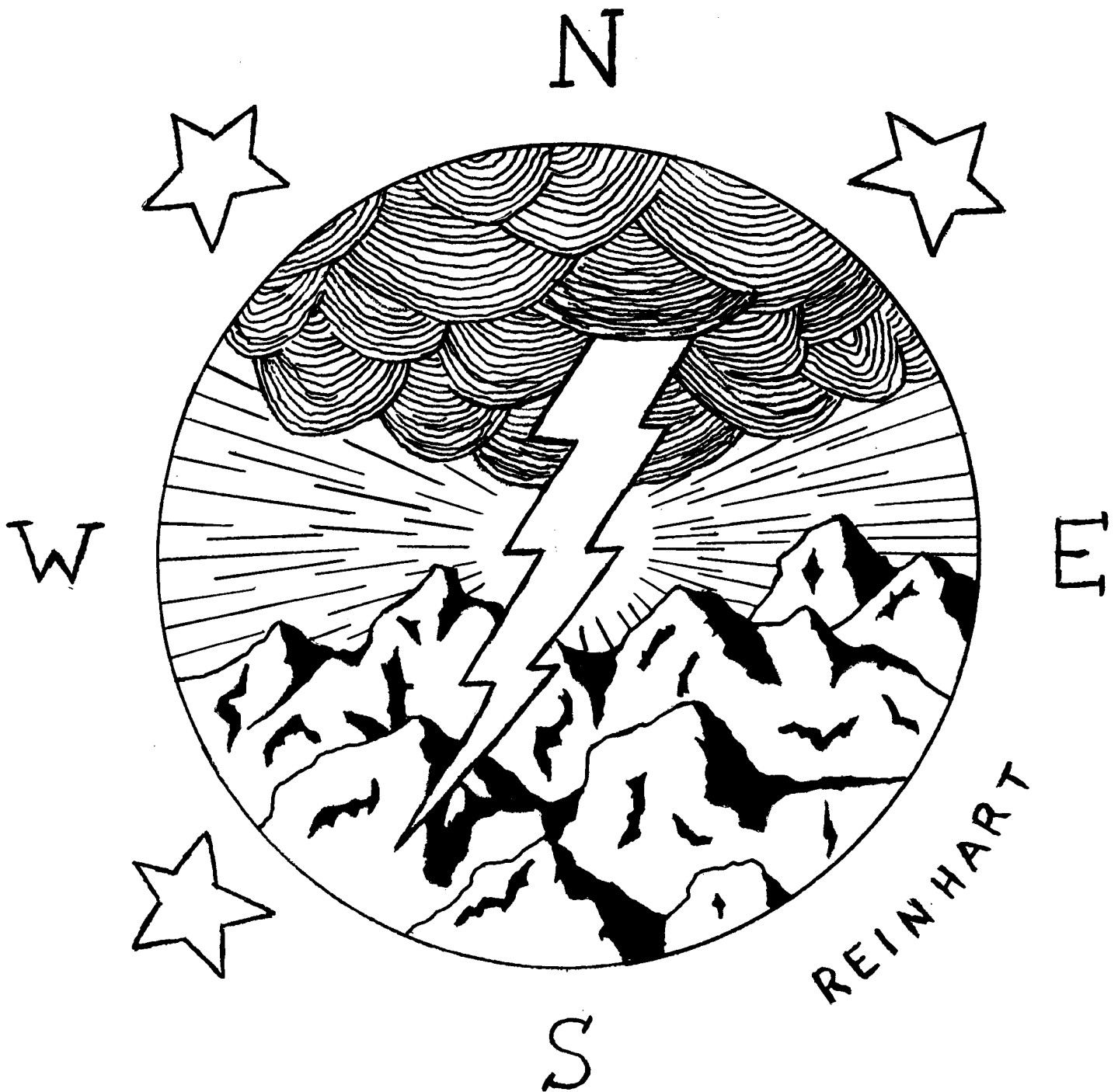


Summer, Fall-1999

In A NutShell

A Publication of the MENTAL PATIENTS' ASSOCIATION



In This Issue

Features:

Book Review of Thomas Szasz by Byron Fraser..... pgs. 1-5, 12-15
Interview with Robin Loxton by Ron Carten..... pgs. 16-18

Columns:

Minute Particulars by Andrew Feldmar..... pgs. 6, 19
UnderDog by Jim Gifford..... pg. 7
Bookworm by Andrew Feldmar..... pgs. 9, 19
Branches Over the Wall by D. Paul Strashokpg. 8

Story:

The Hound of Heaven by Sam Roddan pgs.11, 19

Poetry:

The Memory of My Gladness by Reinhart Pg. 10
poem4u by Reinhart pg. 10

Added Features:

Just for Laughs..... pg. 7
Bulletin Board pg. 20

Cover Drawing: by Reinhart

Do not abruptly stop psychiatric drugs! Most psychiatric drugs are powerful medications and should be withdrawn from gradually under the care of a physician.

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Book Review:

The Myth of Psychotherapy: Mental Healing As Religion, Rhetoric and Repression

by Thomas Szasz

– Reviewed by Byron Fraser

Most educated laymen and professionals have at least heard of Thomas Szasz and are either fully or vaguely aware of the fact that he is the author of the famous **Myth of Mental Illness** which first exposed the medical/disease model for interpreting abnormal thought and behavior as fatally flawed. Many do not know, however, that he is also the author of over 20 other works, dealing mainly with anti-psychiatry and other iconoclastic themes, virtually all of which display his characteristic brilliance and are of comparable value on their own terms. One of the best of these well worth reading is the follow-up volume, **The Myth of Psychotherapy**, wherein his identification of the errors inherent in the pervasive “metaphorization” of language, which began with his examination of the concept of “mental illness”, is logically extended to the realm of therapy (if there is no medical disease, there is, strictly speaking, no medical therapy either). However, while Szasz views what is called “psychotherapy” as a misnomer when it is postulated as a medical treatment, he does not deny what often passes for “therapy” — e.g., conversation, persuasion, suggestion, and rhetoric — may be helpful to an individual experiencing a spiritual crisis. He has been widely accused of “falling down” when it comes to the area of psychotherapy and treating or relieving the supposed suffering of the so-called “mentally ill” person. In fact, though, Szasz’s refusal to treat such a person as “sick” reflects his deep respect for the individual’s fundamental autonomy and humanity and his conviction that any corrective remedy lies in the realm of ethics, of efficacious thought and action in response to one’s environment, and not in medicinal treatments. In support of this view, at the beginning of **The Myth of Psychotherapy**, he quotes Joseph Conrad to the effect that, “Strictly speaking, the question is not how to get cured, but how to live”. This contrasts sharply with the “cruel compassion” of the biopsychiatrists with their dehumanizing objectifying of people via diagnostic labels and attempted mechanistic manipulations at the biochemical level. Speaking to the matter of this prevalent misconception about Szasz (in an interview with Seth Farber — p. 153 of **Madness, Heresy, and the Rumor of Angels: The Revolt Against the Mental Health System**) psychiatrist Ron Leiffer says:

“He is not a man who is oblivious or insensitive to suffering. It’s just that his values go beyond the so-called compassion which psychiatrists profess, but hypocritically”.

The dialogue continues a little further along:

Farber:... You can’t feel a sense of empathy with someone you’ve defined as a chronic schizophrenic, a schizotypal disorder...

Leiffer: Absolutely true...this claim that Szasz was indifferent to people’s suffering is a projection.

Farber:...what you have then, you have not compassion or empathy, but you have perhaps a sympathy

tinged with contempt or revulsion...

Leiffer: I think you have basically self-interested indifference to people.

Szasz seems to have been aware very early on of how "thought is creative" (and/or destructive) in a medical context. His fight against the imposition of the linguistic structure of pseudo-scientific diagnostic labelling reflected his intuition that this practice was a species of what Peter Breggin terms "other-determination" not conducive to health or personal autonomy. Moreover, he punctured the delusional belief which still drives the biopsychiatric faithful — viz., that, even though we have not yet isolated the causative factor behind so-called "mental illness", some day science will discover its biochemical root — by pointing out the epistemological/linguistic fallacy entailed in the assumption that, even if you could demonstrate correlations between biological occurrences and various mental states, this would in any way justify calling same "illness". Still we are faced with such ludicrous situations as the recent — 1991 — amending of Section 2 of the Canadian Criminal Code with the "innovation" which reads: "'mental disorder' means a **disease** of the mind".

As indicated above, Szasz sees **The Myth of Psychotherapy** as a necessary continuation in the process of demythologizing the psychiatric medicalization of abnormal states of consciousness and behavior. The key premise to keep in mind here is that, as he says, "Disease, I have argued, means, and should **only** mean, a disorder of the body. It is a term that should be used to refer to physiochemical events or processes — for example, genetic defects, invasions of the body by microorganisms, alterations in metabolism — manifesting themselves in functional or structural changes in the body...". Further: "...treatment means, and should mean, a physiochemical intervention in the structure and function of the body aimed at combating or curing disease. The term **psychotherapy**, insofar as it is used to refer to two or more people speaking and listening to each other, is therefore a misnomer, and a misleading category". Finally, for openers, "Like mental illness, psychotherapy is a metaphor and a myth".

Of course, modern biopsychiatric "treatments" via drugging and electroshock, etc., actually seem to be conforming to such standards by **pretending** to cure mental "diseases" at a physiochemical level. But this is, in reality, just a charade or "game". Because, as anyone who has ever been through a psychiatric assessment can readily attest, no examination is ever made of physical brain processes. In essence, supposed "disease" categories are conjured "out of thin air" and asserted to have a **literal** referent by means of **sheer bluff**, which is nothing more than theological authoritarianism. Describing the evolution of such thinking, Szasz writes:

"In the eighteenth and nineteenth centuries, when people spoke of the 'cure of souls', everyone knew that the diseases such cures were supposed to heal were spiritual, that the therapists were clerical, and the cures were metaphorical. Whereas today — with the soul securely displaced by the mind and the mind securely subsumed as a function of the brain — people speak of the 'cure of minds', and everyone knows that the diseases psychiatrists treat are basically similar to ordinary medical diseases, that the therapists who administer such treatment are physicians, and that the cures are the result of literal treatments."

The upshot of this supposedly "progressive" scientific obfuscation of personal problems as mental diseases is that the so-called "cure of souls" remains just as useful — and possibly more accurate — a metaphor, for understanding the essential enterprise under consideration, as any other. Szasz does not object to religion or the personal use of myth, per se, but rather sees his essential task as "...objecting

to the legal and political use of force and fraud concealed and justified by a mythology (which) is objecting to religious persecution”.

In the first three-part section of his book, Szasz illustrates his theme of “The Problem of Psychotherapy” by briefly tracing the development of the “cure of souls” from earliest antiquity to its modern manifestation in the metaphorization of medical treatment. He stresses that this has been, for the most part, an exercise in what was formerly known as **rhetoric**, but has recently donned the garb of pseudo-scientific jargon which, far from being an illuminating reduction of unique personal problems, is rather just another form of oppressive collectivism (not to be confused with genuine holism). Speaking to this point, he says “...science necessarily deals with the abstract and the universal, whereas rhetoric is always concerned with the particular and the individual”. More specifically, “We can thus see why the languages of psychiatry, psychoanalysis, and psychotherapy — as the ostensibly scientific languages of a science of man of the cure of mental diseases — are necessarily anti-individualistic, and hence threats to human freedom and dignity.” He goes on to make a distinction between base and noble rhetoric quoting the scholar, Richard Weaver, to the effect that the base rhetorician is “...always trying to keep (individuals) from the support which personal courage, noble associations, and divine philosophy provide a man”. Additionally, “As the base rhetorician uses language to increase his own power, to produce converts to his own cause, and to create loyal followers of his own person, so the noble rhetorician uses language to wean men from their inclination to depend on authority, to encourage them to think and speak clearly, and to teach them to be their own master”. According to this criterion, Szasz classifies Freud’s psychoanalysis as a species of “base rhetoric”, a subject which he treats in a later chapter. And, as an example of our ultimate “advance to barbarism”, he recounts how the leading British organic psychiatrist, William Sargent, as recently as 1971, fully convinced himself that he had gotten rid of a woman patient’s fixation with the “Holy Ghost” by simply surgically removing a large portion of her brain!

Expanding on his insight that psychotherapy is really religion, rhetoric, and repression masked by medical and scientific pretensions, Szasz writes: “...medical psychiatry is not merely indifferent to religion, it is implacably hostile to it. Herein lies one of the supreme ironies of modern psychotherapy: it is not merely a religion which pretends to be a science, it is a fake religion that seeks to destroy true religion”. Quoting John T. McNeill in his **History of the Cure of Souls**: “The ‘disorders’ of the soul are ‘sins’; the guide, or physician, of souls diagnoses the patient’s case in terms of sin, and applies the remedies in rebuke, counsel, and penance” (in other words, an **ethical** dispensation). “But”, says Szasz, “when the disorders of the soul are changed from sin to sickness and the psychiatrist displaces the priest as the physician of the soul, the patient’s case is diagnosed in terms of psychopathology; and the remedies now become constraint, electricity, and chemistry” (in other words, primarily physical/materialistic interventions often backed by coercion, which are nevertheless far from value-free, as it is sometimes claimed, but inevitably are accompanied by their own definite moralistic stigma). Rather than bemoan this state of affairs, Szasz proposes a renewed affirmation of the principle of separation of Church and State, with a dethroning of modern psychiatry in its status as an officially-sanctioned and accredited state-religion. Stripped, too, of its pseudo-medical sophistry, psychiatry should simply be allowed to stand or fall on its merits as just another means of voluntarily changing thought and action.

In his next section, Szasz overviews “The Precursors of Psychotherapy”, mainly in the 18th and 19th centuries, namely Franz Anton Mesmer, Johann Christian Heinroth, and the electro-therapists: Wilhelm Erb, Julius Wagner-Jauregg, plus the early Freud. With Mesmer we witness the birth of psychotherapy as a modern “medical technique” through “the literalized use of the leading scientific metaphor of his age” — i.e., magnetism. Szasz relates the fascinating details of Mesmer’s life, especially its most prominent phase from 1774 to 1784 when he went from instant fame and almost universal

acclaim to the ultimate status of a discredited charlatan. One of the most interesting insights to be culled from this study is where we see that Mesmer's early use of actual magnets was seen to be more intuitively compelling as a form of legitimate "therapy" by observers than his later postulate that he was manipulating the "universal fluid" by "animal magnetism" without magnets. Drawing parallels "of paramount importance for our understanding of electroshock therapy", Szasz says "Conversation cannot cure sick people, say the organic psychiatrists. But instead of proving that their patients...are really sick by demonstrating their lesions, they prove it by treating them with a real 'physical' method — electrically induced convulsions". Much the same can be said for the use of drugs, too, of course. I have personally witnessed how psychiatrists habitually seek to overcome their anxious insecurity about both their own diagnostic tools and the patient's unwanted thoughts and behavior by responding with an almost desperate obsessive compulsion to drug so as to somehow **prove** there is an "illness" and reassure themselves that they are, indeed, engaged in a medical enterprise.

In the life and work of Johann Christian Heinroth (1773-1843) we have the true birth of modern psychiatry and psychotherapy in the explicit transformation of the "cure of souls" into the "treatment of mental diseases". Here we find all the essential rudiments of what Szasz calls "...an ideology of intolerance, with beliefs in mental illness and the persecution of mental patients having replaced belief in witchcraft and the persecution of witches" which has continued right down to the present day. Heinroth was a veritable Grand Inquisitor who fully believed in "...our description of the nature of mental disturbances as originating from the Spirit of Evil". His "treatments" were an assortment of tortures which were actually more horrific than anything the Nazi Dr. Mengele is rumored to have done. The key distinguishing feature of the "disease" was supposedly "loss of freedom" in "the communion of the human soul with evil principles". And, as Szasz says, this "...view on the nature of mental illness thus neatly dovetails with his view on its management by depriving mental patients of their liberty and treating them as slaves". After recounting the grisly particulars, he concludes: "I can only marvel at how shamelessly contemporary psychiatrists continue to endorse the brutalities that Heinroth called 'psychotherapy'; at how Ellenburger even claims that 'one of Heinroth's main concerns (was) to abstain from any unnecessary or dangerous treatment'; at how repression by naked force, religion disguised as therapy, and rhetoric concealed as medical jargon continue to be extolled by modern psychiatrists as humanitarian treatments for mental diseases".

Szasz's discussion of the history of electrotherapy (which was the leading treatment for "nervous diseases" in the 19th century) is noteworthy for its many parallels with modern-day biopsychiatry. Here we have a dominant "therapy" backed up by a sophisticated and extensive supposedly "scientific" literature which ultimately came to be regarded as pure fakery dependent for whatever successes it had on nothing but mere suggestion. As well, we have the assumption of a materialistic component of alleged mental "diseases" without any evidential proof at the physical level. In those times, the talk was of imaginary "nutritive disturbances"; nowadays we hear about neurological deficiencies, "catecholamine metabolism", and "chemical imbalances", etc. And, as with modern biopsychiatrists, the electrotherapists were well aware of the fact that they were on shaky ground in terms of nosology (i.e., the truly scientific classification of diseases) but went ahead with their interventions nevertheless. Wilhelm Erb, electrotherapy's foremost proponent, says quite frankly: "These morbid processes vary greatly in character, but a feature common to all is that they must be regarded as so-called 'functional neuroses', i.e., diseases in which a gross anatomical lesion is not demonstratable by our present means of investigation". Again, in another place, speaking about "neurasthenia", he says: "...we are not justified in assuming an anatomical foundation". Summarizing the similarities between then and now, Szasz writes:

"Just as in Freud's youth, nervous patients were treated with electrotherapy, so mental patients are

now treated with chemotherapy. The fakery of these officially accepted methods was and is rendered well-nigh impenetrable for the average young doctor by the language in which these 'treatments' were and are couched; by their authoritative espousal by all the leading scientific, medical, and legal authorities; and, last but not least, by their avid acceptance by the patients and their families.

What was wrong with these 'nervous patients'? Many things. None of which, as I showed elsewhere, had anything to do with medicine or illness."

With respect to Freud's early references to electrotherapy, he states: "...Freud casually acknowledges that the use of electricity was simply a gimmick or fraud — an **imitation of treatment**" and he quotes him to the effect that this was "...my pretence treatment". Of course Freud thought he was getting away from the liability of such "suggestive" practices by developing his "analysis" and "interpretation" in an elaborate system which, arguably, was just as much another "castle in the air". He failed to heed his own insight with respect to his predecessor that "...I was soon driven to see that following these instructions was of no help whatever and that what I had taken as the epitome of exact observations was merely the construction of a phantasy".

Moving on to an examination of the psychoanalytic movement, we find that "This metamorphosis has been widely acclaimed in the modern world as an epoch-making scientific discovery. Alas, it is, in fact, only the clever and cynical destruction of the spirituality of man, and its replacement by a positivistic 'science of the mind'". From the beginning, Freud announces "his devout commitment to a materialist and reductionist psychology". In his **Project for a Scientific Psychology** he writes, "The intention of this project is to furnish a psychology which shall be a natural science: its aim, that is, is to represent psychical processes as quantitatively determined states of specifiable material particles". As Szasz correctly points out, "...that proposition...is epistemological nonsense" but it is easy enough to see that, despite many protestations that they have distanced themselves from psychoanalysis, this premise is still at the heart of modern biopsychiatry. Indeed Freud even postulates "impermeable neurones...which are the vehicles of memory and presumable, therefore, of psychical processes in general" — a notion which persisted down until recent times, when it was seemingly confirmed by the work of Wilder Penfield, only to be refuted and superseded by Karl Pribram who concluded that "memories were not localized at specific brain sites" (see especially the chapter "The Brain as Hologram" in Michael Talbot's **The Holographic Universe** — 1991). Szasz describes this as an example of "...Freud's characteristic method: the offering of scientific-sounding metaphors as the accounts of actual phenomena in the brains or minds of persons. The fact that Freud succeeded in establishing these metaphors widely as accounts of what really happens in the world is, of course, testimony to his powers as a rhetorician, rather than to the 'scientific validity' of his neurological and chemical fantasies."

Speaking more specifically to the "base rhetoric" aspect of psychoanalysis, he says: "...since sex was to be the foundation of his empire, he needed impressive and yet catchy phrases to describe certain patterns of sexual conflict". One of these, "...the Oedipus complex is the paradigm of their right to reinterpret mythology, religion, history, and personal conduct in such a way as to debase others, elevate themselves, and make their defamatory 'interpretations' seem factual because they are 'scientific' and acceptable because they are 'therapeutic'." But, with respect to sexuality in general, Szasz asserts that "Actually, Freud had an extremely limited grasp of the subject" and proceeds to substantiate this observation. Equally interesting are his comments on Freud's famous "discovery" that religion is "the universal obsessional neurosis of humanity". He writes: "His life work, he says, has been devoted to lowering religion from the 'upper floor' into the 'basement' — that is from inspiration to insanity".

(Continued on page 12)

Minute Particulars

by Andrew Feldmar

Empathy is defined as "the capacity for participating in or a vicarious experiencing of another's feeling, volitions, or ideas and sometimes another's movements to the point of executing bodily movements resembling his". Mimesis, mime and a bit of masochism is involved. Some may prefer to talk about "intuition", meaning simply "direct or immediate insight". Empathy, intuition are resonance phenomena, they are part of what constitutes connection between people.

Sadism is about the pleasure to be had in violence against or domination of another person. Parents who lack empathy cannot but become sadistic. This is true not just of parents but also of doctors, therapists, teachers, nurses, coaches and others in positions of caring.

Those with a burning curiosity regarding the wishes, feelings and thoughts of others and an interest in their well-being make the best caretakers. They would be highly

motivated to constantly cultivate their empathy or intuition without which one cannot be on the same page with another, cannot participate in a common life with another. When a mother, for instance, pushes a child toward independence, she denies him/her empathic resonance. Immediately the child feels alone, cut off. Not daring to challenge the mother's wisdom, the child will feel ashamed of all the fear, resistance, longing, and sense of incompetence that gets naturally triggered by the mother's premature separation. Lack of emphatic responding always results in feelings of humiliation and shame. This is so painful, not unlike a burn to the body, that the child will quickly learn to avoid the expression of emotion, the mother, and relationships in general. Silence and loneliness follow and one becomes immobilized paralyzed by the double bind of yearning for and dreading relationship, connection.

If my mother pushed me, or my father was critical of me, I couldn't help but build them into

me, so now I find I tend to push myself and tend to criticize myself. As I was treated, so I treat myself, so I treat those who are nearest and dearest to me. I find myself without self-empathy. All self-destructive behaviour originates here. I am ashamed of myself, I want to hide, I want to die, I don't want to be! Accident-proneness, addictions, anorexia, depression, suicide, self-mutilation, performance anxiety, and a host of self-limiting activities, all are fuelled by the disempowerment, confusion, diminished self-worth engendered by the early shame and humiliation of disconnections with significant others that have never been repaired.

Firestone writes in **Voice Therapy** (1998), his attempt at repairing damaged self empathy, "Being original, nonconformist, separate, and independent creates anxiety and guilt and can lead to regressive behaviour and increased dependency, whereas submitting to the attachment, remaining fused or linked to the family and later to one's mate for imagined safety, also generates feelings of guilt and self-castigation". To sort myself out, I have to change my attitude to myself. Why not develop a burning curiosity regarding my very own experience, my own desires, emotions, thoughts and actions? Why not connect with myself? If I can treat myself as kindly and

(Continued on page 19)



UnderDog

by Jim Gifford



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

To make such a statement is the result of a hardwon look at the 'real' world behind and in front of any delusions or illusions that may have existed in my state of mind and state of affairs.

A 'spiritual epiphany' thirty years ago has given me countless visions of an ideal world, but clouded my place in the scheme of things with a mania which i comically/cosmically call my 'UniversEgo'.

The past year has been a turning point for me, a year of reckoning, caused not in a small way by my turning fifty and also by my laxity in using medications. Joy and pain, ups and down, pushes and pulls, have been the order (or should I say, disorder)

of the day. Although my behaviour was sometimes reckless and impulsive, in hindsight I must take full responsibility for my actions.

During this period of emotional fragility, I met the lovely Brenda, and we became engaged. I signed a business lease for which my lawyer brother got me bailed out. After five years of being principal caregiver to my mother, she entered a nursing facility, we rented our home in Crescent Beach, and I moved in with my fiancé in a town-house in North Surrey. We are now disengaged and I have returned to the Kitsilano Neighbourhood of Vancouver. Changes! Many, many changes!

Out of all this upheaval came a gut-wrenching perspective on my life circumstances. Although terms like 'holistic' are presently in common parlance, I paradoxically feel a fundamental sense of 'brokenness'. Jean Vanier, spiritual writer and humanitarian, has served as an impetus to such insight through such books as 'The Broken Body' and 'Becoming Human'. They have made a deep impact on me.

A 'reality check' confirms my situation: I am on a handicap pension and live in housing subsidized by the Mental

Patient's Association. Yet, I possess an inner acceptance and contentment in the knowledge that my imperfections (and those of others) only verify my humanity. The Bible says 'in weakness, strength', and a zen buddhist saying reminds us 'affliction is enlightenment'. Indeed I am thankful for a 'sense of grace' that is granted a wounded healer.

Today a 'beatitude of melancholia' has congealed in my being, an awe and joy enjoined to a sad wisdom that in its heart knows the suffering of the world. It is the experience of a new depth of maturity - 'late bloomer' that I am!



Just for Laughs

I had to go to analysis. They told me I had an unresolved Oedipus complex, which, according to them, meant I want to sleep with my mother, which is preposterous. My father doesn't even want to sleep with my mother.

Dennis Wolfberg

Branches Over the Wall

by D. Paul Strashok

Having just recently come out of an extended stay in the psychiatric ward of the Vancouver Hospital and Health Sciences Centre, my reflections on the peculiar pathway that has been my portion for more than 25 years now cause me to stop and consider. I knew that this time in the hospital I was undergoing a test - a test in which I must prove that my nickname of 'A gentle giant' is a present reality in my approach to the stripping of my dignity. As a matter of fact, I had 2 or 3 opportunities, in which I had to humble myself and accept the judgement of the duly appointed officials and medical men of our society. During these times, knowing that I had been labelled as 'violent' before, I purposely humbled myself and took the stripping of my clothing and dignity as an opportunity to prove that I am not violent in the face of the system.

I remember going to a private counsellor in Edmonton. He,

not knowing me, asked me to tell my story. As I began to talk to him of my numerous hospitalizations, I thought to myself, 'What have I learned through all this?' Perhaps I have only learned that, as a part of the counter-culture of the sixties, I encountered 'psycho-spiritual overwhelm' as Dr. Peter Breggin would call it, in the prime of my young God-seeking life. What I never understood was that God could have found me. Inspired by the story of the Buddha, who forsook his princely heritage to go out and seek enlightenment, I became one of the 'Dharma Bums'. The radical personality change that ensued in my life was only a carry-over from the drug induced fasting, music and reading that flowed through me. My first spiritual experiences convinced me that God was able to meet me in my seeking.

I became a 'clean slate' into which various spiritual teachers and preachers poured their interpretations and understandings of life, Eastern philosophy and eventually, the Bible into me. At this moment, listening to the songs of Laura Nyro, I realize how deeply I was affected by her and oth-

ers during this time. How oft, the words have come back to me 'love is surely gospel' in considering the lady in my life.

Many people would consider me, I suppose, to be a casualty of the sixties, yet, there are fruits and a special individuality that have come forth out of the blending of lives that have poured in and through me in my various spiritual encounters. Graduating from high school, I wrote in my yearbook as my favorite saying "Drive crazy fast, Bob", a reference to my wild friends at Mameo Beach in Alberta. I was seeking the crazy free-wheeling lifestyle of those I emulated. Now, much older, I am content with small pleasures, a few friends and the opportunities to express creative gifts and were it not for the care of a loving family that bailed me out time-after-time and the best mental health system in the world in British Columbia, I would, most-likely, be living on the streets. Yes, I know the new medications I am on have not been tested for long-term effects and may be considered 'experimental' in many ways, but my quality of life is good and I am thankful to be back in my 'abodé hacienda' as I call it.

So, this summer, the summer of 1999, my holiday was at the expense of the public purse, and now that my natural vitality is returning I can move out and be found enjoying the rest of the summer into the fall, with a few good friends and meaningful work. Life is good, which makes me thankful to the One who gives all good things.



Book Worm

Going to Pieces without Falling Apart

a buddhist perspective on wholeness

by Mark Epstein, M.D.

Broadway Books, 1998

Reviewed by Andrew Feldmar

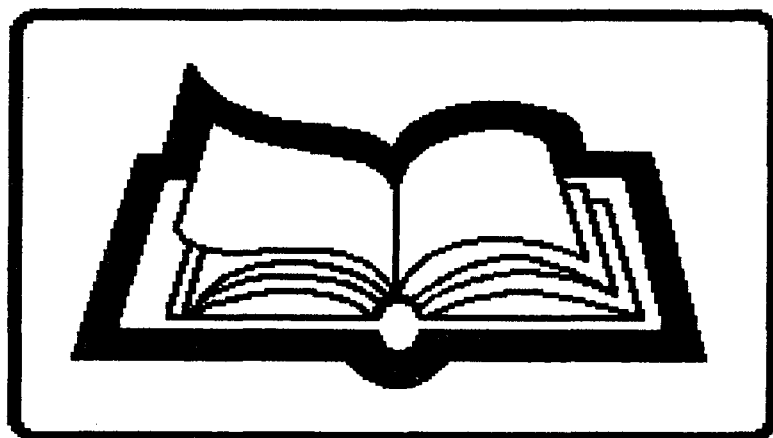
Alan Watts wrote **Psychotherapy East and West** in 1961, six years before R.D. Laing published **The Politics of Experience**. There was excitement in the air, the scent of liberation, the possibility of living meaningfully filled our lives with anticipation. Change on many levels seemed imminent. How could the revelations of these fiery thinkers be ever again disregarded? Yet, here we are, forty years later, none the wiser, no more enlightened, as if Watts, Laing and others have never spoken. The narrow-minded, objectifying and dehumanizing approach to people in unusual and disturbing states of mind has gained the upper hand. Psychiatry arrogantly proceeds as if any

moment now it will eradicate suffering through the quick fix of a pharmaceutical product. If not Clozapine, then Risperidone, or, or, or... In our obsessive-compulsive search for the ever-elusive Grail of chemical correction, we have no time to think about ourselves. We think about them or it, the "clinically depressed", the "schizophrenic" or "neurotransmitters" and "synapses".

Mark Epstein's book is a gentle attempt to wake us up again and remember, reconsider what Laing and Watts showed us forty years ago. I fear, however that Epstein won't succeed either, that his insights will also be quickly marginalized and ignored. Yet he

makes a valiant attempt to bring together the wisdom from the best of both Eastern and Western traditions. Watts brought together Jung and Coomaraswamy, Freud and Loatse, Bateson and Suzuki. Epstein focusses on Winnicott and the Buddha.

In the year 397, St. Augustine set out on a journey to find God. His mind imploded, down into himself, back into his past. After looking at his experience for a long time, he was able to see through and find what he was looking for. Not that different from the Buddha's way through meditation. When Montaigne was reading Socrates, he realized that there is little to learn from him, even though one can learn a lot through him. Foucault, in the last years of his life, dying of AIDS, advised us, "Take care of ourselves!" The one important task is the care of oneself, of one's own soul. He wrote, "If I attend to you, it is not in order to transmit to you the knowledge that you lack, but so that, having realized that you know nothing, you will learn thereby to care for yourselves."



Epstein's text doesn't deliver us a product but calls us into a process. Essentially, he points to a way or form of life, not to a set of doctrine. This I think, explains why the wisdom of Augustine, Laing, the Buddha, Watts, Epstein, Montaigne, Socrates

(Continued on page 19)

The Memory of My Gladness

by Reinhart

The memory of my gladness
in certain disrepair
requires some attention
some touches here and there

But then I welcome solitude
the dark face of the deep
and turn my consideration
around to some upkeep

And sift my life for fragments
for pieces that will fit
my utopic disposition
such as I remember it

poem4u

by Reinhart

u should know
i've written more poems
than read

meanwhile little still

can't surrender thinking
once upon a better time
u'd not insist so much

like rampant imagery

but little kind truths
like the dark dots of my i(s)
the depth of my o(s)

The Hound of Heaven

by Sam Roddan

In the Vancouver of my boyhood, there was no escaping Dad's voice. For 20 years he held forth on the radio, morning and evening on Sunday, broadcasting his fiery sermons.

When I was out for a stroll (or coming home from a party), I could hear Dad booming out over the radio from the neighbouring houses. Sometimes I cringed, but like Thomson's Hound of Heaven, I could find no place to hide.

"I fled him down the nights and down the days;

I fled him down the arches of the years;

I fled him down the labyrinthine ways,

Of my own mind."

But all was not gloom and doom. I learned about words from my Dad. How they work, the miracles they can perform. How they got to work on the secret rhythms of the heart.

In the pew, in my dad's mission church, I was saturated in oral mythology. It was here I got my first taste of language. My ear grew tuned to the metrical stresses of the psalms. The Lord's Prayer grew into a magical incantation. Syllables and consonants became shining bell sounds, a natural language for the spirit.

Only once did I ever hear a sermon interrupted. On this occasion, the church was crowded with unemployed, single men. Hungry and impatient. Suddenly, a loud voice rang out from the church gallery.

"Have you ever seen this Jesus, Reverend? Have you ever had a talk with him? You can't answer that now, can you, Reverend?"

There was an electrifying silence in the church congregation. Muffled voices were barely audible, describing such actions as "Throw the beggar out," and cries of "Shame! Shame!"

Suddenly, Dad lifted his hand and in a moment there was a great stillness. Then Dad announced the next hymn would be number 534: "And he walks with me and He talks with me and He tells me I'm His own."

And here I must report that never was a hymn sung with more fervour, nor pipe organ roll with more thunder...Nor a man disappear more quickly from a church pew...

I always sat near the front in my Dad's mission church. When Dad was in form, no one could ignore his pleas for the good life. Nor scorn his defence of the hungry, homeless and dispirited.

Dad's sermons were full

of the warnings of the perils that face every pilgrim: fornication, spilling your seed, coveting your neighbours wife, man's inhumanity to man.

I sat through hundreds of sermons. Over the years I developed both aversion and appreciation for the therapy which Samuel Pepys said could be found in a "good, honest and painful sermon".

On a Saturday evening I could hear Dad in his bedroom going over his sermons and prayers for Sunday. His voice was rich and mellow with the accent of the Lowlands. But the words were always slightly muffled by the wood panelling along the stairwell, clothes closets, chest of drawers, crowded book cases.

Fragments of prayers and blessing for the downtrodden and poor rose and fell in the darkness of my attic room. The words tolled in my ears. Twinges of guilt raced through my being. From my attic window I could see again the lights of Vancouver. For me this was my very own "far country", a place of evil, joy, beauty, unspeakable delight.

Moonlight reflected beckoning women of the night in dark doorways. Painted faces smiled behind curtained windows. I knew it was only a matter of time for me to discover the bitter-sweet taste of forbidden fruit.

Suddenly, Dad's bedroom

(Continued on page 19)

(Continued from page 5)

Probably the most potentially controversial section of the book is Szasz's revealing chapter exposing "Sigmund Freud: The Jewish Avenger". There is little doubt in my mind that he couldn't have gotten away with writing it if he wasn't Jewish himself, what with the all-pervasive modern taboo against any frank discussion of Judaism, especially in its "racist"/nationalistic manifestations (e.g., when on November 10, 1975 an overwhelming majority of the U.N. endorsed a resolution declaring Zionism to be a form of racism and racial discrimination, virtually all Anglo-American politicians and media spokespersons were publicly opposed to this.[Note: This author takes no stand either pro or anti-Zionism and merely quotes this fact by way of substantiation, for the record]). Szasz points out that "The inconsistency between Freud's passionate antireligious tirades and his profound commitment to Jewishness significantly highlights an important aspect of Freud's personality and productions, namely his anti-Gentilism. The popular image of Freud as an enlightened, emancipated, irreligious person who, with the aid of psychoanalysis, 'discovered' that religion is a mental illness is pure fiction". Then he goes on to demonstrate that "Freud was, throughout his life, a **proud, chauvinistic, even vengeful Jew**".

By way of illustrating Freud's views, he quotes his **The Future of an Illusion**:

"...let us return once more to the question of religious doctrines. We can now repeat that all of them are so improbable, so incompatible with everything we have laboriously discovered about the reality of the world, that we may compare them...to delusions."

Noting that there was nothing particularly original, in his time, about the basic opinion that religious doctrines are not empirically verifiable observations, Szasz asks: "What does Freud add to such positivistic anti-religiosity? Only the assertions that religious belief and conduct belong in the same class as mental disorders: they are madnesses, medical disorders, matters on which Freud is, or claims to be, an expert". At the same time, he openly embraces the notion that psychoanalysis is a direct product of the Jewish mind though "In print and in public, Freud insists, with the voice of the wounded savant, that psychoanalysis is a science like any other and has nothing to do with Jewishness. In person and in private however, he identifies psychoanalysis with the voice of the prophet militant, as a Jewish creation and possession".

Szasz goes on to substantiate, with considerable biographical data, his contention that "One of Freud's most powerful motives in life was the desire to inflict vengeance on Christianity for its traditional anti-Semitism". He also speaks about "...the pervasive anti-Christian animus behind much of the Freudian opus". Significantly though, Szasz does say: "Freud's vengefulness toward personal enemies in particular and Gentiles in general, as well as the potential destructiveness of psychoanalysis as a rhetoric of execration and invalidation, found a secure sanctuary behind the walls of the unwritten rule: 'If it is Jewish, it is liberal, progressive, scientific, humane, and helpful'." Further, with reference to the dominant early intellectual attitude towards psychoanalysis, he speaks of "...the view that it was in bad taste to point out that psychoanalysis was not a matter of science but of Jewishness, or that it was, especially in its actual use by Freud and his lackeys, an immoral and ugly enterprise. If such a charge was made by a Christian — so held the supporters of this position — it revealed the critic's anti-Semitism; and if it was made by a Jew, it revealed a lapse in his judgement, or grew out of his self-hatred as a Jew."

An illustrative example of this sort of attitude cited by Szasz is when the philosopher of history, Theodor Lessing, referred to psychoanalysis as "a monstrosity of the Jewish spirit". Freud wrote him rebuking him for his prejudice, only to find out in reply that Lessing was Jewish himself. Upon learning this, reports Kurt Eissler, he "turned away from him in disgust". Eissler goes on to document Freud's further extreme reactions which "... highlights Freud's double standard that has become the stock-in-trade of the loyal analysts: if the critic was Jewish, he owed loyalty to the Freudian religion just as he did to the Mosaic one; if he was not Jewish, his opposition to psychoanalysis was just another manifestation of his anti-Semitism."

Commenting on the modern relevance of psychoanalysis, Szasz writes:

"Psychiatry — the specialty out of which psychoanalysis grew, which it never abandoned, and which, since Freud's death and especially in the United States, it has decisively reembraced — is, of course, largely an ideology and rhetoric of rejection, albeit one disguised, in the vocabulary of medicine, as diagnosis and treatment. This pseudomedical ideology and rhetoric is closely related to the theological ideology and rhetoric it displaced. Thus, as words of execration were implemented by acts of execution in the Church, demeaning diagnosis were implemented, in psychiatry, by acts of imprisonment and torture called 'certification', 'hospitalization', and 'treatment'." He ultimately concludes that "Freud was an angry avenger and a domineering founder of a religion (or cult), rather than a dispassionate scientist or compassionate therapist".

A final major figure in the history of psychotherapy, who Szasz treats of, is Carl Jung, who he calls a "pastor without a pulpit". With Jung we see the pivotal personage around which psychiatry would come full-circle, abandoning its detour into scientistic medicalization and returning to its roots in the evolution of the "cure of souls" — an on-going process in response to which biopsychiatry represents a last-ditch attempt at reaction. Jung was "the first modern psychotherapist who knew, deep down, that so-called mental patients were not really sick". And, ironically, for one who eventually came to have great respect for religion, his rejection of the mythologies of psychiatry and psychoanalysis can be seen as a logical extension of a critical attitude he displayed toward orthodox Christian mythology early in his life. Szasz charts this development and writes that, as early as 1900, "He had already sensed, on the basis of his own experiences, that mental patients were somehow 'not really sick'; in other words, that mental diseases were not like regular diseases — that they were spiritual in nature, or had a large spiritual component". Additionally, he identified the field of psychiatry as "the place where the collision of nature and spirit became a reality".

An extremely noteworthy passage for every student of psychiatry is the following:

"When, in 1911, Bleuler renamed dementia praecox 'schizophrenia', he identified the disease not by its characteristic histopathology, as was customary with diseases of the nervous system, but by its incurability! That this is an utterly destructive way of describing a disease — a disease that, moreover, has no objective bodily manifestations and has never been known to be fatal — should be obvious. It was indeed obvious to many people, Jung among them."

Believe it or not, far from being a relic of a dim and ignorant past, this view has recently been revived to a dominant position in biopsychiatry (see especially the chapter titled "Psychiatry's Giant Step Backwards" in **How To Become A Schizophrenic: The Case Against Biological Psychiatry**, 1992, by John Modrow).

Of related interest, in another place, Jung demonstrates remarkable insight with respect to the effects of medicalization. He writes: "Freud always remained a physician. For all his interest in other fields, he constantly had the clinical picture of neurosis before his mind's eye — the very attitude that **makes** people ill and effectively prevents them from being healthy". Here we have a surprisingly explicit anticipation of the modern sociological tradition which could loosely be called "constructivism" (see especially **Constructing Social Problems** — 1987 — by M. Spector and J. I. Kitsuse). A recent concrete application of this approach is seen in **The Selling of D.S.M.: The Rhetoric of Science in Psychiatry** (1992) by Stuart A. Kirk and Herb Kutchins. The authors describe their fundamental assault on the ontological underpinnings and ill-effects of diagnostic categorization as based on the view that "...social problems and social issues (are) phenomena that are created through collective definition rather than as conditions that objectively exist to be studied and remedied". There are numerous other areas to which this theory can be applied, of course, one of the most interesting being the social production of the "Crime Industry" (see Tim Leary's **Neuropolitics** — 1977 — for some early treatments of this subject).

To return to the subject of evolution of Jung's views, here is how Szasz describes the division between him and Freud: "Freud is incapable of understanding that 'religion', which is a bad word and a bad thing for him, is a good word and a good thing for Jung". Further "Here, then, was the issue that lay

at the bottom of the inevitable break and subsequent bad feelings between Freud and Jung: Was psychotherapy (psychoanalysis) to be defined, practiced, and merchandized as a medical, scientific enterprise, or as a religious, spiritual one?" Well, we all know what happened: Freud came to be regarded as a great scientist and Jung as a great mystic. But who actually knew more about genuine healing of the psyche? Arguably, it was the latter.

I was especially struck by Jung's lucid description of the essentials of the enterprise:

"As a neurosis starts from a fragmentary state of human consciousness, it can only be cured by an approximative totality of the human being. Religious ideas and convictions from the beginning of history had the aspect of the mental **pharmakon**. They represent the world of wholeness in which fragments can be gathered and put together again. Such a cure cannot be effected by pills and injections."

"Analytical psychology" he came to see "only helps us to find the way to the religious experience that makes us whole. It is not this experience itself, nor does it bring it about." There is, of course, a whole corpus of Jungian writings which are beyond our immediate purview. It suffices, for present purposes, to know that "In the last years of his life, Jung reiterated, more forcefully than ever, the essentially nonmedical and religious character of psychotherapy". In so doing, he laid the vital groundwork for the anti-psychiatry movement's struggle against the "mind-forged manacles" (William Blake) of biopsychiatry.

In his next-to-last chapter, on "The Politics of Psychotherapy", Szasz relates how Freud paradoxically seemed to presage both the advent of biopsychiatry and its ultimate demise. Certain of his writings, says Szasz, "...show us Freud as the cryptobiologist and the secret believer in the chemical treatment of mental diseases" while elsewhere Freud writes: "The words, 'secular pastoral worker', might well serve as a general formula for describing the function of the analyst". Commenting on the significance of this last in one of the most important passages of the book, Szasz writes:

"Freud's declaration that the psychoanalyst is a 'secular pastoral worker' and that psychoanalysis is 'pastoral work in the best sense of the word', and Jung's declaration that the psychotherapist occupies the role of the priest and that the problems of psychotherapy 'belong to the theologians' have the most far-reaching and practical implications. They are comparable to the declarations, two hundred years ago, of the abolitionists and Quakers that Negroes are human beings. As the view that blacks are persons was inconsistent with the institution of chattel slavery, so the view that psychotherapy is a religion is inconsistent with the institution of medical psychiatry. Therein, precisely, lies both its threat and its promise".

Of course, it was Jung who saw most clearly that there was nothing genuinely "progressive" about an existence devoid of Spirit. As he said, "The wheel of history must not be turned back, and man's advance towards a spiritual life... must not be denied". And, again, "healing may be called a religious problem... Religions are systems of healing for psychic illness". Furthermore, in a seeming anticipation of Maslow's work demonstrating the importance of the meaningfulness of mystical/religious "peak experiences" for the superior mental health of "self-actualized" individuals, Jung writes (in criticism of Freud and Adler): "...they still fail, because of their exclusive concern with the drives, to satisfy the deeper spiritual needs of the patient... In a word, they do not give meaning enough to life. And it is only the meaningful that sets us free".

In this vein, in his great study of Maslow (**New Pathways In Psychology: Maslow and the Post-Freudian Revolution**) Colin Wilson relates how peak experiences open us to a "third world" which "is fundamentally a world of pure meaning". And further how "the more 'meaning' I perceive, the more vitality rushes up to meet it. As his access to the world of meaning increases, man's vitality will increase towards the superman level; that much seems clear". Additionally, he says "The peak experience is an explosion of meaning, and meaning arouses the will, which in turn reaches out towards further horizons of meaning".

Ultimately Wilson was able to go beyond Maslow and cultivate the ability to generate peak experiences **at will**, largely through an application of the philosopher Husserl's teaching about "inten-

tionality", etc. The key insight was that meaning is not something you **find** in the world by waiting with "passive awareness" for it to "jump out at you". Rather, meaning is something you interactively **put into** the world by a process of "reaching out", "focusing", and/or a "mental act of **grasping**"; you have to **bring something to** the process. In a related thought, Robert Anton Wilson tells how you can open a book but, "when a monkey looks in, no genius looks out". Such an understanding goes a long way toward exploding the fallacy at the heart of existentialist viewpoints which were so popular after World War II — namely, that because "God", and "truth", and "purpose", etc., were not self-evident to a concrete-bound narrow ego-consciousness operating mechanically and reflexively on a limited material level (however "rational"), therefore reality was "absurd" and "meaningless". Colin Wilson (the author of over 50 books, at last count) is a living testimony to just how rich and full life can be when one learns how to be continually "on purpose", as Wayne Dyer puts it (see his 1992 book: **Real Magic: Creating Miracles In Everyday Life**).

To return, once again, to Szasz and his final chapter, "Psychotherapy and Language: Contemporary Uses and Abuses", we find him delineating the specifics of what he refers to, by way of brilliant analogy with government-sponsored monetary inflation, as the proliferation of "more state-authorized diagnostic and therapeutic counterfeit in circulation". I cannot repeat the truly remarkable list of so-called "therapies" detailed, but only note that it has only increased since the time Szasz wrote this book (1978). Commenting on this trend, he says "Treating the medical metaphors of modern psychiatry as literal reflects and reinforces our modern aversion to moral conflict, human tragedy, and plain language" and proposes that "My suggestion (is) that we separate medical from psychiatric interventions". A large part of any legitimate role for a psychiatrist, as an admitted "secular priest", he maintains, then, must center not on "therapy" but on conflict-resolution — a perspective which has also been adopted and elucidated by Peter Breggin in his recent book: **Beyond Conflict: From Self-Help and Psychotherapy to Peacemaking**.

With direct reference to plain-speaking, Szasz concludes "if we want to rescue the cure of souls from the medical morass in which it is now mired, we must call psychotherapy by its proper name". Towards that end, he notes "Aeschylus actually had such a name for what we now call psychotherapy. He called it employment of **iatroi logoi**, or 'healing words'. In those ancient roots, then, lies our proper term for the modern, secular cure of souls: **iatrologic**". Continuing with this theme, Szasz's two final paragraphs are worth quoting in full:

"Thus conceived, iatrologic would be a branch of rhetoric and logic. Its practitioners, specialists in rhetoric and logic, would be known as iatrollogicians. Their activities would constitute, and be classified as, art rather than science.

The implications of such a change in terminology are immense. And so are its aims — namely, resurrecting the human soul from the therapeutic grave in which our technological age has buried it, and preserving the dignity and discipline of art from modern man's insatiable passion for professionalism". Wayne Dyer announced in **Real Magic** that "We are now in an Age of Spiritual Revolution" and I see no reason to dispute that fact. Szasz's work represents indispensable fuel for the on-going bonfire of biopsychiatric vanities, and an all-important segment of the total revolution. His contribution has been a vital part of the re-animation of our universe via the shared realization that, as Dr. Deepak Chopra put it, in a fine example of iatrologic:

"Spirit is healing energy, the flow of life and intelligence in every cell".

*(Note: This review was originally published in **The Colonist**, the inmate newsmagazine at F.P.I. [Forensic Psychiatric Institute] in 1996. Byron Fraser previously spent approximately five years in psychiatric prison, including a nine-month stretch in solitary confinement.)*



**Excerpts from an Interview with Robin Loxton of the
Mental Health Empowerment Advocates Program(MPA)
April/1999 by Ron Carten**

Ron: How would you define empowerment generally?

Robin: I think the word empowerment is a word that means different things to different people. The way that I define it, I guess, within the mental health context in particular, is that it's the facilitation of allowing people to do things and to make decisions for themselves, to basically get on with their lives and do everything they need to do in order to be full, participating members of the community. It is the process of making that happen so that it doesn't take the power away from the people, but it gives them the power to act for themselves. I think that it ties in with concepts of self-help and advocacy, and I think the positive interpretation of the word is acknowledging everyone's individual worth and value.

Ron: Where would you think, in the mental health community, empowerment is most needed?

Robin: I think mental health consumers have always faced the problem of being at the bottom of the totem pole, or at the bottom of the heap when it comes to making decisions about their own lives in terms of the health care they might receive, or even the benefits that they have to live on. And the issue has been to say "Well, no." A person should not be just in a situation where they have things done for them. They're not involved in them, they're not the key decision makers around their own health care issues, or about where they live and what they can do.

Ron: Do you have any more concrete ideas of where empowerment could be developed?

Robin: Within the mental health context, I think the most obvious one is when people are dealing with treatment issues, where they have choices about what treatment plan is best for them and what kinds of supports they need that work for them, and where they have direct input and an equal voice on how that's going to happen to them. When you're looking at issues of empowerment around, let's say, financial and daily living issues, I think it's a recognition that everyone should have similar choices in terms of having access to basic income that allows them adequate housing and not having to worry about where their next meal is coming from. And I think everyone should be entitled to that basic expectation and also have services that are accessible to them, because mental health consumers historically have been shut out because the bureaucratic hurdles placed in front of them are not possible to get over.

Ron: What have they been shut out of?

Robin: Well I'll give you an example. The Ministry of Human Resources, or welfare, is famous for saying, "OK, we'll give you a benefit or extra money, if you do this, this, and this. We will give you a higher disability benefit, if you fill out this ten-page application." And if someone is not well, or they're really stressed out, or maybe they've got agoraphobia, and so on, just the whole problem of filling out an application, without necessarily the offer of help, is the barrier. So that even though, technically, they could qualify, the system is set up so it's very difficult for them to qualify, because they can't get through the red tape.

Ron: So, empowerment can be seen as assistance as well as self-help.

Robin: Well, that's right. So, that's where the advocacy side of it comes in. With empowerment, you're

saying, "Look, if you're going to give people, or people are going to take their lives into their own hands, then you have to design systems to fit people, not people to fit systems." So, it's not a problem with the person, it is a problem with the way the system is designed. So, you've got to get rid of the ten-page application, or you have to provide an advocate to assist that person with that ten-page application.

Ron: Where do you feel empowerment is really taking place today in the mental health system?

Robin: Well, I think on the plus side, there has been a recognition within the mental health system of the importance of consumer's voices, and that they do have a role in deciding individual issues like their own health care issues, treatment issues. They do have a role in determining what are the best services that are needed for people, consumer friendly services, if you will. They do have a role in determining what the best practices are. In other words, not only that it's the right kind of service, but it is a quality service.

Ron: What sort of agencies or structures facilitate that now?

Robin: Well, there has been more involvement on committees of consumers. There's been advisory committees, there's been people sitting on boards, and things like that, which all monitor those kinds of things. Now I still think there's a lot of work to be done, because although I think some doors have been opened, I think that there's a power imbalance a lot of the time. When a consumer is sitting across the table from a psychiatrist or someone who has worked in Victoria, this guy, the psychiatrist is earning maybe \$100,000 a year, the bureaucrat has resources. He could have secretaries running around doing this, that and the other. The consumer may not have the information and decision making power. So, even though they may be sitting at the same table, the psychiatrist or the bureaucrat is the person in the know, and the consumer may not be, so that's always a problem.

Ron: I've run across that issue before. Any specific remedies to that problem?

Robin: It has to be set up so that the consumer has the supports so there can be at least, if not equal participation at that level, supported participation. So, in other words, if people need information, it's not just "Oh, we know and you don't." It's "Here is the information." And this is what it means to have those supports. And the recognition of not only individuals — because I think individuals can do a lot — but I think there has to be a recognition of the role of the consumer organizations as well. So, where an individual may be feeling very alone because he's the only consumer rep on a council or on a board, if that person is tied in to an organization that's supporting them, that supports their point of view because it's a consumer organization. I think that's very important. In Vancouver, there was the West Coast Mental Health Network, but I guess it's no longer in existence, or at least the provincial one isn't anyway, and I think there really is a need to have a consumer, provincial, advocacy organization.

Ron: What did that organization do for consumers?

Robin: Well, that's a good question. I think it had a lot of growing pains, but the principle was that it would be an important consumer voice that would speak on the provincial level around some of the bigger issues.

Ron: It was run by consumers.

Robin: It was run by consumers. Consumer board, consumer staff, volunteers, you name it, but like a lot of things, it ran into some problems and it didn't always get the right kind of support that it needed.

Ron: Financial support?

Robin: Not necessarily financial, but sometimes the different agencies which we work with, whether

Feature

they're the community agencies or the government agencies don't necessarily work with these organizations to make them work better. They just kind of leave them alone. And I think that where there can be supports and partnerships and those kinds of things, at least in the initial stages, they're quite important.

Ron: So, maybe a proactive search for contacts in other agencies would be a good path to follow for an organization like that?

Robin: I think that there are already organizations out there like CMHA, CMHA has been out there a long time, eh? There are other organizations like the Mood Disorders Association, even MPA and Coast and B.C. Coalition for People with Disabilities. All of them have some experience with advocacy and empowerment, but they're not, strictly speaking a consumer voice. The Coalition is, but it's a cross disability. It represents more than one disability.

Ron: So, a wider population?

Robin: Yeah, a wider population. There are consumer-run organizations, mental health organizations, but most of them are quite small, and don't necessarily speak up on the big issues, at this time. It may happen it'll start again. I think that I don't often talk about the term "empowerment", I more often talk about the word "advocacy", and for me the word "advocacy" includes empowerment. It means working with self-advocates, people that are advocating for themselves, it means helping people when they need help on an individual basis, but it also means advocating on a bigger level, like with government and on community issues and the public around awareness and around making changes, positive changes.

Ron: Would the current atmosphere of fiscal restraint be a barrier to that?

Robin: It is. Absolutely a barrier. One of the reasons why people don't have enough money to live on is because of fiscal restraint. I started off and I still am in a way a welfare advocate. And one of the real issues for people is that there hasn't been an increase in welfare rate in over five years. You don't have to be a rocket scientist to figure out if you've got the same income as you did five years ago - your rent's gone up, your food bill's gone up, all those things have gone up. So technically you're worse off. Fiscal restraint, whether it's welfare or it's mental health programs or whatever, that affects peoples lives on a daily basis.

Ron: Do you think the mental health community, the workers in the mental health community are a barrier to a self-help organization accomplishing things. Is there any resistance to self-help, to advocacy by consumers?

Robin: It depends. It sometimes depends on the issue and it depends who you're dealing with. Sometimes service providers have been very helpful and supportive. Other times they have been less so. Sometimes the issues that are most controversial are ones where you may be challenging the status quo or the normal way of doing things. So, around treatment issues, if you're saying to a mental health team doctor, for example, "I don't want to take the traditional medication that you're recommending. I want to try an alternative therapy, and I believe that's the right approach for me". I think then you may not get the support for that because of their professional kind of standing. If it's another issue and you approach them and say "Look, I need your support because I'm not getting enough money through the welfare system. Would you help me get disability benefits?" Yes, sometimes service providers have been very helpful about it in helping people get through the stuff. It depends on the issue. I think you have to recognize that service providers and professionals have their own interests which are sometimes different from consumers'. But often they're the same.



Minute Particulars

(Continued from page 6)

empathically as I wish my parents would have, if I can be my best friend regardless of how bad, mad or sick I am afraid I might turn out to be, then and only then, I might actually get to enjoy my life before I die. If my relationship with myself is hostile, I won't have much energy for being with others.

The prerequisite to this joyful reunion with self is the realization that neither my parents, nor my therapist, nor my lover or friend will ever be able to undo the damage of early separations, humiliations and shame. What's done is done. An essential part of me went into hiding, and unless I find him/her, I won't be able to live fully.

This hurt, sad, fearful, shy, sensitive part of me is my essence. It's my task, my responsibility to learn to love and know myself, after I find myself, and this realization brings me to tears, plunges me into grief and mourning: I lost so much hiding my shame, waiting, waiting...



The Hound of Heaven

(Continued from page 11)

door slammed shut. He was heading downstairs. His rehearsal was over. He was whistling, calling to our dog, Tim, wondering aloud if

Mom would care for a cup of tea.

"I think it will be a great day tomorrow," he shouted.

Then Dad was playing his

violin. The music was like the far-off passage of waves on a distant shore. I could hear the breathing of the sea: a gentleness filled the darkness of my room.



BookWorm

(Continued from page 9)

Foucault will always be marginalized, repressed, forgotten: "Use your products, techniques and doctrines to cure me!" requires no change on my part. I can continue living as always, you'll just fix me; "How must I change my habits, my life, my environment to alleviate suffering?" is a subversive, dangerous challenge to the status quo.

Epstein Quotes the Dalai Lama, "The antidote to hatred in the heart, the source of violence, is tolerance... we also call tolerance the 'best armour', since it protects you from being conquered by hatred itself." We have trouble tolerating unusual experiences within our own psyches. We want control. Psychiatry is the organ of this intolerance, this need to

control. Epstein urges us that only by letting go can we start on a healthy, wholesome path. Happiness comes from letting go. Revolutionary.



Bulletin Board

Alternative Healing

Health Action Network 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.

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