

Fall-Winter 97-98

In A NutShell

A Publication of the MENTAL PATIENTS' ASSOCIATION



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

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The opinions expressed in this magazine are those of the individual writers and not necessarily those of the MPA. Donations toward the cost of 'In a Nutshell' will be graciously accepted by MPA.

Consensus Statement on Mental Health Reform from 'Visions' Winter 1996, B.C. Div, CMHA Newsletter

CMHA, Mood Disorders Association of BC, Greater Vancouver Mental Health Services Society, Riverview Hospital, and the West Coast Mental Health Network and other organizations have worked together to prepare this public statement regarding the downsizing of Riverview, and mental health reform. It is hoped that more organizations will want to sign and support this document.

Recently, public concern has been raised about a variety of social problems, and their perceived relationship to mental illness. Criminality, homelessness, and violence have all apparently been on the rise. We are concerned that these problems, though real, are being wrongly attributed to the downsizing of Riverview Hospital, and that once again people with mental illness are being unjustly stigmatized.

Riverview Hospital downsizing and redevelopment process is an essential part of the province's 10-year Mental Health Reform Initiative. We support this initiative. We support it in large part because of the nature of our involvement in the pro-

cess itself over the past several years. In partnership, mental health consumers, their family members, and professionals have witnessed the careful planning that has gone on. As we watch resources from bed reductions follow people into the community, we see the results as positive changes in people's lives.

The Mental Health Reform Initiative is not only about downsizing Riverview Hospital. It is also about restoring dignity, about providing effective community support, and about providing accessible clinical care when it is needed. But before any of this is addressed, we must educate the people who fear the idea of having the mentally ill in their midst. As noted by a coalition of researchers and mental health stakeholders in the U.S., a major source of misinformation and stigma is the idea that mental illness and violence are closely linked. A combination of factors promotes this perception: sensationalized reporting by the media whenever a violent act is committed by a "former mental patient," popular misuse of psychiatric terms (such as "psychotic" and "psychopathic"), and entertainment industry use of stock formulas and nar-

row stereotypes.

Due to this assumption of danger, the public justifies its fear and rejection of people labelled mentally ill, and attempts to segregate them from society. However, the experience of people with psychiatric conditions and their families paints a dramatically different picture. Several recent large-scale research projects conclude that only a weak association between mental illness and violence exists in the community. Serious violence by people with major mental illness appears concentrated in a small fraction of the total number, and often in combination with alcohol and drug abuse, poverty, inadequate housing, medication problems and isolation. Mental disorders - in sharp contrast to alcohol and drug abuse - account for a slight portion of the violence that afflicts our society.

The conclusions of those who use mental health services, their family members, and researcher's observations, suggest that British Columbia's Reform Initiative is moving in the right direction.

The way to reduce this perceived relationship between violence and mental disorder is first of all to eliminate the stigma and discrimination that discourage, provoke, and penalize those who seek and receive help for disabling conditions. We want a system that restores dignity, not

(Continued on page 15)

One Year Run-away House

by Uta Wehde

52 people have used the Berlin run-away-house since it opened in 1996. The internationally highly regarded model-project offers protection to the homeless who want to escape the effects of violent and 'revolving-door' psychiatry.

The house is the first officially run institution of its kind in Germany. The Association for Protection Against Psychiatric Violence (the supporting foundation) has fought for ten years to establish this project and its continuation is acutely endangered by administrative acts of caprice.

One year's experience has shown that psychic crime can be managed without psychiatric drugs and coercive means. Where mutual agreements become impossible, some people left the project. Other inhabitants had to leave due to alcohol or drug abuse. These individuals often returned to living in the street or to psychiatry because of a lack of alternatives.

In spite of apprehensions by neighbours, the surroundings of the house stayed quiet, police files recording no disturbances.

Those living in the run-away-house can regain their strength, talk about experiences and develop future plans without psychiatric views of illness. In the team, ten social workers, survi-

vors of psychiatry, psychologists and four short-time employed persons work around the clock. Half of the staff members are survivors of psychiatry.

The dream of the run-away-house came true due to a large gift from a relative, charitable lotteries, sympathizing associations, and individual sponsors. The villa purchased in the Northern part of Berlin was transformed into 'Villa Stoekle' named after Tina Stoekle, the project co-founder who died in 1992.



Vice & Virtue

It has always been my experience that people who have no vices have very few virtues.

Abraham Lincoln



*In Loving Memory of Glenn H.M. Underwood
(S'h wulplum), 1946 - 1997*

Glenn left this life as he came into it, with grace and dignity. He was a wonderful man who always put others before himself.

Glenn worked with MPA for 7 years as a volunteer, bringing his warmth and humour, 'always having a smile' and being a 'great conversationalist'. He was known for 'never forgetting Secretaries Day' and even when not feeling well himself, he would not complain but would show concern for how others felt.

Glenn loved to sketch and was very enthused with art and music. We hear also of a man who loved to attend theatre performances such as *The Phantom Of The Opera*. He hoped to study photography and he loved the music and songs of Bette Midler. He also loved films and sharing philosophical discussions with friends over the films he enjoyed. Glenn was once described as an excellent dresser with a 'magnificent Australian raincoat'.

The dignity which was central to the very core of who Glenn was as a person is a reflection of the wonderful family who raised him. The memory of Glen Underwood will live in the hearts of all whose lives he touched.

Dreams and Wishes by Louise Underwood

Glen shared his dreams and wishes,
Now I know they are fulfilled
with the Great Spirit above.

Yes, I admired my brother,
with Glen's disabilities,
He gave me inner strength.
With his sense of humor,
He taught me to laugh.

With his gentle eyes and easy smile,
he taught me to understand.
With what we sent or gave Glen,
he loved to share with his friends.

My visits to watch a movie, ice
capades,
Eartha Kitt, Figure Skating Shows,
I only had to look at Glen's face,
made me feel good.

We shared meals at his favourite
cafes,
waitresses knew him well.
With every day, I take for granted,
Glen had to struggle, but was content.

I admire my brother more,
he no longer has to suffer pain,
that my prayers are with him.
Will help carry me on the River of
Life,
until I reach the ocean.

I thank my friends and relatives for
being here to
share Glen's Dreams and Wishes.

Minute Particulars

by Andrew Feldmar

R. D. Laing realized that most people are frightened to think realistically. "Because when they start... their minds boggle: 'What to do when you don't know what to do?' People are always trying to find, to make up some reason for what to do and when to do it... That's just going into the future with a projective image in front of them that justifies their action," says Laing in an interview. If a psychiatrist, a psychologist, a therapist wants to be a Professional Person, then she can't ask 'What to do when I don't know what to do?' because this question is considered the essence of ignorance, to be eradicated by dogma, pretense, and elaborate forms of projective images, called theories of psychopathology.

I think Professional Persons do harm and they are to be avoided when one is confused, tormented, staggered or crazed. "With ignorance," Kierkegaard wrote, "begins a knowledge the first characteristic of which is ignorance." This is the knowledge of Socrates. Only this allows for the surprise, the uniqueness, the chock of a truly other person, not

just an inferior version of myself. The patient craves the attentive silence of the therapist. Prior, the frightened and frightening protagonist of Pat Barker's novel, The Ghost Road, recalls Rivers, his onetime therapist: "And suddenly I was back in River's room, watching the late afternoon sun glint on his glasses during one of his endless silences. Rivers's silences are not manipulative. (Mine are. Always.) He's not trying to make you say more than you want, he's trying to create a safe space around what you've said already, so you can think about it without shitting yourself."

Michel Foucault wrote about "the Gaze" that was elevated into great importance in medicine after the French Revolution, "Over all the endeavors on the part of clinical thought to define its methods and scientific norms hovers the great myth of a pure Gaze that would be pure Language; a speaking eye. It would scan the entire hospital field, taking in and gathering together each of the singular events that occurred within it; and as it saw ever more and more clearly, it

would be turned into a speech that states and teaches..." The Gaze objectifies, generalizes, classifies, predicts and controls. As a patient I shrink from the gaze, for it won't see me. It will see SCHIZOPHRENIA, DEPRESSION, ATTENTION DEFICIT DISORDER, etc. Instead of the nightmarish "speaking eye", as a patient, I'd like to be welcomed by the "listening ear". So that I could tell my story, my way, in my time. I don't want to be looked at, I want to be held, I want to be met.

The outcome of a meeting is unpredictable and undecidable. Meetings are ambiguous, not unlike the Greek word pharmakon. It means both cure and poison. The Bhagavad-Gita bids us work incessantly, even though "we cannot do any work which will not do some good somewhere; there cannot be any work which will not cause some harm somewhere". I am beginning to understand Nietzsche's contempt for the cowardice behind the search for certainty. He said, "I mistrust all systematizers and I avoid them. The will to a system is a lack of integrity".

I don't want to be studied, I'd like to be taken seriously.



UnderDog

by Jim Gifford



Today at the coffee shop I ordered 'black coffee and a cold muffin with no butter'. The waiter returned with coffee and a muffin — and two patties of butter. It gave me pause for reflection about communication skills.

I possess a strong vocabulary which I try to use simply and effectively. But still my messages do not always get across. Are some people sleep deprived or perhaps suffering from attention deficit syndrome? Why are they deaf to others?

Maybe it's just that words have lost their meaning. With the essentially constant barrage of vocal and written words through advertising and the mass media, words, the basic tool of communicating, appear to have become meaningless.

In *The Way of The Heart*, author Henri Nouwen discusses the essence of meaningful lan-

guage. He writes:

Words are meant to disclose the mystery of the silence from which they came...

At the highest level, in the beginning was *The Power of Silence* out of which *The Word* manifested.

But today we are a chatty distracted culture. The Twentieth Century has been *The Age of Noise*. We are often tuned into different vibrational wave bands, lacking the humility to focus on others. We are not paying attention.

In a society that suffers from the malady of senselessness,

Laughs with Lewry

A car mechanic went to a psychiatrist, who said to him, "Get under the couch."

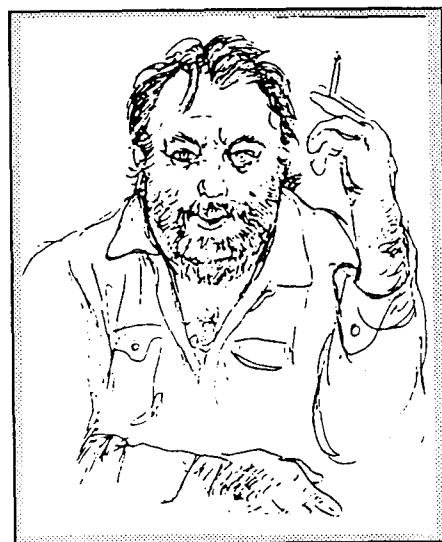
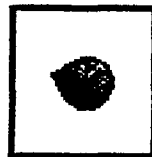
maybe communication is outdated. Yet I know in my guts that this is not so.

In sensitive company with those who share ideas and experiences, things are clear and the unique way each of us speaks only enhances the dialogue.

Yet it is a small wonder that there is so much chaos and friction in a world where too frequently much is lost in the translation. Awareness can be swallowed up by people living in the dead past and the unborn future.

I am reminded of the Buddhist saying 'watch your step'. Open up to the Here and Now.

So as we go about our days speaking and being heard I just want to know — 'are you listening?'



Life on the Street

by Sam Roddan

When I was a boy, growing up in Downtown Eastside, the old tenements along Cordova and Dunlevy were full of surprises. Most people thought of them as filthy rabbit warrens, hide-aways for the dregs of society.

But, even as today, many did not notice the white curtains here and there, or the geraniums flourishing in the rusted tomato cans on a window ledge. Or the bright green ivy that covered the scabrous walls.

I remember an Indian friend working on the carvings in his living room. The floor was always covered with chips, sawdust, shavings from his work. On a mattress in one corner was a little lad playing with a mallet. A kettle boiled cheerily on the gas stove. The room was full of the smells of cedar, toast, leather perfumes, Swede oil and wax.

Tools were laid out on the kitchen table - chisels fashioned from car springs, adzes fitted with tough dogwood handles, tiny draw knives, a big chisel called a slick, bits of sandpaper.

I thought of artists who work in their lonely garrets. Anguished, wrestling with great ideals, breaking their own hearts and spirit. My friend was happy in his living studio, secure in the warm ancestral pride of his art.

Another friend, Mrs. Robertson, had a tiny suite in one of those grimy tenements along Campbell Avenue. Her place was spotless. She eeked out a living with her baking, mostly delicious scones which she sold at the City Market then at Pender and Main.

In her crowded kitchen were the big sacks of Robin Hood flour she had lugged up the three flights of stairs to her room. On the walls were scenes from her homeland. Robbie Burns country. Highland cattle.

"I don't feel lonely here," she said. "I've got my work."

I watched her scones cooking on the stove top. Occasionally she dabbed them with a little sugar. They slowly turned a rich, light brown. She turned them over, touched them gently, then she broke one open and handed it to me on a plate. Never have I tasted so delicate a morsel.

"The taste is always in your heart and feeling," Mrs. Robertson said. "The scone, like the haggis touches ancient cords. But remember. Never too much flour in the cone. Makes them tough. Hard as a sea biscuit."

In one of the shabby tenements along Powell near Gore Avenue, my friend, Mr. Cummings, made bird houses. He too worked in his living room.

His bird houses were all shapes and sizes. He never ran short of material. He cut the grass in front of Armstrong Funeral Parlor, and in exchange old Mr. Armstrong kept him supplied with coffin crates.

"The pine wood is perfect for bird houses," Mr. Cummings told me. "And besides I like to think I'm keeping things alive. From one coffin crate I can make a couple dozen bird houses and with wood to spare."

But all was not wine and roses in the dark tenements and shabby houses in Downtown Eastside. In some places noisy drinking parties went on for days, particularly when loggers hit town with their wads from the bush. There were fights and squabbles. Loud shouts. Imprecations that beat down like hell.

In my time, most of the buildings in Vancouver were heated with coal gas. In the 20's and 30's, the gas was manufactured from coal sludge and stored in huge tanks near the Georgia viaduct. The gas had a foul, evil smell. A kind of sickly and deadly sweetness.

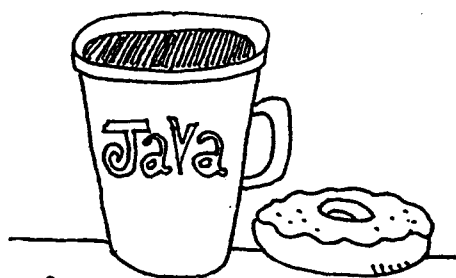
A gas plate or stove with the taps left on, was the favourite means of saying Good-Bye. An open oven door, gas jets on, and

(Continued on page 14)

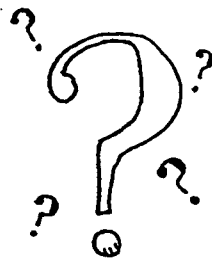
IT'S FUN!

STRESS TEST!

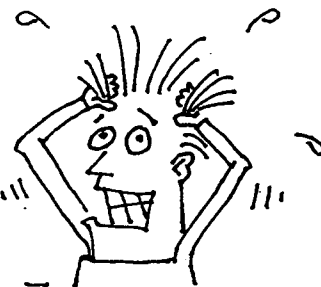
IT'S EASY!



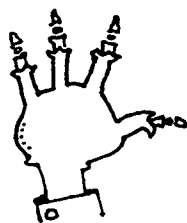
#1. DOES COFFEE PLAY AN IMPORTANT ROLE IN YOUR LIFE? CHECK ONE
NO ☐ MAYBE ☐ I DRINK THIRTY TO FORTY CUPS A DAY AND MY URINE IS A PORT WINE COLOUR. ☐



#2. DO YOU OFTEN EXPERIENCE CONFUSION?
NO ☐ MAYBE ☐ DO NOT UNDERSTAND QUESTION ☐



#3. IS EXERCISE A REGULAR ROUTINE?
NO ☐ MAYBE ☐ ONLY WHEN RUNNING AWAY FROM PROBLEMS, OR, JUMPING TO CONCLUSIONS. ☐



#4. DO YOU CONSTANTLY BITE YOUR FINGERNAILS?
NO ☐ MAYBE ☐ I HAVE NO FINGERNAILS. ☐



#5. DO YOU HAVE STRANGE AND BIZARRE DREAMS?
NO ☐ MAYBE ☐ FREQUENTLY, AND SOMETIMES WHEN I SLEEP. ☐

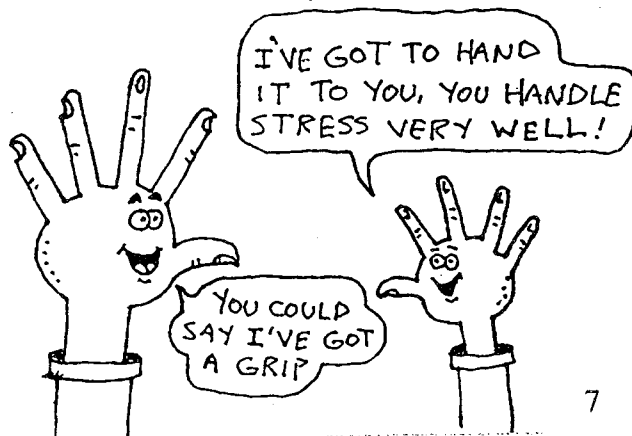


#6. ARE YOU EVER LETHARGIC OR APATHETIC?
NO ☐ TOO TIRED TO ANSWER ☐ DON'T REALLY CARE FOR THIS QUESTION ☐

AND NOW SOME PROFOUND WORDS OF WISDOM FROM A TOP LEADING PSYCHIATRIST!



FOR YOUR FREE STRESS TEST RESULTS SEND YOUR ANSWERS TO THIS COMIX BOOK



Mother Delilah

by Ely Swann

My feet are
pointed away from you
but my eye won't sleep
& sees everything

Oh mother, if
I have abandoned you,
you have forsaken me.

we measure our losses
and find there is no cup
to hold such an unknown fathom.
Still, I guess you won. You always did.
I was no match for you.

We hovered over Daddy
like two buzzards,
but you had longer claws.

You made music out of chaos.

the moment before the tragedy
is the worst:
oxygen and enemas
a horrible death.
Mother Teresa alone
would call it beautiful.
it was a waste
of a beautiful conundrum,
a crazy diamond.

you made me cut my hair;
promised I could go
to the prom if I did.

And then you denied
you had promised,
pulled my hair,
and said, "it could be
a damn sight shorter."

now, 30 years later,
in a long wisp that hasn't
been cut for 30 years,
the wind
whips me in harmony
of that day, Mother Delilah.

This Moment

by Ely Swann

I laid down
with the pain,
the moment of becoming
an orphan
with the 10,000 pains
of the 10,000 orphans
of this moment.

I felt
the pain
of a mother giving birth
to a stillborn,
of the rape
of a child holding a doll,
the music of the keys -
turnkeys of someone's prison cell,
a young man dying of AIDS alone,
of the blackhole of Calcutta.

I always thought it was "them"
it happened to,
it was "the other"
not my back-door-step.

to what purpose to
extend my arms
in embrace?
What point in splashing
cold water
on my face to flush out the tears?

You've both flown out
on the same wing
vicarious tears might flow.

You're ballroom dancing together
but do not/can not
see me.
Were your eyes made
to ignore me
or perhaps you were
looking for me all along
but only found "the other" 9,999.

Advocacy on the Mind

by Karen Gram

Reprinted from the Vancouver Sun

Paul McGillicuddy was 28 years old when he found himself wandering the streets of Kelowna nearly naked, believing himself to be the world's savior. He had two young children, a wife and a job in pest control.

Now 40, he has been hospitalized 16 times in 12 years. While psychotic, he has committed minor crimes and ended up in jail or the Forensic Psychiatric Institute. His wife divorced him and he hasn't seen his children in three years.

McGillicuddy is part of a significant minority of Canadians — 20 per cent — diagnosed with a mental illness. He now takes up to 14 pills a day. Unemployable, he functions a day at a time.

But McGillicuddy is a key player in the dramatic reorganization of mental health care delivery now underway, a voice that will help shape the future of care in this province.

He has the respect of high-placed bureaucrats and sits on at least nine committees advising institutions such as Riverview Hospital, Greater Vancouver Mental Health Society and the Canadian Mental Health Association.

He chairs the Vancouver-Richmond Health Board's mental health advisory committee, the

board's top priority.

In sum, he's an advocate for the rights of people who, like him, have had their lives turned upside down by an illness many are ashamed of.

"He is an extremely gifted individual," says Rene Taylor, a Health Board director. "You only have to speak with Paul or see him in a debate to see how eloquent and passionate he is about the issues of people with mental illness.

At first glance, McGillicuddy is the face of the mentally ill — gaunt, dark, and slightly intimidating. Perhaps as a sardonic nod to that image, he wears a beret that exaggerates the look. He is not ashamed.

He is not caught up, in the vernacular of others with this illness, in calling himself a mental health "consumer".

He wears a button with a stylized version of the Nazi triangle — yellow on black — for psychiatric patients taken from the asylums in the Second World War and put in concentration camps.

"He has contributed a lot," says Sharon Martin, director of community and public involvement with the Health Board. "Paul is a very sensitive, thoughtful person who works hard. He tries to stay fair."

McGillicuddy's father was bi-polar affective (manic-depressive) who, in a paranoid fantasy, once locked up his six children and wife in their home.

McGillicuddy, just nine, squeezed out a basement window to call police.

He's still deeply resentful of how his father's illness was managed; he was drugged so heavily he couldn't talk or even recognize his family.

Now one of McGillicuddy's sisters has also developed a mental illness. Combined with his own experiences of being over-drugged, under-drugged and inappropriately drugged, he wants to hammer home the message that the mentally ill themselves should make treatment decisions — not families.

"They don't have the consumer experience of having been treated by doctors, having to take the medications, live with the thought disorders and the paranoid fantasies. They haven't experienced the joys of being hypomanic — which can be really creative. They haven't been through the harrowing experience of living on the street."

"The consumer should be involved in deciding what services should be available, planning the services, evaluation of services, everything."

(Continued on page 14)

Maintaining An Evil Genius

A Book Review of **Media Madness: Public images of mental illness**

by Otto F. Wahl

Rutgers University Press, 220 pp.

Reviewed by Eric MacNaughton

Reprinted from the Vancouver Sun

Otto Wahl's *Media Madness* opens with a vignette — topical in today's British Columbia — of a fearful neighbourhood blocking a proposal for a mental health group home. The author's quest is for the origin of this apprehension, and he finds it, in the images beamed to our television, and arriving on our doorsteps with the morning papers.

In fact, Wahl fairly bombards his readers with reportage on the extent and nature of the portrayals of mental illness in the entertainment and news media. The initial reaction may be slight impatience with the recapitulation of the all-too-familiar stock types: the evil genius, the homicidal maniac, or the laughable looney.

Reading on, though, it becomes hard not to see the media with new eyes, as one fathoms the sheer depth of those ideas in our "infotainment" culture. Ten per cent of movies, of best-selling paperback fiction, and of TV serials feature a prominent char-

acter with mental illness. And in contrast to reality, the vast majority are portrayed as criminals, as alien-looking, or alternatively as figures of abject ridicule.

While Hollywood creates and perpetuates these stereotypes, our news media select stories that reinforce them. As Wahl explains, the staple of news is crime reporting, and the archetypal crime story is a murder with an unusual or unpredictable twist.

Unfortunately, murders involving people with mental illness fit the bill perfectly. Though relatively rare, these are the stories that are exploited.

For the most part, the public believes what it sees or reads, and it acts — or chooses not to act — based on the beliefs fed by these images. After the *Dallas* episode in which J.R. enters a psychiatric hospital, a United States senator introduced an amendment to limit community mental-health funding. Public funding for mental health continues to lag far behind almost any other significant health problem: in the U.S. \$14 per patient is spent on mental ill-

ness, compared to \$130 on heart disease, and \$1,000 on muscular dystrophy.

This is understandable considering the message sailing through the media: that mental illness is something to fear, that it is a moral weakness and that it is something that always affects *other* people.

Advocates for mental illness have had no Jerry Lewis telethon, and prominent people with some personal stake in the issue — such as Nobel Laureate Michael Smith, journalists John Bentley Mays and Helen Hutchison — are only just beginning to speak out.

Given all this, it's not surprising when people recovering from a mental illness say that "the stigma is worse than the disease", or when neighbourhoods continue to block group home proposals.

Media Madness shows that we cannot simply label this unfortunate reality as a failure in social policy. As long as these images continue to sell movies, TV advertising, and newspapers, the deepest problem will continue. Our real failure is one of empathy.

Eric Macnaughton works in the mental health field in Vancouver. He has an identical twin brother with a mental illness, who also is a husband, father and professional violinist.



BookWorm

The Erotic Mind

by Jack Morin, Ph.D.

Harpercollins, 1995

Reviewed by Andrew Feldmar

Morin is a psychotherapist and sex therapist in the San Francisco Bay area and has been for two decades. Normally, the above information would activate all my prejudices and I would read no further: I'd put the book back on the shelf and continue my search for something worthwhile to read. But this is not a nuts-and-bolts how-to book, it's actually a serious exploration of certain neglected aspects of Eros, such as arousal. The reader is invited to participate in the project of the book by filling out Morin's Sexual Excitement Survey. Part I

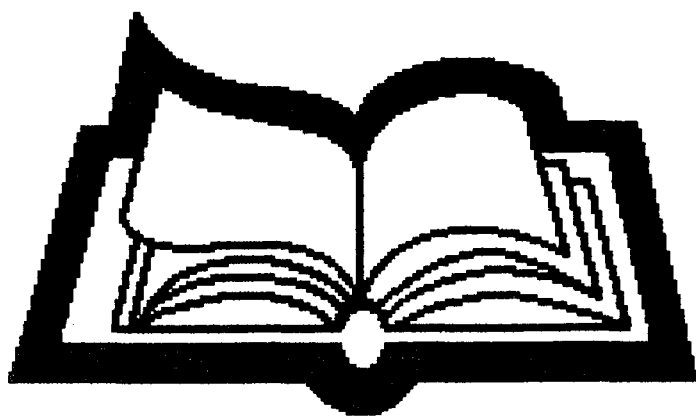
asks you to describe an exciting sexual encounter, one of the most arousing of your entire life. Then you are asked to think about what made this encounter so exciting. Part II gets you to consider your sexual fantasies. You can mail your responses to Morin or just keep them around and discover that you are not as strange or perverse as you might have feared. What the book asks of you is honesty and the courage it takes to speak of the normally unspeakable. Morin's research shows that in these realms there are no major differences between hetero-

and homo-sexual men and women.

The book is dedicated "To the men and women who revealed their erotic secrets so that others might be inspired to explore their own". The analysis is qualitative, with long verbatim quotations from respondents answers, rather than quantitative in the manner of the first Kinsey Report, for instance, which told you that the average length of time the American male spent with his penis inside a woman — from putting it in to taking it out — was two-and-a-half minutes!

We are motivated to lie, even to ourselves, when we don't think our truths are good enough. So it is fundamental to realize that desiring is not in itself doing anyone any harm. Laing expressed this well in an interview: "I've got a general philosophy of harmlessness. I think it's a good idea that other people don't do me any harm. I don't like people doing other people in, against their will, in a really vicious, nasty way, for sheer spite, malice or self-indulgence. I don't like that happening, whether it's men and women, women and women, men and men. Nothing to do with sex, that. It's a general idea of live and let live. If we wish to turn our sex life into a Genet-ian scene by consent, dramatizing between ourselves some sort of delight or pleasure, by together making our

(Continued on page 15)



Living with A Mental Illness

by Terry Levesque

I am adjusting to the fact of having a mental illness. It has been with me for a long time and I believe that although it may get better it will not go away. So I have to live with it. There are times (not many) when my paranoia and my schizophrenia are severe and I have been hospitalized during these times. This is not a pleasant experience and it is very stressful. At such times I seem to regress in my state of mind and am not able to function in a normal rational manner. Being calm, rational and clear thinking is my normal state. It is very distressing when my mental illness gets the upper hand. I am sure that other people who have this same mental illness will know what I am talking about.

I am dealing with this illness with support and professional help. I could not do it on my own. One of the drawbacks is that I am unable to hold down a full-time job. This causes me some worry as I know that other people are working while I am not. As I like to write, I concentrate on my writing and this helps me in feeling like I am doing something that is a normal activity.

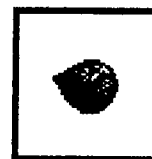
Since becoming a member of the M.P.A. , I have been given subsidized housing and this has helped me both financially and emotionally. It has lessened

the worry of how to support myself while at the same time, it has given me the security I need. I am not out on the street like so many others. Living with other people that have a mental illness has also helped me adjust and understand my condition. I am, at present, doing well and am still being given support and a subsidy.

Just recently, in July, I, along with seven other members, moved from my lodgings at Linden Hall. Linden Hall was sold and is no longer one of the M.P.A. houses. I was there for four years and was quite happy there. I got along well with the other tenants and there was no fighting or arguments. I was able to handle the moving situation with only a little stress and anxiety. Everyone who was moving was able to find an apartment to live in. If, however, I was in a bad state of mind or was in the middle of a crisis, I would not have been able to handle the moving from one place to the other without again breaking down. We all did fine.

Mental illness is a long-term problem. We need support and understanding. We should not feel isolated and alone with our condition. We should not feel that we are outcasts in this society and we should be able to get recognition of the fact that we have a mental illness. Hopefully, my own

condition may improve with time. At present, it is not bad. Although I do have a mental illness, It will not and should not stop me from living a full and happy life. I live with it and recognize it for what it is. That is the best that I can do.



Art or Disease

Today, it is true, our taste has become so uncertain that often we no longer know if a thing is art or disease.

Carl Jung

Life on the Street

(Continued from page 6)

towels plugged into door cracks soon brought the worlds to a speedy conclusion.

Sometimes, at night, when we were on the street, kicking the can or just shooting the breeze, you could catch the strange mix-

ture of perfumes from the Downtown Eastside. Tar and oakum smells from the docks, cooking smells of cabbage and onions, fried potatoes, sour beer smells, and yes, sometimes that foul, sweet, sickly and deadly smell of

an open gas jet hissing in the darkness.



Advocacy on the Mind

(Continued from page 10)

Martin says the Health Board is determined to give consumers a greater voice. On the committee McGillicuddy chairs, nine of 14 members have mental illnesses and have taken broadsides from those who feel threatened.

"There are some in the community who think there are too many consumers on the committee to meet the responsibilities of the job," McGillicuddy says cautiously.

The health board changes, based on the closer-to-home model, will re-align services and relocate offices and are causing great anxiety among the mentally ill and those who provide care.

Says Martin: "Paul is a very responsible person in the middle of all this. He doesn't get taken up with the hysterical."

The Vancouver-Richmond Health Board allocated

\$1.25 million this year for programs to better respond to the needs of the mentally ill.

McGillicuddy's committee will select the best proposals. The most pressing issues? Poverty, housing, consumer involvement, access to services and employment and education.

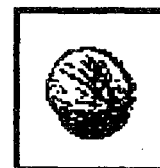
"Poverty," he says, "is a real problem for people with mental illnesses." With about 80 per cent unemployed and many unemployable, welfare is their only means of support.

Classified as disabled, McGillicuddy himself receives \$771 monthly from social services. Of that, \$325 goes to housing and \$446 for food and everything else. He blows a lot of that on cigarettes. So he does chores at the Kettle Friendship Society for a free lunch — often his only meal in a day.

For three years, he shared an eight-by-ten hotel room with mice and cockroaches, the bathroom with junkies and drunks. In July he landed a subsidized bachelor suite. The best part? He has his own toilet: "These are things most people take for granted, but having a toilet is a real luxury to me."

There are about 1,000 people with mental illness on three-to-six year waiting lists for subsidized housing in the Lower Mainland. One man spent most of his adult life in psychiatric hospitals or jails. Three years ago, he got a subsidized apartment. He hasn't had a psychotic episode since.

McGillicuddy wants more people to have that chance. Driving him is the likelihood that one or both of his sons will also develop mental illness.



Bookworm

(Continued from page 12)

bodies the occasion of some Absurd or Surrealist Theatre — then I don't feel any desire to stop anyone doing that. And if I feel like doing that, I don't feel like anyone's got a right to stop me doing that with someone else who feels like doing that with me. But not damaging another human being for the sake of pleasure and the power there is in being able to damage, the pleasure in being able to harm..." Erotica celebrates

equals-in-pleasure, sharing, while pornography demands exploitation of some kind, it degrades, turns people into objects. Morin's book is frolicking erotica.

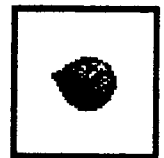
Some quotes from the Table of Contents: "Unforgettable turn-ons are windows into your erotic mind", "The universal challenges of early life provide the building blocks for adult arousal", "Erotic scripts can wreak havoc by drawing you into unworkable

repetitions", "When low self-esteem fuses with high arousal, the results are the most destructive of all turn-ons", and "Flames of passion are fueled by a mixture of attractions and obstacles to overcome. The last observation leads Morin to the core of his book, the Erotic Equation:

ATTRACTION + OBSTACLES = EXCITEMENT.

Notice that SATISFACTION is nowhere in the equation, but then that is not Morin's concern...He is researching peak erotic experiences.

Read it if you dare!



Consensus Statement on Mental Health Reform

(Continued from page 1)

one that fosters dependence on stigmatizing institutional response to mental illness.

Another key element of the solution supported through the Reform Initiative, is ensuring that all of the components of effective community support are in place. People with mental illness, like all, need decent housing, and they need a chance to be educated and to work like anyone else. They need the security of an income assistance safety net when they are unable to work because of their illness. People with mental illness need to participate in and contribute to a caring community.

These are some of the basic necessities that can help keep people out of hospital, and which support them to lead their lives: as parents, as workers, as citizens. And at those times when an illness seriously disrupts their lives, people want a safe, accessible and responsive place to go, whether in the middle of the day or the middle of the night.

At the same time, we have to use the resources we do have in the most cost-effective manner possible, continuing to reallocate resources from expensive institutions to effective community-focused care; moving towards a bal-

ance distribution of resources; and having partners in the mental health system work collaboratively to make the best use of finite dollars and energy.

It is said that as a society, we are judged by our response to our most vulnerable citizens. This means the community as a whole has a part to play in providing support, and in recognizing and drawing out the potential in all of us, including those of us with a mental illness.



Bulletin Board

Mothers in Transition Support Group

Mothers who have lost custody of their offspring due to mental illness can meet other Moms of like mind and situation for coffee meetings.

We share experiences and interests. We hope in unison to lessen the burden of living without our offspring. We create friendships.

We meet one-to-one with Dawn and as a group.

For more information call dawn at 871-0151 and/or leave a message.

“Moments”

“Moments”, is a collection of stories by consumers in B.C. about special experiences in their life journey while working towards mental health. It is available through the Canadian Mental Health Association, B.C. Division, 405-611 Alexander St. Vancouver B.C., V6A 1E1, Ph. (604)254-3211

Mental Health Information Line

For free, 24-hour, confidential information on mental illnesses contact the Mental Health Information Line at 1-800-661-2121. In the Lower Mainland, dial 669-7600.

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.



