

# In A Nutshell

Spring

2005

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## P.A.C.E. YOURSELF!

“Talking with your Doctor”

by Cathy Kline and Carolyn Saunders

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After your Doctor's appointment do you think of questions that you wish you'd asked? Does it seem like there's never enough time to talk about everything you'd like to talk about? Is it difficult to get the information that you'd really like to have? Would you like to be more involved in decisions about your health care?

People are often frustrated by communication with their doctor. But, are there things we, as patients, can do to get more out of our doctor's appointment?

The Division of Health Care Communication in the College of Health Disciplines at the University of British Columbia has been working with a number of different patient groups and health care professionals over the past few years to explore the kinds of problems people experience when they 'talk to their doc.' We have found that many people have trouble being assertive in their care and getting information they want. Having the confidence to be assertive and communicate effectively with a health care provider can be particularly challenging for clients with a mental health diagnosis because such a diagnosis can have a negative impact on one's self-confidence and self-esteem. In the words of one client:

*There's a huge loss of self-esteem – you have these goals in life, basically, to accept a mental health diagnosis is to have to rebuild yourself, with a very large sense of limitations that you didn't have before. [Client]*

While communicating effectively with your health care provider and becoming more involved in your health care can be challenging, there are many benefits. Research has shown that good communication can enhance quality of care, patient satisfaction and lead to better health outcomes. So, what can clients do? PACE yourself!

The PACE framework was developed by Dr. Don Cegala at Ohio State University and has been incorporated into an interactive communication skills training workshop designed by the Division of Health Care Communication in collaboration with Kitsilano-Fairview Mental Health called, “Talking with your Doctor.” The workshop is 1-1.5 hours and features a video taped encounter between doctor and patient in 4 parts, each demonstrating particular PACE skills. What does PACE stand for?

### PACE

- **Presenting** detailed information about how you are feeling
- **Asking** questions if the information you want is not provided
- **Checking** your understanding of information that is given to you
- **Expressing** your concerns about the recommended treatment

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Spring 2005

SOC-REF  
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## TIPS FOR PACEing yourself:

### Presenting

Before your appointment, consider what you'd like to accomplish. Try writing a list of the things you want to discuss. Start with the ones that are most important to you.

Consider keeping a journal to track any symptoms, changes, side effects, or other details that might be important for your health provider to know. Share your thoughts about these matters with your health professional. Be specific (describe how often, when, how long, etc). Bring the journal with you to your appointment.

### Asking

Think about some of the questions you want to ask prior to your appointment. Your questions may be about diagnosis and prognosis. For example, you may want to ask questions like:

- What is my condition called?
- Where can I find more information about my condition?
- Are there support groups for this condition? If so, where can I contact them?

Many treatments involve medications. Some questions you may want to ask are:

- What is the name of the medication?
- Why am I taking it? What does it do?
- How should I take it? How often should I take it?
- What are the side effects?

- Will it interact with other medications, vitamins or herbs I am taking?
- How long will it take for the medication to have an effect?
- What will happen if I don't take the medication?
- In addition to taking my medication, are there other things I can do?

### Checking

There can be a lot of information presented during your appointment and it can be overwhelming. It is a good idea to check your understanding of the information given to you. Try:

- Summarizing in your own words what your health care professional has said and relaying it back to them
- Asking them to repeat or clarify information that is unclear
- Writing instructions down and reading it back to your health care provider

### Expressing

It can be difficult to follow the treatment prescribed. Medications, for example, sometimes have unpleasant side effects and/or get in the way of activities you enjoy. Unfortunately, some people modify or stop following their treatment which can have harmful consequences and interfere with their progress. So be honest with your health care professional about your concerns.

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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 MPA Society, 122 Powell St., Vancouver, BC, V6A 1G1, ph. (604) 482-3700, 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) 482-3700. Editorial Board: Jim Gifford, Ely Swann, 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.

# Weathering the Storm in the Old Way

by Sam Roddan

Many old folk are nursing an ache and a foreboding about the future. As in the 1930s, the times are out of joint. Melancholy symbols of the Great Depression are beginning to bring back painful memories. Survivors of the bread lines, relief, and soup kitchens are remarking on the signs on their doorstep of unhappy days long, long ago.

"We haven't had a good roast on a Sunday for months," one grizzled veteran told me the other day. "It's all hamburger patties or meat balls. Soon it'll be corn mush and syrup. Mind you, I'm not complaining. But when the missus starts darning my old socks two or three times over and keeps dropping into that clothing exchange down the road, I know we're in for a squeeze."

Every age has its unique characteristics. History does not repeat itself with a rigid consistency. But one of the keen reminders for me of the Thirties is the sweet smell of jams and jellies bubbling on the stove. Putting down preserves was one of the great defences against the rising cost of the food bill.

Eggs in isinglass, and rows of sparkling Mason jars in the fruit cellar, gave one confidence he was winning the war against hard times and those newfangled chain stores that skimmed off all the cream and the profit from the little guy.

In Depression days we cooked with a sawdust burner on the side of the kitchen stove and fired up the furnace with thick fir slabs from the mill. Today I beat the energy crisis with my air-tight wood stove. My chopping block, sledge hammer, wedges, and Swede saw, the wood pile itself, are more than symbols of the sturdy self-sufficiency needed to survive the elements in the Thirties. I put them to daily use.

Able-bodied young men are not yet going door to door, in any numbers, looking for odd jobs or selling vacuum cleaners, encyclopedias or aprons. But a pawnshop window, crowded with carpenter's tools, planes, levels, saws, and chisels is enough to recall the bitter years of unemployment.

The auction of family possessions on the front lawn with a bailiff standing nearby was an accepted sight and practice in the Thirties. But who can say that the proliferation of garage sales we witness on nearly every street are as innocent as they seem?

In many cases the garage sale is genteel way of keeping up appearances. A quick way to dispose of tools, washing machines, shovels, garden forks, rakes, and household goods to scrape together a bit of extra cash to meet the hefty boost in the mortgage payment.

But perhaps it is in the increasing popularity today of the old-time religion that one can best see and hear the echoes of the Thirties. The passion for "pie in the sky in the sweet bye and bye" has close parallels to the kind of security and insurance policies offered by the TV evangelists and the singing salvationists with guitars instead of tambourines who pack the crowds into the gospel palaces of today.

On a more sophisticated level, the Moral Majority had its counterpart in the Oxford Group of the Thirties. The leader of the Oxford Group was Frank Buchman, who talked about God as though he were a close business associate or the president of the chamber of commerce – a person to whom he could fire off a memo or a phone call at any time of the day or night.

The message of the Oxford Group was simple and straightforward. Practice four absolutes: Honesty, Purity, Unselfishness, and Love. Accept five principles: Confession, Conviction, Conversion, Continuance, and Conference. Also make sure to attend a house party once a week to get those old sins off your chest.

The members of the Oxford Group were the new and fashionable missionaries of the Thirties. They brought glamour and romance to religious experience in an otherwise drab and dreary world.

Instead of a hair shirt or sackcloth and ashes, the members wore smart business suits or tuxedos, and the women often appeared on the platform in evening dresses. Like the Moral Majority, the Oxford Group was full of what William Butler Yeats described as a destructive "passionate intensity."

My own life is full of contradictions. Sometimes I even yearn for the good old days when everyone went to church on a Sunday. I am the classic example of the backslider. But I must confess that when the occasion warrants, and the spirit moves, I love to sing the rousing old hymns of the Thirties: *Will Your Anchor Hold? Rock of Ages, Faith of our Fathers*. And best of all, but ironically, No. 390 in the *Old Hymnary, Work for the Night is Coming*:

Work for the night is coming!  
Work through the morning hours;  
Work while the dew is sparkling;  
Work 'mid springing flowers.

Even today my heart skips a beat, and as the organ rumbles, my ancient puritanism and the Protestant work ethic are born again. ■

# Man Bites Black Dogs - News Briefs From All Over

Compiled by Scott Dixon

## Teddy Bear Nitpick

A Vermont company selling teddy bears in strait-jackets has been blasted by mental health advocates around the world.

The "Crazy For You Bear" retailed at US\$70, and was promoted as being the perfect Valentine's gift.

The bears sold out - although no sales figures were released, according to the **Barre Montpelier Times Argus** newspaper.

The controversy cost Vermont Teddy Bear Co. president Elisabeth Robert her seat on the board of the state's largest hospital. She resigned.

## Ain't Radio Educational?

A radio DJ in New Jersey lost sponsors after he mocked the wife of the state's governor over her struggles with major depression.

The DJ said New Jersey First Lady Mary Jo Codey and other depressed women should relax by smoking marijuana 'instead of putting their babies in the microwave.'

Her husband said if he wasn't governor, he'd have invited the DJ 'out on the street', New York's **Newsday** newspaper reports.

## Too Many Closets

The British Broadcasting Corporation says nearly half of Scottish schoolchildren would keep quiet about a mental health problem for fear of the stigma, a survey has found.

Of 488 school pupils aged 12-18 who completed a questionnaire, 48% said if they were suffering from a mental health problem they would not want people to know. Sadly, attitudes get worse rather than better as young people get older.

## Gung Hay Fat Chance

People with schizophrenia in Hong Kong are four times more like to feel stigma than people with diabetes. **The British Journal of Psychiatry** says that stigma for schizophrenics was pervasive, hard to avoid, and devastating to patients. The problem is particularly acute within families.

## GI Blues

A US Army study shows that about one in six soldiers in Iraq report symptoms of major depression, serious anxiety or post-traumatic stress disorder, a proportion that some experts believe could eventually climb to one in three, the rate ultimately found in Vietnam veterans. **The New York Times** says the number eventually requiring mental health treatment could exceed 100,000.

"There's a train coming that's packed with people who are going to need help for the next 35 years," said Stephen L. Robinson, a 20-year Army veteran who is now the executive director of the National Gulf War Resource Center, an advocacy group. ■

# Exfoliating and Decorating

by Maggie Cameron (a.k.a. Sheila Fel)

Years of struggling with my treatment-resistant psychiatric disorder while surviving on DBII was killing me. I knew deep down that if I had established myself early on, I'd probably be living in New York, in therapy, on Ativan, going to AA meetings just like everyone else. Exfoliating and decorating with the best of them. But oh no... Then suddenly the lives of

everyone in the mental health community came to a grinding halt.

My beloved Canada was calmly threatening to cut off its most vulnerable citizens. I thought the government would have to be bankrupt in order for something like that to happen. In my depressed and

confused state, I was supposed to compose a convincing essay and get a lengthy form filled out by an imposed deadline. Were they kidding? Never mind the fact that the word on the street was that they were going to cut no matter how authentic your case was.

Now even though we dodged that bullet by an 11<sup>th</sup> hour reprieve, it meant that one of my essential safety nets had a tear in it. I freaked. I had to go back to the drawing board. Now I had figured out how to avoid getting hospitalized, but what was I going to do with this seemingly permanent depression? I went looking for alternatives to improve my mood and I would have to start with the dreaded balanced diet and exercise.

Slowly but surely I had attained at least one goal. I was no longer clinically obese and, while that was a psychological boost, it did nothing for my clinical depression. Then, one day my MPA outreach worker passed along a 12 year old book on living with depression which I politely accepted. It had been 22 years. I had read everything, heard everything, on the subject. I was done. I couldn't possibly imagine what I could learn from this. It did, however, have something going for it right off the

bat. It was not written by a doctor and over 100 sufferers contributed their comments which I found soothing.

Well, believe it or not, that old book had some of the best original and compiled survival/thrival information I had ever come across. This winter, for the first time in years, I had a reasonably pleasant Christmas, which for me was a miracle. I had finally found a wellness plan that augmented basic treatment by including responsible use of light therapy, journaling, charting of moods and other strategies. This has given me a fighting chance at real remission.

Now I may never be able to work again and I may still babble like a brook (gotta lay off those Gilmore Girls reruns), but at least now I can manage my disorder enough to contribute to society and explore what women my age are interested in. Now I've started to take better care of my skin and I may go as far as an exotic pillow for my shabby chic sofa, but I draw the line at decorating. Instead, I plan to do what Jim Gifford recommends to all female writers he meets, "Submit, submit." So, I humbly and gratefully have. ■

## Minute Particulars

by Andrew Feldmár

In a recent New York Times Magazine article there is a long and detailed article on Dr. Ecstasy, Alexander Shulgin, now 79, who, single-handedly, created nearly 200 psychedelic compounds, among them, in 1976, MDMA, or *Adam*, or what is now known as *Ecstasy*. A British psychiatrist, Humphry Osmond, coined the word psychedelic in the late 1950s, from a Greek root implying "mind-manifesting." Shulgin likes to sum up the last 100 years in the following story: "At the beginning of the 20th century, there were only two psychedelic compounds known to Western science: cannabis and mescaline. A little over 50 years later — with LSD, psilocybin, psilocin, TMA, several compounds based on DMT and various other isomers — the number was up to almost 20. By 2000, there were well over 200. So you see, the growth is exponential." When he was asked whether that meant that by 2050 we'll be up to 2,000, he smiled and said, "The way it's building up now, we may have well over that number."

The psychedelic compounds, synthesized by Shulgin, include among them stimulants, depressants, aphrodisiacs, empathogens, convulsants, drugs that alter hearing, drugs that slow one's sense of time, drugs that

speed it up, drugs that trigger violent outbursts, drugs that deaden emotion. Drake Bennett writes in the above-mentioned article that "whether it's West African *iboga* ceremonies or Navajo peyote rituals, 60's LSD culture or the age-old cultivation of cannabis nearly everywhere on the planet it can grow, the pursuit and celebration of chemically-induced alternate realms of consciousness goes back beyond the dawn of recorded history and has proved impossible to fully suppress. Shulgin sees nothing strange about devoting his life to it. What's strange to him is that so few others see fit to do the same thing."

After his first psychedelic experience on mescaline, Shulgin realized that everything he saw and thought during the trip "had been brought about by a fraction of a gram of a white solid, but that in no way whatsoever could it be argued that these memories had been contained within the white solid... I understood that our entire universe is contained in the mind and the spirit. We may choose not to find access to it, we may even deny its

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existence, but it is indeed there inside us, and there are chemicals that can catalyze its availability.”

Walter Benjamin experimented with mescaline and hashish in the 1920s. He thought that visionary intoxication, achieved through drugs or any other means, could be a “profane illumination,” shattering the hypnotic trance of modern life. “The reader, the thinker, the flaneur, are types of illuminati just as much as the opium eater, the dreamer, the ecstatic,” Benjamin wrote. “Not to mention that most terrible drug – ourselves – which we take in solitude.”

W. Harman, in a paper written in 1965, writes, “Now what are the conditions essential to the production of hypnotic phenomena? In their barest simplicity they are (a) a source of suggestions and (b) the willingness, at a deep level in the personality, to accept suggestions from that source. But surely these conditions are met in our infancy and early childhood. Most of what we commonly think of as the education of the young child amounts to acceptance of suggestions from the parents and from the culture. Extreme willingness to accept the suggestions offered by the environment accounts for the child’s success in learning how to get along in the world; it also accounts, in part at least, for his pathology if the environment is unfavorable. The wrong kinds of suggestions can lead to such personality defects as exaggerated suspicion and hostility, incapacitating feelings of low self worth and inadequacy, phobias, and so on.

“The inference is obvious. *We are all hypnotized from infancy.* This fact is neither bad nor new. It is a necessity of life, our essential adaptation to the culture into which we are born. And it is only another way of looking at something we knew all the time, and called by some other name such as enculturation. But we fail to become sufficiently aware of the implications. The apparent corollary is that we do not perceive ourselves and the world about us as they are, but as it has been suggested to us that we should perceive them. Our limitations are primarily not inherent, but those which we have accepted through the suggestions of others. And our usual unawareness that this is so is part of the hypnosis.”

The “hypnotic trance of modern life” is made up of all the received notions, all the automatic habit patterns that condition our reactions to our environment. The major purpose of Buddhist meditative practices is to dismantle habitual patterns of reactivity,

until one can respond from the heart appropriately to what is called for in the here & now. The word *reaction* is then used for heartless, mindless, automated habit, and the word *response* is used to what arises fresh, heartfelt, from the situation one finds oneself in. Reactivity is insensitive to present reality, it is an automatic programmed retaliation rooted in the past.

The psychedelic experience evokes questions such as “Who am I?” or “What am I?” or “How do I know that I know?” or “What certainty can I find, if any at all?” or “How do I know for certain that I am sane?” The dogmas according to which one has conducted one’s life evaporate, and suddenly one can play with possibilities, uncertainty, doubt, as if encountering the world fresh, for the first time. It feels that one wakes up to a new freedom, and a new trust of oneself, of one’s very own experience. When I mistrust myself, what can I believe in? You? Him? Her? The President of the United States?

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“Love seems to transcend space and time..., emotion and feeling.”

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In a psychedelic session one begins to learn to open to wider experiences of love, to the possibilities of love. Love seems to transcend space and time as well as emotion and feeling. It is the basis of faith and hope, which are the expectation of love. One glimpses a way of living and decision making that is based on love and desire, not on fear and avoidance.

Western psychiatry is by and large veterinarian medicine for caged, imprisoned creatures. Interns are taught not to converse with *schizophrenics*, because that would just agitate *them*. *They* must take their meds, even if they don’t want to. The doctor is the expert, and the patient is to hand herself over to the scientist-practitioner who will fix her like a mechanic would fix a broken-down car.

Buddhist psychology is radically different: you are urged to love yourself, for only love can bring about understanding. Love, know and accept yourself as you are, in your is-ness. And then put all your energies into creating or finding an environment that would suit you, that would fit you like a glove. If you are suffering it is because you are not in the proper surroundings, not because you are bad, mad, or sick. This is revolutionary, for it encourages people to discover the ethics and politics of every situation, rather than to endure indignities and feel ashamed and inadequate for not coping better.

Little wonder then, that the use of psychedelic drugs is prohibited and that their sale and use are

criminal offences. I fear the day when Vipassana meditation would also be prohibited as conspiracy against the state. The insights of mindfulness meditations, like the insights gained from psychedelic trips all tend to liberate one from being the compliant zombie that fits into the smooth functioning of society as organized by the few who have money and power.

Psychiatric drugs allow you to function in inhuman circumstances, lulling you into a modicum of contentment, sapping your energy that you'd need to change your environment, your circumstances. Therefore they are widely available if not mandatory.

What and who needs to adapt to what and to whom? When a mother is allowed to devote herself to

her baby, the baby feels loved, supported, trusting and welcome. When a mother is distracted from her baby's needs by having to survive and struggle, and willy-nilly, prematurely she asks her baby to adapt to her, the baby will feel unwanted, a burden, unwelcome, ashamed, mistrustful, and terrified.

When I will feel staggered, disturbed, or hurt beyond endurance, I hope that those who'll attempt to help me will not force me to adapt to the world, but will have the compassion to shape a bit of the world into what I might need to feel whole and well and healthy.

# A Conspiracy of Causes

by Jim Gifford

In the politics of family and society as a cause of mental illness, the late R.D. Laing, the noted anti-psychiatrist, was at the forefront. Looking at dis-ease from this angle, there is, in my case, food for thought.

I grew up in a political atmosphere. My father was elected an alderman of our city when I was three years old and, in my teens, he served as Mayor. More than that was my exposure to various activities that encouraged the political animal in me to develop.

As a youngster, under dad's auspices, I delivered pamphlets door-to-door for upcoming elections at the civic, provincial and federal levels. On election nights, dad would take me down to the local radio station, where we would get the early results.

Dad would coax aspirations in me, looking in at bedtime and saying, "who was the first Prime Minister of Canada?" Delighted, I'd reply "Sir John A. MacDonald". As a result of these early environs, I developed a consuming interest in Canadian political history, eventually getting a Bachelor of Arts degree in the subject. Yet, in terms of my true inclinations, my goals had been misdirected and led to a breakthrough breakdown.

My godhead was activated, destroying any walls, borders, divisions, and boundaries in my psyche. My overachieving had resulted in a state of cosmic consciousness, opening up an escape from a life that, with its more-and-more pressure to perform in the political arena, was proving untenable.

For cracking the cosmic egg, I was put on the psychiatric ward. Years later, an Indo-Canadian pal told me that in India such a theophany is revered, the person in question often emerging as a spiritual leader. Yet, without maps or guides to show the way, my life became a chaotic struggle with my psychic energy.

I frequently expressed anger, and even rage, which I attributed to the lack of understanding, and consequent suppression by the psychiatric profession. However, my situation was complicated by genetic coding. Ambition and aggression were a fundamental trait of the male line of my family. Outstanding achievement in sports, business and politics were common, even expected. It was a hard act to follow.

Another factor in the sudden expose of bipolar disorder symptoms, was posttraumatic stress. In the four years before I had my first breakthrough breakdown, I lost four friends in car accidents, two of them on my high school graduation weekend. These tragedies led to a drinking problem in university, that is often considered part-and-parcel of manic-depression.

My point, in this article, is to show how, in my experience, a 'conspiracy of causes' each played a role in the onslaught of mental/emotional dis-ease. Indeed, if we analyze our life-altering illness we will often discover many sources for our dilemma.

# Pushed

by Oliver Cross

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*With compassion for John David Bland (a Mental Health Worker recently murdered in Richmond, B. C.), his attacker and those around them.*

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## *Fighting for Survival*

Getting psychiatry out of my life was extremely difficult. I had so many people around me incapable of making up their own mind—far more than I ever imagined. I had to get those people out of my life too, or at least get to the point of needing nothing from them. Tough to do as a kid, and since the people in question were parents and family. Add to that no one encouraging me, those around me determined to see me give up on myself the way they'd given up on me... no one to talk to...

So there weren't many options, basically life became a manipulation, doing whatever I needed to do or say so people left me alone: say the right thing, act the mental patient like I was supposed to, when I was supposed to... play helpless, play hopeless... whatever worked.

A psychiatric diagnosis is a very tough sell; no one diagnoses themselves. It was psychiatrists in my life constantly reminding me that I was sick, making sure I didn't stop thinking about it, pushing me to believe it, getting me used to the idea, constantly reminding me of it... ...convincing me of it.

It was training.

## *When the Truth is a Lie and a Lie is the Truth*

In business, this is sales—convincing customers that they need what you have. Psychiatrists are door-to-door salesmen—it's much tougher to get them out once they're through the door. How to get them out? What could I say? What was I prepared to say? What worked? When psychiatrists finally left me alone, I must have been well, right?

In part, it's hard to leave psychiatry behind because of human nature. The emotions and states of consciousness that lead in our society to the psychiatrist's office are habitual, addictive. We become attached to them. We do need help (at least time and space) getting through "withdrawal," both emotional and getting off

the drugs these days. And then comes the constant, regular, routine practice of staying well, or balanced (at some point the two overlap).

A sense of direction is important. For smokers, stopping smoking definitely begins revealing the roadmap through attachment and addiction. There is plenty of help these days to get through nicotine withdrawal. My personal favourite is the treatment in acupuncture. It's inexpensive and doesn't involve the use of more nicotine or psychiatric drugs.

When I became determined to find a way of life that didn't involve psychiatric drugs, I tried and failed more times than I remember before I managed to walk away. Each time I failed I was dragged to hospital and drugged. My hospital stays became shorter and less frequent, however, so I became confident that eventually I would not go back, even if I only kept doing what I was doing.

There was no single solution that I ever found. There were many small steps in the right direction, practice, with help from others who believed in me. There are infinite—spiritual!—things we can always do to improve our balance, including our sense of balance.

I didn't quit smoking before quitting psychiatric drugs, or vice versa. I don't remember which I succeeded in quitting first, because each time I quit I didn't know if I might start again later.

## *Trading One for the Other*

Run-of-the-mill psychiatry doesn't lead us through. It doesn't heal us; it seeks to control us. I found that working with anyone on practical health issues I observed in myself from diet to weight to exercise to tension headaches to posture to breathing to finances eventually proved more effective than working directly on my mental health with a psychiatrist. There are good psychiatrists out there, but run-of-the-mill psychiatrists often don't understand or appreciate good ones.

As mental patients we need to learn to make healthier choices, more ordinary choices in terms of the experiences we choose to value in this world. Solutions to problems of consciousness lie in the ordinary. We need to study balance. We can benefit from studying cause and effect.



Psychiatric patients are consumers. Like anyone else in our economy we have become so good at taking we don't realize sometimes how little we give. In our own way we exercise the prevailing, ingrained cultural and societal attitude of all consumers. We consume. We are habitual. We are greedy.

In our culture, it's okay to lock our doors and walk past the homeless thinking, "It must be their fault," without making the connection that what we just did matters. We're taught to compartmentalize when it comes to others, but not ourselves or loved ones. But everything's connected. There are no secrets.

### *Investigating*

Where is a mental patient's story? As mental patients, we have been chopped up and chop ourselves up so that we look like a brain diagram from a psychiatry textbook—or a political map of the world—and we

have all the help in the world to do it and keep doing it from highly trained doctors.

Where is a mental patient's story? Chopped up. Reduced to a psychiatric label, a lifetime in a summary diagnosis—our society treats its weakest members so very badly.

The powers of balance are universal whereas tools of fear and control, which include addiction and attachment, are pitifully limited—as limited as withdrawal. We hope, we pray, we trust that hitting rock bottom encourages real change.

<sup>1</sup> By spiritual, I mean removing the "thing" from the treatment of things. In other words, equal treatment of anything and all things at any time according to the rules or processes of balance and balancing. Any object with mass may be balanced with any other on a scale of justice. The visible physical characteristics of objects are irrelevant during the process. ■

## Men

by Frank G. Sterle, Jr.

How many men does it take to screw in a light bulb? Every man in the room; for, every man is compelled to prove to everyone else there that he can do the task.

It seems that the fact that I'm poking fun at the male aspect of the human species grants me license to do so.

Such license is not surprising, though. What with such well-paid, violent male activity as hockey, rugby and boxing — "sport" in which men physically assault other men — sanctioned and celebrated by society (even in these allegedly enlightened times).

Also celebrated by society is Hollywood's propensity to have women, and sometimes men, performing male-groin bashing. Why is there such humor found in such an awful sight?! It's bad enough that men have to endure the devastating embarrassment of impotence; the properly functioning phallus is the cornerstone of manhood, it seems.

But then there are men like myself; men who get queasy at the sight of any violence.

I recall in high school how I was turned off by the after-school fistfights, where a large crowd of blood-thirsty students would encircle the two guys beating on each other.

And blood has always turned me off; perhaps because I watched one evening my parents fight, leaving my mom with a bloody nose. Dad would definitely do the same to another man who provoked him like Mom did that evening.

I believe that as long as society practices violent sport — and often turns a blind eye to one male

beating on another male — violence against women perpetrated by men will continue.

As a little, pre-teen teaser, my brother used to beat on me, all of which desensitized me whenever I got hit by anyone else — I took it "like a man." But my brother didn't stand for anything, from anyone; I recall, many years ago, him taking on three bullies, one evening.

As for me, it seems that I can take the blows, but I cannot handle watching it get dished out.

I dropped out of normal high school after completing the ninth grade, mostly because of the bullying I endured there, and I began completing my GED at a work-and-learn program. Thereafter befriending an older male who was known, rightly so, as one with whom not to mess. It was there and then that I acquired my confidence as an able-bodied male. I'd go wherever I wished, usually to the scum-filled games arcade, uptown.

To prove my manhood, I, even in this day and age, have staring contests with other males (who are about my size) while utilizing public transit. I even thought out a system of right-of-stare: If I look around and catch some guy staring at me, I stare back until he looks away. However, if I'm staring and he catches me staring at him, then I'm obliged to look away. Though, to be honest, I've on some occasions got caught staring but continued to stare until the other guy looked away. I'd then feel kind of lousy, like I cheated or sort of assaulted him.

It's too bad that us guys can't stick to just screwing in light bulbs. ■

# Bookworm

Monster/beauty: building the body of love

By Joanna Frueh

University of California Press, 2001

Reviewed by Andrew Feldmár

This is a very personal book, filled with muscles, passion, erotics, thoughts and feelings. Joanna Frueh is Professor of Art History at the University of Nevada, Reno. She is also a performance artist, a singer, a poet, a bodybuilder, and an author. I met her at a conference last Fall, where she read her paper, entitled *Innocence*, dressed in white, barefoot, and with a wreath of white roses on her head. At regular intervals she interrupted her reading by leisurely eating some cake while smiling enigmatically at the audience.

Frueh finds new ways to think about the aesthetic, the erotic, and the ethical, as these interconnected realms are revealed in the flux of lived experience. "When beauty is a standard of success," she writes, "rather than a variety of pleasures, everyone sinks and pleasure itself drowns in the tortured apparatus of effort, competitiveness, impossibility, and failure." Ideal beauty operates through distance and vision; what Frueh defines as *monster/beauty* manifests through intimacy, touch, and the pleasures one body can receive and give from/to another body. "I would rather be fucking you than imagining how good it might be from staring at a crisp image of you in a magazine," she comments, and later adds, "an erotics of distance and an aesthetics of deprivation and despair walk hand in hand." When we were babies, bliss came from access to our mother's body, from touch, from lingering caresses; our vision got eroticized when she was inaccessible, far away, and all we could do is keep connected through our eyes.

Pleasure, for most people, requires cultivation. A garden of roses requires work, so does a garden of pleasures. Frueh writes, "I am for an aimless pleasure, like a stroll in a familiar city, like swinging my arms for the hell of it. I am for shapeless joys, chocolate melting in my mouth, listening to a voice I love saying anything at all. These unforced moments shape soul-

and-mind-inseparable-from-body into monster/beauty. Leisured pleasure, given a chance to become habit, is a foundation for building the body of love."

The book contains photographs of the author, many of them nude, in poses attuned to Aphrodite, Venus, and Rossetti. She was about 50 years old at the time the pictures were taken by Russell Dudley, then her husband. Joanna Frueh writes, "while I was asking Russell to portray me as the aphrodisiac body I discuss throughout the book, to see me, his wife, his prosaic partner, as an aesthetically/erotically created image, I was also anticipating that the images would look simultaneously momentous and trivial or even ludicrous – me, a real, everyday human being, as both monument and pinup."

Frueh is a midlife female bodybuilder and talks about the joy of muscular exertion, the libidinal force of muscles swelling. "A reason for being in the gym," Frueh confides, "is to come and to come and come, to swell again and again. Orgasm, from Greek *orgao*, 'to swell with lust.'" Many, in our culture, feel that there is no erotics for older women. There is a cultural shame that inhibits, even ridicules an older woman's erotic flare and makes her flesh invisible. And yet, voluptuousness is an extreme comfortableness in one's body/being, and therefore can be an ageless quality. Mishima, in his book, *Sun and Steel*, writes, "I had begun to believe that it was the muscles – powerful, statically so well organized and so silent – that were the true source of the clarity of my consciousness."

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*"Frueh finds new ways to think about the aesthetic, the erotic, and the ethical."*

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In the chapter entitled *The Professor's Body* Frueh examines the taboo terrain of pedagogical erotics. In her earlier (1996) book, *Erotic Faculties*, she writes, "My teacher sat in front of the class smoking a cigarette and lecturing on nineteenth-century painting. Her miniskirt uncovered black fishnet stockings on crossed legs, her deep laugh spread her lipsticked mouth into a

sybaritic smile, and her black hair waved witchily along paler than cream cheeks. Her dark voice slipped into my mouth and down my throat, rested on my pelvic floor and in my heart, and flashed to my extremities. With her ideas inside me, I could learn to speak perhaps as clearly as her body spoke to me." She comments on Jane Gallop's *Feminist Accused of Sexual Harassment* (1997), "The bad body is thought to break rules, but being a bad body does not make one a bad girl... In the art world, as in popular culture, the bad girl is good, what one might want to be in order to get noticed."

Frueh is talking about herself, when she notes that "The female art history or studio art professor who talks about portraits of women, the female nude, or cunt art becomes the most fundamental symbol of woman: she is the uncanny evidence, lagging in the students' unconscious, on the brink of Leonardesque revelation, that the portrait reduces to the nude, which reduces to the cunt. Perhaps *reduces* should be *expands*, for cunt in Western civilization has been paradise, pollution, oracular site, feminist ecstasy, floral beauty, stinking pit – enchanted and enchanting. An ultimate monster/beauty, cunt as paradox of pleasure can only be complex. Indeed, the glamorous cunt, the loose woman in her getup meant to get-it-up, is the phallic woman muscled in the pleasure of aesthetic/erotic performance."

It was in her late twenties that Frueh realized, on her psychoanalyst's couch that "pleasure is the point of living." She was elated, and has never since doubted the truth of this revelation. How fortunate for her, when so many of us miss the obvious: cultivating enjoyment is the panacea to cure depression, anxiety, panic, and all varieties of unhappiness. For how can you suffer when you are enjoying yourself? Impossible...

*Flirt*, derives from old French *fleureter*, "to touch lightly," literally, "to move from flower to flower." Joanna Frueh's touch is light and flirtatious as she flits

from topic to topic. In an Artist's Statement, she wrote this about herself: "Since 1976 when I began writing art criticism, my interests in contemporary art and in my own performance art pieces have focused on the body, sexuality, and the erotic. I discussed these subjects before they became accepted— indeed, fashionable— areas of study in contemporary art. My thinking about these subjects, along with my breaking away from the standard forms of academic and critical writing, shape what I've called a critical erotics, which I've been developing in both my scholarly writing and performance art work. But perhaps other scholars have phrased more accessibly what I'm doing: they say I am a philosopher of sex. As such, I explore pleasure, love, and bodily beauty as well as sexual experience. Erotic wisdom is simultaneously the basis and the outcome of my work. In my text-based performances I combine an opulent and complex mix of poetic, sophisticated, and explicit language with critical intellect to build both sensuous and reasoned theory. My performances are at once visually spare and voluptuous. The staging is minimalist, the costumes elegant, simple, and conventionally sexy. I decided on this look in the late '80s: I wanted to make clear that a woman could be both intellectual and sexual. My costumes and staging are meant to focus attention on the voice, the language, the ideas, and the very specific body from which they resonate. I embody my text, as does my rich, embracing voice."

The will to pleasure guarantees infinite becoming. Carol Siegel writes that Frueh's radicalism inheres in the ways her practices refresh the everyday and inextricably link feminism with ecstasy. She quotes Frueh, "Without pleasure one dies aesthetically and erotically – poisoned by thinking that the prosaic is boring, by existing in amusement rather than in erotics. Assenting to pleasure and thereby activating it is a key to women's taking themselves seriously, to their becoming erotically large – elegant and thinking bodies." ■

## Quotes from the Roundtable

by M.D. Arthurs

"everything in moderation  
including moderation."

"change is good  
only if it's necessary."

# An Essay About A Man Who Suffered While Causing Suffering

by Frank G. Sterle, Jr.

"Hey, Dad, there's a sea lion in the net!" I'd exclaim to my father, a gill-net fisherman. I was only a pre-teen boy, but I could tell a sea lion's head when I spotted it. "Should I pull out the shot gun?"

"No," he'd reply, looking at the sea lion's head bobbing up and down, tearing salmon from the net, causing hours of damage to the net, not to mention the loss of salmon revenue. There was too much traffic in the distant background for Dad; however, there were naught but two boats, neither of which was directly behind the sea lion's head. I thought Dad just wanted to play it safe, as usual.

However, he also was the type of man who was always quite hesitant to pull out one of his three guns. (They've since been destroyed by the police authority; my brother gave them to the RCMP following my 73-year-old father's passing.) He didn't like guns, and I think I know why.

When Dad, as a 19-year-old young man, escaped from the strictly-communist former-Yugoslavia following WWII, he had to shoot a border guard who was more than willing to shoot Dad if he'd the chance. But my father, in later years, learned that he'd just wounded the guard, as Dad said he'd tried to do.

When Dad made it across the border and into Trieste, Italy, he got rid of his gun and the hand grenade he had with him in case he needed it. He gave them to a fellow escaper who wanted to leave the country, too.

Soon, Dad made his way to B.C. and took up very tough jobs in mining and forestry. It was tough for Dad: leaving his loved ones back in the "Old

Place," as he'd refer to his village and place of birth. And he was a very honest man — one who'd sooner give \$100 that belonged to him than take \$50 that was not his.

Indeed, it was quite ironic that a man would be such while being abused by fellow Canadians: it was not bad enough for Dad to move half way across the world and reside with strangers; he had to endure bigotry from fluently English speaking fellow employees — Canadians who didn't care much for Dad's accent and broken English. (A "f—g DP" or displaced person, they called him).

Life for Dad, simply put, was very tough; and I believe all of this contributed to the culture shock endured by Dad, all of which made him into a cynic that eventually succumbed to mental illness.

And he only got worse as he aged.

My mother had the misfortune of meeting, dating and eventually marrying Dad; followed by bearing four of his children.

I don't believe Mom, also an immigrant from the former-Yugoslavia who had a very tough childhood, was

mentally ill when she'd met Dad, although she now takes fairly strong dosages of anti-depressants and anti-anxiety medications.

I guess what it basically comes down to is, because of a seed of mental illness implanted into the mind of my father, in the form of Obsessive Compulsive Disorder, coupled with an unusually tough life of his own (FYI: his father, from what I understood, was a very tough personality with which Dad's family had to bear), an entire family was quite negatively affected. ■

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*"it was not bad  
enough for Dad to  
move halfway  
across the world...,  
he had to endure  
bigotry..."*

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# Life's Gifts

by Dea Scramstad

Blessed are those that walk the Earth  
That make you think of Home & hearth  
That reflect upon you

your very worth

Shining brightly with infectious mirth

Sending prayers that reflect to me

A clearer picture I will see

Remembering always

what I can be

Holding that Eternal Key

Unlocking worlds once unknown

Preparing the ground to be sown

Diligently working

moving stone

Silently plodding

until I have flown

If this was a story it would have an end

But...

I really don't know where the road will bend

After the journey this heart will mend

And maybe I'll even make a friend.

# 'Touched'

by D. Paul Strashok

What was written before was for our learning and knowledge,  
What is written now is for rendering homage,  
Not to any man or earthly throne  
But to the King of Kings and Lord of Lords alone.

Messiah has come, breaking the chain  
And His is the Kingdom, His is the Reign  
Anointed of the Father, His purpose to win  
Ending the tyranny of death, Hades and sin.

So speak to me now many words about love  
Is it only earthly desire or a burning from above?  
The fire of the Spirit is love's greatest call  
To be 'touched' in that presence is to truly have all.

And 'touched', yes I've been 'touched' I know it  
By the otherworld madness, psychosis, call it what you will  
And after all the pummeling and pounding  
My hand stretches out in love still.

Yes, I've suffered many things because of my Lord  
And, if suffering be great so great is the reward  
Yet in all these trials, true Wisdom has a part  
From the path of self and rebellion to depart.

For the high toxicity of spirit in our cities  
Renders many homeless, many to be pitied  
And spirit to spirit is the lonely night call  
But guarded in mind we are saved from it all.

So now, not every voice captures my heart  
But the voice of the Shepherd true wisdom to impart  
And if I must walk a tightrope, tight lines  
It's all in His seasons, it's all in His times.

Yet we all do long for that fire from above  
That searching and burning, stirring agapé love  
And when heaven touches down we know it is true  
By the inner witness of the Spirit, fresh and new  
This fire will burn, carrying heaven's plan  
The Wisdom of the ages  
Almighty God dwelling with man.

# the buddha on the road

by reinhart

i saw the buddha on the road  
trying to hitch a ride  
i pulled my truck up to his load  
and told him to climb inside  
he tossed his bag in back of the truck  
and beside me took a seat  
he said thank g-d for such good luck  
that got me off the street

i asked him in all earnestness  
how long he'd been out there  
he smiled at me and then professed  
my whole life to be fair  
i asked him then where was he bound  
where he'd like to go  
he told me he just goes around  
sometimes faster sometimes slow

i pressed my point and said to him  
where should i let you out  
he replied it's just a case of whim  
since he just goes about  
but is there not a place for you  
some destination you prefer  
it matters not if one is true  
to the soul my dear kind sir

the desert road stretched out before us  
it was the middle of the day  
here and there stood a lonely cactus  
until these also passed away  
a bright and blazing sun shines on  
while the last cloud slowly fades  
i turn the air conditioning on  
and then put on my shades

we rode on quietly a while  
lost in meditation  
i felt more peace with every mile  
as i absorbed my situation  
the radio crooned soft and sweet  
some mournful country song  
my mind in tune with the soothing beat  
my heart beating soulful along

after a while i felt the need  
to make contact and to speak  
i was curious to know his creed  
this stranger mild and meek  
i said what about these claims and teaching  
if i may make so bold  
that you are the be all and all of all things  
he simply said so i've been told

and what about those gods you mourn  
you say they're lesser beings  
that man who of the woman born  
may surpass them in the heavens  
he said that man unlike the gods  
is truly ever free  
that only man despite the odds  
may choose his destiny

another thing that puzzles me  
i said to him most plain  
that enlightenment and ignorance must be  
co-existent on this plane  
he quoted then ah there's the rub  
the lesson we must learn  
if we should wish to join the club  
and from pain our freedom earn

then it seemed to me we were basically  
right in the middle of nowhere  
not a landmark not a sign not a tree  
nothing that one might point out there  
still the empty road stretched lazily  
across the desert sand  
and the truck rolled easily  
across the flat deserted land

then just when i was sure  
there was nothing far and near  
he said that this was the end of his tour  
and that i could let him get out here  
and as he stood by the side of the road  
i called hey what's in the bag  
he smiled and said it's just his load  
some rocks wrapped in a rag  
so i asked him what their purpose was  
what use that he had found  
he replied that it was just some baggage  
that helps keep his feet on the ground

# Jesup, Get The Soapbox

by Dea Scramstad

Don't think this is just another revolution  
Your negativity  
    ain't the solution  
Your words  
    they create another form of pollution  
You can take yourself  
    out of Darwin's evolution  
So you think you've found your place  
Weighin' heavy on the human race  
Pick up your britches & try to save face  
And you might get me off your case  
You see...  
    You were given a Life  
To have a family  
    a husband  
    a wife  
But instead  
    you're dealin' the strife  
From where I stand that just ain't right.  
Materialism –  
    you done got with the greed  
Not knowin'  
    which things that you need  
I see you're willin'  
    cause you're smokin' your weed  
    ...but that's me...  
    I'm just plantin' the seed

So if you're hearin'  
    all that I say  
Give me a gesture or go my way  
It's you badasses that I'm trying to sway  
Start Now... not Tomorrow...      Today  
It can start with a plain ol' smile  
Livin' a life you want to reconcile  
    Give it a try  
    it might take a while  
Try creatin' a whole new style  
Now...  
    friends they come and  
    friends they go  
Only a mirror  
    can reflect the truth that you know  
Keepin' it inside and doin' your blow  
Ain't gonna pick you up when you're feelin'  
    so low  
Yah...  
    I been there and I've done that  
    That stuff don't make you no cool cat  
    Just cause you're scared to be (ph)far  
    Not lookin' for a ghost where you sat

No –  
I'm not tellin' you about your end  
I'm just tryin' to be a Friend  
So take back those looks that you've sent  
Or I'll take back the body I've Lent.

...Thank You...  
Jesup, here's the soapbox...



# Thrivers

by D. Paul Strashok

We would stand in our measure  
unhindered by self  
and the Father's good pleasure  
leaves us not on the shelf;  
ultimately concerned with every human's need  
the grace of giving sets us free from greed  
and the motion, the moving, the revolving of the spheres  
teaches us wisdom to number our years –  
from Messiah's first entrance to the final curtain  
the presence and process of life is certain.  
The vanities fade in the light of pure presence  
and we return to solid bread, free from all leaven.

Beware of the leaven, Messiah once said,  
leaven of falsehood and that not of bread  
leaven is a curse on the pure bread of life  
so we bend, we mold, we take up the knife;  
no longer victims, we are more than survivors.  
We're thrivers, at last, I say we are thrivers.

Thrivers in life, word and deed,  
from the prison of past we are liberated, freed  
to stand and abound unfettered by chains  
to metaphysical minds from organic brains.

For the mind and logos that once created  
run free in power, their force unabated  
for now we lie on the other side  
of the fullness of times, the great divide.

No longer simply wounded  
but bearing a thorn in our side  
we live, walk, and ultimately thrive.

Just barely coming through no longer our cause  
we turn, consider the future, stop, and then pause;  
on the road of compassion, each has his share  
at the crucible of suffering, we've learned to care.

# Being Protected

by Oliver Cross

"Any unexpected misfortune, any sudden 'hit,' produces significant physiological and psychological effects. The cortex of the adrenal glands shoots a hormonal cocktail into your bloodstream; small blood vessels near your body's surface shut off, heart rate and blood pressure rise, your digestive process slows or stops, your muscles tend to tense up, your breathing becomes shallow. Your entire body might start. Your face could show alarm, grief, or terror, or perhaps turn pale as the blood drains from your head. Your might be overcome by feelings of anxiety, annoyance, or anger... These effects could be great or small, short-lived or long-lasting, depending upon the nature of the hit. In any case, they are generally energizing. Though unpleasant, they represent a gift of additional energy. The question is, how do you use such a gift?" (George Leonard, 2000)

Mental patients aren't used to being protected. A psychiatric diagnosis is a widely used excuse to treat

people far worse than they would otherwise ever be treated.

Protecting someone has a great deal to do with timing. People need protection when they're in danger, not when it's convenient to demonstrate that it's possible to protect them. These days, the cops are never there when you need them, and always there when you don't. Protection without timing leads to oppression.

When protecting someone, the implication is that you protect the whole person. The moment the whole person is not being protected, they're not being protected. To call anything else protection is a misuse of the term.

Children especially need protection. There is a warm, happy, content, comfortable and gentle feeling that comes from feeling protected. The martial arts emerged out of people needing to protect themselves and those they love. ■

## P.A.C.E. YOURSELF!

(Continued from p. 2)

Tell your health care provider:

- How you are following the treatment (even if just partially or not at all!), and your reasons for doing so.
- That you want to be a partner in your health care and that you are willing to work with them to find treatments that meet your needs.

Your relationship with your doctor greatly influences your ability to make informed health decisions. It can also affect the outcome of your care. Good communi-

cation is the foundation of successful doctor-patient partnerships. If you'd like to get more out of your health care appointments, PACE yourself!

If you are interested in learning more, contact:

Division of Health Care Communication  
#400-2194 Health Sciences Mall  
Vancouver, BC, V6T 1Z3

Phone: 604-822-8002

Email: [jsdm@interchange.ubc.ca](mailto:jsdm@interchange.ubc.ca)

Web: [www.health-disciplines.ubc.ca/DHCC](http://www.health-disciplines.ubc.ca/DHCC) ■

# Mad Woman Monocle – The Finale!

by Marie Annehart Baker

Always great to ponder about “ending on a high note” but is it really possible? Having suggested that looking at the issue of “mad women” is like peering through a monocle, it would not be at all logical to then say, “put down the monocle” and use your real unadulterated vision. No, we would be blind without the monocle (class apparatus). If it mists up because of a few tears, well maybe remove it just to wipe! If you think a tragic ending is untenable, it is recommended that for any serious investigator a stroll into one of the mental health facilities might well apply. Just check out the women’s scene. Most minorities are muted but women might as well be part of the wallpaper (remember the Yellow Wallpaper story). You might see a hive of activity with women usually as worker bees and even though women consumers are disabled, they still emulate busyness and probably volunteer far too much. Unfortunately, there is always more research needed and, more fortunately, we as consumers love to swim and frolic in the soupy mess of misinformation and treasure bits of actual info to hang on to. Shall we do a few laps instead of puppy paddle?

Besides being an “invisible watchdog” and comparing notes with out “invisible critics”, I did find an article which does fit into a numbed out frontal lobe. I had to skim over it but info did sink in especially where I already had doubts. The “determinism” of scientific inquiry was held up to see rather large holes. All this goes back beyond even Plato and the Greek Philosophic Boyz. We had been encouraged to venture here before when the call to Goddess was sounded. Women had been revered in the past or was there something rotten in Delphi? Sure women were oracles and prostitutes much like they are now but living in a colony suggests a type of confinement (we know all too well that is a treatment mode). The “determinism” slant is what made it appear that a person’s mind or inner self would be at a deficit. I found the idea of looking at mental illness as a function of the environment very compatible with First Nations’ thought (thought not all uniform). The nature of things (without David Suzuki) is not what is meant. Instead, because of the advance of chaos theory, theory of relativity, et al., a mental condition might be viewed not as static but in an energetic dynamic with the environment. This all brings one back to the possibility of

entering a mental health establishment for the purpose of getting well. If that environment is not conducive to betterment, then it is just the “warehouse” or asylum confluence of “sickening” factors. Many First Nations’ languages do not have the separation of subject and verb but instead focus on the interaction of the two. Well, maybe this is the reason for First Nations’ revelations that people may speak with forked tongues. With our present day fast food addictions, we would need to also concur that now people speak with plastic fork as well.

In the **Towards More Balanced Inquiry and Response in Psychological Health** document (<http://www.goodshare.org/restore.htm>), there is a positive spiel about:

“...a new ‘healing’ approach that combines the wisdom of native ‘healing’ traditions with new scientific findings on the fundamentals of living systems that have not yet been assimilated into mainstream psychiatry. This new approach orients to the cultivating and sustaining of psychological health through a coordinated program of self-directed ‘healing circle’ group therapy and neurofeedback...”

“Neurofeedback” is explained as a “training that enables one to get in touch with sub-aware neural responses that one has involuntarily ‘conditioned’ to ‘hold on to’ anxious, depressive or obsessive thoughts, and to ‘untrain’ them so that they will ‘let go’ and stop ‘locking-themselves-in.’” Ah, with neurofeedback equipment, a person interacts with thought waves or “thought flows that have developed ‘sub-awarley’ and that are not accessible to normal past, present and future ‘event’ based thinking.”

The focus is not on a defective person or a screwed up mind but instead seeing to a “sufferer’s sensitivity to pathology-inducing environments... More commonly, those who are exposed to anxiety, depression, manic-depressive mood swings, psychotic episodes and hallucinations are ‘diagnosed’ as having a certain type of ‘defective functioning’ in their genetic or biochemical systems make-up and are prescribed medications to ‘stabilize’ their ‘defective’ subsystems.”

**(Continued page over)**

The neurofeedback process requires not a monocle but a computer screen. Suspicious technology perhaps suggesting a person's own view being not as important. This approach does not feature individual efforts and so that is probably why the Native Healing Circle then comes into place. You don't have to feel like a weirdo for observing the underlying thoughts in one's headspace because later you may sit in a circle with others to compare mental notes. But where do the overlying thoughts come from? A hidden hand at the switch or the design of the software? Just questions so far, not an exhaustive inquiry into this suggestion of seeing the big picture of one's "condition". Hard not to get rid off the chilling vision of wires leading to brain and ready to zap a brain wave.

Where are we going? As Rosanne Rosanna Danna might put it "there is always something". Are we as this article asks "feeling that we are becoming 'invisible' and 'of no value' to the enveloping social dynamic, ... that opportunity-to-participate is never opening up for us, ... and that opportunity-to-express ourselves is similarly shrinking down to nothing." If you want to exercise your cloak of invisibility, there are plenty of mental health programs and institutions ready to call out your number. No intended pun on the game of Bingo but again it is not that simple as winning anything. We are constantly struggling to maintain control of our diagnosis and how it might turn on us and bite us in the behind.

Is there light at the end of the tunnel? Is there a tunnel vision needed? The possible change from deterministic thinking might necessarily affect our total global population of "gifted sentient" beings. Oops, in case there was too big a jump, this article alerts us to

the role that we (former mental health consumers and survivors) are like a collective miner's canary! In places like England, maybe that is why women are called birds? Many of us are treated as habitual ostriches (heads in the sand), though what if ostriches don't hide themselves that way? Maybe the protruding big-feathered butt always gives away the enquiring mind. So that type of comic invisibility is just another meaningless cliché. Similar to Jill Astbury's observations in 'Crazy for You: The Making of Women's Madness' that "women were deviant by definition" and that "research stemming from this viewpoint had a systemic blindness".

The strong assertion that "psychopathology is being induced by an enveloping social dynamic that is shutting off the sensitive ones from meaningful participation and authentic self-expression, ... a shutting off that may even be denied by the sufferer at the aware level but is evident at the unaware neural response level that is charged with sustaining inner-outer dynamical equilibrium" would sustain why women artists and writers have contributed so much to describing what is or what is not a mad woman. Again, that approach was limited to social constraints of those environments. Have we backslid? Have we lost our trail? How do we get our "scents" (sense) of what is nonsense? What if more of us left the comfort or discomfort of our meds? What is a supportive environment for that event? Will our own peer support groups (not those managed by you know whoms) be our sustaining environment? I sure hope so but then I am not so sure I see the light! My monocle is scratched on the surface! Boogie down to the optician's office and choose appropriate eyewear for these times! ■

## Quotes from the Roundtable

by M.D. Arthurs

"the greater part of courage  
is stupidity."

"the brave are often too dense  
to calculate the risks of their heroism."

"a real man is not afraid  
to be scared."

## Marginalized No Longer!

### Broken Brains or Wounded Hearts—What Causes Mental Illness

(Santa Ana, CA: Kevco Publishing, 1996. Order from: [www.mindfreedom.org](http://www.mindfreedom.org))

By Ty C. Colbert, PhD.

Reviewed by Byron Fraser

“Madness is not necessarily a dysfunctional stratagem.”

—Thomas Szasz

Most libertarians are aware that both the U.S. Libertarian Party and the broader spectrum of the movement have long advocated positions on orthodox psychiatry falling roughly within what is usually referred to ideologically as the “antipsychiatry tradition” [1]. But few are aware of many of the specifics of such critical perspectives beyond knowing, for instance, that we oppose involuntary commitment, forced drugging and electroshock, etc., as well as the legal use of “insanity” or “diminished capacity” defenses to absolve guilt when criminal intent is shown. It is also the case that prominent libertarian psychiatrists such as Thomas Szasz and Peter Breggin would be the first to admit that the term “antipsychiatry” is something of a misnomer, that neither they nor most libertarians are opposed to everything which is done in the name of psychiatry. Rather they are more specifically opposed to the widespread coercion, systemic abuse, pseudo-science and/or outright quackery inherent in the prevailing “Medical Model”—or endemic to what has come to be known as “biopsychiatry”. So, while honoring the diverse elements connoted by the umbrella concept “antipsychiatry”, libertarian critics of psychiatry are careful not to allow themselves to be cast in the defamatory false-caricature “boxes” our would-be detractors like to try to “put on us” to the effect that we are being “totally negative” or somehow denying the reality of the problems which psychiatry has historically dealt with. The beauty of Dr. Ty C. Colbert’s recent (1996) book, **Broken Brains or Wounded Hearts—What Causes Mental Illness**, is that, building on and confirming all the previous work of such libertarian giants as Szasz and Breggin, he not only gives a lucid and detailed account of all the latest research findings re the state-of-the-debate over the “Medical Model” but also gives the most sensible and clear-headed account of what is actually entailed in the phenomena of so-called mental “illness” that I have ever read.

To give some historical perspective, after having initial widespread success and significant impact in the late 60s and early 70s, the antipsychiatry movement was generally considered to have been effectively marginalized into irrelevancy for many years while the “new psychiatry”—biopsychiatry—came to the fore. It was heralded by the likes of E. Fuller Torrey (who top American psychiatric researcher, Loren Mosher, accurately identified as the “psychiatric god” of the American NAMI and its Canadian counterpart, The Schizophrenia Society [erstwhile “Friends” of Schizophrenics—until the truth became too obvious; these are the people who pressured the NDP provincial government here in B.C. into ramming through the soon-to-be-infamous out-patient committal Bill 22 without any consultation from “consumers”] with their “fascistic agenda” pushed prominently by Tipper Gore and other “compassionate” left-liberals who “progressively” got over any “stigma” they may ever have had about initiating violence on behalf of multi-million dollar medical monopolists against poor and/or disabled people) and Nancy Andreason (author of **The Broken Brain: The Biological Revolution in Psychiatry** [2]), et al. We were told that scientific opinion based on the reductionist materialist model that worked so well for orthodox medical diseases now affirmed that so-called mental “illnesses” were identical in nature and totally explainable according to their root biological causes. Moreover, we were fed the Big Lies that neuroleptic drugs and electroshock were effective and superior “cures” compared to any previously known treatments and would enable recovery, or at least “stabilization”, supposedly making deinstitutionalization possible [3]. And this was deemed to be a great humanitarian advance because no longer would the environmental or family/social factors involved in emotional trauma and problems of living be “blamed”; everyone would realize that people were not responsible, either collectively or individually, for irrational thought and behavior—this was merely due to unavoidable “diseases of the brain” or “biochemical imbalances”. The only time it was legitimate to “blame” anyone was if mental patients actually tried to confute this dogma by becoming lucid counterfactual examples of successful recovery without being coerced

into submitting to their “right to treatment”. Then “blaming the victims” was perfectly O.K. because the biopsychiatric medical monopoly itself was clearly at stake (witness the recent desperate attempts to shore up the crumbling establishment’s pretense of expertise founded on junk-science with compulsory out-patient committal legislation all across North America, the aforementioned Bill 22 just being a local instance of this general reactionary trend).

Nowadays, this several decades old fashionable presumption of the definitive/“inevitable” triumph of biopsychiatry is fast fading and the antipsychiatry movement is back big time with a host of new literature attacking every aspect of the Medical/Disease Model and its attendant institutionalized coercion [4]. The book that probably really turned the corner was Peter Breggin’s 1991 bestseller, **Toxic Psychiatry: Why Therapy, Empathy, and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the “New Psychiatry”**. And, of course, Thomas Szasz has steadfastly continued to prolifically plant vital thought-seeds in the Implicate Order which, after a seemingly delayed gestation period, are now experiencing a dynamic existential outing in the Explicate all over the place (apologies for the borrowed allusion to David Bohm and his **Wholeness and the Implicate Order**, 1980). The upshot being that the whole question of whether or not this “thing” we call the “mind” is or is not ontologically distinct from this “thing” we call the “brain”— or whether or not the medical categories “health” and “illness” can be meaningfully nosologically (i.e., in terms of the scientific classification of diseases) legitimately applied to “mind” —remains as much an open and pertinent question as it was back in 1961 when Szasz first stunned the medical world by positing it in his classic **The Myth of Mental Illness**. (Tim Leary called it “the most important book in the history of psychiatry” back then—a contextual assessment which, for its day, is looking more and more “right on” all the time). What has seemingly been missing from the overall anti-biopsychiatry critique, however, to make its scientific revolution complete, has been a dynamic, coherently articulated, alternative paradigm around which to galvanize the re-emergent revolt against the Medical/Disease Model. We now have this with Dr. Colbert’s wonderful explication in **Broken Brains or Wounded Hearts** of his Emotional Pain Model—which not only offers meaningful insight into the origin of psychological disorders and/or unwanted aberrant behavior far surpassing failed biopsychiatry, but also bids fair to replace the current orthodoxy with safe and effective treatment options.

Space does not permit more than just the briefest sketch of the theoretical substance of **Broken Brains or Wounded Hearts**, but hopefully this will serve to give a useful impression of its vital significance. The book consists of three sections outlined in a little over 300 pages. The first deals with an overview of, and update on, the latest research pertaining to the Medical Model (the truth about psychiatric medication [5], twin and adoptive inheritance studies, the search for defective genes, and brain imaging studies, etc.). The second explains The Emotional Pain Model and its applications for understanding multiple personalities, addictions and compulsions, hate and self-hate, violence toward self and others—and much more. And the third points to “A New Direction” toward non-drug community-based centers, feeling-level therapies, consumer-run self-help organizations, and low-cost alternative treatment clinics or psychosocial approaches to recovery. To give just one illustrative instance of this last, Dr. Colbert relates how, at the San Joaquin Psychotherapy Center, in five years of serving even formerly considered “untreatable” 20 to 30 year veterans who biopsychiatry had failed to help— in an unlocked facility, without medication, shock, restraint, or seclusion —the hospital readmission rate was zero. And there were no suicides or assaults. Addresses for other relevant organizations, source materials, and a referral service to non-drug, feeling-level therapists are listed as well.

Dr. Colbert’s most relevant conclusion with respect to the Medical Model is that “...the truth is that researches have never discovered a single defective gene or accurately identified any chemical imbalance that has caused an emotional disorder; nor have they ever proven that brain abnormalities are responsible for **even one** emotional disorder.” Furthermore, he quotes prominent psychiatrist, Ken Barney, to the effect that “The idea that ‘schizophrenia’ is a hidden disease entity, with a soon-to-be-discovered biogenetic ‘cause’ has been thoroughly debunked.” Some additional substantiating quotes, which also give a brief capsule summary of the latest research findings, are:

“...the psychiatric community itself openly admits that no real biological cause for these disorders has ever been proven.”

“To date, however, not one proven biological cause for mental illness has been found. Even though biological psychiatry assumes a physiological cause for all major emotional disorders, there is still no proven cause-and-effect relationship between any specific disorder and any specific physical defect.”

"...neuroleptics have no specific therapeutic effect on people diagnosed as schizophrenic because schizophrenia is not a brain disease."

"Twin studies can be misused in attempts to substantiate the medical model. The simple truth is that these studies, when correctly analyzed, firmly support an **environmental** model, not a genetic model."

"...there is absolutely no scientific evidence that the so-called psychiatric disorders of schizophrenia, depression, mania, ADD, obsessive/compulsive disorders, sociopathic behavior, or any others are inherited."

"Psychiatric medication does not correct a chemical imbalance; it works to disable the emotional-cognitive aspects of the human mind."

"Obviously there are thousands of individuals whose emotional condition has been stabilized with the help of medication. We now know, however, that these drugs do not stabilize or cure a mental or emotional 'disease', but actually stabilize a person's emotional life by disabling it, often permanently."

"In their massive 20-page journal article titled 'Schizophrenia—A Brain Disease?' Chua and McKenna not only summarize all the brain imaging studies, but also give us a great summary of the biological model. In their opening paragraph in reference to schizophrenia, they state: 'There has been no identification of any underlying causal pathology.' (**British Journal of Psychiatry**, Vol. 166, 1995. p. 563)."

Several quotes, which give the essential idea of The Emotional Pain Model, are as follows:

"In fact, I believe that even the most so-called severe mental illnesses— schizophrenia, depression, and mania —are not biologically based, but a reflection of a person's emotional woundedness. These symptoms are defenses and strategies developed by a person to cope with emotional pain."

"It is most important to realize that when overloaded with emotional pain, the mind begins to act 'crazy' in the process of splitting off that pain."

"All emotional or so-called 'mental' disorders, whether they be schizophrenia, depression, mania, panic attacks, or compulsive behaviors, are defense mechanisms that the mind creates to deal with an overload of pain. This is the central difference between the medical model and the emotional pain model. The medical model presents the brain as broken or defective. The emotional pain model declares that nothing is wrong with the brain and, in fact, shows that the brain is often working **brilliantly** as it helps create strategies to deal with the emotional pain of an investing heart."

In addition to this key concept of "the protective subconscious", Dr. Colbert elucidates his very innovative concept of a **forced choice**. He writes: "The choice [of reaction to emotional violations—B.F.] is not always a conscious one; it may be a choice forced upon us by our subconscious, but there will still be **some** element of choice involved. It is important that we understand and accept this element... with proper emotional strength, [we] can become consciously aware of this behavior and **choose** to change it." This, of course, parallels the notion recently popularized— notably by Oprah Winfrey —that: "When you knew better, you did better." [6] But the important point re "mental patients" not allowing themselves to be defined as powerless is that others' misguided attempts to classify them as "non-responsible" are not necessarily doing them any favors. As Dr. Colbert writes further, "...we can see that the emotional pain model does not lay the blame on the individual, but eventually opens the door for him to take charge of his own life and set of choices. The medical model, on the other hand, suggests that the person has no choice of possible behaviors because of some biochemical defect. While this idea may initially be freeing and relieve guilt, it ultimately becomes incapacitating because the person never deals with the root cause of the emotional disorder and because the treatment methods generally employed by medical practitioners (medication, ECT, forced hospitalization) limit the person's ability to function without solving the person's emotional problems."

With respect to therapy, the following will indicate his general orientation:

"...developing the strength to correctly identify and share our deepest feelings, is the first building block for true emotional health."

"When people are able to verbalize such perceptions and understand the pain and their feelings behind them, they often find that their distorted glimpses of reality begin to make sense..." (N.B.: Carl Jung stated, in this connection, "As a neurosis starts from a fragmentary state of human consciousness, it can only be cured by an approximate totality of the human being...[a] world of wholeness in which fragments can be gathered and put together again. Such a cure cannot be effected by pills and injections.")

"Because we didn't medicate her pain, she was left with a clear mind, and her pain helped lead us to exactly what needed to take place in her healing and recovery process. Because she wasn't on psychiatric drugs, which may have suppressed her symptoms, she didn't become dependent upon drugs for support."

"...simply attempting to reduce symptoms can actually lead to more emotional woundedness."

In other words, Dr. Colbert's position, virtually identical with Dr. Lars Martensson's more recent conclusion from all the latest research findings (see below)— and stating the matter with undue brevity —is that, if you sincerely intend to help someone to overcome, or cope effectively with, a temporary mental disorder, the last thing in the world you want to do is to disable their ability to think and feel through a "chemical lobotomy." As Dr. Martensson says:

"Without an intact frontal-limbic system it is impossible to overcome schizophrenia. It must be emphasized that the only possible way out of schizophrenia is forward. Returning to the naiveté of previous repression is impossible. All the suffering, and everything experienced through psychotic breakdowns and expansions of consciousness, must be integrated in a further evolved organization of the personality. It is a creative endeavor that depends on the full faculty of a person's mind." (Quoted from "Should Neuroleptic Drugs Be Banned?" at p. 125 of **Deprived of Our Humanity: The Case Against Neuroleptic Drugs**, 1998. See Note No. 5)

Although there is much more in Dr. Colbert's book worthy of comment, I will lastly just note that a common misapprehension some consumers/survivors/ex-mental patients/ have when faced with a radical revision of themselves as not really "ill", "sick", or "diseased"— but emotionally **wounded** —is that their much-needed care and/or benefits will be jeopardized if they don't submit to being "wholly-owned assets of the Psycho-Pharmaceutical Complex parroting the latest biopsychiatric party-line", as some have uncharitably put it. (One is reminded of the line from individualist-anarchist, Joseph Labadie, which Robert Anton Wilson likes to quote: "Poverty doth make cowards of us all." See further, "Neuroeconomics", **The Illuminati Papers**). But this need not be the case at all if we keep in mind the graphic analogy of the difference between a broken arm and a bona fide disease like diabetes. The former, though entailing no disease component, still requires adequate care and support during recovery. The Emotional Pain Model, rightly understood, is an eminently commonsensical framework for empowering us to assume responsibility (in the sense of choice-enhancing self-determination—**not** other-imposed guilt inducement [7]) for safely traversing our quite natural problems of living. For achieving true healing via the realization that, while we have a capacity for free will, we are not always free to exercise that capacity.

#### Notes

1) For an excellent overview of some of the predominant early perspectives in this genre, see: Janet Vice, **From Patients to Persons: The Psychiatric Critiques of Thomas Szasz, Peter Sedgewick and R.D. Laing** (New York: Peter Lang Publishing, 1992).

2) Nancy Andreason, **The Broken Brain: The Biological Revolution in Psychiatry** (New York: Harper & Row, 1984).

3) For the truly relevant facts, see: Seth Farber, **Madness, Heresy, and the Rumor of Angels: The Revolt against the Mental Health System** (Chicago: Open Court, 1993), "Appendix 2: Why



4) To name just 3 of the most important recent works, there are Alvin Pam and Colin Ross's **Pseudoscience in Biological Psychiatry: Blaming The Body** (New York: John Wiley & Sons, 1994), Peter Breggin's **Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Role of the FDA** (New York: Springer, 1997) and Herb Kutchins and Stuart Kirk's **Making Us Crazy: DSM—The Psychiatric Bible and the Creation of Mental Disorders** (New York: The Free Press/Simon & Schuster, 1997).

5) See also especially the important chapter by Canadian psychiatric researcher, Dr. David Cohen, "A Critique of the Use of Neuroleptic Drugs in Psychiatry", in **From Placebo to Panacea: Putting Psychiatric Drugs to the Test** (New York: Wiley, 1997), edited by Seymour Fisher and Roger P. Greenberg. As well: David H. Jacobs, "Psychiatric Drugging: Forty Years of Pseudo-Science, Self-Interest, and Indifference to Harm", **The Journal of Mind and Behavior** 16 (1995), pp. 421-470. And: Lars Martensson, M.D., **Deprived of Our Humanity: The Case Against Neuroleptic Drugs** (Geneva: **The Voiceless Movement**, C.P. 235, CH- 1211 GENEVA 17, Switzerland. 224 pages. Can be ordered with a 7 Pound money order).

6) The implication here— not at all particularly new to either psychology or psychiatry —being, of course, that operational knowledge—"premises" controlling behavior and/or producing "dissociative" states are **anything but representative of a single conscious self acting** much of the time. For a very instructive related discussion, see: Ernest R. Hilgard's **Divided Consciousness: Multiple Controls in Human Thought and Action** (New York: John Wiley & Sons, 1977). Also highly pertinent are the following excerpts from the subsection titled "Unconscious Perception Experiments" in physicist Amit Goswami's **The Self-Aware Universe—How Consciousness Creates the Material World** (New York: Tarcher/Putnam, 1993), pp. 109-112:

"...new data in the cognitive laboratory point toward a distinction between the two concepts— perception and awareness... Clearly, there was perception... but there was no conscious awareness of that perception... So in unconscious perception, we are talking about events that we perceive (that is, events that are taken in as stimuli and processed) but that we are not aware of perceiving... The phenomenon of unconscious perception raises a crucial question. Are any of the three common concomitants of conscious experience (thought, feeling, and choice) absent in unconscious perception? The experiment... suggests that thought is present... Obviously, we go right on thinking even in our unconscious, and unconscious thoughts affect our conscious thoughts.... feeling is also present during unconscious perception, and an unconscious feeling can produce an unexplainable conscious feeling... Finally, we ask, does choice, too, occur in unconscious perception? ... Apparently, choice is a concomitant of conscious experience but not of unconscious perception. Our subject-consciousness arises when there is a choice made: **We choose, therefore we are....** It fits. When we do not choose, we do not own up to our perceptions." It is "knowledge" in this last sense, which Oprah is referring to as the **sine qua non** of any meaningful change for the better. And yet we see that both thought and feeling at the unconscious level significantly affect or motivate our conscious or ego-self thought and behavior so, paradoxically, our total being must consist of both intentional and non-intentional (or "unintentional") acting components— of free subject-consciousness and unfree object-consciousness, as it were —as criminal law has long recognized. Dr. Colbert's concept of a "forced choice" as a non-consciously intended reaction to overwhelming emotional pain which is characteristic of so much purportedly criminal activity ("I just found myself doing it" is the most commonplace explanation repeatedly given by violent offenders) and/or psychologically deviant behavior precisely captures the essence of the reality of this oft ill-defined ambiguity. And it seems plain that not only are purposeful actions caused by conscious free will by-passing motives and non-chosen/automatic thoughts from the realms of the **personal** unconscious but that they are also caused by non-ego "other"—or **transpersonal** —components of Collective Consciousness often held to be aspects of discrete individuality, which are not so at all. **What we have not consciously chosen, we therefore are not** (— and therefore are **not** "guilty"/**not** "responsible"/**for!**).

7) See especially, in this regard, Chapter 10 of Peter Breggin's **The Psychology of Freedom: Liberty and Love as a Way of Life** (Buffalo, New York: Prometheus, 1980), "Guilt Is an Unethical Emotion"—: "The guilty, ashamed, or anxious person is rendered less able to pursue rational self-criticism and is greatly impeded in finding a self-determined method of pursuing self-interest. Guilt, shame, and anxiety have no place in a rational, self-determined life.", p. 128. ■

## Websites of Interest to Consumers/Survivors/Ex-Mental Patients

(This list is not intended to be comprehensive or exhaustive, and has left out many well-known sites that are widely available and easily accessible from local directories. This entire page in separate e-form for easy clickability will be sent upon request from: [duhring@shaw.ca](mailto:duhring@shaw.ca) — B.F.)

### Organizations (General)

[www.mind.org.uk](http://www.mind.org.uk) [www.power2u.org](http://www.power2u.org) [www.mhselfhelp.org](http://www.mhselfhelp.org) [www.wnusp.org](http://www.wnusp.org) [www.tao.ca/~pact](http://www.tao.ca/~pact)  
[www.u-kan.co.uk](http://www.u-kan.co.uk) [www.mentalhealth.com](http://www.mentalhealth.com) [www.icspp.org](http://www.icspp.org) [www.oikos.org](http://www.oikos.org) [www.icomm.ca/csinfo](http://www.icomm.ca/csinfo)  
[www.aapd-dc.org](http://www.aapd-dc.org) [www.mindfreedom.org](http://www.mindfreedom.org) [www.geocities.com](http://www.geocities.com) [www.mdri.org](http://www.mdri.org) [www.breggin.com](http://www.breggin.com)  
[www.cvdfinfo.ca/mh-atlas/](http://www.cvdfinfo.ca/mh-atlas/) [www.szasz.com](http://www.szasz.com) [www.antipsychiatry.org](http://www.antipsychiatry.org) [www.peoplewho.org](http://www.peoplewho.org)  
[www.walnet.org/llf](http://www.walnet.org/llf) [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk) [www.fsu.edu/~trauma/ip.html](http://www.fsu.edu/~trauma/ip.html) [www.radpsynet.org](http://www.radpsynet.org)  
[www.contac.org](http://www.contac.org) [www.buildfreedom.com/ft/psychiatric\\_survivors.htm](http://www.buildfreedom.com/ft/psychiatric_survivors.htm) [www.samhsa.gov](http://www.samhsa.gov)  
[www.nucknfuts.com/index.php](http://www.nucknfuts.com/index.php) [www.cam.org](http://www.cam.org) [www.lino.com/~raiddat](http://www.lino.com/~raiddat) <http://en.wikipedia.org/wiki/Antipsychiatry> <http://aix1.uottawa.ca/~nstaman/alternatives/OVNVinternational.htm>

### Advocacy and Activism

[www.mental-health-matters.com/activist.html](http://www.mental-health-matters.com/activist.html) [www.m-power.org](http://www.m-power.org) [www.narpa.org](http://www.narpa.org)  
[www.protectionandadvocacy.com](http://www.protectionandadvocacy.com) [www.cchr.org](http://www.cchr.org) [www.popan.org.uk](http://www.popan.org.uk) [www.advocatweb.com](http://www.advocatweb.com)  
[www.gamian-europe.com](http://www.gamian-europe.com) [www.hri.ca](http://www.hri.ca) [www.hrweb.org](http://www.hrweb.org) [www.iahf.com](http://www.iahf.com) [www.benzo.org.uk/prawi.htm](http://www.benzo.org.uk/prawi.htm)  
<http://members.aol.com/jimhofw/jimho.htm>

### Alternatives

[www.talkingcure.com/index.asp](http://www.talkingcure.com/index.asp) [www.alternativementalhealth.com](http://www.alternativementalhealth.com) [www.medsfree.com](http://www.medsfree.com) [www.moshersoteria.com](http://www.moshersoteria.com)  
[www.transtherapy.org](http://www.transtherapy.org) [www.patchadams.org](http://www.patchadams.org) [www.healthfreedommovement.com](http://www.healthfreedommovement.com)  
[www.weglaufhaus.de](http://www.weglaufhaus.de) [www.elcollie.com](http://www.elcollie.com) [www.stopshrinks.org](http://www.stopshrinks.org) [www.1stpm.org](http://www.1stpm.org)  
[www.emotiosinbalance.com](http://www.emotiosinbalance.com) [www.the-bright-side.org/site/thebrightside/](http://www.the-bright-side.org/site/thebrightside/) [www.doctoryourself.com](http://www.doctoryourself.com)  
[www.emotionsanonymous.org](http://www.emotionsanonymous.org) [www.projectresilience.com](http://www.projectresilience.com) [www.bu.edu/cpr/rr/alternative/](http://www.bu.edu/cpr/rr/alternative/)  
[www.religiousfreedom.org](http://www.religiousfreedom.org) [www.wildestcolts.com](http://www.wildestcolts.com) <http://stopbadtherapy.com> <http://nht.amh11.blogspot.com> <http://essence-euro.org/iasp/> <http://myweb.tiscali.co.uk/erthworks/nonmain.htm>

### Drug Information

[www.larsmartensson.com](http://www.larsmartensson.com) [www.drugs-and-medications.com](http://www.drugs-and-medications.com) [www.drugawareness.org](http://www.drugawareness.org)  
[www.outlookcities.com/psych/](http://www.outlookcities.com/psych/) [www.canadiandimension.mb.ca/v35/v35\\_5ab.htm#three](http://www.canadiandimension.mb.ca/v35/v35_5ab.htm#three) [www.nmsis.org](http://www.nmsis.org)  
[www.antidepressantsfacts.com](http://www.antidepressantsfacts.com) [www.socialaudit.org.uk/1.4.html](http://www.socialaudit.org.uk/1.4.html) [www.chemsense.com](http://www.chemsense.com)  
[www.prozactruth.com](http://www.prozactruth.com) [www.quitpaxil.org](http://www.quitpaxil.org) [www.talkingcure.com/archive/drugs.htm](http://www.talkingcure.com/archive/drugs.htm) [www.truehope.com](http://www.truehope.com)  
[www.astrocyte-design.com/pseudoscience/index.html](http://www.astrocyte-design.com/pseudoscience/index.html) <http://members.fortunecity.com/siriusw/Biochemical-Imbalance.htm> <http://groups.msn.com/SIDEEFFECTS> [www.benzo.org.uk](http://www.benzo.org.uk)

### Children & Youth

[www.voice4kids.org](http://www.voice4kids.org) [www.aspire.us](http://www.aspire.us) [www.hearmyvoice.org](http://www.hearmyvoice.org) [www.ritalindeath.com](http://www.ritalindeath.com) [www.p-a-r.org](http://www.p-a-r.org)  
[www.adhdfrac.org](http://www.adhdfrac.org)

### Tardive Dyskinesia/Dystonia

[www.power2u.org/selfhlep/tardive.html](http://www.power2u.org/selfhlep/tardive.html) [www.wemove.org](http://www.wemove.org) [www.dystonia-support.org](http://www.dystonia-support.org) [www.dystonia-foundation.org](http://www.dystonia-foundation.org)  
[www.iatrogenic.org/index.html](http://www.iatrogenic.org/index.html) [www.breggin.com/tardivedysk.html](http://www.breggin.com/tardivedysk.html)  
[www.caromont.org/16036.cfm](http://www.caromont.org/16036.cfm) [www.emedicine.com/neuro/topic362.htm](http://www.emedicine.com/neuro/topic362.htm) [www.drugdigest.org/DD/Articles/News/0,10141,513136,00.html](http://www.drugdigest.org/DD/Articles/News/0,10141,513136,00.html) [www.psyweb.com/Diction/tardived.html](http://www.psyweb.com/Diction/tardived.html) [www.thebody.com/pinf/phenos.html](http://www.thebody.com/pinf/phenos.html)  
[www.reglan-lawsuit.com](http://www.reglan-lawsuit.com) [www.ninds.nih.gov/healthandmedical/disorders/tardivedoc.htm](http://www.ninds.nih.gov/healthandmedical/disorders/tardivedoc.htm) [www.easyweb.easynet.co.uk/simplpsych/tardive.html](http://www.easyweb.easynet.co.uk/simplpsych/tardive.html)

### Electroshock

[www.ect.org](http://www.ect.org) [www.banshock.org](http://www.banshock.org) [www.idiom.com/~drjohn/review.html](http://www.idiom.com/~drjohn/review.html) <http://bmj.com/cgi/content/full/bmj:326/7403/1363>

# Bulletin Board

Several of Byron Fraser's **In a Nutshell** review essays have been republished online at:

[www.ifeminists.net/introduction/editorials/2004/1117fraser.html](http://www.ifeminists.net/introduction/editorials/2004/1117fraser.html)

[www.ifeminists.net/introduction/editorials/2004/1208fraser.html](http://www.ifeminists.net/introduction/editorials/2004/1208fraser.html)

[www.ifeminists.net/introduction/editorials/2005/0216fraser.html](http://www.ifeminists.net/introduction/editorials/2005/0216fraser.html)

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 (2004-2005) 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. Tel: 604-733-6186. Fax: 604-730-1015. [www.vcn.bc.ca/shra](http://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](mailto:info@aims.ubc.ca). Web: [www.aims.ubc.ca](http://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/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 604-733-5570.

Named after Vincent van Gough's homeopathic doctor, Paul Gachet, **Gallery Gachet** works to provide a safe, borderless place of artistic expression. It strives to be a place of healing and a center of artistic excellence.

## Websites of Interest to Consumers/Survivors/Ex-Mental Patients (continued from previous page)

### **Forced Treatment**

[www.freedom-center.org](http://www.freedom-center.org) [www.namisc.org/newsletters/August01/MindAid.htm](http://www.namisc.org/newsletters/August01/MindAid.htm) [www.hri/doccentre/docs/gosden.shtml](http://www.hri/doccentre/docs/gosden.shtml) [www.garynull.com/issues/Psych/Index.htm](http://www.garynull.com/issues/Psych/Index.htm) [www.psychlaws.org](http://www.psychlaws.org) [www.kqed.org/w/hope/involuntarytreatment.html](http://www.kqed.org/w/hope/involuntarytreatment.html)

### **Mental Health Law**

[www.bazelon.org](http://www.bazelon.org) [www.ac.wvu.edu/~knecht/law.htm](http://www.ac.wvu.edu/~knecht/law.htm) [www.psych.org/public\\_info/insanity.cfm](http://www.psych.org/public_info/insanity.cfm) [www.forensic-psych.com/pubs/pubADment.html](http://www.forensic-psych.com/pubs/pubADment.html) [www.psychlaws.org](http://www.psychlaws.org) [www.imhl.com](http://www.imhl.com) [www.ialmh.org](http://www.ialmh.org) [www.justiceseekers.com](http://www.justiceseekers.com) [www.safe-trak.com/main/competency1.htm](http://www.safe-trak.com/main/competency1.htm) [www.abanet.org/disability/sites.html](http://www.abanet.org/disability/sites.html) [www.experts.com](http://www.experts.com) [www.expertpages.com/psychiatry-psychology.htm](http://www.expertpages.com/psychiatry-psychology.htm) [www.psych.org/advocacy-policy/leg\\_res/apa\\_testimony/testimonysub-crimeposted91800.cfm](http://www.psych.org/advocacy-policy/leg_res/apa_testimony/testimonysub-crimeposted91800.cfm) [www.ilppp.virginia.edu/www.law.cornell.edu/topics/mental\\_health.html](http://www.ilppp.virginia.edu/www.law.cornell.edu/topics/mental_health.html) [www.helpforparents.net/LegalResources/1LegalResources.htm](http://www.helpforparents.net/LegalResources/1LegalResources.htm)

### **History of Mental Health Care**

[www.psychiatricsurvivorsarchives.com](http://www.psychiatricsurvivorsarchives.com) [www.webcom.com/thrive/schizo/kdarch.html](http://www.webcom.com/thrive/schizo/kdarch.html) [www.cwu.edu/~warren/addenda.html](http://www.cwu.edu/~warren/addenda.html) [www.epub.org.br/cm/n02/historia/psicocirg\\_i.htm](http://www.epub.org.br/cm/n02/historia/psicocirg_i.htm)

### **Online Publications**

[www.mentalmagazine.co.uk](http://www.mentalmagazine.co.uk) <http://members.aol.com/asylumpub> <http://userpage.fu-berlin.de/~expert/psychnews/>

