Spring 1999

In A NutShell

A Publication of the **MENTAL PATIENTS' ASSOCIATION**

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Cover Drawing: by Reinhart

'In A NutShell' is a publication of the Mental Patients' Association, #202-1675 W. 4th Ave., Vancouver, B.C., V6J 1L8, (604) 738-2811. The MPA is a non-profit organization that offers a variety of programs in HOUSING, VOCATIONAL, RECREATIONAL, and SOCIAL ACTIVITIES for former mental patients. For more information on any the above programs or housing waiting lists, please phone the office at 738-2811.
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A Model Consent Form for Psychiatric Drug Treatment

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1. Introduction

The model consent form which appears below was first developed in 1991. It was included in a package of information and advocacy material that David Cohen prepared for a group of current and ex-psychiatric patients attending his workshops on psychiatric drugs. The purpose of the form was to summarize, from a critical perspective, some information about psychiatric drugs and the context of their prescription which might make prospective consumers more knowledgeable. Most of the patients and ex-patients who read it said that not a single point mentioned on the form was ever discussed with them by their prescribing doctor.

The original version was written in an ironic tone, to make an entertaining read while trying to impart scientifically valid information. Over the years, as it included recent evidence, as colleagues asked to use it in their own practice, and as others suggested ways to modify it, the tone became more factual. Traces of irony probably remain but we do not intend any belittling of drug prescribers or drug users.

Typically, consent forms used in many helping interventions (medical or otherwise) serve to protect professionals, not inform and empower clients to make intelligent decisions about their own fate and well-being. If it seeks to achieve the latter goal, we believe that informed consent for psychiatric treatment should contain the following elements:

— a statement to the effect that the biomedical status of what is to be treated is uncertain, even speculative;

— unbiased, up-to-date information concerning treatment options, including of course strictly psychological forms of treatment;

— realistic and comprehensible information concerning the somatic and psychological effects of drug use and drug withdrawal, both in the short run and the long run.

We are inclined to think that no one who was so informed would consent. Of course, this is an exceedingly complex question. It would be greatly simplified if psychiatry and clinical psychopharmacology rested on rigorous research and valid findings, showed genuine concern for the patient's or subject's best interests, and operated in a mental health system designed to meet patients' or clients' needs. We have argued elsewhere in detail that this is not the case [1-3]. If our analysis has any validity,

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no consent form will do. Nevertheless, therapists, clinicians, or researchers must obviously make a sincere effort to convey the risks the drawbacks, the unknowns of psychiatric drug treatment — even if many prospective patients might understandably recoil.

2. A model consent form for psychiatric drug treatment

I, the undersigned, understand that I am about to be prescribed one or more drugs by Dr. _____. The drug(s) I am to be prescribed is (are) the following: _____.

I understand that a DSM-IV diagnostic label has been assigned to me, based on my doctor's (and perhaps also other people's) subjective judgment of my speech, manner, and behaviour during our meeting which lasted approximately _____ minutes. I am aware that I will never be able to remove this diagnosis, or any other that will be added in the future, from my medical record.

I understand that although my doctor says that I am sick or that I have a treatable illness or disease, he or she is just using a figure of speech and cannot establish, with any test or procedure known to medical science that I in fact "have" the "illness" implied by the diagnostic label. Indeed, I realize that although medical opinion may now hold that a "chemical imbalance" or a "brain abnormality" or some physical problem "underlies" or "produces" my distress or suffering, I am aware that no objective information (through lab tests, scans, etc.) concerning that state of my body has been obtained in order to arrive at a DSM-IV diagnosis. If by chance such information has been obtained for that purpose, I understand that it played no role whatsoever in fulfilling any criteria for the DSM-IV diagnosis or diagnoses that I have been given by my physician — except perhaps for diagnoses related to drug-induced disorders such as tardive dyskinesia.

I have been informed that the drug or drugs which my doctor is prescribing cannot cure whatever "illness" or "chemical imbalance" medical opinion might believe I have, but only affect symptoms of my distress or suffering.

I understand that the drug I am about to take cannot restore any of my physical or psychological functions "back to normal". Rather, the drug is expected to produce many new mental and physical symptoms, which might help make my original complaints seem less disturbing for a while.

I understand that it is exceedingly difficult to determine what is brought about (both desired and unwanted) by a psychoactive drug which has wide and diverse effects on the brain and other organ systems. I further understand that the problem of how to accomplish this adequately is a controversial issue within psychiatry and the Food and Drug Administration (FDA).

I realize that FDA approval of the drug I am about to take as based upon very short-term studies (usually 6 to 8 weeks) which are designed, paid for, and supervised by the drug's manufacturer. I further realize that the FDA does not require or expect that all of a drug's adverse effects will be known prior to marketing and prior to lengthy exposure of ordinary patients to that drug. I am also aware that the FDA's knowledge about the drug's adverse effects after marketing comes mostly from spontaneous physician reports, even though the FDA itself recognizes that these reports are just "the tip of the iceberg" of the probable true frequency of adverse effects. I know that wording in the package insert and in the *Physician's Desk Reference* is the outcome of a complex negotiation between the manufacturer and the FDA. I also realize that it sometimes occurs that the FDA belatedly learns that the manufacturer did not

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fully disclose what it actually knows about a drug's adverse effects. Finally, I understand that despite FDA approval for psychiatric drugs being granted on the basis of short-term studies, the long-term effects of continuing drug use is not systematically studies by any responsible organization or government agency.

If I am consenting to take the drug as part of a research study, I understand that the researcher's primary interest and loyalty is not to me as a patient, not to my personal interests or welfare.

I understand that the "needs of the research project" come before and have priority over my own personal needs. I understand that the drug will have a wide range of effects on my brain, body, consciousness, emotions, and actions. My sleep, my memory, my judgment, my coordination, my stamina, my sexuality are likely to be affected. I understand in particular that the effects of a psychoactive drug may undermine my ability to monitor and report upon just how the drug has affected me, even impaired me, perhaps in a dangerous direction (judgment, social perception, impulse control, etc.). I further understand that what to do to protect me, as a patient or subject, against this possibility is a basically unanswered problem in psychiatric drug treatment and research.

I understand that effects that have a 1 in 100 chance of occurring are actually considered "frequent" effects that should be mentioned to an adult, prospective patient like myself. My doctor (or the researcher) has specifically advised me that the following toxic or adverse reactions may occur, and has provided these estimates of the frequency of their occurrence in patients like myself: _____ . I understand that I may experience an adverse effect which might then abate after a few days or weeks. This will usually mean that my body has developed a tolerance to the drug's presence, not that the effect will never bother me again in the future.

I understand that if I inform my doctor of the occurrence of adverse effects, he or she will have five basic options: (1) cease the drug, (2) decrease the dose, (3) increase the dose, (4) switch to another drug, (5) add another drug. I understand that no rules exist to determine which option is best to follow in individual cases, and it is likely that several options will be followed simultaneously. I also understand that most doctors are not likely to report to the FDA any adverse effect they suspect or have observed, contributing to the generally inadequate picture of a drug's true impact on patients like myself.

I have been informed, if I am prescribed a neuroleptic drug such as Haldol or Risperdal[1] and if I take it regularly for a few years, that I have at least a 30% chance over the next five years of developing tardive dyskinesia, a possibly irreversible disorder characterized by abnormal involuntary movements of my face or other body parts. I have been informed that I may also suffer from other acute or chronic movement problems, such as Parkinsonism, akathisia, and dystonia, and their associated unpleasant mental states.

I have been informed, if I am prescribed a tranquilizer like Xanax or Klonopin and I take it regularly for more than three or four weeks, that I run the risk of becoming physically dependent on it. I will then have a good chance of experiencing "rebound" insomnia and anxiety, and many other unpleasant sensations, when I try stopping the drug, or even while I continue to take it. I understand that these drugs are not effective anti-anxiety or sleep-inducing agents after a few weeks of use. I realize that some people are unable to withdraw and must therefore permanently endure the consequences of daily use.

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[1]Editorial Note: The trade names included here are used by the author as examples of names likely to be familiar to patients: they are not presented as indicative of any particular risk attaching to these drugs.

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I have been informed, if I am prescribed lithium, that I do not have a "lack" of lithium in my body, nor can such "lack" be demonstrated by any existing test. I understand that the blood tests that I will undergo regularly will be for the sole purpose of determining just how much lithium has been introduced in my bloodstream and whether this could produce toxic symptoms, since, as a result of the mental dullness that lithium is expected to produce, I will be in no position to recognize some of these toxic symptoms.

I understand that the drug is likely to provoke various unpleasant effects when I stop taking it, especially if I stop too suddenly. I understand that although withdrawal reactions are systematically ignored in psychiatric drug treatment or research, they might represent the worst part of my whole drug-taking episode. I understand further that these reactions will often closely resemble the original symptoms for which the drug was first prescribed to me, and are likely to be taken for a return of these symptoms (a "relapse"), rather than for withdrawal effects. I realize that my doctor, or the researcher, is likely to interpret these reactions as a sign that my "illness" is chronic and that my drug is "effective".

I also understand that once I have been taking drugs for months or years, I will have much difficulty finding a health professional to assist me in withdrawing prudently and safely from the drugs, if I so wish.

Having understood the above, I realize that the drug treatment may cause severe pain or discomfort, worsen my existing problems significantly, or even damage me permanently. However, most doctors or experts will never formally or informally acknowledge that the drug harmed me in this manner. I will have practically no chance of proving that the drug caused my damage and obtaining compensation for me.

I understand that no body of research clearly shows that the problems indicated by my diagnosis or diagnoses require or respond more favorably to drug treatment than to one or more forms of non-drug treatment. It is obvious to me that non-drug treatment would enable me to completely avoid whatever dangers or risks are associated with taking the drug or drugs I am agreeing to take. My doctor (or the researcher) has make it clear to me that existing evidence does not indicate that it is in my best interest to choose drug treatment as a first recourse. I am choosing to be treated with *(write in the name of the drug or drugs)* for the following reasons *(provide ample space; this section must be filled in by the patient or subject)*:

_____

Signed: _____

References:

[1] D. Cohen, A critique of the use of neuroleptic drugs in psychiatry, in *From Placebo to Panacea: Putting Psychiatric Drugs to the Test*, S Fisher and S Greenberg, eds, John Wiley, New York, 1997, pp. 173-228.

[2] D.H. Jacobs, Psychiatric drugging: forty years of pseudo-science, self-interest, and indifference to harm, *Journal of Mind and Behavior* **16** (1995), 421-470.

[3] M. McCubbin and D. Cohen. Extremely unbalanced interest divergencer and power disparity between clients and psychiatry *International Journal of Law and Psychiatry* **19** (1996), 1-25.

Branches Over the Wall

Mind vs. Brain

by Dennis Strashok

With the triumph of modern science and modern medicine has come a materialistic, analytical, and supposedly rational view of the world in which we live and also of ourselves and our own make-up. Science would purport that human beings can be dissected into their various parts and that we are only a product of evolution and the working of those various parts. With this viewpoint has come an intense interest in the brain as the seat of human consciousness and as one of the frontiers of research. The problem with this approach is that when we give all this power to the physiological entity called brain and do not realize that metaphysical mind is so much more than just the physiological brain, we are led to a dehumanizing mechanical view of our own natures. This results in many abuses, such as the ones we see being perpetrated by modern psychiatry, in the name of science.

I was reading the book "The Society of Mind" by Marvin Minsky, an expert on artificial intelligence. In it he attempted to prove that every thought process within the human mind can be broken down into sub-processes that would revolve around simple yes-no, on-off binaries such as found in computers. I was finding the book interesting , informative and stimulating because of my interest in computers, and although I didn't necessarily agree with his central thesis, I was willing to read on. Then I came to a part where Minsky discusses the idea of 'soul'. In a complete non sequiter this highly respected, well-educated scientist and researcher stated "Everyone knows that a belief in the soul is just an excuse for your own mistakes." I couldn't fathom this connection and realized that it wasn't even an argument but simply a prejudiced, biased statement by a man who had an axe to grind, I immediately put down the book and never did finish it. If there is a bias in the scientific community it is towards the mechanistic view of humankind and human consciousness.

The ancients believed that the seat of human consciousness was not the brain, but the heart. As a matter of fact, in the Old Testament, the word for 'heart' could also be translated 'center'. The heart was really the center of the person. Reading the New Testament carefully, you also find that the mind was considered to be a part of and intimately joined to the heart, helping to make up the soul. I have found in my own experience and meditations that an optimum state can be reached when the heart and mind are joined and functioning as one, rather than as two separate entities. This could truly be called 'centering'.

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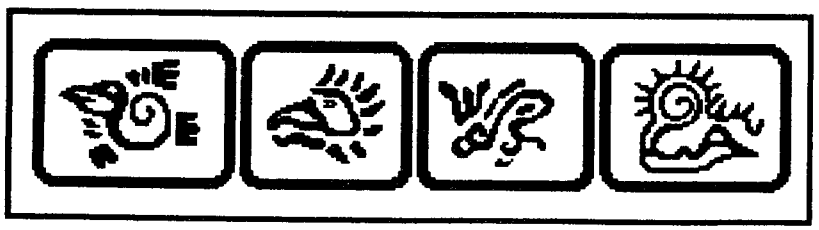
Minute Particulars

by Andrew Feldmar

There are more than three hundred different schools of psychotherapy. None has any greater proven clinical efficiency than the others. Adherence to a preconceived system promises salvation that lies in resemblance. The therapist seeks relief from solitude in invisibility. The cloak of dogma held in common with others provides institutional trappings, status, security one can depend on. The word **sceptic** derives from the Greek **skeptikos** meaning 'thoughtful', 'paying attention to'. Not belonging, not towing the politically correct party-line, questioning, in a word, thinking, exposes one to the danger of humiliation and shame. The danger is ultimate solitude, excommunication, abandonment. Often, it seems to me, in difficult situations, what is called for is **thoughtfulness.**

A.E. Housman wrote, "Three minutes' thought would suffice to find this out, but thought is irksome and three minutes is a long time." Why is thinking so irksome? Not long ago I led a workshop at Esalen Institute, near Big Sur, on the **Secret of Joy**. I wanted to explore Alice Walker's idea that **resistance** is the secret of joy. Resistance to domination, coercion and all forms of oppression, however subtle. I invited the participants to examine their own lives for the presence or absence of force or power **over** them and how that might castrate their capacity for enjoyment, beatitude, their own power **to** do as they pleased. Well, they told me that was no fun; they came and signed up to experience joy, not to think about it. They were hoping I would lead them to joy, teach them techniques of ecstasy.

Two weeks ago, some 35 people gathered in my office to discuss some of R.D. Laing's unpublished writings on **The Challenge of Love**. We put aside six hours to do this. By the end of the second hour there was considerable tension in the room. People were objecting to too much thinking, too many ideas, not enough room for feelings, emotions, why aren't we doing the loving, why talk about it?



Pyrrho, a Greek, lived around 300 B.C. He practised a kind of philosophical therapy, as a way of life, leading to **ataraxia**, freedom from mental conflict. His aim was tranquility, but he realised that if it is seen as an aim then it becomes a good, an object of desire, and so, something to be striven for and compulsively thought about; this, of course, leads to conflict. Wittgenstein too, more recently, thought that his philosophical activity was a therapy: "The philosopher's treatment of a question is like the treatment of an illness." Heidegger wrote, "We are attempting to learn thinking. The way is long. We dare take only a few steps... To keep clear of prejudice, we must be ready and willing to listen. Such readiness allows us to surmount the boundaries in which all customary views are confined, and to reach more open territory."

I think that all children start out as sceptical thinkers. They speak their experience, they question others, they are not dogmatic. Thought and inquiry becomes dangerous when the adults shame and humiliate the child into silence, obedience and conformity. For an adult to remain open, to willingly listen to a child might mean entering into conversation. And that takes the courage of lions, as Alphonso Lingis points out: "To enter into conversation with another is to lay down one's arms and one's defenses; to throw

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UnderDog

by Jim Gifford

The place was our family home in New Westminster on the evening of March 6th, 1970. I was 21, just finishing my graduate year in Arts at the University of British Columbia.

Sitting in lotus position, shaven head and a skeletal 135 pounds, I was in heavenly bliss. Books were strewn in an arc around me, a potpourri of titles and topics. My brother and a friend were nearby in the livingroom, called by concerned persons who had noticed my behaviour and appearance as of late. I spoke:

I Am God

In Affinity with Infinity and Eternity

Je suis ici

Je suis la naissance de la sprit

Vive la vie

That night, my brother had me admitted to the Hospital. Sedated, I slept like a baby.

My mother and father returned from an Hawaiian holiday immediately. Weeks later I jokingly told dad 'it's all down hill from here'. I had no idea of the upward struggles ahead.

Unleashed energies of the dark side caused episodes of rage and turmoil. I had been completely opened up. My iceberg of unconscious powers had risen to the conscious level, creating a tidal wave of psychic force.

The iceberg has since been melted by the Light back into the ocean where my baptized spirit is no longer drowning. As the late Alan Watts wrote: 'Faith is not clinging to the rock; it's learning to swim.'

Love Is In Me; I Am In Love...

In the Spring of 1973, I set off on a pilgrimage to Scotland. Settled in Edinburgh, I made my way by bus to East Lothian: My destination was the village of Gifford with the intent of exploring the remains of Yester Castle known as Goblin Ha'.

The Castle had been built by the wizard Hugo de Gifford, Court Black Magician to the King of Scotland about 1200. After conversing with the caretaker, he agreed to take me to the estate.

We hiked to the countryside when we came upon a small structure, Goblin Ha', the main hall of the old castle. We hunched through tiny arches into a small room. The caretaker led me down a spiral staircase, leading the way with a candle. At the bottom was a pool known as Hope's Spring. I knelt, cupped water in my hands, drank deeply, and splashed my face, making a baptismal wish. An exhilarating burst of mystical energy pulsated in my blood and brain.

I returned to Vancouver full of guts and gusto. That Summer, during the Canada Games in New Westminster, I got into a battle with several soldiers. I was handcuffed and taken by the police to the City Jail for the night.

Sitting on the cold cement floor in the large cell, I was overwhelmed by a sense of freedom and solitude. I understood the experience of insight and vision that propelled men such as Gandhi and Malcolm X.

Mellower today, empowering vitality, focus and love guide me through the experiences in this 'School of Life' until graduation day.

May Master Time Be On My Side.

P.S. Today, I feel the unique and special quality of everyone and everything in th wonderful context of ordinariness, the commonality of life experience.

You Never Forget

by Sam Roddan

In the good old days (at one time), Downtown Eastside Vancouver was my home. In the 30s it was the East End and sometimes Skid Road. It was here my Dad held more than his own at the First United Mission at Gore and Hastings. In his parish I learned to put away childish things and actually become a 'man'.

While my Dad was busy preparing his sermon for Sunday up in his study overlooking the old Empress Theatre, I was down on the street poking around the alleys, watching the rubby-dubs, and trying to side-step the good and bad heading for home along Hastings.

For me, the spirit of Downtown Eastside has never vanished and I use the word 'spirit' advisably and in good conscience. In those days I lived in two worlds where I felt equally at home - one in the hard church pews of the Mission and the other in the traffic along Pender and Gore, Dunlevy and Jackson.

When I got a little 'older' Dad sent me on secret missions to spy out dives like the Rainier or the Arctic pubs and report back just what was going on down there in these dens of iniquity. Dad wanted fuel and facts for his sermons. And preferably the fuel and first hand accounts. But Dad always had advice for me such as "Don't linger, son... Never, never linger."

And so it came to pass, long before news hounds like Reg Jessup or Bob Bouchette or Jimmy Butterfield started to sniff around I was already there, albeit as a kind of fifth columnist for a mission church.

"Look for the good stories," Dad would say. "God knows we get enough about the bad ones. And remember in our dark streets there are many, many good people fighting to keep their heads above water, trying to do the right thing. Watch out for those, son. Let those other reporters tell about the evil and wicked."

Dad always carried a little black notebook. It was full of aphorisms, quotes from the Bible, ideas for sermons, names of people sick or dying, ones that needed a hamper or visit. He kept recipes for strange exotic dishes he had gleaned from his parishioners. But at the end of his notebook, he kept a long list of the 'houses of ill-repute' along Gore and Prior and Jackson that in those days pockmarked his parish. Sometimes at the close of a fiery sermon, against strong drink and the evils hiding in the dark streets, Dad would threaten to read out the list of such places at the end of his next Sunday sermon.

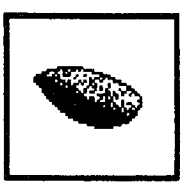
It was only natural that Dad's services were always packed with saints, sinners and curious off-duty detectives.

But all this was a long time ago and much water, extract, and rice wine has spilled out on the streets. I retired from teaching many years ago and live in Crescent Beach where my partner Huddy and I have raised our family. For the past four years, I have driven into the services on a Sunday morning to my Dad's old mission. The minister there now, Bob Smith, has been a saint and inspiration to me. And not once did I ever feel like a prodigal or even a stranger in my old home.

My driving is now seriously restricted, but I do get around. Bob Smith is no longer at the Mission and old, old friends have vanished. But the memory is strong. I work in my spare time for the Carnegie Newsletter and spend a lot of energy at my painting. In a recent work for the Newsletter, I did a sketch of those I know who are trapped in the prisons of concrete some like to call 'housing'. In a note to my painting, I wrote:

"It's hard to lift up your head, and heart, too, when imprisoned by concrete and steel. Only the very privileged can let their eyes sweep over the distant hills, daydream, play out new schemes for riches, luxuriate in a plethora of feelings. On the street, (if you are alive) there is no easy escape. Survival comes from toughness of flesh and bone, inspiration, character, genes, good luck, kinship of spirit, enduring love of self, brothers sisters, comrades."

I think my Dad, at long last, might have said... "Amen...Amen."



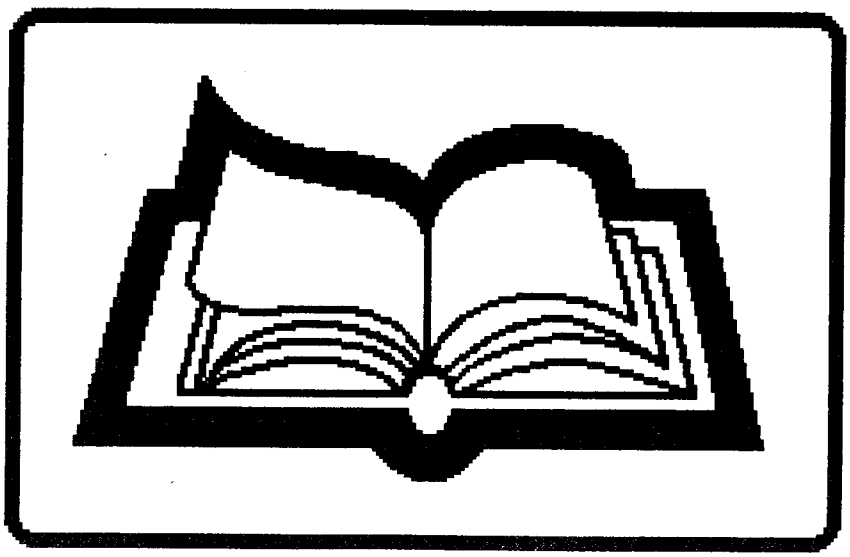
BookWorm

The Reader

by Bernhard Schlink
Vintage, 1998
Reviewed by Andrew Feldmar

This is one of the best novels I have read during the past few years. I found it riveting, thought-provoking, moving and transformative. Like any important life experience, this novel will leave you altered. This is why, perhaps, a friend said that he would get really angry with Schlink if he simply invented the story. My friend hoped that the story comes from Schlink's real life experience, that **The Reader** is really autobiography. It's one thing to be deeply moved by the truth, by life, and quite another by an invention, by a lie, by someone's mesmerizing words. I am not sure that I care. A good parable can have its way with me anytime. George Steiner, a Jewish intellectual, wrote of this novel, "A masterly work...The reviewer's sole and privileged function is to say as loudly as he is able, 'Read this' and 'Read it again.'" Now, Schlink is a professor of law at the University of Berlin and a practicing judge, and his novel takes place in postwar Germany. My 92-year-old stepmother, whose family was exterminated in Auschwitz, said to me after finishing this novel, "I was surprised to feel sympathy for the concentration-camp guard!"

The novel is divided into three parts. Part One is a sort of **In Praise of Older Women**. The narrator, Michael Berg, when 15, falls in love with Hanna, a woman more than twice his age. They become lovers and inseparable friends. Every day they find the time to shower together, to make love, then relax in each other's arms, and then for Michael to read aloud for Hanna. This part of the novel is brilliantly erotic, hauntingly poetic and very romantic. Isaiah Berlin says about Romanticism that it is "the primitive, the untutored, it is youth, life, the exuberant sense of life of the natural man, but it is also pallor, fever, disease, decadence, the **maladie du siècle**, La Belle Dame Sans Merci, the Dance of Death, indeed Death itself". Part One is romantic in all of the ways listed above.



Part Two is a hideous trial of Germans by Germans. Postwar youth condemned their parents to shame, not only for what was done during the war, but also for tolerating the perpetrators in their midst after 1945. The problems seem similar to those South Africa has been facing recently, those addressed by the Truth and Reconciliation Commission.

Part Three explores the possibility of mercy and forgiveness. "The hour of justice is required by charity," states Emmanuel Levinas, one of the most important thinkers on ethics. "A justice," he continues, "always to be perfected against its own harshness."

I cannot say much more without giving away the plot with

(Continued on page 17)

Telephone
by Reinhart

I moved out.
First I went to get a telephone.

At the counter the girl said,
Have you had a phone before?
No.

You'll need another reference.
Are you employed?
No.

There's a 200 dollar deposit.
Do you have an income?
No.

You'll have to pay now.
Are you a student?
No.

You just carry books.
No.

She had black hair.
I asked for a black phone.
Private line,
Pushbutton,
Unlisted.

Thru the Wind

by Michelle D. Lazar

the wind is whistling
thru the trees of
Riverview land
they are free as they lap and stand
they surround the building of the walking dead
or if you prefer to say the wounded
I sit by the window in this hollow shell and wonder
how perplexing is this life now hell
I hear the wind blowing
I wish it would sink right thru me and carry me away
but on guard nurses and orderlies with
the keys for the insane
I didn't ask my mind to play such a trick on me
I feel apart and damaged my everything
my family now distrustful because
I have eclipsed into some form
of madness that shys them to their depths
I still feel that wind and O how she tosses west and east
since my calamity I can't separate from the beast

Vibrancy Within and Without

by Lidija Graorac

Entering one day into what for me is a sacred space, I saw "In A NutShell" placed on the windowsill with a note saying, "¥ou are Welcome to take one". Instantly I remembered a line from Hesse's "Steppen Wolf": Only for Nuts! As I usually do, I took a copy. Among the articles I read A Feldmar's review of Persky's book "Autobiography of a Tattoo", I was particularly struck by the comment that "Consciousness is a permanent trauma" perhaps because I had made a similar comment in my notes only the previous day. Freedom needs to be constantly created and continually struggled for. In other words, every moment is crucial and a challenge... Every moment is a chance of CONTACT.

I have a desire to transcend my personal world and look at it from a philosophical and religious stance. Then I feel that I am not alone. However, I find these philosophical and religious insights and perceptions essentially personal and intimate.

After living as a client and/or therapist for almost ten years, I have a dominant experience, a one thing above all others, which is well described by A. Miller: "It is not a homecoming since this home has never existed. It is a discovery of home", and I would add to that — home within the limits of my historical and physical body, therefore very tangible, perishable and definite.

I feel envious of a man who made his home under the Granville Bridge. Home without walls and (therefore) without doors, but with everything that a home has to have: a table with a lamp and dishes, a chair, bed, closet, even a bicycle. But there was no "outside" or "inside". Whatever was outside was inside! I didn't ask the man how living there was. And it really doesn't matter. Perhaps he might have been enlightened. He might have known that everything is Maya - an illusion. But, for myself, I don't want that. Not now, I'm scared of it!

Childhood fairy tales have been and are present in my life. There is, for instance, the tale of a princess under a curse deeply sleeping along with all the subjects of the Kingdom behind thick castle walls. Many years pass before the spell is broken by the courageous prince. The story ends with all of them living "happily ever after". For me this is a paradigm.

Is this sleeping and awakening a beginning and ending of a therapy? And under what conditions? So far my experience says that therapy has nothing to do with happiness. Moreover no one can nor will rescue me even though our western society encourages such reliance on external supports and dependencies. No one can be a (good) therapist in any relationship to those whom he needs.

In addition, if I want to be awakened (and be "happy ever after") I would need a brave prince to do this every morning and to keep me awake at every moment. This is a total reliance, in fact, in this relationship the prince becomes the cure like a drug. Indeed a Heroin(e) of the present day. Then, even the bravest prince of mine will be exhausted in a short time since carrying my own burden is not an easy task. In this context, this fairy tale seems like a never ending story "Which doesn't come from any choice but from despair". Dependence is inevitable in a choiceless situation. But in a situation of choice, any external source of dependence cannot be the answer.

Consequently, the point of this old tale, as many others, is significant not for my outside but for my inside world of emotion, where every little part of it creates a separate, live entity as in an infant, insane or dream world. If there is no ONE who gives wholeness (or holiness?), everything might fall apart.

So, if I want a "princess" (some analysts would say "self") to be conscious outside the nut

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Out of the Shadows

E. Fuller Torrey
John Wiley & Sons., New York. 1997
Reviewed by Ron Carten

Poverty, suicide, homelessness, violence, substance abuse, incarceration. "How big does the mental illness crisis have to be before there is a consensus that it is too big?" E. Fuller Torrey asks us this question in his recent book **Out of the Shadows.**

And Torrey believes the solution is near at hand. The answers he proposes consist of reorganization of government funding, confrontation with a meddlesome legal community, and an ideological battle against what was once known as mental hygiene but is now cloaked in the mantle of mental health for the masses.

The question of funding in **Out of the Shadows** does not closely touch the Canadian scene. This is an American book, but it provides food for thought. Where does the political will for helping people with mental illnesses go in an era of fiscal restraint? The answer south of the border is that it goes into deinstitutionalization, a trend that Torrey follows from its beginnings in the drug therapy revolution of the 1950's. What characterizes this trend is the dereliction of the individual states' responsibilities for mental health. The cost of mental health in the U.S. has progressively become a burden of their federal government. Torrey praises the Canadian health system for having avoided this problem. But all is not well, for in most other respects, including deinstitutionalization, the Canadian experience with mental illness mirrors the experience of the U.S. Hence, the interest of this book.

Torrey is not advocating a rollback of deinstitutionalization, which is what has been happening at Riverview Hospital for some time now, but he does support a wider use of controversial psychiatric-cum-legal devices such as conditional releases, guardianships, and outpatient committals. His goal is to get as many people with serious mental illnesses treated as is humanly possible. He defends the bio-medical model of mental illness, he defends the efficacy of psychiatric medication, and he is passionate about it.

Leaving aside the American funding problem, Torrey indicates two roadblocks thwarting a solution to the mental illness crisis, and the first is legal. "A large number of patients have been kidnapped," he claims "by a small number of lawyers to make a philosophical point on their behalf." Torrey lists a number of American judicial decisions that made involuntary committal much more difficult than it was in the past to underline his point that many patients are not getting the treatment that they may need. He provides a veritable litany of stories of individuals diagnosed with mental illness committing horrible acts of violence against their families and against total strangers. He does admit that alcohol and drug abuse far outweigh mental illness as a source of violence in our society, but he adamantly insists that, "The reality, however, is that there *is* an association between acts of violence and mental illness..." Here, he seems to run against the prevailing line in the mental health community that people with mental illness are no more violent than other members of society. So, who is right?

He invokes a paternalistic motive for treating people who cannot care for themselves, and perhaps it is here that the legal community is moved to defend a person's right to live any way they wish so long as no one is harmed. This legal defence of liberty is a hallowed tradition of the law; and considering the very imperfect nature of psychiatric medicine we must hope that the legal tradition will be maintained.

In fact, it is Torrey's failure to admit the very serious flaws in psychiatric treatment that leaves the reader with nagging misgivings about the book. To any consumer of mental health services, the tremors, the restlessness, the tardive dyskinesia, and the host of other side effects of psychiatric treatment are all too familiar and suggest that Torrey's legal solution, turning the clock back on criteria for involuntary committal, should be viewed with a very critical eye. The recent scandal at Quebec's Riviere des Prairies psychiatric hospital,

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The Benefits of Family Configuration Housing For Consumers of All Ages by Patricia Duncan, L.P.N., B.Sp.Ed.

The current subsidized housing crisis for mental health consumers demands close examination. It is a critical issue for men, women, and children. As a consumer-survivor, with twelve years experience in the mental health system, I have become very familiar with the impact of STIGMA and housing. The Concise Oxford Dictionary (8th ed.) definition of STIGMA is: a mark or sign of disgrace or discredit.

It is natural to assume that B.C. Housing Management Commission would be 'experts' in offering the most supportive subsidized housing. The reality about B.C.H.M.C. is that they only accept handicapped people who can manage their disability 100% of the time. Since mental illness has a tendency to be episodic, their policy is unrealistic and unfair. According to my first hand experience, B.C.H.M.C. building managers are highly critical of any sign of eccentricity, and are overeager to report to their tenants' health professionals: to the point of being both intolerant and abusive *causing ridicule and intolerance from other tenants.*

It is obvious that consumers have a much better chance at housing success, with such supportive agencies as: Coast Foundation; Mental Patients' Association; Kettle Friendship Society; Greater Vancouver Mental Health Services Society. These agencies are doing their best to house consumers in Vancouver. However, with the official downsizing of Riverview Hospital, over the next seven years, the issue of good housing for consumers, on a province-wide basis, is of daily growing concern.

The Federal Government withdrew their support for subsidized housing in the early nineties. Now consumers need to know how to go about lobbying the governments of cities and municipalities, to work with local real estate developers, to build apartments that ***always*** contain a certain number of subsidized units. This situation would help consumers to live comfortably near their extended families, friends, and mental health professionals and supporters. Throughout B.C., the Canadian Mental Health Association has branches, where consumers can gather and meet to decide on positive plans to encourage local real estate developers.

Stable shelter is always a specific consideration during discharge planning of any hospitalized consumer. Mental health professionals and consumers everywhere agree on this fact. I am a single mother whose only child is male. This makes it easy for me to see that housing is not a gender bias issue! The Kettle Friendship Society offers the option of **"family configuration housing,"** to their female consumers and their children. For my son and me, this has been a rejuvenating godsend!

In our case, for seven years, while I desperately struggled to comprehend the full impact of my mental illness, my son lived with his grandmother in Nanaimo. Being with her spared him the horrors of living with strangers in foster care. Emotional adjustments were required by all three of us. However, the emotional bond between my son and me remained strong, and I visited him as often as I could. Even when I was in the hospital, he always gave me touching mother's day cards. It was inspirational to read them during dark times.

At one point, my professional caregivers thought I would be a good candidate for a group home. Fortunately, these professionals sent me to Riverview where I was thoroughly screened and finally encouraged to go back to work. Empowered by this feedback, I actively took control of my life and vastly improved my circumstances. One of the most helpful people that I met was Dolly Mercredi at the Kettle Friendship Society Housing Department. Dolly was the first person to suggest 'family configuration" as an option for my son and me. After being on a Kettle housing waiting list for five years, I moved into a two bedroom townhouse with my son in 1998. We still enjoy our family roles of mother and son, even if he is now an adult!

To all community leaders, policy makers, and land developers, I now say, "Fear not! A model for good modern, subsidized housing already exists at 1600 East 8th Avenue in Vancouver.

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Vibrancy Within and Without

(Continued from page 12)

shell walls, and therefore awake all my dormant sleeping subjectives, I certainly need the courage of the "prince", courage to be. There is an old adage, "Si vis pacem, para bellum" (If you desire peace, prepare for war).

Additionally, there is a recognition of isolation and intense loneliness without any consolation or anchor. At some point it reaches the edge beyond which conscious knowledge cannot pass or give any certainty. Discovering that bitterness of fundamental loneliness involves Mourning, Grief and Sacrifice. Kierkegaard's notion of fear and trembling seems so close. In Genesis, this fallen world begins when Paradise is lost. Or, as M.V. Miller affirms, this fall from an original home is a kind of primal exile that every human has to survive. Then grief itself becomes healing, not something to be relieved from.

At the same time there is a recognition that "crown" and "kingdom" are a fantasy. Actually, a very dangerous fantasy which might justify living an inside world as an outside world within the family as well as in society. The extreme example is war itself which can be seen as a projection of internal conflict within the person(s) on to the physical reality of the world around.

Sometimes the only reconciliation between these two worlds is faith, which I find to be my greatest depth inside and my greatest doubt outside. And beyond this universal is my, and only my, world of experience which is not an illusion for me.

I believe that psychotherapy, beyond all its theory, is based on a sacred I and Thou relationship in which the person is taken very seriously and accepted in no other way than as a whole MULTIPLE, COMPLEX, DIALECTIC, LIVE, UNIQUE kaleidoscope of all of his emotional world, thereby very special and very present. He will not be treated in any other way however he tries. But he is allowed to try and even encouraged, for that is the only way to awake all sleeping domains, the dark side of the moon. Then he can choose - to be (there) or not to be (there). It is up to him this time. There shall not be the mercy or shelter (of illusion) offered, neither anything taken. Nothing but acceptance in a dialectic interaction with another (existence). This "heart" of the relationship, however, cannot be cognitive but rather is a living experience. I am thankful for existing Truth. Not only for my sake but for those who are still dependent on me and, I believe, for those that I am dependent on.

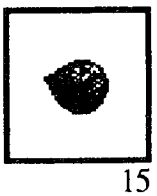
Born in former Yugoslavia, Lidija obtained a University degree in counselling and had training in individual group therapy. She worked with war victims and coordinated radio programs on various psychological and sociologocial issues. She hopes to find work in her field in her new life in Canada.

Minute Particulars

(Continued from page 6)

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 inculpation." In order not to make my parents angry or upset, I went into hiding. I learned to stop myself from asking questions, from expressing my opinion, from speaking carefully and accurately of my experience. Robert Lowell, in one of his last poems, asks, "Why not say what happened? Pray for the grace of accuracy." Takes courage and encouragement.

It takes some rigorous thinking to realize that whatever it is that I lost out on in my childhood, is gone, gone forever, gone irretrievably. No one will make up for it, no one can compensate me. Many won't think, many resist thinking and find those who do irksome, in order to avoid the grief and mourning that would be sure to come. "Heroism," said Neitzche, "is the making of one's world, rather than the domination of other people's lives." Who wants to think? Who wants to be a hero?



Branches Over the Wall

(Continued from page 5)

The dehumanizing aspect of modern psychiatry is related to this central issue, the difference between the mind and the brain. Psychiatry tries to retain its credibility as a medical science by purporting that mental problems and diseases are due to abnormalities within the brain. Yet the fact is that psychiatry, which is supposed to be dealing with the 'psyche' or soul does not even believe in the existence of the soul or the higher functioning of the metaphysical mind. When psychiatry points to brain chemistry as the ultimate answer to all problems, it refuses to recognize the fact that states of consciousness and awareness transcend mere biology although they can be reflected in our biological makeup. Even the data that supposedly proves the biomedical model is ambiguous and many times interpreted according to prior bias.

Many times I view mental patients as pioneers, pioneers in the spiritual realm. Many of them have been in altered states of consciousness that were once reserved only for mystics and recluses. My hope is that modern psychiatry, rather than negating and trying to destroy those experiences will truly become healers of the soul and help individuals to integrate their lives into that wholeness of being that comes when people are 'centered' and their souls and minds are free.

Laughs with Lewry

One psychiatrist had to cure a man who had a split personality.

When the man ate at a restaurant alone, he'd ask for separate checks.

Out of the Shadows Review

(Continued from page 13)

where up to 15% of patients, or inmates if you will, did not have mental illnesses, is enough for any thoughtful Canadian to demand both sides of the question when someone advocates augmenting the powers of psychiatrists.

Torrey leaves to the end of the book his rather interesting documentation of the mental hygiene movement, which flowered in the 1960's. He refers to Margaret Mead's advocacy of premarital sex, nudism, and legalization of LSD and mescalin. He cites the towering figure of Dr. Benjamin Spock, and his revolution in child-rearing. And to the dismay of some and the relief of others he decries the expansion of psychiatry into every nook and cranny of society. Such a trend in psychiatry he refers to as 'mental health.' But Torrey wants us to focus on 'mental illness.' 'Mental health,' he claims has been diverting vast amounts of potential research dollars away from the study of the major mental illnesses, which should be the primary focus of our attention. One of the prime reasons for this is the 'continuum' concept of mental illness, which 'politicalized' psychiatry and brought it into the movement for social reform. The result: $14 worth of research per year was spent on every person with schizophrenia while $300 was spent on every person with cancer, $1000 for muscular dystrophy, and $10,000 for AIDS.

While some of the facts in Torrey's book are disputable and some of his views may be difficult to accept, the reader must admit that there is much hard research in his work and that he makes some very incisive observations.

Family Configuration Housing

(Continued from page14)

Women and children, pets, couples, and singles are successfully integrated in one building for mental health consumers. Staff take great care to welcome all tenants to monthly meetings to discuss issues of community care, so that everybody benefits.

In her 1995 book entitled, **TOWARD EMPATHY**, Gisela Sartori explored access to Transition Houses for Psychiatrized Women for Health Canada. It was a great beginning as a discussion of temporary housing situations. 'Family configuration' housing is *longterm*, and should, therefore, be a major issue to be addressed. Women and their children in these situations benefit from stabilized family life with resulting good school performance. This promotes mental health. I commend the Housing Department at Kettle Friendship Society for the help that they have given to my son and me. In conclusion, I would like to share two poems that I have written to my son, reflecting our life's journey:

LIMITED VISION (AGE 1 Yr.)

With care, I chose
To have and keep you!
For days your birth
Wracked my body with pain:
Little different from the pain,
When your father
Walked out of my life!

Your small dimpled fists
Squeeze my fingers;
Clinging tightly for support,
You stand and walk!
Together, we move forward,
Unsteady, but enthusiastic!
Those big, dark eyes
Reflect my look of love.
We know the warmth
Of hugs and laughter;
Joy is sticky with peanut butter!
The limited vision of strangers,
Disturbs our reverie.
Malevolent eyes gleam,
In an otherwise charitable countenance.
Despising their ambiguous kindness;
I long to make their
Spiteful sneering go away.
"So you're an unwed mother!"
Is all they say.

UNLIMITED VISION (AGE 20 Yr.)

Rave on, my brave darling!
Portray the beauty of your soul!
Your intelligence is your wealth,
Your sensitivity is your strength,
Your knowledge is your protection!

You are both loving and loved!
Recognize, there are no limitations!
Celebrate your youth and freedom!
Decide your chosen destiny!
Our unseen bond is ***invincible***!

BookWorm

(Continued from page 9)

its breathtaking twists and turns. It seems to me that part of this story is that the telling of it is necessary for the well-being of the storyteller. The one who keeps her secrets, the one who stays in the dark, dies of isolation, dies, perhaps of shame. But he finds the courage to speak the unspeakable, to come into the light, to overcome shame and the fear of humiliation. He can thus re-connect and so he can live. During psychotherapy this issue often surfaces: Either make sure that you live in such a manner that you'll be able to tell your story without keeping any secrets or prepare to die of isolation. Connection heals, secrets are poisonous pathogens.

Jean Améry, a survivor of Auschwitz, who later committed suicide, attempts to express the deadly disconnection of those who have been tortured: "Whoever has succumbed to torture can no longer feel at home in the world. The shame of destruction cannot be erased. Trust in the world, which already collapsed in part at the first blow, but in the end, under torture, fully, will not be regained."

And what about the torturer?

Bulletin Board

Vancouver Mental Patients' Association (MPA) is pleased to announce their new program: Mental Health Empowerment Advocates Program (MHEAP). This program was previously associated with the B.C. Coalition of People with Disabilities for the past eight years. as of July 1, 1998, the MHEAP became a program of the Mental Patients' Asociation (MPA). This program specializes in helping people with a mental health disability apply for disability benefits either through the Ministry of Human Resources or Canada Pension Plan. We also assist Mental Health consumers with acccessing a range of benefits through the Ministry of Human Resources. The program consists of 5 full-time advocates, one advocate half-time, and a receptionist. The MHEAP is located at 1733 West 4th Ave. Our office hours are 9:30 - 12:00 and 1:00 - 4:30 Monday to Friday.

Riverview Patient Conference 1999
"Hope and Recovery"

Housing Forum Open to All
1:00 p.m., Friday, April 16th
Auditorium, Henry Esson Young Building
Riverview Hospital

Speakers: Ted Rowcliffe, Community Services Manager, MPA
Barry Niles, Executive Director, MPA
Nancy Hall, Provincial Mental Health Advocate
Jim Straingier, Acting Mayor of Coquitlam
Libby Davies, N.D.P. M.P., Vancouver East
Jim O'Day, B.C. Housing

Refreshments will be served

Bulletin Board

kickstART 2001: A Synopsis

by
Patricia Duncan, L.P.N., B. SP. ED.
Mental Health Consumer-Advocate

CONCEPT: ***A ground-breaking, week-long forum and festival; designed to showcase original creations by artists and performers with DISABILITIES, working in theater, music, film, dance, visual and literary arts---to promote and strengthen an artistic and cultural identity among Canadians with disabilities.***

We will usher in the millennium by bringing together Canadian and International artists, to meet and learn from each other, in **a unique forum structured to foster an interchange of ideas and energy.** The arts and culture community and the general public will be invited to participate **as barriers break and boundaries blur - with extraordinary results!!!!**

Organizational Support: The festival will be operated as the inaugural event of the **Society for Disability Arts and Culture**, a not-for-profit organization registered in British Columbia, with a Board of Directors and an Advisory Board.

Location: **Vancouver**, British Columbia - **Canada's most accessible city.** It is the only Canadian city that has both a large number of accessible hotel rooms, in a range of prices **and** an accessible transportation infrastructure. Vancouver is also known as "Festival City", with 18 professional and 25 community festivals - *who have offered to share their expertise.*

Model Program: A week-long Forum and Festival in Spring, 2001 in Vancouver. Canadian and international artists with disabilities will gather for workshops, classes and master-classes, panel discussions and debates, ***collaboration*** and ***performance*** or ***exhibit.*** The finale weekend to feature headline performances and exhibitions of group work created in workshops.

If you are interested in supporting *kickstART*: we need your help!!! Even if you cannot come to our organizing meetings, you can help with anything from a letter of support to donations of equipment, office space, volunteer time, expertise, money, etc. **Contact us!!!**

Telephone (message): (604) 714-1318
Email: kickstart2001@hotmail.com

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Also: ***Theater Terrific Spring Series*** (1999) for Details and Brochure ***Phone: 222-4020***

Bulletin Board

Alternative Healing

Health Action Natural Society supports natural healing methods for mental illness. Ph 1-888-432-4267. Their local address is #202-5262 Rumble St., Burnaby B.C.

Vancouver Women's Health Collective has peer counselling and makes referrals to support services, groups, and does advocacy work in health care reform. Their address is 219 - 1675 W. 8th Ave., Vancouver, V6J 1V2. Info by phoning (604) 736 -5262

Freedom of Choice in Health Care, B.C. Chapter can be reached by phoning (604) 685-7835

Tzu-Chi Institute for Complimentary and Alternative Medicine is at 715 W. 12th Ave., Vancouver, They do research; have a clinic, resource centre, and library . They can be reached by phoning (604) 875-4767.

Vancouver/Richmond Mental Health Network sponsors many self-help groups including a Women's circle. Their address is #109 - 96 E. Broadway, Vancouver, V5T 4N9 and the Director of the Network, Helen Turbett may be reached at 733-5570.

The Gaia Garden Herbal Apothecary at 2672 W. Broadway, Vancouver, V6K 2G3, can help with transition therapy for people with psychiatric problems going from orthodox medication to herbs. Their phone number is 734-4372.

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.