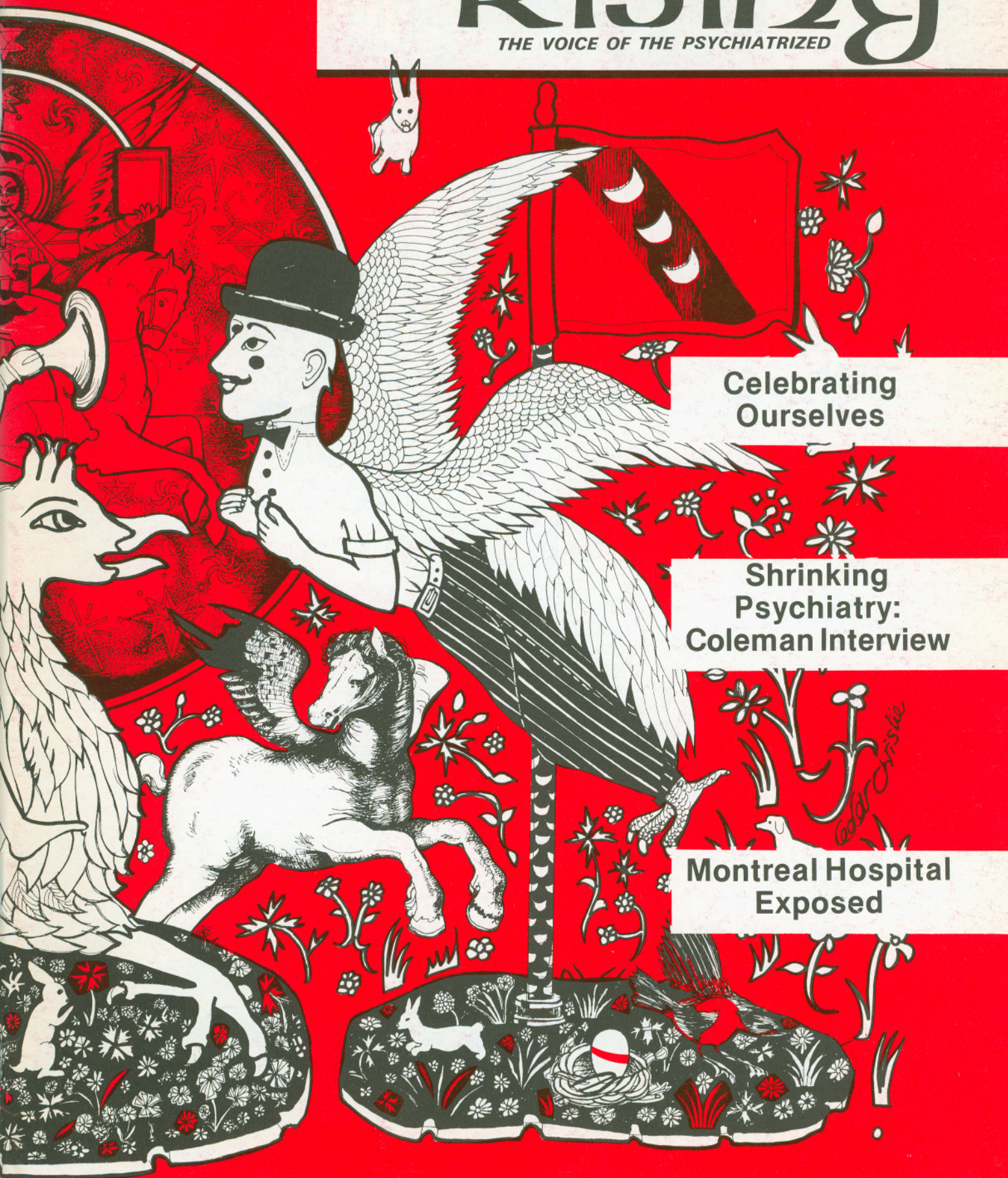




December 1985  
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# phoenix Rising

THE VOICE OF THE PSYCHIATRIZED



**Celebrating  
Ourselves**

**Shrinking  
Psychiatry:  
Coleman Interview**

**Montreal Hospital  
Exposed**





1 of the 10 above is a nut.  
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Seeing things in new ways is the very essence of Christmas.  
Merry Christmas, and a Happy and Healthy New Year  
from Phoenix.



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## Open Letter to our Readers

This issue of Phoenix marks a departure for us — a change of style, content, and, most especially, intent: we've devoted about half our space to celebrating ourselves in poems, short stories, artwork and other accounts of personal experiences.

These selections — by many of us and for all of us — represent the largest single collection of its kind that we've ever published.

We've taken this step because we are aware how easily, and how often, others forget or ignore what we **know**: we are human beings, and ends-in-ourselves, we are not to be defined by some arbitrary concept of "mental health." Nor are we to be constrained by some equally arbitrary notion of what our contributions to society should be.

We've taken this step because we also know that we deserve full human rights; and sometimes, the best way to open our eyes to this truth is simply by expressing the many manifestations of who we are, what we say, and what we **can** do.

We've very much enjoyed getting the issue together, especially with all our new friends and contributors. And, as always, we've noticed that the expressions of interest and concern have been infectious — and good for everyone! Please let us know what you think.

We'd also like to extend our celebration further, not only to those of us who have found a voice in this or any issue, but to all those who have not — at least, not yet. To the hundreds of thousands of psychiatric inmates and ex-inmates everywhere: you, all of you, as well as our present readers and contributors, are Phoenix Rising, and we celebrate you.

A public celebration, then, in **our** magazine. After all, who will celebrate us, if not ourselves?

Finally, and fittingly, we have one more reason to celebrate: we are proud to say that our production costs for this issue are being met entirely by donations. This is a first for us; in fact, we didn't know we **could** do it until we actually tallied the sums — and were happily surprised. Thanks to all our contributors for making this possible.

\*\*\*

Resolved, for 1986:

To continue the backbreaking and often heartbreaking work of revealing and criticizing inadequacies, injustices, and downright abuses in the current system of "mental health."

To continue to develop the fullest range of real grassroots alternatives to this system.

To never forget ourselves — every single one of us — for whom we advocate, and to whom we dedicate this celebration.

Season's Greetings  
The Phoenix Rising Editorial Collective



# phoenix rising

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The opinions of the editorial collective are expressed in the editorial and unsigned articles. Other articles, columns and letters to the editor express the views of the writer. We will not accept any advertising which in any way supports forced drugging, electroshock, involuntary confinement, or psychiatry's medical model of mental illness. *Phoenix Rising* reserves the right to edit material submitted. Material should be submitted typed and double-spaced. Persons wishing to have material returned must enclose stamped, self-addressed envelope. *Phoenix Rising* is published quarterly by: ON OUR OWN, Box 7251, Station A, Toronto, Ontario, Canada M5W 1X9. Telephone: (416) 699-3194, Second class postage No. 5342. Copyright © 1985 ON OUR OWN Winter Issue. ISSN 0710-1457.

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## Phoenix criticized

Dear Editors:

I never thought I'd be writing you this kind of letter. I am furious, just furious...

How could you possibly allow Brenda White's letter *Defends Feminist Therapists* (5:2&3) to be printed without an immediate response?

"Feminist therapy" is a part of the psychiatric system. I could care less that Brenda (the up-and-coming "feminist therapist") refuses to acknowledge that — but for Phoenix Rising to give credence to that stance is outrageous.

"Feminist therapists" do incarcerate women, and do *drug* women. No practising "feminist therapist" is my ally. Not now — not ever!!

There is definitely a "distinction between therapist and client." Which one gets paid? Which one decides whether to accept a phone call during non-office hours? Which one has the POWER to involuntarily incarcerate the other?

"Feminist therapists" do accept the medical model of "mental illness," and they do use psychiatric diagnoses. "Feminist therapists" may indeed believe us when we say we are rape and/or incest survivors, but so what?? They are solely responsible for creating the rape/incest/battered womens' "trauma syndromes." A psychiatric diagnosis is a psychiatric diagnosis, and I'll be damned if I'll accept their label of yet another "syndrome," "symptoms" and their recommended "treatment."

"It (feminist therapy)" then helps women get in touch with 'their'

anger." Right ... you notice how quickly "feminist therapists" respond to our anger about their "profession" — once again *we* are wrong and *they* are right!! Bullshit!!

What they mean by "get in touch with 'their' anger" is to "teach" us to hit a pillow! They give us "permission" to scream! They "validate" our emotions! But, be ever so careful not to become "too" angry, sad or suicidal, or you will find your ass in a psychiatric institution just as fast as any other damned "professional" can get you there.

Nor will "feminist therapists" even initially accept "clients" who are acting "too weird." They refer us away to the traditional throes of psychiatry where we are more readily subjected to electroshock, more drugs, etc., etc. That makes them basically as responsible as the shock-doctors themselves!

"Feminists have not abandoned women in psychiatric hospitals"??? "Feminist therapists" are PUTTING us there!!!

It's no doubt Brenda admires Phyllis Chesler (I am not familiar with P. Penfold, so no comment). Phyllis Chesler is herself a "professional." After all these years, her *beginning* analysis (*Women and Madness*) still receives total support from other "professionals" to the absolute exclusion of psychiatric (ex)inmates. Who is the "authority" on the oppression of psychiatry? Who knows BEST the coercion, damage, pain and torture of psychiatric "treatments"? Who are you going to believe about "feminist therapists" — the "therapists" or those of us who have "received" their "therapy"???

Anyone who is truly an anti-psychiatry activist, who really understands psychiatric oppression, and who honestly supports our cause will NOT become a "feminist therapist." There is no practising "mental health" worker who is satisfactory. To work within that system is to support that system. (And I extend that criticism to Thomas Szasz, R.D. Laing, Peter Breggin, David Richman, Bonnie Burstow, Lee Coleman, et al.)

"Feminist therapy" operates under the guise of being "radical." This just is not true. It is even more dangerous theoretically than traditional psychiatry because of these lies.

And speaking of traditional psychiatry, Phoenix Rising, you have done a grave injustice to your readers. "Italy Humanizes Psychiatric System" is a totally offensive story (let alone the contradiction of your title). Did a "professional" write that piece??

I say it is offensive because at first reading I believed you. I was so excited to learn that Italy was closing their psychiatric institutions that I cried. But since that first tearful reading, I have re-read your story and asked questions of people who have been involved in that process. The whole thing is nothing more than the same economic transfer of psychiatric power that we experienced in the U.S.

You glorify the creation of a more insidious psychiatric state. Neighbourhood "mental health centers" are community-based tools of social control. In the U.S., these neo-institutions are notorious for their massive drugging practices. There are no "problems" (as you say) with these psychiatric reforms. It's the very

nature of reform. Have you also abandoned the Declaration of Principles coming out of the 10th Annual International Conference??

"Italy has become a model of mental health reform"??????? No, not at all. But Phoenix Rising has become a model of a very fine journal in the clutches of co-optation.  
Sue Doell Address withheld

**We do not believe that to tolerate other points of view, especially our readers', either betrays our own inmate experiences and grassroots perspective or "gives credence" to the other views. We do believe that the clear representation of our experiences throughout each issue of Phoenix — of our abuse, our suffering, and of our painfully won understanding — is sufficiently strong to speak for itself, and be its own defence; and that a letters column is an appropriate place for a range of views, including those that differ or are even critical. Like yours.**

**As for the shortcomings of psychiatric reforms in Italy — we're not surprised, but we can't share criticisms of it with our readers until you, or someone, better informed and critical, shares with us. Please do.**

### **Psychiatry's failure formula**

Dear Editors,

The present state of mental health treatment is abysmal. Forced behavioural change through the use of: violence, "restraint," psychotropic drugs, electroshock and psycho-surgery has left an endless legacy of: pain, suffering, humiliation, loss of self-respect, loss of memory, apathetic formation and permanent mental trauma. Yet contrary to the intended goals of psychiatric institutionalization — to help patients cope and function in society — most ex-psychiatric patients are: chronically unemployed or on welfare, street people, alcoholics, drug addicts and in general more an outcast and misfit in society than before "treatment." Clearly, psychiatry is a failed formula for dealing with psychosocial phenomena.

In this (letter) I wish to promulgate an alternative mental treatment based on "natural" cures with the patient's own will and effort used in the curing process. My treatment would promote a change in lifestyle stressing discipline with firmness — which most young people lack — together with compassion and understanding that institutions cannot and will not supply. When it is generally observed that even the "successfully cured" patients from psychiatric treatment are functional at the expense of being

"shells" of their former selves; humans who seem to have lost part of their soul; zombies; it becomes apparent that it is in the "establishment's" or "system's" and the patient's interests that each patient be given the right of self-determination and therefore a legitimate alternative to forced institutionalization. The only demand I make is that the government supply me with adequate farmland whereby alternative facilities can be built.

The genesis of "psychopathic behaviour" is as follows: society raises children to be irresponsible and non-functional in society until young adulthood; then they are expected to be productive and mature. There is not a maturing process that enables young people the choice of lifestyle selection. Instead, any rebellion at adulthood is confronted with a violent effort to force conformity through penal institutions and societal pressure. It is at this stage that a "natural" alternative to violence should be available to a patient.

As a corollary: juvenile delinquents, foster children, first offenders, street people and immigrants should have this alternative. I know that the price of change is sacrifice and suffering, but the price of justice can never be too high.

Stanley Almeida  
Toronto

### **Imposed poverty**

Dear Editors:

Society makes paupers of the disabled.

I deliberately use the word "society" and not "government," since sometimes people forget that the "government" is composed of the citizens, and the government is elected by citizens, therefore the "government" is "society." It is worthwhile to note that it is not some ethereal, abstract group called the "government" that is ensuring that we disabled live 60 to 70 per cent below the poverty line, but the vast majority of our fellow citizens.

The argument used to justify this unfair behaviour is that poverty gives people an incentive to work. How, when a doctor who works for the government (all doctors who get paid by the government work for the government) signs a document stating that someone is permanently unemployable can the government

say that an incentive to work is being applied?

Another common quip used is, "You should be damn grateful you get anything for nothing." Unless you are a Nazi, or something similar, this idea soon loses its force because of the fact that we are committed to a welfare state in this country and therefore have an obligation to the less fortunate among us. Keep in mind also that many of us were taxpayers before our misfortune.

It seems to me that society would be cruel to keep its disabled at the poverty line. Understand my frustration at living 60% below it!! Even at that I'm better off than several of my friends. If I am not totally crushed by poverty, I would like to write more on this subject. Now I am going to roll a cigarette and put some macaroni on the stove.

R.M. Griffiths  
48 Howland Ave.  
Toronto, Ontario

### **Kudos!**

I found the magazine extremely thought-provoking since it brings to the fore many issues and situations with which the psychiatric patient must deal on a daily basis. It would appear to be an important tool for the patient who is rebuilding his life and attempting to re-enter society. I commend you for the caring and humane manner in which you present these matters.

Marion Dewar  
President, New Democratic Party

...the current Charter Issue is your best. It's first class journalism and first class advocacy. With almost no budget you've done a job that a mass media publication could envy. You should all be very proud of yourselves.

June Calliwood  
Columnist, The Globe and Mail

The Honourable John C. Crosbie, Minister of Justice and Attorney General of Canada has asked me to thank you for ... the Charter Issue of the *Phoenix Rising*. I have read this special issue of the magazine with great interest and I would like to congratulate you on a job well done.  
James A. Good  
Chief of Staff  
Office of the Minister of Justice and Attorney General of Canada



A PERSONAL STORY

# Recovering from psychiatry: How I got myself back

by Jean Skov

The real beginning of my story was an undiagnosed pinched nerve. The end result was tardive dyskinesia — caused by a long and useless 'treatment'.

My family doctor had prescribed Mellaril (Thioridazine) when I first went to him for help for muscular tremors. Within six months I became severely depressed, lost all initiative and it became a tremendous effort to do the slightest thing. All the windows were closed. I couldn't see into the world anymore. I couldn't see any alternatives and became locked into my own little private, dark tunnel. My whole attitude and personality was completely changed — I had lost interest in everything. I didn't understand the major tranquilizers could produce this effect.

When I asked my doctor about why I was feeling this way he said he couldn't understand but suggested I get away from whatever was stressing me and go to the hospital. In June of 1980 I admitted myself to Peel Memorial Hospital and became an 'in and out' patient for the next three years.

When I first went to the emergency ward at Peel I saw a Dr Peter Faux. He asked me what was the matter and I told him how my life had changed and the medication I was taking. I also explained how my life had been before, telling him I was the Secretary for the Voice of Women, active in their money-raising project for children in Viet Nam. I also told him that I was so depressed that I didn't even want to associate with my old friends as I felt I would just be a burden.

He admitted me right away.

On the ward, my purse and everything was taken from me and I had to take all my clothes off. I was asked if I had any medication or drugs and I said "Of course not!" They had to look for drugs so a nurse, (Mrs. Lamont), examined me internally and did a rectal examination. She didn't tell me she was going to do it and I found out later this is what they do to criminals, to prisoners. I felt like a criminal and still feel that way.

It didn't help to have her say "You're in no condition to make decisions for yourself." My reply was to tell her "I made the decision to come here, didn't I!"

The first six months in hospital was just about the worst experience in my life. You have to have self-confidence to feel that you're a viable human being, but the whole thrust of a psychiatric institution is to make you feel like a nobody.



The same nurse told me months later that I wouldn't be getting any medication until I dropped from exhaustion. "You call that useful?" I responded. "You call yourself a nurse? I'm reporting you to Dr Faux."

Then they doubled the dose of everything! I was on all kinds of drugs before getting out in 1983. I was placed on Fluphenazine which is Moditen or Modecate. It was so powerful that my system couldn't take it and I started breaking out in a rash. Then they put me on an antihistamine. About that time I started doing shorthand in my mind, and everytime someone stopped to talk I would take it down in shorthand. I was asking myself if I was going insane as I couldn't remember how to do my shorthand. It then progressed to hearing music. The sounds would go over and over and over in my head and I couldn't get them out. At the same time I was on Sinequan and Chloral Hydrate. Even with that, I couldn't sleep. As I had not been given the reason for taking them, or the effects or dangers I questioned the doctor on this. His reply was that a little knowledge was a dangerous thing. I told him, "You're a doctor. Don't you know what Doctor means? Docere — to teach, to teach."

I had a hemorrhoid condition before I went into the hospital. While I was in Peel I was bleeding so badly at times that in the morning my clothes would be soaked in blood. I was examined and they gave me Metamucil. That helped. I was told that if the condition continued I would have to have an operation. The point is they assumed it was just hemorrhoids and didn't examine me any further. What had happened was an inflammation of the large intestine. Consequently, I was in terrible pain from it until I got out.

In 1982, I 'graduated' to Reserpine and Dr Faux suggested ECT treatments "for depression." I remember when I was asked to sign the consent papers for the treatments that I was willing to try anything for this depres-

sion. I received 17 ECT treatments but within a month the depression was back. Towards the end of these treatments I developed convulsions. They started before I got out of the shock room. I was awake, convulsing and hardly able to breathe. The last time I woke up to hear the nurse say, "She's already awake," and I was still at the machine.

My spine was bending back, I had difficulty in breathing, I was panting and sweating and a nurse was scolding me saying "You can stop that right now." I went in at 8 o'clock in the morning and it wasn't until 6 o'clock in the evening that I was able to get out of bed. I was having convulsions during that whole period of time. I was shaking and bending backwards. It was horrible. According to a compendium I read later Reserpine was listed as not to be given during an ECT treatment.

While on these drugs I convulsed regularly. I would shake all over and sometimes pass out. Keith, an elder in the Mormon Church took it upon himself to help me, particularly at meal time. One of the girls told me that on one occasion when he got me to my meal it took him half an hour to get me to a sitting position. While convulsing I was tied down in bed and they came in every half-hour to give me juice or water, but nothing for the convulsion. A friend of mine was a well-known puppeteer and her puppets reminded me of myself. You couldn't control your own movements and you feel you are just a bunch of reflexes. It was very frightening. They diminished as time went on and eventually stopped. The staff didn't seem to see any connection between the drugs and the convulsions and insisted I could stop them whenever I wanted to. Of course, I didn't believe them.

I have always had a phenomenal memory. Following the shocks I would forget trivial things — but it was only temporary. As an example, I would forget the colour of my car for a day or so. At one time, before all this began, a psychologist tested me on visual-spatial relationships, and I was termed "superintelligent." While hospitalized in 1983 I failed miserably on anything to do with spatial relationships. I think shock had something to do with it.

Four of us shared a room. One of my 'roomies' was a girl I will call "Anne." Anne had received ECT treatments to the point where she was unable to talk. Because she wouldn't come for meals, she would be

*"...the staff kept saying to me, 'It's almost exploding. You're angry! You're angry!' Of course I was angry! But, I've always felt that it isn't a matter of being angry but the way you express it that's important."*



**"I think an organization like ON OUR OWN was all I ever needed. Take your experience of depression and use it to help other people. Walking in that person's moccasins for a day gives you the ability to turn your experience outward in a productive, joyful, positive way."**



dragged from there by her arms with her legs trailing. Finally, after a couple of weeks I asked the Doctor what the nurses were trying to do, if they were trying to show her who was the boss. I told him that she needn't be dragged — she would go down on my arm — that was all she needed. He told me that if I could prove that, they wouldn't do it to her anymore. She came down on my arm the following meal and every single day after — three times a day. All she needed was someone interested in her.

The next year I remember seeing Anne being taken for a shock treatment. They put her on a stretcher, tied her down and drugged her. She became more and more of a shell. One day she said to me "They won't read my notes. I want more shock treatment." And I said, "Why on earth do you think you need more. All you need is a little humanity, a little interest, and less pressure." The day she was discharged, she hadn't had any treatments for a month. She wrote that she'd had about a hundred over a period of fifteen years. I saw her get about twenty in six months. The sentences in her notes were all reversed.

For the last three months before my release, I was on five drugs at the same time. Reserpine in particular is a vicious medication. Six pharmacists refused to make up the prescription when I was released. Reserpine was one of the drugs they gave me for my "high blood pressure." My pressure was 110/70 which was low-normal! I was also getting 40 mgs of propranolol or Inderal for heart problems as well as Sinequan and Halcion. Added to this was 200 milligrams of chlordiazepoxide (Librium). They gave me so much I started having nightmares about my husband and me. It was always the same — my husband's face looking at me in anger and I was lying on a marble slab. This was my dream for the last three months in the hospital.

One of the social workers told my husband — in 1983 — there was no way I could be discharged because I was dangerous. The Doctor had told the Staff that both my husband and I were dangerous and should be separated. My husband just told me about this a few months ago.

At the time the Staff kept saying to me, "It's almost exploding. You're angry! You're angry!" Of course I was angry! But, I've always felt that it isn't a matter of being angry but the way you express it that's important. I've always tried to express my anger in a productive manner. That's one reason I'm in ON OUR OWN.

I know they felt I was criticizing them and I guess I was. When asked one time "what I was doing back there" I replied: "I'm doing the same as any of the patients that keep coming back. I'm looking for help and I haven't found it yet."

I was always a voluntary patient — never committed or certified or charged with anything. One time when I said I wanted out, the doctor said: "Either you take this medicine or you get no discharge." It was like blackmail. I was to continue in this misery until I did as they said.

Before I left the hospital, Jean Sinclair, a nurse, said to me, "You've done more for the patients than we have ever been able to do because we don't have the time. You have shown interest and that's all these people need."

In the middle of my nightmares, I decided to go to a group home as the staff told me that was the only chance I had. The doctor told me I had to consider another place as I couldn't go back to my husband. I didn't know what to do as my husband was the person in my life that I've felt the most warmth, the most affection for.

The group home lasted 10 days. Then my husband came and said, "I just can't live without you." The woman in charge told me that she would call the police if I left. I told her I would wait for her to call them as I wanted to see what I would be charged with. I had been called 'dangerous' and if that was what the charge would be I could at least defend myself. We left saying that she knew where we were if she wanted to send the police. When we arrived home, my social worker called and said "So you're home, Jean. I'm glad. That's where you belong."

I was diagnosed with everything: "schizophrenia," "depressed," "manic-depressive," "mania," "anxiety," "psychosis." All I ever really suffered from was anxiety caused by the undiagnosed pinched nerves in my back

which caused muscle tremors. But, I am sure the psychiatric labels are still on my record.

Soon after I left the hospital, I went to a neurosurgeon for the pain in my back and throughout my body. He indicated he could operate but it was caused by the tardive dyskinesia. The pain was caused by a build-up of lactic acid. The pain is still with me — in my jaw, my neck, down my back and in my feet. It's especially bad when I'm lying down. It's related to the dyskinesia. Tardive Dyskinesia — you can see it in my whole body. It's in my face, it can go down my nose, in my temples, behind the ears, my neck — but the worst pain is in my ankle — a very quick stabbing pain.

I've also had lockjaw as a result of the dyskinesia. My jaw will clench for about five minutes and I just scream with the pain. It's diminishing, but my jaw feels very stiff. I haven't got a tooth in my mouth now as a direct result of this. My jaw twisted sideways and my dentures pressed against the teeth I had. I've lost about eight teeth in the last year. My oral surgeon was in touch with my neurologist and told him "There's no doubt in my mind whatsoever this is caused by the dyskinesia, about which I can do nothing."

Most people are very kind. The people I see regularly couldn't have been kinder. But the children — they stare, they stare, and you feel like crawling in a corner. I still wake up each morning so nauseated. My face is shrivelled up and my eyes are almost swollen shut during my first hour or so when I awake. I was told by my family physician that this is all drug reaction and that major tranquillizers can take up to five years to leave your system... or at least the side effects.

I take no medication now.

I think an organization like ON OUR OWN was all I ever needed. Take your experience of depression and use it to help other people. Walking in that person's moccasins for a day gives you the ability to turn your experience outward in a productive, joyful, positive way. That's all that I needed — a place where you could express yourself in the way you are best suited. Do your own thing, do it your own way. I want to express my anger in such a way that it will benefit someone else.

I was sixty when I went into the hospital, and I've never had any kind of psychiatric problem before or since. It's a lesson in helplessness but I've helped myself. As my doctor said: "We're winning, Jean — we're winning!"



# THE **MAD MARKET**

is a  
**non-profit store operated by On Our Own,  
a self-help group of Ex-psychiatric inmates.**

- ☐ **We offer items for sale at some of the cheapest prices in town!**
- ☐ **Donations of used goods are welcome.**

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organizations.

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appliances, etc.

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## Maggie's Bag

### Thank you all

On behalf of everyone at Phoenix, I'd like to extend a sincere and huge thank-you to our friends and subscribers who responded to our plea for donations to get us through our ongoing crisis.

It's still a touch and go situation and we're hoping desperately that Santa will leave a gift of core-funding in our stockings. Meanwhile, it is our readers who have really made this section possible and each and every one that contributed should be very proud of themselves. Even the letters of encouragement from those who couldn't afford a donation has given us the added drive to 'keep on keepin' on'. I truly hope you realize how important you are to us.

— Maggie

### The Institution as 'Product'

There's always been a controversy over the terminology connected with the packaging of a psychiatric "patient," "inmate," "client," "consumer" — sometimes even "person."

Personally, I can deal with all these labels to a certain degree — with the exception of the word "consumer." Earlier this year, I attended a conference where some of the participants kept referring to us as consumers. When I took offence they asked me for my reasoning.

To me the word brings visions of being an educated buyer, with a choice of purchases. With this thought in mind, I visualized myself preparing for a planned breakdown. I would have to visit all the psychiatric institutions, check out the facilities, access for

visitors, personnel qualifications and philosophies on treatment, letters of reference — and let's not forget the kitchens!

Following all that I would rate them on a scale of one to ten, choose one, place myself on their doorstep with a nametag attached — and break down.

There is one good point to this idea. Once out, I would at least have the recourse of being able to call the Better Business Bureau and complain if their 'service' wasn't up to standard.

### Mabel White — In Memoriam

Mabel was a sister from Buffalo, who for many years was active in the Psychiatric Inmates' Liberation Movement. A very giving and open person, she frequently used her home as a drop-in or temporary home for many ex-inmates. Suffering from cancer, Mabel died September 27, 1985.

Don Johnson, another ex-inmate activist in Buffalo, was a close friend of Mabel's. He and other ex-inmates recently started a self-help group and to honour and remember her have called it *The Mabel White Group*. We extend our sincere sympathies to Mabel's family and many friends.

### Second Harvest

About nine months ago a group of volunteers in Toronto created Second Harvest. They collect surplus food from different sources and distribute it in bulk to a group or organization that can then pass it on to needy members.

Altho' not an original idea, it's certainly one that could use a lot of duplication. Many times day-old restaurant food, bakery goods, 'almost wilting veggies' and unused canned goods are given away every day. Second Harvest is the 'inbetween' in this situation — taking it from the suppliers to the consumers.

Our volunteer, Kathy Coleman is around the office once a week hauling bags and boxes of goodies into the kitchen at our office. From there it's distributed at our Drop-In or directly, as someone comes in. It's all wholesome and nutritious and has certainly seen a lot of people through that last week before the welfare cheque arrives.

If you are wondering about a way to help where it really counts, take some time and organize something. In other words, get out and 'move those buns'.

### Courtesy and respect?

An article in *The Cuckoo's Nest* brought my attention to a notice posted at Queen Street Mental Health Centre:

NOTICE TO PATIENTS

Patients, together with staff, have an important role to play in helping to ensure that people treat each other with courtesy and respect. This being so, any patient who attacks a member of the staff or another patient is liable to be charged under the criminal code.  
ADMINISTRATOR  
1984

*The Cuckoo's Nest* wanted the offensive notice removed — or at the very least reworded to say: THIS BEING SO, ANY PATIENT OR STAFF WHO

### ATTACKS...

Pat Capponi's (*Cuckoo's Nest* editor) anger was justified. Violence isn't something peculiar to "patients" — and "staff" are also subject to the law. Don't let discrimination of this kind go unmentioned. Speak up!

### From Quebec — films by women

January 23 to 25 DEC Films of Toronto will be hosting a mini-series of films by Quebec Women. *'Not Crazy Like You Think'* by Jackie Levitan (See our Film Review Section) is one of the features. Others are *Quelle Numero — Ballad of Hard Times* and *It Can't Be Winter, We Haven't Had Summer Yet*. Anyone in the Toronto area interested can call DEC at 597-0524 for further information.

### Hugs not drugs

National Addiction Awareness week in November used the theme "More Hugs — No Drugs."

Their publicity stats indicated that about 25,000 addicts each year were being treated in the 80 facilities available here in Toronto.

It's frightening to even wonder how many of those were hooked on "legal scripted" drugs.

### Puzzling it out

Ellen Litvak, the founder of the Puzzle Factory explained she had suffered from the stigmatization of mental illness for twenty years — labelled, medicated and lonely. She found her association with

theatre gave her a solid foundation in a growing, learning atmosphere — rewarding her with self-esteem, self-confidence and recognition. This, along with a sense of humour became part of her survival. If it worked for her, it would work for others.

The Puzzle Factory was created, offering a unique rehabilitation program in training and employment for ex-psychiatric patients. The Improv Comedy Troupe became a therapeutic tool to rekindle their self-esteem and self-confidence.

Their first benefit at the Rivoli was sold out and successful, giving them the material and resources to continue as well as seek funding.

Plans for the near future include a five-day-a-week program. Mornings are for teaching life skills. Afternoons would encompass theatre, mime, movement and voice. The Puzzle Factory will perform for the ex-psychiatric community as well as for the general public. For the ex-psychiatric community, performances will foster the feeling of being understood and by example engender feelings of confidence in their own abilities and raise their expectations for the future. Public performances will promote a greater awareness and understanding of the challenges faced by ex-psychiatrics.

Anyone wishing to contribute, participate, book or just ask questions, call either Ellen or Joan at 960-8927.

### Get a mechanic!

Reviewing a Spring 1984 issue of *The Alternative*, (*Journal of the Psychiatric Alternatives*), I noticed an article on a study made by Robert Hoffman, a psychiatrist at the University of California School of Medicine in San Francisco.

The study, through medical, neurological, and psychiatric examinations, revealed that "41 percent of the patients had been misdiagnosed in ways that could make an important difference in treatment ... that the initial diagnoses had attributed to psychiatric causes that were in fact caused by the very medication prescribed by the referring doctors."

If this percentage of 'mis-diagnoses' was maintained by

your car mechanic, he could lose his customers, lose his licence and be subject to fines. I wonder as well if there has been any follow up by Dr. Hoffman to indicate whether or not this situation of 60/40 has improved any.

Just a thought!

### 'Typos' worth repeating

"Show me a schizophrenic ... and I'll shoe you a unicorn!"  
"What rights and freedoms really mean."

### Two of a kind?

An elephant was drinking at a dating bar one night, and after several beers went to the men's room. There was already one man in there, and the man and the elephant went about their business.

After a few minutes, the elephant turned to the man and asked: "Can you really breathe through that little thing?"

### Mind control victims still not compensated

Every once in a while there's a story that crosses your desk just one too many times. I'm referring to the heart-breaking, mind-bending shameful story of the Canadian mind control victims and the CIA. (See "Secret Tests," PR April 1984.)

As a Canadian, I am totally embarrassed that our Government has not stood behind its citizens to force the United States to make a fair settlement ... as a child of one of the victims says: "by letting the United States know in no uncertain terms that it will walk the last mile with its victimized citizens."

The media, in this particular case, should be commended for doing its part. There have been many TV shows from both sides of the border; in-depth articles in several newspapers, many commentaries in magazines and periodicals. Without this, I'm sure it would have been swept under the rug a long time ago. You may never have answered a letter-writing appeal before, but I sincerely urge you to help. These people must be feeling pretty lonely now, as it's been in court five years. Even if you haven't time to write, rip out this page, sign it and send it to either/both of the following:

The Honourable Joe Clark,  
Minister of External Affairs,

Ottawa, Canada  
K1A 0H8

Mr. George Schultz,  
Secretary of State,  
Department of State,  
"C" Street NW,  
Washington, D.C.  
20520

As well, you could also write to Amnesty International. If they can't do anything else, maybe they can forward your letters. Amnesty International,  
294 Albert Street, Suite 204,  
Ottawa, Ontario  
K1P 9Z9

### Blocking shock

The Ontario Coalition to Stop Electroshock recently held several demonstrations at the Clarke Institute here in Toronto to protest the use of ECT treatments.

From November 1 to 9, hundreds of anti-shock leaflets were handed out in front of the

Clarke for two hours a day. On November 11 (Remembrance Day), the demonstration was followed by a vigil and candlelight Memorial Service to commemorate "the tragic loss of many of our sisters and brothers who died, or will die, as a result of electroshock and other psychiatric treatments."

Media coverage was fairly good — it helped carry the Coalition's message to the public. One more shovelful out of the mountain.

More about this demonstration and Memorial Service/"Speakout" in our next issue.

### igPa atinLa

SINEQUAN (Doxepin HCl) — Antidepressant  
SINEQUANON — Latin — Indispensable

In other words: a drug you just can't do without.

Who are they trying to kid!

Related thanks to Claudio Silva for his fine illustrations in the Charter Issue.

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### ISSUES IN RADICAL THERAPY

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## Medieval torture exposed to the light

The Government of Quebec has ordered an official Inquiry at a Montreal Psychiatric Hospital (l'Hopital Rivière-des-Prairies) because of complaints that the Institution is abusing the rights and dignity of its residents.

In March 1985 a group of parents presented evidence of abuses against their children to Quebec's Minister of Social Affairs, Guy Chevrette. They charged that the Hospital regularly ties people up for hours — to their beds or chairs nailed to the floor — and locks them in isolation cells for long periods.

The Minister had the complaints evaluated and received such a disturbing report that the Quebec government quickly established a Commission of Inquiry, headed by Richard Shadley, a criminal lawyer. Mr. Shadley began conducting public hearings.

### **Court Asked to Protect Doctors' Reputations**

On September 5, 1985 the Inquiry into practices at Rivière-des-Prairies was legally blocked when the Council of Doctors and Dentists at that Institution filed a writ in a Montreal court.

The lawyer representing five doctors from the Institution — Dr. Manuel Galiana, Dr. Achille Nérée, Dr. Jean-Paul Milot, Dr. Terrence Trudeau and Dr. Michèle Pilon — asked the court to ban the Inquiry on the grounds that the Government of Quebec had overstepped its jurisdiction. The doctors claimed that The Commission of Inquiry had no mandate or competence to look into medical practices.

In a sworn affidavit submitted to the court as supporting documentation, Dr. Manuel Galiana, Director of Professional Services at Rivière-des-Prairies said he truly believed that allowing the Commission to investigate practices such as putting people in isolation and using restraints on them would unjustly imperil the professional reputations of himself and his colleagues.

Based on a series of investigative articles from the *Canadian Human Rights Advocate*.

### **UPDATE**

The *Canadian Human Rights Advocate* has been informing the public of events at Rivière-des-Prairies since the story became known. Kathleen Ruff, Editor and Publisher of the *'Advocate'* recently told Phoenix Rising staff that as of mid-November 1985 the Commission of Inquiry was still under suspension because of legal proceedings. The court denied the request to stop the Inquiry, but the doctors have appealed the decision.

Ms Ruff called the court decision against the doctors "a major victory a milestone in the province of Quebec."

She emphasized that, but for the initiatives of "a courageous group of parents," the abuses at Rivière-des-Prairies would never have become public knowledge. Exposing the Institution is an "indictment of all the official bodies involved in its administration"; the medical-establishment's opposition to the hearings is evidence that it would like to make the whole issue disappear — but it won't.

## 191 affidavits of abuse

A new organization of parents and advocates (Le Regroupement pour l'Intégration dans la Communauté) has asked Quebec's Minister of Social Services and Health to put l'Hopital-Rivière-des-Prairies into trusteeship. They say it will take a new administration to end the abuses and operate the Institution so as to meet the needs of the people shut away and help them prepare to live in the community.

The Minister told them he needed more information: he asked for a dozen-or-so affidavits. He was given 191 affidavits from parents and from staff and professionals at the Institution. The statements all testified to specific abuses that had been witnessed. In addition, the organization submitted a 20-page brief summarizing the abuse of rights at Rivière-des-Prairies and calling on the Minister to act. The Minister responded by sending the affidavits to the Corporation Professionnelle des Médecins de Québec (which represents about 700 psychiatrists in the province) for review.

The President of the Corporation, Dr Augustin Roy, has already made up his mind about the activities at Rivière-des-Prairies. He has publicly expressed his support for the Institution and dismissed the complaints as exaggerated — part of a campaign to blacken the reputation of the Hospital. He claimed that such incidents are isolated, but occur in every hospital because of what he called the serious state of patients there. According to Dr Roy, the Corporation will not have checked into the complaints against doctors at the Institution until at least December.

La Ligue des Droits et Libertés (a Quebec human rights Association) has called on the Quebec government to place Rivière-des-Prairies in trusteeship. It describes practices in the hospital as "... not a case of isolated incidents, but of a system that provokes abuses." "Doctors are not above fundamental rights, says 'La Ligue' in charging

that abuses at the Hospital violate provisions of The Charter of Rights and Freedoms.

The Quebec Human Rights Com-

mission, which has been represented at the hearings, says it will consider intervening should the court halt the Shadley Commission of Inquiry.

**"The Commission of Inquiry into Hopital Rivière-des-Prairies is probably the first time that the lid has been taken off an Institution to find out how the people inside are treated."**

— The Canadian Human Rights Advocate

## Who are the people living at the Institution?

Four hundred and twenty-five adults live at the Hospital, 83 percent of whom are diagnosed as "mentally retarded" and 17 percent as having "psychiatric troubles." Their average age is 27 and the average period of hospitalization is 16.5 years. A 'typical' resident would be someone who was placed in the Institution 16 years ago when he or she was 10 years old. There were almost no services in the community at that time to serve the child or help the family. In many cases schools

simply refused to let the child attend and the parents — often poor and raising other children — put their child in the Institution with the hope that it would offer useful programs.

Of the 175 children living at Rivière-des-Prairies, 52 percent have been diagnosed as "mentally retarded" and 48 percent as having "psychiatric troubles." Their average age is 15.6 years and their average length of stay in the hospital is six years.

## Parents' Charges

- People are tied for hours to chairs and beds;
- locked in isolation cells for long periods;
- tied to chairs nailed to the floor;
- spend the whole day sitting on the floor except when being fed or washed;
- There is almost no individual program planning;
- There is extensive use of nursing care although the vast majority of the residents (inmates) are not sick.



## A mysterious death

On the morning of May 4, a 19-year-old woman was found dead at the Institution. She was naked, in a bathtub without any water.

Her mother's anguish was increased because the Hospital would not give her any information about her daughter's death. The woman sought help from Madeleine Girard (a former president of the Parents' Association which has been fighting against abuses at Rivière-des-Prairies) who got her a legal aid lawyer.

The lawyer, Jean-Pierre Ménard, obtained the autopsy report from the

Hospital. The autopsy says the woman falls into a group of three-to-five percent of people whose cause of death cannot be established with certainty.

Ménard then asked the Quebec Coroner, Maurice Laniel, to conduct a Coroner's Inquest into the death. In a letter to Laniel, the lawyer said:

The circumstances of this death appear to be quite mysterious. No

**"If you conducted an inquiry, you could find similar incidents in any hospital."**

— Dr. Augustin Roy (president of the Professional Corporation of Doctors of Quebec)

one can tell when (she) was seen alive for the last time. The autopsy report claims that her dinner was still complete in her stomach. This was 14 hours after her meal, if her death really happened at 7:30 a.m. on May 4, 1985. It is very likely that the death happened the evening before. Normally, (she) should have been seen by the establishment's staff when she reached the bathroom. Could she have been forgotten? What kind of rules of supervision exist in this Institution? How are they applied? What kind of medical supervision do the patients get?

Many other questions remain unanswered regarding the security of the patients in psychiatric institutions. Particularly in the case of this hospital where twelve cases of "suspicious" death have been recorded within the past three years by the investigator designated by the Minister of Social Services.

The Quebec Coroner refused the call for an inquest.

### ISOLATION CELLS

These rooms are approximately five feet by ten. The only furniture is a wooden box with a built-in mattress. There is a window-pane so the inmate can be watched. People are often stripped before being locked up — to help prevent attempts at suicide.

### TWO CASES OF 'ISOLATION'

A teenage girl who didn't want to go to school was stripped and put in an isolation cell.

'Isolating' a person is supposed to require a doctor's approval; so a doctor on call-duty was telephoned. When he asked the reason, the caller didn't know; the doctor told her to call him back when she did. The staff member called back soon after to say they would take the girl out of the cell if it were going to be so much bother.

A woman who had run away was brought back to the Hospital after the Commission of Inquiry had begun. It was a weekend and fewer staff were on duty. To lessen the risk of problems while the Inquirer was around, the decision was made to lock the woman in isolation for the weekend. A doctor objected but was overruled.

### CELLS OVERUSED

Examples of length of time spent in isolation cells over a six-month period:

Individual one — 443 hours 45 minutes  
Individual two — 175 hours 15 minutes  
Individual three — 140 hours 15 minutes

Number of times locked up over a six month period:

Individual one — 98 times  
Individual two — 51 times  
Individual three — 47 times  
Individual four — 34 times

### PHYSICAL FORCE

The Hospital frequently uses physical force to deal with residents. Following are examples of the number of times security staff were used to forcibly put a person in an isolation cell, tie them down, give a forced injection, etc. (frequency in 27-day periods):

Period one — 43 interventions by security staff  
Period two — 48 interventions  
Period three — 62 interventions  
Period four — 65 interventions

### From Staff Evidence

- No informed consent to this 'treatment' was given, either by the subjects themselves, their parents, or the public trustee. They were not informed of the purpose of these techniques, their implicit dangers, or their supposed effects.
- The regression project is not supervised by any outside body, nor was there a Code of Ethics at Rivière-des-Prairies to control the project.
- Parents were banned from visiting their children in Unit 10.
- Professionals working at the Institution protested against the techniques, but nothing was done. Serge Morin, a union representative at the Hospital who has spoken out against abuses, says that Rivière-des-Prairies is used as a laboratory where experiments are conducted on people.

**"You must understand, it doesn't bother a psychotic. It isn't punishment. A psychotic doesn't understand what punishment is."**

**—Francois Dumesnel, Institution psychologist**

## Punitive System

The daily régime at Rivière-des-Prairies seems designed to induce personal deterioration and problems.

The inmates waste their lives in boredom; they spend their days doing nothing, learning nothing. Every afternoon they are given a siesta.

The frustration, boredom and despair cause behaviour problems for which people are punished. Punishment is a major industry at the Institution.

The Hospital's six isolation cells are used excessively. Individuals spend hours and days locked in them. When the cells are full people are locked in their rooms.

'Restraints' are also a regular part of the Hospital routine. People are tied to chairs, to beds, to toilet bowls.

People run away from Rivière-des-Prairies. When they are caught and returned they do equal time in the isolation cells. Two days away means two days in the cell.

### The parents requested an inquiry to examine the following:

- The living conditions of the hospital's residents (inmates) and the need for educational programs.
- A deinstitutionalization plan which would allow the people to live in the community with dignity.
- The responsibility of the hospital for the present situation.

## Educational programs needed

The people living at Rivière-des-Prairies do not need to be cured. What they need is education and development — a chance to learn and grow so as to become as independent and fulfilled as possible and to live in the community with support services.

The Hospital operates on the medical model. The residents are made "patients" and have "health care plans" run by nurses, doctors and psychiatrists. They are given large quantities of strong drugs and tranquilizers. Parents note that, far from developing skills in the Institution, their sons and daughters regress and lose abilities they previously had.

## "Aversive Techniques"

One of the 'therapeutic techniques' favoured by the Institution is the use of 'aversive' measures. Since December 1984 staff-psychologist Francois Dumesnel has been conducting a project using aversive techniques on the 36 children and young adults in Unit 10. His methods include tying people to chairs for hours, putting hoods over their heads and locking them in isolation cells.

When interviewed by a CBC reporter Dumesnel at first denied using hoods. When it was pointed out to him that the June 1985 edition of Rivière-des-Prairies official publication refers to the use of hoods at the Institution, he admitted to having used them, but said it was only once or twice.

The Hospital's publication says: "It is difficult for the lay visitor to see a child with a hood over his head or tied down in a chair not to think right away that the person is being badly treated." The clear implication of this statement is that hoods are used regularly at Rivière-des-Prairies and can be observed by visitors.

People who work at the Institution have also contradicted Dumesnel's claims. They say that hoods have been used regularly in Unit 10.

Dumesnel describes his subjects as "psychotics" and claims they don't feel things the way other people do. What would be deprivation and pun-

ishment to a 'normal' human being isn't for psychotics, because, according to Dumesnel, they are not like us. With reference to putting a person in an isolation cell for extended periods he says: "You must understand, it doesn't bother a psychotic. It isn't punishment. A psychotic doesn't understand what punishment is."

The theory behind Dumesnel's 'treatment' is apparently to force people to regress through sensory deprivation. He uses "regressive techniques" supposedly to make a person go behind the "mask of deficiency" to the fetal or infant stage.

These techniques were developed in the 30's and for a time were in widespread use in parts of the United States. Abuse of the techniques led to the introduction of strict codes of ethics and external supervision.

David Solberg, lawyer for the Ontario Patient Advocate Office describes regressive techniques as "a piece of monstrous nonsense" which has been totally discredited. He says he would be flabbergasted if any professional organization in Canada approved such a punitive approach to 'therapy'.

Under Canadian law it is a civil and criminal assault to impose treatment on persons without their consent or proper substituted informed consent.



**Dr. Manuel Galiana, Director of Professional Services at the Rivière-des-Prairies Institution said he believed that if the Commission of Inquiry looked at medical practices — such as prescribing isolation and restraints — it would unjustly put his professional reputation in peril and the reputations of his colleagues at the Institution.**

## What rights?

People who have been institutionalized have virtually no power to fight for their rights or to make their voices heard. The Commission of Inquiry into Hôpital Rivière-des-Prairies is probably the first time that the lid has been taken off an Institution to find out how the people inside are treated.

A group of courageous parents and their supporters are fighting against overwhelming odds to bring justice to the people shut away in this Montreal Psychiatric Institution. The medical establishment — including

the Association of Hospital Administrators of Quebec, the Association of Doctors, the Association of Psychiatrists and those who run Rivière-des-Prairies — is using its considerable powers to defend and maintain the present system.

The struggle over the Rivière-des-Prairies Psychiatric Hospital will go into history as a test case of what rights people in institutions have in Canada. In 1985 will our society condone the ongoing ugly abuse of people in institutions? The evidence shows abuses that would not be tolerated for one moment if they were inflicted upon others in our society.

At this time it is uncertain whether those in authority in Quebec will act to end the abuse against the powerless people inside Hôpital Rivière-des-Prairies. It is uncertain whether the Shadley Inquiry will be resumed and, if it is, whether it will be anything more than a white-wash.

This is just the beginning of what

will be an ongoing fight and a major issue of social justice in Canada; it is an important challenge of discrimination and abuse against people who are powerless and vulnerable; it is a fundamental issue of liberty and equality under the Charter. Whether you are a community organization, a religious group, a union, a women's group, a professional organization, an individual — **EXTEND YOUR SUPPORT.**

- Write to the Minister of Social Services, Guy Chevrette, Hotel du Parlement, Québec G1A 1A3 and ask for a Coroner's Inquest into the death of the young woman.

- Support the group who are fighting for the rights of the people in Rivière-des-Prairies. They need money.

A copy of the brief may be obtained for \$2.50 (photocopying and postage). Write: the Group for Community Integration, c/o Madeleine Girard, 3418 Place Désy, Fabreville, Québec H7P 3J2.

## Alain Dion's life

The real lives of real people are at stake in Rivière-des-Prairies. Their lives are just as important to them as our own life is to each of us. Here is one example of the life of a real person at the Hospital.

Alain Dion (not his real name) is about 28 years old. He has lived in the Hospital for 15 years. He does not speak. He is labelled severely mentally retarded. About 10 years ago someone set fire to his blanket and his legs were badly burned; they were amputated. He was put in the unit for persons with severe physical problems and left there for eight years.

He was given a wheelchair but because there was not much space in the unit, he accidentally caught on the covers of beds as he passed by. His wheelchair was therefore taken away from him. He was tied to a chair that is nailed to the floor. He spends his entire days tied to a chair and his nights tied to a bed.

Not surprisingly, he developed some bad behaviour patterns. He cried out, he tried to grab hold of people walking by.

One of the professionals at the Hospital asked for prostheses for Dion. His request was continually refused. He asked for a wheelchair. His request was continually refused.

To go to the bathroom, Dion is dragged along the

ground on a blanket.

Recently, a worker at the Hospital developed a friendship with Dion. The change in him was dramatic. He has made great progress as a result. He smiles. He tries to communicate.

Alain Dion still spends his days tied to a chair and his nights tied to a bed. He still has neither prostheses nor wheelchair. How does the \$50,000 a year that it costs to keep each individual in Rivière-des-Prairies benefit this man?

Can the Hospital be sued for misappropriation of funds intended to be spent in the best interests of this man? What of this man's rights under the Canadian Charter of Rights and Freedoms? We, who speak so much of the Charter, do we care about the savage abuse of this man's rights? Do we care enough to give support to try and make sure the Charter applies to him?

If you do care, about this person and the abuse of the rights of the 599 other persons shut away in the Hospital, write to the *Advocate* and give your moral support to the fight that is just underway to win the rights of the persons living at Hôpital-Rivière-des-Prairies. We will act as a clearing-house to channel support to the group. We will let you know, as time goes by, if there are other ways you can give support.

—from *Canadian Human Rights Advocate*, July 1985.



*an interview with Dr. Lee Coleman*

# Psychiatry's 'reign of error'

**Markman:** *Dr. Coleman, your book is very critical of the psychiatric profession's role in the courts, in mental hospitals and in prisons. How did you come to be so critical of your own profession?*

**Coleman:** Basically, from the things that I saw in practising psychiatry, first in a crisis clinic which is typical of many county mental health centres where people were brought in — many times against their will — by police, and by families. I saw the things that were being done to the patients — the effects of the labels, drugging — and I came to conclude based on seeing what was going on in front of me, that this was not helping people. I also began out of my own interest to get exposed to the role of psychiatry in prisons — specifically in sentencing, where we would have psychiatrists influencing parole boards. And the very fact that we have a parole system where we're trying to decide whether somebody is no longer dangerous, whether they are dangerous, and so forth. I began to see what a sham this was. Psychiatrists had no way to help anybody decide whether a person was ready to be released. So psychiatry was corrupting the business of criminal sentencing.

Each time I've had a chance to investigate and look into any area where psychiatry is connected with state power, I have seen it to be corrupt. The other area that I've had a lot of exposure to is the role of psychiatry in trials of all kinds. Many times, society is kind of hiding behind psychiatrists in order to avoid certain other issues.

**Markman:** *Why are you opposed to psychiatrists having any influence at all over court proceedings? Couldn't they serve some useful function vis-a-vis the courts?*

**Coleman:** No, they can't, although I can certainly understand why people might think so — because by long tra-

dition the psychiatrists have been in there, and because they use the jargon, and they have M.D. after their names. People assume that if other doctors have legitimate methods to contribute to a courtroom — and I don't quarrel with other kinds of doctors being in there or other kinds of scientists being in there — psychiatrists must too. But the truth is that we only have the window dressing, not the substance. When a medical doctor examines a patient and decides the patient's problems are not stomach ulcers but stomach cancer, the doctor can prove his diagnosis with real scientific evidence — a tissue specimen that he mounts on a slide. Hematologists can show you a blood sample, etc. The psychiatrist doesn't have anything like that. All he, or she, has is what they see or what they hear, and then they filter it through their own subjective impressions. The reason that psychiatrists cannot contribute anything of value to the court is they don't have methods to do what the court thinks they can do: they cannot measure people's minds, or their intentions; they cannot tell whether someone knew what they were doing or whether they will be dangerous in the future. As a matter of fact, psychiatrists are worse than lay people at evaluating these issues, and therefore do not deserve to be testifying as experts. Lay people can do a much better job — that is, the members of a jury — in deciding the issues that the court wants to know than psychiatrists can. The reason is that a jury, or the judge (who is also a lay person), will pay attention to the behaviour of the person to determine whether they think they are legally competent, or criminally responsible, whatever the issue on trial is. Psychiatrists, on the other hand, get all caught up in phony labels and the jargon of psychiatry, which is totally un-

## **"All physical treatments in psychiatry... have one thing in common: they create a new disability."**

scientific; they lose sight of the basic issue that the court is interested in.

**Markman:** So what you're saying is, basically, we shouldn't treat the psychiatrists as experts.

**Coleman:** That's right. They cannot pass the test of what an expert is supposed to do. Maybe I should give a little background. In a trial of any kind, whether it's a civil trial or a criminal trial, we have ordinary witnesses who are coming in to testify because they've seen something or heard something. They cannot give opinions, they cannot give hearsay, but only firsthand testimony. Then the judge or the jury decides on the credibility of the testimony. Experts, on the other hand, are brought into the trial even though they were not direct participants in the crime, the accident, or whatever. There's a very important qualification that the experts are supposed to have before being allowed in there: that is, they're supposed to have methods to form their opinions that lay people do not have. Because without that we could have the guy down the street give his opinion, or the neighbour down the block. So we say you're only allowed to give your opinion if you, or your profession, have tools that lay people don't have.

The truth is that psychiatry doesn't have these methods even though we have thought they did. Psychiatrists listen to somebody in a so-called "examination" and then decide whether to believe it or not. They have no better way of knowing whether they're being lied to than do ordinary people. In fact, I think psychiatrists are particularly easy to lie to. But when psychiatrists then merely pass along what they've heard from the individual, it will be accepted as an expert finding, and therefore more believable. Therefore, the courts are getting corrupted. I'll give one example: I'm involved in a case where a doctor's on trial for Medicaid fraud: he's earned several thousand dollars a year illegally against Medicaid. In the middle of the trial, suddenly his lawyer is claiming the man's incompetent to stand trial. The doctors which his lawyer got to talk to him claim that the doctor on trial has forgotten how to speak English. Now he comes from another part of the world but has spoken English for many, many years. Obviously, if he practises medicine he has to be speaking English. But now he refuses to speak, and psychiatrists say he can't remember how to speak English. They have no test to know whether the man is simply refusing to talk. Yet there's a danger that the court will decide the doctors have examined the man, and their expert conclusion is that he doesn't remember how to speak English. So, you see, this just confuses the courts.

**Markman:** What about psychological testing? Is that objective enough to qualify as a form of scientific expertise?

**Coleman:** I'm glad you brought that up. It would seem on the surface as though, well, maybe psychiatrists are subjective, but psychologists have M.M.P.I.'s — Minnesota Multiphasic Personality Inventory — where they feed the results into a computer and get a readout, or they have charts and graphs. It has a look of science, but it's absolutely as unscientific as psychiatric speculations. First of all, the tests were all designed for what we call a normal

clinical setting where the patient doesn't have a particular motivation to manipulate the psychologist. He's not on trial for murder, or filing a lawsuit from which, if he wins, he gets money. So psychologists are not trained to take into account the fact that a person may want to manipulate the results of a test. Second, the psychologists can only measure what you did on the test, not why you did it. So if you check off a certain box on the M.M.P.I., or you answer a certain thing on the Rorschach, the psychologist can no more read your mind than a psychiatrist when it comes to why you gave the answers. The person may want to manipulate the psychologist, or may be disinterested, or may not like being tested and may resent the fact of being forced to do it. All of these things can influence the result, and the psychologist doesn't know whether one or more of these factors is involved.

I can tell you from my own experience that some of the most outrageous things are done to people based on those tests. Just one that happens to pop into my mind now is a woman who's involved in a custody fight with her ex-husband. You know how vicious these things can get. This woman has been said to be incapable of keeping her children because of the results of psychological testing. She's said to be "schizophrenic" based on the testing. Now, I don't know whether she's the best parent. I'm not claiming that I can know this, in fact, I would never do that. But what I'm saying is, if this woman is not the best one to have the children, that certainly should not be decided by a psychological test, because there is no test that can diagnose "schizophrenia." If you're out of your mind, then people can see it because you talk weird and you act weird. That's a real thing. It happens, but there's no test that can diagnose it any better than just ordinary observation. So to let the very delicate issue of child custody revolve around a test which is phony — I consider it to be a moral and a legal outrage. It's the reason I want to try to talk to people — to stop it.

**Markman:** What are some of the questions psychiatrists are expected to know the answer to in the courtroom?

**Coleman:** There's an enormous list. Let me try to break it down into blocks. First, let's take criminal trials: psychiatrists are asked for supposedly expert opinions about: (a) the person's competence to stand trial; (b) whether they are able to understand the charges against them; (c) whether they are able to assist their attorney in any reasonable way in their defence. There's no test for that. It's all phony.

Then there may be an insanity plea. The psychiatrist is supposed to tell us whether the person knew what they did, whether they knew at the time they did it that it was wrong and, even if they knew it was wrong, whether they had the capacity to conform their conduct — which is a fancy way of saying: did they act with free will? Can you imagine? Free will is a philosophical question, a metaphysical question. The idea that a psychiatrist can help us with the question of free will is absolutely absurd, yet that's what the psychiatrist is expected to do.

Then there's another crucial part of the insanity defence



**"...a murderer can be out on the street again in a couple of years because psychiatrists say he is no longer dangerous, and... a non-violent offender could be locked up 10, 12 or 15 years because the psychiatrists say he is dangerous."**

that many people don't know about, or don't think about. That is, if a person is found legally insane and is put in a state mental hospital, at some point later they may apply to be released — that is, restored to sanity. The definition of being restored to sanity is when you're no longer considered dangerous, so the psychiatrist gives us more phony "expert opinions" about whether the person is dangerous. The absolute crowning glory to this thing is that psychiatrists have been screaming at the top of their lungs in front of the United States Supreme Court saying, "We don't know how to tell who's dangerous. So don't ask us to tell who's dangerous." The trouble is they say that in only a few cases; in most cases they are quite willing to go in and say whether someone's dangerous. So here we have a situation where a murderer can be out on the street again in a couple of years because psychiatrists say he is no longer dangerous, and the next guy may be a non-violent offender, but could be locked up 10, 12 or 15 years because the psychiatrists say he is dangerous. And they're admitting in other forums that they don't know how to tell who's dangerous.

We move beyond the insanity defence to what we call the diminished capacity defence. The person on trial may not even enter an insanity plea, but psychiatrists can still come in and testify whether or not the person had a particular intent; that is, whether the defendant intended to kill the victim or just to hurt him. The prosecutor has to show that it was the intention to kill before he can get a conviction for murder. If he can't prove that, the person will only be convicted of manslaughter. That whole area is a much-expanded role for psychiatry in the courtroom.

Besides the criminal area, there's a whole other area of what we call personal injury lawsuits. Somebody files a lawsuit and says, I was in this automobile accident or I was at work and such and such happened. Now, there's no question that people can be injured and that there can be psychological consequences. I'm not trying to deny that. My point is that psychiatrists have absolutely no way to know better than the members of a jury whether or not a person was traumatized by a certain set of events. What happens is the psychiatrist goes in and acts as a promoter of the person who is filing the lawsuit and merely repeats whatever they've been told. I see this over and over again. Then the court hears it as expert testimony. I do quite a bit of work teaching lawyers how to cross-examine psychiatrists — to show how empty and useless and unscientific the evidence really is.

Then there are a whole host of other things. I mentioned child custody. Or people can be prevented from getting a job because of phony psychiatric testimony. Police departments are also starting to use psychological testing to supposedly screen out people who are unfit. I can tell you that it's not going to work; there's no way we're going to get better candidates through psychological testing. Or things having to do with whether you can drive a car or not — a psychiatrist can give an opinion that may

keep you from driving a car. Or the question of whether someone in the military just refuses to follow orders or is incapable of doing it — that may determine whether he gets money or doesn't get money.

Disability is another big area. This is a very delicate issue. We have lots of ways to spend government money and we've got to be careful where we spend it. The question is whether there are certain people who deserve to have money to help to support themselves because they're not able to work. Obviously, there are some people who are disabled and do deserve this. I'm not trying to minimize the problem. What I'm saying is that we often turn to psychiatrists to tell us — Mr. Holy Man, tell us whether or not the person is unable to work or unwilling to work. This is nonsense — to think that a psychiatrist has any way to determine this. These are what I call hidden agendas, where we turn to the psychiatrist when we don't want to face up to these problems. I could go on. It's a long, long list. It goes across the board in criminal, civil, and other matters.

**Markman:** *The Hinckley case and the Dan White case have focused public attention on the insanity defence, on diminished capacity and on competency to stand trial. What do you feel about the reforms proposed? Do you think they go far enough?*

**"Can you imagine any other business in America where you can force the customer against their will to take your service and then bill them for it?"**

**Coleman:** No, there is no state in the country (US) that is proposing anything which gets to the heart of the matter with these issues. Let me tell you what I think would get to the heart of the matter. Do not expect the experts to help us. It's only the ordinary, commonsense people of this country who are going to do it, if it can be done. Here's what you've got to do with the insanity defence in order to make real progress. The first thing to do is get psychiatry out of the initial trial. Now, that doesn't mean that you take out of the trial the mental issues before the court. There are legitimate mental questions: what did the person intend?; did they plan it?; and so on. But the behaviour of the person on trial is the best way for the court to decide. So we've got to get the psychiatrists out in deciding the initial question. Then we must face up to the hypocrisy of the insanity defence itself, which no legislators, no experts, are really confronting. The hypocrisy is this. The theory of the insanity defence says that there are certain people who are

legally insane and therefore we must not blame them because they are not morally guilty. They didn't know what they were doing, therefore we shouldn't punish them. Unlike the others who are legally sane, we should treat them but not punish them. The reason this is an hypocrisy is that they are being punished. When you get locked up in a state mental hospital, that is every bit as much punishment as being locked up in a prison, because a mental hospital is a prison. When you can't leave it, it absolutely is a prison, and what they do to you there is punishment. When they drug you up, that is punishment; in some ways, it's worse punishment than being in prison because you can be left with permanent bodily injury from the drugs that they force on you.

If we face the truth that both the legally sane and the legally insane are being punished, and we also face up to the fact that the punishment lasts until psychiatrists tell us the person is no longer dangerous — then we've got a crazy system. What we've got to do is this. We've got to make up our minds at the time of the trial: Is the person guilty of the crime?; and, what crime are they guilty of? Our answers may depend on what we decide on certain of the mental questions: What were their intentions? Once we make up our mind — and here's the bottom line that so many people are afraid of — we've got to give a definite penalty. This idea of trying to keep them until they're no longer dangerous is just a ritual that we go through. It doesn't do anyone any good. It doesn't protect society, it doesn't rehabilitate anybody, it just oppresses inmates, it does not give society an opportunity to mete out a fair penalty based on the seriousness of the crime committed. So have the trial, pass the sentence if they're found guilty, and when the person's paid their penalty — let them out. Ironically enough, by cutting back on psychiatry's power in this way, we actually make psychiatry more helpful, because in the institutions while you're paying your penalty, you can accept treatment that is offered to you. You do not have to accept it, and it cannot be forced on you. Therefore, at least some of those inmates would accept treatment, whereas now they don't want to accept it because it's a power play, and it's a manipulation.

**Markman:** Dr. Coleman, you're among a handful of psychiatrists who are totally opposed to any form of involuntary or coercive psychiatry, and you also advocate the abolition of all force and fraud in psychiatry. Aren't there any justifications in your mind for locking a person up in a psychiatric facility against their will?

**Coleman:** No, I don't think there are. Now, that doesn't mean that society doesn't have the right to lock somebody up. I just think we have to be more honest in recognizing that the mental health system is acting as a backup system for jails and prisons — a backup social control system. We definitely need a social control system. We have laws. If we don't respect the laws enough to impose penalties for breaking them, that shows that we don't respect the laws. As bad as our society is in many ways, it would only get worse. The answer is to have a criminal justice system which is in the business of enforcing the law. That's a legitimate business for us to be in. Then have a mental health system which is in the business of offering help to people involuntarily. That's also a legitimate business. We've got to get them untangled from each other. It's what I call divorcing law from psychiatry. I believe that if the person has broken the law, if they happen to have a mental

**"Psychiatrists... get all caught up in phony labels and the jargon of psychiatry, which is totally unscientific; they lose sight of the basic issue that the court is interested in."**

problem — that's incidental. They should be treated like a lawbreaker. They should be arrested. Many people say, "Oh, horrible, Dr. Coleman, you're going to be punishing mentally ill people." What they're not facing up to is that we're already punishing them. Psychiatry is a vast system for punishing mentally troubled people who've never hurt anybody. So, actually, we would punish mentally troubled people a lot less by the reforms that I'm advocating. If you've broken the law, you should be treated like a lawbreaker. You should be arrested, tried if there are charges against you, and if found guilty, be penalized in whatever way society has decided.

On the other hand, the vast, vast majority of mentally troubled people have not broken any law, have not hurt anybody. They have problems which may make them a little different, and they may upset people with some of their behaviour, but if they haven't broken the law, we should not have the right to incarcerate them or drug them. I consider forced drugging to be chemical rape. It's an outrageous practice which helps nobody. I think that if we did not have the power to lock up any mental patients we would help more people. Establishment psychiatry tells us that the reason these people won't go to psychiatry is because of their "mental illness." I say — Bull! The reason they won't go to psychiatry is a very proper reason: They're afraid of the power of psychiatrists. They're afraid that the

**"Imagine what it would mean if people were to recognize that there was only a very, very tiny percentage of mental problems which have any relation to any medical issues."**

psychiatrists will lock them up, drug them against their will, force them to get shock treatment. These are all real things that are happening every day. How can we say that mental patients are weird because they're afraid of these things? By stopping psychiatry from having this authority we would be helping more patients, and we would finally allow mental health professionals to be real, helping professionals as they want to be.

**Markman:** How do you go about doing this?

**Coleman:** The reason we hold on to involuntary psy-

chiatry is not because of who is paying; it's because by tradition, by history, we have certain myths and assumptions about mental disorders. For example, the vast majority of people believe that a person who has a psychotic breakdown may be violent. There's no evidence that people who have mental breakdowns are any more violent than anybody else. The answer is education. It's not going to happen overnight, because you don't undo hundreds of years of historical tradition quickly. If, for example, we could convince the American people over the next 20 years that mental patients are not violent any more than people who have freckles or people who are short or tall — they're just different because of certain problems they have. I think we would not feel so ready to lock them up. We would say these too are citizens of the country. They need some assistance, but why should we deny them the right to be left alone unless they have broken the law? Society's fear, that's the real problem. The money we're spending now we would spend instead on people who really want it. Do you know, in many cases, if a person wants to go into a mental hospital they're told there's no room because we only take involuntary patients? You have to go out in Catch-22 fashion and do something which would justify them locking you up, and then they'll take you. People have told me, "I guess I'll have to go out and make a suicide attempt before you'll take me."

**Markman:** Don't you have to empower mental patients in addition to taking power away from the psychiatric profession?

**Coleman:** Yes, but the power they would have is just the power we automatically assume one should have by being a citizen. If the psychiatrists only had the power to offer a voluntary service, then mental patients would automatically have the power that everyone else has as a citizen — the power to make your own choices, to accept help if it's offered, or reject it.

**Markman:** Even if we assume that there would be no involuntary psychiatry, if doctors didn't have the power to lock people up and call them mental patients, we still might have a situation where psychiatrists would be able to determine the type of treatment, and they would set conditions for the treatment. They'd be able to say, well, if you don't want shock treatment, I can't help you. If you won't take drugs, then I won't accept you into this program.

**Coleman:** You're absolutely right. It's just unbelievable that people will be told, "If you have a problem serious enough to be in this hospital, then your problem requires drugs; if you won't take the drugs, you really can't stay." This is the most outrageous thing. The solution is to make more of a free market mental health system. Psychiatrists are the only medical doctors in the mental health field, so they're convincing a lot of people with a lot of PR that "schizophrenia" is biochemical, "manic depressive" is biochemical, depression is biochemical, and therefore the best treatments are pills. Of course, since we're the only ones who can prescribe pills, come to us! Can you imagine any other business in America where you can force the customer against their will to take your service and then bill them for it? That's what psychiatry can do.

**Markman:** Isn't it also true that the number of different kinds of mental diseases has increased over the years as psychiatry has been threatened from other professions competitively?

**Coleman:** If by "diseases" you mean conditions which are

supposedly mental, that is, biochemical — absolutely. In fact, I try to teach people why this happens. In the 1960s, with the whole social movement of questioning authority, of paying more attention to what service somebody could perform and not just what the credentials were after their name, psychiatrists became more passé. It was probably a good development. Other kinds of counsellors began to be much more acceptable. Therefore, psychiatry, in a defensive fashion, was forced to invent brain diseases which only psychiatrists supposedly knew how to treat. And the most outrageous things are put out, like manic depression is biochemical and lithium is what will correct it. And lithium is touted almost like it's a vitamin pill, when in fact it's a very toxic mineral.

Let me give you one example of the pseudoscience that gets put out. It's from a book called *Moodswing* by Ronald Fieve, who's a leader in psychiatry on some of the major committees on manic depression: He takes a woman into the Metabolic Research Unit, gives her lithium, and measures an elevated amount of sodium in the serum of her blood — which is the fluid of the blood — as opposed to the red blood cell. The obvious conclusion is that the normal sodium in the red blood cells has leaked out of the cells because the lithium has poisoned the red blood cells; the membrane of the cell is leaky, so the sodium comes out of the cell. That's the obvious explanation for why they would get an increase in sodium in the serum of the blood. Fieve tells us: No, there was an excess of sodium in the red blood cells, and the lithium allowed the extra sodium to come out and made the red cells normal. Absolute nonsense. No reason to believe there was extra sodium — absolutely no reason at all. What they've done is convert a toxic effect from a drug into a so-called treatment. That is the kind of misinformation people have had thrown at them for the last 15 or 20 years.

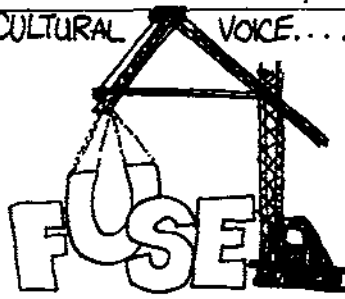
**Markman:** This type of pseudoscientific reasoning is also true of the phenothiazines and of all brain-damaging therapeutics, ECT included.

Continued on p. 47


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OUT OF THE ASHES

© 1991 by Disney

**TWO, FOUR, SIX, EIGHT**  
(For Danny Rice)

Two, four, six, eight  
my friend ran outside the gate  
and mangled himself  
under a truck.

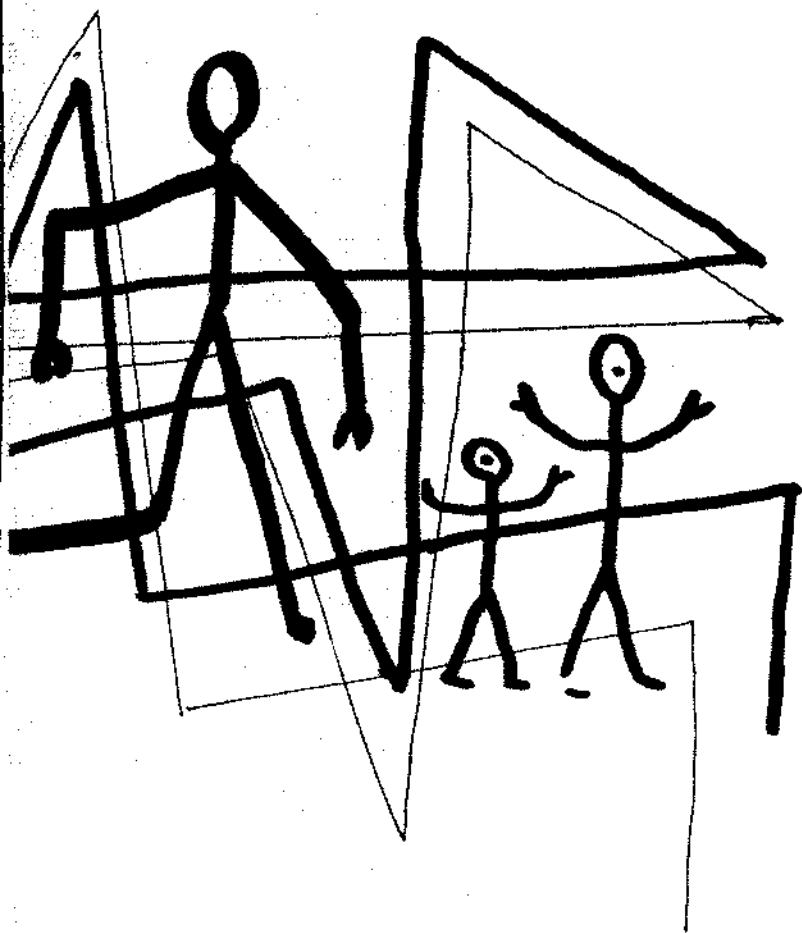
What the fuck?  
Except that  
sitting under the apple blossom  
at Penn Hall  
I hear his voice crying softly,  
"If only... if only..."

**A.L. Todd**

**inflated**

my therapist asks  
what an anxiety attack  
feels like            i could tell him  
about the sudden lack of oxygen  
the heart that feels ready  
to beat itself            out  
of the body            but i'm sure  
he's heard it all before  
and so i tell him            how  
it really feels            like  
a balloon being blown up  
inside you            and how it takes  
all of your energy            to keep it  
from bursting

**Linda King**



### **Strength of Stones**

What a dismal old dinosaur  
of a cathedral to human misery  
is this prison. The walls  
look as though they were made  
to contain rogue elephants.  
In reality, the thickness of a wall  
is determined by the fear of  
those who build it. Paagh!  
Love is the highest law.  
Assistance is an expression of the love  
of the part for the whole.  
Whosoever has received no assistance  
from Korrections Canada,  
let him cast the first stone.  
Very well! I play hard  
on the ram's horn of my memory,  
and the stone walls of this  
stinking Jericho come tumbling down.  
**Kliph Strong**

### **Understanding**

it startles me  
death's allure  
that you were so sure  
that is to say  
you went away

by choice

**Jacqueline Heaton**



# ONCE FROM THE BEGINNING

Destroy & explode/be destroyed & be exploded. Only choices? No — symbiotic awareness of black/white, loose/tight. Slashing words more often. Dismembering grammar, remembering degeneration & embracing nonsense. Someone says: structure, & I construct; I am a construct. Someone says, Simon, & I suck.

I am a

mouthy broad but get  
away with it. Oh you kiddaire, you big kiddaire.

You're so outrageous & I wish I'd had you properly when I'd the chance, says Alan-in-the-bar. Power: too late, Alan, seza me.

Sezame

(open)

So here you are bug-eyed at Ellie's fortress door in Forest Hill. You didn't know it would be like — this — in the mouth and Tim's eyes stunned in chandel-

ear

head

lights

buzzing with new —

know it now,

you asshole you

dumb cunt the curses don't

the safety net doesn't

it won't.

matter —

mind dissolves in the mouth and —

there is so little time. The

'time out of mind'; the

'key and the cure'

and other insoluble oils chill and fiery applied behind the ears, in the centre of the forehead — my ears, my forehead on fye-ur wif'

deez-eye-ur Oh my

God my god why have you forsaken me? in the mouth I am in the

## Minus I. Evening

Maybe if I pretend it's all right it'll be

maybe if I pray forgiveforgive me it'll

maybe if I make repara-

maybe if I make resolu-

if I make recanta-

I make re-

make r

ake

"Everything's just Jake in Jericho."

Two-light time and the shades are billows, pillows of dreams, and I am afraid.

Two-light time, and the eyes are peeled like onions white and fragrant with

(unex)purgategent tears. Two-light, twilight, two-timing, double-time, two-step,

double (over) — quick with pain, rain, chain; I'm, a rhyme; two and you, flew, so

blue; Tim, your eyes so full, you charge;

large

blue-balled

bull. You

think I'm in control. You think I walk the way the rain falls. You think this is my

smarts Oh that smarts but I can't tell you what's happening to me what's

happening to me WHAT'S HAPPENING BAY-BEEEEEEEE?????EEEEEEEEEE!!!

Twilight is also half and my — not your better —

half is screaming EEEEEEEEEEE

or is it only in my head; *that* half is most certainly — oh, most *certainly*,

darrrling, as Alan would —

"you're not to move" —

say.





No wonder he loves Mick Jagger so much—  
only he was flung to earth

by the Comintern. Here we are at the church, conveniently enough.

Andrew, who were you? I knelt by your side in this church and repeated lamb  
of god who takes away the sins of the world have mercy on us lamb of god who  
takes away the sins of the world have mercy on us lamb of god who takes away the  
sins of the world grant us peace. I felt mercy and I felt peace then. Why not now?  
"Mercy, pity, peace," Blake said; but where's the pity? What a pity; more's the  
pity pity sing sing for your last supper

### Minus III. Night II

The door of the church is locked. What church? What church? Heller? Heller,  
hellion, denizen of — What church? Obediently, I answer: St. Basil's, Bay-  
below-Wellesley — only realizing as the wordecho hits the inside walls that The  
Horned One will no doubt hone (horn?) in on Tim yet oblivious he is  
vampire/demon/business agent-designate. I'm convinced of it. I think it's him  
and he thinks (I think) it too and I think he's pretending when he  
—Why are you trying to drive me crazy?  
—WHAT???

gives me more evidence of deceit. Deceit? *Mea culpa mea culpa mea maxima*  
*culpa culpa culpa culpa* please let me get inside the church so I can pray for my  
immortal soul so I may be saved oh protect me pray for me now (and) at the hour  
of my death

Earlier, I left the house and wandered onto Forest Hill Road. Tim came after  
me. I ran from him, saw a pickup truck pulling away from the curb, jumped onto  
the flatbed, felt sheer thrill of escape, escape... but the young blond driver  
caught my eye in the rearview mirror and began reeling me in I know he will take  
me to Auschwitz and put me in the shower A needle shower What a gas I will  
understand what it means so



I  
jumped  
off  
the  
truck,  
rolled once,  
twice, and got to my feet

running, running /Atalanta from Her suitors/deer from hunters/hare from hounds, running, and the power filling me, fear gone into overdrive and if I reach the corner I'll be free and it's coming up fast I can see it rushing up to meet me and angels are singing on the other side and the Heavenly Umpire is crouched at home plate as she rounds third and the blue-eyed bull throws the golden apple at the back of her head — my head — and the main switch is pulled and I'm touching home plate anyway is it too late last chance going, going

Gone. They're all gone. The big wooden doors are locked. I pull the handle again and again. I weep. I want to go to the side door but I can't because if I let go the door once having touched it I will surely become undead and the vampire with my love's eyes is watching me like an idol watches his worshipper will you bow down girl will you bow down and taste my wormwood and swallow my gall and drink of my bitterness?

—No, I won't, I say.

—Won't what?

—You know. *You* know. All right, we might as well 'fess up. I know you know I know who and what you are.

—I don't know what you're talking about.

I must hang on to the church door till dawn I must hang on to the church door till dawn or he'll have my soul I must hang on to the church door till dawn or he'll have my soul and I will become evil I must hang on to the

—Get away from me! (I'm screaming at him I don't know why)

(He begins to weep)

—Just get away from me! Leave me alone!

(He weeps)

—Why are you crying? (I touch his face bright tears glitter in the streetlamp)

—Because I don't want to leave you I want to be with you I really really do Liane I (His face tilts up and I see the tears more of them maybe they're crocodile tears but I'll take the chance)

#### Minus IV. Dawn

Tim goes over to the police cruiser as I kneel facing the door and pray our father who art in heaven hallowed be thy name thy kingdom come thy will be done on earth as it is in heaven give us this day our daily bread and forgive us our trespasses as we forgive those who trespass against us and lead us not into temptation but deliver us from evil amen —

knowing that if I finish the prayer

(and I do)

that the police car will

(and it does)

go away.

—What did you tell him? I ask.

—I told him you were praying and he said, 'Oh, that's fine,' and got into the car.

—Thank you. (I smile at him Maybe he's not evil after all Maybe I won't be evil Maybe I'm going to Maybe) Tim?

—Yes?

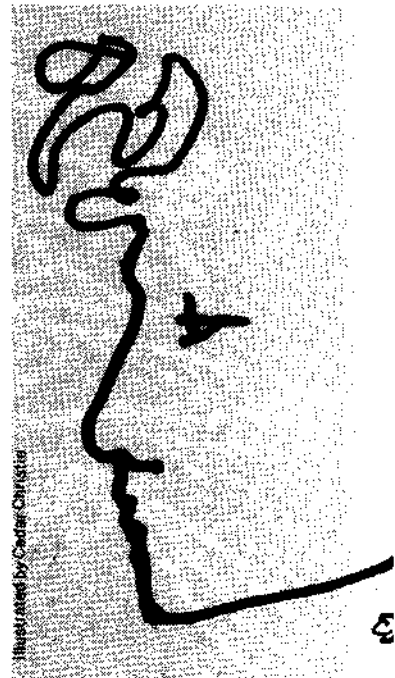
—I'm sorry. I'm sorry.

(He throws his arms around me they lock like snake tails around me I'm choking Oh my god)

I back away and grab the door again. I smile to placate him He frowns thwarted or maybe hurt? My God that was close or maybe My God that was close

Can you see any light yet, my soul, my sweet soul?/No, my sister, my sweet sister; hold on a little longer & it will come

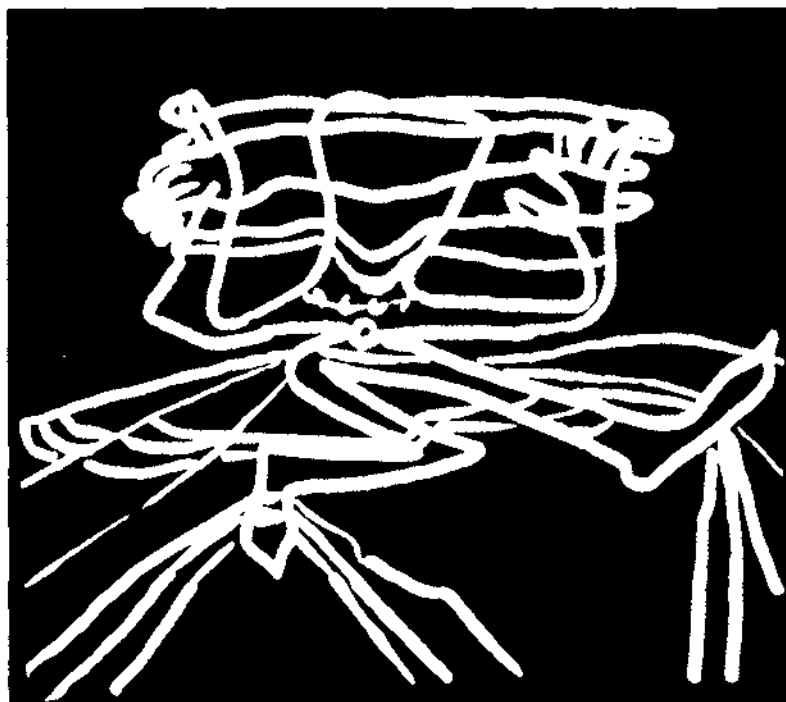
Liane Heller



**P. 208**

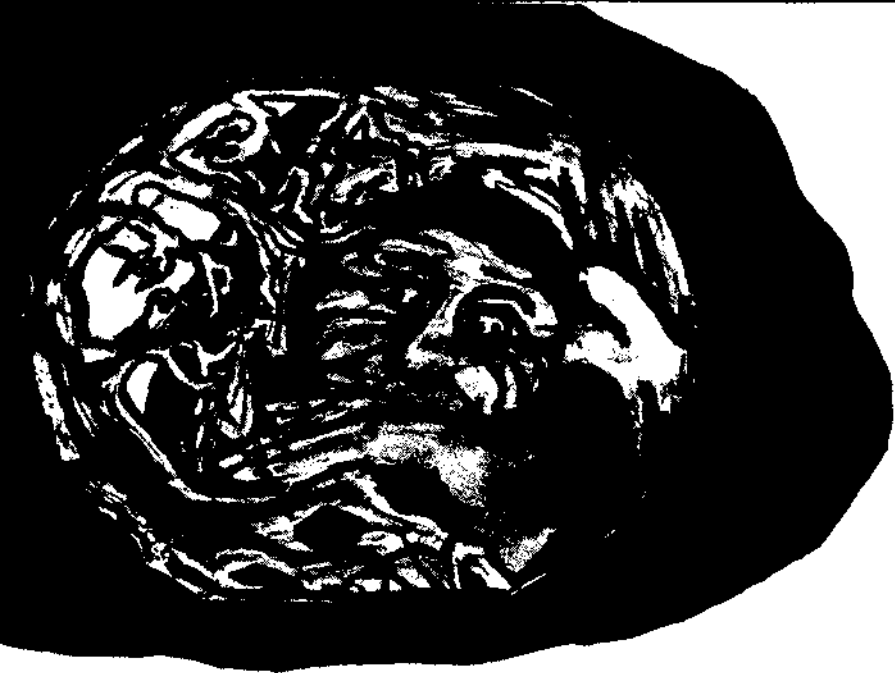
It  
was  
Xaffery  
lying there  
in the gutter  
I wanted to  
pick him up  
dust him off  
shake him clean  
but he told me  
"Lie down here beside me"  
I did  
and he showed me  
where Vega  
was.

**J. Toews**



I didn't know what to do with him  
He was too good for the garbage  
So I used him as a couch  
So comfortable, I could really relax  
But I grew tired of my couch  
So I used him as a hallstand  
Coats and scarves were flung on him  
He did a good job  
But it was at Christmas  
He was the perfect tree  
Decorated he looked very fashionable  
Like he had stepped from a magazine  
Family Circle, Better Homes and Gardens  
But after Christmas I could find no use  
for him  
So like an ordinary tree  
I had to chuck him out.

**J. Toews**



## NEVER AGAIN THE SAME

The man turned over in his bed and stared at the pale yellow walls, and at the barred window. He raised himself to a sitting position, pushed the blankets from him and swung his legs out over the side of the bed. He stood. For a moment, he felt dizzy, and grabbed at the bedrail to steady himself. Then, taking a deep breath, he hobbled out into the corridor.

Somewhere, a radio played soft music, the kind they play in supermarkets — and in madhouses, the man said beneath his breath. It was not a good thing to do, to be seen speaking when no-one was listening. That was what the really insane ones did, the ones who had given up. They muttered to themselves, and the doctors would prescribe more drugs for them, to calm them, to cool out their wandering tongues. From time to time, these ones-who-no-longer-cared would scream out their anger, spout the madnoses that had clung to them like wild weeds, and... they would be dragged away, tied to their beds, given stronger drugs. Sometimes, it was whispered, they were being experimented upon. In the name of science. To help provide a better tomorrow for — no, not for them — for others. But, they were never told this. This too was a part of the madness...

And if they were not so mad, if there still resembled bits and pieces left of sanity in their thoughts, and they

protested, refused the druggings — then — ah, then they would, as the inside joke went, be 'in for a bit of a shock'.

They would be electrocuted, not to death, but to somewhere beyond space and time, beyond death. They would enter a room one day and come out of it never again the same. Their angers forgotten for a time, they would walk, like vegetables; stare, like fish at the walls and at the windows; and they would try to remember.

And, they would not be able to.

The man moved along the corridor, past locked door after locked door, until he came at last to a group of people dressed all the same, looking like strange members of an unwanted family. They shuffled back and forth in front of a television set; they sat and talked, those who were able; they drank from paper cups, water for their pills. And they played cards. And they stumbled in their minds, each and every one of them that was able, stumbled on the word 'insane'. For each one of them had been labelled as such, each member of this family of misfits — fitted into one special category: they were the insane. They the madmen and madwomen. Not of this world. Not of this world.

Or so it was rumored.

The man, as if suddenly remembering this, shook thoughts of madness from his mind, and spoke, slowly,

loudly, deliberately causing the others to take notice, to stop whatever they had been doing.

"There has been a great mistake," he said, "a terrible and horrible mistake. Somehow we have gotten the idea that it is we who are ill. I say it is not we, but they who are ill."

He shifted his feet, and spoke more quietly. "There is not a man or woman among you who does not think that he alone is sane, and the rest not. There is not one soul in this room who believes any other one among us is not mentally decapitated. For I have become as you. I know the thoughts of your mind. I think the same thoughts. I think — the sane thoughts..."

...

He smiled a little at his joke. From somewhere behind him, he could hear shifting of clothing, rustling of issued pyjamas, and he turned. "You wear," he said to the one who had moved, "hospital clothing. And you wear, inside your head, doctor's thinking. Cast them from you. Cast them from you."

In a corner of the room, next to a radiator, two hands clapped silently together.

Madness upon madness.

Everyone heard those two hands clapping, and it was like the sound of only one hand clapping; and only a madperson would hear. And so they all began to clap, noiselessly; and they stood, each one of them who had not too much Haldol, not too much Moditen, Modecate, Lithium, Valium, Surmontil... and the one with Tardive Dyskinesia did not move.

And for a moment, there in their nakedness, they knew, that here was a Truthful Man; the One they had waited for; and He had come; and He had told them; and He was one of them...

In the morning when they arose, nothing had changed. Iron bars, cold walls, colder hearts, needles, pills, prescriptions — all were there. In abundance. They did not talk about what had been said the night before. There was no need to speak of it; the words had taken away their fears. Now they were One; now they were One. And, never again would they be broken apart, rejected as the labelled insane.

**W.A. MacDonald**



## REPORT FROM THE FRONT

Bloody  
patch 'cross his cheek  
hump on his back  
he was old  
bone-thin      grinning  
like a dog  
Enraged by spirits  
he stumbled through the crowds  
his eyes sallow beacons  
Merciless  
he shot everyone in sight  
(with a forefinger forty-five)

Suddenly he lowered his weapon  
and cat-eyed two blue-bellies  
cruising by in their squad  
Carefully  
his hand steady as steel  
he took his aim  
shot twice  
and killed them both

Then he walked away  
straight as a soldier  
sober as a judge

Mark Holmgren

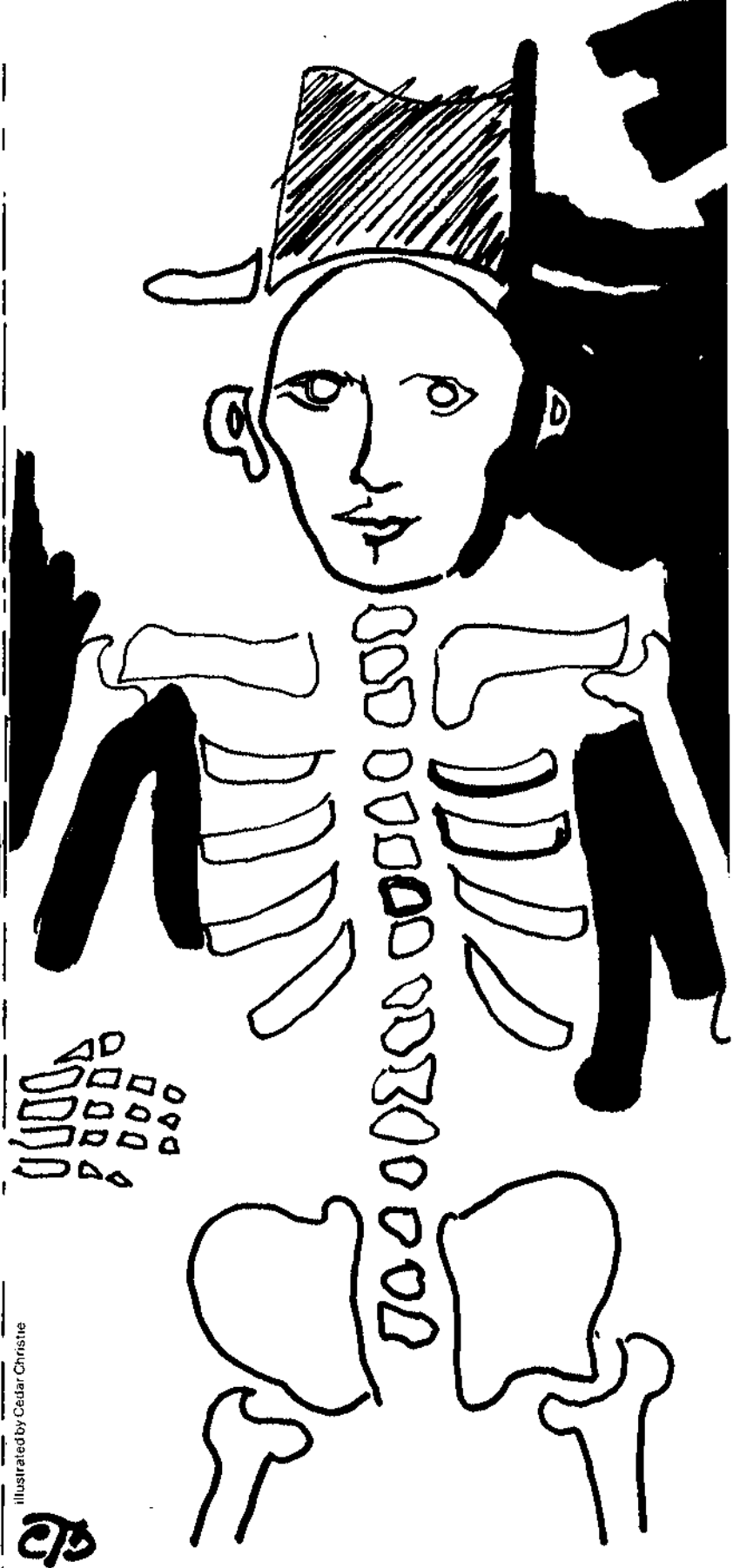
## ON THE SUICIDE OF A FRIEND

Where are you now, Danny?  
so kind, so numb, so undone?  
Were there no

maps of the mind,  
straits of fire,  
beggars in Samarkand?

Or did you, like Jonah,  
tired of the whale's red gut  
trade his white sperm  
for decades inside  
the sun's whirling flame?

A.L. Todd



Illustrated by Cedar Christie

## COMMITTED

If I am committed to —

Becoming  
Poet/Aesthete/or Visionary  
(renowned)

He will surely say:  
"Oh, by the way, that's my  
ex-wife. I made her what she  
is. We're still close friends."

If I am committed to —

The Loony Bin  
(fading unknown  
into plaster whitewashed  
brick wearing one-size-  
fits-all-loonies striped  
pajamas —),

He will surely say:  
"Oh, by the way, that's my ex-wife.  
You can see why I had to divorce her.  
She was a loony that one."

If I am committed to —

---

## Suicide

(infamous)  
(drowning in various calculated  
liquids, guaranteed to wash down  
243 peppermint sedatives: pomegranate  
nectar, unwhipped whipping cream,  
one Tequila Sunrise, unsweetened  
blackberry tea, sacramental  
ammonia —)

He will surely say:  
"Oh, by the way, that (was) my ex-wife.  
I guess she couldn't bear the thought  
of living without me."

He will surely say anything  
to make himself seem  
hero —  
victim —  
lover —

instead of  
wimp —  
nazi —  
pimp —

he may in fact  
be streetwise

but I fancy myself  
half a genius

(when the moon  
is full.)

Heather Duff

## My Mother And Social Amnesia

my mother  
is as bad as Keegstra<sup>1</sup>  
in terms  
of social amnesia —  
forgetting things  
& pretending  
they didn't  
happen...

in *HER* mind  
we were never poor,  
never lived  
in a garage,  
in poverty  
& squalor —  
I never  
had a  
nervous  
breakdown,  
Jo never  
picked up  
the frying-pan  
(to hit Dad  
over the head with)

no, we were  
"lower middle-class"  
Dad got  
ulcers  
& belly-ached  
over nothing:

she got up  
at 5:30 in the morning  
& did  
the laundry  
& taught school  
the rest of the time  
for fun,  
apparently:

no, we were  
a harmonious little family  
waltzing  
our way  
through  
pastoral scenes  
like  
"The Sounds of Music"

(except  
for me,  
the *BAD ONE*,  
who chose,  
for some quirky reason,  
to go crazy).

### Gwen Hauser

<sup>1</sup> Keegstra — the school teacher  
& mayor in Alberta, who denied  
the existence of the holocaust.



Illustrated by Cedar Christle

**"In My Land The Sky Is Blue"**  
(painting by Brian Sutherland)

it is a blue

of a woman painting  
blonde hair with shining  
like a light glowing  
-bulb

it is a seemingly  
beautiful happy painting  
entitled  
"In My Land The Sky Is Blue"

it is a painting  
by a jealous  
brother to his  
beautiful happy  
sister (his sister  
of perpetually blue  
skies)—  
done  
when he was in  
a mental hospital

a blue face  
is carefully inserted  
between her shimmering  
blonde-white  
tresses

her brother died  
in a mental hospital;  
the sister lives  
in a blue

house  
in a land of starving  
people (1/2 of them  
unemployed)  
& her hair  
is now black —  
(she is not  
so happy  
as the brother  
thought  
& the artist  
did one more  
picture before  
he died —

one with a bust  
of himself  
with a deliberate  
crack in it  
in order to show  
he was broken...

yet the blue  
painting  
still looks happy  
& beautiful —  
it is a painting  
of a brother's  
love  
for his beautiful  
sister

perhaps only the artist  
alone created  
the blue world  
he never could  
live in

**Gwen Hauser**





Illustrated by Cedar Christie

## NO BIG DEAL! NO SMALL MATTER

by Carol Stubbs

The reasons for what happened to me *don't matter*. What led to what happened doesn't matter a pile of shit anymore. All I know is that I had what was diagnosed as a nervous breakdown (mental illness) 25 years ago.

SO WHAT! A nice little clinical diagnosis, eh? Super, but... who cares? The doctor who neatly and tidily gave me a pile of shock treatments — months and months of deep coma insulin shock — and then hoards of pills for 23 years? Well, so much for society's contribution to one's well-being.

But the truth of the matter is the facts aren't even worth the paper they're written on. All I know is that it's 23 years later and I'm nearly old — and I'm still scared of almost everything. I still have an overpowering feeling of worthlessness. I indulge and agonize constantly in inner dialogue (all depressing, melancholy and negative). OKAY, NOW WHAT? Some wonderful method in a self-help book (God help me). Screw it.

The truth of the matter is I punished myself (no one else did it to me). Now I'm fully aware of one truth: All

roads lead *nowhere*. That's scary, but refreshing, for I have a choice; I realize that there is absolutely no prize at the end of the rainbow whatever the hell we do. Even if we carry all the burdens of the world on our shoulder or if we sail through life easily... there is just no fuckin' prize.

Wonderful — I'm off the hook. I feel less afraid knowing that and less paralyzed. I've accepted a cold hard fact.

I didn't have a hell of a lot to offer but I'm going to take a chance (what have I got to lose?).

OR ELSE I EXIT. That's what it boils down to. I was always afraid to live (because what if I died?).

I wouldn't lift my ass to do anything (because what if I failed?).

I wouldn't accept love (because that meant I have to accept it and risk losing myself).

People were always my enemy, but — Jesus, they hurt, too...

I wouldn't for the life of me let go of my fear, pain and hopelessness. I wouldn't even treat myself good — for, after all, I didn't deserve it. I always felt alone and haunted, but it was me that wouldn't open the door and let the demons out. It was always easier to stay down than go up. In other words, I was a total write-off.

Okay, so I still have some demons inside; well, they have been my companions for a long time, so I'm accepting them, and I can't be bothered analyzing them or inviting anyone else to tell me why they're there. As a result, they appear less and less (Can they be for real?). Hell, what a relief.

Okay, I'm going to love others (they're worth it — so am I). And, if they can't give me back, then they're as miserable as I was — all the more reason to love them. Surprise — they're accepting my love — no conditions involved. I feel richer, but by now I'm getting greedy. SO WHAT! I'm getting and I am giving back. I love the feeling. It seems to be the only thing worthwhile. I'm starting to experience life. BUT I have to make the first move. Also, I'm not buying what society is putting on my dish. I'll reserve my own decisions what I will accept and what I won't accept. I have a voice, too, and I can use it — for what it's worth. That makes me feel more together and stronger to face the rotten things that always come up.

And most of all: I give myself permission to screw up. I can now forgive myself if I do.

SO THAT'S IT! If there is anything out there at all, "I want a taste of it" because that's all there is — and you know it ain't half bad.

I don't want to change the world; I'm happy to let people be. They're not there for me to judge and I'm not particularly worried about their reactions to me — I am what I am. WOW! — another burden gone.

All there is out there is what the 'good spirit' gave us and what dear mother nature has created. The rest — money, position, the big house, ice-cream cones, etc. — is all bullshit — merely the cosmetics of life (gravy).

That's all there is and that's all there ever was and it belongs to me and everyone else out there — everyone's to share — A GIFT!

# Our Story

by Peggy Rush

My daughter Bonnie was a very bright, beautiful, young and talented girl. She got into drugs in high school and was admitted many times to hospitals where she was to get help for her drug problems. Instead, she was given injections of heavy psychiatric drugs, including large doses of Valium. When discharged from Peel Memorial in the late 70's she was hooked on Valium as well as street drugs. Our family could see she could not turn her life around and couldn't stay off the Valium the shrinks had prescribed for her. She was afraid of the shrinks and had every right to fear them. At times they had tied her to a bed, placed her in a straightjacket that tied both arms to her chest, and injected her with drugs that made her sleep for hours on end. Her mind soon became affected from the Valium and myself and her father became her only comfort. She called our home her haven — and at times I felt like I was caring for a baby all over again.

As many kids do, she got to learn who sold the drugs and where they were. As well, she learned the results or "side effects" of the heavy doses of Valium she had been given.

There was no turning back for her, and as hard as she tried to beat this at times, she was hooked but good.

In 1977, I became depressed over my daughter's condition, because she was getting worse. I couldn't function because of the destruction I had seen happen to my daughter. I was admitted to Peel Memorial under the care of a shrink. During the three months in that hospital I was given nine electric shocks, insulin shocks and heavy drugs. As a result, I couldn't think and my memory was impaired. My husband ordered them to stop these 'treatments'. He could see what was happening to me, so they stopped them. For the next five years, they gave me Lithium. Every time my husband or I mentioned the fact that Lithium was making me feel ill, the doctor would say that it was "the answer for my depression."

At that time, I had no medical problems. After three years on Lithium I got angina; my heart was starting to give me problems — then my thyroid. I became an asthmatic and my depression was still a problem. Ultimately, I had to retire from my job because of depression. I could not continue handling these responsibilities.

We moved from Peel to Toronto where I met a woman medical doctor who understood why every time my blood was tested, it was toxic. She didn't believe in shock, insulin shock, heavy drugs or Lithium. I went through hell until Lithium was out of my system. But, after a while off Lithium, my depression started to leave me.

The blow came . . . Bonnie was found dead in a hotel room along with Valium and other drugs. September 10 1982 — our wedding anniversary — and when we came home after celebrating, we were told the police were trying to reach us.

I still had been very sick at the time of my daughter's death. Four months later, I was told I had cancer.

Today, I am deathly afraid of drugs, shock and other so-called treatments of the shrinks. Today, I have my freedom. Today, I am no longer locked up in the basement of Peel Memorial Hospital where everyone else did my thinking for me. Under the "care" of the shrinks, I not only lost my freedom but lost my memory for periods in my life — and I had many fears.

My husband also has no faith in the shrinks because of the destructiveness he has seen.

Sometimes I find it very hard to cope with my daughter's death and my cancer, but I'm a very positive person. I love people and life — life goes on. As for the cancer, at least I have something to say about what treatments or operations I receive. It is all my choice.

Please understand that the only reason for telling "Our Story" is that I don't wish the things that happened to my daughter and myself to happen to any other human being. I know you will understand why I have no faith in the shrinks; why they have no right to play head-games with people; why they have no right to destroy other human beings with their so-called treatments. Our family has already paid a high price for the damage done to me and the destruction of my daughter's life.

We must control our own minds and bodies and I feel that we, as victims, must tell our stories and make people understand.

Today I wake  
to a new day  
with all of its joys and wonders.

"... just another little magazine"

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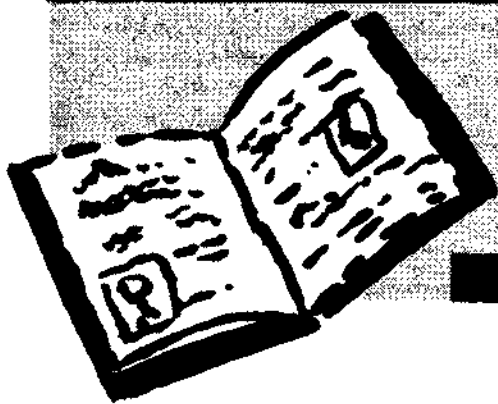
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## THE BOOKWORM TURNS

### **STILL BARRED FROM PRISON / SOCIAL INJUSTICE IN CANADA**

**Claire Culhane**

**Black Rose Books, Montreal, 1985, 196 pp.**

**by Joyce Penner**

Canada's federal and provincial prison system is widely viewed as notorious, both for widespread abuses of inmates and a rate of incarceration that numbers among the highest in the world.

Yet widespread concern about this shocking situation has been prevented from developing into truly effective social and political action by a disturbing lack of detailed documentation. *Still barred From Prison* goes a long way in bridging this serious gap: it is an insightful, well-researched and provocative analysis by one of Canada's foremost women activists. This book will provide considerable incentive to a wide range of social activists dedicated to improving prison conditions, and will also give educators, lawyers, the media and inmates themselves a much-needed overview of a system characterized by ineffectiveness, inequity, and inhumanity.

Drawing on her extensive experience as a prisoners' rights advocate across Canada, Culhane documents the horrifying reality of life inside our prisons — if, indeed, the word 'life' should really be used to describe an existence in which the right to such basics as mail, phone calls and visits is suspended; in which violence and suicide are everyday occurrences. She shows that prisons are "the way we deal with our poor, our minority groups, and our unemployed," focussing particularly on the fate of native Canadians, who "comprise approximately forty to sixty per cent of our prison population but only eight to ten per cent of the population of Canada," and who are seen even by Canada's Solicitor-General as being "much more likely to go to prison for committing the same crime than non-Natives."

And, in the central chapter of the book, Culhane painstakingly details the appalling history of prison unrest in Canada since 1975. Oakalla, Dorchester, Matsqui, Kent, Archambault, Millhaven, Stony Mountain: the very names conjure a litany of horror which the author appropriately likens to human rights violations in Central and South America. We read of enforced solitary confinement, sub-standard nutrition, sanitation, and medical care, extreme overcrowding, denial of access to citizens' advisory boards and the press; we learn that between 1976 and 1978, there were 639 attempted suicides at Oakalla Institute; we discover that our penitentiary system is in fact a growth

industry that profits from policies rife with abuse; and we hear the voices of its victims:

*Imprisonment is slavery. Like slavery, it was imposed on a class of people by those on top. Prisons will fall when their foundation is exposed and destroyed by a movement surging from the bottom up.*

— *Instead of Prisons*, 1976

Culhane's conclusions, that prisons should be abolished, does not seem an exaggeration in the light of the monumental failure and tragedy she has exposed in the system as it stands today. Indeed, the only barrier to such action — given the facts — is indifference; as the Inmate Committee of the now-defunct B.C. Penitentiary Committee expressed it: "The only problem is, will the public listen even to her?"



Illustrated by Cedar Christie

### **Diana Ralph, WORK AND MADNESS: THE RISE OF COMMUNITY PSYCHIATRY.**

**Black Rose Books, Montreal, 1983, 216 pp., paper (\$12.95)**

**by Bonnie Burstow**

A decade of Szasism has brought with it somewhat of a blinkering. We ask the same questions; and, not surprisingly, we come up with the same answers. Ralph's

book, *Work and Madness: The Rise of Community Psychiatry*, is refreshing because it introduces a new perspective. It comes out with new answers; and it does so, partly, because it asks a comparatively new question. Ralph's question is: How do we account for the rise of community psychiatry? Given the trend towards deinstitutionalization and the rapid growth in community psychiatry, it is clear that Ralph's question is an important one.

The story of community psychiatry unravels as Ralph attempts to answer her question. It begins slowly as she summarizes and responds to the answers given to date. She makes short shrift of conventional answers like the government's benign explanation. She sees the anti-psychiatry account as more helpful in that it introduces the issue of conflict of interest. It is the Marxist account which she finds most cogent.

The Marxists look beyond both hospitalization (incarceration) and the internal dynamic of the patient-therapist relationship to examine the larger economic and political realities. Marxist theorists, says Ralph, demonstrate that community psychiatry is ultimately in the interests of the capitalist. The main thrust of community programs are programs for workers — programs which serve to co-opt labour by making alienating work slightly more bearable. With community psychiatry, moreover, the money spent on the so-called 'unemployables' is kept to a minimum.

The Marxist analysis is on the right track, Ralph affirms. Still, it does not really explain how community psychiatry arose. The problem is that theorists have been looking in the wrong direction. They assume that it arose out of clinical psychiatry. It arose, Ralph contends, out of industrial psychiatry.

Ralph proceeds to tell the story of industrial psychiatry, showing why and how it gave birth to community psychiatry. She begins with the industrial unrest at the turn of the century and the rise of a united labour movement. She highlights the industrial psychologists' solution — Taylorism. Taylorism consisted of job restructuring so that each person had one small repetitive task. The result

was a division of workers from each other and less individual power over production, all of which weakened the power of the workers. Discussing the outcome of Taylorism — alienation — she moves on to Hawthorne's introduction of the long nondirective interview and its help in taking the edge off alienation and keeping the worker subdued. She touches on the introduction of behaviour modification. And she ends with the introduction of drugs.

In a nutshell, the story which Ralph tells is the story of the stifling of the labour movement. Labour unrest and labour protest were making themselves felt; the industrialists restructured the jobs to curb worker power. They introduced talk therapy. Talk therapy allows the workers to blow off steam, while at the same time encouraging them to see work-related problems as personal. They introduced behaviour mod, which discourages any behaviour which is threatening to the system. And they tranquillized workers so that unbearable working conditions started seeming bearable. The upshot is, labour unrest was quelled. There is no longer a unified labour movement. There it is. A terrible story, without a doubt, and one that dearly needed telling.

Do I have any criticisms of the book? Indeed, I do. For one thing, there is precious little Canadian content. Given the question asked, an American focus, of course, was inevitable, for the Americans are the principal players in this drama. Still, Canadian variations might have been highlighted. An exploration into the community psychiatry sponsored by the CMHA would, I suspect, have been particularly revealing. One further criticism is the lack of consumer input. Input from workers who have been subjected to these programs and have come to the conclusion that 'they've been had' might have livened up the book as well as given birth to fresh insights.

Be that as it may, I heartily recommend the book. It is a must for someone trying to come to terms with the 'mental health' system.

## FILM REVIEW

by Patricia Urquhart



"We're individualists... that's how we console ourselves for being 'crazy'."

—Yves, a member of *Solidarité Psychiatrie*

*Not Crazy Like You Think* is a documentary film which grew out of filmmaker Jacqueline Levitin's one-and-a-half year involvement with the members of the Quebec self-help group *Solidarité Psychiatrie*. Scenes show not only the members' relationship with one another but also various dramatic "re-enactments" of parts of their personal stories, selected by the individual and dramatized with the



help of other members. Before and between the various re-enactments there is a continuing dialogue among members about the accuracy of the presentation and the interpretation and meaning of all their experiences. (The re-enactments are shown in diminished colour, although not quite black-and-white, in contrast to the full colour current discussions.) Finally, there is some frank discussion of what has already been implicit in the presentation of many of the non-psychiatric characters (e.g. family and friends) — the craziness of ordinary people.

"The craziness of ordinary people exaggerated... is what makes people lose control."

"They (i.e. family, friends, neighbours) do what's easier, like calling the hospital — but not taking real responsibility."

"Blessed are the empty-headed."

— *Three members of Solidarité Psychiatrie*

Throughout the film Jacqueline Levitin insistently exposes the thin wall "between what is sane behaviour and what is considered insane behaviour. What I'm trying to say in the film is that all people have the potential to become insane. Some of us are just lucky enough to never have been caught."

Re-enactment: Louise hurries home from work; awaiting her are her husband (who has been "looking for work" for weeks) and her brother-in-law.

Louise: "Where's the children? I want to see the children..."

Brother-in-law: "Calm down, Louise. They're at my place."

Louise: "What are they doing at your place? — They're my children... I don't have to work this weekend — I want to see my children..."

Husband: "Did you take your pills?"

Brother-in-law: "Just keep calm, Louise."  
Etc....

Husband phones hospital:  
"...yes...yes... and if she doesn't calm down, I'm to phone the police?... yes... yes..."  
Louise is hospitalized.

Raymond, a former chemist, founded Solidarité Psychiatrie in 1979. Before then he'd lived an unremarkable life with his wife and daughter. Then, in the space of a few months he bought his wife an expensive gift — but that was alright; he

bought a new car, but that was alright, too — he could afford it; he bought his daughter a horse — and his wife had Raymond committed (her brother was a police advisor).

For his re-enactment, Raymond is visited in hospital by his wife and daughter —

Daughter: "Oh, Daddy, I'm so glad to see you! I missed you so much!"

Wife: "How are you, Raymond?"

Raymond: "I'm fine. I'm normal... Everything's fine."

Wife: "You're not here for nothing, Raymond... what does the doctor say?"

Raymond: "I'm fine. I'm fine... You know this is only the second time I've been in here... See — there's nothing wrong... I'm just in my pajamas — but I'm fine..."

Wife: "Well, you're not in here for nothing."  
Etc....

Later in the film after some argument among members of Solidarité, a member confronts Raymond, who has so far appeared in group scenes chain-smoking and continuously pacing regardless of what was occurring: with her hands on his shoulders she reminds him how much he has meant to the group, how he has been so strong for everyone else, and how much they all love him. And she asks him to stop "acting crazy" because they need him, and love him — not his craziness.

Raymond: "I disturb people..."

Some people tell me to sit down...

Some people tell me to sleep.

I upset people, you know."

Raymond is then seen quietly walking down a corridor, and then

slowly coming back. In the doorway he stops and — perfectly still now — offers his comment on the portrayal of craziness:

"People say, 'A man never cries'.

People say, 'A man stands straight'.

Sometimes, maybe — it's good to see a man lying down."

*Pas Fou Comme On Le Pense* is a documentary and easily criticized; regarding, for example, wobbliness of the hand-held camera, or the occasional unsureness of the camera-person's focussing. But such criticism is petty and cheap in the face of a subject so serious and so well-focussed as Ms. Levitin's: as cheap and petty as judging a person because of bad skin or thin hair; build or gait; explosive, or fearful temperament; tics, mannerisms, or "strangeness" of behaviour or speech...

It is a remarkable film about remarkable people: people who are coming into their own, each out of his or her private fire, but — thanks to Solidarité — with others to recognize and share. They are wonderful, I think, in the special way human beings can be wonderful — in spite of all the details of pain and personal history, and because of who they are.

*Individuals.*

French/English versions of *Pas Fou Comme On Le Pense* are available from:

Cinema Libre,  
4872, rue Papineau,  
Montreal, Quebec H2H 1V6

DEC

229 College Street

Toronto, Ontario M5T 1R4



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# MAD NEWS

## BURDEN OF PROOF IS DOCTOR'S

### LANDMARK DECISION ON INVOLUNTARY COMMITAL

Thanks to the persistence of a psychiatric inmate and his lawyer, psychiatrists and hospitals will now have to prove inmates are "mentally disordered" and dangerous in order to keep them involuntarily committed to psychiatric facilities in Ontario. The inmate is still locked up in Toronto's Queen Street Mental Health Centre, but he has made history in becoming the first person in the province to have an appeal against his committal heard in District Court.

In February, 1985, a 45-year-old man we'll call Mr. A (his name is withheld to protect his privacy) appealed to the Regional Review Board for release from Queen Street, where he was incarcerated for "paranoid schizophrenia," the most stigmatizing misnomer in psychiatry. His appeal was rejected; in its ruling, the board concluded that he was "suffering from a mental disorder... that likely will result in serious bodily harm to (himself) or to another person," which is the standard laid down in the *Mental Health Act*.

Mr. A appealed the board's decision to the District Court of the Judicial District of York, where his lawyer, Carla McKague, argued that it had not been proved that he was, or was likely to be, dangerous either to himself or to others; his committal, she contended, constituted a contravention of the Canadian Charter of Rights and

#### Freedoms.

District Court Judge Hugh R. Locke dismissed these arguments and denied the appeal; his ruling revealed his belief in the medical model espoused by the psychiatrists:

**He hears voices commanding him to do several things. One of those commands is to perpetuate violence toward others...that alone in my view amounts to likely danger to others. Merely because he**

**has not obeyed the commands is not the point. There is likelihood that it could happen. Doctors and mental health facilities exist to try to cure people who suffer mental infirmity. In the process they may be obliged to involuntarily admit adult parties in order to attempt the cure. Doctors and those facilities exist to protect involuntary persons from harming both themselves and others. This appellant is such a person...Mr. (A) is being treated fairly and properly.**

However, Judge Locke also made an historic ruling — the first of its kind in Ontario: the burden of proof for involuntary committal, he said, "falls upon

the physician who signs the specific forms in question and upon the hospital into whose custody the... patient is taken." Further, he stated, the standard of proof should be "a preponderance of evidence" instead of the "beyond a reasonable doubt" standard applied in criminal cases.

This decision means that doctors and hospitals must now be prepared to demonstrate to a review board that an inmate is dangerous and "mentally disordered;" as in a criminal court, the person is to be seen as innocent until proven guilty.

Until now, psychiatrists have been able to misinterpret "dangerousness" and "mental disorder" as any behaviour which in their opinion is threatening or strange. For example, studies have shown that over 80 per cent of committal forms contain *absolutely nothing* to show that the person is dangerous; the so-called "evidence" has included such entries as: "Very paranoid, lacks insight," or "Wife doesn't want him back," or even, "Crying on phone."

Judge Locke's decision could ultimately decrease involuntary commitments in Ontario, which totalled 10,565 between April, 1983 and March, 1984, and which for years have accounted for roughly 40 per cent of all admissions to the province's psychiatric facilities in the province.

The court's ruling could also mean that review boards, which have usually rubber-stamped psychiatrists' decisions about involuntary committal and enforced treatment, will start examining the evidence more critically. As a result, we may not only see a decline in these practices, but perhaps their long-awaited extinction.



## GOVERNMENT FUNDS CHARTER TEST CASES

The Secretary of State and Department of Justice in Canada has undertaken to fund some lawsuits involving legal challenges under the *Canadian Charter of Rights and Freedoms*. In a September 25 motion in the House of Commons, the government announced its "expanded court challenges program" which will provide \$9 million over the next four years — \$1 million this year, and a subsequent \$2 million a year until 1989.

The funding includes test cases involving minority language rights (sections 16-23); equality rights, including discrimination based on physical or mental disability (section 15); multicultural heritage (section 27); and sexual equality rights (section 28).

The Canadian Council on Social Development, a private, non-profit research organization, is to set up a panel of experts in language and equality rights to decide which test cases the government will fund. However, NDP justice critic Svend Robinson says the decision-making power should go to the groups involved, and in a recent interview in *The Toronto Star*, he added that the Council approach "denies the spirit of the equality rights section of the Charter. Priorities for litigation for women should be decided by women. Priorities for the litigation for the disabled should be settled by the disabled and so forth."

Funding criteria for the program specify that:

- "The issue should be one of substantial importance and have legal merit."

- "The issue should have consequences for a number of people."

- "Duplication should be avoided by ensuring that when a legal issue is before the courts, financial assistance would not be provided for a case espousing the same cause."

- "Funding will not be provided to parties wishing to intervene in a court challenge."

Psychiatric inmates or groups of ex-inmates *might* get some money from the government to help them fight their court cases; we can make strong arguments that involuntary commitment and forced treatments such as drugging and electroshock directly violate section 15, as well as other sections of the Charter (See our Charter issue, August 1985).

If you or your group plan to launch a lawsuit under the Charter, be certain your case potentially affects many others, and find a good lawyer who will fight for your rights — all the way up to the Supreme Court of Canada, if necessary. And tell us about it, so we keep other inmates, advocates and supporters informed too!

**For more information about the Charter test case program, write to: Court Challenges program, Secretary of State (or Department of Justice), Ottawa, Ontario.**

—Phoenix Staff

## REPORT FROM 13TH INTERNATIONAL CONFERENCE

by Robin Geisler and Don Weitz

The 13th Annual International Conference For Human Rights and Against Psychiatric Oppression was held this year on August 1-6 at the University of Vermont (Burlington, Vt.) — a beautiful, and peaceful setting.

The Conference was organized by the Vermont Liberation Organization (VLO), an ex-inmate group which did an outstanding job and made us all feel welcome. About 150 people attended, including both of us

from ON OUR OWN, Shirley Johnson and Fred Serafino from S.P.R.E.D. (Hamilton), Brian McKinnon from the Ontario Coalition to Stop Electroshock, Hélène Grandbois (Montreal) and three other people from Psychiatric-Solidarité (also in Montreal). Most conference participants were ex-inmates from across the United States, (e.g. Vermont, New York, California, Massachusetts, Michigan, Kansas, Pennsylvania and Maryland).

The Conference, as usual, was organized around the workshops. There were roughly 20 but we lost count. Some of the ones

open-minded and sympathetic to our cause.) After the "Speak-out" about ninety of us marched a couple miles in 90+ degree heat to the Medical Health Center, Burlington's 'shock shop'. For the next three hours, we peacefully picketed the hospital on the sidewalk and handed out a lot of anti-psychiatry/anti-shock information to visitors and staff.

The local radio and TV stations gave good coverage of the conference but we saw only one newspaper article, (in the *Burlington Free Press*). Don and Leonard Frank (Network Against Psychiatric Assault in San Francisco & Coalition to Stop Electro-

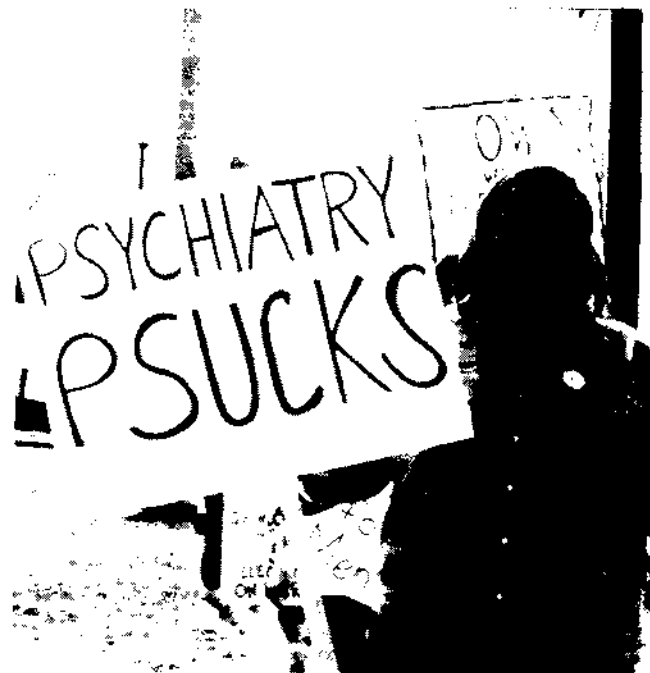


photo by Wendy Kapp

we attended dealt with Mind Control, Psychiatric Drugs, Electroshock, Psychiatric Genocide, Advocacy and Self-Help Alternatives, and Advocacy. A number of excellent films and videotapes were shown including a video entitled *The Wounds of Silence*, a sensitive documentary in which several ex-inmate women from Quebec talk about their personal experiences with madness and creativity.

For us, the highlight of the conference was Public Day on August 5 when we demonstrated against electroshock and spoke out on the steps of Burlington City Hall, about some of our experiences as ex-inmates. At least 30 people spoke including the Mayor of Burlington. (Mayor Saunders and most of the City Council are socialists; they were

shock in Berkeley) were also interviewed on a major radio program hosted by Jack Barry.

Our main regret is that many more ex-inmates couldn't attend this Conference. This is an ongoing problem. One big reason is the relatively high cost (\$150-\$200), which most ex-inmates cannot afford because they're on welfare, unemployed or have low paying jobs. Although some ex-inmates were subsidized by the Conference, many others who needed financial assistance were not. The Conference budget was tight. It has been suggested at previous conferences, that ex-inmate groups should start fundraising six months in advance so more of their members can go, learn and network with other activists and groups.

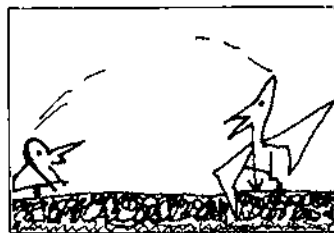
## ANTI-PSYCHIATRY ACTIVISTS ARRESTED

Ex-inmates Judi Chamberlin and George Ebert were arrested on a trespass charge last August 5 while participating in the 13th Annual Conference For Human Rights and Against Psychiatric Oppression held in Burlington, Vermont. Both are prominent Movement activists — Chamberlin with the Mental Patients' Liberation Front in Cambridge, Mass., and Ebert with the Mental Patients' Alliance and the Coalition to Stop Electroshock in Ithaca, New York.

The "unlawful trespass" charge was placed when they tried to talk with psychiatric inmates in "Baird 6" (a psychiatric ward in Burlington's Medical Centre Hospital) and refused a staff demand to leave. (Baird 6 is one of three psychiatric facilities in Vermont which still use electroshock). At the time of their arrest, about seventy-five conference participants were holding an informal picket in front of the hospital and handing out copies of antipsychiatry/anti-shock literature to visitors and staff.

### PHOENIX COMMENTS

**As we were going to press, the date of the trial still had not been set. The legal costs will be considerable, and since Chamberlin and Ebert have already spent \$1,000 of their own money — a legal defence fund has been set up. If you wish to help support this crucial inmates' rights case, please send a donation (cheque or money order) payable to "MPLF" (Mental Patients' Liberation Front); mark it "Chamberlin/Ebert Defense Fund", and mail it to: MPLF, Box 514, Cambridge, MA., U.S.A. 02238.**



## ONTARIO EXTENDS LEGAL AID FOR PSYCHIATRIC VICTIMS

Finally, the Ontario Government is expressing some concern about the lack of rights and legal aid for psychiatric inmates in the province. Until now, legal aid officials have failed to act on the notices of involuntary committal which all hospitals must provide, and, according to an article in the *Globe and Mail* last year, legal aid bureaucrats have been routinely filing or even destroying them. As a result, no lawyers have been sent to inmates of the province's 10 psychiatric institutions or the psychiatric wards of general hospitals.

However, this injustice could soon end. On September 18, Attorney-General Ian Scott and Health Minister Murray Elston announced new provisions to

give involuntary patients better access to legal aid. These measures will include:

- Legal aid to involuntary patients in general hospitals, duty counsel or community legal aid staff to respond to each notice of involuntary committal and renewal certificate, and a similar service provided by health ministry patient advocates to inmates of psychiatric institutions.
- A program to personally inform psychiatric patients of their right to counsel, to a review of their committal by the regional review board, and to an appeal against the board decision.
- Representation of patients at review board hearings by legal aid lawyers.

- Training for staff and patients participating in this outreach activity.

Although many of these initiatives sound good, and are long overdue, we're not convinced they will work. First, the outreach program is voluntary; community legal workers are not obligated to represent inmates. As well, the recommendations provide no financial incentive, since the legal aid fee paid to lawyers is only one-third of most lawyers' fees.

We also doubt that patient advocates will always inform inmates of their legal rights: there are only eleven advocates in the province's ten public institutions — about one advocate to every three or four hundred inmates. There just aren't enough people to provide what we consider the most minimum service: informing both voluntary and involuntary inmates of their rights within 24 hours of their admission.

Apart from the workload problem, the patient advocates are not truly independent of the government — they're paid by the Ministry of Health — and cannot represent inmates at review board hearings. Properly, the advocates should be accountable to community legal aid clinics run by the Attorney-General. (Our Charter issue of August 1985 provides a list of over 40 such clinics in Ontario).

We feel that involuntary committal should be abolished in Ontario and throughout Canada: it is unjust and unconstitutional, violating *The Canadian Charter of Rights and Freedoms*. We cannot reiterate this often enough:

- "Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice." (Section 7)
- "Everyone has the right not to be arbitrarily detained or imprisoned." (Section 9)
- "Everyone has the right not to be subjected to cruel and unusual treatment." (Section 12)
- "Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination based on ... mental disability." (Section 15)



## SEARCHING FOR "SCHIZOPHRENIA"

The University of Saskatchewan is currently conducting research into various "anti-psychotic" drugs (phenothiazines) to improve their effectiveness in treating "schizophrenia." A research team in the University's College of Pharmacy, headed by Professor Kam Midha, is collaborating with other researchers in Los Angeles, Philadelphia and Madras, India. According to a university news release last August, this research is funded by a 3-year grant of more than "\$1.3 million from the Medical Research Council of Canada."

According to the release, the main purpose of this research is "to find the lowest dose for each patient that will control schizophrenic symptoms and avoid adverse side effects." In carrying out these studies, the Saskatchewan researchers will be co-operating with the university's departments of Psychiatry and Family Medicine. The experimental subjects will include "schizophrenics" or "mentally ill patients" in a regional psychiatric institution. In addition, a pilot study will involve "adult schizophrenics and autistic children with a drug more commonly administered to treat obesity, and methods of treating children with attention deficits (trouble concentrating)."

### PHOENIX COMMENTS

**We have very serious concerns about this research, particularly because it excludes a study of tardive dyskinesia, involves children and because of its uncritical acceptance of**

**"schizophrenia." On September 28, we wrote to Dr. Midha about his research. To date, he has not replied.**

In a recently completed, 30-year study of "chronic schizophrenics," psychologist Courtney M. Harding found that almost two-thirds of people labelled "schizophrenic" are doing just fine now — they're as normal as you and I. In a report of the study published in *Psychiatric News* (June 21/85), it's also mentioned that the research subjects consisted of 269 inmates warehoused in the back wards of Vermont State Hospital since the 1950s, though only 82 were interviewed.

On the basis of this study and similar longitudinal studies, Harding concludes that we need not be so pessimistic about "schizophrenics" recovering and that our attitude should "shift to ... rational optimism from the demoralizing pessimism which pervades psychiatry's beliefs about ... schizophrenia."

### PHOENIX COMMENTS

**Too bad researcher Harding and her colleagues didn't also conclude that these inmates shouldn't have been labelled "schizophrenic" in the first place, that they shouldn't have been locked up for almost 30 years, and that what really helped them recover their 'sanity' was being released!**

**We think there's room for a lot more rational optimism yet...**

## PENETANG INMATES FORM RIGHTS GROUP

H.A.R.D. (Human Awareness with Respect and Dignity) is the name of a new psychiatric inmates' rights group in the Oak Ridge Division of Penetanguishene Mental Health Centre — one of Ontario's most notorious maximum security psychiatric prisons. As far as we know, H.A.R.D. is the only inmates'

rights group organized within a Canadian Psychiatric Institution.

Thanks mainly to the initiative and guts of Denis McCullough, its founder and chairman, the group started last September and now has over twenty members — virtually all are incarcerated under an L.G.W. The L.G.W. is one of the most unjust legal

decrees in Canada — under the warrant, inmates are locked up and 'treated' indefinitely. Penetang was the focus of a recent investigation prompted by reports of various staff abuses. The findings and recommendations, known as the Hucker Report, is completed but, to our knowledge, no decision has been made yet to make this public.

H.A.R.D.'s logo features "a set of double restraints ... to show 'we' are prisoners of a system that is ... coercive, brutalizing, in-

timidating and stripping away of one's dignity."

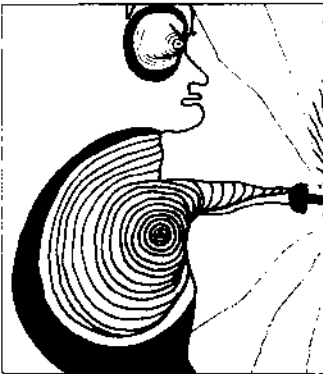
Despite members' fear of reprisals and pressures, organizing is continuing.

We are committed to provide our H.A.R.D. brothers whatever support we can, and urge our readers to do the same. The group can be contacted by writing to D.R. McCullough, H.A.R.D., P.O. Box 698, Penetang, Ontario L0K 1P0



## ONTARIO RESTRICTS ECT AND PSYCHOSURGERY

The province of Ontario has made a giant step towards abolishing two of the most blatant psychiatric abuses ever to darken the name of medicine: psychosurgery and electroconvulsive 'therapy'.



This important and far-reaching legislation is the Ontario Child and Family Services Act, recently passed into law after six years of preparation, discussion and debate. The new act, which replaces all or part of 10 earlier laws, will affect all children's aid societies, children's mental health centres, counselling services, police youth bureaus and many other services.

For the first time in law, non-therapeutic medical or chemical

experimentation will be illegal; included are such archaic and Draconian practices as psychosurgery, electroconvulsive 'therapy', and non-therapeutic sterilization. As well, the new act specifies when and where any acceptable treatment, such as counselling, is to be practised; and, for the first time, gives children under the age of 16 the right of consent to some (but not all) services.

The act's primary purpose, as Suzanne Hamilton of the Ontario social services ministry expressed it in a recent *Toronto Star* article, is to "promote the best interest, protection and well-being of children."

### PHOENIX COMMENTS

**We applaud the government in its uncompromising approach to stopping the atrocities psychiatrists have perpetuated on helpless young victims, and we hope this enlightened new law signals the speedy extinction of such practices in Canada. Only when psychosurgery and ECT are completely outlawed will we truly be able to say that we have come out of the medical dark ages.**

## VOTING RIGHTS RESTORED TO SOME INMATES

On October 28, 1985, all psychiatric inmates, and inmates of correctional facilities not under sentence, finally won the right to vote in municipal elections in Ontario. In December 1984, the government guaranteed psychiatric inmates the right to vote in provincial elections.

Unfortunately, prisoners under sentence are still denied the right to vote in city, provincial and federal elections. (See our Charter issue, August 1985).

A few days before this historic amendment to the *Municipal Election Act* was passed, there was some heated debate in the Ontario Legislature. On October 24, a number of MPPs expressed their views on giving psychiatric inmates the right to vote. Here are a few samples which were published in *Hansard*:

I do not care how they (inmates) vote, but are we being honest in saying they know how to vote? Having had some service as a psychologist in a mental institution, I have personally seen the kinds of patients who are there... They are frail in ways that they just do not fully understand what the world is all about, nor do they understand the responsibility of a mayor, a trustee or the services that are provided...  
— (Donald Cousens, Progressive Conservative member)

Fortunately, most of the other provincial politicians did not share Cousens' patronizing and biased opinions:

I myself was unfortunate enough to spend a long time as a guest of a previous government in the Ontario Hospital in Kingston. My fellow patients took a lively interest in the elections, although they were not allowed to vote. Clearly, they had the same range of political opinion that one might find among any group of people. It seems to me intolerable that we would deny any citizen the right

to vote by virtue of a disability... I am particularly concerned, knowing that the member from York Centre (Mr. Cousens) is a psychologist. For him to say that a patient in a mental hospital might not be able to form an opinion about whom to vote for and what the issues of the day are is a shocking commentary on how people who are not laymen view mental disabilities...

(David Reville, NDP member from Riverdale)

Psychiatric inmates' rights got another boost from Bernard *Grandmaître*, the government's Minister of Municipal Affairs:

My intention... is to enfranchise these people with the right to vote. These people have been disenfranchised for a number of years. My intention... is not to say that I am a better-qualified person than anyone else... (who) is a psychiatric patient. I will let the Lord prescribe this. We need to respect these people... I would like to respect inmates, judges and psychiatric patients in the very same way I treat my friends in this House.

**However, the Government of Canada itself continues to violate this fundamental Charter right, because its *Canada Elections Act* (section 4, 1970) still denies the right to vote in federal elections to all psychiatric inmates and prisoners. So far, Ontario is the only province which has extended the right to vote to psychiatric inmates and a few others. It's time that all the other provinces cleaned up their Acts and started respecting the rights of all Canadians.**

## A VICTORY IN QUEBEC

The right to vote has been extended to more Canadian inmates. On Nov. 12, psychiatric inmates in Ontario voted for the first time in a municipal election; unfortunately, it is not known how many inmates voted in the province's psychiatric institutions. However, in Toronto's

Queen St. Mental Health Centre, which had its own polling station, 105 inmates voted — about one-fifth of the 580 eligible voters. The non-inmates in Toronto didn't do much better — only one-third voted.

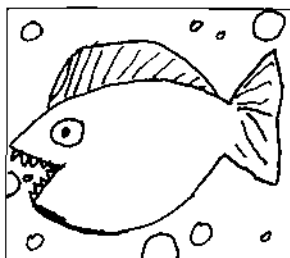
In Quebec, prisoners in the federal prisons were also finally allowed to vote in the last provincial election held on December 2. This breakthrough in prisoners' rights was the result of an historic lawsuit initiated by prisoner Jean-Louis Levesque. Levesque claimed that denial of his right to vote violated Section 3

of The Canadian Charter of Rights and Freedoms, which guarantees the right to vote to all Canadians "without restriction." Federal Court Judge Paul Robineau agreed. As a result, all federal prisoners in Quebec's penitentiaries were allowed to vote last December.

## PHOENIX COMMENTS

**Phoenix hopes it won't be long before all prisoners and psychiatric inmates in Canada regain their voting rights.**

## DAMAGES AWARDED TARDIVE DYSKINESIA VICTIM



On January 3, 1985, US District Court Judge Donald D. Alsop ordered the US Veterans Administration to pay 36-year-old Larry Hedin over two million dollars for the permanent damage and suffering he endured as a result of psychiatric drugging which caused the permanent neurological condition known as tardive dyskinesia (TD). Judge Alsop also awarded Hedin's ex-wife Susan \$30,000 for "loss of consortium" (partnership). In his ruling against the St. Cloud VA Medical Center in Minnesota, Judge Alsop concluded that VA psychiatrists were "negligent in prescribing excessive amounts of Thorazine to Larry Hedin over a prolonged period of time without properly supervising its use."

Hedin's problems with psychiatrists and psychiatric drugs began in September 1975 when he first voluntarily entered the VA Hospital in Dallas, Texas. At that time, he was seeking help for his addiction to amphetamines (such as Dexamil). Two months later, Hedin was discharged,

and eight months later he again sought treatment in the St. Cloud VA Hospital. Dr. W.B. Hall, Hedin's VA psychiatrist, treated him with Valium, Mellaril (a neuroleptic) and other drugs. When discharged in September 1976, Hedin was considered "competent and employable" but was ordered to continue taking Mellaril. A few months later, Dr. Hall prescribed Thorazine instead of Mellaril for Hedin. By December 1976, Hedin was on a daily dose of 600 milligrams of Thorazine, and he continued taking Thorazine for the next four years.

In October 1980, Dr. Henry Ransom, another VA psychiatrist, diagnosed Hedin's condition as TD and immediately stopped the Thorazine. In his ruling, Judge Alsop described Hedin's TD as "... severe, medically irreversible, and totally disabling." At the trial in September 1984, there was a more graphic description of Hedin's neurological condition caused by the drugs: "... continuous, uncontrollable, spasmodic-like movements of his mouth, face, torso, and limbs that afflict him all his waking hours. These make his appearance so bizarre that he is rejected by most all individuals who come into contact with him." (For a fuller discussion of TD, see "The Tardive Dyskinesia Epidemic," *PR*, vol. 3 no. 2, 1982.)

## SECOND SHOCK CASE

Ontario's second legal case involving electroshock is going to court. The first case, involving "Mrs. T.," was heard and decided in December, 1983. (See "Shock case: defeat and victory" in our April 1984 issue.)

Last May, a 22-year-old man was forcibly subjected to electroshock while incarcerated in Oak Ridge. Ontario's notorious maximum-security psychiatric prison. (We are withholding the man's name to protect his privacy.) Dr. Julia O'Reilly, the man's doctor (not a psychiatrist), wanted to give him "emergency" shock. Both he and his sister (his nearest relative under the *Mental Health Act*) refused to consent. Dr. Sirchich, Dr. O'Reilly's supervisor, applied to a Regional Review Board for permission to administer a series of shocks. (In Ontario, a doctor can appeal a refusal of treatment by a competent patient, or by the nearest relative of an incompetent patient, to one of the five Regional Review Boards.)

During the first day of the hearing, on May 15, Dr. O'Reilly told the board that her patient was "catatonic" and not eating, and that he needed shock treatment. The board, feeling that the man might be suffering a drug reaction, was concerned about making a decision on the basis of available evidence, and the hearing was adjourned until the following week so that another doctor could examine him. On May 17, Dr. O'Reilly phoned board chairman John Gignac, a lawyer, saying treatment was urgently needed. Gignac telephoned the other two board members, and issued an "interim order" authorizing two shock treatments before the hearing resumed. The treatments were administered without notifying the man's lawyer or the patient advocate. The sister was informed, but too late to intervene.

When the hearing resumed the following week, neither the patient, his sister, his lawyer or the patient advocate was present. Rather than postpone the hearing, the board ordered a further ten shock treatments.

At this point, unable to reach the man's lawyer (who was in

court elsewhere), the sister contacted Toronto lawyer Carla McKague, who intervened with the Ministry of Health: the order was reversed and the patient transferred to the Clarke Institute of Psychiatry. No further shocks were given, and the man was discharged about ten days later to live with his sister and look for a job.

The *Mental Health Act* does not authorize an "interim order" for electroshock or any other psychiatric treatment. Further, the board is required to make its decision strictly on evidence admissible in a hearing and on matters of common knowledge on which there is no need to call evidence. Decisions may not be made on information communicated to the board in other ways, such as by Dr. O'Reilly's phone call. In an interview with the *Globe & Mail*, Gignac ad-



mitted that the phone consultation was "unusual," but tried to justify it. "We were of the view that the man's condition would likely deteriorate and he may not live. I was of the opinion the board had the authority to make an interim order, (but) you won't find that authority in the *Mental Health Act*."

The inmate has launched an assault suit against the review board, its members, Oak Ridge, Dr. O'Reilly and the Ministry of Health. We will report developments in our next issue.

**Since March 1984 when sections of the mental Health Act were officially amended, inmates can now appeal any decision of a review board to a district court. See our summer issue (1985) on The Canadian Charter of Rights and Freedoms.**

—Phoenix Staff

phoenix  
pharmacy

## PHARMACISTS OVERCHARGE

According to a recent press story, "80 per cent of the province's 3,000 druggists exceed the legal \$5 fee allowed for dispensing generic drugs." (Elston forces pharmacists to investigate overcharging. *Toronto Star*, 26/9/85.) A reporter's survey found that 13 of 19 druggists "tested" charged "23 cents to \$1.30" above the legal \$5 limit for each prescription filled.

Ontario Health Minister

College of Pharmacists which licenses and regulates all druggists in the province. The College says it's already conducting its own internal investigation; however, that's like the police investigating the police.

Elston should set up an independent citizens' commission to investigate the pharmacists. While he's at it, he should also start investigating the hundreds of drug-pushing doctors who are rarely reported to the College of Physicians and Surgeons of Ontario.

**Phoenix Suggests:**  
**Whenever you get your prescription filled, make sure you ask the pharmacist about his dispensing fee. If s/he tells you it's more than \$5, go to a pharmacist who charges \$5 or less, and report the pharmacist who is overcharging to: Ontario College of Pharmacists, 483 Huron Street, Toronto, Ontario M5R 2R4 — ph: (416) 962-4861.**

Murray Elston has already formally complained about this illegal practice to the Ontario

## U.S. GOVERNMENT WARNS AGAINST DRUG'S EFFECTS

The United States Government is finally informing some people (doctors, pharmacists and drug manufacturers) about tardive dyskinesia (TD) — the most serious "side effect" of the neuroleptic or "antipsychotic" drugs.

The US Food and Drug Administration (FDA), acting on the recommendation of its Psychopharmacologic Drug Advisory Committee, recently prepared a special statement about TD, which will be enclosed in the package insert of 19 different neuroleptics. FDA Director Lloyd Millstein said the agency decided to issue this class warning "after a review of

the incidence of tardive dyskinesia indicated that it is a much worse problem than was generally believed."

The FDA warning is a terse and quite detailed statement; unfortunately, it does not mention that TD is a type of brain damage; and instead of declaring that drug "treatment" should be stopped immediately when TD is diagnosed it says only that "drug discontinuation should be considered." (our emphasis). Nor will the warning be given to psychiatric inmates and other people using these drugs.

So the FDA's action, while a step in the right direction, is

only a token effort at public education. We therefore urge the FDA to mass distribute a similar but more simply-worded warning about tardive dyskinesia — to everyone involved: physician, pharmacist and consumer.

We also urge the Health Protection Branch of Health and Welfare Canada to prepare and distribute a consumer-oriented statement about TD and the neuroleptic drugs — for all Canadians.

**If you are concerned and want more information about TD and the neuroleptic drugs, we urge you to write to: Dr. A.J. Liston, Assistant Deputy Minister, Health Protection Branch, Health and Welfare Canada, Ottawa, Ontario K1A 0L2. And we'd greatly appreciate your sending us a copy of your letter — with permission to publish it, if you choose.**

—Phoenix Staff

## SHOCK WAVES

### ANTI-SHOCK TALKS

The Ontario Coalition to Stop Electroshock has reactivated its Speakers' Committee. If you or your group wants to learn more about electroshock from shock survivors and supporters, please call the Coalition at: (416) 536-4120 or 537-5631. Since the Coalition has no funding, it would appreciate whatever donation you or your group wishes to make. **THANK YOU.** (Cheques or money orders should be made payable to

"Ontario Coalition to Stop Electroshock" and mailed to: P.O. Box 7251, Station A, Toronto, Ont. M5W 1X9.)

### BUTTONS!!

The Ontario Coalition to Stop Electroshock is selling a strong antipsychiatry button. It reads "PSYCHIATRY KILLS." in white on a black background. It costs \$1. Buttons are available from the Coalition (537-5631/461-7909), or The Mad Market at 1860 Queen St. E., Toronto.

### ELECTROSHOCK — OPPOSING VIEWS

Since early in 1983 there has been a proposal before the U.S. Food and Drug Administration (FDA) to reclassify electroconvulsive machines from their current status as Class III (or "high risk") devices to Class II (or "low risk") devices. The proposed reclassification has been delayed by controversy, including a National Institute of Mental Health (NIMH) Consensus Conference (see above) which cautiously endorsed the procedure "for limited indications," and only with the patient's informed consent.

A newly formed U.S. organization of ECT survivors, "Truth in Psychiatry," has, by contrast, recently petitioned the FDA to require CAT scan controlled before-and-after comparison studies of ECT on animals: contrary to the NIMH recommendation, "Truth in Psychiatry" contends that brain damage results from every ECT use and that animal CAT scans will prove this.

For further information about "Truth in Psychiatry" please write: Truth in Psychiatry, c/o Marilyn Rice, 2106 S. 5th Street, Apt. 1, Arlington, Virginia, U.S.A. 22204.

### CONSENSUS CONFERENCE PRO-PSYCHIATRY

## AMERICAN MEDICAL ESTABLISHMENT DEFENDS ELECTROSHOCK

by Don Weitz

The American Psychiatric Association (APA) is now involved in a big snow job — a national public relations campaign to stifle growing public opposition to the controversial psychiatric procedure called electroshock (ECT). The APA is trying to convince the National Institute of Mental Health (NIMH), the US Food and Drug Administration, the media and public that electroshock is a "safe and effective" and "lifesaving medical treatment." The Consensus Development Conference on Electroconvulsive Therapy was held at the National Institute of Health in Bethesda, Maryland on June 10-12 this year; it was sponsored by NIMH, the US Government's top "mental health" policy-maker which is controlled by psychiatrists.

On the second day, the 14-member conference panel (dominated by nine psychiatrists — only one layman and no shock survivors) released its Draft Statement which featured several recommendations and conclusions supporting the continued use of electroshock:

1. Shock should still be administered to people with "depression"; however, most shock patients "relapse" within a year. Shock is also a good treatment for manic attacks, "acute schizophrenia," suicidal people and others with "severe and unremitting ... emotional suffering" or "extreme incapacitation" — frequently the elderly. But shock should not be given to people with brain

tumors.

2. The risks of shock are minimal and do not include brain damage.

3. Electroshock can cause permanent memory loss: "Deficits in memory function ... persist after the termination of a normal course of ECT ... persistent memory deficits for events during the months surrounding the ECT treatment."

4. The death rate from electroshock is significant and comparable to that from anaesthetics during surgery: "2.9 deaths per 10,000 patients" or "4.5 deaths per 100,000 treatments." (Shock critics claim the death rate is roughly 1 per 1,000 patients, although few are accurately reported.)

5. Electroshock should only be administered with informed consent.

6. "Regressive ECT" (giving massive numbers of shocks) and "multiple-monitored ECT" (giving several shocks during one treatment session) should not be used, because they're "not effective."

At the end of the conference, the APA/NIMH shock promoters held a press conference. Although our Ad Hoc Committee of ex-inmates/shock survivors was unable to hold one, spokesperson Judi Chamberlin read aloud our press release which demands an "immediate moratorium" on electroshock. Also, during the one hour reserved for "patient issues," ex-inmates Judi Chamberlin, Leonard Frank and Janet Gotkin gave powerful anti-shock speeches.



# Electroshock: A Modern Medical Shame

Janet Gotkin

**Excerpts from a speech given at the Consensus Development Conference on Electroconvulsive Therapy, June 10-12, 1985, Rockville, Maryland.**

"There is no dearth of testimony about the horrors of electroshock. The stories come from men and women and children. The survivors are all ages, all races. What they share is the memories and the scars, both physical and emotional, of their ordeals. And yet, not a single survivor of ECT was invited to participate in this conference. We are here, as we were in New York, only because a few determined ex-psychiatric inmates and shock recipients pressured the organizers sufficiently to cause them to give us a few moments to speak. And so, needless to say, there are no shock victims on the Consensus Development Panel. By your own professional estimate at least 100,000 people a year are shocked in this country — and no one was interested enough in how ECT affects them to ask a single one to participate in this conference."

"Survivors' stories, which have abounded for as long as there has been shock, have historically been dismissed as being 'anecdotal,' a formerly benign word which has come to mean a combination of unreliable, over-emotional, and just, generally, negative."

"...to assume that we who had been assaulted by ECT — who had lost our precious memories and had struggled to regain our very selves after the

onslaught could — or would ever want to — watch as other helpless souls were bludgeoned by ECT — is to be profoundly, COSMICALLY, out of touch with the experience of ECT."

"So what kind of conference is this and what kind of consensus is being developed? First, this is a conference that is overwhelmingly dominated by avid proponents of ECT, a conference that was planned to exclude all ECT recipients and all but one or two professional ECT opponents. The consensus panel even more narrowly and overtly represents the interests of the electroshock community. The deck, people, is clearly stacked. And the conclusions of the consensus panel rather a foregone conclusion, I fear. Is there anyone here this afternoon who seriously doubts that, after three days of portentous and scientific-sounding proclamations, the panel will endorse the continued use of ECT as a viable and responsible psychiatric treatment?"

"I open my mouth and the scream surrounds me. My body a lurch and a scream of pain. I am impaled on a pain. A firecracker, pain and lights, burning, screaming, my bones and my flesh. I am on fire. Blue-white lights, fiercer than God, going through me, my body, poor body, a contortion, a convulsion of ripping, searing. Pain incarnate. Branded. I cannot comprehend. Burning, burning, my fingers and toes, my limbs rigid with pain, stretched longer than the night. Shooting, shooting again, my body is charred. No breath. Hiroshima. The living dead."\*

\*From *Too Much Anger, Too Many Tears: A Personal Triumph Over Psychiatry*, Janet and Paul Gotkin, Quadrangle Press, 1975.

*"...hidden agendas are the things that we want the psychiatrists to do for us so we won't have to do them for ourselves... We want to have an expert so we can wash our hands of it."*

**Coleman:** That's right. All physical treatments in psychiatry — all the way back to bleedings, the incredible variety of toxic substances, lobotomy, up to phenothiazines, lithium, shock treatment have one thing in common: they create a new disability. They damage the body, and then the results of this bodily damage, the change, that is, gets labelled as a treatment and sometimes even a cure. Shock treatment is the classic example. We cause a brain injury using electricity, with all the classic effects: memory loss, confusion, inability to retain new information, learning disability. Then, because the person isn't crying for a few weeks, because the brain injury keeps them from remembering what they were crying about, their life situation which was the cause of their upset and depression gets temporarily forgotten — we say the patient has been treated.

The real result, of course, is that in a few months most of the intellectual capacity comes back and with it comes back an appreciation of their problem. They'll be depressed again, but they will also now, at least in some cases — nobody knows exactly how many, but it's a significant number of cases — be left with permanent intellectual

deficits, permanent learning disabilities, and permanent gaps in their recollection of their life.

This is what psychiatry is doing. Do not expect psychiatry to blow the whistle on itself. The American people are going to have to be the ones to demand changes.

**Markman:** *I was thinking in terms of sexual dysfunction, bulimia, nicotineism, all sorts of addictive problems. Psychiatry has expanded into these areas as they face more and more competition.*

**Coleman:** Yes, it's medicalizing problems of behaviour, problems of living, problems of emotion. That's not to minimize the problems. Bulimia, for example, can be a very serious problem, or anorexia can be life-threatening. But it's nonsense to think that unless you regard it as a medical problem you don't take it seriously. Medicalizing it only means that you're going to bring in medical doctors as the ones who supposedly have the best answer; they will give us medical answers which will be the most expensive and least effective answers.

**Markman:** *What's interesting is how psychiatrists start to create new territory out of nothing. If bulimia were a metabolic disorder, and somebody discovered it to be a metabolic disorder, then bulimics would go to endocrinologists, not to psychiatrists. Similarly, syphilitics used to be treated by psychiatrists until syphilis was discovered to be an infection; then syphilitics began to be treated by true medical practitioners. Psychiatry exists in this limbo area.*

**Coleman:** Psychiatry is fighting desperately. Imagine what it would mean if the American people were to recognize that there was only a very, very tiny percentage of mental problems which have any relation to any medical issues. (There are a few. There are some hormonal and metabolic problems; certain medical conditions can lead to behavioural and mental symptoms; but it's such a tiny percentage of the problems that psychiatrists are now given to deal with.) If we recognized how phony all of this medicalizing was, how phony the role of psychiatry is in the courts, and the link with the state and

*"Free will is a philosophical question... The idea that a psychiatrist could help us with the question of free will is absolutely absurd, yet that's what the psychiatrist is expected to do."*

## **SOCIAL CHANGE?**

*What is being done to bring it about in Canada?  
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the power, psychiatry would shrink to a tiny vestige of what it is now. The profession of psychiatry would be unrecognizable. You know that psychiatry is going to fight to the bitter end to stop that from happening. Medicalizing is the bread and butter of psychiatry.

**Markman:** Now psychiatry is involved in treating iatrogenic disorders — medical disorders created by psychiatry.

**Coleman:** Psychiatry spends a fair amount of its time treating the conditions that it, itself, forces on people. You've mentioned the phenothiazines. Fortunately, by now, a few more people are beginning to know about tardive dyskinesia, which is permanent brain injury from these phenothiazines. And they have to give other drugs to try to mask the effects, but they don't do anything about the real damage. What psychiatrists should be doing is not giving the drugs so often or for so long. Instead, they keep on giving the drugs, saying they just have to do it; then they give other chemicals to mask the outer manifestations, and the second chemicals have their own side effects as well. So it's a good plastering over for psychiatry, but, of course, it's bad for people.

**Markman:** You mentioned before the issue of hidden agendas. Maybe you could get into that more now. What are the hidden agendas of psychiatry? What are the real social reasons for why psychiatrists have so much power and authority?

**Coleman:** I thought this was so important that I devoted a whole chapter in my book to what I call hidden agendas because it's very easy to say, "Those goddamned psychiatrists," and put all the blame on the psychiatrist. And believe me, they deserve a lot of the blame. But, if we

really want to do something about the problems, we've got to be tougher than that. We've got to recognize that we're all part of the problem, because the power that the psychiatrists have is the power that we as a society not only give to them but beg them to take. Every time we hear evidence of what a psychiatrist can't do we say I don't want to hear about it; we just want the psychiatrists to go and do it. What the hidden agendas are is the things that we want the psychiatrists to do for us so we don't have to do them for ourselves. In criminal trials, the hidden agenda is we want an expert to tell us who we should hold responsible and who we shouldn't. We want an expert to tell us how long we should lock somebody up. We want an expert to make us safe by supposedly holding the person until they are no longer dangerous.

In personal injury lawsuits, we want psychiatrists to tell us who deserves to get money from an accident. In other word, we don't want to take on the difficult ethical-decisions. In issues of child custody, who's the best parent to have the child? We don't want to take it on. We want to have an expert so we can wash our hands of it. Basically it gets down to ethical and legal questions of public safety, criminal responsibility, deviant behaviour. With regard to mental patients, we want the psychiatrists to make us feel better about sweeping the streets of somebody we would just get rid of or getting rid of a family member who's a little bit inconvenient, instead of facing up to the fact that we are troubled by this person's behaviour and then asking ourselves what we're going to do given the fact that we're supposed to believe in a free society. It's a difficult problem; I don't minimize it, but we shouldn't toss it over to the psychiatrist and cover over the problem.

## Phoenix Pheather



## and Turkey Tail

The Phoenix Pheather and Turkey Tail for this issue go to people on the opposing sides of one appalling issue: the scandal of Hôpital-Rivière-des-Prairies in Montreal (see Feature).

The Pheather we award collectively:

First, to the inmates of Rivière-des-Prairies who have endured so much neglect and outright abuse that it's a wonder they're still alive, let alone human.

Second, to the parents, friends and advocates of the Group for Community Integration who have stood up for the inmates and are continuing their efforts to end discrimination and obtain humane conditions and constructive programs for these most powerless of people.

Third, to Kathleen Ruff and her co-workers on *The Canadian Human Rights Advocate* for superb advocacy

and reporting.

The Turkey Tail, we pin firmly on three mental health professionals for trying to defend institutional abuse. Their words speak volumes.

Francois Dumesnel, staff psychologist at Rivière-des-Prairies, who countered criticism of his own punitive 'therapy' with: "You must understand; it doesn't bother a psychotic. It isn't punishment. A psychotic doesn't understand what punishment is."

Dr. Augustin Roy, president of the Professional Corporation of Doctors in Quebec, who thought he was justifying the Institution's abuses when he said: "If you conducted an inquiry, you'd find similar incidents in any hospital." May your ears hear what your mouth has spoken, Dr. Roy.

Dr. Gilles Lortie, a psychiatrist and President of the Quebec chapter of the

Canadian Mental Health Association (CMHA). In his October 24 news release re the current government investigation into psychiatric abuses at Montreal's Rivière-des-Prairies psychiatric institution, Dr. Lortie said: "violence is inherent in mental illness ... this is a constant problem in the everyday life of the mentally ill." For these bigoted and irresponsible remarks, Dr. Lortie deserves our Turkey Tail. Had he said, "violence is inherent in psychiatry," we might have awarded him a Phoenix Pheather.

**A letter of protest against Dr. Lortie's statements was recently sent to Dr. Robert Martin, President of the CMHA. It was signed by representatives of six organizations: ON OUR OWN, Phoenix Rising, Solidarité-Psychiatrie, Coalition of Provincial Organizations of the Handicapped (COPHO), Canadian Association For Community Living, and the Canadian Legal Advocacy, Information and Research Association For the Disabled (CLAIR).**

—Phoenix Staff

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