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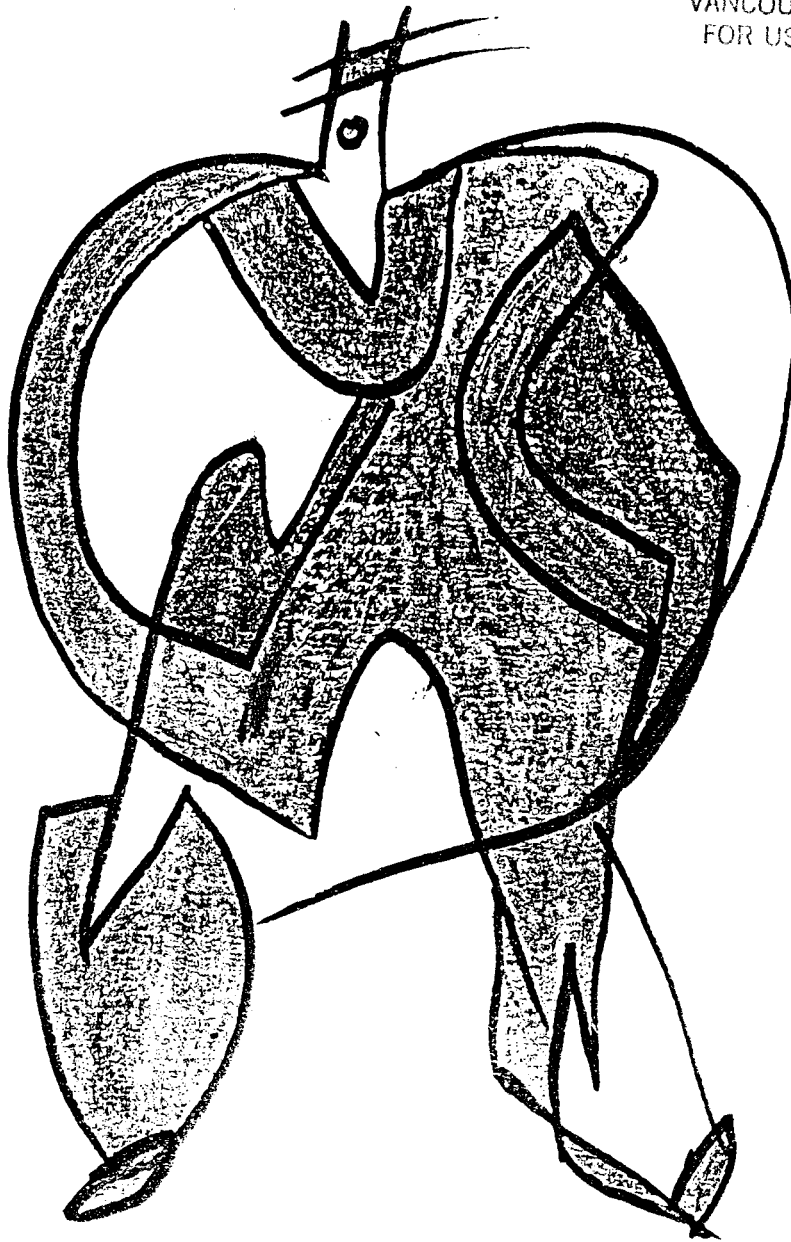
Fall, 1993

In A NutShell

A Publication of the MENTAL PATIENTS' ASSOCIATION



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Cover Drawing: 'Friendly Giant' by Al Todd

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Forum Vital Success by Annthea Whittaker

Recently, artists Persimmon Blackbird and Sheila Gilhooly held a forum entitled Still Sane/Sunny Brook at La Quena restaurant on Commercial Drive. Sponsored by the West Coast Mental Health Network, its purpose was to bring the difficult and complex issues of the mental health system and violence against women into a discussion format. La Quena provided the gathering with a safe environment that was immediately accessible to a wide range of people.

Still Sane is an exhibition 'which documents in images and narratives the three years Sheila spent in psychiatric institutions for being a lesbian'. The Sunny Brook exhibit was a series about Persimmon's experience as a staff member in a residential facility.

One of the greatest successes of the evening was the open discussion. People spoke about their pain and also about their hope and strength. The following were audience comments:

'With humor and warmth the artists made a hard issue easy to understand. The atmosphere made people feel comfortable in confiding and gave them a sense of acceptance and not feel ostracized or ashamed. There was a universality of experience.'

'The talk was effective because it was their personal stories portrayed in art. It was not

clinical or cold. People were moved and inspired.'

'It was great that people could bounce off each other. It was an opportunity for people to hear their experiences verified and validated.'

'We need more events like this, a better chance for people to start reclaiming experience. We hope that people will see there are

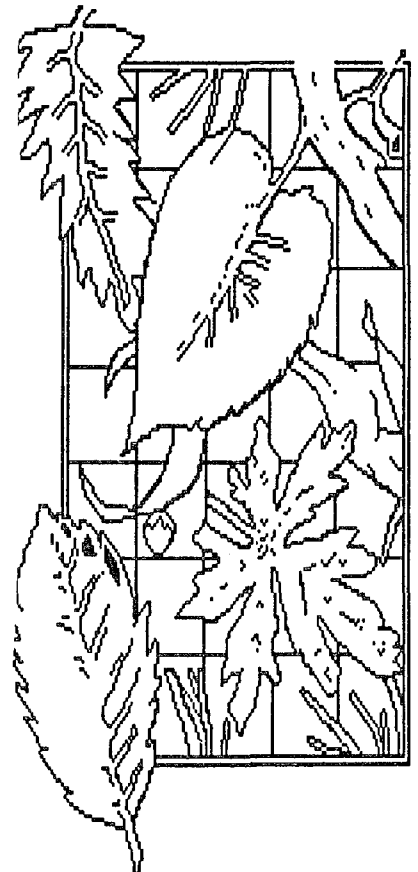


Yvonne Farwell masquerades at MPA CRC Halloween party

lots of us (with psychiatric labels) out there and they will have strength in knowing about groups like the Network and be able to come out.'

The West Coast Mental Health Network's purpose for the evening was in informing more people, particularly those who had direct experience with the mental health system, about their organization and others that are active in promoting changes for the better.

All-in-all, it was a great success in public education and awareness.



G.K. Chesterton On Madness

The last thing that can be said of a lunatic is that his actions are causeless. If any human acts may loosely be called causeless, they are the minor acts of a healthy man; whistling as he walks, slashing the grass with a stick, kicking his heels or rubbing his hands. It is exactly such careless and causeless actions that the madman could never understand; for the madman (like the determinist) generally sees too much cause in everything. The madman would read a conspiratorial significance into these empty activities. He would think that the lopping of the grass was an attack on private property. He would think that the kicking of the heels was a signal to an accomplice. If the madman could for an instant become careless, he would become sane.

Everyone who has had the

misfortune to talk with people in the heart or on the edge of mental disorder, knows that their most sinister quality is a horrible clarity of detail; a connecting of one thing with another in a map more elaborate than a maze. If you argue with a madman, it is extremely probable that you will get the worst of it; for in many ways, his mind moves all the quicker for not being delayed by the things that go with good judgement. He is not hampered by a sense of humor or by the dumb certainties of experience. He is more logical for losing certain sane affections. Indeed, the common phrase for insanity is in this respect a misleading one. The madman is not the man who has lost his reason. The madman is the man who has lost everything except his reason.

The madman's explana-

tion of a thing is always complete, and often in a purely rational sense satisfactory. Or, to speak more strictly, the insane explanation, if not conclusive, is at least unanswerable; this may be observed specially in the two or three more common kinds of madness. If a man says (for instance) that men have a conspiracy against him, you cannot dispute it except by saying that all the men deny that they are conspirators; which is exactly what conspirators would do. His explanation covers the facts as much as yours. Or if a man says that he is the rightful King of England, it is no complete answer to say that the existing authorities call him mad, for if he were King of England, that might be the wisest thing for the existing authorities to do. Or if a man says that he is Jesus Christ, it is no answer to tell him that the world denies his divinity, for the world denied Christ's.



Laughs with Lewry

How can you find out if a psychiatrist snores?

See him for an appointment.

Solitude and Society

We are all islands... in a common sea.

Anne Morrow Lindbergh

UnderDog by Jim Gifford



In the aboriginal world the experiences of mania and schizophrenia are esteemed for their inner value and growth potential. They are an integral part of the path to becoming a shaman: psychic; seer; magus; healer. A key of shamanic thought is seeing the material worlds as vibrations.

As a manic-depressive, about ten years ago I became fascinated with quantum physics and its polar opposite, astrophysics. What struck me was the basic concept that all matter is waves, troughs and particles: Wavicles. The universe is in a state of cyclical vibrational swing.

Personally, I was hospitalized for moodswing aberrations and abnormalcy of behaviour that mirrored this fundamental law of modern physics. Western civilization's linear, logical and rational paradigm of thinking debased my spiritual experience as psychotic and demented.

My disorder was one of extreme emotional polarity. In the manic state, I was caught up in the rush of excitement all around and through me. Psychosis was a survival instinct: the effort to control and order the fires of my 'scattered psychic energy'.

I needed to learn the focus or centring that would encourage emotional balance. In accepting a basic religious precept, I aspired to be dead to the world (of vibrations)... and found life more abundant. Truly, to lose one's life is to gain it. As mythologist Joseph Campbell wrote, he could 'be joyous in the suffering of the world'.

The challenge is to be 'in this world (of time and money) but not of it'. In a spiritual context, enchantment with these earthly illusions is the source of all mankind's maladies.

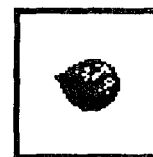
Material people say 'money makes the world go 'round' and 'time is money'. Such beliefs lead to an incessant drive for more and more. But as Catholic mystical thinker and writer, Thomas Merton, wrote: 'hurry is

not of the devil; it is the devil'. 'Peace beyond understanding' flows into your heart when you are still. Otherwise, you get caught up in the world of vibrations.

The low self-esteem of depression and the megalomania of peak experiences both lead to efforts at control and manipulation of one's surrounding environment, namely events and others. The failure of these tactics leads to fear, frustration, anger, and violence.

In a 'just world' (justice means balance) we can resolve our polarities through detachment and 'make ends meet'. Let go and come together. This process may be activated through an appreciation of paradox. Laughter is the best tool to reveal and play with paradox and laughter is also the best medicine. As one Chinese Taoist sage said centuries ago: 'humour is the only true religion'.

And remember: 'angels can fly because they take themselves lightly!'



At the Playground

Question: Why did the mental patient go to the playground?

Answer: He was experiencing slide-effects!

Same Question: Why did the mental patient go to the playground?

Answer: He wanted to try out the mood swings!

Minute Particulars

by Andrew Feldmar

Recently, I spent ten days in what used to be called the Soviet Union. UNESCO organized a training program for social workers and psychologists to enable them to work in nine community centers for "the psychological rehabilitation" of the survivors of the 1986 nuclear accident in Chernobyl.

About 40 mental health workers came to Minsk (Republic of Belarus) from the Ukraine, from Russia, and from Belarus, the three countries most affected by the explosion. UNESCO gathered an international team of trainers from Holland, Canada, Belgium, England, USA, Russia, and Slovenia. I arrived for the sixth and last week of an arduous course. On the way over, I pondered what I had to contribute.

Two notions crystallized in my mind: the similarity of having been irradiated with an unknown amount of radiation, and of having been infected and finding oneself HIV-positive: secondly, that meaningless, useless suffering is harder to bear than pain that is of use. People who were most directly affected by the accident were kept ignorant not only of the possible effects but of the disaster itself. Most traumatic events, from earthquakes to incest, are over when they are over, and one has to discover in the work of recovery that one's future really doesn't

depend on what has happened in the past. This is different for one whose trauma occurred unnoticed (irradiation or infection), yet for whom it will never be over, whose future has been curtailed and clouded with uncertainty forever. So I thought, the work and experience of AIDS Vancouver might be applicable to the Chernobyl population. As to how to make meaning of the suffering caused by the accident, I wanted to encourage the people affected to document events (birth of deformed babies, increased mortality due to cancer, leukemia, the hardships due to disrupted communities, evacuation and relocation) and send a team around the world to warn us vividly what can happen in the vicinity of nuclear reactors.

Of old Minsk only two blocks have been left untouched, the rest has been totally destroyed during the Second World War and then rebuilt, section by section, by various Soviet Republics. The temperature is a few degrees below freezing and there is no heat or hot water in my hotel. Nor is there soap or toilet paper. The stores are empty. There are signs of neglect and poverty everywhere. Since I don't understand Russian, I am not sure if, on the street corner, one can trade vodka for gasoline or the other way around, since both items are rare commodities.

Sascha, my interpreter,

stays with me ten hours a day. I find out that I can do psychotherapy with Sascha being present. The intimacy is not disturbed, emotions are freely expressed, both in groups and individually. The 40 mental health workers are filled with fears and anxieties: personal and professional. Soon they'll leave Minsk to go to their families, and to their new work places. They'll miss each other. Do they know enough techniques to solve all the problems they'll encounter? It took a while to get them to think of situations in their own unique personal ways rather than try and come up with the correct intervention. Not once did the meaning or meaninglessness of suffering, or the parallels of AIDS and radiation come up in discussion. The topics of interest were: how to achieve orgasm with my husband? can I continue to live at home with my parents or do I risk moving out on my own? how do I protect my three-year old daughter from her older brother's jealousy? my twenty-two-year-old daughter never calls me, I miss her, we used to be so close...

The Russians were emotional, the Ukrainians were eager and enthusiastic, and the Belarusians were dignified and courteous, but we all agreed that if somehow we could arrange to have fun, to be convivial, to enjoy ourselves, life suddenly became bearable. Even if to keep warm we had to start lacing our instant coffee (there was no real coffee anywhere) with vodka at ten in the morning...



Rod Louis Reflects An Interview with Jim Gifford

In the last few years, through his activities with the Patients' Concerns Society, Rod Louis has gotten a lot of Media attention in his advocacy for mental health consumers.

Rod is diagnosed schizophrenic and, by means of an agreement between MPA and Riverview Hospital, he lives in a cottage on the asylum grounds.

He works out of an office nearby.

JG: Rod, as a mental patient, what was the impetus to becoming an activist?

LOUIS: What got me involved in advocacy was what I felt to be the awful conditions and very atrocious attitudes I witnessed given to others and which I was subjected to. After a number of years in the System, I learned enough about how the Mental Health system works to gain the savvy to do something about the unjust, inhumane and disrespectful system.

JG: Tell me about the Patients' Concern Society and its history.

LOUIS: I first ran into mental illness when I was eighteen. After many years of hospitalizations, I became so resentful of the indignities, injustice and abuse that I wanted some sort of vehicle at Riverview to address the worst

conditions and bring about positive change. It's the biggest gaping wound in B.C.'s Mental Health system.

In 1990, on about my tenth trip into Riverview, I had developed professional friends in other parts of the System. We all agreed there was a need for an advocacy organization and so I lobbied then President John Yarsky, asking if the Hospital would fund such an endeavor. He flatly turned us down, saying there were already enough avenues to have criticisms and suggestions dealt with. I was persistent and eventually got an approval in principle.

I think the main reason was not a change in consciousness but rather that an accreditation inspection from Ottawa was approaching. I think they thought it would give the administration Brownie points. While the inspectors were at the Hospital, they arranged to have a grand opening of our office space.

After that point, in late 1991, I was treated like a political prisoner, repeatedly being locked up on my ward with all phone calls cut off. The reason was that, in my treatment plan, it was clearly stated that I would lose privileges whenever there was a complaint, legitimate or not. A confrontation resulted and we were shut down in 1992.

That led to the still ongo-

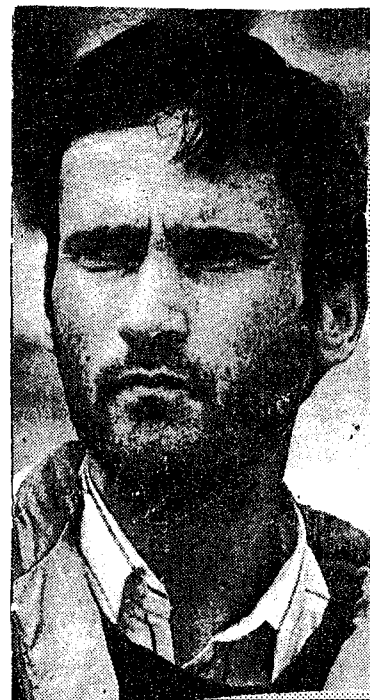
ing investigation by the Ombudsman's office. We reopened and the support of Executive Directors from advocacy groups, such as Barry Niles from MPA and Nora Thorsen from WestCoast Mental Health Network, has led to our much more influential position today, with less obstruction and more cooperation.

JG: How do you see yourself and your goals in relation to the Media who have given you considerable coverage?

LOUIS: The main purpose of my advocacy is to bring about positive change. Through experience, it became obvious change in Riverview doesn't happen unless you play hardball.

The best way to bring about improvements is to try diplomacy,

(Continued on page 10)



Rod Louis

One Tough Lady by David Kahut

We may have marvelled at her dazzling performance of Helen Keller in "The Miracle Worker"; she was and is a brilliant actress. But more than this she may have something in common with many of us at M.P.A., Patty Duke is a manic-depressive.

Patty's father died when she was young and her mother was a depressive to the extent of hospitalization. At a young age, Patty was handed over to the Rosses, child actor managers, with whom she was forced to live. They exposed her to alcohol, cigarettes,

and when she seemed down they gave her thorazine. Likewise, when she felt or seemed high they pushed downers on her. Her illness started in her teens. At times, her life would seem like a roller coaster ride. She would enter euphoric highs which were followed by suicidal lows. Her depression always stayed longer than her mania. She would, when low, stay in bed for weeks at a time. She also suffered panic attacks, and violent tantrums, concluding with her abusing loved ones verbally. Things became so

bad that her work suffered as well and she was filled with the thought of the "inevitability of death".

Patty Duke was, however, diagnosed properly in her thirty's and has been feeling relatively normal after treatment with Lithium. For Patty Duke, Lithium does not hold her back... but has given her great happiness and a new life and continued success in the acting field.

I will close in saying, whatever your dreams may be, never give up hope... and think of the tough lady, Patty Duke... for we all can overcome...



NewsBriefs by Scott Dixon

Prozac is still number one on the media's top ten list of psychotropic medications. Make that psycho-topical.

Readers could find cover stories about Prozac in magazines as diverse as *Spy*, a satirical monthly published in New York, and *Lear's*, a magazine aimed at largely upper middle-class female audience. It's published by Frances Lear, a manic-depressive and former wife of Norman Lear, the mega-wealthy producer of such 70's TV classics as 'All In The Family' and 'Maude'. Frances was the model for the super-liberal, super-loud Maude.

Spy says Prozac has now gone through three distinct media phases, from 'Miracle Drug' to 'Evil Death Drug' to the current 'Miracle Drug With Evil Potential'.

And both *Spy* and *Lear's* worry that Prozac is being dispensed too freely to stressed-out university students at campus health clinics.

But for the last (and best) word on Prozac, see the New Yorker cartoon:

(Article continued on next page)



"Before Prozac, she loathed company."

NewsBriefs

(Continued from previous page)

We knew it all the time! The New York Times reported recently there is a real link between certain mental disorders and artistic achievement.

People with manic-depression or major depression are especially affected. The chemical changes brought about in the brain by manic-depression or major depression allow us to 'see the world differently'. We're more able to

synthesize seemingly incongruous thoughts and to reimagine the ordinary into the extraordinary - the very essence of artistic creation.

Scientists warn that creativity isn't easy. Even with one of the mood disorders listed above, we have to work hard to achieve what we want with our art. And sometimes that's almost impossible, depending where we are in the cycle of our dis-ease.

Bringing In The Sheaves by Sam Roddan

In my day, in the East End of Vancouver, George Sproule sang in the mission church choir at 424 Gore Avenue. George had a tenor voice that could bring the hardest reprobate to his knees. Yea, even to the Mercy Seat. His repertoire included Blest be the Tie That Binds, Bringing in the Sheaves, God Sees the Little Sparrow Fall, and his all-time favorite, There Were Ninety and Nine.

It was George's rendition of this hymn that brought spasms of hope to the outcast, the lost and unloved, the unchaste and ungodly who so often crowded into the back pews. Even today, more than sixty years later, I can still hear his voice ringing from the choir loft like a silver bell:

*There were ninety and nine that
safely lay
In the shelter of the fold,*

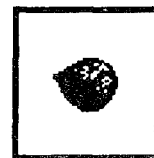
*But one was out on the hills away,
Far off from the gates of gold.*

For the backslider and heart-sick pilgrim, the old hymns stir up a flood of compunctions, pangs of conscience, wrenches in the bowels, prickings of the heart. When George held his high notes, even saints of the church, in their Sunday best, sighed, dabbed at their eyes.

"Ah, that George," the elderly ladies of the congregation would say, "He does touch the heart."

But few in the mission church knew that George, at night, was by profession a second story cat burglar, famous in police circles as a latter-day Robin Hood. He was also known as the "bad luck prowler" forever leaving behind a trademark and clue such as fingerprint, jimmy, pry, or screwdriver.

Patty Duke's second book about her struggles with manic-depression is now out in a pocket book edition. 'A Brilliant Madness' goes for \$6.99 plus Brian Mulroney's Greatest Legacy (GST). The new book is less autobiographical than her first, 'Call Me Anna'. But 'A Brilliant Madness' is a good read about a survivor.



When he was absent from the choir (doing time) the minister always announced George Sproule had gone on yet another retreat for reflection and personal development. The minister pointed out that all of us, from time to time, need confinement and seclusion to get our bearings, set our compass on a new course.

Later, when George was safely back in the fold, and in his old place in the choir, the minister always gave him a warm greeting.

"Welcome George. Welcome home! We all hope you have grown in wisdom and stature, had a good rest, will now abide with us for many years to come. Praise be to God! Shall we now join together with George in singing hymn No. 475, "There Were Ninety and Nine That Safely Lay". Then, as an extra treat, we will sing the first and last stanzas of my own favorite, Hymn No. 42, Bringing in the Sheaves.

(Continued on page 13)

SONG (1)

by Al Todd

The builders are at work
In the temple of my soul
Stitching up my wounds
Making me whole.

I used to be a teacher
Encouraging the young
But that task left me drained
I would sing a different song.

I wish to cross the river Lethe
To see the other side,
To bring back full memory
Without despair or pride.

But that journey is beyond me
I lack the strength to see
How I may die and yet not die
Know wisdom. yet be free.

The builders are at work
In the temple of my soul
While I float down the river Lethe
Again and again the fool.

Others have told me
What it's like to die
I must be content with that
And cease to go awry.

SONG (2)

by Al Todd

The sun is boring holes through my head
Red, white and black
For twenty of fifty years
I've been stretched on a rack.

Another twenty and I'll be dead
Two sides of a coin
The stigma of insanity
And Ra inside my head.

My soul has tried to find a path
A middle way between
Ecstasy and piercing pain
To sing and yet be sane.

I wander sometimes in the dark
Thinking of wars to come
But each day the sun appears
Like a large mischievous gnome.

I will sit beside the river
And dream of a time to come
When the Jews will sit down to eat with
The Arabs and the Huns.

The sun has done its work well
I know no other way,
I shall die when I have learned
To love all and to pray.

Pastoral Reflections by John Ballard

When you're tempted and tested, you often wonder what life's all about. Why should it be this way, day after day? There are so many other people who seemingly have it all together. Some of them never seem to have problems and many times they think nothing of abusing others. It all appears very confusing and unfair. One could wonder why God would allow you to be tempted so?

The Bible states that He is not responsible for your being tempted but that 'each one... is dragged away and enticed' (James 1; 13, 14). But I can hear somebody objecting, 'Why, in the Lord's Prayer, do we pray 'Lead us not into temptation?''. A better English rendition would be 'Lead us away from temptation.' It is not God's responsibility but there is a way of escape.

If you have a weight gain problem, don't constantly walk by the bakery. Learn to stay away from the things and people that are tempting you. Don't deceive yourself, saying, 'No problem, I can handle it.' Since most temptation arises from within however, we need to take a deeper look in order to gain victory.

Why are you addicted to certain things? Are you an adrenalin junkie? Why is escaping the pain within, your only recourse. Why not work through the pain and seek a realistic resolution? Which is more important, immediate relief or eventual elimination of the pain? One mark of spiritual maturity is the ability to put off gratification for more long-lasting

satisfaction. The trouble with quick relief is it usually leads to a downward path that overwhelms you. Chemical, sexual, and co-dependant addictions are further complications that can add more long-term pain to your life. However, the upward path of working through immediate pain can lead

to long-term benefits and gains. It can result in preferable emotional and spiritual development.

How do you react when tempted? The Bible says 'Blessed is the person who perseveres under trial, because when you have stood the test, you will receive the Crown of Life that God has promised to them that really love Him.' (James 1:12)



Rod Louis Reflects (Continued from page 5)

at first. But, if you don't get the appropriate response, don't hesitate to use the Media and get publicity. Public opinion is the strongest tool to make people in authority act responsibly.

JG: What do you see as the future role of Riverview Hospital in serving the needs of mental health consumers?

LOUIS: One of my basic philosophies is that anyone with a psychiatric disability is entitled to reasonable amounts of choices, varying from housing to rehabilitation. The main problem in the province now is housing.

I see Riverview functioning as a facility for patients if a person chooses to live in an asylum environment until there are enough services in the community. There must also be more Supported Independent Living (SIL).

Until the dire need for more

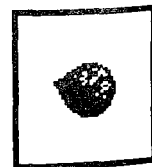
subsidized housing in the community is met, some would choose to live in the abandoned buildings and houses on Riverview's grounds, with autonomy, and not subjected to the indignities of ward life.

If patients are well enough to leave a ward, and if they don't want to live in a skid row hotel, present Hospital accommodation could be cheaply turned into apartments so you could have a wide range of non-ward housing. And, even if someone wanted to live in a ward, they should have that privilege.

I believe in choice.

JG: As a fellow mental health consumer, thank you Rod for your perseverance and leadership in the struggle for justice.

LOUIS: Okay.



Branches Over the Wall

Peace Passages and Patience Possessions

by Dennis Strashok

A manic state is usually obsessive with a lot of energetic outward manifestations and 'acting out' on different levels. Those who are in an advanced state of mania rarely can relax or enjoy a state of peace and rest. In our journey through the mental health system, we must become those who learn to rest and find peace, even in the most trying and difficult of times. I speak as one who has experienced both sides, both mania in excess and forced lethargic rest without inward peace. Now I hope to declare unto you a more balanced way, a way that knows both the higher creative states of mania and the peace of returning to rest along the way.

As I meet different people in my journey, I find myself trying to understand what makes them tick, not on a 'medical model' basis but more on the level of my spiritual understanding of the hearts and consciousness of human beings. I see people with needs. I see people who have become driven or obsessed in the ways in which they try to meet those needs and thus they rarely find places of peace and rest. We all have needs, yet in meeting those needs, we must become confident in the Great Supplier, the All-sufficient One who will provide for them either directly or by the circumstances that are around us in our daily lives. When we enter into such a place of trust, we find great peace, a 'peace that passes our

understanding'.

When Christ was leaving his disciples, he said, 'Peace give I to you, not as the world gives. My peace I give to you.' The world has its peace which is based on outward circumstances and arrangements or compacts and contracts of men. Such peace is very frail and ineffectual, for when the circumstances fail, when the compacts, arrangements, or contracts fail, the peace leaves with it. Christ's peace, on the other hand comes from within in the spirit and heart of humanity joined to divinity. Such peace is ultimately solid and secure even in the most trying and difficult of times. Such is the peace that Christ gives.

We must realize, if we have begun the spiritual journey, that many of the things we are going through are designed to destroy our own humanly manipulated peace so that the true peace of God can enter our souls. We cannot have both, We cannot trust as it were in both 'God and mammon'. But if we trust in the true source of peace it will fill over and flood into every area of our lives so that we are able to give it to others. Sometimes it is necessary for God to literally smash our five-year or ten-year peace plan so that he can work his own peace into us. Help us to recognize this in our own lives and turn to receive your true peace, Oh Lord.

Linked to and intimately related to peace is patience. Some

people believe that patience is a commodity stored up in our souls by experience, but I believe that it is much more than that - it is both an attribute of God and an effective tool for gaining ground in our lives. The Scripture says 'In your patience possess ye your souls', and when we recognize that through relationship with the Divine our own human frail fragile limited patience becomes infused with the limitless, boundless Divine patience, we will recognize a strong and powerful tool for increasing the borders and boundaries of our spiritual experience and nature.

We all have in our lives many damaged areas in our emotions or thoughts because of experiences or things we have opened to in the past. In the 'field' of our inner lives lie many broken pots and vessels that were intended to hold water for the thirsty when they were first placed there. Only patience will possess the 'field' and repair the vessels that lie therein. As we recognize this territorial growth and increase, we realize that the mingled human and Divine patience is the tool that we must apply to bring more and more of these unrestored areas under the possession of spiritual truth. We will recognize in our daily journeys, on the buses, at the drop-ins, waiting for appointments, that our inner meditations and musings are becoming richer and that we are literally 'possessing our souls'. If we continue to pursue this path we will eventually reap a rich harvest of spiritual truth and understanding that will overflow to all parts of our own lives and others and we will truly know inner healing, I

(Continued on page 15)

Psychiatry: Then and Now

by Susan Grace Brownell

I overheard someone say that psychiatry has improved. Psychiatry began in 1400 B.C. where the treatment for 'Mental Patients' was a life sentence of complete isolation from society, usually chained up. In the 18th and 19th century the treatment was worse. A cruel form of shock treatment was used. This entailed twirling patients on a stool until they lost consciousness or dropping them through a trap door into an icy lake.

In the mid-1930's Insulin Coma was introduced as a therapeutic form of treatment. The patients were injected with insulin until they became hypoglycemic enough to lose consciousness and lapse into a coma. Next came zapping the brain called, "Electroconvulsive therapy" which cruelly enough is still used today. This consists of placing electrodes on the patient's head and a current is then applied until the patient has a seizure. The patient could be given numerous "Shocks".

In the 1950's drugs became the main form of "treatment". They say the drugs help the patient so that, "They are quiet, conscious, sedated and quite uninterested in and unconcerned about what is going on about them."

How has psychiatry improved since its beginnings? In the

past "Mental Patients" were locked up for life, now they are heavily sedated and then released to the streets to basically fend for themselves.

In the past they were twirled around or dropped into icy water till they became unconscious. Now they are pumped full of pills so that they can walk but are unconscious in that they find it hard to get motivated to do those things in life they want to do.

I do not understand how people can say psychiatry has improved. Shock treatment first was an icy lake, then insulin shock. Now, they pump your brain full of electricity. If you are lucky enough to be spared "Shock Treatment" don't count your blessings: psy-

chiatry has a pill for you that will make you a quiet, docile patient.

When you complain of the side-effects they will just try pill after pill till you are so full of chemicals it is impossible to remember which pills caused you the worst trouble. When you no longer complain about the dry mouth, shaking, nightmares or numerous other side-effects, the doctor is satisfied that you are on the right pills.

I think I would rather have been dropped into an icy lake as cold water doesn't change your chemistry or alter brain waves permanently.

So when someone asks me if I think psychiatry has improved over the years, I have to say 'No' and pray that one day I will be able to say 'Yes'.



Trend's First Slip



Profile of the Editor by Diana Lamare

Jim Gifford wrote a six-hour law school admission exam on February 14th, 1970. Three weeks later he had a manic-depressive breakdown that changed his life. 'I really went through the roof,' Gifford said in an interview. 'That one night on March 6th led to six years in and out of hospitals. It was very chaotic. I went through a lot of turmoil and stress.'

The changes in Gifford's life were physical as well as emotional. 'One of the funny things was I never had any hair on my chest but when I woke up the next morning in the hospital the hair had all come out on my chest.'

Gifford believes the cause

of his breakdown was a combination of studying 14 hours a day, his family dynamic and a tragedy that happened when he was younger. When he was in high school, a best friend and his cousin died in a car accident. 'If you have a traumatic experience somewhere in your earlier years, that can trigger something later like a manic-depressive breakdown or schizophrenia.'

Gifford comes from a family of overachievers, he said, and it was part of a natural progression which pushed him to law school. 'My great-grandfather was a member of parliament, my grandfather was a lacrosse great, my father was an Olympic athlete and Mayor

of New Westminster, and my brother rowed in the British Empire Games, and then along came me,' he explained. 'I followed it through to law school, then snapped and found a new path.'

His 'new path' has been the discovery of his creative side. He said he wasn't aware of his potentials when he was a student because he was too busy trying to get good grades. Gifford described the change after his breakdown as 'unconscious energy coming to the forefront. One minute you're painting, the next you're writing a poem and then you're playing ice hockey. I learned to skate in one day. I'd never skated before in my life.'

Now, at age 45, he says 'I am at peace. After all those years of turmoil and strife, I have an inner strength that I didn't have when I was in law school.'



Bringing In The Sheaves

(Continued from page 7)

It came as a great shock one Sunday morning when George was found dead on the steps of the fire escape behind the Europe Hotel. He was clutching a Gideon Bible, some hotel towels, a few crisp dollar bills. Near an open window, at the top of the fire escape on the landing, was a pry, a screwdriver and George's favorite tool, his jimmy.

George had no known relatives. He left behind in his dingy apartment on Powell street, several bundles of sheet music for the choir, some crisp twenty dollar bills to be used to tune the church organ. And in one corner, near his bed, a stack of Gideon Bibles, souvenirs of George's nocturnal visits in past years to hotels in the

neighbourhood such as the Balmoral, Pennsylvania, Patricia and of course, his last call, the Europe.

At the funeral service from the Mission Church, the minister concentrated on George's good points which among other things, he said "George was always self-employed". He held up a copy of the Gideon Bible, declared George was a sweet singer of God's everlasting truths, a pilgrim, a lost sheep who had often gone astray. He then read the brief exhortation to the Reader at the front of every Gideon Bible which George liked so much to give as a present to his many friends:

"This Bible is the traveller's map, the pilgrim's staff, the pilot's compass, the soldier's sword, and the Christian's charter. Here, too, heaven is opened and the gates of hell disclosed."

The service to George Sproule concluded with a stirring rendition of Bringing in the Sheaves. And I swear to this day there is nothing like the old hymns to embolden the soul, revive sacred memories, resurrect the host of saints and sinners who once haunted the stamping grounds of our youth.



Book Worm

Trauma and Recovery

by Judith Lewis Herman

BasicBooks, 1992

Reviewed by Andrew Feldmar

Phyllis Chesler, a psychologist, author of six books, including Women and Madness, suggested that I pay attention to Herman's book. To whet my appetite, she sent me her review of Trauma and Recovery, published in The New York Times Book Review (Aug. 23, 1992). Chesler starts off her article with a bang. "This book is one of the most important psychiatric works to be published since Freud".

Herman is Associate Clinical Professor of Psychiatry at the Harvard Medical School and she is the author of Father-Daughter Incest. She states that her book "owes its existence to the women's liberation movement", yet her compassion extends to the male suffering as well.

What are the post-traumatic symptoms? Their multitude can be organized under three headings: fears, feelings of disempowerment, and the sense of isolation, disconnectedness. Women and men and children are not crazy or defective when in response to trauma — even if forgotten — they develop anxiety, panic attacks, phobias, flashbacks, insomnia, disassociation, depression, amnesia, self-mutilation, self-loathing, shame, guilt, alcoholism, drug addiction, eating disorders, etc. Whether political terror or domestic violence precipitates trauma, the after-effects are identical. When human beings abuse and victimize the weaker, the dependent, especially their nearest

and dearest, the shock is deep and long-lasting. No need for clever psychiatric categories: all the diagnostic varieties point to past trauma.

Incest survivors, the sexually violated have often been misdiagnosed as borderline personalities. Herman writes, "There is war between the sexes. Rape victims, battered women, and sexually abused children are its casualties. Hysteria is the combat neurosis of the sex war". Morton Schatzman's Soul Murder: Persecution in the Family, published twenty years ago, shows that "schizophrenia" no less than "hysteria" or "borderline personality", stands for hidden, half-forgotten, "unthinkable" traumatic abuse. In this case a father's belief that "the most important thing is that disobedience should be crushed to the point of gaining complete submission", drove the son into a reaction that was diagnosed as classic paranoid madness. Schatzman quotes Lessing, "He who does not lose his mind over certain things has no mind to lose".

Part I of the book, Traumatic Disorders, argues the above with grave and precise logic. Part II, Stages of Recovery, models a humane, honest, no-tricks, politically aware vision of psychotherapy. Herman writes, "Recovery can only take place within the context of relationships; it cannot occur in isolation... working with victimized people requires a committed moral stance. The therapist

is called upon to bear witness to a crime. She must affirm a position of solidarity with the victim". The first task is to create safety.

The therapist must communicate that he means no harm, that he will do nothing to the patient. For the patient to believe this, for trust to develop, a few hours might suffice, or it may take years. If this process is rushed, further violence may be perpetrated on the client under the guise of "treatment". Once safety has been achieved, remembrance and mourning follow naturally.

Some of us deliberately sabotage safety in our lives in order to avoid remembering the searing pain of past indignities. Anger, self-pity, despair won't dissolve the knots of the past, only grief and mourning will. We must realize that what we have lost out on we have lost forever. Nothing, no one will ever make up for it, there will be no restitution! This final letting go prepares us to face the present and future fresh, without a chip on the shoulder. The task of reconnection remains.

This is the stage of learning to fight, reconciling with oneself, and reconnecting with others. "While there is no way to compensate for an atrocity, there is a way to transcend it, by making a gift to others", writes Herman, and advocates involvement in social action. Trauma isolates. The resolution of trauma allows one to experience a sense of belonging, commonality and communion.

I hope the fact that Herman is a Harvard psychiatrist, will make her colleagues read her carefully argued and documented book with the attention it deserves.



Nuts for Nutrition by Jim Gifford

One of the most dreaded side-effects of long-term use of antipsychotic drugs is a disorder known as tardive dyskinesia (TD). Appearing in 20 or 30 per cent of schizophrenics treated, it causes uncontrollable movements of the tongue, lips and slow writhing of the limbs and sometimes trunk. The psychiatric profession has displayed negligence in informing patients and families of such possible outcomes of taking drugs.

The first effective treatment for TD was found by Dr. Richard Kunin. In the 1970's, he discovered TD occurs through a process of binding between the prescribed tranquillizer and manganese. This causes a deficiency of the mineral in the body. By treating patients with 30 to 60 milligrams of manganese, along with



Outreach Worker Karen Vanderveen caught munching

other vitamins, he claims 'outstanding results'. In more than half of his patients, tremors of the extremities cleared up within a day of taking manganese. His results have been supported by other physicians who have used this treatment for TD.

Megavitamin therapy can also prevent this drug-induced condition. Dr. David Hawkins, founder of the North Nassau Health center, realized none of the Center's patients, who had been treated by both antipsychotic drugs and megavitamin therapy, had developed TD. Hawkins conducted a survey of 80 physicians, who treated 58,000 patients with antipsychotic drugs combined with megadoses of vitamins over a ten year period. Of this group of patients only 26 developed TD.

Yet, orthomolecular therapy is little known to the pub-

lic. It is in ill-repute with conventional medicine who see drugs as an enchanting cure-all. And psychiatrist play down side-effects, even though they can be as debilitating as the disease being medicated. Some people, in mental duress, refuse drugs out of fear of developing tardive dyskinesia.

Manganese, and orthomolecular therapy generally can bring hope and alleviation to many... if the medical profession awakes to its value and possibilities.



Epigram

Sinners think twice about resisting temptation but moralists think twice about resisting virtue.

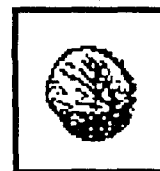
Allen Barbeau

Branches Over the Wall (Continued from page 11)

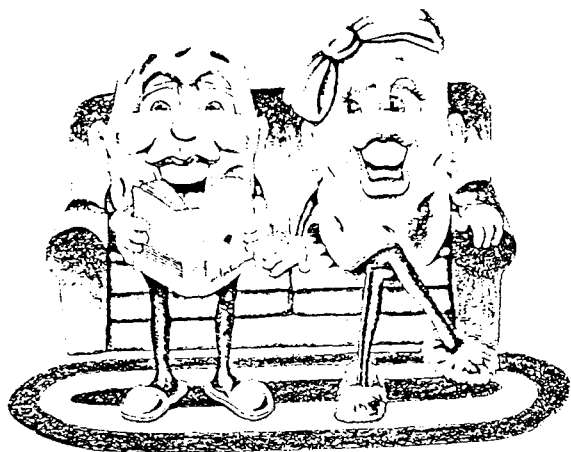
daresay the healing that was offered to us by psychiatry but never fulfilled therein.

In closing, I wish to say that peace and patience are two matters that are closely linked in our lives. The fact is that they are never truly found if they are not linked to and related to Christ. When they are found, they may only be in seed form at first or only

intellectually appreciated, but we can trust that if the seed is there, with proper care, attention and nurturing, the harvest crop will come. May the passages of peace and the possessions of patience be with you!



Bulletin Board



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Scholarship Fund

In memory of Sheri Mescaniuk, a Scholarship fund in her name will be set up at U.B.C. for students in psychiatry and/or psychiatric care. More information available from the family or MPA.

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