In A Nutshell

Winter/Spring 2002

Soon the full bloom of spring will be upon us and there will be much to enjoy!

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

Underdog

The Golden Rule

by Jim Gifford

Civilization today is tottering, heading on the fast track to an abyss of crumble and collapse. Paranoia, the disease of unbridled fear, is rampant in society due to terrorism, the AIDS epidemic, the frailty of the economic system, and cultural disjointedness, among other factors. A World Millennial Psychosis is prevalent, if not rampant.

Yet the Chinese idiom for crisis consists of two characters, one meaning danger, the other opportunity. Will we burn to ashes under this enflamed state of affairs or rise, like a Phoenix, renewed? Indeed, although there is decadence and evil in the world, it is countered by a greater element and potential of good and rebirth.

Many persons of various religious persuasions adhere to upright and virtuous moral practice such as loving their enemies. In the last few years a phenomenon has propelled many people to acts of random kindness, done without premeditated thought, in the spontaneity of the heart.

This backlash to the acts of random violence perpetrated by a few members of our communities, is the mark of The Good Samaritan. The actions of my mother and father impressed me as truly epitomizing this Biblical character in the manner and ways they countlessly crossed over to help a downtrodden stranger.

Personally faith, hope and charity were instilled early in me and have given me a deep sense of joy in life. Raised in the Baptist Church, from my mother I have Pilgrim Father and Amish blood in my veins. One great-grandfather was a preacher. I have long felt a need to be of compassionate service to humanity.

In this respect, for 4 ½ years I was principal caregiver to my mother when she suffered a stroke. Eventually mom required more care than could be provided by me, and she entered a nursing home.

In the entrance to the building is a profile of Jesus and beneath Christ's picture is a plaque. It reads:

The Golden Rule

Hurt not others in ways that you yourself would find hurtful.
Buddhism

What is hateful to you, do not do to your fellow man. This is the entire law. All the rest is commentary.
Judaism

Do unto others as you would have them do unto you.
Christianity

No one is a believer until he desires for his brother that which he desires for himself.
Islam

Blessed is he who preferreth his brother to himself.
Baha'i Faith

These simple sentences are the essence of all religion: we are Our Brother's Keeper. In this time of breakdown, hatred and war, it is vital to recall from Ecclesiastes that "To Everything There Is A Season", and the Time for Love and Peace will come in the great cycle of history.

Such a reality is within our grasp if we live by the common denominator of all religious paths, the enduring Truth of all eternity – The Golden Rule. ■

In This Issue:

Underdog by J. Gifford .... front page
Lottery Players by F. G. Sterle, Jr. 2, 3
Soul of My City by S. Roddan 3
Minute Particulars by A. Feldmar 4-5
A Fact of Life by T. Levesque 5
Rhymes with Work by Frank Molnar 6-7
Crossing the Bar by T. Levesque 7
Bookworm by A. Feldmar 8-9
A Promise of Tomorrow by T. Levesque 9
Poetry by Various Writers 10-13
Book Review by B. Fraser 14-18
Bulletin Board 19
Artwork by Reinhart .... back page

Are Some of Us Lottery Players Really Such Fools?

by Frank G. Sterle, Jr.

"*I-I-I'm sor-ry, sooo sor-ry* ...", is sung on the British Columbia Lottery Corporation (BCLC) commercial, as a head-shaking lottery-consumer stares at her lottery ticket in almost horrified disbelief, having just discovered that she could have won half a million dollars had she only "said 'Yes' to the Extra" and forked over a measly extra buck.

In another such commercial, the despondent lottery-consumer is so sick over having "said 'No' to half a million dollars" — though nonetheless was basically forced to be cognizant of the numbers, to which he said "No", that could have won him $500,000 — that he has withdrawn to as far as he can go underneath his bed, while his wife holds a tray of food and unsuccessfully attempts to get him to eat. The BCLC message: tsk, tsk — had he/she just paid the lousy, extra dollar and played the four, random-computer-selected numbers (ranging from 01 to 99), requested or not, placed on your regular lottery ticket, then?

"... deep down, I know that I... do have a chance."

"*I-I-I'm sor-ry, sooo sor-ry, that I-I-I-I waaas such a* ...", the singing diminishes into the end of the commercial, excluding the final lyric — "*fooool*" — so as to not go overboard, to not cross that proverbial line, and offend the lottery-consumer/viewer. (Brenda Lee obviously did not sing those lyrics with such lottery-players in mind.)

I don't have that much faith in my winning small prizes, let alone millions of dollars. For example, when I recently won $10 in a "second-chance" draw — in which one can write one's name down onto losing tickets (with the correct retailer number) and place them into a draw box, from which two tickets are drawn twice per month — I was bewildered to see my drawn (otherwise-losing) ticket up on the "winners" sheet. Although I knew that the prize was paltry, my cynical mind said to me: "Wait a second - I'm not supposed to win. What's going on? I'm supposed to make up the majority losers department. I never win draws. In fact, I'm so unlucky with draws, even if my name was the only one in the draw box, Fate would still find a way to cheat me out of a win."

So why do I bother at all playing? Because, although I'm cynical on the surface — i.e., convinced that I'm not destined for the large prizes (i.e., $100 and up) — deep down, I know that I, just like everyone else, in fact do have a chance, however remote.

Perhaps the (apparent) contradiction is a direct result of my being a chronic depressive - i.e., one who fears negative emotions to the point of eventually trying to suppress all emotions; it seems that I attempt to avoid any high hopes with my lottery dealings, because I do not handle disappointments well at all.

But I still try. In fact, I'm too afraid to stop buying the tickets, lest I learn that my otherwise consistently-

The Editorial Board of "In A Nutshell" welcomes letters, articles, and poetry on mental health issues from you, our readers.

Warning! Do not abruptly 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, please phone the office at (604) 738-2811. Editorial Board: Jim Gifford, Terrence Levesque, Reinhart, Byron Fraser, D. Paul Strashok.

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

played numbers were drawn and I was without my ticket. As a very negative person, who figuratively beats on himself for almost every short-coming and failure, I fear losing my mind if I missed the Big One in such a manner.

Regardless of the astronomically poor odds of winning the Big One, so many of us continue to play, a disproportionately-large segment of which are those in society that are the least able to afford it, especially persons with mental illness. Although it, admittedly, makes sense — i.e., those who need the money the most, play the most and thus put the most money (per capita) into the lottery system — the irony nevertheless remains quite bitter.

Some statistics from BCLC: 38 percent of BCLC lottery consumers fell within the category of "household annual-income" of less than $40,000; 22 percent were ("middle-income") households with an annual income of between $40,000 - $60,000; and 29 percent were households with an income of more than $60,000.

All of which can leave one wondering just how far BCLC is willing to go, ethically speaking, to get their revenue — e.g., the corporation spent $12 million last year in ads that attempt to get as many people playing and paying as possible — and just how far into dreamland many lottery consumers have drifted.

Yes, it's true — the purchase of a lottery ticket can brighten up a discouraged and depressed person's day simply with the concept of instantly winning a lot of money in exchange for an otherwise-meager buck, albeit a concept with almost zero chance of realization; in other words, the $1 gives us a 1-in-14,000,000-chance right to dream.

On the other hand, perhaps I am but "... *such a fool* ..."

■

Soul of My City

by Sam Roddan

The soul of a city springs from memories, myths and legends. Dying ghosts become a kaleidoscope of images. All but forgotten sounds, sights, voices, tastes and smells revive, breathe life into ancient landscapes.

But who wants to exhume the 'good old days' of the 30's in the East End of Vancouver? Nothing good, as I remember, about being a 'hunger marcher' or a 'tin canner' heading up Hastings to listen to yet another speech by Harold Winch on the Powell Street grounds.

Or who again wants to step around the drunks asleep in the dark lanes behind the Empress Theater, or on the steps of that Mission Church at Gore. Nothing sweet about the sickly odour of canned heat from empty sterno cans or the sour smell of stale beer drifting down the lane behind the Regent Hotel.

"... there are good things that can have a miraculous rebirth in memory ."

Or who wants to remember the soggy shoe smells, damp stenches in the reading room in the old Carnegie Library?

But there are good things that can have a miraculous rebirth in memory. The rich blast from the whistle of a North Van ferry as it pulls from the dock at the foot of Columbia. The piercing birthing cry from a West Van ferry, the big brass drum of the Salvation Army at Carrall, the irreverent rattle of the inter-urbans pulling out from B. C. Electric, the shouts of the newsboys pedaling the last of their News Heralds.

Or it might be the sirens and bells for the No. 1 Firehall on Cordova, sharp policemen's whistles, and in between the lulls, the pleas of a street preacher warming up outside Woodwards, the cries of a junk man along Jackson and the ice cream man with his bells and organ near Strathcona School.

And there are very special smells that wafted around street corners: the sharp odour of oakum and tar drifting up from the docks; crisping pancake smells from the White Lunch; attar of rose and lavender from "The Ladies in Waiting" along Prior; the fried chicken perfumes from Rose's Chicken Inn on Keefer; a logger's delight for everything from cheap wine to rum, gin and whiskey.

And always something persistent – an inexplicable life force in the green ivy crawling up the stark, granite walls of the city gaol on Cordova. The rusty tin cans filled with red geraniums on window ledges, here and there clean white curtains, fragile banners of hope.

Forgotten ghosts haunt quiet little islands in the backwaters of drab streets below Hastings, overgrown with lilacs, the fragrance of snow balls, azalea and bright rhododendrons.

But always the unpredictable contradictions.

On the street the steaming balls of horse manure from beasts of burden; Ridley's horse-drawn carts; milk wagons roll against the curbs, pungent perfumes redolent of green pastures, distant farms, Saskatchewan, far off homelands, enlarge the spirit, warm the heart.

■

Minute Particulars

by Andrew Feldmar

Who has the right to call whom "sick", "mad", or "bad"? All three labels imply that the person labeled is **not** like the person who has the authority to label. I am **normal**, like most of **us**, and you are not; you belong with **them**, the **abnormal** ones, the criminals, the psychiatric patients, the invalids. You will end up in hospital, prison, or the mental hospital, because you are not like us. You will receive punishment or treatment [is there a difference?] until you come around. We will make you one of us, for your own good. R. D. Laing stated, in 1964, "There now appears to be no substantiated evidence that these labeled persons have any constitutional factors in common with each other, that they do not have with us. It would now be an interesting experiment to study whether the syndrome of 'labeling' others runs in families. A pathological process called 'psychiatriosis' may well be found..."

"A pathological process called 'psychiatriosis' may well be found...."

In July of 1980, at an international conference in Leuven, Belgium, Laing asked, "By what *dictat* is it determined what may or may not be done to us before we are born, when we are giving birth, or being born? Who says, of mothers and babies, who can be with whom? What will be done to us, when we are in a state of mental, emotional, or physical helplessness? Who says how and where and in what company we must or may or may not be born, give birth or die?" He was concerned with "the issues of power which cluster and accrue to all phases of human life, from conception to death," under the heading of **biopolitics**. In the same speech, he stated: "Establishment psychiatry is an extreme manifestation of a predominant social ill, or evil, that besets us all. It deals in an alienated way with alienated people, often in life crises, or at crossroads, whereby, with a bit of help, they could begin to find the way they've lost or never known. The help for that must be a safe, non-coercive human context. Psychiatry must transcend its obsession with objective symptoms and tests of blood, urine, faeces, brain waves, x-rays, and the like, and its compulsion to manage. Psychiatrists and their patients must dare to realize their own and others' mental suffering and distress in the context of lived lives with others, and to inquire into the origins and meaning of that suffering. So must we all. We ignore these matters at our peril. Attending to them we may discover a lost harmony and wholeness, we may discover a way home. We are concerned with the dialectics of liberation from individual and collective ignorance and from the harm we do to ourselves, each other and natural systems."

Laing's last published paper, **Hatred of Health**, was written in 1987, in Boulder, Colorado. He wrote, "Until or unless we have a clear vision of the answers to these six questions, embedded in the sentence, 'Who, or what, needs to be healed, of what, by whom, how?,' we won't get far along the Way. We shall just be taking a stroll down another garden path which ends in another *cul de sac*."

The degradation from full existential human being capable of legitimate autonomous agency to being labeled a *patient*, specifically, for instance, a *schizophrenic*, *committed* to a locked psychiatric ward, is in no way a lesser violence than the Nazis' treatment of people they labeled *Jews*, during the last World War. Psychiatrists are empowered to reduce each of us to a number by using the universally available **Diagnostic and Statistical Manual of the American Psychiatric Association, Fourth Edition, (DSM IV)**, although, so far, they haven't started to tattoo this number onto the arms of their captive patients. In **Hatred of Health**, Laing laments, "There is not much left of what, the world over, in all times and place, used to be ordinary human experience. We, it seems, are obsolete. We are to be cultured out. The leftovers will be tranquilized and lobotomized into homogenized creatures I can not recognize as human. I recognize myself, shredded to criteria, strewn over every page [of **DSM IV**]. This is psychiatry's new testament, not merely a billing list for third party payments. I fear it. I hate it."

It has been said by many, understood and acted upon by few, that *mental illness* is not an illness or sickness at all. Thomas Szasz has been repeating for decades that either you suffer from *brain disease* or you have *problems in living* – but there is just no such thing as *mental illness. Problems in living* have all to do with disturbed and disturbing *relationships*, past and present, in one or more social networks. To find the *truth* of a situation, to demystify *what happened* into *who did what to whom*, can be frightening. This fear can be the motivation to use medication as a substitute for talking candidly and listening deeply.

You would not be suffering unless you are being, or have been, hurt. Your connection,

relationship with others bears the mark of how others have treated you. Trauma, having felt captured and tortured by others, makes it difficult to remain connected to the social fabric: whom can I trust? How do I know who would, who wouldn't harm me given the opportunity? And yet, without connection, without love, life may not be worth living. In the desperation of feeling cut off, alienated, expecting more trauma in the future, my will to live will wither, flag. And when others mistake my despair for *depression* and give me medication, as if something were awry **within** me, my despair grows because how can I articulate the unspeakable, how can I mourn and grieve what was done to me, how could I ever seek justice, when now I have been diagnosed with a *mental illness*. Who would take me seriously, who would ever believe me?

In an experiment Laing was conducting on a ward of a mental hospital, during the first week patients were taken off medications, 30 windows got broken. Fixing them, having them broken again and fixing them, was still ten times cheaper than the cost of medicines would have been. Laing wanted to stop doing anything **to** those who were his charges. He felt that the heart of the matter of being some use to each other was **open-heartedness**. If one is out of contact with one's heart, one is out of contact with reality, whether one is a patient or a doctor or a terrorist or a president.

We can help people by not doing them any harm and by treating them with great courtesy. This will safeguard us against trespassing against those who are at our mercy. ■

A Fact of Life

by Terrence Levesque

Believe in yourself and what you do. Have faith that you shall carry on. Be positive and look ahead. These are words of wisdom for you to think about. It is hard sometimes to move forward and to try to lead a rewarding life. We must be brave in the face of adversity and we must have the will to endure and persevere. Everyone needs a little luck sometimes and a break now and again. Good things can happen in your life, not everything that happens is bad. Whether you are struggling to get by or just starting out in some new direction, have faith that you will master the challenge.

I have found that as time goes by, relationships change. People move on or die and friendships come to an end. This is the way life is and we must deal with this reality. As time passes we must make new friends and we must always be open to opportunities and new things. Rome was not built in a day and neither can we expect everything will go our way. We must live through the hard times and look towards the future. It helps to be cheerful and not to be depressed.

"It is high time we woke up to the different time we are now living in."

I have found that the human condition is the same now as it always was. People will always have their prejudices, their faults, their frailties and flaws. We try to overcome these difficulties and meet people on friendly terms. Although we necessarily have to deal with the real life around us, the things of the heart that touch us – love, charity, goodwill, humour and openness, will always remain the same. Life can be hard sometimes; thankfully, there are also times of ease and leisure. It is also not necessary to have a lot of money or to be particularly successful. Live life to the fullest for you only have one life to live. I am not a prophet or a sage but I pass along these words so that you may benefit from them and may have a richer and more rewarding life.

As life goes on and unfolds we look to maintain our balance and to see the world from an individual viewpoint. How we see the larger picture is important and how we adjust to the changing times can make a difference. We are small people in a big world. In today's world we must also deal with the processing of information as it will affect our actions and our views. Even so, we should not lose sight of who we are. We no longer live in the past and much of what has happened is now history. We wish to move on and proceed with the rest of our lives. It is high time we woke up to the different time we are now living in. To those less fortunate and to those who are ill, I can only say that your situation can always improve and get better. We, as individuals, are part of society. We will remain so until we die. I believe we are what remains of a dying order. The future lies in the vast time ahead. We are entering this time now. Remember that we are a race of people living in a defined time in history and that we will all pass on. Others may walk after us and they will sing the same song. Life is a mystery which we will never fully understand. To begin again is my fervent wish as all is now over and done. This is how I see things, perhaps you will agree.

■

Rhymes With Work

(Part One)

by Frank Molnar

People look at me funny when I tell them I have four jobs — five if you consider my role as parent twice a week. Luckily, I don't see the latter as being a job. The time spent with my son is sometimes trying but never work in a literal sense. I wonder what they'd say if I told them I also have a mental illness. To those who know me, however, this is anything but shocking. A little time management skill and a commitment to priorities allows me to enjoy Mondays and Tuesdays with my son and work up to thirty hours the remainder of the week. Of course, the constant juggling does take it's toll; I've spent more than one weekend with but twelve hours of sleep and thirty plus hours of work squeezed in from early Friday morning till late Sunday night. My cherished companion through such treks? A tube of A-535 rub. Believe me, the lower back is the first to smart with age.

"...behind each is a commitment to growth and healthy acceptance of change."

Seemingly lost in the rush of words above is the fact of my having a mental illness. Which happens to be the reason I am writing this letter instead of getting some needed rest before tomorrow's shift. I feel one can only be informed on a topic for so long before the impetus to write about or respond takes over. Lately, thanks to predilection, friends and valuable contacts, I've done little with my spare time other than immerse myself in all that there is to know concerning work programs, sponsors and initiatives for people with mental illness. I've listened to the tremulous excuses of many a survivor for the existing barricades to employment as well as swallowed vials of information from the professionals in the psychiatric field about what constitutes and motivates a positive return to work outcome. I have even talked to people in employment spheres who want everything or nothing to do with the creating or retaining jobs for ex-mental patients. With minimal prejudice and but a slight bias, I've listened and analysed the situation until I felt the time was right to state my piece.

Though the information I gathered was from a motley array of sources – some HRDC linked, others not – I have been able to identify a shift in patterns or paradigms concerning and affecting the entry, re-entry and job retention of people with mental illness. A quick overview of those shifting patterns include: 1. A recognized need for coordinated efforts in both the public and non-profit sector as well as at the policy level 2. Greater emphasis placed on ergonomic concerns in the mental health community 3. An influx of innovative projects and programs in the public and non-profit sector that offer intensive services tailor-made to suit their clients, and 4. A decreased importance of the role psychiatrists play in determining a client's decision to return to work.

Of the many patterns shifting for the better, are programs like: THEO B.C., Coast's PACT Employment Services, IAM Cares and Gastown Vocational. "One Stop Shop" services that offer comprehensive and all-inclusive training, education and eventual employment to their "job ready" participants. The high success rate of these and other like-minded associations is not surprising. For behind each is a commitment to growth and healthy acceptance of change, both in species and environment. One which demands they offer the intensified services they do.

In the field of self-employment or consumer-run businesses, one need look no further than present organizations like the "Ontario Council of Alternative Business", (OCAB), or B.C.'s own, "Consumer Run Business Development Project", a CMHA program sponsored by the Vancouver/Richmond Health Board and Carlton University (CEDTAP) Program with Women Futures. Both are fine examples of innovative programs leading the way to open doors.

At the policy level, however, multi-tiered responsibilities, departmental strife, opposing philosophies and endless accountability campaigns hinder rather than facilitate a dire need for co-ordination. Such obvious fragmentation serves only to minimize effectiveness and squander precious funds. More than once, for example, have innovative employment project ideas been scrapped in favor of cost-effective duds. This would not be the case if a unified attempt to first recognize, then tackle the issues, was applied. In fact, I feel it would serve the interests of all and sundry if the existing cacophony were replaced by a reasonable meeting between interested persons to discuss a particular subject. Perhaps this is an over-simplification of the conference process but, given the tools of expression, deduction and the ability to understand another's concerns, it is possible.

Honestly though, in light of current tumultuous world affairs, vast structural changes in the workplace, such as company downsizing and casualization of labor, a crippling dollar value and a fast-approaching global economy soon to usurp what little is left of the old ways – I have to say that policy-makers have not done an entirely bad job. Mainstream HRDC Programs like the Job Partnership Program, Workplace Based

Employment and Destinations are excellent work initiative programs open to any able-bodied worker with or without a mental illness. Of the people I've spoken to, save for a few, being disabled (mental or physical) is hardly a barrier to gainful employment today. One person I spoke to while enquiring about a trade program even cited a participant they had in their ranks as qualifying for disability status on account of being allergic to paint fumes. He had been a house painter most of his life until sever nosebleeds and headaches "interrupted" his career. The agency understood his predicament and merely realigned his employment prospects.

Though the option to revert and expand on obvious systematic flaws is open to me here – for instance, to comment on the difference between "training" and those programs that actually develop skills – I will only suggest that perhaps a better delineation of Pre-employment and Employment services be in place, especially in the public non-profit sector where communication between organizations is smoother based on the acknowledgement of shared concerns. As for those within the Mental Health Community, like myself, I feel we, as a team, already know that the last thing we need is more confusion.

As for the facts about work and mental illness, cited by "Visions: BC's Mental Health Journal (Fall 2000-CMHA) – that "work for people with mental illness tends to be sporadic, poorly paid and lacking employee benefits." And again, that "stigma and lack of awareness are the main reasons why consumers are less likely to find work." All I can offer is that given the present economy, it seems that work for anyone, with or without a mental illness, tends to be sporadic, poorly paid and lacking employee benefits.

As cited by "Andrea Curtis" in the Jan.-Feb.1998 back issue of "This" magazine:

"It's a cruel irony that people who are lucky enough to actually have a job spend most of their time freaking out about not having it in the future. This insecurity breeds fear, which spawns workers who will do almost anything to avoid the horrors of joblessness. It's an employer's wet dream."

Then again, "Colin Campbell", author of the best-seller "Jobscape: Career Survival in the New Global Economy", reports that "50 percent of the jobs that will exist by the year 2008 do not exist at the moment."

Whether we are to embrace a job-rich future or mourn for a jobless one remains to be seen. All that is discernable right now is that the workplace is undergoing vast structural changes that affect everyone. My own personal hope is that these changes become so pervasive they override the dated attitudes and assumptions that have been responsible, either directly or indirectly, for creating a stigma where none should have been in the first place. The days, for example, of accepting one's illness as a life-long chemical brain dysfunction that will nullify one's ability to work ever again, will hopefully disappear forever. People do recover from schizophrenia and go on to gainful employment, as many psychiatrist are now noting; much to their chagrin, for with the knowledge comes further lessening in importance, of what was their, soon to be defunct, authoritative role in mental health affairs.

In summary, I'd say that the prognosis for any able-bodied soul seeking employment is good. Whether we are functioning or partially functioning, the essence of "work", it's part in our lives, it's ultimate rhyme, is a need to be useful, to play an integral part in the community. I feel we all share this inner drive and respect it in one another. To me, personally, work has been a place where I escape from emotional turmoil at times as well as one wherein I readily satisfy my inborn desire for the order and arrangement of all things. ■

Crossing the Bar

by Terrence Levesque

Around the cape suddenly came the sea, and I find myself tossed up in a new time. Breaking on the shore is a time that will never come back to me, I feel that I have now crossed the bar and have left a century behind. I have many friends and memories to carry with me in my heart. I will not forget. I awake from a deep sleep and look around me. All has changed. Moving, moving – the time is moving. Tossed this way and that, struggling and staying afloat, I enter this vast time ahead in which you and I are strangers.

You will walk down a different path. I wish you well. It is not for me to tell you anything new. I am set in my ways and believe in some of the old values. Many of you, however are modern and will live in the modern time.

What is happening in the world? Do you know or care? You can hide your head in the sand, resist change, refuse to move ahead, stay stuck in a rut. That is not my way. The things that are tried and true have been tested. I now feel that there is room for innovation. I will not be the one who brings it but you must find it for yourself.

People have spoken of the generation gap. I find that I am a generation removed from the old ways. In this new time we may never meet, yet I am not sad. I have had experiences to last a lifetime. Look ahead, think positively, keep on moving.

You will see that the future is brighter, full of hope and promise of a better tomorrow. Love and beauty will endure and will be yours to share. In closing, I leave you with warm wishes of health, happiness and prosperity for you, your family and your friends. ■

Bookworm

Just Listening: Ethics and Therapy

by Steven Gans and Leon Redler

Xlibris Corporation, 2001

Reviewed by Andrew Feldmár

Tillich raised the ethical question of the nature of courage. I remember in my late teens worrying about the possibility that on my death-bed I will judge myself to have been a coward. It was R. D. Laing who asked me what did courage mean to me. "Fearlessness," I replied and he laughed. In his estimation, he told me, he had never met a fearless person, nor could he claim to be fearless. The next best thing, he said, he **had** achieved, which was not to be afraid to be afraid. He re-framed courage for me to mean doing what I wanted even though I was terrified; not allowing fear to be my advisor. "Practice courage," he exhorted, "and you'll get better and better at it!"

Alphonso Lingis wrote that "Aristotle, who wrote the first treatise in the West on rational ethics, listed courage first of all the virtues. It is not simply first on the list of equivalent virtues; it is the transcendental virtue, the condition for the possibility of all the virtues. For no one can be truthful, or magnanimous, or a friend, or even congenial in conversation, without courage. And every courage is an act done in risk: of one's reputation, of one's job, of one's possessions, of one's life."

"Gans thinks of therapy as an attempt to 'shift people out of need'..."

Elsewhere, Lingis states that to "enter into conversation with another is to lay down one's arms and one's defenses; to throw open the gates of one's own positions; to expose oneself to the other, the outsider; and to lay oneself open to surprises, contestation, and inculpation. It is to risk what one found or produced in common... . One enters into conversation in order to become an other for the other."

Gans and Redler are two courageous psychotherapists who recorded, edited and published their conversations, mostly with each other and at times with Bob Mullan, the editor of **Just Listening**. Topics range from money to sex and transcendence; from love and intimacy to welcome and hospitality; from know-how *versus* knowledge to music and re-lease. The tone is convivial, friendly, and often intimate. Mullan represents the naïve, yet at times condescending and obtuse *hoi polloi* questioning the *aristos*.

The spirits of R. D. Laing, Hugh Crawford and the original Philadelphia Association are often paid homage to. Crawford's "Only you can do it, but you can't do it alone" weaves through the book like a musical refrain. Laing's "Are you sure?" and "What to do when you don't know what to do?" aren't explicitly quoted, but Redler's steady scepticism consistently questions dogma even when it is his friend Gans who sounds just a bit too certain. "All that philosophy can do is to destroy idols. And that means not creating a new one – for instance as in 'absence of an idol'," wrote Wittgenstein, and in this sense Gans and Redler are philosophers.

Gans thinks of therapy as an attempt to "shift people out of need" and to "open them up to their desire." "*Demands kill desire,*" he states, illuminating a host of difficulties in relationships. Babies need, toddlers demand, adults desire. No wonder then that when an adult comes across as needy and demanding the therapist's job is to frustrate. To satisfy or comply would turn the therapist into a prostitute and the patient would never wake up to his/her own responsibility.

Redler speaks of "the fundamental perversion being beyond not responding in responsibility to the face of the Other, not only not welcoming the Other, not only not saying 'yes, yes' to the Other, but really kicking in the face of the Other. Psychotherapy has to attend to ways in which this perversion has been rampant in people's lives; it's been done to them, and probably they are doing it to others."

The diamond of psychotherapy has many facets and Gans and Redler illuminate a large number of them. They are informed and inspired by psychoanalysis, Buddhism, R. D. Laing, Emmanuel Levinas, Derrida, music, meditation and martial arts, and many other people, practices and traditions. The authors are more concerned with **making sense** than knowing, with the acknowledgment of lived experience rather than justification and proof. Wittgenstein's worry that we are the prisoners of the power of language is taken seriously by both authors and words are used by them carefully, often poetically.

More than anything, this is a generous book, filled with treasures for the practitioners of the art of psychotherapy, for patients past, present and future,

and for anyone who has interest in what is **between** us, in the vicissitudes of relationships.

Albert Camus's definition of *heroism*, "Ordinary people doing extraordinary things out of simple decency," applies to the work Gans and Redler are engaged in. Like Camus, they attack dogma, compliance, and cowardice in all their manifestations, private, public, institutional. Their insight that therapy is fundamentally ethical and political leads them to insist that all truly important questions come down to individual acts of kindness and goodness. Like Camus, they are moralists who have a sure eye for distinguishing good from evil, yet they abstain from condemning human frailty.

My only disappointment, after reading this book, was that I wasn't a part of the conversation. Often I wished I could have joined in. Well, now I can, it so happens, easily, by visiting **www.justlistening.com**

So can you. Check it out! ■

A Promise of Tomorrow

By Terrence Levesque

I am up in the middle of the night, walking around, thinking, thinking. The days are flying by and we welcome a new year. I'm looking forward to some peace and prosperity.

These are anxious moments of anticipation and hope as I await the dawn to begin a new day. What will it bring and what new things will enter the picture? It seems to me that I am living at the beginning of time. How odd that is.

"The days and nights go by and all things change."

I am quite comfortable at home and surviving the winter months. I am taking this time to compose some writing and to let my mind run free of responsibilities and obligations.

Yet I have taken care of everyday things – paying the rent, shopping for groceries, and paying bills. I have not involved myself with other than my immediate concerns. Once the little problems are taken care of, I can relax and think about other things.

There is an awareness that the world is turning and that life goes on. Personally, my concerns are not much different from yours. I always think about what can happen next. I have this time to just be myself, away from social functions and away from the rush of the rat race.

However, I do want to be active this year but I also want to keep my feet on the ground. I will wait to see what the new year brings. I hope my mental state remains stable, facing up to whatever comes along and being able to do what is required of me. I am well and have a handle and some control over my actions, and will get back into the swing of things. Once again, I am going to take an interest in the outside world, out and about, and not staring at the four walls.

The days and nights go by and all things change. The new year is full of hope and promise, and I am glad to be here in this new time.

■

"Always remember that the future comes one day at a time."
Dean Acheson

"Genuine poetry can communicate before it is understood."
T. S. Eliot

Triumph

by Raminder Grewal

A sickly man
Pounded his fist
To Scatter the Events
So he could release himself from the Past

Events like coins to be bartered
For empathy, support and inner strength

Like a dandelion in the wind
The Past blew away forever
On and on it went floating
Through and Beyond
Noetic Space

The Madman's Vision

by Jim Gifford

like a tsunami wave
come to overwhelm mere mortality
so it is
    the gods destroy
    with unwavering force
    of third eye
the ego splattered
at his feet
as the remains
    move on brilliantly
    in the night
    forsaken by mankind
redeemed by the source
swimming in the sea
of his soul
    abysmal delight of love
    bounty of terrifying beauty
    the madman's vision

the master dialogues

by reinhart

i said, master,
if i see, i will believe.
he replied,
if you believe, you will see.

i said, master,
why are we here?
he replied,
where else would we be.

i said, master
where do we go when we die?
he replied,
wait a while.

i said, master,
what must I do?
he threw a cup of tea
in my face.

i said, master,
what is the truth?
he replied,
you are the master.

The People's Rights

by D. Strad

The volitional imperative
of single occupant vehicles
scares me into fresh realization
of the world's situation.
Not that I would wish or hope for
such a plight –
morning, noon and night
they are racing onwards
into the fray
while I stay,
mostly rooted
and hopefully built up.
"The people's rights"
cry out for release
and the peace and prosperity
of some distant shore,
heaven's gate releasing more
from shadows of solitude
to wisdom-treasure plentitude.
Eyes now wide
treasuring all the unseen world
the vision unfurled
as a scroll across the mind and heart
imparting lasting peace
and release
from workaday care.

A Fragile Revolution: Consumers and Psychiatric Survivors Confront the Power of the Mental Health System

(Wilfrid Laurier University Press, 2000, 264 pages.
Ph.: 519-884-0710 ext. 6124/Fax: 519-725-1399
E-mail: press@wlu.ca/www.wlupress.wlu.ca)

by Barbara Everett

Review Essay by Byron Fraser

"The state as such is not the bearer of development. At best, states can institute policies that **leave room** for the real agents of development - ..... Capitalism 'leaves room' for mediating structures, while Socialist development models almost always try to suppress, regiment, or (perhaps worst of all) 'mobilize' them."

- Peter L. Berger (Leading modern-day authority on sociology oft-cited by Barbara Everett in her book.)

Ms. Barbara Everett is a lady who likes all of her ducks in a row. And a lady of considerable accomplishments. A survivor of many years spent as a social worker within Ontario's psychiatric hospital and community mental health system, the rigours of being a workaday world single parent and, on top of all this, managing to acquire a Phd. from York University. No mean feat. Capping this, she was recently appointed CEO of the Canadian Mental Health Association's Ontario Division. Barbara is also the author of two books: the one under review and another recent volume titled **The Link Between Childhood Trauma and Mental Illness: Effective Interventions for Mental Health Professionals** (co-authored with Dr. Ruth Gallop and available from Sage Publications). By anyone's standards, certainly "a force to be reckoned with" on the Canadian mental health scene – and, as **A Fragile Revolution** demonstrates quite unequivocally, a first-rate strategic thinker, competent analyst, and elegant literary stylist. If only we had more consumers like her with this kind of personal empowerment!

That said, many of us who have found ourselves "out of step" with, and/or somewhat reticent about, committing to what she refers to as "the universe of obligation," or elsewhere – revealingly enough – "the threat and the promise of partnership," to the point where others have felt it necessary to coercively make "commitments" for(**to**) us, may find her managerial class mentality a wee bit overweening, if not to say, overbearing. Not to mince words, **A Fragile Revolution** is an astute and studied exercise in "containment ideology", a cleverly crafted apologetic for "The System" as it essentially **is** and **has been**, meant mainly for consumption by and in defense of the established professional and political vested interests which she quite naturally – and openly – identifies with. This is not to say that the study is dishonest in any way – it is remarkably honest, frank, and revealing in many parts – but merely to alert the interested reader to its obviously very calculated frame and exclusive orientation. This is the book you give to non-academic Psych.-Industry Workers for their "one short course in what the antipsychiatry movement is all about," to give them a suitably impressionistic and non-substantial gloss – without referencing any of the mounting **wealth** of prestigious academic literature or much of its devastating **conceptual content** critiquing the biopsychiatric establishment – after which they can go merrily back to "the job," armed with a few codified buzz-words to bandy about, never read anything else on the subject, and blandly assume: "Oh yes, the consumer/survivor movement, antipsychiatry – we know all about that. **Our** 'expert' (-academic -) told us all about it; wrote a whole book on the subject," etc. Well, of course, she didn't and she hasn't. What we have here is a pretty narrow provincial-focus – which is nevertheless very instructive, well-done, and replete with many wider-ranging implications – on Ontario's recent (last decade or so) experience with the so-called ("By whom?" is a very relevant question!) "consumer/survivor movement," a kind of bastard child government-sponsored bifurcation of the 30 year old international ex-mental patients and antipsychiatry movement. And Dr. Everett would undoubtedly protest that referencing all – or even a goodly portion – of the impressive backup literature and argumentation attendant to "the movement" would have been beyond the scope of her study. Well, that's precisely the point - : this would have given a **different** (consciously unwanted) **impression**.

To be fair, while giving extremely short shrift to "the other side's" academics, Barbara does give considerable space to individual ex-mental patients holding

forth rather cogently, poignantly, and often humourously, in various sound bite snippets interspersed through 5 of her 10 Chapters and Postscript. So **some** of "the message" does get through, if only in this mock "Spoken Word"-Hangman adulterated-format form. Indeed, the main subtext for Barbara's interpretive metanarrative on the "consumer/survivor" movement was a series of research interviews with 19 subjects done over a 2 year period (interestingly – and humourously – enough, not a single one of whom identified as a "consumer" when asked – a subject we'll examine more closely presently). And just allowing criticisms to be "voiced" **through** these individuals and not herself was probably a very wise tack to take given "her position"; that is to say – and not meaning any personal disrespect – probably as "politically permissibly" far as it was possible for her to go, under her circumstances. Fair enough. Still, the impression gleaned by the unschooled novice to the field will be of a sort of rag-tag conglomeration of life's losers, with no real **serious thought** backdrop behind their off-the-cuff complaints which has any comparable standing in the community over and against THE PROFESSIONAL who "presents as" considerate, understanding, objective, well-mannered, and above all linguistically/conceptually more adept than (read: "educationally **superior**" to) these rather uncouth sounding semi-articulate "gripers"/"whiners" about life's woes. One supposes that they should be extremely grateful that anyone has been "liberal" enough with their time to spend a lot of it listening to them at all, not to mention for the millions of dollars the Ontario government's Consumer/Survivor Development Initiative has spent propping them up as a kind of "kept" constituency. And this is true enough.

In spite of this delimited scope, I don't want to sell this work short; it is very well organized, full of very thoughtful – and thought-provoking – commentary, and still has to be ranked as a major contribution and a must-read for anyone concerned with Canadian mental health policy making and development. Withal, what emerges is a pretty "balanced" overview of the current **realpolitick** power and ideology dynamics operative in this field today.

To begin at sort of the (analytical) beginning, then, this work should be viewed as the logical outgrowth, partial recapitulation, and refinement of a very good article which Barbara contributed to the now well-known and highly influential two Special Issues of **The Journal of Mind and Behavior** (Vol. 11, Nos. 3&4, 1990 and Vol. 15, Nos. 1&2, 1994), edited by Dr. David Cohen of the University of Montreal, titled "Challenging the Therapeutic State: Critical Perspectives on Psychiatry and the Mental Health System" and "Further Disquisitions on the Mental Health System" respectively (these can still be ordered from Support Coalition International [www.mindfreedom.org]). Her piece was titled "Something is Happening: The Contemporary Consumer and Psychiatric Survivor Movement in Historical Context" and therein she gives a very good overview of the three major mental health system reform movements over the last 300 years (The Asylum Movement, The Mental Hygiene Movement, and The Deinstitutionalization Movement) plus the latest, or Fourth Movement – really two separate ideological entities, as she points out – of psychiatric survivors and consumers (the former usage and theory having predated the latter, by all knowledgeable accounts), which is notable especially for being the first historically to actually involve current and ex-mental patients, in large part representing themselves, rather than having interested others act on their behalf. All of this is enlarged upon in the introductory chapters of the book.

For purposes of this review, it is probably most relevant to relate the origins of the term "consumer" and how the CSDI and related funding programs developed as **mediation structures**, in the language of sociology, mainly as a denuding/filtering/watering-down/and blocking apparatus between large institutional vested interests and the hard-edged but powerful and telling "outsider" critiques of the radical survivor/antipsychiatry minority who they – essentially – "saw coming." As Dr. Everett explains in Chapter 4, "A New Power Contract?", the term "consumer" was first introduced by government policy-makers feeling the combined effects of peoples' growing awareness of and demand for alternatives to our traditional socialist medical monopoly system and the dawning new political-economic consciousness that it is not now, and never has been, based on **legal contractualism** – hence much of the systemic abuse, lack of civil libertarian checks and balances, lack of informed consent and choice, and inherent economic exploitation and lack of service provision, especially for poorer classes of people. She says:

"Along with the rest of society, health care is undergoing a powershift. Steady and reliable access to all kinds of health knowledge has led to the rise of self-help, and it has provided a nascent, but very real, way for patients to augment or circumvent traditional health care services.... These kinds of competitive trends, coupled with the perceived utility of attempting to apply business and marketplace solutions to the many problems Medicare faces... have meant that governments and health care professionals have begun to call patients 'consumers' and to formulate health policies that call for a partnership with this heretofore neglected group." (p. 63)

In other words – the words of modern economic "public choice" analysis, for instance – what we've had to date has been a vast entrenched bureaucratic system existing mainly to serve the legislated privileged best interests of **those who run it** as perceived in terms (quite naturally) of their selfish material aggrandizement – in short, a typical "producers' monopoly" which has had no incentive to give, and in fact hasn't given, much of a damn about its optionless "customers" or, more accurately, its hapless "human resource" assets. But now they've not only come under the glare of increasing public scrutiny for ongoing unconscionable medical malpractice (as with the prestigious international Russell Tribunal on Human Rights last year indicting orthodox psychiatry for numerous crimes against humanity) but - : they're also actually facing the

prospect of competition! The grand paradox here, too, is that this is precisely the sort of monopoly structure that socialists originally railed against back in the 1800s. Marxist class analysis in fact says that under capitalism an elite of professional and corporate interests will use the state (its "executive arm") to grant it legislated control of all the funds in any particular economic sector to scam then off for/exorbitantly profit/ itself. Does this fit the Psycho-Pharmaceutical Complex's collusive and restrictive trade practices like a glove or what?! And how come it's now the supposedly "right-wing" economists who wind up having to trust-bust this nominally "socialist," but obviously mercantilist, baliwick of largesse?

How this ongoing powershift trend away from Rousseauian mythical "social contract" justifications for historical statist coercion lingering on in the guise of doing good "for the people" (instead of the upper classes and/or aristocracy – supposedly) and towards **real contractualism** across the entire spectrum of human services translates to mental health care – and specifically is relevant to the community-based work of non-profit groups like our own MPA here in Vancouver, e.g. – becomes clear if we consider at least two emerging propositions evident from the analysis of Dr. Everett and many others:

1) It is probably realistic to assume that some portion (perhaps one third) of the institutionalized mental patient population will require ongoing lifelong care and supported living while many of the rest are only in need of temporary assistance along a varied continuum of care.

2) The care and support most required – and desired – by current and/or ex- or recovering mental patients is of a **primarily non-medical** health determinants sort (- i.e., "emotional and economic support"- see pp. 196-197).

Put boldly, if we take the $600 - $1,100 a day cost per person of warehousing people in traditional hospital settings like our local Riverview (83% of which goes to medical staff salaries and benefits for essentially custodial care functions – see the recent report, **Patients First: Renewal and Reform of British Columbia's Health Care System** [Dec. 2001], section on "Chronic and Continuing Care," pages 50-54. www.legis.gov.bc.ca/cmt), which has been shown to be reducible to at least ½ to ¼ of this cost **with no compromise in standards** delivered through community-based care organizations, coupled with a thoroughgoing rejection of the non-"best practices" scandals entailed in psychiatric drugging and ECT treatment regimens (the megadollar drug company connection and key "medicalization" hooks), what emerges is something like the perspective reflected in one of the recommendations of the above-named report – to wit: "Long-term, intermediate, assisted and supportive housing should be considered as a housing issue with a health component rather than a health issue with a housing component." (p. 54) More specifically applied to mental health, this was already succinctly summarized by distinguished health historian, Andrew Scull, in a superb article in the 1990 **JMB** Special Issue titled, "Deinstitutionalization: Cycles of Despair," where he wrote:

"Biological psychiatry, as always, promises us that a medical solution is almost within our grasp. It would be nice if one could believe it. I fear one might as well be waiting for Godot. After almost two centuries of medical assurances on this front, psychiatrists' credibility ought to be wearing rather thin. Aside from its role as the monopolistic provider of the ambiguous blessings of psychopharmacology (a form of intervention whose iatrogenic effects are the subject of increasingly worried commentaries in the professional literature [he is referring here, of course, to the millions of people worldwide suffering the effects of physician-caused brain damage and neurological disorders from prescribed psychiatric drugs – especially neuroleptics. – B.F.]), psychiatry makes only marginal contributions to the management of the chronically crazy. The illusion that curative care is available, or on the brink of becoming available, serves to distract us from recognizing the essential irrelevance of expensive medical personnel when it comes to provision of the supportive social care most mental patients need." (pp. 63-64)

Barbara Everett is of course well-aware of the fast-fading credibility of biopsychiatry and the medical model on which it was based. As she says (p. 200): "although theories about mental illness abound, there is no conclusive agreement on what it is, what causes it or what to do about it." Further (p. 148), she notes that the **Compendium of Canadian Pharmaceuticals** confirms that it is not yet known **how or if** neutoleptics and other psychiatric drugs actually cure any biochemical imbalance or disease/illness component in the brain. What **is** known is that they suppress symptoms by impairing **normal** brain functioning and inhibit recovery and therapy by causing cognitive and emotional dysfunction. Her subsection (pp. 187-194) titled "It's a chicken or egg thing" in her chapter on "What do consumers and survivors believe in?" also provides a very useful metaphorical backdrop illustrating this conundrum. Briefly stated, the question increasingly on everyone's mind is: which comes **first** – the environmentally engendered emotional pain "chicken" that produces a natural biochemical "egg" reaction, or an "unnatural" biochemical disease component factor "chicken" that produces an aberrant thought or emotional disorder "egg"? Of course ex-mental patient advocates tend to believe the former, while mental health professionals have been taught to believe the latter. Whatever the actual scientific state of affairs is, however, the looming corollary question now impinging upon Public Consciousness is: Given what we do know about the dangerousness of, and massive amounts of **physiological harm** caused by, current psychiatric treatments – and the fact that they admittedly **have no curative value**, and are administered (for the most part) without informed consent – what does **that** say about the moral, legal and political legitimacy and/or desirability of The System and the "service provision" in it?

So it was against this background that the Ontario (and many other) government(s) first started "throwing money at the problem" in the form of

funding consumer and survivor groups. As she says (p. 140), "customer dissatisfaction [was seen as] a saleable rationale for downsizing the institutionally based portion of the mental health system and modifying the rest." And "consumer involvement" was seen as a buyable convenient democratically-"inclusive" seeming façade to rationalize **transinstitutionalization** – whereby there **appears** to be sanction and "consensus" legitimizing the move to Community Care, but in the process of which "nothing really changes" and all the same cast of state medical employee players maintain their well-paying jobs and "status", etc. For a few lousy million, this was seen to be a good System-saving facilitator and, if many of the crazies' groups flopped (as was the experience, most notably, with the Ontario Psychiatric Survivor's Alliance [see also Irit Shimrat's very good book, **Call Me Crazy, Stories from the Mad Movement** – Vancouver: Press Gang Publishers, 1997 - , for more of a first-hand account of this] – very similar to that subsequently of our own local West Coast Mental Health Network) from lack of skilled management and experience, so much better: it would only serve them right for all their bitching about "professionalism" over the years. The upshot, however, of the quite frankly admitted "get-a-job" (so you'll learn what life's all about and keep your mouth shut about any "telling" truths or important change-threatening criticisms) co-option stratagem was, however, that all did not go according to the Original (Policy Wonk's) Plan.

Summarizing the "Partnership" experience, and speaking of the problems with implementing the 1993 **Putting People First** mental health reform document, the somewhat exasperated Dr. Everett says (pp. 182-184):

"...plans have tended to focus mostly on targets such as bed reductions and the problems associated with the redeployment of unionized staff to community-based jobs....powerful unions...are, indeed, facing a serious threat....

In such an atmosphere of instability, the professional position is a shaky one. Their power is eroding. Many of the institutions that have employed them are slated for closing, and the unions that have protected their jobs are under attack... mental health professionals...are embattled on all sides. Consumers, survivors and often family members view them with contempt, while their own employers are threatening them with job loss. In the midst of these dynamics, professionals seem to have been assigned the role of villain. Those who take an advocacy stance on behalf of... patients... are seen as using them to advance their own interests...**they are viewed as selfish turf-protectors**.... from the professional perspective...mental health reform isn't working at all." (emphasis mine – B.F.)

To return to the highly pertinent issue of the historical coinage of the terms "consumer" and "survivor", here are some further enlightening quotes:

"**Consumer**, as discussed in chapter 4, is a designation that grew out of literature that focuses on the rights of mental patients as citizens. It is a rather mild-mannered term that attempts to empower patients and clients by equating them with customers – a term which, in the sphere of the marketplace, denotes people who are respected because they demand satisfaction or else they take their business elsewhere." (B.E., p. 145)

"...reformist 'consumerism'... developed as the psychiatric establishment began to fund ex-patient self-help....[it] weakened the radical voices within the movement and promoted the views of the fat more cooperative 'consumers'. The very term 'consumer' implies an equality of power which simply does not exist; mental health 'consumers' are still subject to involuntary commitment and treatment..." (Judi Chamberlin, "The Ex-Patients' Movement: Where We've Been and Where We're Going." **JMB**, Vol. 11, Nos. 3-4, pp.87-88)

"...from the perspective of many respondents, the official sanction of the term consumer/survivor appears to have sapped the shock value from 'psychiatric survivor' while, at the same time, politicized by association the tamer version, 'consumer.' Church...herself says that it seems to have stilled, rather than encouraged, debate." (B.E., p. 149)

" 'Consumer' is a term that I believe was cooked up by the mental health establishment." (Irit Shimrat, **Call Me Crazy**, p. 58)

"On the other hand, psychiatric survivor, with its much more in-your-face connotation, was coined by ex-mental patients themselves. It is intended to convey strength in the face of adversity, a sense of optimism and independence, and , above all, power. (According to Hurst [OPSA Newsletter, No. 1, p. 7, 1990], 'A consumer gives in to advertising, to pressure, to the wishes of the service providers. A survivor has fought, endured and triumphed, like the survivor of Auschwitz.' [Quoted in 'Something Is Happening']) Without exception, this study's respondents identified themselves as survivors. Consumer was considered a term that was 'imposed by the government,'..." (B.E., pp. 145-146)

Before closing, I would like to take this opportunity to clear up an issue or "bone of contention" which Barbara Everett seems to be totally in the dark about and winds up completely misconstruing: it is the distinction between being anti-"professionalism" and being – or believing that there is some special virtue in being – "anti-professional." She is aware that there are many writers in the antipsychiatry vein (Szasz, Breggin, and more recently, Farber, et.al.) who have repeatedly assailed "professionalism" in the mental health field and cites prominent author/activist Judi Chamberlin to this effect but all, apparently, without "getting it." For she goes on to say things like "from the perspective of their typically anti-professional stance" (p. 188) and "Given their hard-line stance against professionally run mental health services," (p. 151) etc. And this seriously misrepresents and misstates the essence of these critiques – particularly the specialized meaning of the term "professionalism" as used in the literature and by non-academic "movement" people. In fact, "professionalism" is criticized precisely because it is so **non-professional**, in the common parlance sense which Dr. Everett uses. This is not the place to repeat all those types of arguments but their main gist, again, has

nothing to do with being against competency, skill, or excellence in service provision; **quite the opposite**: their main contention is that, because of built-in systemic power imbalances and endemic structural violence or institutionalized coercion, unchecked by equitable Rule of Law constraints, The System is characterized by an egregious lack of traditional medical and legal ethics, "best practices" which are **the worst** practices, health care practitioners themselves routinely restricted from implementing any improvements (as Dr. Everett readily admits herself), and an actual virtual absence of **true** professional conduct as a consequence.

To recap, Barbara Everett's study is a stimulating overview of an interesting phase of mental health reform history in Canada and very excellent in its way. It is also deliberately obscurantist, in its way, as noted above, through the purposely contorted lens device of presenting a not wholly representative snapshot collage to achieve the desired "movement" – fragility portrayal effect. But this is a mere illusion produced by artificial non-inclusion; it is not an accurate "take" on the forces driving radical change in the mental health field – which are anything but "fragile."

On page 199 of her book, she writes: "The respondents of this study have emphasized the need for a change in the power contract – a long-term, societally based and fundamental change that challenges our beliefs" and I would like to reiterate that the first step in such a fundamental challenge must be to openly acknowledge how deceitfully disingenuous it is to speak of there having been a "power contract" when the root basis of the current dilemma is that there is not now – and never has been – any "contractual" relationships governing this field, in any real legal or other substantive dictionary definitional meaning of the word "contract." In sum, the long-standing reactionary "interest-group liberalism" (Theodore J. Lowi, **The End of Liberalism**, 1968) co-option tactic of "getting everyone involved so that nothing really changes" was tried and failed because it was seen through and ultimately used to advantage by the unstoppable antipsychiatry movement. In the acerbic words of one respondent, "We may be crazy, but we're not stupid!" So something was learned all around from this Ontario experience. And that's a good thing.

Finally, in response to Dr. Everett's implicit thesis that the root cause of mental "illness" problems could be solved if only everyone was made to tie-in to, or never allowed to abandon, her "universe of obligation", I would like to respectfully submit a version of parallel universe hypothesis on behalf of what she also refers to as her "special bond" study-group, of which I am one. In short, I would like to suggest that there may be diverse types of purposeful commitments in life, outside of her domestication agenda, which contribute as much – if not more, on average – to the societal whole, as her one preferred "world." In the poignant words of Irit Shimrat:

"Psychiatric treatment seeks to help (or make) people conform to social norms. It aims to produce successful, productive people who can function and fit in. But what if success, productivity and 'normal' functioning can sometimes be achieved only at the expense of creativity and critical thinking? What if social norms need to change in order for the world to become a better place? What if change is better than stagnation, and nonconforming people are an important source of change?" (**Call Me Crazy**, p. 2)

Nothing **really** happens with Out-people, Barbara; and nothing (**non**- "action") is always a necessary prelude to "something" (genuinely constructive social action). ■

To past supporters of MPA - THANK YOU!

For those of you who would like to make a donation to the "Nutshell" and to be on our mailing list just fill out this card, cut it out and send it to:

MPA
#202 - 1675 W. 4th Ave.
Vancouver, BC, V6J 1L8

YES, I would like to support the Mental Patients' Association
with a tax-deductible donation of:

☐ $20 ☐ $50 ☐ Other Official Tax Receipt Requested ☐

Cheque Enclosed ___________

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 (2001-2002) 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 care reform. Their address is #1 - 175 E. 15th Ave., Vancouver, B.C., V5T 2P6. Info. by phoning (604) 732-5262.

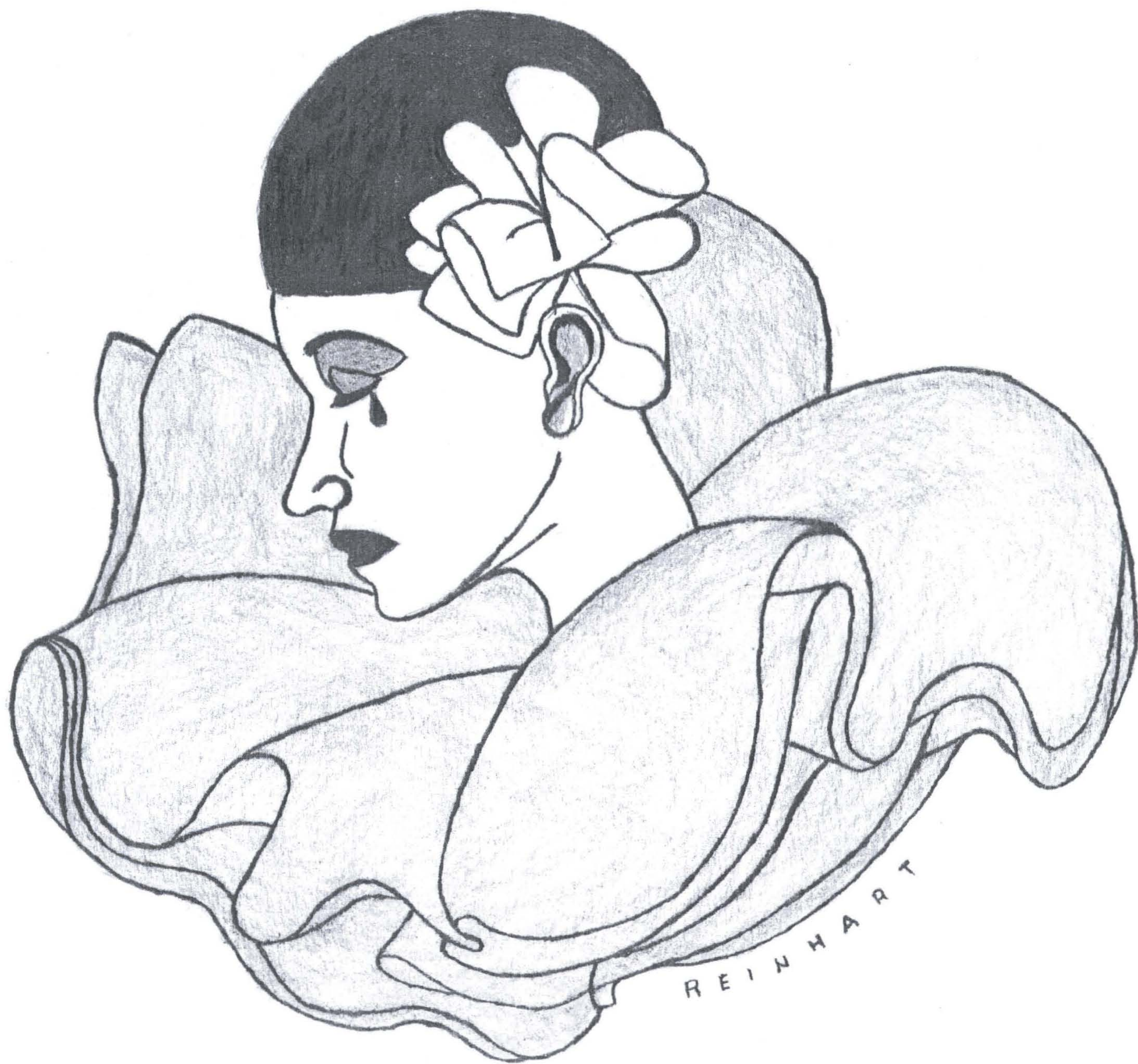
Vancouver/Richmond Mental Health Network sponsors many self-help groups including a Women's Circle. Their address is #109 - 96 E. Broadway, Vancouver, B.C., V5T 4N9 and the Co-ordinator of the Network may be reached at 733-5570.

On March 9th, 2002 from 8-9:30 pm at the Philosophers' Cafe taking place at Mt. Pleasant Neighbourhood Cornerstore (18th & Columbia), Andrew Feldmar will be leading a discusssion entitled **Mad, bad, or sick?**

On April 13th, 2002 from 8-9;30 at the Philosophers' Cafe at Mt. Pleasant Neighbourhood Cornerstore (18th & Columbia) Jim Gifford will be leading a disucssion entitled **Mental Illness: Breakdown or spiritual breakthrough?**

A Writers' Group facilitated by Jim Gifford will hold meetings on the 2nd and 4th Thursdays of the month beginning March 28th through the end of June, 10:00 - 11:30 am. Location: Upstairs from the Community Resource Centre of the Mental Patients' Association at 1733 W. 4th ave. Beginners welcome.

Upcoming events in the Madness 101 Mental Health Dialogue Series can be found by contacting Millie Strom at 604-255-0255 or by e-mail at info@madness101.com.


REINHART