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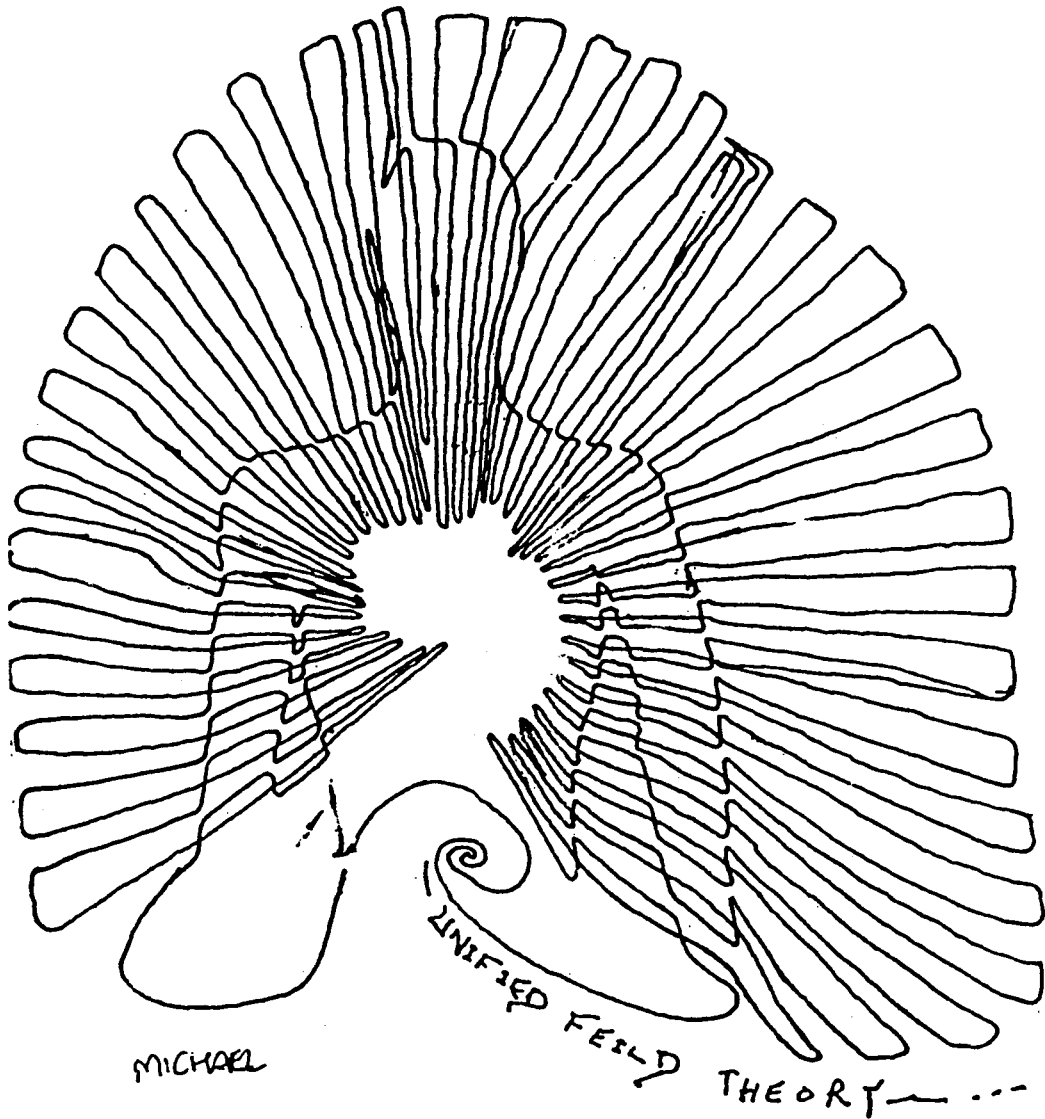
Summer/Fall, 1994

# In A NutShell

A Publication of the MENTAL PATIENTS' ASSOCIATION



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MICHAEL

UNIFIED FIELD THEORY

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(22/23)

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Editorial Board: Jim Gifford, Dennis Strashok, Terry Levesque, Ted Rowcliffe

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**Interview**

**In Conversation with  
Bob Berger  
by Jim Gifford**

This morning I had a chat over coffee with psychotherapist, Bob Berger. The location was his home in a wooded setting overlooking the Nicomeki River, in South Surrey. He is co-director of the adjoining Mind, Body, Spirit Centre, Kairos (a Greek word, meaning "a place or state of timelessness"), with Sandra Sammartino, who teaches Yoga there.

In the aesthetic entrance to the centre is a framed photograph of Richard Weaver, the gifted philosopher, teacher, and therapist. Weaver, who co-founded Cold Mountain Institute with his wife, Jean, was an important influence on Berger in their teacher/student relationship. Berger states, "Weaver knew the confusing tangle of words people used to express themselves and would lead them back to direct communion with their feelings and thoughts, so that their expression was more in line with their experiential reality".

Another influence on Berger was his

training with Alexander Lowen, a psychiatrist and founder of "Bioenergetics", a very physical approach to therapy. Lowen's use of postures or positions to release physical blocks of energy and feelings was an extension of the work of Wilhelm Reich. Reich disagreed with Freud's methods, believing that the body must be involved in healing.

Some of Berger's focus in healing concentrates on what Czechoslovakian psychiatrist, Stanislav Grof, calls the holotropic reality, the whole realm of non-ordinary states of consciousness,

including the unconscious; the re-living of personal biographical experiences; perinatal experiences; transpersonal experiences; connections with archetypes; other life times; etc.

According to Berger, people can be so out of touch with holotropic reality that their lives may seem boring, meaningless or somehow out of sync with a larger sense of self, community or the universe in which they live. On the other hand, at times in our lives, holotropic experiences may flood us to such an extent that we can no longer function in the helotropic reality of the lineal, rational and practical. In the first instance, one may use holotropic breath work, which combines music and deep

*(Continued on page 11)*



*MPA goes downhill (contact Sue for winter activities)*

## News Briefs by Scott Dixon

Mentally ill people in a remote Pakistan village are trying a novel form of self-healing. They're chaining themselves to trees near the local graveyard, hoping that a Muslim saint buried nearby will make them well. Faith in the saint is so strong that some patients will fight to stay chained when more modern treatments are proposed. Some members of the 'chain-gang' have been there for...years! (Sounds like a whole new way of making a pilgrimage to Elvis' grave at Graceland even more fabulous.)

An American psychoanalyst says compulsive gambling can be a symptom of severe depression. Ira Landers writes in the *New York Times* that compulsive gambling is a 'valiant but doomed attempt to cope with pain of severe depression'. The bets of compulsive gamblers are desperate attempts to ride a rocket ship out of their repressed pain. As the Great Groucho once said, "You Bet Your Life..."

Great news for we who do not always treat our bodies as temples. New research says most

adults should engage in 30 minutes of moderate-intensity physical activity "most days" of the week. But - and here's what's new - the workout does not have to be done all at one time. It's now thought to be beneficial to exercise *in smaller increments of time, throughout the day, for a total of 30 minutes at least 5 days a week.* Does it work? Our editor emeritus, James Hugh Gifford is now a shadow of his former self after short but frequent daily dips in the healing waters of Crescent Beach.

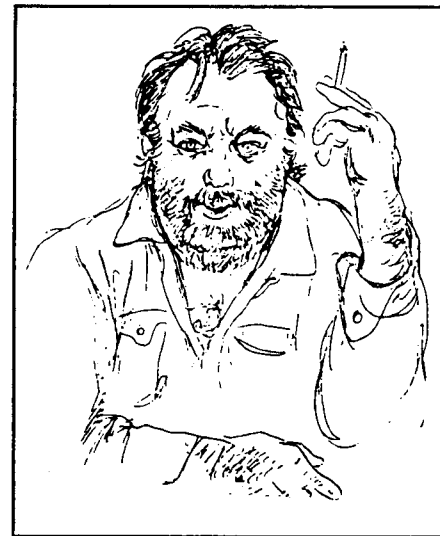
A sign of a not-very-accurate fortune teller: her brochure says, "I will not tell you that you are going to die."



## Laughs with Lewry

What do you get when you cross a psychiatrist with a door-to-door salesman?

A quack in the door.



## Profile of Shirley by Carol Swan

Mental health matters more than almost anything else to Shirley.

At 22, she learned she had a bipolar mood disorder. This illness, also known as manic depression, left her feeling tense and rushed one moment and depressed and suicidal the next.

Shirley, now 37, takes life one day at a time.

"When you don't have your mental health you don't really have very much," says Shirley softly. "You're just existing. It's a lonely and desperate place to be."

According to the Canadian Mental Health Association (CMHA), about 30% of British Columbians will experience some kind of mental or emotional disturbance in their lifetime. Each year in BC, about 20,000 people receive psychiatric care.

Medication keeps Shirley's illness under control. Today, she's well enough to help others with the same problem. She volunteers for the CMHA and recently received an award for her outstanding service.

The depression that Shirley has as part of her illness is so widespread, it's known as the common cold of mental illnesses. The CMHA estimates three million Canadians will experience depression during their lives, yet only one-third will seek treatment. Two out of every hundred people

will experience either a manic or depressive episode in their lifetime.

While everyone has bad days, mental health experts say that if the following symptoms persist, clinical depression may be present:

- \*feelings of sadness, helplessness or irritability;

- \*a noticeable change of appetite that brings about a significant gain or loss of weight;

- \*problems sleeping or waking;

- \*sudden loss of interest in activities once enjoyed;

- \*fatigue;

- \*feelings of worthlessness and guilt;

- \*complaints of aches and pains for which there is no medical explanation;

- \*thoughts of suicide.

Some experts believe that clinical depression is the underlying cause of the majority of suicides in Canada.

When people do seek help, however, almost everyone treated recovers. For Shirley, the road to recovery has been a long one. Sometimes even the most ordinary tasks seems hard.

"I just never learned how to take care of myself," she explains. "Just the basics like cooking and eating right, getting out of bed — things that other people may take for granted."

Over the years, she's been hospitalized four times and has tried many different antidepressant medications. She recently began taking the controversial drug Prozac. So far it seems to work well.

Shirley says finding a place to stay hasn't always been easy either. After years of unstable living arrangements, and a recent stint in a group home, she now lives on her own in a subsidized apartment.

The Mental Patients' Association (MPA) manages the building. Her twelve neighbours also have mental illnesses.

The MPA and the CMHA are two of the more than twenty members of the BC Mental Health Communications council. One of the goals of the council is to inform British Columbians about mental health issues and services.

Shirley knows how getting the help she needs has improved her life. In addition to her volunteer work, she's taking a course at Douglas College and hopes eventually to become a community social service worker. She goes for long walks around the sea wall or to Granville Island with friends. Most importantly, she takes care of herself to prevent the possibility of relapse.

"I want to live my potential, to feel productive every day and to feel that I have a purpose in life," she says. "I don't ever want to go back to where I was."



## UnderDog by Jim Gifford



Life has changed dramatically for me in the last several months. My focus is caregiving rather than being an ex-mental patient. The reason for this new emphasis is my mother's failing health.

This past winter she had a stroke and, after a period of recovery at home, she fell, breaking her hip. I am now nursing her at our seaside cottage. My life in Vancouver and my activities with the Mental Patients' Association have been substantially reduced for the present.

Crescent Beach is my new residence. The village atmosphere and the needs of my mother have both provided a special form of therapy. The friendliness and intimacy of the locals is rejuvenating. And the nurturing of Mom back to health has given an other-oriented dimension to my mind.

Over the last ten years, as

my emotional and mental condition steadily improved, I have journeyed on an inward odyssey. Introspection, solitude, a philosophical leaning, and a generally self-absorbed nature have been vital to my return to a fulfilling and productive sense of well-being. Now my mother's dilemma and my own late blooming have crossed paths. Synchronicity in these events is timely.

And the last twenty-five years, since my first 'breakthrough' breakdown, have also taken on a synchronized meaning. They seem to have had a life-plan of their own, much larger than the sum of the events.

The bursting out of pent-up emotions and energies at first created havoc. Amid the turmoil and struggle, it was difficult to make sense of the goings-on. But, in the longrun, with 20-20 hindsight, the winding road of the 'breakthrough' can be seen as the path of evolution.

Long denied aspects of the self rushed from the subconscious. It took years to work out these newly discovered qualities of being. Therapy, drugs and hospitalization can play a role but, ultimately, things must take their course.

Denial of disease causes many problems and barriers to facilitating the road to wholeness. Habitual ruts of behaviour result in vicious cycles of setbacks. A personal confession of illness is the first step to recuperation, recovery and transformation.

In October, 1987, I joined the MPA, thus beginning a new phase of self-acceptance of my predicament, realizing freedom within certain limitations, and eventually serving as an editorial and writing advocate for mental health issues.

Along this sojourn of self-actualization, quantum leaps of insight allowed for the transition from victim to patient to wounded healer. A turning point occurred. I became outwardly directed.

Now, in my present situation, I am in the helping process of healing my mother. Someone truly needs me. What a great feeling.

We all must feel needed to be completed human beings. This opportunity is so often denied to those who are emotionally and mentally afflicted. Yet our suffering has given us unique perceptions and intuitions much needed by a society and world in the throes and pangs of breakdown.

We have been there. Now we can return to the community and contribute to its healing. When each of us is ready, when our time has come, we can move on to the next phase of our life pilgrimage, that of the wounded healer.



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## Life's Purpose

We are here to add what we can to, not to get what we can from, Life.

Sir William Osler

## Minute Particulars

by Andrew Feldmar

I have been listening to people and conversing with them under the pretext of psychotherapy for over 45,000 hours by now. The reality of therapy requires professionalism, science, technique, illness, diagnosis, prognosis, treatment plan, and evaluation. The reality of therapy consists of two people meeting. There is a space, a time and two people participating in each other's lives. For better or worse. For Freud, analysis has no other aim than to allow two human beings to meet, in privacy and in truth. Truth is not fact. To tell the truth requires courage, because truth is always personal. We lie because we are afraid. Afraid that our own truths are not good enough. If I am concerned with my manner of living and what's right or wrong with it, whom do I invite to critique my life? Therapy is based on the premise that it's better to know where we stand than to avoid reality, however painful that reality is. If I had no secrets that I deny exist, deny even to myself, then perhaps I wouldn't need another to help me disclose the secrets I've been hiding from awareness. In a new book, M. Guy Thompson states succinctly, "the things we hide come back to haunt us in indirect ways. We eventually suffer from the secrets we harbor, the same secrets that alert us to the things we fear about reality. These secrets contain a truth, not because

they necessarily reveal the nature of reality, but because the things we conceal seem too real to accept". The issues referred to above are ethical and political, not scientific, medical or psychological.

Recently, I organized a small symposium on Ethics, Politics, & Psychotherapy. The first part, Ethics & Psychotherapy, is now over. The second part, Politics & Psychotherapy, will take place in November. Phyllis Chesler will join me then to explore issues of power and powerlessness. She wrote Women and Madness in 1972. It was the first major feminist critique of the atrocities committed against women by psychiatrists and psychologists.

My friend, Alphonso Lingis, a philosopher who recently published The Community of Those Who Have Nothing in Common, came to talk about ethics. About 80 people attended. The title of his lecture was Dangerous Emotions. He was inspired by Nietzsche, perhaps because, more than others, Nietzsche passionately exhorted his readers to "Live dangerously!" The ethics Lingis pro-

posed encourages us to "laugh and cry and bless and curse," rather than move into understanding, knowing, figuring. Laughing, crying, blessing and cursing imply participation, communion, co-presence; rational understanding implies objectification, separation, an attempt to make the infinitely Other into the same. Not unlike the Buddhist tenet, "Never try to figure out another person!"

Lingis noted that many of us live in the dimension defined by contentment vs. resentment. When I experience what I want to, I am content; when I experience what I don't want to, I resent it. A willful way of being in the world. If I open up to the miracle of experiencing at all, to the incredible magic of consciousness, of being alive, I will spill over into laughter, tears, consecration or desecration.

Wittgenstein, another philosopher who felt that the tendency to overvalue abstract, contemplative thought and to lose contact with the true sources of wisdom that are to be found in a life of engagement and activity, led to madness, was most fearful of this danger. Madness to him meant loneliness, isolation, becoming inaccessible, withdrawn, and devoid of love. Living dangerously, laughing, crying, blessing, cursing all the way is the only cure!



## Branches Over the Wall

by Dennis Strashok

Someone has suggested that, for the re-introduction of my column, I write about my recent hospitalization in Riverview, i.e. the conditions and climate of the place, but I find that the further I get away from that experience, the less I want to remember it and the less I want to dwell on the memories surrounding it. Perhaps, the most important thing about the whole experience is, what, if anything did I learn through it all?

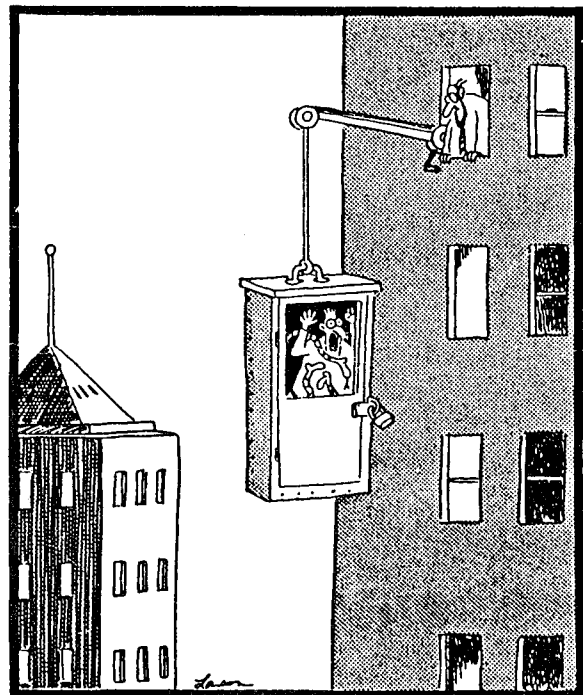
We all have our sufferings and nobody promised us that life would be easy. Sometimes we suffer for a certain stand or belief that we have and sometimes we suffer for our own foolishness and lack of wisdom. I know that before my hospitalization in January, I was on a continual high for eight months or so and, looking back, I realize that I was taking some things for granted. Humor was one of my mainstays during those months and I was always working with ideas, trying to come up with something new and creative. I felt free and light in my outlook on life. The truth is, though, that when the stress of the winter holiday season came, and my family was not nearby to support me, I couldn't handle it and went overboard into a psychotic episode.

Now that I have left hospital and am re-entering society, I find myself sobered, considering the implications of what I have

been through. I also find that in dealing with the mental health professionals, this recent episode has colored my whole relationship with my therapist and doctor. Something in me rationally says that I was stable for eight months on a certain dosage of medication and it was only the stresses in my life that finally pushed me overboard, so why not learn to deal with those stresses so that it doesn't happen again no matter what amount of medication I am on. But the professionals, because of their 'medical model' seem to think it is all only matter of the amount of medication that I am on. In my

search for adequate counselling to deal with the stresses in my life, I keep getting 'stonewalled' by the fact that I am under the care of a Mental Health Team and that they are supposed to be providing me with all the services that I need.

From a spiritual point of view, I also realize that in many areas of my life, I was leading a very loose 'anything goes' sort of lifestyle and that I have been chastened and disciplined by the Almighty in order to take stock of my life and realize that the former paths were inadequate to really manifest the grace of God in my life. And certainly, during the low times the faith of Jesus has sustained me to know that my hope is in him who is above.



Professor Gallagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark



## Return of the Prodigal by Sam Roddan

I have never wept over the years of my "wasted youth". I am not guilt-ridden. Nor bathed in regret or remorse.

And yet every man and woman that I know has at least one good confessional tucked away in a secret closet. As a son of the manse I am no exception.

Even before I picked up a razor, it was pre-ordained that I would follow in my father's footsteps, become a pace setter for youth, a spiritual Boy Scout, band-aids at the ready, eyes fixed steadfastly on mountain peaks, the heavenly bodies.

But how little we know of the human heart. The odd mixture of genes, hormones, the role of zeal, passion, strange voices, falls from Grace, mystery of the Call...

In my life, I was soon overwhelmed by impossible dreams, examples, models, footsteps far too big for me to leap. No way could I make my own voice heard above the tumult from the pulpit. Parental anxieties blurred my identity. Enforced attendance at church grew excruciatingly painful. Arteries to the heart and spirit plugged up with the detritus of anger and scorn.

I discovered my sense of self-worth was best nurtured by moral bravado. I cultivated exotic friendships, consorted with "evil companions", black sheep, the "wild ones", the rough-and-

tumble clans of the street around Gore, Jackson, and Dunlevy.

In time I became a rebel, malcontent, a spiritual debunker. Not yet a Judas but a Doubting Thomas. One obviously unfit for heavy-duty religious service. It was said I was a grave disappointment to my father.

All this was long, long ago. Today I still do my own thing. Write my own stories. Work at my own art. Wander the streets of the "dear dead days".

But there is a difference. People smile when they hear I have returned to the church of my boyhood at Gore Avenue and Hastings. "You of all people," I hear them say.

I do not try to explain. It is a mystery even to me. Nor do I struggle with theological reasons or the ineptness of an octogenarian.

But the closest I can come

to reasons is a rediscovery that my church, as it was seventy years ago, is still close to the anguish and despair of the streets, dark lanes, the blackened tenements of the East End.

In my old mission, the church steps, hallways and vestibules reek with the smell of booze and alcohol. Drunks fall asleep in the pews. The ailing in spirit hold fast to their crutches. Saints and sinners cry out their prayers.

I listen.

In a bleak and tortured world, the broken words help me read the signposts of the times. I do not need shouts from a pulpit, exhortations, the thunder of my childhood.

From the pews of my old church I feel the pity, long-lost, that T.S. Eliot, Edith Sitwell, and William Butler Yeats wrote of so long ago. I reach out again for the healing that keeps us human, the prayers and blessing that greet our solitudes, bring cooling rain to the "deserts of the heart".



## Diana dreaming

by Richard Clements

love dreamer...are you not that fabled destiny foretold so long ago  
the most desired - beyond all prized entrancement the silvered silent siren who casts her spell serenely veiled  
and lures the driven hunter to that legended dream-scape scene enchanted  
where deep within lies the perfume-sepulchered crowning grail supreme  
    its poised entwined embrace framed in sheer-silked ebony  
    with fine-spun garden gold and sweet witching cream,  
    close-clothed in feathered down,  
    all magic-craft encased in blood-filled sculpted ivory  
wearing love's bold caress on shy soft-pulsing lips that gently part  
these splendour-chaliced gated of lissome fair-loined art...  
the goddess maiden sighs - her searching ease-surrendered fingers  
find with skilfull touching stroke  
the flesh-pillared woven raiment nestled on the templed stair  
the glistened tongue-tipped pearl of needful pleasure  
now escapes this choicest-opened Venus lair



# Pastoral Reflections

by Rev. John Ballard

Kits Bible Church

1415 Maple St., Vcr. B.C.

“God has not given us the spirit of fear, but of love, power and of a sound mind.” II Timothy 1:7

In a newspaper interview, child psychiatrist Philip Ney was asked, “If you had a particular prayer for the Christian church, what would it be?”

He replied, “First a prayer for me. ‘Thank you, Lord; please keep me loving and growing.’ For the church; ‘Please God, make all Christians courageous.’”

I especially sit up and take notice when Philip Ney plays armchair theologian. As a teenager, I had the privilege of having Philip and his wife Margot as our church youth sponsors. Philip, true to his statement, challenged us to climb Mount Sheer in Squamish. He considered that we were all worthy of the challenge and he was confi-

dent that his mountaineering skills could be imparted to a group of young teenagers.

Before climbing the more dangerous part of the peak, he decided to teach us to rappel. Rappelling involves roping yourself up to a tree at the top of a cliff and bouncing down, hopefully at 90 degree angles, till you reach the bottom.

I was not particularly keen on that exercise. In fact, I was frightened out of my wits, so by a number of backward maneuvers I managed to avoid my turn in line.

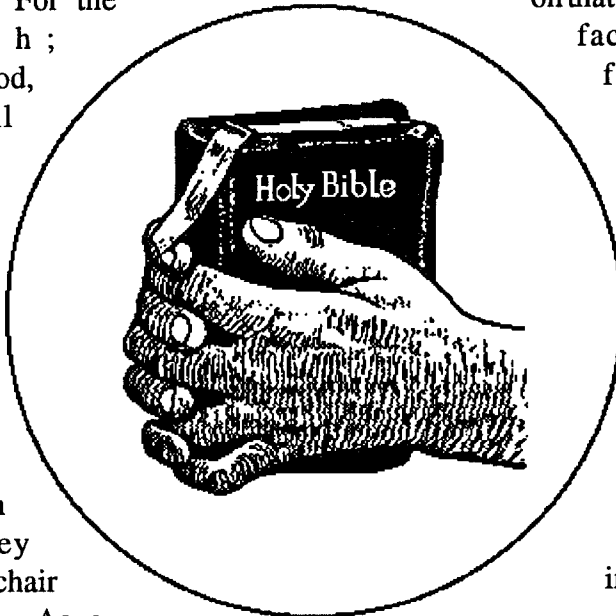
Though I gave a number of excuses for not doing it, I knew in the back of my mind the real reason was a matter of fear.

Over the years in counseling, I have told many a counsellee to have courage when faced with frightening odds. However, it al-

ways nibbled away at me that I had not been courageous at that point as a teenager.

However, life has a way of recycling itself. While speaking at a youth camp, I was once again given opportunity to try rappelling. This time I accepted and found that by facing my fear, I was able to overcome it. I even went back to do it a number of times as I found it exhilarating.

As an adult counselor, I have learned that there is no therapy for overcoming fear that does not eventually lead to facing it head on. So Philip Ney is right when he says, “Please God, make all Christians courageous.”



## Strength of Character

To keep our faces toward change, and behave like free spirits in the presence of fate, is strength undefeatable.

Helen Keller

## In Conversation with Bob Berger

(Continued from page 1)

...eathing to induce contact with  
...lotropic states of consciousness.  
...the second instance, one needs  
...sort through and derive mean-  
...g from holotropic experiences,  
...d do whatever healing or letting  
...that needs to be done so that one  
...n return from this journey in a  
...rarer state of mind. When one is  
...mpletely overwhelmed by such  
...tes and cannot find an appropri-  
... context in which to explore  
...em, Berger believes that one  
...y need to temporarily close  
...wn their experiencing through  
...cho-pharmaceuticals or other  
...ethods.

More recently, Berger has  
...egrated the work of Dr. Harville  
...ndrix, whose main focus is cre-  
...ng "safe and passionate" rela-  
...nships where autonomy and in-  
...nacy can thrive.

Berger also credits Stanley  
...elman, Ida Rolf, hypnotist  
...phen Gilligan and others for  
... numerous avenues of healing  
...ich he currently employs. He  
...ys, "When a field aroused my  
...riosity, I sought out the best  
...ctitioners I could find and inte-  
...ated their ideas into my work".

Berger feels his role is  
...lping the person he's working  
...th "discover the self, understand  
... culture in which he lives and  
...d a means of self-expression in  
...at culture which is in  
...nchronicity with who they are".  
... says, "We must differentiate

...between influences that allow in-  
...dividuation and influences that  
...maneuver us away from individu-  
...ation. Any conditioning that draws  
...us away from who we are doesn't  
...provide an accurate mirror for us  
...and takes us away from our path".  
...In this context, he talked about  
...parents who want us to fulfill  
...dreams which they had for them-  
...selves instead of focusing on guid-  
...ing their child to greater autonomy  
...and self-expression.

Other forces that deter us  
...from self-actualization are myths  
...which abound in our culture. For  
...example, there is the myth which  
...leads us to expect that our lives  
...unfold in a linear fashion from one  
...little success to another; from one  
...plan, degree or goal to the next, in  
...logical order. This does not pre-  
...pare us to deal with failure. Here  
...Berger quoted the revelatory verse  
...of songwriter, Bob Dylan:

...there's no success like failure  
...and failure's no success at all

In his private practice,  
...Berger works in one of two ways.  
...There are those who come to him  
...wanting to work on a specific is-  
...sue, a specific relationship, or a  
...specific form of therapy (be it body  
...work, dream work, gestalt, hypno-  
...sis, holotropics, etc.). He sets up  
...an appointment and begins to fo-  
...cus on their presenting concern.  
...Others come to therapy because  
...an external crisis or internal mal-  
...aise signals them that they're in

...need of help and that their habitual  
...ways of coping are no longer help-  
...ing them to resolve their crisis. For  
...these people, Berger offers what  
...he calls "identity track work". This  
...is a ten session framework which  
...helps the individual get in touch  
...with their "core issues" as a per-  
...sonality; begins them on the track  
...of resolving the personal conflicts  
...within themselves that inhibit  
...them from reaching their poten-  
...tial; and supports them in finding  
...those environments in which they  
...might fulfill more of their needs.

When working with rela-  
...tionships, Berger helps each per-  
...son to better understand them-  
...selves and their patterns in rela-  
...tionships, as well as their partners  
...and their patterns. He strives to  
...develop mutual empathy and open-  
...ness between partners and pro-  
...vides a way of communicating  
...which helps heal and resolve con-  
...flicts rather than ending up in  
...power struggles. He provides a  
...path which can bring vibrancy,  
...love and intimacy back into rela-  
...tionships.

In summing up, Berger  
...believes that "we go about our  
...everyday lives fulfilling role obli-  
...gations and presenting a persona  
...or image to the world. Underneath  
...this is our emotional and physical  
...reality and our unconscious. If they  
...are out of sync with what we're  
...projecting to the world, we will  
...eventually run out of gas or enter a  
...growth crisis.

In healing we must let what

(Continued on next page)

# Shout

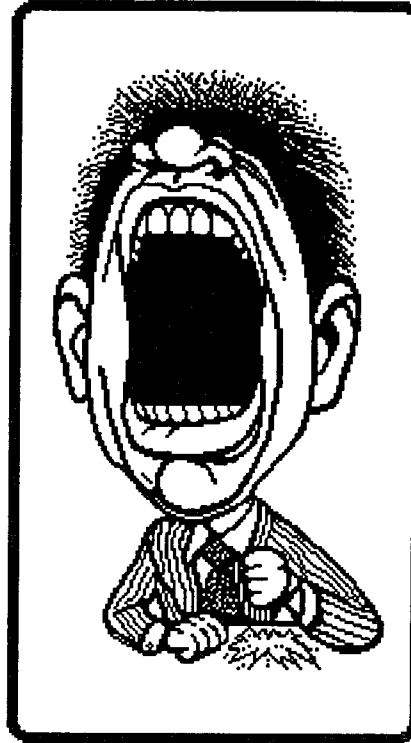
by Scott Dixon

I usually hear her before I see her. She arrived on the streets of the West End in early summer. Tall and in her late thirties, the woman always wears the same clothes - a faded jacket and filthy jeans - as she walks aimlessly through Vancouver's version of the concrete jungle. If it wasn't for her powerful voice, the woman would be as invisible as all the other street people who patrol the streets and dumpsters of Canada's most densely populated neighbourhood.

Her shouting is a cry of torment, from deep within. "What did I do to you?" she'll wail over and over again, loud enough to be heard from blocks away. Tourists stop in their tracks, worried that they somehow set off the volcano. Then, realizing that the woman isn't shouting at them or at anyone in particular - the tourists relax. The woman is simply another west coast character; another good 'guess what we saw on our summer vacation' story for the folks back home.

The Chair People take no notice of the woman. They're the local West End residents who sit on the sidewalk chairs outside Denman Street's trendy coffee bars and pastry shops, rain or shine, 365 days a year. When the shouting starts, the Chair People barely bother to glance up from their double-essposos and their

carefully cultivated attitude of detached urban-hip. "What did I do to you?" The Chair People don't know and don't care; for they



know that one day the woman - like the tourists - will be gone. On Denman Street, only the Chair People are forever.

I wish I could tell the woman I understand some of her pain. But I don't know how, so - like the Chair People - I do nothing. More than once in the eighties, I too walked the streets of Vancouver during 'psychotic episodes' - which is what the doctors call it when we lose touch with reality. Thanks to a gifted psychiatrist, Prozac and God's grace, my illness is now manageable. But the woman's tormented screams bring back all the hopelessness and despair of the worst of times. Her cries are a loud reminder that there are still too many gaps in our treatment of mental illness. She cries, "What did I do to you?" a better question is what *didn't* we do for her?

Her pain is our shame.



## In Conversation with Bob Berger

(Continued from previous page)

is locked away rise to the surface, bring conscious awareness to it, experience feelings, grieve what was not given, along with our lost opportunities. Finally, we have to begin accepting our feelings and needs and finding or creating environments where we can meet our needs and be more ourselves." In other words, "We must create a

context where there is support that perhaps was never given". In the process of healing, "We do our own personal work and experience our own personal grief and discover a more healthy way of being toward ourselves and other people."



# The Homeless — New Victims for Psychiatric Predators

A Book Review of *Cruel Compassion*

by Thomas Szasz

Pub. by John Wiley & Sons

Reviewed by Tom Sandborn

*This article originally appeared in the Vancouver Sun.*

There is nothing quite so commanding as a single great, sweeping idea. Thomas Szasz took hold of one early in his career, and he's never let go.

Simply put, it's this: there is no such thing as involuntary psychotherapy. Once you begin forcing people into hospital, into treatment or on to drugs they don't want, you are conducting another activity altogether, a coercive solving of other people's discomfort, embarrassment or economic losses at the expense of the freedom and dignity of the "patient".

Since first formulating this critique of his own profession (he is Professor of Psychiatry Emeritus at the State University of New York Health Center at Syracuse) in the highly influential *Myth of Mental Illness*, Szasz has elaborated and extended it in more than 20 books.

*Cruel Compassion* covers a lot of ground that will be familiar to readers of these earlier books. Once again we get a thumbnail history of medical psychiatry, and of its gradual increase in power — to commit involuntarily, to electroshock without consent, to drug without permission — that make it one of the most powerful institutions in what Szasz calls with typi-

cal and withering scorn, The Therapeutic State.

Szasz rejects all this power, justified by the psychiatrist, social workers and bureaucrats who wield it as necessary for cure. The only activity that can honestly be called therapy, in his view, is private conversation between the therapist and client, freely agreed to by both and involving no coercive power over the client.

Some readers of Szasz, both friends and enemies, are tempted to group him with R.D. Laing and his school of British anti-psychiatry theorists, or with feminists and members of visible minorities (for example Jane Caputi, Phyllis Chesler or Franz Fanon) who also criticize psychiatric abuse of power.

Szasz does his crusty best to disabuse the reader of any notion that he'd be comfortable in this left-wing company. He's an unapologetic right-wing libertarian, and his attack on psychiatry includes demands that the "mentally ill" be arrested and charged under criminal law in instances where now they are committed for treatment.

What's new in the latest version of Szasz's work is a focus on the homeless phenomenon, which is, in his view, created by economic forces (both in the housing market and in the shifting po-

litical economy of the psychiatric industry). He sees the increased numbers of homeless poor in North American streets as a new group to be preyed on by coercive psychiatry. He is scathing in his contempt of a society that lacks the tough-mindedness to let citizens be free, even if unhappy, and even is their eccentric behaviours and florid unhappiness make the rest of us uncomfortable.

He also wants to refute the claims of his critics that he is "the man who brought you deinstitutionalization". It was not his criticisms of involuntary psychiatric institutionalization that led, over the last three decades to the emptying out of big mental hospitals into city streets and alleys, he argues.

This was a policy decision driven by the cost effectiveness of warehousing mental patients outside the hospital, and controlling them with new chemical strait-jackets.

If these changes were really inspired by his values, he contends, the patients who want to be in hospital would have a much easier time getting in than they do.

Szasz doesn't pretend to know what should be done about the homeless, any more than he claims to know how to relieve the very real human agony that he acknowledges lies behind "the myth of mental illness". He is content to return to his one great and important argument — that freedom is more primary and important than happiness, and that we have no business sacrificing both on the altar of unproven and dangerous claims that psychiatry can enhance both by its coercive and unscientific intrusion into people's lives.



## Bookworm

### The Community of Those Who Have Nothing in Common

by Alphonso Lingis  
Indiana U. Press, 1994

Reviewed by Andrew Feldmar

The world must be represented or the world will disappear: the world, my world, or yours. The urgency I sense behind Lingis' writing comes from a concern for those who have been silenced in our world. The establishment's "You are incapable of truth!" marginalizes, silences the pariah, the mystic, the psychotic. Lingis, a professor of philosophy, illustrates his text by photographs he has taken in Bangladesh, India, Sri Lanka, Bali, and Cambodia. These photos are of people, strangers, who confront us with their mortality, whose faces contest us, call us to responsibility.

"To enter into conversation with another is to lay down one's arms and one's defenses; to throw open the gates of one's own positions; to expose oneself to the other, the outsider; and to lay oneself open to surprises, contestation, and inculcation. It is to risk what one found or produced in common. To enter into conversation is to struggle against the noise, the interference, and the vested interests, the big brothers and the little Hitlers always listening in — in order to expose oneself to the alien, the Balinese and the Aztec,

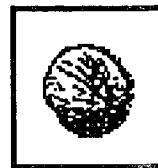
the victims and the excluded, the Palestinians and the Quechuas and the Crow Indians, the dreamers, the mystics, the mad, the tortured, and the birds and the frogs. One enters into conversation in order to become an other for the other," writes Lingis. The present preoccupations of psychiatry and psychology (i.e., medication, neurotransmitters, personality profiles, tests), will soon make obsolete the quaint practice of simply talking to one another, and listening to what each has to say. Lingis seems to share the late R.D. Laing's fear of the world becoming homogenized, differences cultured out, otherness reduced to sameness.

Lingis' statement, "Life is enjoyment!," stands out and makes sense against a backdrop of the awareness of death: "In the foreboding sense of a day imminent in which one will not be there, there stirs an imminent anxiety that the place one occupies is empty of oneself". Other than the task ahead of having to die, what we all have in common is our suffering: "One suffers as one suffers, as anyone suffers, as carnal flesh suffers."

Many who seek psychotherapy have also been silenced. What is most traumatic is that what

has happened is unspeakable. For Lingis, "therapy is an enterprise of bringing the silence and autistic discourse of the patient into the formulations of communicable and common truth; his science enlarges the established truth by integrating into it the private myth of the insane". The therapist "is sure that all the rhetoric of the patient's dreams, *actes manqués*, gestures, psychosomatic symptoms, and slips of the tongue are addressed to him as a doctor and father, a representative of the institution and of the established truth".

In Wittgenstein's view, the futile questioning characteristic of philosophers tends to arise from some hitch in, or withdrawal from, the normal context and flow of experience. It is less likely to afflict someone who engages in practical activity rather than withdraw into passive contemplation, someone who uses language in an everyday rather than a philosophical or metaphysical fashion. Lingis travels all over the world for six months of every year. He is no armchair philosopher but rather a poet concerned with the sensuous realities of carnal existence. On a cruise to the Antarctic he was overheard, quipping, "The un-lived life is not worth examining!"





## Leisure in Our City

by Sue Baker

MPA's Activity Program provides opportunities for members to participate in structured recreational pursuits. The goals of the Activities Program are to encourage a more rewarding and fulfilling use of leisure time and to encourage participants towards greater independence and a healthier lifestyle.

Although recreation is important to everyone, it assumes an added significance in the lives of various individuals with physical, mental, emotional, and social limitations. Some progress has been made through the City of Vancouver, Parks and Recreation, to lessen the barriers that are a direct result of these specific limitations. Most notably, in the last year, the Parks Board has given agencies such as ours the ability to issue "Client Access Cards" to our members. The member is then entitled to free admission to Parks Board operated:

- public swimming sessions at indoor and outdoor pools
- public ice skate sessions and free ice skate rentals and a 50% discount on admission to Parks Board operated:
- fitness centres and racquet courts
- pitch and putt courses (includes 50% off club rentals)
- Van Dusen Botanical Gardens and Bloedel Floral Conservatory

•Stanley Park miniature railway and Children's Zoo  
Prior to the Parks Board's decision to implement this program, a member would have to obtain proper documentation from their doctor and FAW to prove eligibility. This process was most often a very time-consuming and arduous process. Consequently, most of our members had never utilized the Parks Board facilities in our city. Since the development of this pro-

gram, a much larger percentage of MPA members are using the Parks Board facilities listed above. Since recreation and leisure has the potential to exert a positive influence on the lives of all people who engage in the process, the Vancouver Parks Board should be commended for making this process a little easier. To obtain your Vancouver Parks Board Leisure Access Card, contact Sue Baker at 738-2811 (ext. 219) for more information.





**Bulletin Board**

**Scholarship Fund**

In memory of Sheri Mescaniuk, a Scholarship fund in her name has been set up at U.B.C. for students in psychiatry and/or psychiatric care. For more information phone MPA at 738-2811.

**Mental Health Information**

For free, 24-hour confidential information on mental illnesses, including depression, contact the Mental Health Information Line at 1-800-661-2121 or 669-7600 in the Lower Mainland

For information on the signs of depression and the importance of seeking treatment, call the CMHA's national awareness campaign on depression at 1-800-268-0999.

**Freebies:**

For those in need: Free clothing; Dishes

Choose from a variety of donations

At Community Resource Centre, 1739 W. 4th Ave., Monday to Friday,  
9 am to 9 pm on request.



To past supporters of MPA - **THANK YOU!** Your contribution has helped to ensure that quality services are maintained for people with emotional/psychiatric problems.

For those of you who would like to make a donation - it's easy! Just fill out the attached donor card and mail, with your cheque, to:

**THE MENTAL PATIENTS' ASSOCIATION**  
1733 West 4th Ave.  
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