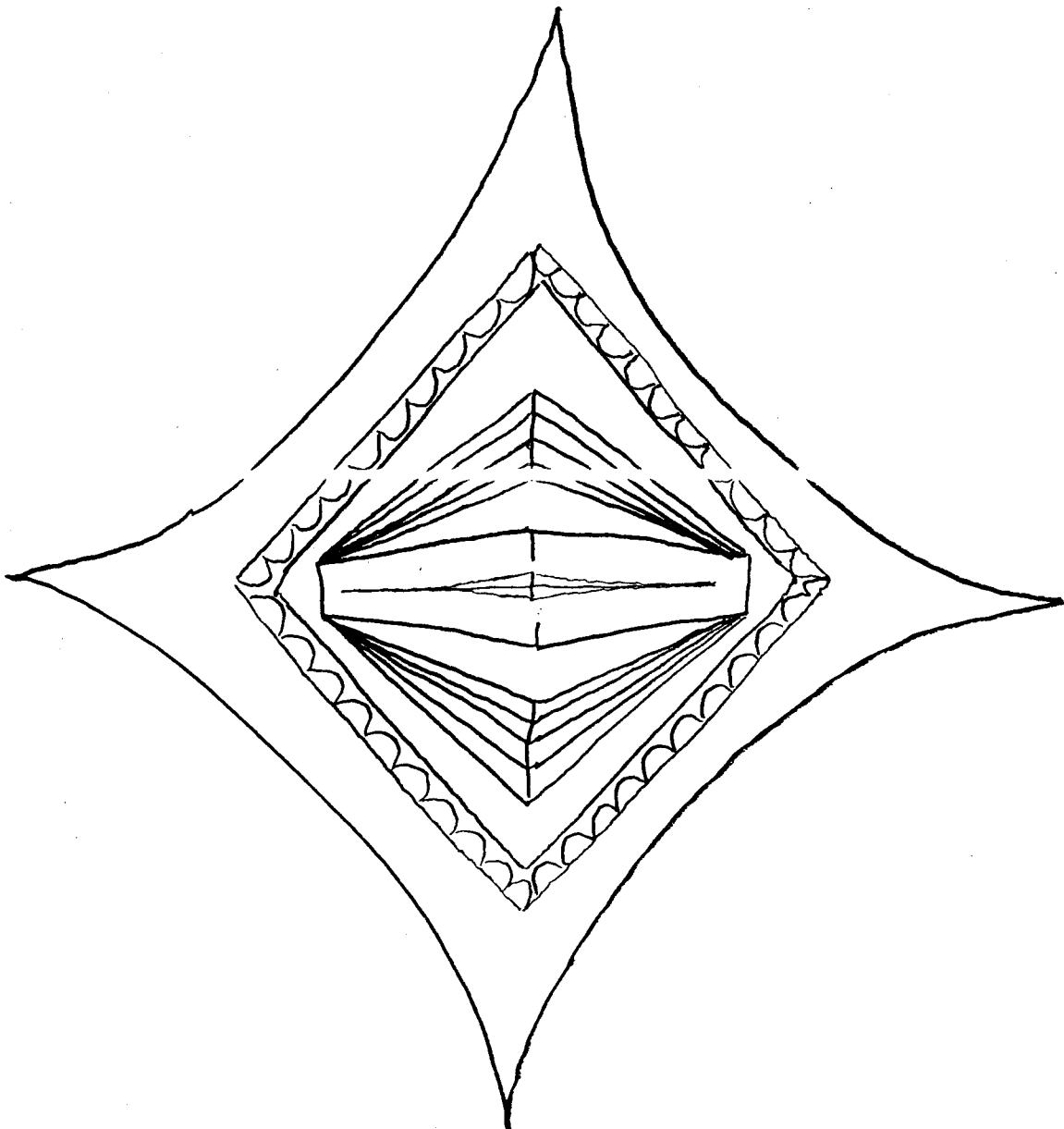


Winter, 1994-95

In A NutShell

A Publication of the MENTAL PATIENTS' ASSOCIATION



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Prozac: Wondering About A Wonder Drug

by Bruce Wilson

This article previously appeared in the Vancouver Sun.

Prozac is the most successful psychiatric drug ever sold. Profiled in countless articles and news feature, the antidepressant has gained an overwhelming reputation as a modern day "mother's little helper," the holy grail of happy pills, good for what ails you, even if it's your personality... all without side effects.

Prozac jokes pepper the media. A recent cartoon featuring the famous "march of progress" depicts the evolution of humankind. Just to the right of homo sapiens dances a man sporting an ear-to-ear grin and a little bottle in his hand; the caption underneath reads "Homo prozacus."

Prozac's success is due, in part, to Peter Kramer's 1993 best-selling book *Listening to Prozac*, which paints a largely benign picture of the drug. Kramer not only

lauds Prozac's effectiveness as an antidepressant, but also its potential to make many people "better than well" by bestowing upon them personality traits previously unbeknown: effervescence, social ease, mental agility, less sensitivity to rejection. After the publication of Kramer's book, Prozac sales skyrocketed to make it one of the most successful drugs ever marketed, despite occasional reports of serious side effects such as violence and suicidal impulses.

By the end of 1993, more than 10 million people worldwide had taken the drug. That same year, Eli Lilly, the drug's manufacturer, earned \$1.2 billion from sales of the Prozac alone.

(Continued on page 11)



NEW FOOSBALL TABLE — Karen, Harley, Sue, and Joseph enjoy the new foosball table obtained through the generosity of the Rogers family.

Interview with Ferda Bayazit by Jim Gifford

FERDA BAYAZIT is a counsellor with the Mount Pleasant Family Centre. She has worked at MPA's Hampton Hotel and Virginia House. Presently, Ferda is completing her Masters in Psychology at the University of British Columbia.

JG: What was your experience working at the MPA's Hampton Hotel and Virginia House?

FERDA: The Hampton was challenging. At the Hotel, we'd call ourselves outreach workers, not on the streets, within the Hotel. I learned a lot about mental illness, about the System, about street people, about myself. I felt good about that experience because I felt there was a lot to accomplish.

JG: What was there to accomplish?

FERDA: Giving people a safe place, given that the community (the downtown eastside) is not all that safe for the mentally ill.

It was a good thing the MPA did to open the Hotel and give that option to people.

JG: Tell me about Virginia House.

FERDA: It's a place for

"hard to house" women. That's in quotations, let's not take it literally. The women there are great.

And Jean Glading is a wonderful person to work for, having a real understanding, empathy, and sense of fairness. She's just very sympathetic in dealing with those who might have problems living with others.

JG: Talk about your interest in eating disorders.

FERDA: Any eating, body image issue has always interested me. I was a dancer, was involved in gymnastics, and was an aerobics instructor for some time. So these things came up in my life, feeling my self-esteem was somehow tied with how I looked. It was a real battle to get through.

As women, if we have a problem, we tend to express it through eating and our bodies. I believe that is the arena we are given to be expressive.

Creativity is limited to the body. If you accept this idea, and a lot of people do because our Media is all wrapped up on that, it's hard to break out of that pattern.

JG: Discuss your Masters Thesis.

FERDA: I'm particularly interested in creativity among women. Its importance is as a place we put ourselves. Our identity is formed through it, we put ourselves into it, thereby recreating ourselves. That's very empowering.

For women, relationships are very, very important. They have a central point in our lives. We are brought up to be valued by how successful they are rather than our accomplishments.

I'm going to be focusing on women artists and all their relationships, how they impact on it, are they inspired or are they blocked by them.

My hypothesis is that empowering relationships are more likely to start us exploring our creativity. Some people feel inspired, Others feel stifled and shutdown, yet cope with it through creativity.

JG: Does your thesis deal with those having emotional and mental difficulties?

FERDA: It's interwoven, Creativity and empowerment are a part of health. Yet, like Van Gogh, mental disease may speed up the creative process. It's only our situations and our minds that limit us. That may explain why mental illness brings out creativity. The boundaries are gone.



A Profile of John Wilson by Carol Swan

John Wilson knows how much people with mental illnesses can contribute to society.

He works alongside people with schizophrenia as a coordinator of a drop-in centre in Victoria. He's heard presentations to educate the public about mental illnesses. Many of his friends have a mental illness.

"It's important to empower people to be able to take part in the community," says Wilson. "To have activity centres and group homes so they can go out and do things."

Wilson, 42, knows more than most people about mental illness. More than 20 years ago, while studying to be a doctor, he was diagnosed with schizophrenia.

Schizophrenia, one of the most severe mental illnesses, affects approximately one in a hundred people across B.C. It usually strikes young adults and may make them hear voices or see strange visions.

A person with schizophrenia can alternate between healthy and sick periods. Luckily, Wilson responds well to medication and knows if he is in danger of a relapse.

Misunderstanding about schizophrenia, however, is ongoing.

"The stigma attached to having a mental illness can be

quite devastating," says Wilson. "It can be a major drain to cover up for something that's not your fault. The physical illness we have affects our brains whereas for other people, illnesses affect other parts of their bodies."

The stigma, and the effects of the illness itself, make it hard for people with schizophrenia to find and keep a job.

Wilson has a degree in agriculture, but his medication often makes him tired and he sometimes finds it hard to get motivated.

In the past he has worked as a garden centre assistant and a carpenter. He has also relied on the GAIN for the handicapped pension. Although he now has two part-time jobs, neither is secure.

"A lot of people with schizophrenia can work and would like to work at least part-time, but it's a matter of educating employers and finding suitable employment."

During Mental Health Week, Wilson plans to give a series of talks to employers on behalf of the Ministry of Health and the B.C. Schizophrenia Society, Victoria Division.

Organizers are offering companies free one-hour presentations designed to take away some of the myths of mental illness.

"People with schizophrenia can work, but people are so

reluctant to employ them," says Marilyn Beckett, office manager at the Victoria BCSS.

Her brother was diagnosed with schizophrenia in 1979. She thinks he'd be capable of working if only he had the chance.

Wilson acknowledges that a person with schizophrenia may find working more difficult than other people. "You may not be as sparkly in the mornings and you may tend to space out from other people," he says.

But from his own personal experience he knows that people with schizophrenia can not only work, they can help others, maintain relationships and live independently.



Eternity

Millions long for immortality who don't know what to do with themselves on a rainy Sunday afternoon.

Susan Ertz

UnderDog by Jim Gifford



Over the past year, a new life has unfolded for me. Moving to the village of Crescent Beach, I have accepted the responsibilities of caring for my mother and the ongoing maintenance of our home. It has been a time of transition from ex-mental patient to caregiver.

The journey of the last twenty-five years has been a challenge, full of growing pains, con-summating in healing and transformation. Several factors have played a role in my survival.

Medication has been an imperative. I am now on dosages of modecate and tegretol that keep my bi-polar affective disorder in abeyance. The key to success is taking them regularly. The situation was simple: take the meds and maintain a balance or go off them and end up out of control. It is nine years since I was last hospitalized.

4

After a period of struggle and denial, I came to accept my dis-ease. Joining the MPA was a fundamental step in this process. The shared adversity with other members and the comraderie that ensued was integral to my development during this period.

Therapy also made a difference. I got a lot off my chest. Although I no longer receive psychiatric care, my family physician and friends are a much needed sounding board. And I realize we all have our crosses-to-bear. This awareness gets me outside of myself and eases any burdens I may carry.

Lifestyle changes have led to an inner contentment and peace with my lot in life. Living each day, with all its possibilities, is a Godsend. Life is an adventure. Slowing my pace and not getting caught up in the media flood of information has allowed me to enjoy the simple things: morning coffee at the local cafe with the fellas; a stroll along the seashore; reading widely; writing poetry; and time for others. And I have regained the capacity to focus. This ability has allowed me to be an avid reader.

In my soulsearching studies, I eagerly absorbed knowledge on mystical philosophies, the human potential movement, psychotherapy, and creativity. Then I'd let the muddy waters settle. These cycles of concentration, calming and emptying, alleviated the scatterbrain mentality common to moodswingers and led me along a consciousness raising path.

My moods these days are moderate. My present stability is due largely to maturity coming from experience. I practice the many lessons I have learned: one step at a time; be gentle to myself; be considerate of others; work gives one self-worth; be joyous amid the pain of the world; get plenty of sleep; and eat properly.

An increased self-knowledge has given me a sense of the uniqueness of my sacred existence here and now. I feel like a cog in the cosmic wheel.

My sojourn in the lost and found department of mental health has encompassed a quarter-of-a-century. And I wouldn't change a moment of the agony and the ecstasy of my pilgrimage. For it has brought me to this time in space and made me who and what I am.



The Principles of Attitudinal Healing

1. The essence of our being is love.
2. Health is inner peace. Healing is letting go of fear.
3. Giving and receiving are the same.
4. We can let go of the past and of the future.

(Continued on page 10)

Minute Particulars

by Andrew Feldmar

A welcome guest is "received gladly into one's presence or companionship," says Webster's. A pushy guest is hard to welcome. In French, hôte means both host and guest: the wisdom of the language implies a symmetry that's not immediately evident. A pushy host is hard to welcome? Well, yes: A pushy host's welcome is hard to welcome. An unwanted guest is suffered as a parasite. And yet the host is not the parasite's prey for he offers and continues to give. And the parasite is not a predator. Is the mother's breast the baby's prey? Michel Serres replies that "it is more or less the child's home."

Can a baby be considered 'pushy'? No doubt, unwanted children whose mothers cannot bring themselves to welcome them, in order to survive, have to invade, conquer, cajole or manipulate. Some of us never feel at home, some are always on the run; some, at best, find refuge. Many of our parents suffered from what R.D. Laing called diaphobia: "the fear of being affected, of being di-

rectly influenced by the other." Imagine the self-image a baby will develop whose parent senses his/her smiles, outstretched arms as a "threat, a danger, a manipulation, a demand, a pull, a tug, a drain, a trap"!

I have been accused in the past of diffidence, which is a kind of bashfulness or modesty, manifesting itself in not daring to ask for what's there for the taking; underestimating welcome. A diffident guest is also hard to welcome. By the time, in 1974, I approached R.D. Laing for an apprenticeship, I was able to turn this flaw to advantage. In an interview, he said, "When I met him, Andrew had a style of courteous reserve. I didn't have to worry that he'd take a mile if I gave an inch. I didn't want any unpleasant intrusiveness." So he welcomed me to a number of significant components of his life and professional practice.

We are most afraid of what has already happened. We project the past into the future and start to tremble with terror of

what's to come. If our parents have been unable to welcome us, we dread every entrance, every new situation lest the past should repeat itself.

Herman Hesse says, "Love must have the power to find its own way to certainty. Then it ceases merely to be attracted and begins to attract." The past does not predict the future. Every moment is a critical moment, it is possible to break habits. One of the last messages Laing left before he died, reads, "It is a lie that you need love to love. Love needs us to resurrect it from the cave of our hearts."

The host may offer roast to the guest who pays for it with stories. It is possible to obtain energy and pay for it with information. It's alright to sing for your supper. Tell your story in an enchanting, fascinating way... some get angry and say, "I want unconditional love, I don't want to have to perform for it!" Yes, but not so fast! Don't sing songs that bore you, don't tell stories that you hate. Sing the songs you love, tell a story that excites you and you won't feel false, the roast will taste good and your host will invite you back. Now you sulk and say, "There are no songs or stories I love!" And I say, go into the big, wide world and don't come back until you've found some!



Branches Over the Wall Another Shore by Dennis Strashok

When I was younger and going through many hospitalizations for mental illness, I had a strong faith that there was 'another shore' on the other side of mental illness, i.e., a place which one could reach where one was totally whole and complete and sane without the help of medications to control the illness.

After going off medications many times and the resultant trauma and hospitalizations that resulted, that original faith that I could be whole and complete on the other side of mental illness, was lost and I learned to 'play the game', not because I had incredible insight into my diagnosis, but because I had learned the hard way, that if I didn't keep on with a balanced regimen of medications, I would end up losing my freedom by being hospitalized. I'd have to start the whole process over again. I must admit, that when I gave up my fight for freedom and sanity apart from the influence of psychiatry, something died within me. That unique faith that God could bring me out the other side of mental illness was compromised and my trust and hope became largely centred on the medications and the psychiatric profession.

Yet I know that, even today, there are those who would

promote the idea that there is 'another shore' to be reached on the other side of the journey of madness. I say all power to them and if they can safely and successfully help people to come through to a wholeness of being, they are definitely doing a worthwhile work. My own limitations however, would not allow me to try such a journey unless I had the help of some very qualified, spiritually astute professionals who would help me through the journey.

Recently, I have been meeting people who once were diagnosed with a mental illness, who, very early on, broke the cycle and are now functioning well and in stability apart from the influence of medications and psychiatry. Some of them really oppose the psychiatric profession and

claim that I need to get away from its influence. Others see me as someone who has had a much different problem than they had and continue to encourage me to make the best of my situation, given the limitations that I am under. The latter seem to be able to help me more than the former.

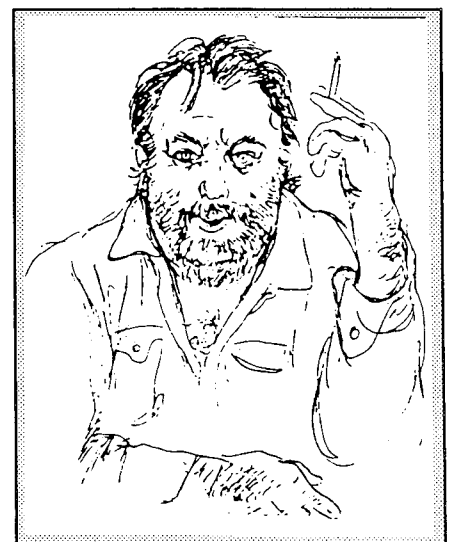
Today, I don't really know if there is 'another shore' to the journey of madness. I do know that those who have had to suffer with mental illness have been along a peculiar, very special path and also that they have many ways in which they can contribute and add to the people and society around them. Maybe, we will never reach that 'other shore' until we reach the end of this life's journey and enter into eternity. But let us never give up our hope, faith and trust in the essential beauty and goodness of God, who works all things according to His will and good pleasure.



Laughs with Lewry

After twelve years of therapy my psychiatrist said something that brought tears to my eyes.

He said, "*No hablo inglés.*"



Free Advice to Any Young Writers by Sam Roddan

I had a visit last month from an innocent young man who wanted to be a writer. Was there a course he could take? He had saved some money. He was thinking he might like to travel. Go somewhere, perhaps Paris.

I could see that life had been gentle and protected for this young man. I told him I could save him a lot of anguish, perhaps even money.

"Some churches," I said, "parachute an aspiring theologian into the inner core of a great city. He must live alone on a few dollars a month, sit down and listen to the people of the street. If he survives with his faith intact, and wants to go back, he just might be a good candidate for the church."

The young man looked puzzled.

"Why not take a little test," I said. "And you don't have to write a thing."

The young man seemed relieved and I told him what I thought he must do.

"Forget about Paris. Take a room somewhere along Powell or Cordova or Columbia near Hastings. Visit in the beer parlors before noon. Don't be afraid to explore the dark lanes around Gore. Get into the bread lines at

St. James. Climb the steps to First United. Sit down in a pew. Look around. Keep a record of what you hear. Whispers, rough, grainy words, curses, blasphemies, sobbing cries of regret, remorse, guilt.

After you've done all that, come back and see me."

I shook hands with my young friend and wished him well. It was starting to rain as he walked slowly through my wooded lot to the street. At the bus corner, he turned and waved good-bye.

I wondered what this young man would report when he came back. Would he simply have counted the number of drunks in the Sunset Hotel? Prostitutes outside the Balmoral? Number of needles in the church basement at First? Wine bottles in the garbage cans at the foot of Prior. Name of brands?

Or would he see that old Indian woman carefully watering her plants in the window box of her bleak tenement on Powell? Would he notice the green ivy clinging stubbornly to the granite walls of a building near the city jail?

Or on the school grounds of Strathcona would he see that black boy make his thin arms into wings and skim over the earth like

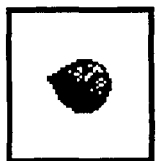
a wounded gull? Or would that Indian boy, son of a Haida chief, still be in Pigeon square? When I saw him last his shirt was torn, his face bloody. He was whittling a toothpick from a splinter of cedar.

I pondered over all these things until the bus disappeared far down the street. And I kept thinking that if a man wants to be a good writer he must get inside his brother's skin, walk in his shoes. No easy task for any young man or woman. Nor for an old man either.

But what about this young man who wanted to be a writer? Did he "parachute" into the East End, even for a week? Or a day? Or an afternoon?

Well, if truth be told, I never saw him again. But one day I did receive a brief note. It was from the young man thanking me for all my advice. He had decided not to go to Paris. But he just couldn't get around to "visiting" the east End. On the other hand he had not lost the wish to be a writer and had signed up for a course in Creative writing and was saving up to buy a word processor.

All this was a long time ago. But I don't think I will ever hear from him again. Writing takes guts, will power, desire... But wait. Who knows?... Such is the wonder and mystery of our life... Who knows? Who really knows?



Gerald in the World

by Stanley Burfield

Gerald, rough with the street,
Gerald, marching through his strange dark life,
Gerald, cranial fires
scattering flashes of
intense, refracted, focused light,
tells me of the rain:
of the long,
sleepless,
days and nights,
of depressing, unceasing
cloud,
cloud drizzling through the skull,
cloud dripping cold
from that other world,
and then of that
first opening,
that first sight of light-blue high
and higher air
breathing down,
and how seeing it
washes
such a joy through his body
it can only be the face of God.

And I know that in those open moments
we, too, from our own cold world,
look up,
with Gerald,
and our pointing hands, too,
flow on out,
and the sun will pour for us,
and we, too,
are washed clean.

Stanley Burfield

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Please pick-up free poetry in the doorway

when stars are immense

by Richard Clements

...and he said well it's like his life was where
everything was discordant, jangulate you know
(I know he said jangulate -
quite an unusual word don't you think)
not at all like a burial at sea
where it's so... well so processional you know
and me thinking memory hold the door and all that
(I mean what kind of metaphor is this guy on)
and staring at the fire
the caved eve of darkness curving all around
not at all seeing you know
but experiencing the richness of things
but they weren't things but all one thing
and looking up those immense points of light
funny how stars can seem immense
I mean they're so far away really
trillions and trillions of miles
and small you know
...and really isn't it all about
trying to find that one thing again, he said
Is that what nostalgia is all about? I asked
but saying it sort of quiet like - like it really was so
and he laughed kind of ironic like
I'd guess you'd say but not really
and he said no... no that's not
what it's like at all
because there is one thing you know
and we're all looking for it
and nostalgia... well I guess
nostalgia reminds us what we had it once
Is that kind of soppy do you think?
I don't know... it made me think a bit
... and you know he wanted to correct
what he said was an error in this poem
but I said no... no really it's OK as it is
and he accepted that

Pastoral Reflections

by Rev. John Ballard

Kits Bible Church

1415 Maple St., Vcr. B.C.

There is a growing restlessness and alienation in our cities. We are all surrounded by thousands of other commuters, yet we feel isolated and afraid. In the midst of a crowd, we are alone. Why this alienation and isolation from one another? Most people don't even know their immediate neighbors. Part of the reason is an increasing indifference to the needs of others as long

as we are doing all right. However, when we lose a position or are fired from one, suddenly that very sense of self-sufficiency bursts like a bubble. We have all taken in the

popular self-confidence and self-love seminars. However, as good as positive seminars can be, they must ultimately fail as a confidence built upon ourselves ultimately ends in our demise... moriturite salutamus. We need

confidence and we need friendships... true friendships! However, our confidence needs to be more than positive thinking as good as that is. Positive thinking gives the idea we are self-sufficient when we, of course, are not. Life always proves that to be a lie. No, our confidence needs to be placed in a power greater than ourselves. Likewise, our friendships need to be real and

open. We need friends that we can be ourselves with. We need that to counteract the loneliness all around. It is here that Jesus and his church offer their assistance. Jesus asks us to

put our confidence in Him and He then promises to guide us throughout our life. His church offers true friendship and a security against the hard times that we will all encounter in our lifetime. In past generations, the church was a ref-

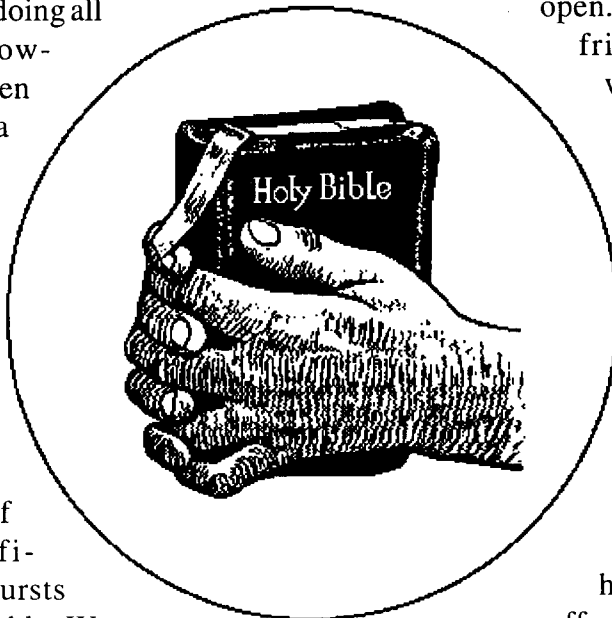
uge in times of distress. It is still doing that job. Perhaps you are aware of a church in your area in the city or perhaps there's one across the road. Take the effort to go across and meet the people. It might be the start of a lasting friendship and a new confidence.



The Principles of Attitudinal Healing

(Continued from page 4)

5. Now is the only time there is and each instant is for giving.
6. We can learn to love ourselves and others be forgiving rather than judging.
7. We can become love finders rather than fault finders.
8. We can choose and direct ourselves to be peaceful inside regardless of what is happening outside.
9. We are students and teachers to each other.
10. We can focus on the whole of life rather than fragments.
11. Since love is eternal, death need not be viewed as fearful.
12. We can always perceive others as either extending love or giving a call for help.



Prozac: Wondering About A Wonder Drug

(Continued from page 1)

Harvard-trained psychiatrist Peter Breggin has stepped into the middle of this Prozac craze to give us a reality check. *Talking Back to Prozac* takes a closer look at the darker side of Prozac to reveal a sinister story of flawed clinical trials, data manipulation, inadequate labeling, the under-reporting of side effects, and close ties between Lilly and the U.S. Food and Drug Administration that allowed the drug to be released with minimum scrutiny.

Breggin, regarded by some as "the conscience of American psychiatry" and by others as a reactionary, is the author of *Toxic Psychiatry*, a sweeping critique of biological psychiatry. Together with his wife, Ginger Ross Breggin, he runs the Center for the Study of Psychiatry in Bethesda, Md., an institution devoted to finding alternatives to drug treatment for mental illness.

Breggin's purpose in *Talking Back to Prozac* is fourfold: to provide a more realistic report on Prozac's dangers; to refute the common understanding that antidepressant drugs correct an altered brain biochemistry in the depressed (Breggin believes that these drugs work by *disrupting* brain biochemistry); to reveal the political and economic forces that drive drug-based psychiatry; and to appeal for the greater use of skilled and compassionate psy-

chotherapy in the treatment of depression and other psychiatric disorders.

Although most psychiatrists would disagree with several elements of Breggin's critique, his voice is a needed one in a profession that currently overemphasizes the use of drugs in battling mental illness.

The story of how Prozac was tested and released is troubling. Approval of the drug was based on tests lasting only four to six weeks, ignoring the fact that many psychiatric drugs cause serious problems only after long-term use. These tests were paid for and structured by Eli Lilly. Out of 6000 people who received Prozac during testing (seriously suicidal patients were excluded), only 286 actually finished the trials; this can lead to under-reporting of the frequency of side effects. Of those who were tested, many were on other psychiatric drugs which may have suppressed adverse reactions to Prozac. Breggin's point is that the information from these studies is included on the label and is misleading.

Breggin goes on to challenge the very nature of Prozac's mechanism in treating depression. The drug belongs to a class of compounds (the selective serotonin reuptake inhibitors, or SSRIs) that work to block the action of the neurotransmitter dopamine and

that this may be the cause of its stimulant-like effects in many who take it.

It is the stimulant nature of the drug, he argues, that is responsible for the antidepressant effect as well as the "hyper" side effects many experience. Breggin speculates that Prozac may have potential to produce permanent neurological damage similar to the "shakes" seen in those on long-term antipsychotics. This is completely unproven, of course, but provides food for thought for those considering using Prozac as a personality polisher.

Less controversial is Breggin's call for a more humane and caring psychiatric system, a theme he repeats in all his books. Depression is a complex and multifaceted disorder involving the whole person. A competent and compassionate therapist can do as much for most depressed people than any antidepressant drug. Even those who have benefited from Prozac often feel that there is something missing when they take it; some complain of feeling "spiritually detached" or somehow removed from themselves. Feeling up is not necessarily feeling well. On the other hand, Breggin's insistence that *no* drugs be used in depression may be a swing of the pendulum too far in the other direction. Prozac and other antidepressants have saved lives and brought light to lives devoid of all pleasure. For those who really need it, Prozac and the other antidepressants are truly miracle drugs.

(Continued on next page)

Prozac: Wondering About A Wonder Drug

(Continued from previous page)

One deficiency in Breggin's work is his tendency to ignore the use of non-toxic physical therapies in the treatment of depression. Nutritional therapy, exercise, electrocranial therapy (passage of low levels of current through the brain), massage and other body work are all being used with good success by thousands of alternative practitioners around the world, including psychiatrists. It is as though Breggin, in his

campaign has chosen to believe that depression has no physical components whatever.

Talking Back to Prozac will probably have a minor impact on the use of new antidepressants in the coming years. Depression is a world-wide epidemic of staggering proportions and the marketplace will rise to meet the need in whatever way it can. Breggin reminds us, though, that we should not be so confident in our ability

to "design our own brain" as one prominent psychiatrist put it with great hubris. There is a complex ecology to the brain and mind that should command our respect and the widespread prevalence of depression should awaken us all to the larger reasons why so many of us are depressed. *Talking Back to Prozac* points us in the right direction.

Bruce Wilson is a Vancouver writer and health educator.



'Now relax. . . . Just like last week, I'm going to hold the cape up for the count of 10. . . . When you start getting angry, I'll put it down.'



Newsmaker of the Year: Prozac (How Depressing)

by Margaret Gunning

This article is reprinted from the Vancouver Sun of Dec. 30, 1994

As 1994 slouches toward its conclusion, the time is here for all magazines to announce their choice for Newsmaker of the Year.

Rolling Stone chose that gap-toothed, tousle-headed Alfred E. Neuman of late night, David Letterman. The man has amazing clout in the entertainment industry, and has made headlines and magazine covers all over the continent in the past year. Not only that, he has a dark side — a massive inferiority complex — which makes him all the more interesting as a celebrity.

So he's a logical choice — but I have a better one. For Newsmaker of the Year — a category which, it goes without say-

ing, includes pharmaceuticals — let me nominate a certain little green-and-white capsule that has graced even more magazine covers than Dave Letterman.

I nominate Prozac, the miracle pill that gives you more bang for your buck (or, in this case, two bucks — which is what each of these potent little devils costs).

Ah, Prozac. I can't count the number of cover stories I've seen extolling the virtues of this superstar of antidepressant medication. It has spawned a couple of popular books: *Listening to Prozac* by Peter Kramer, and *Talking Back to Prozac* by Peter Breggin. The two Peters represent the "pro-zac" and "anti-zac" factions.

Even the cultish Church of Scientology got into the act, helping the drug's newfound no-

tority along by launching a full-scale attack on manufacturer Eli Lilly. The church emphasized those rare but disturbing cases in which patients on Prozac suddenly became dangerously suicidal or homicidal. The safety of the drug, particularly for very disturbed people, is still in question.

But in the popular media the stuff is now hailed as a "personality pill" that turns introverts into back-slapping, hail-fellow-well-met party animals, renders the obese acceptably svelte, and converts chronic failures into sparkling successes. It even works on pets, taming Fido's ingrained neurosis and assuaging Tabby's deep melancholia. Who would ask for anything more?

I could. I hate to rain on Lilly's parade, but I have a Prozac horror story for you, the kind you won't see in *Time* or *Newsweek*.

First of all, let me say that I did my research first hand. I'm something of a lifetime consumer of these products, someone who

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Bookworm:

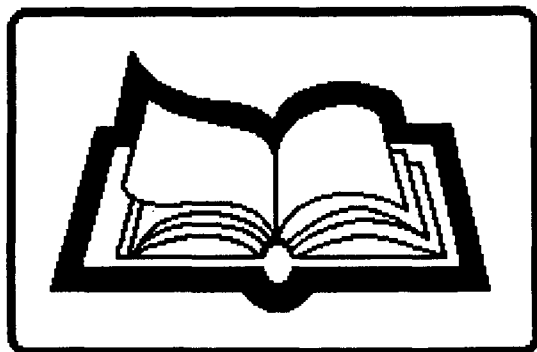
The Origins of Unhappiness

by David Smail

HarperCollins, 1993

Reviewed by Andrew Feldmar

In 1984 Smail published Illusion and Reality, one of the best books I have read on the topic of anxiety; in 1987 his book, Taking Care, came out in which he abandons all faith in therapy or cure, psychiatric or otherwise, and looks at the possibility of taking care of each other; Smail's 1993 publication, The Origins of Unhappiness, continues and elaborates his environmental approach to distress. Any practitioner who thinks that 'neurosis' or 'mental illness' originates from within the individual cannot help but blame the victim and add to the suffering of her patients, and will be prevented from entering into genuine co-presence, or solidarity. We live our lives in a field of power from the moment of conception until we die. According to Smail, the source of most suffering is powerlessness.



The people who consult me and are hoping to be 'treated', actually have nothing 'wrong' with them. Except, perhaps, their unawareness of the constraints which are placed on their ability to escape the distress they experience. "Consultation consists," writes Smail, "of three main elements (i) provision of comfort, (ii) clarification, (iii) encouragement in the use of available powers and resources". Comfort-giving is not problem solution. "We don't need people to press upon us ineffective solutions or blame for our feeling," notes Smail, and adds, "most of the causes of the kind of distress which puts people in need of comfort are not soluble because they are originated by distal social powers which are out of the reach of both sufferer and helper."

The point of clarification is to undo the mystifications of power: we often cannot remember, cannot see, or cannot say how our suffering came about, because something has been concealed from or forbidden to us. "Helping someone to speak a truth which is or had been otherwise forbidden to

them may be a source of enlightenment which really is empowering," says Smail, moving towards the inevitable conclusion that "change comes about through somebody being able physically and materially to alter their position in the world, to escape malign influences or to find benign ones...The ultimate 'therapy' is thus the acquisition of some kind of socioeconomic advantage." It is not we who need to change, but the world around us. Since most of us prefer the familiar, we can well use encouragement to dare attempt to make those changes about us which are within our scope. Social exploitation can be presented as personal breakdown, as soon as we detach person from world. Psychiatry, psychology and most schools of psychotherapy generate their own power and livelihood by precisely such a detachment.

Once rendered powerless, we are all the same. To quote Shylock from The Merchant of Venice, "I am a Jew. Hath not a Jew eyes? hath not a Jew hands, organs, dimensions, senses, affections, passions?...If you prick us, do we not bleed?" the source of ethics is the realization that what hurts me will hurt others, and vice versa. Psychotherapy thus must be concerned with ethics and politics. Therapist and patient both stagger about in a field of power that's bigger than both of them. Smail bids us to be of good heart.



Upcoming Events At MPA by Sue Baker

Watch for the following events coming up at MPA (please note that all activity dates and times are published in the monthly schedule distributed the fourth week of each month before). For more information call Sue at the CRC (738-2811 ext. #219).

March: Snowshoeing,
Highschool Basketball
Championships

April: Canucks Game (Ticket
Give-away),
Spring Picnic to Cultus
Lake

May: Hell's Gate Day Trip,
Pitch-n-Putt Golf

June: Horseback Riding,
Picnics,
Hikes

July: Camping Trip,
Canadians Baseball
Games

August: MPA Annual Summer
Picnic & Harry
Cragg Memorial
Softball Game



Newsmaker of the Year: Prozac

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Solitude

Isn't it strange how few people there are who can ever realize that you may be perfectly satisfied with your own company?

Somerset Maugham

must attempt to outrun the black dog of depression on a fairly regular basis.

So I had to try it. The old tricyclic drugs worked, all right, but took weeks and weeks to kick in and always made me fat. Prozac was supposed to decrease appetite and increase energy — and, wonder of wonders, it did. It was supposed to lift mood quickly and efficiently — and it did that too, but something happened at around Week Six.

My libido, which had been squashed flat as usual by the steamroller of depression, began to perk up. Then it began to clamor wildly. I hadn't felt this randy since my wild and wooly teen years. It was downright embarrassing. (Could Prozac also be a kind of sexual fountain of youth?)

But then, I found out to my utter horror, I was completely unable to function. The Stones song *I Can't Get No Satisfaction* took

on a whole new meaning for me. I just "couldn't," and all that fulminating passion went to waste.

My drug book describes this phenomenon as "delayed orgasm." Delayed until when — 1996? Moreover, my doctor told me that this torturous side effect is not at all uncommon.

"Who designs these drugs?" I cried. "The Gestapo?"

Prozac has a dark side even more formidable than Dave Letterman's well-publicized neurosis. Like a touch-and-run lover or a Fabio poster, it stirs up primal passions, but ultimately leaves them unsatisfied. It's a glamorous, powerful, sexy tease, great at inciting initial enthusiasm but lousy at long-term commitment.

What better choice for the androcentric title of Newsmaker of the Year?





Bulletin Board

Exploring Horizons

A conference about consumers investing in the future of mental health, from March 16-18, 1995 at the Sheraton Inn Guilford. For more information: Terry Morris 582-9503.

Walk for Life

The CMHA/Shopper's Drug Mart Walk for Life will be held on May 5, 1995 in conjunction with the Vancouver International Marathon. Pledge forms will be available in March, 1995.

Dive for Diamonds

If you are a certified diver, or know of one, this event is for you. Divers who are certified to 60' and can get a minimum of \$75 in pledges can enter and have the chance to dive for \$20,000 worth of diamonds, as well as an array of other great prizes. The Dive will take place on April 23, 1995 at a diving location in Vancouver. For more information: Ina Hupponen, CMHA, 254-3211.

Workplace Excellence CMHA Awards Banquet

The guest speakers are Hobson & Clarke, two veterans of the 1991 Canadian Expedition to Mount Everest. Their entertaining presentation demonstrates how the many skills used to climb Everest are identical to those necessary to climb the corporate ladder. The Banquet takes place on March 21, 1995 at The Hotel Vancouver, 900 West Georgia Street, Vancouver B.C. Nomination forms for the awards are now available. If you know of a company or individual that may qualify for the Workplace Excellence Award, or if you would like information about the banquet, please call: Ina Hupponen, Resource Development Coordinator, CMHA, BC Division, (604) 254-3211.

Freebies:

For those in need: Free clothing; Dishes

Choose from a variety of donations

At Community Resource Centre, 1731 W. 4th Ave., Monday to Friday,
9 am to 9 pm on request.



