In A Nutshell

Winter 2001

As winter turns into spring, enjoy all that the season has to offer.

A New Look For 'In A Nutshell'

by D. Paul Strashok

It's 2001! And to celebrate that fact, I, as the page layout person of the **In A Nutshell** Newsletter, have decided, along with the help of advanced technology, to give the newsletter a new look.

Throughout the years since the inception of **In A Nutshell** (in 1990), **Jim Gifford** has been the Chief Editor and main driving force behind the publication. Jim, with help from the MPA secretary, would paste-up the articles to print. Then, in 1991, I came along, fresh out of Vancouver Community College, where I had taken some courses in Desktop Publishing. Suddenly, the whole format of the newsletter changed. At first we included retrospectives of MPA community events along with pictures of the members at picnics and camping trips, but realizing the need for supportive information, the content has changed over the last 9 years. Lately, the newsletter has become denser and more thought- provoking. Jim's continuing column "UnderDog" is one of the mainstays of the publication. His metaphysical insights and shamanistic revelations are always inspiring and sublime .

Andrew Feldmar, a practicing psychologist authors "Minute Particulars" and "Bookworm" in which he mines his experience with noted psychiatric revolutionary **R.D. Laing** and reviews recent publications pertinent to the expansion of human awareness.

Sam Roddan is a regular contributor with stories of his upbringing in the Downtown Eastside.

Occasionally, I contributed with a column entitled "Branches Over The Wall", a title perhaps inspired by my readings of the Christian scriptures.

Approximately two years ago, three new regular contributors were added to the list.

Byron Fraser's featured articles have highlighted new breakthroughs in the process of recovery.

Reinhart came on board adding cover artwork and excellent poetry.

"a power-packed newsletter... with some of the bigger issues around mental health."

Ron Carten writes personal essays that reflect his own journey and path to recovery, as well as doing interviews with people involved in the mental health community.

All this has resulted in a power-packed newsletter provoking professionals and mental health consumers alike to become more familiar with some of the bigger issues around mental health. Here's hoping that you find the new look and the content contained within inspirational as well as useful. ■

In This Issue:

MPA
#202 -1675
W. 4th Ave.
Vancouver, BC
V6J 1L8
Tel: 604 738-2811
Fax:604 738 4132

Underdog

Clarity, Detachment & Equanimity

by Jim Gifford

Clarity, detachment and equanimity are personal qualities that I have needed to develop and nurture, due to my medical diagnosis of bi-polar affective disorder. It has been a long and winding road with both setbacks and advances.

The aspiration to clarity of mind, unencumbered by needless thoughts and distractions has been vital to my well-being. Although never one to hear voices, at times I have been obsessed by imaginative fantasies, including delusions of grandeur. I feel this comes from a natural aspect of my dis-ease, namely acute creativity. Ideas would bubble up in a frenzy.

One day I was babbling to my mother when she simply and perceptively said 'let the muddy waters settle'. A light went on and I realized I needed to clear my mind of conceptions and opinions and live in open and boundless awareness. The Truth deep down in my Soul could only be reached by bringing peace and quiet to my overactive brain. As for information and knowledge, this meant the wisdom of less is more. The Tao Te Ching says 'he who knows, knows nothing; he who knows nothing, knows.' In the Emptiness of the moment, Awareness exudes my Being and The Silence before The Word allows a vividness of experience.

In this state there also exists an overwhelming quality of detachment, a feeling of not possessing anything in my life, or even life itself. Instead I admire the beauty and/or utility of everything in my world, but without greed or grasping. An old friend once remarked that she was 'clinging to the wreckage.' I do not sense myself even clinging to my physical body but rather see it as a temple of the divine energy that I am ready and willing to surrender to the universe at any given moment.

My life and all that makes it up is a gift that I respect and cherish but over which I feel no ownership, allowing me a quality of detachment from the material realm. The lack of emotional detachment has been my Achilles Heel, however, as I often overreact with moods such as rage or impulsive generosity that would even embarrass an Irishman. The Middle Path of balance has been my struggle and remains my goal on the journey.

My lack of equilibrium and ensuing extremes have caused both myself and others much suffering. I must make ends meet, overcoming my psychic injustice, and be centered in equanimity. Someone has said, 'if life was fair, Elvis would be alive and all his impersonators would be dead.'

"Life on this mortal plane is not a level playing field."

Life on this mortal plane is not a level playing field. Its lopsided nature is meant to test us with hard lessons. I have had my share as a result of bi-polar affective disorder and, in this context, have worked hard to achieve a balance and level-headedness. Three qualities have been instrumental in this pursuit: clarity, detachment, and equanimity. ■

Warning! Do not aprubtly stop psychiatric medications! Most psychiatric medications are powerful drugs and should be withdrawn from gradually under the care of a physician or other health practitioner.

"In A Nutshell" is a publication of the Mental Patients' Association, #202 -1675 W. 4th Ave., Vancouver, BC, V6J 1L8, ph. (604) 738-2811, fax (604) 738-4132. The MPA is a non-profit organization that offers a variety of programs in ADVOCACY, HOUSING, RECREATIONAL, and SOCIAL ACTIVITIES for former mental patients. For more information on any of the above programs or housing waiting lists, pleas phone the office at (604) 738-2811. Editorial Board: Jim Gifford, Ron Carten, Reinhart, Byron Fraser, D. Paul Strashok.

Old Heroes Never Die

by Sam Roddan

In my youth I had two heroes. Both were men of blood. The first was David whom I discovered as I thumbed through Hurlburt's **Story of the Bible**.

David wore sandals and he carried a slingshot on his hip, standing over a stricken, and headless Goliath. Soon after, I started to wear sandals and trained for weeks with my new slingshot. And put at least one smooth pebble through our attic window.

Then Jimmy came along... Jimmy McLarnin, welterweight champion of the world. Jimmy was out of the East End of Vancouver. I first met him in the living flesh in the dingy gym of old First United at Gore Avenue and Hastings. Jimmy had been invited, along with his famous manager, Pop Foster, to deliver a pep talk, build up our morale, inspire us to greater things.

"I desperately needed my heroes in those early days."

And here he was at last.

Jimmy McLarnin, straight from Madison Square Gardens with blood red bruises still on his cheeks from knocking out Young Corbett. In our little meeting room, with the painting of the Old Rugged Cross on the wall, Jimmy told us how he did it with a one, two and a right to the jaw. After his short speech, Jimmy shadow-boxed in the church gym.

He said he wasn't much good at talking. He did that best with lefts and rights. He let us feel his gloves. Soft like pillows. But we knew inside there was lethal dynamite. Then Jimmy told us if we always followed through with the right and a solid one, two, three, we'd be O.K. in this life.

"Remember," he said, "don't smoke, don't drink. And don't go around with girls. Read the Bible in your spare time. Get lots of sleep."

Jimmy danced and weaved and we could hear the swish of his mighty fists as we tried to keep an eye on his bobbing head. Then we lined up to shake hands. The welterweight champion of the world took off his gloves and his fingers clamped around our puny hands like a steel vise as he looked us square in the eye. We winced. We grinned. One sissy broke down and cried.

Later, in the dark lane behind the church, we gave a boot to the canned heat cans of the poor souls and checked our fingers and squeezed our hands. And we shadow-boxed like unbeatable champions in the murky darkness with the cheers of the rubby-dubs ringing in our ears.

Hero worship kept me on the straight and narrow for several years. Then, like most men, I gradually slipped. A puff of a cigarette (Sweet Caporal). A sip of forbidden wine at Angelo's place. And there were Angelo's beautiful sisters who strolled so slowly around the Powell Street grounds in the evenings. Gradually, I forgot to read the Bible in my spare time.

Nevertheless, I desperately needed my heroes in those early days. Both David and Jimmy helped me walk dark streets alone, taught me not to be afraid of giants and rubby-dubs, showed me how to keep my chin tucked in; taught me always to follow through with the right. And to roll with the punches. ■

In Memorium for Stan Kostick

Stan Kostick has left this world. We will fondly remember his warm smile and friendly chuckle that so often enlightened our lives.

Stan succumbed to pneumonia after a fight with throat cancer. He will be missed. He was one of the first members of the Mental Patients' Association some thirty years ago and was a faithful presence at the Community Resource Centre.

He has now departed into the great mystery of death yet his life lives on in the souls of those he touched.

Peace Be With You, Stan. ■

Minute Particulars

by Andrew Feldmar

Recently, I had the opportunity to enter the Doukhobor community and to get to know some of its members. The Sons of Freedom Doukhobors refused to send their children to school. The Government, using the **Protection of Children Act**, ordered the RCMP to apprehend children between the ages of six and fifteen and to place them in the New Denver Sanatorium. Many children remained interned there behind a tall wire fence from September, 1953 until August, 1959. These "children" are now in their fifties, those who are still alive, and they feel hard done by.

The word *Doukhobor* comes from Russian (doukho - bortsi), and it means "spirit wrestlers". Jakob Böhme (1575 - 1624) was a German shoemaker who, after some religious experiences, became an influential philosopher and mystic. He believed that "the being of beings is a wrestling power". He also had the conviction that "ohne Gift und Grimm kein Leben," which might be translated as "no pain, no gain," although I prefer the more literal "without poison and suffering there is no life." I doubt that the Doukhobors have ever heard of Böhme, but they carry the same beliefs.

"The word Doukhobor... means 'spirit wrestlers'"

The Doukhobors came to Canada in 1899, fleeing from the terror unleashed upon them by Czar Nicholas II and the Russian Orthodox Church who decreed that the group's pacifist, communal, vegetarian, Christian beliefs were heretical and a threat to church and state. In 1907 the Canadian Government demanded an Oath of Allegiance to Edward VII, and when most Doukhobors refused on the grounds that it would lead to conscription, the Government took back the land that was given to them. Understandably, the Doukhobors felt betrayed and ripped off. By now, their hundred year long history in Canada is riddled with innumerable betrayals.

The refusal to send their children to Canadian schools came from the same worry, namely that by being forced to sing *O Canada* and *God Save the King/Queen* the children would be coerced to serve in the army at the Government's whim.

The hunt for the children was brutal. Many tried to hide and suffered no less than their captured siblings. Families were broken, the community was demoralized. It still is: no one trusts anyone, hardly anyone looks you in the eye. The terror of those days almost 50 years ago is still there, frozen, unexpressed, unspeakable, unacknowledged. Some people have started legal action against the Government. Some people demand a Public Inquiry. Some people just want to get on with their mutilated lives and are looking for a way to heal, a way to make the best of a bad thing.

I came across the following quote: "When two great civilizations, utterly foreign to each other, come into direct contact, it seems that, at first, they cannot exchange anything but blows and trinkets. Mutual access to the core of their respective cultures necessitates a lengthy and complex process. It demands patience and humility, for outsiders are normally not allowed beyond a certain point: they will not be admitted to the inner chambers of the spirit, unless they are willing to shed some of their original baggage. Cultural initiation entails metamorphosis, and we cannot learn any foreign values if we do not accept the risk of being transformed by what we learn."

Well, neither Canada nor the Doukhobors had the patience and humility to go beyond exchanging blows. Resistance to the colonizing zeal of the Government demanded the sacrifice of the children. The living, breathing, sentient flesh and blood of the children was sacrificed for the sake of some ideas and ideals. Both the Doukhobors and the Government had lots of lofty and important ideas. All the adults, on both sides, forgot to consider what the children would experience. Neither God nor Abraham seemed to worry that much about whether Isaac would be traumatized by his father's willingness to kill him

in order to prove his devotion to the Boss.

The children felt betrayed, unprotected, sold out. They were hunted, chased and captured as if they were criminals or stray animals. In the Dormitory and School they felt captured and tortured. They were separated from their families for years, except for moments once in a while, but even then families and interned children were separated by the wire fence. The adults punished them if they cried because they were homesick. They were not supposed to speak Russian with each other, so many stopped speaking altogether. Actually learning something and for moments enjoying themselves felt like betraying the parents, not learning and resisting their teachers got them into hot water with the authorities. Damned either way, constantly feeling the anxiety of a double-bind, they built their identities around guilt, shame and feeling badly. Children move from *feeling bad* to *being bad* in no time. Especially if there is no one to talk with, if there are no sympathetic adult witnesses who would say, "Your circumstances are terrible, you are treated badly, it's NOT YOUR FAULT!"

"Can you compensate the survivors of such inhumanity?"

Can you *compensate* the survivors of such inhumanity? My mother, a survivor of Auschwitz, received $245 - from the German Government for a year and a half of deportation, torture, forced labor and isolation. Would she have felt better if she had gotten ten times that much? I doubt it. There has to come a time when survivors of trauma realize that what they lost they lost forever, that there is no compensation, no hope of restitution. At that moment one can truly grieve and mourn. And when that's done, one can re-connect with self and others, and start fresh with whatever resources one finds oneself left with. ■

Quotes From the Roundtable

by M.D. Arthurs

"schizophrenia is a sane man's reaction
to an insane world."

"truth is simple; but it's not easy."

"one profits because another loses;
such is the nature of capitalism."

"free enterprise makes slaves of us all."

"beauty nourishes us, art nurtures us, and creativity sustains us,
if not for this, we'd have packed it in long ago."

"we learned sliderules, we learned calculators,
we learned computers – and we forgot how to think."

"the more you learn, the less you know for certain."

The Movement

by Ron Carten

To find oneself within what is called the mental health movement is not that difficult, but it does take time. When, for a second time, I found myself to be a marginalized dissident outside of psychiatry, a fugitive from psychiatry, the building blocks of what most consider to be a productive happy life were scattered hopelessly before me and before those who knew me. Upon my second round of hospitalization and treatment, I had an inkling of some of the supports available to me, and I had a familiarity with many of the people with whom I shared a singularly unattractive fate.

I was, in the early years of my treatment, an "ex-mental patient." Then, I was a "consumer." Not long after, I met "survivors." Of the system. As a reader of this newsletter, you know what system that is. Inside the drop-in centre at the Kettle, or at Coast, or at MPA, we may meet and we can level with one another. The two of us would recognize one another as "mental health consumers." We would identify ourselves as "consumers." But what are we saying? Judi Chamberlain has cogently suggested that the term "consumer" implies an equality of power between consumers and psychiatrists or other "service" providers that simply does not exist.[1] When we use the term "consumer," are we glossing over a disadvantageous situation for our own benefit, or perhaps even more subtly, for the benefit of someone else – those who claim to be working for us?

While I was researching a term paper at Langara College about the mental health movement, I read the following statement: "Because power and oppression are often insidious and disguised, oppression is not often associated with mental health." [2] It occurs to me that to be apprehended by police or paramedics, under the provincial mental health act, and to be forcibly incarcerated in a hospital, forcibly sedated, and forcibly medicated, is a fairly conspicuous exercise of power. As a discharged mental patient, finding oneself suffering one or another of the many side effects of neuroleptic medications, finding oneself homeless, a small sum of money in one's pocket for two or three days of cheap meals, a social pariah among family and friends, possessor of a future as bleak as that of a shell-shocked war vet, the notion of being somehow oppressed by nameless forces might not be far from one's thoughts. The authors of the above quotation can be forgiven for academic myopia, but can we forgive ourselves for not recognizing oppression when we are its victims?

The use of Chlorpromazine in the 1950's ushered in an era of treatment for mental patients in numbers that provided the critical mass for the modern mental health movement. Over the next forty years enough mental patients were discharged from hospitals to allow informal networks of consumer/survivors to come together and share stories and to recognize "patterns of oppression" [3] in their many and varied experiences. There were stories of abusive hospital workers, of heavy-handed psychiatrists, and of inhumane conditions within mental hospitals. There were stories of recovery outside hospital in a context of isolation, ostracism, and poverty. While psychiatrists and nurses congratulated themselves for the salvation of the mentally ill, these same patients faced a world where doors were shut in their faces, where, in an era of opportunity, they struggled to cope with unmitigated loss.

"advocacy... a process of struggling to change the system"

The mental health movement, in Canada and internationally, has been a multi-faceted and often uncoordinated movement to address these patterns of oppression. The major components of the movement are primarily two fold. The first of these, self-help, aims to bring consumer/survivors together to share experiences, to discuss what is important to them, and to organize for changes that benefit themselves both collectively and individually. The second of these components is advocacy, which is a process of struggling to change the system and respond to abuses within it.[4]

In the Fall of 2000 I received a call from a mental health activist, an independent advocate who has long been active in Riverview Hospital. I was a board member of the Vancouver-Richmond

Mental Health Network, primarily a self-help organization for consumer/survivors. This independent advocate was attempting to enlist the Network's board to pressure the administration of Riverview to change how advocacy was being done at the hospital. Our board was not prepared to act as quickly as my liaison wished, and I disagreed with how he approached his task. I was soon abandoned as an ally. I had a tempered measure of respect for my Riverview liaison, despite exchanging curses with him over the phone when we disagreed. In the course of his past efforts, he has staged at least one hunger strike that I know of and probably more, he has followed a practice of using the press to further the interests of patients at Riverview, and he has written in and been interviewed by the local newspapers. He has worked contacts with government officials, rallied patients within Riverview, and managed consumer-run advocacy at Riverview in the early nineties. Such is the work of grassroots advocacy.

As for self-help, the work of the Mental Health Network mentioned above is a case in point. It provides invaluable opportunities for consumer/survivors to come together and participate in sharing and learning about who they are, it promotes therapies that seminally stand as alternatives to traditional psychiatric practice. It strives to represent the ethnic and racial variety that is found within the mental health movement. And it adheres to an exclusive reliance on the efforts of consumer/survivors in every facet of its existence. At the Network no one has to feel ashamed of his or her illness or status. Equality is built in systemically.

As a student of social work at Langara I participate in a practicum at MPA. Once a week I share and learn about the work of MPA's Mental Health Empowerment Advocates Program, a program which helps mental health consumers navigate through the paperwork facing them when they apply for disability benefits, both federally and provincially. This too, is a form of advocacy that is done primarily by people who have suffered from mental illnesses. MPA also has an advocacy program at Riverview Hospital. The Kettle Friendship Society has advocates employed at its offices. MPA, The Kettle, and Coast all provide drop-in centres where consumer/survivors can meet and share stories and complaints, where the seeds of change may someday grow. The mental health movement is found in all these situations.

Elaine Murphy, in her book, **After the Asylums**, refers to "the victims of aggressive modern psychiatric practice."[5] Again, power and oppression are forces that consumer/survivors are all too familiar with. But while they are plain to us, the general public, at best, only dimly aware of them. It may be that the primary task of the mental health movement, at the beginning of a new century, is a task of communication, communication to those in positions of authority and to the guy you meet on the bus, communication to the general public and to our closest friends.[6] Now is the time we need to carefully learn how to express ourselves about our illnesses, about the system we have become engaged with, and about our lives, our rights and ultimately, about who we are. ■

"It may be that the primary task..., at the beginning of a new century, is a task of communication"

1) Chamberlain, "The Ex-Patients' Movement: Where We've Been and Where We're Going". The Journal of Mind and Behavior, Vol.11, Nos. 3 and 4, p. 334
2) Lord and Dufort, "Power and Oppression in Mental Health," Canadian Journal of Community Mental Health Vol. 15, No. 2, p. 6
3)Chamberlain, p. 326
4) Everett, "Something is happening: The Contemporary Consumer and Psychiatric Survivor Movement in Historical Context", The Journal of Mind and Behavior, Vol 15, Nos. 1 and 2, p. 62
5)Murphy, After the Asylums, p. 57
6) Sayce, From Psychiatric Patient to Citizen, p. 204

Quotes From the Roundtable

by M.D. Arthurs

"truth cannot be learned:
it can only be lived."

"as long as you're afraid of death,
you're only half alive."

Bookworm

The Crucible of Experience: R.D. Laing and the Crisis of Psychotherapy

by Daniel Burston
Harvard U. Press, 2000
Reviewed by Andrew Feldmar

I enjoyed reading this book far more than Burston's first book on Laing, *The Wing of Madness*, published in 1996. What irritated me most, was Burston's tone of superiority. He approached Laing from *above* as the wiser, more knowledgeable man. Laing's response would have been, I imagine, "If by the time I count to three, you are not gone, I'll bash your head in! Now, *screw off*!" Burston found a less condescending tone in *The Crucible of Experience*, although he still starts far too often with "In fairness to Laing..." I know the bind Burston must have been in: to admire is to lack critical edge, to criticize is to lack respect. Still, I wish Burston would have allowed himself to surrender to Laing's opus and then examine the catch.

I will focus on psychotherapy since that is also Burston's stated purpose. He diligently combs Laing's work for "the goals of individual psychotherapy", and finds four. Then he searches high and low for "treatment recommendations", and finds seven. "Having distilled the essence of Laing's approach to psychotherapy," Burston reflects on certain inconsistencies or, as he calls them, tensions.

I doubt if Laing would recognize himself in this way of speaking, this way of being fitted to the Procrustean bed of current preoccupation with efficacy. Laing agreed with Ferenczi that a good therapist cannot be ambitious. Having goals and having to follow recommendations would blind one to the unique moment between individuals, and would pressure both therapist and patient into performing and achieving. When would there be time for *meandering*? For sitting together in silence for hours on end? For making music together? For wrestling?

Burston fails to emphasize the importance of *connection* and of efforts to cultivate *communion*. At best, the sacred space of therapy allows love and compassion to manifest, so that communion or co-presence can occur. Suddenly there is the experience of an "us right now", that you and I are parts of, without either of us having to be altered to suit the other's book. Laing called this the *healing factor*. In 1965 Laing wrote, "Psychotherapy must remain an obstinate attempt of two people to arrive at a re-covery of the wholeness of being human through the relationship between them."

You wouldn't find out from Burston how important poetry was to Laing and how much he paid attention to that which exceeded signification. John Heaton remarked, "The vital importance of the poetics of experience, the volatility of our *being with*, its intangibility, especially evident in the person-to-person encounter, were central to [Laing's] thinking." Laing often allowed speech to the voice of his heart and then he was artless, clear and strong; at such moments no one could help but listen to him.

When on one occasion Laing and several of us, his colleagues, wondered what to call what we were practicing, we agreed to name it *Radical Therapy*. The word 'radical' indicated our intention to go back to, and keep in touch with the *roots*: ours, our patients', and of the words we were using. I remember researching the root meaning of 'therapy' or 'therapist'. One line of inquiry took us to *attendant*, the one who pays *attention*. But a much more interesting source indicated that the Greek *therapon* came from the Hittite word that "designates an entity's *alter ego*, a projection upon whom the impurities of this entity may be transferred". Patroklos was killed wearing the very armor of Achilles. Patroklos was Achilles's *therapon*, or *stand-in*. Also, literally, a *stand-in* is a *prostitute*. Laing often spoke of the significant difference between therapists and prostitutes: they handled transference differently. Prostitutes are there to play out their clients' scripts, to satisfy their desires; therapists, as Freud pointed out, are there to frustrate their patients' desires, to resist being drawn into their scripts.

From Burston's book you don't get a feel for Laing's inimitable *style*. Heaton wrote that "we all have a style, a way of being that is visible to others, and that is what Foucault called ethics."

Ethics is how we treat each other. Laing's generosity of spirit, his gestures, his voice cannot be copied. He simply encouraged his students to develop their own styles, their own unique ways of being in the world. He took delight in the infinite otherness of others, he was ever ready for a fight, he was willing to play, and his capacity to enjoy the company of those whom others found difficult to get along with seemed unlimited.

Burston is good at placing Laing in an intellectual lineage and he is very helpful in guiding the reader through difficult territories: phenomenology, existentialism, psychoanalysis, science and politics. I am grateful to Burston for keeping Laing's memory alive and referring his readers to important passages in Laing's published works. Laing is ever in danger of being repressed, forgotten. To *realize* what he has been teaching means we have to change how we live our lives, how we relate to each other. And that is not easy. ■

A Day with 'Andrew', A Day at Riverview

by Frank G. Sterle Jr.

Just travelling to Riverview Hospital was sufficient to cause a rush of anxiety through my body. And that trip there was just to spend the day visiting my friend, Andrew (not his real name). For those people who have not yet had reason to visit Riverview, its location upon a hillside allows one a fairly good view (for what it's worth) of the Fraser River, and a particularly good view when one stands outside Pennington Hall, Riverview's recreational center.

Andrew, who had been in and out of Riverview many times over the years, was quite happy to receive my usually-scheduled visits; however, it was rather difficult to notice his emotions from his facial expression, for he was/is on major-tranquillizer medication (hopefully from which he benefits, overall). Chlorpromazine was one of them; when a large enough dose was prescribed to him, this anti-psychotic medication caused (amongst some other negative side effects) his skin to become ultra-sensitive to sunlight. Of course, sunscreen is available to those who request it; but when one is mentally ill and constantly in a precarious state of mind, one does not always do what's best for his/her health.

I can recall two separate occasions when Andrew gave me a surprise visit here in White Rock back in the mid 1980s, visits which resulted in rather extensive summer walks. Both times, Andrew either failed to bring any sunscreen at all or he'd lost it somewhere while on his way out to White Rock; and thus, both times he paid a hefty price by enduring a sunburn so severe that he was left looking like a lobster. When we finally made it back to my house, he took multiple cold showers, though they weren't enough to spare him having to go to the emergency ward to have his severe sunburns treated. (One would think that a good lesson would have been learned the first time around.) Although they were serious burns, we still got a good chuckle whenever we'd recollect the incidents.

While residing at Riverview Hospital, Andrew seemed to always manage to get himself transferred from one ward to another just in time for my visits. And, unfortunately, sometimes he got moved into a "locked ward", in which we were confined to converse in a small visiting room—a room with walls that fell quite short of suppressing the more-disturbed inmates' yells (and, sometimes, even screams) reverberating throughout the entire floor of the building. I'd ask him why he was locked again, and he'd either respond, in a resigned tone of voice: "Oh, I don't know" or else "U.A. (unauthorized absence)".

When Andrew was permitted to walk the Riverview grounds, I found quite obvious his predisposition to socialize with most of the other patients, many of whom were of a withdrawn nature. While indoors with Andrew, I would see patients go into some corner of the building and sit there by themselves in apparent deep contemplation, lighting up cigarette after cigarette. That

(Continued on page 18)

Solitude

by Reinhart

Night lies in the dark
inching up on me
shadows and loneliness
replace my company

A cup of java
greets my hand
the smoke will rise
at my command

My soul is still
my heart is light
the sky is black
my eyes are bright

The cigarette ends
in the tray
reveal to me
life's mystery

So this solitude
i make home
and my nostalgic mood
and little poem

Are better friends
than others know
when their patience ends
and they must go

With Open Face

by D. Paul Strashok

This small vessel,
living below
filled from above
can overflow
to others alongside -
the journey now taken
the cross now shouldered -
death and life always with me;
for this is my heritage,
seeking open face
unhindered by memory or care,
unclouded by the subtle violence
that pervades the competitors -
those given to their own cause
or partiality of person.
And at one time
my face, too
was covered with violence
feeling that it was my only choice –
meeting violence for violence –
not knowing the value
of forgiveness
or meekness.
And at one time
I reached upwards to grasp spirituality
yet now find
that it reaches down to lay hold of me.

Armstrong Revisited
A
Psychotic Poem

By Al Todd

Walking out of the Frontier Cafe
in Armstrong
in the North Okanagan
in November 1971
into gently falling snow
I saw a train going through
the middle of the town
and in the Dining Car
a lonely figure
in a red jacket
gazing
intently
at
me
and thought him to be
a Russian agent
come to sign a treaty with
God Bless America
which would end
the Cold War
and bring on the
Golden Age
with myself
as Jesus,
my disciples scattered
throughout
the Okanagan
the new
KANAAN.

Even now I still see
his hand signing
that infamous
document.

Outside the Box

by D. Paul Strashok

Reaching out,
reaching in,
"as in, so out", she said
so turning my mind
towards quarks
and cosmic strings
as if metaphysical mind
could be placed in the box
of biological brain
claiming that this is the freeing from the box,
just another view
on this incredible mix
of spirit and matter,
thought and feeling,
breathing and bone
known as mankind -
now setting foot on the moon,
now sticking a junkie's needle in the vein
but sometimes the need to explain
is as the junkie's curse.
So let the truth fall open
out from this mind
expressed by word and hand
(incredible extensions of soul).
In my fondest dreams
I am standing in a crowd.
I look up and,
simply believing,
by faith alone,
I begin to rise off the earth
and while that faith is focused
on the heavens,
I continue to rise
as naturally as was always meant to be,
more real than the waking state.
Put that in a box
and compare it to some man-made machine!

Depression and Mania: Friends or Foes? - A New "Non-Drug" Model of Hope for Depression, Mania, and Compulsive Disorders

By Ty. C. Colbert, Ph.D. (Santa Ana, CA: Kevco Publishers, 1995, 221 pages) Review Essay by Byron Fraser

Introductory Quotes

On the distinction between experiencing emotional pain and "suffering":

"Q: But we've probably all experienced pain and loss when a beloved person dies?

A: Yes, but that's not the same as suffering; you know, suffering is when you become **attached to your pain**—and then you're not feeling the loss of the other person, you're feeling sorry for yourself. It's self-important; it's self-pity; it's ego. O.K.?

When you feel the loss of someone else, you feel the pain, that's different. See pain is, again, it's like if you didn't have pain, you'd never know the meaning of pleasure; if you didn't have birth, you'd never know the meaning of death; if you didn't have light, you'd never know the meaning of darkness. So pain and pleasure go hand in hand, they're poles of opposites that make life a meaningful experience. O.K.?

So you need pain, and you need to embrace it; when you don't embrace your pain, when you lock it up inside you, then it becomes anger. Anger is nothing but remembered pain. What is anxiety and fear? It's anticipated pain. What is guilt? It's redirected pain. What is depression? It's the depletion of energy when you don't recognize all these things and you lock up the pain inside you and you live in anger, and fear, and guilt. **And that depletion of energy that happens is depression.** These are the sorrows of our society when you **do not** embrace your pain. You must embrace your pain; you must become intimate with it; you must release it; and then you must move on. If you don't, then you are inflicting suffering upon yourself—which is nothing other than self-importance; self-pity; it's the ego playing its control drama, nothing else.

There's an ancient saying: 'Beware of those who weep with realization, beware of those who weep with emotionality; they have realized nothing!' For realization you don't need emotionality, you need sobriety! Sobriety means the alert witnessing of what is happening, embracing it, both the pleasure and the pain, and moving on. Because the nature of life is to move on."

—Dr. Deepak Chopra, videotaped interview: **Overcoming the Fear of Death**, 1995.

On the Medical or Disease Model of Mental "Illness":

"For many of you the chemical imbalance or genetic inheritance model has been given as an explanation for certain emotional disorders, especially depression and mania. By contrast, I strongly believe that depression, mania, anxiety, alcoholism and even schizophrenia are the result of hurting, wounded parts of us that long to be healed.

Hearing such a radical departure from the prevailing model may feel quite disturbing to you because the disease model for emotional disorders has become a very popular and emotional topic. If you're a parent who's suffered for years with a **so-called** mentally ill child, you may feel a lot of resistance to the above statement. If you're a professional who has believed in this model and has been inundated by all the so-called **conclusive evidence**, these words may represent a major paradigm shift. If you're a client who has been told you have a disease and must be on medication, you might feel scared and/or angry at such a position."

— p. 41, **Depression and Mania: Friends or Foes?**

"Feeling shamed or out-of-control allows us to become susceptible to the false medical model. It's embarrassing to believe there's something chemically wrong with our brain, causing out-of-control behavior. Therefore, to understand and eventually heal our out-of-control behavior we must first understand... the need behind such behavior."

— p. 143, **Depression and Mania: Friends or Foes?**

"When we are convinced that we are bound to remain broken people in a broken world, the promise of wholeness is a cruel taunt."

— Arianna Huffington, **The Fourth Instinct: The Call of the Soul**, p. 103.

"If the medical model is a myth, and there are hundreds of professionals before me who take this position, then why is this myth kept alive?

I believe there are several reasons... .

Any sane, moral and caring individual would love to see the day that emotional disorders such as schizophrenia and depression can be eliminated. Manufacturing the right pill or locating the defective gene would be such a blessing if such solutions existed.

...Some of you may still be saying 'Yes, but science may eventually find that defective gene, chemical imbalance or virus responsible for depression, schizophrenia, etc.' Such a discovery will never happen because it **can't** happen. These disorders are disorders of our wounded emotional system not our... brain... .

...drugs have never healed one person of an emotional disorder. Drugs only 'drug' people.

... .Therefore, our own inner pain, our own need to care, to remove suffering, is obviously a great motivator. But there is another reason, one that is not as obvious but closer to the truth. I believe that we all play a role in helping to perpetuate this myth of mental illness **in order to deny that we, as human beings, hurt each other.**" (Emphasis mine - B.F.)

— pp. 54, 55, & 57, **Depression and Mania: Friends or Foes?**

Many readers of this newsletter will already be familiar with Dr. Ty C. Colbert's 1996 book, **Broken Brains or Wounded Hearts: What Causes Mental Illness**, which I had the privilege of reviewing in 1999 in four local (B.C. area) publications. In it he did a marvelous job of elucidating his Emotional Pain Model and launching into a much more definitive critique of The Medical Model than in this book on **Depression and Mania** published one year earlier. (**Broken Brains or Wounded Hearts** has since gone on to become the No. 1 bestseller through important C/S/X outlets such as Support Coalition International.) Nevertheless, while much similar material is covered in both books, and the rudiments of the Emotional Pain Model in **Depression and Mania** are of some antiquarian interest, I believe the book has great merit in its own right for its many insights and its creative therapeutic program focusing more exclusively mainly on this delimited diagnostic area. So, as my No. 1 intellectual mentor, Murray Rothbard (the great American economist, political philosopher, and historian), used to say—when wanting to adroitly dodge some disingenuous, time-consuming, side-track he felt wasn't immediately relevant—if you're really interested in the whole biopsychiatry vs. "antipsychiatry" debate (which I do **not** intend to get into at any length in this review)—: "Go read!" (**Broken Brains or Wounded Hearts** is a very good place to start). But, if you're just wanting a basic, clear-headed and easy-to-read—but authoritative—primer, which also does double-duty as an excellent therapy and reference resource for this whole subject-area of depression and mania, this is the book for you.

What I love about Dr. Colbert's expositions is that he combines a talent for quintessentially American plain-speaking in his writing style with visually depicted chart or display components to ground what otherwise might be somewhat less clear conceptual formulations in easy-to-grasp graphic perceptual referents. The effect is quite striking and probably very useful for memory-impacting those who are not up to—or interested in—the verbal/linguistic skills-mastery entailed in digesting a lot of more complex, exclusively **written**, text. I will not attempt here to unpack or give any sort of "brief rundown" of all his formulations, but rather just touch on a few especial points of interest which came up for me (and will, perhaps, pique your interest as well).

First of all, then, I should explain that the title, **Depression and Mania: Friends or Foes?**, refers to the fact that what is being dealt with here are emotional states which exist on a continuum—and that experiencing **some** mania and depression is not only a healthy and normal part of everyday life, but also serves very useful and necessary purposes. It is only when our natural inherent emotional mechanism goes to extremes that we have serious problems. But, of course, even this seemingly simple truth has never occurred to many people who have been taught to think that mania and depression are "The Enemy"—intrinsically **bad** conditions—and that their treatment objective/ideal should be to somehow eliminate these from their lives.

This applies to so-called endogenous ("internally" as opposed to "externally"—or exogenous—based) or "major depression" too. As Dr. Colbert says, " 'Clinical' depression is not something you catch; it is an exaggerated form of a normal mood."

Further:

"Some individuals have a propensity towards depression and can suffer off and on with

their depression throughout a lifetime. In desperation, these individuals turn to the professional community and are often told they have a biologically-based depression called 'endogenous' depression. This implies that the cause is not external (exogenous) but comes from within. These individuals are then given medication in hopes of balancing a so-called chemical imbalance that has never been found to exist... ." — p. 61.

A recent welcome sign that, the times they are, indeed, a' changin'—and that the biopsychiatric establishment is now on "high alert" about the urgent need to somehow attempt to "talk-back" openly, in public acknowledgement of the truth behind all the antipsychiatry critiques which have finally come home to roost—was the publication of the special Fall 2000 issue of the CMHA's **Visions** magazine dealing with "Mood Disorders". It is rather excellent at clarifying and substantiating many of Dr. Colbert's points—especially vis-à-vis depression. For instance, as Dr. Raymond W. Lam, Professor of Psychiatry at UBC and Medical director of the Mood and Anxiety Disorders Program at UBC Hospital, makes perfectly clear: "the causes of clinical depression are not known." Moreover, he states that any specific **physically identifiable** known medical conditions (e.g., Alzheimer's, B 12 or iron deficiency, Parkinson's, Hypo/Hyperthyroidism, etc.—he lists 22 examples) which might have depressive symptoms attendant **must be ruled out** when making any **psychiatric** diagnosis of depression. Most people don't know this and it seems counterintuitive to most people schooled in our typical modern-era Western materialist-reductionist mode of thought, but it actually represents good science—at least at the strictly diagnostic level. Here's why: as Dr. Lam further points out, the DSM methodology of diagnosing depression is to identify any 5 out of 9 possible subjectively experienced, reported, and/or observed symptom criterion which have **no specific identifiable set of organic components** which have to be tested for or classified, etc. Physical-type conditions (low energy, etc.) may be correlated with a psychiatric syndrome but, as every social and natural scientist knows, the old dictum, "Correlation is **not** causation", applies—and so, while psychiatrists loosely use the words "disease" or "illness" to refer to DSM diagnoses, they are well aware of the fact that this is **not true** in any strictly medical nosological sense (that is, that "depression" is clearly **not** a "disease" like cancer, heart disease, or diabetes, etc.). To be perfectly clear, allow me to repeat this brief segment from my recent review of Drs. Peter Breggin and David Cohen's **Your Drug May Be Your Problem** (**In A Nutshell**, Autumn 2000):

"2) Are Biochemical Imbalances and Brain Diseases Treated by Psychiatric Drugs?
The simple scientific answer is an emphatic 'No'—: no underlying causal pathology for any psychiatric disorder has ever been identified to be so 'treated' or 'cured'. What psychiatric drugs do is to treat **symptoms** of mental disorders temporarily without affecting their **causes**. This is admitted by all. Hence: 'In the field of mental health, not a single physical explanation has been confirmed for any of the hundreds of psychiatric "disorders" listed in the DSM-4. A recent editorial in the **American Journal of Psychiatry** (Tucker, G.J. 1997. "Editorial: Putting DSM-4 in perspective." No. 155, pp. 159-161) states the case plainly: "As yet, we have no identified etiological agents for psychiatric disorders".' - p. 112."

Dr. Lam is quite frank, again, about admitting, in his section on "Treatments", that no antidepressant drug is specific to any known testable organic disorder (they are given on the basis of observed **reactions** at the level of symptomatology) and he is equally clear in his 3 points on the "objectives of treatment" that the focus is on **symptoms** and **functionality**—i.e., **not** organic pathology. He does say that "...there is a complex interaction between psychological and neurobiological factors" and he asserts that "Genetics play a role" (without citing any research references) but, be that as it may, this discussion represents a "Giant Leap Forward", compared to what has passed for standard fare on the mental health scene here locally to date.

Again, the "Catch 22" bind for the psychiatric profession, which Dr. Lam's article in **Visions** so clearly highlights, is: **if** you were to claim that **physically identifiable organic disease components**—as with cancer, heart disease, and diabetes, etc.—which are **sometimes** correlated with depression (or with other psychiatric disorders), actually **caused** these, then what do you do with the millions of counterfactual examples of people who have these bona fide medical diseases—and aren't the least bit depressed (or whatever the subjective [and this is **not** to deny their **reality** in any way] conditions may be)? So if you make your criterion for psychiatric diagnoses entirely non-physical (in the etiological sense), then whomever **says** they are "depressed", or whomever **you say** is "depressed" (etc.) is, ipso facto, "depressed" in **some** sort of "medical" sense—as long as nobody asks any "telling" questions. But, if they do, how do you, as a medical person, still justify your legislated professional monopoly based on claimed expertise in the treatment of **physical** ailments with **physical** treatments for **non-physical** problems? If

you **do** claim physical causation at the organic level, you are very likely to be **disproven** over and over again—as has repeatedly been the case in numerous instances throughout the history of psychiatry (and, it is my understanding that this still applies to "The Genetic Question"). But, if you **don't** claim physical causation, you're very much in danger of losing your entire professional turf to the "non-medical" competition—the clerics, counselors, psychotherapists, psychologists, and sundry "alternative" and/or complimentary practitioners (et. al.). Damned if you do, and damned if you don't; another instance of the perennial dilemma?!

I find myself hoping that Dr. Colbert will forgive my saying so little about the actual contents of his book thus far in the space allotted here, and trust that he, and other readers, are not finding my somewhat random digressions too tedious or off-topic. That said, I would just like to say a brief word, too, on this subject of "interactionism", which also figured prominently in the above-mentioned issue of **Visions**. "Interactionism" is a formal philosophical category whose applicability to modern psychiatry was not evident and did not occur to many commentators until the advent of the whole Transpersonal Psychology/Human Potential/Spirit-Mind-Body Medicine movement, with its links to "The New Physics" (essentially quantum physics), in the last couple of decades.[1] The key question, and seemingly simple answer to why psychiatry, in over 100 years of trying to prove any physiological causative basis for mental "illness" has failed, which is now apparently dawning on everyone, is: What if the mechanistic-material components of the brain do not primarily produce the energy-&-informational "epiphenomena" of the mind and Self, but rather the reverse is primary? Readers familiar with other writings of mine will know that I am partial to the latter view, known more formally as monistic idealism[2], and I can hardly elaborate on this here, except to hint at its relevance by way of several more quotes from Dr. Colbert (who is already well aware of the implications for his "Purposeful View" model of emotional disorders). Consider, then:

"If we could place a measuring instrument inside the synaptic gap of their neurons, we may have been able to measure a change in the flow of certain neurochemicals. But it is wrong to conclude that they suffer from a chemical imbalance. Their minds, perhaps subconsciously, took over to protect their selfhoods. If a change in the flow of chemicals was needed to transmit these new **purposeful** messages, then this change should not be seen as an imbalance but as a necessary **adjustment**.

To see such change in the chemistry—if it does exist—as a deficit, is to eliminate all sense of purpose or intentionality. As we draw such a conclusion, we deny what it means to be human. We dehumanize the person to a set of chemicals, thus giving justification to a medical intervention for a hurting soul.

To stop this destructive mistake, it is important for you to learn how to understand the meaning behind the symptoms of depression, mania, compulsive disorders and schizophrenia... ." — pp. 63-64.

Again, I do not have space here to give any sort of adequate synopsis of Dr. Colbert's innovative concepts of "the protective subconscious" and/or "forced choice", etc., as I have elsewhere, so I will just close here by hopefully tweaking the prospective reader's interest with a few more select excerpts:

"I hope you are beginning to get an idea of the 'forced choice' behind all such (Out-of-Control—B.F.) behavior. The greater the woundedness, the more forced the choice becomes...

Any person who has ever fallen prey to such behavior knows well what I am talking about. Therefore such individuals should not feel shame for this compulsive behavior... that behavior is not the result of you consciously wanting such behavior. That behavior is the result of others violating you or you now continuing to violate yourself through a set of 'forced' choices." — pp. 146-147.

"... What causes us to choose against our will, our better judgment, or our best intentions?

We can't answer these questions based on the medical model or, as I commented before, we would be searching for a defective gene for nail biting and so forth. Besides, there is no real evidence to support the defective gene theory; and all compulsive behavior appears to be purposeful in nature." - p. 141.

The paradox of these last insights, of course, is that all purposeful actions or behavior do not imply **conscious** choice, or free-will intentionality. And confusion about this issue has historically resulted in what might be termed a Collective Sociopathic Syndrome shared by many "normal" members of society, including even many medical professionals (as alluded to in the last Introductory Quote above), to covertly or overtly **want to harm** mental patients or those with emotional disorders who have not intentionally (but, nevertheless, **actually** have) harmed others. The "walking wounded" wanting to "strike back" sadistically and derive a kind of

craven pseudo-self-esteem or perverse momentary titillation from inflicting harm upon others deemed somehow innately morally reprehensible—unlike themselves!—to give temporary relief to their own suffering, is a phenomena all too familiar to those of us who have spent time in jail and/or psychiatric prison. This even makes many feel "better" in a way by deflecting attention from having to take responsibility for their own pain; it's almost as if they could ritually get some "other" to "do it for them" as psychiatrist Wilhelm Reich so clearly illustrated in his classic, **The Murder of Christ**, and other works. But, of course, that such sentiments are understandable and society-wide (**not** just prevalent within the confines of "official" institutionalized coercion) at present, is not to condone them or accept this situation as necessarily inevitable. However, as Dr. Colbert says, somewhat self-confessionally, when speaking about abusive behavior:

"...there was a part...that felt good about the prospect of hurting... . Not being able to affirm...inner self, the next best way to affirm...was to obsess about hurting... .

We are all capable of this retaliatory behavior to a degree. ... wounding others (or attempting to—B.F.) as a way of dealing with our wounds is...basic... ." – p. 162.

Notes:

1) For an excellent concise discussion of this subject-matter, which is not dated in spite of its publication date, see: Chapter 12, "Mind and Body as Acting Each on the Other", in **A Critical Examination of THE BELIEF IN A LIFE AFTER DEATH**, 1961, by the distinguished philosopher, C. J. Ducasse. It contains such relevant subsections as "What interactionism essentially contends" and "Interactionism and the conservation of energy", etc.

2) A brilliant exposition of this viewpoint, including many of the implications relevant to modern psychology and psychiatry, is quantum physicist, Amit Goswami's, **The Self-Aware Universe: How Consciousness Creates The Material World**, 1993.

(**Depression and Mania: Friends or Foes?** can be ordered from Support Coalition International for $16.45 U.S. at: SCI, P.O. Box 11284, Eugene, OR 97440. T: 1-877-623-7743 or Fax: 1-541-345-3737. Also from Kevco Publishers—T: 714-838-9771 / Fax: 714-838-9924. Dr. Colbert has also begun creating a website at www.pab2000.org).

A Day with 'Andrew', A Day at Riverview

(Continued from page 9)

is, of course, if they could afford to buy them—albeit there were other means, especially for the female patients, of acquiring the cruel chain-and-ball-habit nicotine fix. (FYI: statistics have repeatedly revealed that while approximately 30 percent of the general population smoke, an incredibly disproportionately-large 95 percent of mentally-ill persons are habitual smokers.)

One regret in life Andrew mentioned to me many times was the three-day long weekend, some years earlier, during which "I took thirteen double hits" of a considerably potent form of LSD—a tragic point in his life which immediately preceded the onslaught of his schizophrenia. My inadequate response: "Yeah, well, there's nothing you can do about it now, eh"; he'd quietly reply, "Yeah ... what can you do".

The two of us have drifted apart since way back then, and it's been years since I last met with him. But from the time I had spent with Andrew, it seemed that he was almost continually drifting in and out of some kind of mental limbo—and a way of life that hopefully has since much improved for him.

Bulletin Board

The Self-Help Resource Association of B.C. (SHRA) conducts regular Facilitator Training Workshops for Self-Help and Mutual Aid Support Groups. They also publish a quarterly newsletter and the Directory of Self-Help/Support Groups in Greater Vancouver with approximately 600 listings, many of them dealing with mental health. The latest edition (2000-2001) of the Directory is now available for $12.00 or $10.00 at the office if you drop by and pick it up. SHRA is located at Suite 306 – 1212 West Broadway, Van. B.C. V6H 3V1. T: (604) 733-6186. Fax: (604) 730-1015. www.vcn.bc.ca/shra

The Alternative & Integrative Medical Society (AIMS) at UBC publishes the free AIMS Wellness Directory: Lower Mainland Guide to Complementary Health. It contains approximately 250 paid and many unpaid listings dealing with a broad spectrum of mental, physical, and spiritual aspects of healing. For a Directory and/or more info. about the Society, phone (604) 822-7604. Fax: (604) 822-2495. E-mail info@aims.ubc.ca. Web: www.aims.ubc.ca. AIMS, University of British Columbia, Box 81 – 6138 SUB Boulevard, Vancouver, B.C. V6T 1Z1. Office: B80A Woodward Building, UBC.

Vancouver Women's Health Collective has peer counselling and makes referrals to support services, groups, and does advocacy work in health carre reform. Their address is #1 - 175 E. 15th Ave., Vancouver, B.C., V5T 2P6. Info by phoning (604) 732-5262.

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

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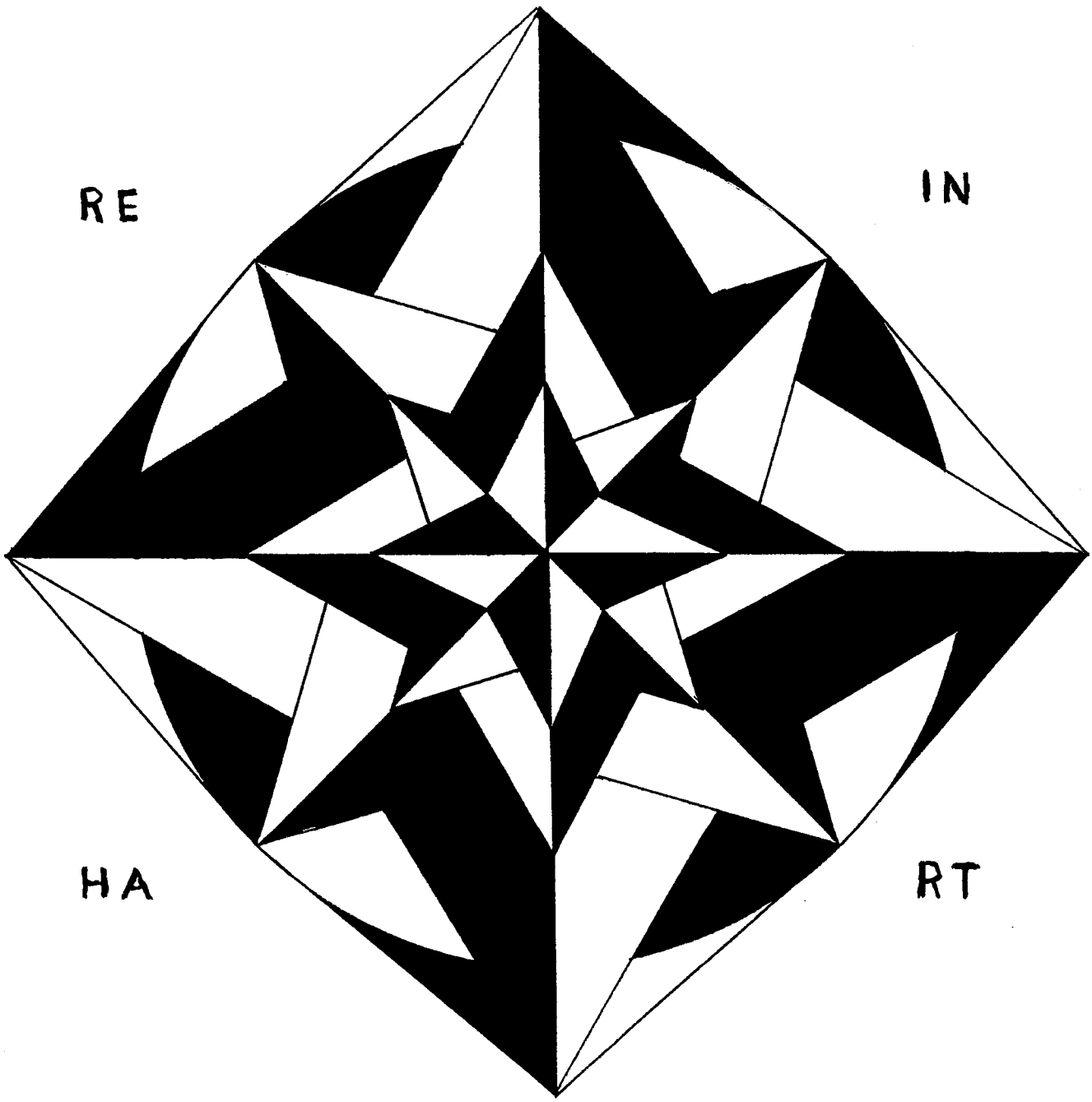
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