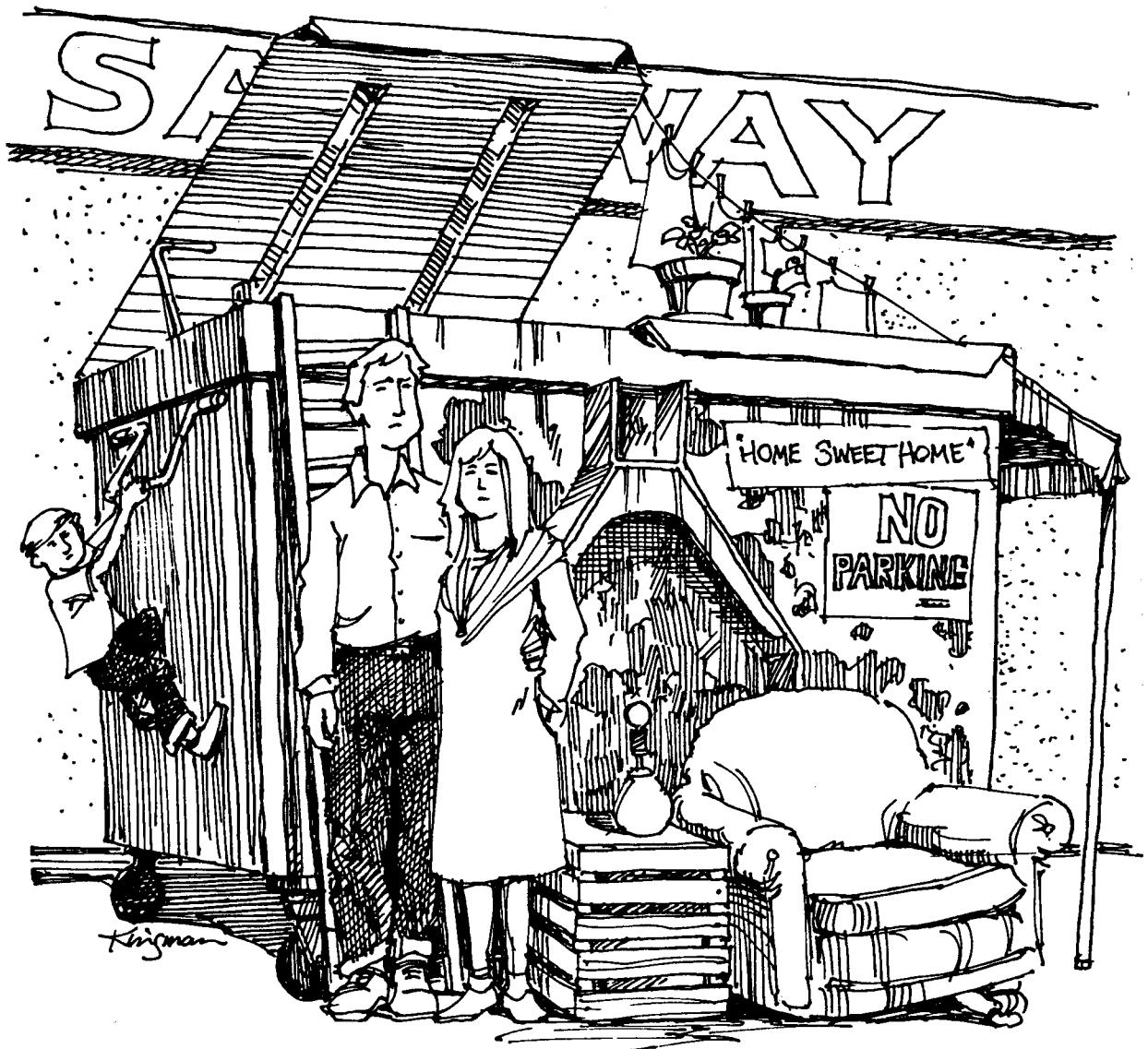


April, 1991

In A NutShell

A Publication of the MENTAL PATIENTS' ASSOCIATION



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'In A NutShell' is a publication of the Mental Patient's Association, 1731 W. 4th Ave. Vancouver B.C., V6J 1M2, (604) 738-2811. The MPA is a non-profit organization that offers a variety of programs in HOUSING, VOCATIONAL, RECREATIONAL, and SOCIAL ACTIVITIES for former mental patients. For more information on any of the above programs or housing waiting lists, please phone the office at 738-2811.

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Mental Illness and Chemical Dependency

An ongoing look at the monster

by Barry Hames

Barry is a member of M.P.A. who has worked for several years as an addictions counselor in the Vancouver area.

Chemical dependency has long been a problem in the western world and is not as new as the popular press tends to make it out to be. The abuse of many drugs popular today, such as cocaine, marijuana, and heroin started over a century ago, while the abuse of alcohol goes back at least as far as the 2nd millennium B.C. What is different today, is the sheer scale of the problem, thanks in large part to advances in transportation technology and agricultural methods. And, the single most devastated group of people has been the mentally ill.

The reasons why the mentally ill should be so seriously affected by drug and alcohol problems are not well understood. Indeed, why anyone should develop drug addictions (and others not) is the subject of heated debate in the scientific literature. What has emerged from this confusion is a concept that goes by the equally confusing name of the 'bio-psycho-social' model. Unfortunately, what this concept implies is that almost ANYTHING is liable to cause addictions, from a

'genetic predisposition' and emotional problems to peer pressure to abuse drugs and the low cost of beer. For the mentally ill, however, there must exist a common thread, for, by last count, some 58% to 60% are so afflicted.

Just what this common thread is, is perhaps not too hard to find, in spite of the scientific doubt. In the first place, mental health patients are used to taking drugs. They are prescribed and taken regularly and it is, perhaps, not hard to see how a drug-taking mind-set is formed, making the choice to use other, more illicit, mood-altering substances easier. Secondly, and perhaps of more importance, are the feelings of inadequacy, shame, and loneliness that too frequently are allowed to underlie an original mental illness.

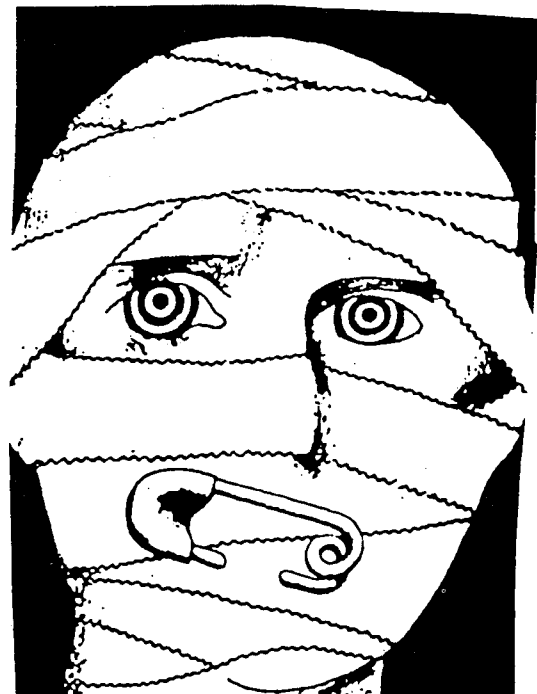
People take drugs for a very simple reason - they want to feel better. And no group has a greater need for this than the mentally ill. Good feelings normally come from success and accomplishment, a sense of being productive and a help to one's society and from deep and stable personal relationships. The mentally ill frequently experience none of these and their lot in life is often

instead chronic poverty, under-employment and hopelessness.

Why the mentally ill take drugs, then, is easy to appreciate, but why they become dependant is a more difficult question to answer. The simplest explanation is that all mood-altering drugs, if taken often enough, produce dependency. This, unfortunately, begs the question, for taking mood-altering drugs frequently (and illicitly) is the very definition of substance abuse and dependency. Compulsive use of a particular drug, in other words, leads to the compulsive use of that drug! Not a helpful explanation.

More likely, is the notion that people become addicted not to drugs, but to TAKING drugs - to a behaviour, in other words. This is certainly true when we look at addictions to gambling, sex, and

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Ombudsman Interview

British Columbia's Ombudsman, Stephen Owen, was questioned by the 'In a Nutshell' Editor.

Editor: Could you state the Ombudsman's mandate?

Owen: The Ombudsman's Office was setup to assist individuals to deal with the provincial government more efficiently. It's fine to say people can go to court if the government treats them unfairly or they can vote for another political party but those aren't real solutions for people who have to deal with a personal problem with government bureaucracy right today. People can't afford to go to court and they don't want the publicity in their private affairs.

So people can phone the Ombudsman's office. We can get access to government information, find out what the problem is and look at it from an impartial point of view. We're not their advocate in the sense we take their side. We independently investigate what's gone on and, if we see unfairness, recommend a change. Note, it is really important that we are independent of government.

The Ombudsman is chosen by all parties together so it is not a political appointment. I report to the Legislature as a whole or directly to the public. I make recommendations to the Executive side

of government after a full investigation and those can be made public and become part of the public discussion. It is important that the Office has the power to require people to give us information. We have full access. And that's one of the things people find most frustrating in dealing with government. They just don't feel they're getting the full information: they don't know who to talk to; they don't get reasons for why something happens to them.

Editor: What are the commonest complaints and/or problems of the poor, the homeless, the mentally ill?

Owen: Well, we received 14,000 complaints last year and they predictably deal with issues that touch people in the most important ways. Questions of income assistance where really the income assistance system is the difference between starvation and...they don't make ends meet. This is a good example of our limits.

We don't deal with political policy of what income assistance should be. There's a lot of talk in this province and across the country to the effect that income assistance is not adequate. It leaves people below the poverty level: they can't eat in a nutritious way; they can't live in a safe, healthy

way. And that contributes further to their health and social problems. The Ombudsman's Office can't help with that type of issue. That's a political decision made at a different level. All we can do is look at the law as it is and see whether it's been actually applied properly. So if a person with an income assistance complaint or a housing complaint comes to us and says, 'I'm not being given adequate support by society', we can look at what they're entitled to and if the law hasn't been properly applied to them, we can say, 'Look, this person hasn't been properly treated under the law as it is.' We can't go to the politicians and say "you should be spending more on income assistance and health." Once the politicians allocate (monies), we've got to make sure they administer it.

You asked specifically about people who are disadvantaged in society. Very largely, the people who come to us lack economic power. They have to deal more with government. If you're poor, you're dependant on public transportation. You're more likely to be caught up in the criminal justice system. Government intrudes into your life much more completely. So it's more likely those people we're assisting... our society is impoverished whenever we have a person in clear need of assistance and society doesn't help that person. It lowers the value of society for all of us.

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UnderDog

by Jim Gifford



The British Columbia government is encouraging those on handicap pensions and welfare to not work and be productive members of the community. The Socred's 'leadership' contingent in Social Services and Housing have set up unrealistic and severe obstacles to getting a job.

A handicapped person's income is about \$700 monthly. It is a few hundred dollars less on welfare. Those classified as handicapped or unemployable are entitled to volunteer for a non-profit society or association, put in 40 hours and receive \$50 via the Greater Vancouver Mental Health Services Society. An additional \$50 is allowed to be earned. For those on welfare, under-the-table employment is the only way to subsist at a somewhat more humane level. People are necessarily forced to abuse the system and be dishonest.

Now, for the obstacle to gainful participation in the economy.

On handicapped pensions, anything you make over that additional \$100 is penalized as you are required to rebate 75% to the Ministry of Social Services and Housing. Thus, if you earn \$200, you keep \$50 and must give the government \$150. It kills initiative.

Most of those mentally ill and recovering can only do basic jobs such as laboring, dishwashing, and construction work. Because of poor nutrition on a limited income, causing already ill health to waver, very few can work more than 25 hours a week. Often, they receive minimum wage which is usually less than the income from the government. You may say it is

better for the individual's self-esteem to work. You are right. But when you have been demoralized, dehumanized, and institutionalized, it can be a mammoth struggle that appears insurmountable.

Yet those who are capable want to work. Many are eager to improve their lot. But clothing allowances are now hard to come by and the bureaucratic red tape to get a penny out of the government is overpowering. And who wants to go to a job interview in soiled and ragged second-hand clothes looking like a ne'er-do-well. Would you?



Minute Particulars

by Andrew Feldmar

I decided to call my column Minute Particulars because it will always remind me of the following quote from William Blake: "He who would do good to another, must do it in Minute Particulars. General Good is the plea of the scoundrel, hypocrite, and flatterer." Blake wrote this almost 200 years ago. Has there been progress in the field of mental health? I don't think so. There exists a suffocating sprawl of technical knowledge that none of us can comprehend or assimilate. Trying

to repair people as if they were faulty machines adds to their suffering because the scientific approach objectifies and alienates. Alienation and estrangement is the disease, more of the same is not going to help. The most important factors in healing via psychotherapy are truth, meaning, and attention to particulars rather than explanations, theories, and generalizations. We all long for attentiveness from others. The essence

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Easter Parade

by Sam Roddan

At Easter, I always like to walk the streets of my boyhood in the East End of Vancouver. It's a way of renewing my roots, meeting in memory vanished friends, watching the rebirth of history.

It was at Easter that I loved to visit Mrs. Robertson who lived in a basement suite in Ferrar Court. She made her living with her baking, mostly delicious scones which she sold at the City Market at Pender and Main. At Easter, she baked hundreds of Hot Cross buns. Spicy perfumes filled her kitchen. She always saved me a sample if I were passing by.

"Some bakers just slap on the crosses," she said. "I like to take time with each cross. Shape it carefully. It's the least I can do."

In another shabby apartment on Powell, my friend, Mr. Cummings, made bird houses. He made them all shapes and sizes. He never ran short of materials.

Mr. Cummings cut the grass in front of Armstrong Undertakers on Dunlevy and, in ex-

change, old Mr. Armstrong kept him supplied with wood from the coffin crates.

"Coffin wood is perfect for bird houses," Mr. Cummings told me. "At Easter, when I see a bird popping out of one of the bird houses, it's kind of like the resurrection, if you know what I mean."

In the Orwell apartments on Hastings, Joe Mitchell worked on his carvings in his living room. His floor was covered with chips, sawdust, and shavings. Joe carve small totems, masks, rattles. At Easter, he carved madonnas and crucifixes which he sold outside Holy Rosary.

Joe's tools were scattered on his kitchen table. Chisels, fashioned from car springs, adzes fitted with heavy dogwood handles, draw knives, sandpaper. On an apple box were scraps of yellow cedar, blocks of balsam, pine, birchbark.

"I love to bring alive a bear or a raven from a chunk of cedar," Joe said. "It's like they're being born in front of my eyes and I'm both father and mother."

I knew other artists working in their rooms in broken-down hovels. I often sat beside poets writing down words that would bring them fame, fortune, and despair. I have watched artists struggling to capture the still life of the heart, but ending up tending bars, sweep-

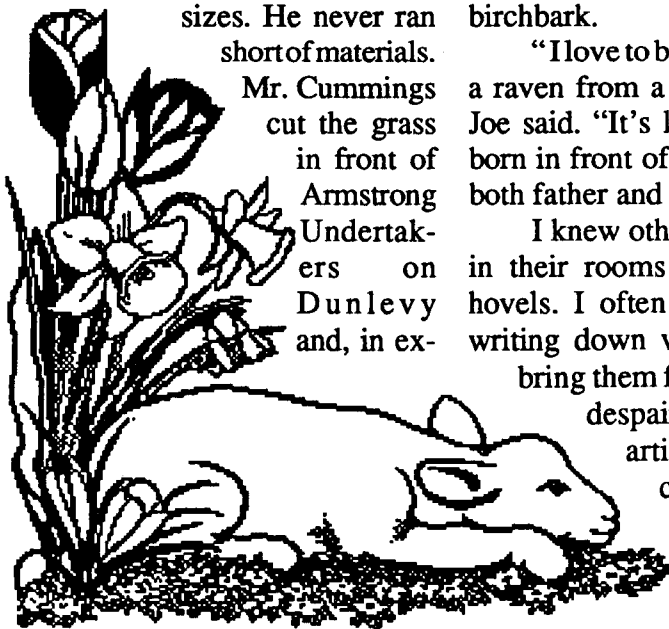
ing floors, caretakers and night watchmen, in public buildings or others just sitting for days, it seemed, on the banches in Pigeon's Square.

As a boy, I knew the East End of Vancouver like the back of my hand. The dark lanes, the rooming houses that smelled of sour cabbage and stale beer. The dingy hotels along Powell where old men, like dozing walruses, sank into the stuffed leather chairs in the lobbies.

I also knew that sickly, sweet stink of gas escaping from a hotplate or an oven in a cheap, decaying apartment, sure sign that some poor soul was crossing the bar.

But, even in those days so long ago, I could always find signs of hope and defiance. The white curtains on windows of a blackened and wretched apartment. The red geraniums potted in rusty tomato cans, perched on narrow ledges. The green ivy growing over the griny entrance to the city gaol.

Today, I stand in front of the Carnegie Library at Main and Hastings. This was my hide-away, oasis, bunker. It was here I met great writers, artists, working Joes, tramps, homeless guys down to their last hope. Most of these friends have gone now, dead, buried, names forgotten. But the amazing thing, to me, at least, is that around Easter, they all come alive. I see them clear as day, a great Easter Parade of them. In my mind, I roll away the crushing, heavy stone of the sepulchre. Let in the Light. In the effulgence of the radiant brightness, they become my own family, brother, sister, spirit, flesh and blood.



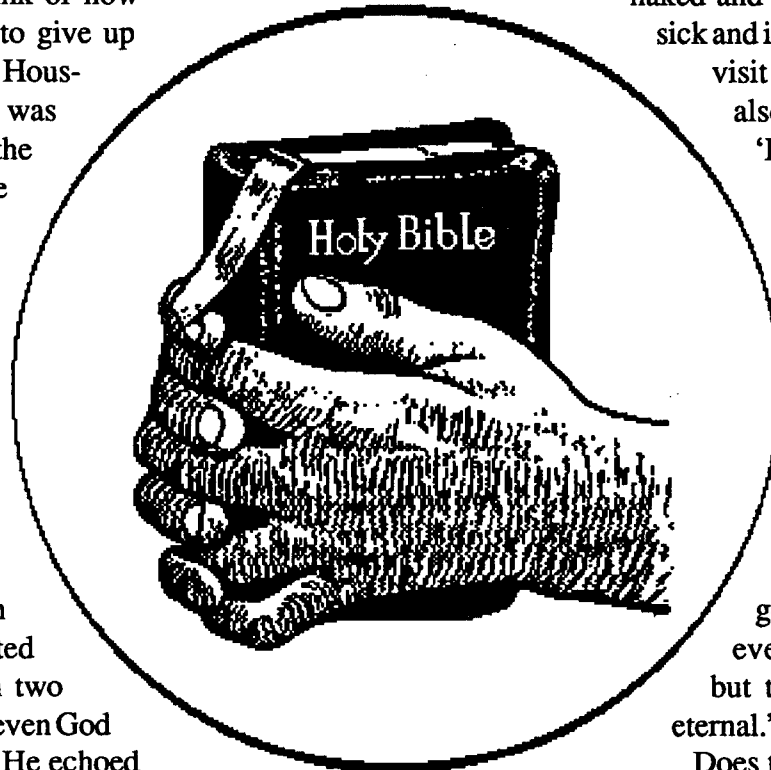
Pastoral Reflections

by Pastor John Ballard

Have you ever gone on a giant self-pity party? It's easy to fall into that mode of thinking when things aren't going your way or haven't been for a long time. As Easter draws near, think of how easy it was for Jesus to give up hope on human nature. Housing wasn't for him. He was one of the homeless in the world. He said, "The foxes have their holes and the birds have their nests but the Son of Man has nowhere to lay his head." His best friend Judas betrays Him. All the rest of His friends run for their lives. Things weren't going very swift. Then, He's beaten up, publicly humiliated and crucified between two thieves. It seemed like even God had deserted Him and He echoed that feeling when He cried out, "My God, my God, why have you deserted me?" To the city's homeless and the outcasts of society, Jesus' words are only too familiar.

Jesus illustrates the need for caring for one another in a story. He tells about the great judgement at the end of time, "When God shall judge among the sheep and the goats. The sheep He places on His right hand and the goats on the left. Then shall the King say unto them on His right hand, 'Come,

you blessed of my Father, inherit the kingdom prepared for you from the foundation of the world. For I was hungry and you fed me: I was thirsty and you gave me drink: I



was a stranger and you took me in: naked and you clothed me: I was sick and you visited me: I was in prison and you came unto me.' Then the righteous shall answer Him saying, 'Lord, when did we see you hungry and fed you? or thirsty and gave you drink? When did we see you a stranger and took you in? Or naked and clothed you? Or when did we see you sick or in prison and came unto you?' And the King shall answer and say, 'Inasmuch

as you have done it unto one of the least of these, my brothers and sisters, you have done it unto me.'

Then He'll say to the goats on the left hand. 'Depart from me, you cursed ones; for I was hungry and you didn't give me anything to eat: I was thirsty and you didn't give me anything to drink: I was a stranger and you didn't take me in: naked and you didn't clothe me: sick and in prison and you didn't visit me.' Then shall they also answer Him, saying, 'Lord, when did we see you hungry or thirsty, or a stranger, or naked, or sick, or in prison and did not help you?' Then He will answer: 'Inasmuch as you did it not to one of the least of these, my brothers and sisters, you did it not unto me.' And the goats shall go away into everlasting punishment: but the righteous into life eternal."

Does the story mean each of us earns a place in heaven by our good works? Most assuredly not! Compare Christ's teaching in Matthew 7:23-27. Jesus is not talking about a conscious program to gain merit so you can go to heaven. The story takes place at the judgement where there's no more time to do things.

Well, does the story mean that I should be doing my part in

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Silent Blues

This interview with Marion Wheley occurred one morning over coffee at Sunshine Cafe in Kitsilano.

Editor: Marion, tell me about your experiences in the hospital and about your illness.

Marion: It started when I was twelve years old and went into the hospital for a year and a half, then for another year and a half, I was in Essondale, then Tranquille, where I was two years. I was sent out to different homes, then back to Woodlands. Years going on, I finally came out on my own and that's the way I want it. And I know when I started having seizures, my father sent me to a doctor who put me on phenobarbitol. It didn't work. I felt funny. I didn't feel myself. I told my dad and he said the doctor knew what he was doing. I couldn't get it through his head that there were side-effects.

Editor: What were the side-effects?

Marion: There were terrible ones. I would sleep during the day, be awake at night. I was just doing opposite things. It was unreal. And I went into Essondale on February 14th.

Editor: Valentine's Day. That's ironic.

Marion: Yes. It always reminds me of it.

Editor: What was your experience in Essondale?

Marion: Old ladies. One lady said 'what's a kid doing here?' They were all silent; you could hear a pin drop. Finally, I couldn't move because I didn't know what would happen. But one got up, went out into the hallway. I got up and went there with her. We started talking. Next thing I knew, I walked in the front room with her.

Editor: What were your experiences in Woodlands?

Marion: That was worse. You couldn't go anywhere without a staff member. That's what went on with me for years. In time I got so fed up, I said 'look, if I can't go myself, forget it.' Finally, I signed myself out for a short time.

Editor: How do you feel about the way society does not accept those who appear or act differently?

Marion: At first, I

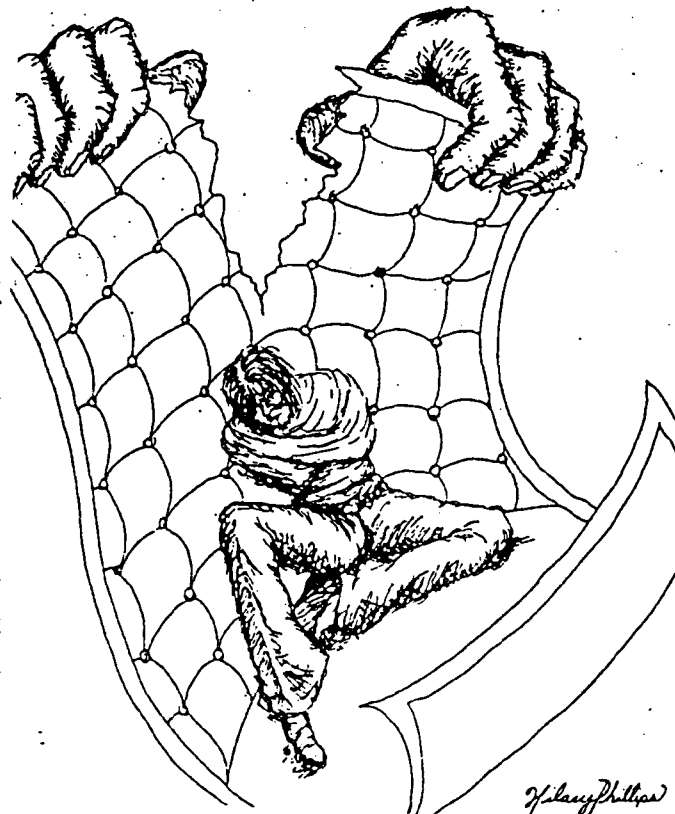
was nervous. I wouldn't go outside. Until one day, I just went and that was it. And I said to myself 'Well, if they don't accept me, too bad. But I'm no different than they are. I had a rough time when I was younger, but so what?'

Editor: What life lessons have you learned from your experience?

Marion: Well, let's see. Anyone who walks near me is a friend. And with animals, I seem to have a certain knack.

Editor: I guess that's because you're a trusting, loving, gentle person. Thank you, Marion.

Marion: Thank you.



Nature vs. Nurture

Anonymous

The psychiatric profession has never agreed on the causes of schizophrenia or other mental illnesses. This disagreement is sometimes referred to, with alliterative simplicity, as 'nature vs. nurture'. The controversy is more complicated than that. It arises out of the conflict between the Platonic concept that the mind and the body are separate and individual entities - a concept that was unchallenged in Western thought until relatively recently - and the concept, derived from modern science, that the mind and body are one, the mind just being a manifestation of the workings of the brain.

Platonic theory of this school of psychiatrists and psychologists is that mental illness is wholly a troubling of the mind caused by a poor environment - that is, poor human relationships, which invariably date back to childhood. The theory holds that, since the illness is caused by faulty human relationships, it can successfully be treated by appropriate psychological intervention to change relationships and the

patient's pattern of behavior and thought.

The opposing side of the controversy, the so-called 'nature' school, consists of biologically-oriented psychiatrists, who have followed to its logical conclusion the concept of the mind developed by modern science. Their theory holds that mental illness is a physiological or biochemical imbalance in the body that is affecting the brain, and should be treated with physical remedies. They had long suspected that heredity was a factor in mental illness.



Pastoral Reflections

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helping the hurting, wherever I may find them? To that question, we can respond positively. As time and opportunity afford, we can do our part to bring healing to wounded people. It's not something we have to do, but something we automatically gravitate towards, if we have experienced the resurrected Christ. He changes our attitude. Whereas, formerly, we had no time or desire to do this, now we make time because we want to. Likewise, we don't go on a guilt trip if we're not able to at the moment.

Notice, the difference between the sheep and the goats is not what they do, but why they do it. The sheep automatically do it because it's natural for the sheep.

The goats automatically don't do it because that's natural for the goats. Which category do you fit in? Are you one of the sheep or one of the goats?

Who really cares anyway? Well, it's not the religious zealot and it's not the political propagandist. Often times, it's people who don't even realize that they are doing it, themselves. Who really cares, anyway? The only sure way to know, is to take a good look at the hands of Jesus and then take a long look at your own hands.

Pastor John
Kitsilano Bible Church
1415 Maple Street



SHRINK WRAP.



I Am

by John Clare

JOHN CLARE (1793-1864) was the son of peasants. He worked as a farm labourer, a gardener, and a military recruit. His poetry was first published in London in 1820 and caused a stir in literary circles. But poetry, poverty, and patronage took their toll and he spent his final 23 years in an asylum, continuing to write his lyric verse.

1

I am—yet what I am, none cares or knows;
 My friends forsake me like a memory lost:—
 I am the self-consumer of my woes;—
 They rise and vanish in oblivion's host,
 Like shadows in love's frenzied stifled throes:—
 And yet I am, and live—like vapours tost

2

Into the nothingness of scorn and noise,—
 Into the living sea of waking dreams,
 Where there is neither sense of life or joys,
 But the vast shipwreck of my lifes esteems;
 Even the dearest, that I love the best
 Are strange—nay, rather stranger than the rest.

3

I long for scenes, where man hath never trod
 A place where woman never smiled or wept
 There to abide with my Creator, God;
 And sleep as I in childhood, sweetly slept,
 Untroubling, and untroubled where I lie,
 The grass below—above the vaulted sky.

A Fire in Your Eyes

by John Barker

Whispering wind winding down the Mountain
 Fountain of Youth, darkly smiling
 Beguiling and searching
 Wandering down the mountainside
 Washed by the tide
 Treacherously standing demanding
 Tides drifting by the silhouetted
 Shore.
 Glistening for evermore.
 Rushing by the eveningtide
 Suicides living up the chills
 Running up the hills
 Searching no more.
 Opening to the endless doors.
 Remorse at death's door.
 Coffin cheaters big eaters.
 Eggbeaters bursting forth
 For monsters green in endless
 Slime.

And Jesus says 'Be at Peace.'
 Gazing upon an endless sky
 With tears in your Eye
 As you realize
 A Fire in your Eyes.



by Karen R.

lily pads and horney toads,
seen from the nearby road,
keeping pace with the evening sun,
like a race with light before the day is done,
while chirping crickets pass the time away,
bringing the night upon the day.
the lake and the cabin bring solitude,
to those who seek only nature's soul food,
while a stir in the distance from a car going by,
breaking a flash of headlights through the evening sky.
a remote area is what this is called,
which is quite different from your city malls,
to where people come and go from this place
to get away from the old rat race,
where they come to rest and relax
and enjoy their time fully to the max.
good-bye to the city is what they want to say,
even though some go back the very next day.
it's a love and a lie and a sin and a half
to those of you who go this path,
where life is a dream, where the dreamers go,
from heaven back to hell they do not know

Mental Illness and Chemical Dependency

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eating, for instance, and so it is most likely true of addiction to drugs and alcohol as well. In each case, we can see that addictive behaviours afford a substitute for feelings of power and control, warmth, belonging, and fulfillment. But it is taking drugs to acquire these feelings that becomes compulsive, not the use of the drugs themselves. And when taking drugs becomes the ONLY source of these feelings then we begin to talk meaningfully of chemical dependency.

Drug-taking and other addictive behaviours, too, have a 'magical' quality about them which is really quite powerful. It does not matter, for example, how bad or good one has been, how much one has either succeeded or failed, or how fulfilling or empty one's relationships are, one drink, fix, toke or whatever and one feels good anyway, without conditions and without, in a sense, 'earning' those feelings. Addictive behaviours hold out, therefore, the tantalizing and seductive hope of something for nothing (i.e. no pain, lots of short-term gain).

Unfortunately for many people, the mentally ill prominently among them, life often seems to be a nothing-for-something proposition (lots of pain for no gain; serious mental illness is, above all else, very unfair). No matter what their hopes, desires, and ambitions, they are denied access to the healthier means of achieving a positive feeling about their lives. The recourse, then, to a 'magical' solution to this imbal-

ance is an easy one to embrace. Of course, taking drugs and other addictive behaviours have a paradoxical sting in their tails - while providing the FEELINGS of power and control, love and warmth and excitement, what they produce, instead, is precisely the opposite: enslavement and powerlessness, loneliness and, ultimately, an early death.

What, then, can be done about the problem of substance abuse among the mentally ill? The answer, unfortunately, seems to be - not much. Treatment programs that exist in B.C. are, by and large, designed for people who function more or less normally when clean and sober. Too, as a treatment population, recovering addicts and alcoholics are, often, as uncomfortable around the mentally ill as the rest of the population. And treatment programs, themselves, are often, far more intense, and demand a far higher level of concentration than the newly-sober mental health patient can handle. Even programs like Alcoholics Anonymous find it difficult to accommodate such people for these same reasons. It is sad, moreover, that AA takes little of the responsibility for this, preferring, instead, to tell its prospective members that "Those who do not recover are those who cannot or will not completely give themselves to this simple program., usually men and women who are constitutionally incapable of being honest with themselves,". Cold comfort there, it seems.

Thankfully, some help does

exist. In the States, a number of hospitals have now established treatment programs for their chemically-dependant psychiatric patients. In Vancouver, Greater Vancouver Mental Health has established an outpatient counseling service at 163 West Broadway, named the 'Dual Diagnosis Project' (an unfortunate name, in my opinion. What the mentally ill DO NOT need is yet another medical label. And why is it that only the mentally ill are termed 'Dual Diagnosis' patients? Surely, a cancer sufferer with a head cold can be thought of as having a 'dual diagnosis'. And why do otherwise normal alcohol/drug abusers, who may also have, say, diabetes, get to escape from such a label? 'Dual Diagnosis', it seems to me, comes too close to 'Dual Stigma' for my liking.). In the end, however, recovery from addictions requires, essentially, two things - personal resolve and meaningful help. Existing services can provide at least part of the latter, but only the individual can provide the former.

What probably must be done, long-term, for the chemically dependant mental health patient is some form of self-run and organized self-help movement, dedicated both to recovery and to political lobbying. Clearly, making a dent in this horrifyingly high rate of substance abuse will involve not only treatment programs, but prevention programs as well, programs that address, not only the problem of drug use and abuse, but the living conditions and life dilemmas of the mentally ill that give rise to the problem in the first place. We have

much work to do.



Minute Particulars

Continued from pg. 3

of abuse (physical, mental, sexual) is not being taken seriously. Many of us will remember, fondly, forever, the one who listened to us for the first time. Shortly before he died, R. D. Laing wrote about his approach to patients: "Therapy requires, on my part, the development of rapport, of reciprocal communication that moves toward communion. My attempts to address myself with skillful means to the specifics of the other's difficulties calls on all the resources of my repertoire of learned and acquired techniques of effectiveness-through-harmlessness". In communion, no one dominates, no one submits; no one leads, no one follows. There is surrender, but not to each other: to the dance, to the music, to the situation. We have to learn how to be with each other, how to hang out, how to enjoy conviviality, co-presence. Harmlessness implies not doing anything to the other. The oath of Hippocrates (2500 years ago) includes the following: "I will prescribe regimen for the good of my patients according to my ability and my judgement and never to harm anyone". Can the pharmaceutical industry, can psychiatry pretend that their use of neuroleptics does no harm?

Forming a relationship takes time. Loving someone is time-consuming work. It's not efficient. When I attend to you, I give my life to you, I live my life with you. But you are difficult to be with. You frighten me. I have better things to do. So, just take this medication, I have no time for you. Just like home, isn't it? But there is hope. In Toronto, dedicated people are just starting the Mental Health Services Reform

Group. They want to assist policy makers in the mental health field. I quote from their Charter: "In the history of psychiatry, major theorists as diverse as Eugen Bleuler, Sigmund Freud, and R. D. Laing have urged practitioners to listen deeply and respectfully to what patients say, and to help render their confused or confusing thoughts and feelings more intelligible by exploring their personal past, or the complexities and double binds of their contemporary social context; or, ideally, perhaps both. Without exception, practitioners of this sort hold to the belief that the relationship between

the healer and the patient is crucial to the process of cure or recovery, regardless of the nature of the underlying problem, be it medical or otherwise". For information, contact Dan Burston at (416) 322-6372. Here in town, Integra Households Association (733-4256) is attempting to bend the ears of policy makers and politicians advocating care, harmlessness, and conviviality, but, so far, the onus is still on us who advocate kindness and courtesy, to prove to those in power that we are not crackpots. Now, how do you suppose we can do that?



Ombudsman Interview

Continued from pg. 2

In terms of the mentally ill, as you're aware, the province has initiated a major program of de-institutionalization. That's something that, philosophically, most people agree with. It's important society provide opportunities for people to be fully challenged and fulfill themselves as human beings. However, there have to be resources to support community living. We have to be very careful that we're not simply moving them from health facilities into the community for a short time on their way to a corrections institution. We have to follow through with resources to support these people, not to take decisions away from them, not to intrude into their lives.

pursue a complaint?

Owen: A complaint investigation can be started by simply phoning our office from anywhere in the province. We have toll-free numbers in Victoria and Vancouver. They're in local directories under 'Ombudsman'. Many problems of unfairness with ministries, boards, commissions, arise because of poor communication. We've got to get the bureaucratic hierarchy to focus attention and sensitivity on the individual members of the public who are affected by government actions and decisions. Our Office attempts to empower those individuals.



Editor: How can an individual

Selling Potatoes to Russia

by Olaf Wirsching

In the early seventies, Clyde could always squeeze seven passengers into his Cadillac and drive down that bumpy road to Colony Farm, sparks flying from the muffler. A guru and guide to ex-psychiatric patients, he steered a rocky course headlong into a brave new era. For these were the days of social protest and a strange journey to the end of the night. This was a time to find new freedom granted by headshrinkers who were themselves frustrated by an unpredictable and mysterious human condition.

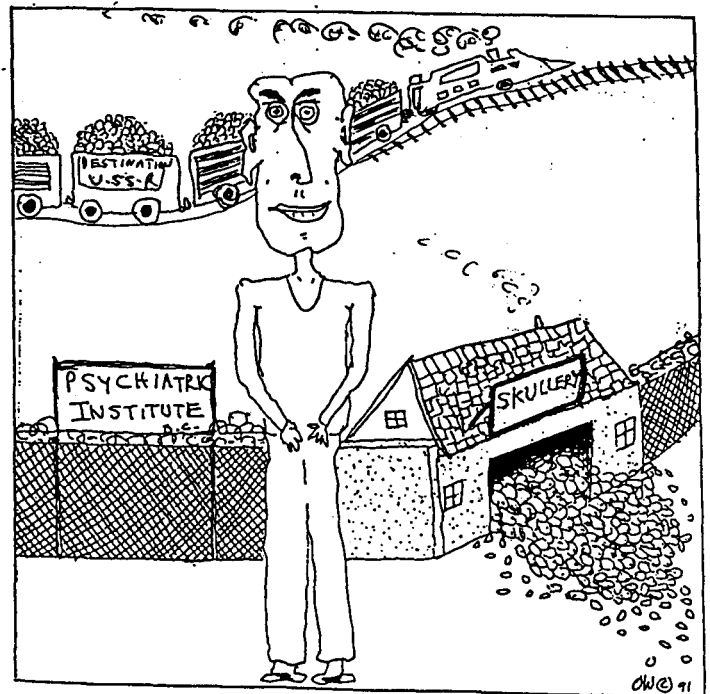
Today, the road to the farm is still a rough trip. For this is the place one is sent if, by reason of insanity, one commits a criminal offense. Bruce Fenton has been held at the Forensic Psychiatric Institute since 1973 for obstructing a police officer. He has participated in rehabilitative programs such as vegetable processing and woodwork.

A few years ago, the Community Legal Assistance Society launched an important test case after Mr. Fenton filed a lawsuit against F.P.I. for back pay on work performed at less than the minimum wage. As a prelude to the 'meat and potatoes' of the issue, the court was told that top-ranking psychiatric officials hosted a wine and cheese party with funds held

in trust for mental patients. And, even worse, the patients weren't invited! This news smacked of impropriety and earned the displeasure of the disabled community, yet was just the tip of the proverbial iceberg.

We learned that patients voluntarily toiled in the scullery, day after day, peeling and bagging 325 tonnes of potatoes each year, Sales totalled \$50,000 to \$60,000 per annum with patients earning a 'gratuity' of just \$130 per month. Furniture production netted \$12,396. In addition, \$71,261 came from the institute's tuck shop, where patients buy tobacco and candies. A non-profit society called the Greenlands Cottage Industries was set up in 1988 to manage these revenues and improve patient programs. There were even suggestions that Fenton's lawsuit prompted the somewhat hurried creation of the society. Documents indicated it

was created three years after Fenton launched his suit and one month after some of the pre-trial examinations for discovery had occurred. A gander into the record books showed that the society had \$66,000 in a savings account to benefit patients who wished to further their education at some point. However, it didn't appear that patients had any real access to these vague promises of financial assistance. Only someday, maybe someday. And, finally, Bruce Fenton felt humiliated and degraded by the rehabilitation jobs. But, he developed skills, did good work, and took pride in making furniture. After 10 long years of laboring in a sweat shop, he felt institutionalized, exploited, and swallowed up by a never-ending work therapy program. His instincts told him that he and his



fellow inmates deserved a better deal.

C.L.A.S. lawyer, David Mossop argued that, because an employee-employer relationship had developed out of a patient-doctor relationship, the institute was able to benefit economically from the work program. He asked the judge to strike down a section of the Employment Standards Act that excludes handicapped persons from earning minimum wage if their work is rehabilitative because it is a fundamental denial of equality rights under Section 15 of the Canadian Charter of Rights. Mr. Justice Davies agreed, and on Dec. 7, 1989 he stated: "I believe that the task performed by patients as part of a structured program that

provides economic benefit to an institution must be considered employment under the Employment Standards Act if the thrust of the program is either to provide economic benefit or to keep the patients busy, with the rehabilitative benefit being incidental."

On March 13, 1991, the government went back into the courtroom. In a civil appeal, there are no witnesses, just lawyers talking and putting everyone to sleep. Three judges were present to hear the Government's arguments. For two and a half hours, a packed gallery listened and dozed to the voice of Harvey Groberman. He maintained that programs at F.P.I. were designed to simulate realistic work environments and to assist in

the rehabilitation of patients. Programs were not designed to train patients in vocations. The only reason these programs exist is for the purpose of patient therapy. The government was not in the 'business' of carpentry, farming, or appliance repair and the programs operated at a net loss of several thousands of dollars.

And somewhere, high up inside the building, between sheets of glass and foliage, a tiny bird twittered about the shoulders of a blind woman holding the scales of justice.

I didn't know I had nodded off, but suddenly, I saw Clyde standing in the middle of the potato field. He was digging up a rusted muffler. Walking towards him, I continued munching on a large, gourmet spud, topped with sour cream and chives.

"Well, I hear that the lowly potato is gettin' a lot of attention, these days," he said, drily and without looking up. Not the kind of man for small talk, he could be disarming. I stepped back, slightly and the heel of my shoe sank into soft ground,

"Yeah, but they're getting scarce again, like Edsels you might say." He gave me a beady-eyed look, then stared up into the trees.

"Even farmers in Idaho can't grow them fast enough. It's the fast-food joints, you know. A lot of folks are tired of burgers and worried about cholesterol," I said, sounding like an ad for weight watchers.

"Times have changed again. I shouldn't be out here, you know. Headhunters everywhere," he said while sighting down the barrel of his shovel.

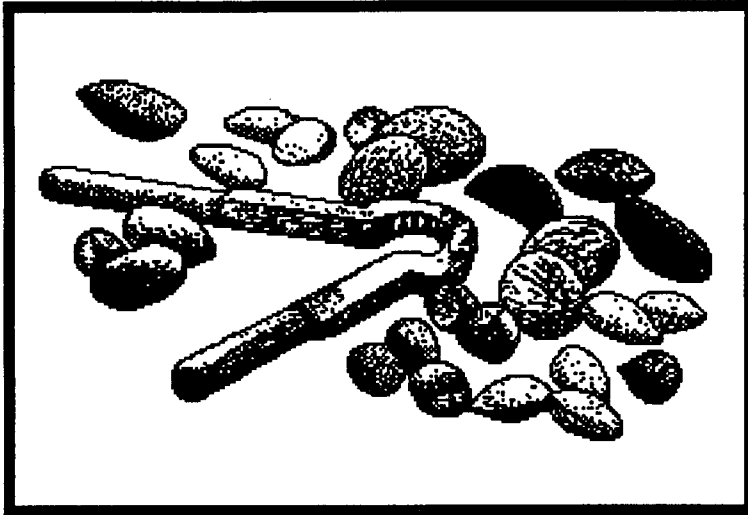
"Well, what about you? Still got land out in Hedley?" I said, attempting to bridge the past to the present.

"Yeah, but, you know, I've been thinkin'. If we could just get enough land, I mean acres and acres, we could grow potatoes, sell 'em to the Ruski's and make a fortune."



Nuts for Nutrition

by Jim Gifford with Vasanto Crawford



Vasanto Crawford is a registered dietitian and nutritional counsellor in private practice. She has taught a nutrition course at the University of British Columbia.

JG:I was reading page 35 of "Hypoglycemia" by Dr. Paavo Airola and psychiatrist, Dr. Harry Salzer, points out that hypoglycemia can mimic neuropsychiatric disorders and patients with low blood sugar have been diagnosed as schizophrenic, manic-depressive psychotic and as having psychopathic personalities. Would you comment?

Vasanto: Well, I've been working with people who have addictions or the children of people who have addictions because things like blood sugar problems run in families and I would think that many of the mental patients

reading this newsletter would be from families where there was alcoholism or other addictions.

It's very important and also wonderful to start understanding how your metabolism works, because we identify with the ways we feel, as if that was us, when, actually, our body isn't working properly. If we can learn how to operate it better, we can feel a whole lot better, and it's just a fact of the nutrition we put in, the fuel, and how we look after our body. It is very important to understand blood sugar patterns.

A lot of people have not learned how to prepare food and eat in ways that work for them. We can start flying high, then feel really depressed in cycles as the blood sugar goes up and down. Sometimes we take caffeine or sugars to bring our blood level up and then crash afterwards.

JG:In terms of nutrition, what is causing low blood sugar?

Vasanto: It's partly caused by our biochemistry and partly how we treat our bodies. Each of us will inherit a certain physiology in the way our body works. And each person has an 'Achille's Heel', a part of the body that may suffer from weakness.

In the 'glucose tolerance test', you can look at blood sugar patterns and hypoglycemia. You go into a lab after fasting overnight. You plan to spend the morning. You have a sample of blood taken, then they analyze it for sugar. A person is given a big drink of syrup and, every hour after that (for 3 to 6 hours), a blood sample is taken. You can also watch your reactions. With a normal person, the blood sugar rises and after about an hour, it will start dropping, staying within the normal range, it levels out. With hypoglycemia, there is a rise, but it is followed by a drop below the normal range. That blood sugar level drop is quite sharp. When it drops, we really notice it, because our brain is fuelled by glucose. The brain starts freaking out: "Get some fuel here!"

JG:You had this problem. How did you cure it through nutrition?

Vasanto: By learning how to eat better in a pattern that works. Eat small, frequent meals. Make sure there is some protein and complex carbohydrates such as a

Continued next page

Interviews

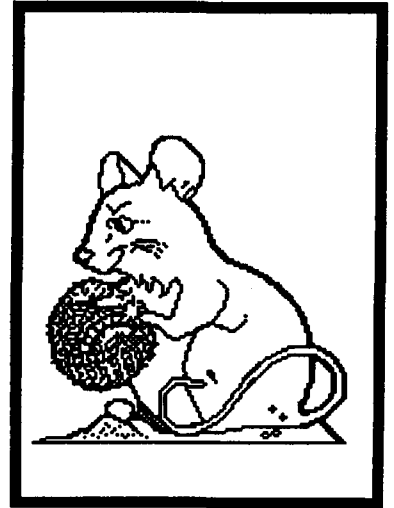
bagel, a pancake (no syrup), a bran muffin, or a cracker. These foods will produce a raise in blood sugar. Another good food that has starch and protein are legumes; things like homous, pea soup, lentil soup, or baked beans.

Caffeine and nicotine intially increase your blood sugar, because they help to get the reserves of sugar into your body. Then you get a crash.

Sugar and fruit go into your system in 10 to 30 minutes. Starches (whole grain flour, oatmeal, pasta, potatoes) will raise you blood sugar level for a longer period. The reason this works is that complex carbohydrates or starches are long chains of glucose

molecules stuck together. In digestion, they are slowly broken down and so you have a slow feeding of fuel into the brain. Whereas, when you have a quick syrup drink, it goes quickly into you cells.

For breakfast, you could have a fruit juice, a bran muffin, and a piece of cheese or glass of milk. Or toast with peanut butter. At lunch, you could have a sandwich that has protein with whole grain bread or rice. A lot of people who have these fluctuations need something around 4 in the afternoon. Then have a nourishing supper of whole foods.



C E N S U S • 1 9 9 1 • R E C E N S E M E N T

JUNE 4 JUIN

**Count
Yourself
In!**

**Soyez
du
nombre!**



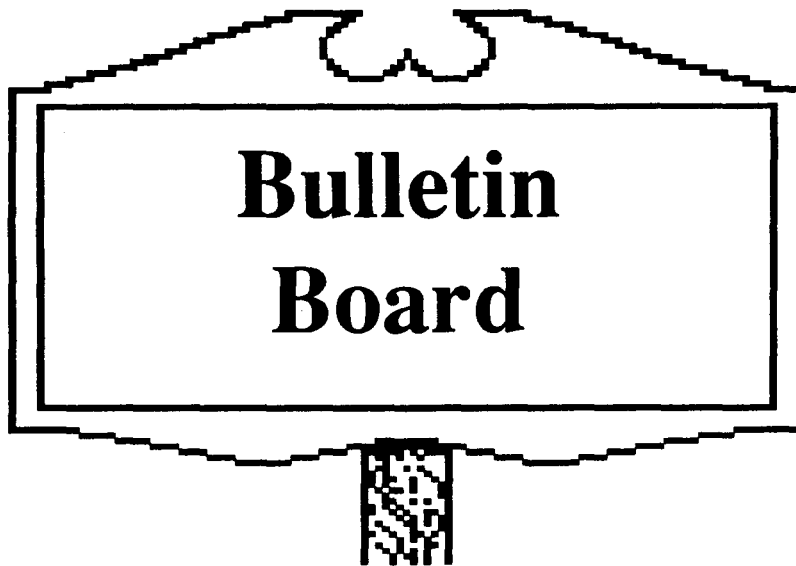
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WOMEN PSYCHIATRIC SURVIVORS ANONYMOUS

A WOMAN'S' SELF-DIRECTED PSYCHIATRIC SUPPORT GROUP BASED ON THE 12 STEPS OF A.A. FOR ALL WOMEN WHO HAVE BEEN INSTITUTIONALIZED, BUT FEEL THERE IS MORE TO LIFE THAN PSYCHIATRY.

IF YOU HAVE A DESIRE TO BE FREE OF PSYCHIATRY AND DRUGS, THIS IS THE GROUP FOR YOU.

IN THIS GROUP, WE TALK ABOUT HOW WE WERE TREATED BY PSYCHIATRY AND LEARN NEW TECHNIQUES FOR PROBLEM-SOLVING FROM OTHER PSYCHIATRIC SURVIVORS WHO ARE STRIVING TO BE FREE OF PSYCHIATRY AND MEDICATION.

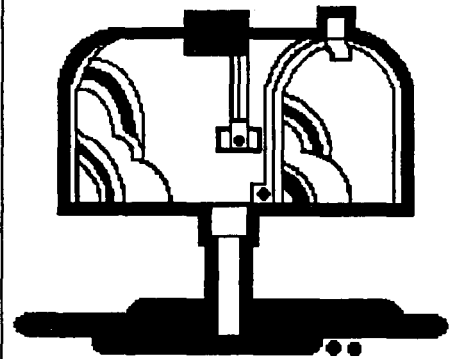
**MEET AT THE MPA COMMUNITY RESOURCE CENTER
1731-W 4TH AVE., VANCOUVER, B.C.
(BETWEEN BURRARD & PINE)
738-2811 ask for Gloria or Barry
738-1422 or 738-5177 ask for Susan**

**TUESDAYS FROM 2:00 p.m. to 4:00 p.m.
SATURDAYS FROM 6:00 p.m. to 7:15 p.m.**

INVITE YOUR GIRL FRIENDS, TOO!

FREE COFFEE!

Letters



to the Editor

As yet, we have not received any response from our readers. However, the editors would appreciate any letters or other contributions to the 'In A NutShell' newsletter. Contributions may be forwarded to Jim Gifford through the MPA Community Resource Center or office. We look forward to hearing from you!





April, 1991

In A NutShell

A Publication of the MENTAL PATIENTS' ASSOCIATION

