do in the way of entertainment or meaningful work. Boredom hangs around like a relative that has overstayed his welcome. Life can become a series of mis-adventures that eventually results in a chronic denial of basic social and economic opportunities. And for what? All because of a lack of pocket money and an inadequate "allowance". Reduced to a simple image, it's a little kid getting his allowance every week. Enough for a good time but nothing else. It seems that many disabled persons languish in a system that provides neither hope for a better future nor can afford



to pay them more to live decent lives. All this is nothing new. Just another sad comment for the rest of us who play the game in a freewheeling work ethic jungle where sometimes only the strong survive.

Nevertheless, the book covers a lot of ground within it's 141 pages. Thick as a brick and dry as a bone the research focuses on Social Assistance, the Pension Plan, U.I.C. and Old Age Security. It also covers disability related problems and proposals for comprehensive reform of the system. Information was obtained by interviewing individuals describing the problems with income support programs. Representatives from the Canadian Association for Community Living were interviewed, and a questionnaire was sent to officials responsible for income security. Some of the problems unearthed are the same ones that persons in need face every day, year after year. They are:

- the discretion of the welfare worker and how persons are treated differently.
- labels such as unemployable or permanently unemployable were found to be objectionable because they deny any potential for employment.
- welfare administrators have the authority to determine the

competence of the individual in the absence of any criteria to make that decision.

- the income system creates disincentives to work. Rules across Canada spell out the amounts by which welfare cheques must be reduced for every dollar earned outside. There is little incentive to work if income has to be returned to the welfare office.

The biggest problem is that there is not enough money to go around. According to Statistics Canada 1988, a disabled person living in Ontario had a total estimated income of \$10,815. The poverty line was \$11,564 leaving a \$749 gap. In British Columbia the total income was \$7,646 with the same poverty line, and the poverty gap was a whopping \$3,918!!! It must be very stressful for someone who depends on H.P.I.A. to realize they are \$4,000 in the hole! Although the cost of living is practically double in Ontario, we can thank the provincial government with its policies of restraint for the "gap" here in B.C.

From time to time however, the federal and provincial governments do make an attempt to review the situation. One of these was the Social Security Review of 1972-75. At that time they settled on a program that had a support



component and a supplementation component. The support benefit was for Canadians that are considered unemployable, such as the aged or disabled. This would have replaced the welfare system. Eligibility for a support benefit would be based on an employment availability test. The theory was if unemployable recipients were able to earn casual income, the amount of the support benefit would be decreased. This does nothing to improve anyone's lot in life, but makes perfect political and economic sense so far as the government is concerned. This is because it is not acceptable to give money to persons without taking into account what they're earning. The other part of this program would have helped Canadians who get income from work but are too poor to make ends meet. These proposals, however, were never implemented. As usual, the feds and the provinces could not agree on a plan and the oil crisis of the mid-seventies put a hold on costly social programs.

Ten years later the MacDonald Commission looked at what had been proposed in the Social Security Review. Like the food chain of the same name, they wanted to build a better hamburger. They wanted to simplify the system, give more support to lower income Canadians and improve work incentives. But even today, work incentives have not improved much. A person on H.P.I.A. is allowed to earn \$100 per month plus 25% of any additional monies earned. This comes to about \$1,500 per year. That same person who was \$4,000 in the hole in 1988 is now only \$2,500 down! But we all know by how much that gap must be growing in 1991 dollars. The larger the black hole gets, the greater the gravitational pull will be. And it follows that unwary travellers will be drawn into



an old familiar poverty bind. And the system will heave a sigh and equalize itself once again, like a great whale spouting a belly-full of brine.

Once again, in 1988, the Ontario Social Assistance Review Committee looked at problems in the welfare system including: it's complexity and long list of rules and regulations; the amount of benefits paid and inadequacy of benefits. The Committee recognized that social assistance could not meet the needs of persons with a disability. In Ontario, the disabled represent 32% of the welfare case load, a significant number indeed. They also proposed that new programs for the disabled be separated from Social Assistance and pay a higher benefit to individuals. And finally, there is the concept of individualized funding as proposed by the Community Living Society in B.C. This recognizes that the disabled need income for two purposes. The first is for basic needs like food and shelter, and the other is to pay expenses related to the disabling condition. For example, life

skills training programs, transportation and work-related clothing. Advocates of this scheme do not want the welfare department involved. This is because workers have a vested interest in keeping expenditures at a minimum. The disabled should have more say because they know best what their needs are. There are several models of individualized funding being tested in Alberta which incorporates both income-tested and needs-tested components. But the book ends on a cautious note, hinting that there is no magic solution. In time, however, progressive schemes may emerge and make a real difference for the disabled. The Roeher Institute also has recent publications such as "Entourage", a quarterly magazine that looks at how people with mental handicaps can be supported by the community. For more information contact the B.C. Association for Community Living, #300 - 30 East 6th Avenue, Vancouver, B.C., V5T 4P4, telephone 875-1119.

"To put it bluntly, I do not believe that we can scramble brains and expect to have anything left but scrambled brains."

Anonymous, American Journal of Psychiatry

