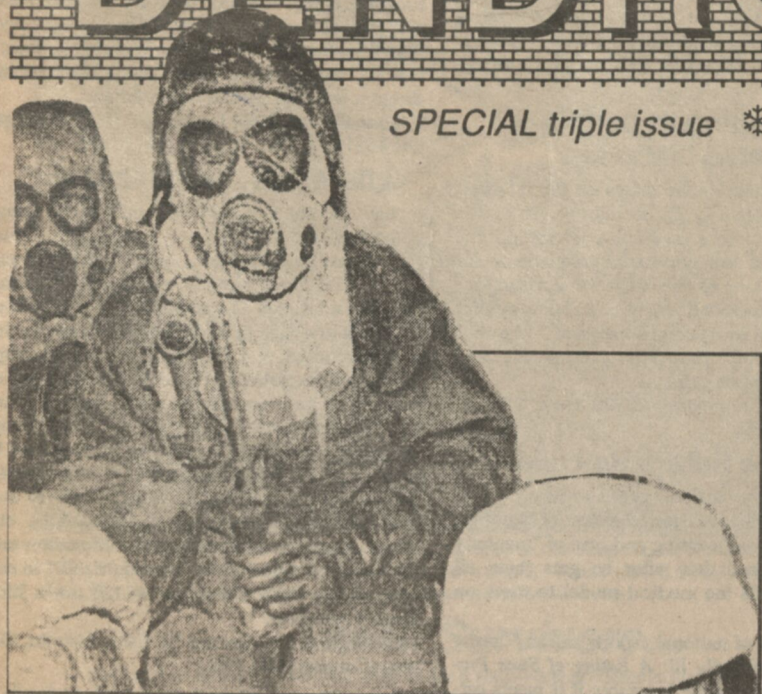




Inside
this
issue:

How to Zap their Lies
about Electroshock!

DENDRON NEWS



SPECIAL triple issue ✱ issue #20 - 22 ✱ March 11, 1991 ✱ \$1.50

U.S. soldiers use gas masks in Gulf War: "All new weapons induce terror. The antidote is making the unexpected routine," says Robert Ursano, chief psychiatrist, Uniformed Services Medical School.

Gulf War aftermath:

U.S. military psychiatrists kick off

"New Emotional Order"

by David Oaks, Dendron editor

As part of the 42-day Gulf War, U.S. military psychiatrists revealed their new way — the "endurance model" — to handle soldiers experiencing intense emotional distress in war. The "endurance model" has both good and bad implications for people with psychiatric-labels here in the U.S.

On the positive side, advocates can rightfully ask, "When will these proclaimed great 'improvements' be made readily available right here at home?"

On the negative side, this new model may include emotions and peer support, but it still excludes politics and change. The "endurance model" could become the ultimate co-optation to disempower strong feelings and de-fang rebellion. As a Vietnam-era psychiatrist put it me, this model is a new way to "grease the wheels of the killing machine."

What is the new model?

Throughout this bloody century, psychiatrists have busily studied wartime "psychiatric casualties," as they call them. Pentagon psychiatrists now claim they've corrected World War II errors, built on Vietnam-era techniques and especially learned from Israeli army lessons (in Israel's 1973 Yom Kippur War 25 percent of casualties were "battle fatigue"). Much of the new model seems similar to many of the demands of the psychiatric survivors human rights movement during its two-decade history. Here are the "endurance model" components:

1) No medical model labeling — the person in distress is seen as having a normal response to an abnormal situation. 2) Minimum use of psychiatric drugs. 3) A respite in familiar surroundings, including shower, good food and rest. 4) Mutual support peer groups and friendly counselors to talk out feelings. 5) Expectation of "wellness" in this case defined as returning within 72 hours to war. 6) Emphasis on staying as close as possible to — and keeping emotional ties with — their unit back at the front.

Now, it must be stated — especially because the American people appear to have forgotten this — that the Pentagon lies. Military psychiatrists do and will probably continue to label, lock-up, and drug countless soldiers during both peacetime and war. In fact, author Richard A. Gabriel, a professor of politics who worked much of two decades for the Pentagon's Directorate of Foreign Intelligence, predicts prolonged modern war may result in a dosed "chemical soldier" to withstand nightmarish high-tech onslaughts.

Military Psych. continued on page 12 ➡

exclusive Dendron News interview:

Ken Kesey: the state of "The Combine"

Ken Kesey wrote *One Flew Over the Cuckoo's Nest*, which is still cited in many popular media articles as a touchstone of public sentiment on shock & psychiatry. In it, Ken also indicted something bigger — mental, emotional & spiritual control by our society. He named that machine "The Combine."

More recently, Ken has written *Further Inquiry*, featuring a trial of what the counterculture of 20 years ago was all about. "Further" is the name of the psychedelic-painted bus that he and a crew took on a voyage two decades ago to overcome American Normality with humor and bravado.

Ken spoke to Dendron editor David Oaks as the Gulf War took off.

Dendron Question: What is "The State of The Combine"

Ken Kesey: The Combine has just struck a tremendous blow. It's going to set us back 50 years. We have been divided again. We've lost ground that some real good warriors have been fighting for years to make. Once again it's that old problem that there's going to be more dumb people than smart people. That's the flaw in a democracy: Until the democracy becomes enlightened enough to take on difficult problems, not just wave flags & jump up & down, it's always going to be easily manipulated.

Q: I call that "American Normality." Do you see the same thing?

Ken: Yes. The other side of it is always racism, and racism is just a way of controlling large numbers of people, either side, black & white. The Combine wants black & white to fight. They want to keep people from trusting each other & getting together.

I see it as a battle between security and trust. More locks, more guns, more cops, the less you trust your neighbors. We can't afford to have locks, guns and cops at every door. Distrust breeds more distrust. So finally everybody distrusts people enough that things break apart, the center cannot hold. If you really trust people, you don't need that many locks. And you'll get popped and burned a couple times, but the truth is there really aren't that many bad people as they'd like us to think there are.

Q: The government has now brought forcible psychiatric drugging out to people's doors in the community — they call it "outpatient commitment."

Ken: I've taken a lot of drugs. One of the worst drugs was Thorazine — I felt depressed and down and hopeless. When you're on a bumner, despair is different than depression. Despair is noble. It's being windswept, standing on a rock, arguing with God. Depression turns in you. It's useless.

Q: There's a rumor that you once had shock. Is it true?

Ken: I gave myself shock, me and a friend. It was an awful thing. I had a seizure. It's simple stuff. You just hook up a wire to household current and touch it to your temples. All your cells and all your atoms in your cells scream, "No!" It goes against nature. I was researching *Cuckoo's Nest*. I'll never do it again!

Q: You still get a lot of mail about *Cuckoo's Nest*. Do you correspond?

A: There's nothing to say. Everybody knows where the bone is buried. There are some things that are caused by social pressures, there are some things that are caused by chemical imbalances, like encephalitis in the film *Awakenings*. The problem is hooking it to a way of controlling a person and making them feel like they have done something wrong. It's becoming more and more a crime to dissent. To me it comes down to this, is the universe benevolent? Do you really need all those locks on the doors? The United States has more people in prison than anyone in the history of the world. We've been converted into a nation of mercenaries.

Kesey Interview continued on page 12 ➡

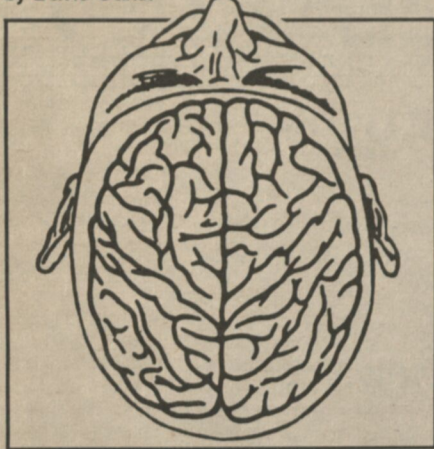
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DENDRON

... is an independent non-profit information service to the many groups and individuals concerned about human rights in psychiatry, and interested in exploring options for emotional support.

Write: Dendron News; PO Box 11284; Eugene, OR 97440

Published by the Clearinghouse on Human Rights & Psychiatry (CHRP). Edited by David Oaks.



Send your articles, letters, poetry, art work, news of human rights events & successful alternatives. Type, write clearly (preferably double-spaced), or use any Macintosh disk. Your writing might be edited, unless you say otherwise. Return of what you send isn't guaranteed, but is helped if you send a self-addressed stamped envelope. When you send a letter or article, we always assume we can print your name & address unless you say otherwise.

Graphics needed: Your line drawings, cartoons & photos would be helpful.

Disclaimer: Dendron News is an independent publication. Dendron is also dedicating a section of its pages each issue to the human rights coalition, The Support-In. Nothing outside of those articles should be taken to reflect the official position of The Support-In or their member groups.

Circulation: 4,000. Estimated readership: More than 10,000.

Ask about: Bulk rates. Advertising. Work exchange. Speaking engagements.

Needed: Volunteers at home who will read at least key portions of Dendron News onto audio tape to empower subscribers who have difficulty reading or seeing.

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Phone: Letters are preferred. But you can leave up to a 30-second message any time at (503) 341-0100. We will try to call back if you say we can call collect, and you give the best time to call.

Computer: For longer articles, if possible, include a copy on any Macintosh disk, or on an IBM-PC compatible formatted disk (AT or standard) saved as text or ASCII file. Dendron is on the PeaceNet international computer bulletin board. The address is "CHRP." Ask about many gateways to other BBS's.

Notes to subscribers:

* A free Zap their Lies sticker was inserted into each issue of this Dendron — watch for it & post it! All six stickers in this series are displayed elsewhere in this issue.

* Moving? Please send a new address or the Post Office tosses your issue & charges Dendron.

* As of the next issue, we cannot use the "confidentiality" envelopes we've used for 20 issues. Please write soon if this is a problem, and we'll send it special.

* Your tolerance in waiting for this special issue is appreciated! If this delay was any problem, please write.

* Your subscriptions, donations, active promotion & writing for Dendron have helped it grow. Thanks! you!

Editor's note:

Ironically, the history of this century, and indeed this millennium, will probably show that the most enormous destruction was done by the so-called "normal, non-defective" person who followed horrendous orders from other "normals."

Lots of activists in other movements talk about how there is "social oppression" and "mind control" and "emotional repression" in the U.S. Lots of other folks dismiss them. Well, our movement delivers the proof. In black and white. Undeniable.

One example: Forced electroshock — with zero written consent from the subject — is legal in many states. It's happening, and it's growing in the U.S. today. It's their weakest link. You know, the movement is 20 years old. It actually seems to me that it's stronger than it ever was, despite some co-optation. Let's use actions throughout the globe to ZAP back at forced shock!

The War

As some of you know, I have worked on and off for most of the past decade in the peace movement. When the war started, I felt compelled to go back to focus on the peace movement temporarily for three main reasons:

First, the war was wrong. There are alternatives to massive violence that are seldom discussed. (Sound familiar?) These alternatives include gearing up and organizing a post-cold war global population in an enormous nonviolent effort of mediation & direct actions, including U.N.-led peace actions. Surely, 5 billion people united could have stopped a divided country of 18 million people, with far less violence. We infrequently hear about this possible future vision of an empowered planet, even though the Jan. 15th "deadline" was on the birthday of one of the early pioneers in this field, Martin Luther King.

Second, mind control is growing in the U.S. Examples: Americans turned a spiritual blindspot to their killing of literally tens of thousands of human beings. Indeed, many have gloated & cheered & called for more death, and even nuclear bombings. Some media have called the conflict a "clean war," as if Iraqi bodies do not count. In fact, this spiritual blindspot extends to Kuwait and our "allies," and indeed our history in the whole Middle East region. Massive human rights violations have occurred and continue to this day in these countries. The U.S. is silent.

Third, our movement is intensely related to the peace movement. We partly sprang out of the ferment of stopping the Vietnam war 20 years ago. There are times when all movements need to unite, and offer resources we have for peace.

Acting as a visible psychiatric survivor activist, I joined several actions:

- On deadline day, we shut down our large federal building all day, despite 51 arrests.
- I joined a small group of friends in an "affinity group," which is simply an emotional support group that takes action. We quickly called for and pulled off a very well-publicized protest after the local paper called the Gulf conflict a "clean war."
- I spoke several times at various large peace rallies, always linking the issue of war to mental and emotional oppression. I called for mutual support, and creativity breaking society's unwritten rules through nonviolent direct action.
- With a group of students, I helped organize and participate in a civil disobedience at the military recruiters' offices. We nonviolently blocked and disrupted the four offices for three hours, when I was arrested.

This action gave me an incredible insight into this war as I sat and talked with the airforce recruiter, who was one of the top in the nation. I asked him how he felt about his organization dropping the so-called "smart bomb" that destroyed more than 300 civilians in a bunker. I was shocked when he responded, "How do we know civilians were killed by that bomb, you can't trust any news out of Iraq." He came up with several more mental backflips to avoid the issue.

While there's a grain of truth that anything can be a hoax, the fact is that international crews of independent media had confirmed civilian deaths in this & many other incidents. Even the Pentagon, which had a videotape of their two laser guided missiles hitting, agreed their bombs had done the killing.

So I pointed out to him, "I work on psychiatric rights issues, and we are accused of delusions. Yet I can see here that you have a so-called 'delusion.' You are one of the few informed people on the entire globe to have a major doubt that the U.S. has killed these civilians. And that's because of your job. You can't face your emotions on the bombing, and that is overriding your so-called 'rationality.'"

I don't know if he understood me, but for me the above incident sums up what is happening with much of the U.S.: Their hyper pseudo-rationality, short term self interest, isolation and obedience to the state suppresses their feelings, so they land squarely in the pockets of the corporations in charge, and end up believing absolutely astounding lies.

I also worked with other affinity groups to form an ongoing independent spokescouncil of such support/action peace "teams." We publish a tiny newsletter of underground news.

Now, with the visible war done, the invisible war continues against psychiatric inmates, the poor, the homeless, the environment, Third World countries, Native Americans, elders, and on and on. Linkage, my friends, linkage of the issues and the movements will help us now.*

networking:

Penpal in Wyoming?

Hello! I would like to correspond with anyone who would care to have a pen pal relationship. I would like to write to others who are in the same predicament that I am in. I am on disability. A Vocational Rehabilitation counselor once gave me some discouraging news when she told me that my disability was "permanent." I don't want to remain on disability the rest of my life. I desire to get a good-paying job, and to get off disability once I get a college degree.

Please write to me. I would enjoy hearing from you. We need each other.

Sincerely, Linda Michaels; PO Box 4031; Cheyenne, WY 82003.

Drugging of people labeled "retarded"

The use of neuroleptic drugs on the retarded is a major problem in California and no one is looking at it. I've been on a crusade to stop it for three years and am not sure I've made much progress. In talking to one of the Senator's aides I was told that doctors don't want to be told what to do, and the drug companies don't like it! I would say the doctors and drug companies' lobbyists are pretty powerful.

Peace, Erma Drummond; 20490 Hwy. 17; Los Gatos, CA 95030.

Nader's Raters Re-called

Dr. E. F. Torrey is like a preacher who preaches human rights to his congregation of believers (such as improved housing and care of "mentally ill" persons), and then after he gets them all worked up, sells the medical model to them on the side.

In his series of national reports called "Care of the Seriously Mentally Ill: A Rating of State Programs," he rates a state favorably if it meets certain medical model standards, such as forced hospitalization and medication. He rates a state unfavorably if it does not meet these medical model standards.

Yet in all their professed concern for human rights and the "mentally ill," Torrey and his National Alliance for the Mentally Ill (NAMI) followers continue to show no concern for the human rights abuses of the psych system.

Like many psychiatrists, Torrey has an unresolved contradiction in his ethics, or he is selling something.

Sincerely, Rodney W. Smithey; 2233 South Preston, Apt. 302; Louisville, KY 40217.

[Editor's note: Torrey is the authoritarian psychiatrist who tried to pull dissident psychiatrist Peter Breggin's license for criticizing their profession on the Oprah Winfrey TV show. Torrey has influence with Dr. Sidney M. Wolfe, who recently agreed to the FDA giving shock the rubber stamp without the safety investigation mandated 11 years ago! Wolfe is co-founder, with Ralph Nader, of the Public Citizen Health Research Group, which publishes that arbitrary annual report in partnership with NAMI. The survey's biased assumptions embrace the drug industry and exclude consumer empowerment, user ownership, or mutual peer support — a real irony considering Ralph Nader's career. Someone tell Ralph that some of his staff should be re-called!]

Story to share

I am on total disability income because of early retirement offered because of "mental illness" in 1987. I fought this for 6 months. I wish I knew of your support group then. I think I was coerced out of the University of Cincinnati after 16 years as Secretary.

My diagnosis is "manic depressive." I have been on Lithium/Stelazine for 16 years, and then the past four years a new physician put me on Lithium/Loxitane. I did not realize, until my body rejected all of them last winter, how dangerous this Loxitane really is. I may have been quite close to death... it felt like it. I am left with muscle rigidity and poor balance, disturbed gait, urinary retention, etc.

I have been off of Lithium since toxicity in

where readers... write

March and off Loxitane since June when it caused such havoc...

I have so many stories to share with your readers. Two in particular pertaining to injections of Thorazine by nursing staff over minor incidents or non-incidents.... I can't believe your organization exists... it is a comfort and so far I haven't really gotten in touch with anyone...

I want to become involved, plan to put up posters, write Congress. I always knew I had a story to share! My goal is to help others. I have fought a lonely battle of recovery. I found exercise, meditation, deep relaxation techniques, positive thinking, a growth in spirituality, etc. This, I believe, is why I am doing pretty well off the drugs... to my physician's amazement.

E. Joan Rohrer; 2952 Timberview Dr.; Cincinnati, OH 45211.

Literacy & "psychiatrized"

I am a volunteer at a community-based literacy project, and I'm currently gathering information about the connections between literacy and the lives of "psychiatrized" people, both in and out of institutions. The community center where I work is in a neighborhood with a large psychiatric institution, and boarding homes and drop-ins where ex-patients/inmates spend a lot of time. There has been interest in our literacy tutoring. We don't want to be a part of an objectifying system. Accessibility, for us, means openness to all members of the community as self-directed persons. We are asking people in Toronto and elsewhere for ideas, advice, information, etc. about all aspects of literacy/basic education and the lives and rights of the "psychiatrized." In any case, please drop me a line to tell me a little about yourselves.

Julia Rogers; 619 Gerrard St. East; Toronto, Ontario; Canada M4M 1Y2.

Inmate against forced rehab

I am a prisoner in the Virginia penal system serving an 18 year sentence for drug possession. During the time I've been incarcerated, about four years so far, and after being herded into several "rehabilitation" programs, I have become very interested in the subject of state-sponsored coercion, as it might apply to either mental patients held in a traditional mental "hospital," or drug users in a penitentiary.

Kevin Yriondo (#156044); Augusta Corr. Cntr.; PO Box 1000; Craigsville, VA 24430.

Angel Strikes Back

I am spreading your posters on mental freedom. I carry on my own battle here in the capitol city of Madison, and throughout Wisc. I hope news spreads like wildfire of the indignities & poverty of the "mentally ill" & those under "care" are forced to endure.

I sincerely encourage the abused to document as much as possible and take action at their own Medical Examining Board. Write letters and make phone calls and have an attorney.

Psychiatrists generally have big heads. A sharp pencil can take care of that. I call myself An Angel Strikes Back. My motto: STOP INVOLUNTARY DRUG ABUSE and cease excessive experimentation.

By the way, does anyone know how to reach actress/survivor Patty Duke?

Sincerely, Maria Baumann; 298 Mallard Lane; Madison, WI 53704.

corrections & omissions:

Bill Ciliadakis writes to say there should have been a citation in the article on shock by Seth Farber in Dendron #19 to credit Bill for the calculation that shock jolts brain tissue, the most delicate part of the body, with 100,000 times more electrical energy than what it's used to.

A typographical error inflated the price of the book "The World As it Is," reviewed in Dendron #19 by Fred Zimmerman. The correct prices are: hardcover \$18.95, paper \$4.95.

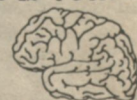
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See back page for information!

Dendron is an act of faith that the readers will be moved to act. One way to help Dendron is a donation to cover extra printing costs. Please help out!

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More than 200 psychiatric survivors & allies gathered at the state capitol in Austin, Texas on Jan. 27, 1991, shouting, "We're human too" and "No more shock." It was part of a statewide convention of the Tex. Mental Health Consumer. [Photo by Mike Boroff of American-Statesman.]

Texan Survivors...

... gathered in Austin, Texas Jan. 26 & 27 for a state-wide conference sponsored by the Texas Mental Health Consumers. The event featured a 200-person protest at the state Capitol. "The rally was very powerful for our state group's development," reports Lynne Ross, editor of their newsletter *Tex-Net News*. "We got great T.V. coverage, both a.m. and p.m., on two channels!"

The *Austin American-Statesman* reported the group shouting, "We're human too" and "No more shock." Signs said, "We want rights," "Right to refuse," and "Unlock the doors." The paper quoted national leader Howie the Harp addressing the cheering crowd: "They shock us and beat us. We demand, once and for all, freedom, equality and an end to the oppression."

Forth Worth activist Chip Diano was quoted as saying, "We don't have fair representation here. The legislators just look at [complaints] and five seconds later they are in the wastebasket... And we have no freedom." Chip, who has been labeled "manic depressive," said of his fellow protesters: "These people should have the right to choose and refuse anything dealing with their treatment. That includes medication and choice of physician and hospital."

TexNet News, published by the Texas Mental Health Consumers, announced their Austin office is very likely open by now, complete with a paid Executive Director. For info write to Lynne Ross; TMHC; PO Box 26685; Austin, TX 78755.

New Film Awakenings...

... is relevant to the psychiatrically-labeled today. Many are noting the role empowerment & closeness played even in a so-called "biochemical" problem.. But also, according to psychiatrist Dr. Peter Breggin, brain damage caused by the neuroleptic drugs (e.g., Thorazine, Haldol, Mellaril, Prolixin) is often similar to that induced by lethargic encephalitis, which swept the world in a post-World War I Epidemic. This brain disease is spotlighted in the popular film "Awakenings." In a letter published by the *Toronto Star*, activist/survivor Don Weitz points out that Parkinsonism also targets the part of the brain featured in the film: "One big cause of Parkinsonism ... is the neuroleptic drugs, otherwise known as anti-psychotics or major tranquilizers. These chemical lobotomies severely block dopamine, one of the brain's chief neurotransmitters responsible for making sure our muscles function smoothly and effortlessly. Informed consent is a cruel joke because it doesn't exist. How about a public investigation into Parkinsonism, tardive dyskinesia and other types of drug-caused brain damage?"

Ontario Groups Funded

In Canada, the Toronto Psychiatric Survivors have received \$10,000. seed money from the Community Mental Health Branch (CMHB) to write a report, "A Proposed Policy on Survivor Involvement," which is a three-year plan for the Ministry of Health to fund survivors who wish to work on alternatives to mainstream "mental health" services. The Niagara Mental Health Survivors Network has also received a \$10,000. grant, this one from the Dept. of Secretary of State.

CMHB has also agreed to fund Ontario Psychiatric Survivors' Alliance (OPSA) for another three months. OPSA is a coalition, with strong activist stands, of about a dozen survivor groups and networks in Ontario. They have four paid staff members. Long-time activist, and former Phoenix Rising editor, Irit Shimrat edits their excellent newsletter OPSA News (see resource section for contact information) and helps coordinate OPSA. Plans for their Provincial survivors' conference are being coordinated by member Shoshannah Benmosche.

An Ontario group called "Survivors in Action" (SIA) in Brockville, ran into trouble with their funding, though. SIA felt the Ministry of Health wanted too much power over the group. OPSA News reporter Heather Tichenor writes that SIA told the the Ministry to take back their money, which the agency did... but they took even more: "The upshot was a hostile takeover in which the agency retained the services of the one paid employee of SIA, and kept the funds and the name... My question to survivors is, 'Do we need, do we want money with strings attached?'" [See OPSA News in Resource section.]

Maine marriage

Cathering Sears, long-time activist with Portland Coalition for the Psychiatrically Labeled in Maine, and Elisha Gummere, announced their marriage; the ceremony is planned for May 1991.

Catherine is also the New England Regional Coordinator for the new coalition, The Support-In.

California computerizes psychiatrically-labeled

The combined effect of two Calif. gun laws, that took effect Jan. 1, requires all Calif. psychiatric facilities to turn over the names of all people being admitted — voluntarily or involuntarily — to law enforcement officials for recording in computers. Officials have "pledged" to destroy "voluntary" admission records only, once the person is released. Regardless, advocates are outraged at this surveillance.

Survivors Study Survivors

An academic study is being conducted by psychiatric survivors themselves to learn how user-owned mutual support services for the psychiatrically-labeled actually help! As part of the Boston University Center for Psychiatric Rehabilitation's research, Judi Chamberlin and an advisory board of 12 have set criterion, including: "the group controls its own budget, staffing and governing body," "the group is participatory," "the group focuses on a people-to-people non-clinical approach." For info phone (617) 353-3549.

Nursing homes tie up & drug

The *New York Times* (Jan. 23, 1991) reported "Large numbers of nursing homes residents are tethered to their beds or wheelchairs or given powerful tranquilizing drugs without documentation that they are needed, two new studies show." A study by Yale University of 12 nursing homes showed that "59 percent of residents were physically restrained. Within the next year, 31 percent of the remaining residents were restrained at some point... In addition, there have been occasional reports of patients who died because their restraints strangled or asphyxiated when they fall out of bed or try to move about."

In a second study by the University of Minnesota of 60 nursing homes in 8 western states over a 9 year period, "about one resident in five received powerful tranquilizers, but in only half of these cases was there a written diagnosis justifying a medical need."

The *NY Times* pointed out that, "New Federal rules that took effect last October require nursing homes, which house 1.5 million Americans, to use antipsychotic drugs only when medically necessary, to document the medical necessity,

rapids



and to make every effort to reduce the dose of the drugs. The regulations also prohibit the use of physical restraints in nursing homes simply to make work easier for staff or to punish residents." Advocates will recognize the loopholes in these laws. There is a long way to go to prohibit and create alternatives to this elder abuse.

Share the Bounty...

... is the name of a survivor-run program started on Ward 27 of the Bronx State Hospital in New York. In 1984, an inmate felt bad when he saw food thrown out. He mentioned this to a worker. They began to feed the hungry. The program grew to a 15-person delivery system to churches, soup kitchens, outreach programs and about 37 drop points. They all make the same pay, and some are inmates at the Bronx institution. Write: Edwin Montes; Share your Bounty; Bronx Psych. Ctr; 1500 Waters Place; Bronx, NY; 10461. Phone: (212) 931-0600 ext. 3096.

Joyce Brown Okay

NYC ex-Mayor Koch crusaded to lock her up for forcible drugging. Rob Levy of the New York Civil Liberties Union went to bat for her & embarrassed the mayor & psychiatry, nationally. How is Joyce? Three years later, as of this past fall, she is living in the same hotel & doing well, Rob reported.

Rob's advice to advocates is patience, revolutions aren't won in a day.

U.S. sues over "excessive" drugging of people labeled retarded.

The U.S. Justice Dept. claimed in a lawsuit, Nov. 1990, that there is excessive use of mind-altering drugs at the Fairview Training Center, a state institution in Salem, Oregon for some 690 residents labeled "retarded."

Australian Hell

A two-year investigation of Chelmsford Hosp. in Sydney, Australia, has revealed many atrocities were committed between 1963 and 1979. Twenty-four inmates died after undergoing shock while in barbiturate-induced comas that lasted up to three weeks. In all 183 deep-sleep patients died in the institution, or within one year of being discharged, while 977 were diagnosed as brain-injured. The commission is now working on a report on psychosurgery.

Clozapine Sparks Civil War

State psychiatric systems, the National Alliance for the Mentally Ill, and Congressional hearings have been fighting Sandoz with protests and lawsuits over the high price of their most recently-issued neuroleptic, Clozapine. The annual price was under \$9,000. Sandoz responded with full page ads in the Jan. 2 NY Times and Wall Street Journal defending their greed. Sandoz also indicated some willingness to compromise on price and their monopoly on blood testing (required because Clozapine can quickly cause deadly bone marrow poisoning).

Unfortunately, none of these folks ever addresses an even bigger issue: No informed consent materials for Clozapine ever mentions its possibly higher likelihood of causing damage to higher levels of the brain, sometimes permanently. This lobotomizing damage often only becomes apparent during withdrawal (called the "super-sensitivity" effect). Why not use those millions for healthy alternatives?

Prozac Slammed

On February 7, 1991, the New England Journal of Medicine reported two more cases of suicidal behavior that they believe can only be explained by the effects of the widely publicized "anti-depressant" drug Prozac.

More than 50 lawsuits have been filed against Eli Lilly and Co., makers of Prozac. Dendron #13 was one of the few publications noting that Abbie Hoffman was on the drug shortly before he killed himself.

The Citizens Commission on Human Rights (a branch of Scientology) reports in their Dec. 1990 issue of FREEDOM magazine that their national anti-Prozac campaign is building. They have started a national network of support groups for Prozac survivors. Write: FREEDOM;

6331 Hollywood Blvd. #1200; Los Angeles, CA 90028-9827. Or phone: 1-800-FOR TRUTH.

Federal Brainstorm

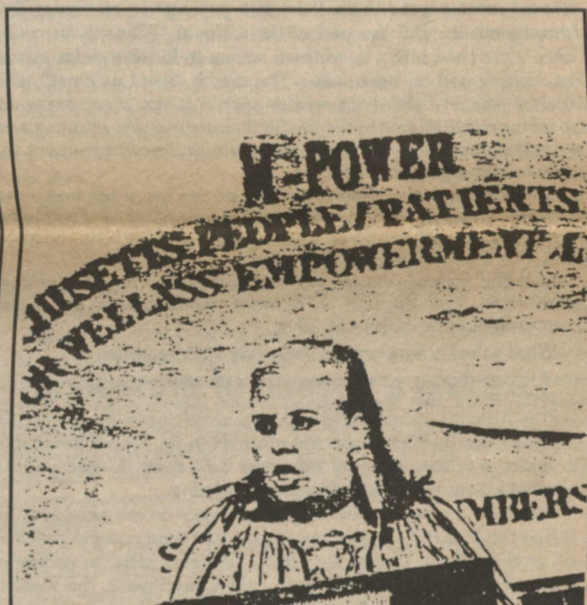
The enormous U.S. National Institute of Mental Health has a small division called "Community Support Program" (you can guess from its name why CSP is a small part of NIMH!). CSP's director, Jackie Parrish sponsored a brainstorm of 15 national psychiatric survivor leaders, on Sept. 14 & 15.

People discussed why it was psychiatric survivors got locked up. Some examples: Wearing too many coats! Having enough insurance. Lying on a couch for 4 to 5 hours. Sitting on the porch eating cold food.

People don't believe committed folks. Attorney Jeannie Matulis recounted being considered too articulate to represent psychiatric inmates: she could never have been "that sick." Jeannie said, "If I was drooling like I was then, you wouldn't listen to me, either."

During the discussion of alternatives, Jeannie said authorities seemingly isolate people from each other because they're afraid of mass "schizophrenia" breaking out, but the fact is that love, acceptance and friendship are alternatives to involuntary treatment. People discussed existing alternatives, including retreats, drop-in centers, advocacy. A wide menu of options was brainstormed: acupuncture, martial arts, Tai Chi, Soteria House Elizabeth Stone House (noncoercive residential programs), praying & other religious experiences, social change, speakouts, exchange listening and scream rooms (as described by Judi Chamberlin in On Our Own).

John Basham said that, "When I have lots of energy, it's not impulsive. It's spontaneity and makes my life rich & wonderful. If my energy level gets too high I go dancing. All those things I looked for, the psychiatric system — friends, love, etc. — I am the source of getting."



Lee Moran of M*POWER speaks out at their public forum against Mass. psych. institutions tying down people and locking them in solitary confinement. [Photo: The Sun.]

Mass. Survivors say: "Abolish Restraint & Seclusion!"

M*POWER, a state-wide human rights group of psychiatric survivors in Massachusetts, sponsored a forum at the Solomon Mental Health Center in Lowell that was attended by officials from the state Dept. of Mental Health. M*POWER issued a long list of demands, starting with immediately-winnable requests, and concluding "Take away restraint and seclusion and tear down the walls of the hospitals!"

The Lowell Local News gave prominent coverage to the Nov. 1 action, saying the survivors "one after another, stepped forward and gave accounts of being physically restrained or kept in seclusion for hours, days, weeks and months. One woman said she has been kept in seclusion or a year and put into restraints daily. Another, who said her longest period tied down was one week, described her experience: 'It was hell. People going by laughing. People laughing at me and stuff. One time I wanted to commit suicide... I wish someone would have tried to talk to me before tying me up. No one tried this.'" Survivor after survivor "came forward with their personal accounts of being 'tied up,' which they said involved being stripped naked and bound wrist and ankle with leather straps in a spread eagle position. Some said their heads and throats had also been tied down.

"A common theme was the personal sense of degradation and loneliness that resulted from being restrained or from seeing it happen to others. 'I have seen elderly people stripped of their clothes, tied to a chair with only a sheet to cover them, and left to sit in their own excrement,'" survivor Lisa Morneau said.

DMH General Counsel Richard Ames said, "It was a very powerful expression of opinion in opposition to restraint and seclusion." It was sponsored by The Massachusetts People/Patients Organized for Wellness Empowerment and Rights, which places an emphasis on developing community organizing skills, and has an excellent guidebook on that subject. For info write: Lowell M*POWER; c/o N.I.L.P.; 130 Parker Street; Lawrence, MA 01843.

A call for grassroots events to break silence on SHOCK Sunday, July 14, 1991

Sunday, July 14, 1991 is proposed as a day for simultaneous actions throughout the U.S. and internationally. The special focus this year: *Break the silence about electroshock!* A wide diversity of grassroots actions are encouraged. One theme in common: Each area is asked to set aside some time to remember people hurt and damaged by shock.

The Alliance of Syracuse, NY, for 11 years, has promoted July 14th as a national day of action for human rights of people with psychiatric labels.

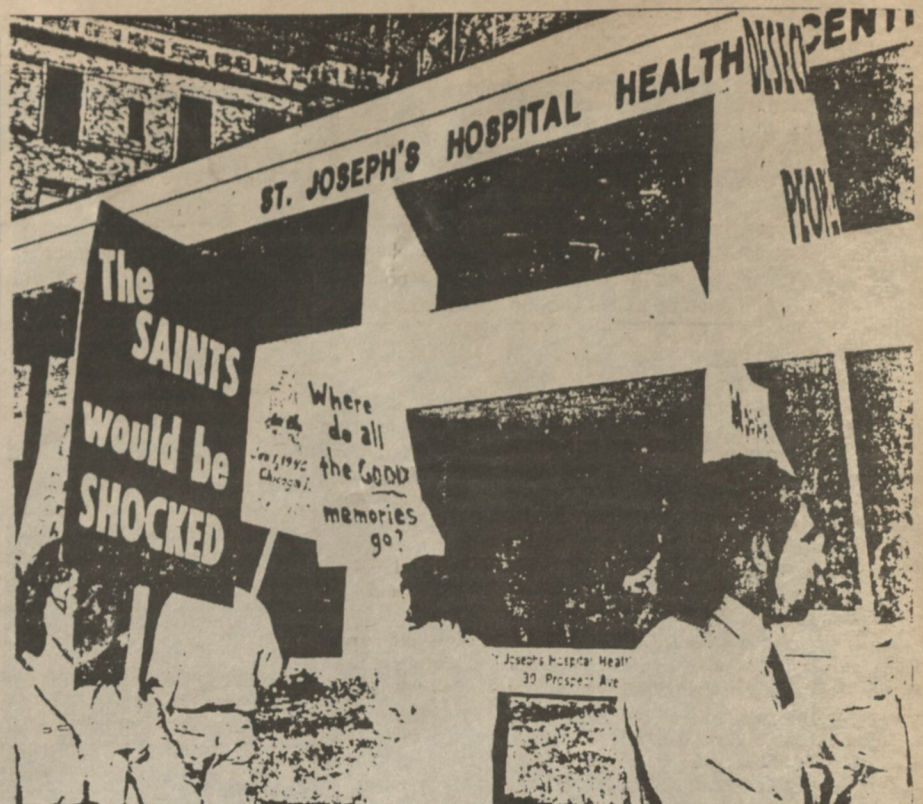
This year, joining with The Alliance is a national coalition of groups — called The Support-In. As many local grassroots actions as possible are encouraged. Actions can be small and large — by groups, or even by just one individual.

Express your interest!

If you are interested in participating in any way, as soon as you can, contact The Support-In.

You'll be sent a free Bastille Day Action Packet including an update on what other groups & individuals are planning. A national news release and sample posters will be sent to help local actions.

Other groups finding out about your interest in taking action will raise their spirits. Holding simultaneous actions gives each local group more credibility, builds excitement and helps everyone reach more people. And if you don't have a local group, you can still take action as an individual. In fact, this can be a great way to start an action group!



Express your interest in Breaking the Silence July 14, 1991 Join in Bastille Day — Support-In Sunday 1991

Phone The Alliance toll free at 1-800-724-7881.

Or write: The Support-In, PO Box 11284, Eugene, OR 97440.
Begin now to plan creative group and/or individual actions!

10 years: A brief history of Bastille Day

Since 1980 an advocacy group based in Syracuse, New York — The Alliance — has sponsored a protest on Bastille Day, July 14.

Last year's historic July 14, 1990 protest was the biggest of these annual events yet. More than 600 psychiatric survivors from throughout the U.S. (as part of the national "Alternatives conference") marched into a downtown square in Pittsburgh for speeches, singing and an open mike. The march "went national" when the Associated Press wire service picked it up. Many signs and speakers made it clear to the media that many demonstrators were specifically mad about coerced electroshock, forced treatment and other human rights atrocities.

A very inexpensive, fantastic video of this event has been edited by White Light Videos. This brief video is ideal for promoting your 1991 event. Write: White Light Videos; 7 Kilburn St.; Burlington, VT 05401. Phone: (802) 635-7547.

After the protest, activist and national leader Jay Mahler suggested that The Support-In sponsor simultaneous grassroots events nationwide on July 14, 1991.

What's the background on these July 14th protests?

Leading a decade of protesting:

The Alliance picked Bastille Day because this is the day in 1789 that the huge Bastille prison was stormed in the French Revolution in order to release political prisoners held there. Mental patients also held there were released at the same time.

Another reason Bastille Day was chosen is the similarity between the French ruling aristocracy of that time and the psychiatric establishment: One of the original Alliance calls for protesting read: "Experimental procedures, civil commitment, the insanity plea, forced and secret drugging, deadly electroshock, toxic chemicals, and institutionalized murder all retain the same trappings of divine right, total authority, indeterminate sentences, torture and brutality for which the evil Bastille fell."

Some of the highlights:

- In 1982 there were two protests, one at the Benjamin Rush Center in Syracuse and one at the Alvin Krakau Community Mental Health Center in Oswego. At the Rush Center about ten psychiatric survivors and supporters carried banners, chanted slogans and called shock torture. Dr. Dyer, Rush's medical director, said "I'm an advocate of ECT only because I know it works..." Shock survivors George Ebert of the Alliance said, "It devastated me. It left me afraid and wondering what I had done wrong to deserve it."

At the Krakau Center the picket was called "Day of Unity and Rage." One sign read, "Mental Patients need Friendliness, not Isolation." Some wore shirts saying "Psychiatry kills." Street theatre was held. In one skit a large hypodermic needle marked "thorazine" was used to "inject" an "agitated patient." The patient tried to resist and someone said "Bring on the shock machine. We need a doctor. Get Dr. Fraud." The patient said she wasn't agitated anymore but for "harassing a staff member" she was forcibly injected and covered with a sheet. "A rehabilitated patient!" said the "doctor."

• In 1985, the demonstration was held at St. Joseph's Hospital in Syracuse protesting its use of ECT. Statistics were quoted "showing a direct correlation between an individual's ability to pay for treatment and the use of ECT." Their news release also announced that Hutchings and Benjamin Rush centers no longer used ECT.

• In 1987 George Ebert wrote a letter to the editor of the NY Times Magazine protesting their article on "Shock Therapy's Return to Respectability." He wrote, "The brain is a fragile component of the human being. Memory is a precious part of the human psyche. The effects of the trauma of shock on emotions, imagination, creativity, and self-esteem have been ignored by those who profit from its use."

• The eight annual Bastille Day Protest in '88' ended in arrest for some of the protesters. As Mary Ann Ebert tells it, "Ten members and friends of The Alliance ... drove to St. Joseph's for the demonstration. We were met by several people from the news media. We carried our signs and were interviewed. At approximately 12:40 pm several of us approached one of the entrances to the hospital and attempted to enter to visit with patients. A security officer stood in the doorway and told us we could not enter. Meanwhile, other people were entering and exiting through this doorway. We were told if we did not leave hospital property we would be arrested. We refused to leave and the police were called. Six of us refused to leave, were arrested and charged with criminal trespass."

• At the '89' protest, again at St. Joseph's, people chanted, "What do we want? Stop shock When do we want it? Now!" and "Stop the shock. I want to know. Where did all my memories go?" The demo included mothers with babies, elder and young people. Signs read, "Of all the things I've lost, I miss my memory the most," "Forced treatment is torture," and "People before profits." Activist survivor Bonnie Knight said, "For me the issue is self-determination. To tell us that a psychiatrist is in the best position to make decisions about my life is like telling an American Indian that the U.S. Bureau of Indian Affairs will protect their treaty rights... For a long time we've been an invisible oppressed minority. Today we're saying that we're visible and we're fighting back." The protest was filmed and will be part of a documentary called "The Committed" by Mickey Weinberg and Beverly Jones. *

How to: Hold a Support-In

Whatever action you take on July 14th, The Support-In is urging all people to take at least a half-hour or an hour during the action, come together, and remember people killed and damaged by electroshock. If you have time, you can also share feelings about the threat of shock to everyone, and what better alternatives have helped you or loved ones.

There are a lot of ways to choose from to do a Support-In, and build it into an action (see action menu). You can also hold Support-Ins at other times & on other issues. The basic idea is the same:

In our society, with its intense discrimination and repression, speaking out takes a lot of courage, especially if you do this in public ... so support each other, let anyone cry who needs to, and speak the truths society does not seem to want to hear. This is like a mutual peer support group, which many of us are familiar with, but it has a big difference: It gives us the power to break the silence to as many people as possible.

If your group does a Support-In, you can start by calling people to form a circle, or if there is an audience and/or media, you could form a line. Feel free to hold hands or put arms around each other (but if someone doesn't want to, make sure they know that's okay). It's a good idea for the leaders of the event to begin by reminding people that this is a safe place to do what is so frightening in our society: Show our feelings, love each other & break the silence! Explain we are gathered to remember the thousands who have been killed & damaged since electroshock began in 1938.

If there are a lot of people, you can ask them to be fairly brief during their turn... they can always speak again when others have spoken once. To get things started, you could have prepared a few folks before hand to be ready to break the ice. You could go around the circle, or people can speak when they want. If someone unfairly takes advantage of this time, don't worry. You and others can bring it back to the theme, and encourage all people who haven't had a chance to speak yet.

If you'd like, you could also read a few paragraphs from testimony of shock survivors. You could include a moment of silence, and end with a song, such as "We Shall Overcome... Deep in our hearts, we do believe, we shall overcome some day." You can include a stanza, "We Shall Not be Shocked."

Try to have a volunteer record or photograph your Support-In as part of your day of action to break the silence! If you are doing your event alone, you can just write a letter about your feelings. Groups can send tape recordings, articles, photos, drawings and videotapes. One way to get good sound is to pass a small tape recorder around for each person to hold as they talk. Mail copies of this material to The Support-In.

In May 1990, the The Support-In sponsored successful simultaneous "Support-Ins" in about ten places in the U.S. and Canada. The design on the top of the page, representing a support group from above, is a symbol of having a Support-In.

Near the back of this issue of *Dendron*, you will find a directory of the current sponsoring groups of The Support-In, along with news about the coalition.

Strategy for a Sunday in July.

On a warm summer Sunday, lots of working people have the day off and head to a park, waterfront, community fair, etc. Therefore, you could be sure you reach the public even if the media ignore you. (But remember lots of places busy on a weekday are empty Sunday!) There's an excellent chance (but no guarantee) of good weather in mid-July so you could part of your event outside, perhaps building in a picnic potluck or outdoor booths.

Sunday TV crews are sometimes hungry for news on Sunday, but sometimes they're pared down. In case of a media snub, plan an event that involves the public directly — such as big signs & banners, leafleting, a forum, fair, tabling or public vigil. (If your group really needs a weekday event, you could do one Monday, July 15th.)

And don't worry... *Dendron* will cover you — so be sure to send The Support-In notes & photos on your event, along with any news clippings, poster, etc.

Media tips:

News release: It's very important to create a clear, neat, concise news release. It's easy. Type a big "NEWS RELEASE" on top, with the group name & address. On the left type the date. Under that: "For Immediate Release." Put contact names & phones on the right. Then type a headline. Write as if you are a journalist. Put the most important info first: who, what, why, where, when, how. Put quotes around opinions, and attribute to a group member who says it. At the end describe your group. If it's more than one page, type "— more —" on the bottom of the first page. At the end type this typesetting code in the middle: — 30 —

Send out copies so media receive them about a week ahead of time. (Faxing is best.) You say you don't have addresses & phone numbers for media? No prob. Most progressive groups can help you. But if not, grab your yellow pages and look up newspapers, radio and TV. Phone them for address & zip. While you're phoning, find out the radio stations with news rooms — only a few have them. These will sometimes do "ac-

tualities" where they record you on the phone before and/or just after your event.

Choose one or two media spokes beforehand. Role play answering questions concisely: media will use often only one or two "sound bites." Prepare for tough questions by bringing it back to your main theme. The spokes can introduce media to others at the event for personal stories & views.

Public Service Announcements: Type up a very brief summary of your event, with time, place, and a contact phone number. Mention if it's free and wheel chair accessible. (Ask your TV & radio stations what special format they use: Usually you just paste the PSA onto an index card and mail it to them as a postcard). Use community calendars in your local paper.

Try to get other publicity: Ask to appear on any talk shows. Approach community cable TV about using movement videos. Use letters to the editor, call-in shows, and alternative progressive publications.

And remember, the media is only one way to get your message out. You can create your own media, such as newsletters. And, in the end, directly reaching people is best.

City of San Francisco officially zaps shock back!

The San Francisco Board of Supervisors officially passed a non-binding resolution Feb. 11 that opposes the use & public funding of electroshock. Dendron correspondent and electroshock survivor Kristina Yates attended two of the hearings that led up to this important, bite-sized victory.

By Kristina Yates

We had the first of a series of official public hearings about electroshock in San Francisco's City Hall on Nov. 27. I can still see the faces of a number of people in the audience. The people I'm thinking of were clearly working class or poor and had probably heard about the hearing from the newspaper. Who was that young woman sitting near the front with her little tape recorder? She was in her mid thirties and looked a bit scared. What about the man in his fifties wearing the denim jacket and the woman he was with? He had that rough look of a working man. I could see the fear and anger on many of their faces.

These hearings were called by Supervisor Angela Alioto in response to a number of hospitals in San Francisco starting to use shock. The hearing was a chance for anyone who so wished to come forward and speak their thoughts.

For me it was very powerful. Although both proponents and opponents of shock were invited to attend, not a single non-professional came forward in favor of shock. There were many people, however, who came to testify about the damaging effects of shock to themselves, their families, or loved ones. A large amount of local & state media were interested. There was some national TV coverage.

San Francisco Breaks the Silence

The hearing started with the doctors. The pro-shock doctors spoke of new and improved methods and how shock is much safer today than in the past. People are now given a general anesthesia and a muscle "relaxant" (actually a paralyzer) before receiving shock. These doctors spoke of the improved mood of formerly depressed patients.

One doctor mentioned how people whose lives were previous-

ly paralyzed were now leading productive lives, playing golf, etc. The shock recipients he was referring to must have all been out on the golf course that day because not one of them was at the hearing to testify to the benefits of shock.

Dr. John Friedberg, a neurologist, testified that his studies show proof of brain damage from shock. The memory loss that all shock recipients experience is one of the effects of this brain damage.

According to medical statistics, shock is used most typically on elderly women who are extremely sad. Dr. Peter Breggin, author of *Electroshock: Its Brain Damaging Effects*, pointed out that these women are some of the most vulnerable people in society. They are victims of agism, sexism, poverty and loneliness. Many are widows in a state of profound grieving.

Dr. Breggin said that depression is not a disease, but a feeling of overwhelming hopelessness. What is needed is not shock, but love, attention, compassion, and support. It is much simpler and much more lucrative to administer shock than to spend the time and energy to listen compassionately and caringly to a person who is grieving. It was pointed out that a doctor administering shock can make in one day what it would take a psychotherapist a month to make. It is used as a quick fix that has no lasting effects.

There have been no controlled studies that show any long term improvement in depression as a result of shock. It does seem to offer temporary relief, however. But, as Dr. Breggin pointed out, there is often a temporary euphoria following any brain injury. Dr. Breggin said of shock treatment, "This is a barbaric treatment that should be rejected by the profession, and if the profession won't reject it, the community should."

All of the testimony following the doctors was by lay people opposed to shock. One powerful testimony came from a woman who is a dance teacher and who used to work on a psychiatric ward

that gave shock. She said that she had only heard about the hearings on the news the night before but felt compelled to come down and testify. She said that after she saw people before and after receiving shock she had to quit her job.

Wade Hudson related the story of a hospital in England that discovered the shock machine had been broken for the last two years, although they had still been using it. In spite of the fact that the machine had not been administering any electric current, patients had responded positively to the treatment. This is the placebo effect which causes people to improve because they believe that they are receiving a treatment that will cure them.

Terrible secrets

I was one of the last few speakers of that day. It takes a lot of confidence to walk up to a microphone and speak. I almost didn't sign up because of shyness. I was hospitalized in India and given electroshock. Supervisor Alioto asked me how long it took me to recover from the shock. I said that I am still recovering and that it will take a lifetime to heal. It is only after ten years of healing myself from the results of the "treatment" I received at the hands of the psychiatrists and hospitals that I have the confidence to speak out about my experience.

Generally those of us who've been hospitalized become ashamed, submissive, and quiet about what happened to us. We keep our "terrible secrets" to ourselves and suffer in silence always feeling different from other. The isolation is tremendous.

During the second hearings on shock there were a number of people in the room waiting for other hearings that same day. One older woman, in tears, went to the microphone and said that she didn't even come for these hearings, but that she wanted to say that she was still suffering the effects of the shock that were given to her mother when the woman was a little girl.

Attending these hearings was a very moving for me. I had a fantasy that I would stop the people who were dribbling out and tell them that catered food would be arriving soon and that we would stay together for a while longer. After the official hearings we would gather together and continue to share our stories. We would stay hours sharing, connecting, crying and healing by breaking the isolation that we live in. We would talk about how we're more than victims. We're powerful survivors. And we have important things to say!

It would be a celebration of our survival.

Letters of thanks and support for the hearing can be sent to Supervisor Angela Alioto; Room 235; City Hall; San Francisco, CA 94102. *

How to: Take action to Break the Silence!

These tips can apply to any campaigns, at any time. This mini-guide was written for July 14, 1991 actions, but feel free to use it for other actions.

It helps to get a basic plan down first by building around just one or two main actions — you can embellish later if there is time and energy. Build in some fun!

Action Menu

Here's a menu of just a few action-options from which you can choose. You can think of others, of course: send them to Dendron! Use your secret ingredient that society too often tries to repress... imagination!

The number of people listed is just a rough guide, to show that only a few folks can ACT!

One person... Can leaflet, staff a table in a public area, and/or poster. To include a "Support-In" you could light a candle at home, meditate, pray and/or fast to remember people who have been hurt or killed by shock.

Five people... Can do any of the above. And/or, you could hold a vigil, a living room video showing, a talk show appearance. To include a "Support-In" you could form a one-time support group to remember people who have been hurt or killed by shock, and talk about your feelings about shock and alternatives to it.

Twenty people... Can do any of the above. And/or, you could hold a protest, a public potluck picnic, a public forum, a news conference. To include a "Support-In" you could come together in a circle or a line facing the public and/or media, and hold a speak out remembering people who have been hurt or killed by shock.

Fifty or more people... Can do any of the above. And/or, you could hold a rally, a festival of alternatives with music & food & booths, a march. To include a "Support-In" you could stand together, in a line or circles, and have an amplified "speak-out" in public, covered by the media, to remember people hurt and damaged by shock.

Planning tips

Plan your event to be as focused, visible, and dramatic as possible. Involve people democratically in working on the event, and they will "own" it and build enthusiasm. Think big, but even one person can reach hundreds anywhere, & in smaller cities even a group of 20 can pull off a well-publicized event.

"Cut" your issue to build your organization: Good actions have "winnable" bite-sized goals that build your organization's membership, credibility, experience, etc. To a small group, for example, even reaching a few hundred of the public about, say, the existence of forced shock in the U.S. is a respectable initial "win" to celebrate.

At the end of the action you can have dozens of more members and interested people's names, addresses & phone on your index cards for your next action. They'll be more likely to join in a future action because they'll remember, "You're the group that successfully 'broke the silence'! Wow, it isn't hopeless!" That's how your group builds for the next, bigger action!

Plan strategy & tactics: There are hundreds of approaches, so pick the one with the shock doctors' weakest link (such as forced shock) and our biggest strengths (such as personal experience). Each action isn't independent; map a whole campaign. A good strategy game to play is "What if..." Suppose you cut the issue to ask your county to finance good alternatives to shock. You ask, "What if... after we all go home a psychiatrist tells the media, 'Actually we at St. Wallet Hospital try all the options, including medications and group therapy.'" Then... you will be ready first — at the event itself — so people focus on envisioning other alternatives that help them & others. Try: "What if... it rains?"

Keeping your event safe and legal:

Many people attending will want the event clearly legal... they may have been locked up before! A first question people ask about vigils & protests is, "But don't we need police permission?" Actually, if you are on a public right-a-way such as a city sidewalk, and not breaking any law such as disrupting or blocking, then the First Amendment absolutely protects you and you do not even need to talk to police ahead of time. But, it's a good practice to talk to police well ahead of time, and obtain any reasonable permit: Showing a copy of a permit at the event makes jittery participants and police feel a lot better. Find out about amplified sound restrictions in that area (sometimes a bullhorn is okay, but a P.A. system is not). If the police lie about your rights, contact an attorney, The Support-In, and your local ACLU office.

Keep part of any walkway open for pedestrians. If there are lots of protesters you can do this by a moving circular picket. If you expect even a few dozen, try to have a few prepared Peacekeepers with armbands. Note: Their job is not to police the crowd, but to help the group own its event. If one or two folks try to dominate, disrupt, "steal the show," or threaten violence, Peacekeepers can quietly talk with the person while your group activities continue. (If anyone plans Civil Disobedience during the protest, notify all participants beforehand, and keep the C.D. event strictly separate from any legal event. Ask The Support-In for special information for doing a well-planned nonviolent civil disobedience action, which have been done several times in our movement's history and are powerful.)

Signs & sound systems

A tip for cheap, great posters: Get a large roll of blank newsprint, wrap a sheet around a big piece of recycled cardboard, secure the back with masking tape. Use cheap poster paints (note: not waterproof) and foam brushes. To get fancy, buy big stencils. For clear signs, pencil in top & bottom lines to keep words straight. Lightly trace in block letters first. Keep in mind that posters need to be seen from across the street. Used bed sheets made great banners, but prop them up wrinkle-free. Bullhorns or sound systems can usually be rented cheap from a big rental company (check yellow pages), or borrowed from another progressive group or musical band.

Tabling:

Tabling can be part of any action, or can be its own action. Be sure to get an order of buttons from The Alliance. Get stickers, t-shirts and Dendrons from The Support-In office in Eugene. Photocopy good media articles. Have a short "hook" for passer-bys, such as "Have you seen this information about human rights and electroshock?" Have a donation can — but if you want donations you actually need to ask, such as, "People are giving between one and five dollars to help our non-profit work. Can you help?" If your material is compact, a used ironing board draped with a sheet works. Have a sign-up sheet, and use it later!

Creativity

Some of the best events are creative, including song & chant sheets, props for guerilla theatre, art work (such as colorful banners and sculpture). A symbolic focus, such as burning hand made signs with your psychiatric "labels," can work. Everything doesn't have to be "proper." If you're ready, build in dance, rituals, costumes, musicians, etc. Giving away good prepared food to the homeless is revolutionary.

Timeline

With about three months to plan, you don't want something super-elaborate. The following is for a medium-sized event. Not everything on it needs to be done. Many groups have pulled off a barebones event in a week. But it's crucial that the more you do early, the greater your fun and effectiveness. **This can be adapted for any event at other times.**

Immediately - Reach out to key, interested people in your area to brainstorm possible events. Even one or two others can start! Phone The Alliance or write The Support-In that you hope to do an event. [See box on previous page.] Research activities, visit possible sites.

April 15 - Gain your group's commitment to sponsor an event on Bastille Day for a "Support-In Sunday." Form and meet with the core of your Bastille Day Committee. Make sure reliable people take on leadership of important jobs. Ask for group funds, and pass the hat for start-up money. Announce plans for event in your group newsletter.

May 15 — Nail down details of the what, where, when, how, who. A leaflet will help you attract help, including donations of money and time. Ask other local progressive groups for endorsements — this is a great way to build bridges with disabled, elder, human rights, Green and other groups. Bear in mind many have boards that only meet periodically, so act now. Approach any musical talent early — they get booked up quickly. Keep track of loose ends, because even well-intentioned volunteers sometimes need help.

June 1 - Any local monthly papers should be given calendar items and articles to use in their July issue. Ask radio stations or TV talk shows to schedule interviews. A cheap handbill can be made by reducing two or more posters (if they have large print) onto one page & cut. Visit places like drop-in and community centers to build interest. Mail PSA's to local media. Your committee should ask all people they know — by phone and visit — for a commitment to attend (and donations to help pay costs). Personal, direct contact is the best way to get attendance at medium-sized events. Sign them up for small jobs at the event to make sure they are involved.

July 1 — Put up posters around town in good spots. Go back in a few days to "refresh" the ones taken down or covered up at good locations. Mail your news releases. The media should get them about a week ahead of time. Ask any good news media for pre-event interviews.

July 7 - Gather materials, including magic markers & tape. Have everyone take different jobs (so that one person isn't holding the bull horn & leaflets & sign-up sheet!) Important: Divide up phone numbers of potential participants to make last minute reminder calls! (Contact callers in a couple of days to help them finish.) Role-play key parts of the event, especially answering media questions. Hold a poster-making party to make signs, write chants, pick songs and rehearse any guerilla theatre is fun!

July 12 to morning of 14 - Important: Make last minute reminder calls to the media! With TV news, ask to speak to their Assignment Editors. Ask media if they received the news release. Whether or not they did, quickly sum up the main news event to them, including time and place. Ask if they have any questions.

July 14 — Bastille Day — Support-In Sunday. Show up very early at your site — it seems there's always something to do! Be sure organizers greet people and get the names, addresses & phone of any new folks on the sign-up sheet. Phone in results of event to any key media that didn't make it, and to The Support-In.

July 15 - Monday - Optional: For groups that require a week-day action, go for it today!

July 16 — Mail copies of clippings, tapes, etc. of your event to The Support-In.

Then: Celebrate! And involve all the people your group activated in planning your next action!

[More tips: "The Busy Person's Guide to Social Action," by UUSC, \$5 plus \$1 postage from: UUSC, 78 Beacon St.; Boston, MA 02108.] *

electroshock in brief...

Psychiatrists call it "*electroconvulsive therapy*" [ECT] or "*electrostimulus therapy*" [EST]. But it isn't therapy.

Call it what it is: **Electroshock.**

What happens?

The subject is often coerced, and is seldom informed of shock's true hazards or offered a full range of alternatives. The subject lies on a thickly padded table and is given anesthesia and a muscle paralyzer. Two electrodes are affixed to the head. The psychiatrist pushes a button. Approximately 100 to 150 volts of electricity course through the brain for between one-half to two seconds. This produces a mal convulsion lasting between 30 and 60 seconds (which occasionally causes heart problems and even death).

The results?

Once the first effects wear off in a few hours, states shock survivor & researcher Leonard Roy Frank, "amnesia, apathy ('emotional blunting'), learning difficulties, and loss of creativity, drive and energy may last for weeks and months. In many instances they are in some measure permanent." [From his article in 1990 *Journal of Mind & Behavior*.]

Then why shock?

The Committee for Truth in Psychiatry, a network of more than 200 shock survivors, puts its this way: "Brain damage, while it is still 'fresh,' makes people feel well. Neurologists know this, but the public is not generally aware of it."

Leonard explains: "As happens in cases of serious head injury, ECT produces amnesia, denial, euphoria, apathy, wide and unpredictable mood

swings, helplessness and submissiveness... Amnesia victims, having forgotten their problems, tend to complain less. Denial services a similar purpose: because of their embarrassment, ECT subjects tend to discount or deny unresolved personal problems as well as ECT-caused intellectual deficits. With euphoria, the subject's depression seems to lift. With apathy, the subject's 'agitation' (if that had been perceived as part of the original problem) seems to diminish. Dependency and submissiveness tend to make what may have been a resistive, hostile subject more cooperative and friendly."

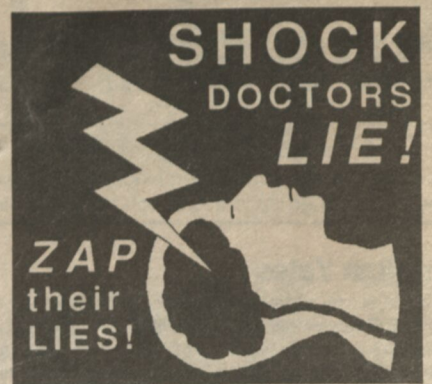
And after any brain-damage "high" wears off the person is left with worse troubles.

Why has shock use surged recently?

One key reason, says Leonard: "In the case of depression, an ECT series ranges from six to 12 seizures — in those of schizophrenia, from 15 to 35 seizures — given three times a week, and usually entails four weeks of hospitalization..."

"The overall cost for a series of electroshock in a private hospital ranges from \$10,000 to \$25,000. With room rates averaging \$500 to \$600 a day, and bed occupancy generally falling, some hospitals have obtained considerable financial advantage from their use of ECT. A regular ECT User can expect yearly earnings of at least \$200,000, about twice the median income of other psychiatrists. Shock is a \$2-3 billion-a-year industry."

And, in authoritarian times, social, mental & emotional oppression rises. That's one reason: Why forced shock, without any consenting signature from the subject, is on an upswing ... Why shock doctors lie ... Why countless empowering, healthy alternatives that help the whole person are ignored.



Call: 1-800-724-7881. Write: The Support-In. Box 11284-S. Eugene, OR 97440. [Printed 3/91]

from example of stroke survivors...

Professional knows what brain damage does

Activist Marilyn Rice cites this quote by Joseph Wepman, a psychologist working with *stroke patients*, from his book: "*Recovery from Aphasia*":

"Most brain-injured patients are euphoric. This sense of well-being, of lack of concern or anxiety about self or about anything else, may seem quite out of keeping with the severity of the patient's problem. He will appear cheerful and largely unconcerned about a condition that the nurse and the doctor recognize as being devastating and debilitating."

"This euphoria may be very disconcerting unless properly evaluated as a typical sign of brain injury. It is not an indication of a loss of intelligence or of an inability to encompass the severity of a problem, but is a very satisfactory and valuable condition. Without euphoria during the early stages of recovery, most patients would be depressed and anxious to the degree that nothing could be done for them. Anxiety and concern begin soon enough, and when it does the patients are frequently so upset & so depressed that only extremely competent handling can produce motivation sufficient to pierce their armor of withdrawal"

shock resources

electroshock written material available

- Shock Photocopy Packet: Send \$2. or more for copying & mailing costs, and get copies of as many of the best media articles on electroshock as we can squeeze in. From Dendron News, PO Box 11284, Eugene, OR 97440.

- A newsletter from this network of 250 or so electroshock survivors monitors federal inaction on electroshock. They also have information on news clippings and available public speakers. Committee for Truth in Psychiatry; Marilyn Rice; 2106 South Fifth Street; Arlington, VA 22204. Phone: (703) 979-5398.

- The History of Shock Treatment is a classic book of original source material on both sides of the electroshock controversy. Write the editor: Leonard Roy Frank; 2300 Webster St., #603; San Francisco, CA 94115. Phone: (415) 922-3029.

- Electroshock: Its Brain-Disabling Effects (1979): For information on ordering this excellent medical analysis of shock, contact the author, Peter R. Breggin; 4628 Chestnut Street; Bethesda, MD 20814; phone: (202) 652-5580.

- Electric Shock, edited by Dr. Robert F. Morgan. This 52-page pamphlet features articles by or about four prominent shock critics. The editor weaves them together to represent the history of dissident medical professional resistance to shock in the 1960's, '70's, and '80's. Inquire about availability & price from: Michigan State University Bookstore; East Lansing, MI 48824.

[Note: For serious activist groups and researchers, the above folks are often available for advice and referrals to good information sources.]

Buttons

A wide variety of buttons, including many on shock are available: Electroshock is a crime against humanity, Psychiatry kills, Stop shock, Why be normal, Avoid Freud, Label jars not people, Psychiatry is social control. \$1 each, 6 for \$5. The Alliance; 826 Euclid Ave.; Syracuse, NY 13210-2541. Phone: (315) 472-5232.

Washington, D.C.-area shock lobbying

"Only numbers will get us a hearing on ECT before Congress. I believe we should concentrate on each problem TOGETHER in order to have

success," writes active CTIP member Marjorie Faeder. "Tom Biley, the Rep. from Virginia, was very receptive to me when I visited him. Since he is a member of the Waxman/Dingell committee for reclassification of devices, he then told Waxman. As for Sen. Ted. Kennedy — he completely ignored my many requests for a hearing when shock was to come before his committee. I believe we have to behave with dignity and go about dealing with the media, FDA and Congress respectfully, and with all of our facts and evidence in hand. This means that we need hundreds or thousands of testimonies that shock is not safe in order to prove there is a cover-up."

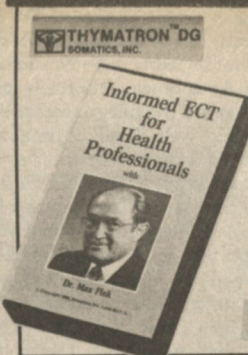
Write: Marjorie E. Faeder; 10207 Salem Oaks Pl.; Richmond, VA 10207. Phone: (804) 751-9285.

Shock Hit on New York TV

Anti-shock activist Bill Ciliadakis has a regular cable program in a huge market: New York City. He writes Dendron: "My program, Psychiatry's Dark Side, shown every Friday afternoon, now covers all of Manhattan. This puts the potential viewing audience at about 2 million. Assuming even a 4% viewing public, this still represents an audience of perhaps 80,000 individuals. There is a unique opportunity with our public access audience that your readers should be aware of. We can play anti-psychiatric tapes, preferably 3/4 inch tapes (semi-commercial), on this space. For further information readers should contact me. Our tapes have been receiving even wider coverage than indicated above thanks to The Alliance in Syracuse playing them upstate New York and White Light Communications showing them in Vermont. Of course, this opens up a national network of public cable accessing"

Shock videos: Here's a capsule description of a set of videos Bill has made blasting shock: "Electroshock Video Documentary" by William C. Ciliadakis: A four-section (27 min. each), 2-hour shock documentary. Eight individuals and family members who have received shock are interviewed, all critical of shock. Between interviews extensive data is presented that has been omitted by mainstream psychiatry. Weaknesses of shock-informed consent statements are cited. Considerable emphasis is placed on the controversy surrounding testing for brain damage, particularly the reluctance of psychiatry to conduct scientifically-valid studies using CAT scans and MRI (Magnetic Resonance Imaging) before and after shock. Price for non-professionals: \$25.

"ALL YOUR ECT NEEDS MET"



Write: Bill Ciliadakis; 175 West 93rd St.; New York, NY 10025. Phone: (212) 663-1527. (Bill adds, "We cannot accept collect calls; our return calls to readers may only be collect.")

Possible shock protest signs & slogans

Electroshock is head injury. • Revolt against the jolt! • Fry rice not brains. • Shrink weapons not brains. • Electroshock kills! • Shock is social control! • Shock is elder abuse! • Shock: A gentleman's way to beat up a woman. • Who profits from Shock? • No more Cuckoo's Nest! • Stop the cover-up: Shock is brain damage! • Hands off our brains! • Primum non nocere: First do no harm — Hippocratic Oath. • "Not another, it's deadly!" — quote from first human to be shocked, Italy, 1938 • Physician, shock thyself! • Don't bomb our brains! • Pull the plug on ECT! • Go against the current! • Where do the good memories go? • The saints would be shocked! • Shock doctors lie — our brains fry! • Hey, hey, APA — How many brains did you fry today? • Shock hurts brains — there are better ways to help! • Forced shock is torture!

[Some of these were seen at Alliance, Clearinghouse and Support-In shock protests — also see the 6 shock slogans on stickers in this issue.]

Shock makers: Manufacturers:

Any interest in simultaneous protests? Here are three shock manufacturers. One demand: None give out accurate info about the likelihood of memory loss after using their devices.

- Near Portland, Oregon: Mecta Corp.; 7015 S.W. McEwan Rd.; Lake Oswego, OR 97035. Phone: (503) 624-8778. Fax: (503) 624-8729.

- In New York City: Elcot Sales, Inc.; 14 East 60th St.; NY, NY 10022. Phone: (212) 688-0900. Fax: (212) 755-3124.

- Near New York City: Medcraft Corp.; 433 Boston Post Road; Darien, CT 06820. This sales office is 45 minutes from New York City, about one block off of I-95.

A single master stimulus dial is simply set to the patient's age and the Thymatron™ DG is ready to treat.



MOUTHGUARD ECT ELECTRODE HANDLES.

Toll free 1-800-638-2896. Or (203) 655-2020. Medcraft still sells some so-called "obsolete" sine-wave-only machines, though they say their B-25, which came out in 1987, does do brief pulse, and is battery operated to boot.

- Near Chicago: Somatics; 910 Sherwood Drive; Lake Bluff, IL 60044. Toll free: 1-800-642-6761. Illinois: (312) 234-6761. Fax: (312) 234-6761. Canada toll free: (800) 343-3153.

By the way, Somatics proudly advertises that it's easy to use their machine because it has a "single master stimulus dial." Their actual motto for the dial is: "Just set to your patient's age and treat." Somatics distributes the Max Fink video, "Informed ECT for Patients and Families," for \$350. Their patient information pamphlet, "What you need to know about ECT" is distributed free to "hospitals and health professionals."

Note: These companies generally screen their calls, request hospital affiliation, and talk only to people who say they are medical personnel. Machines run from about \$5,000 to \$10,000.

Shock directory:

A Kentucky activist is beginning a national computerized directory of shock doctors. Please research the names of shock doctors (including their institutional and office addresses, if possible) and mail to: Rodney W. Smithy; 2233 South Preston, Apt. 302. Louisville, KY 40217. Phone: (502) 637-8385. Here's the list so far.

John W. Barteaux. Institution: St. Vincent Health Center; 232 West 25th St.; Erie, PA. C.A. Crabtree. Institution: Ten Broeck; 8521 LaGrange Rd.; Louisville, KY 40245. George Kjaer. Institution: Sacred Heart General Hospital; 1255 Hilyard; Eugene, OR 97403. Office: 132 E. Broadway, Suite 301; Eugene, OR 97401. Orce-na Knepper. 1832 Versailles Rd.; Lexington, KY. Patrick D. Martin [see Crabtree]. Louisville, KY. Aubrey S. Miree III. Office: 2660 Tenth Ave. South; Birmingham, AL. Mallory F. Miree. Hospital: Brookwood Hosp; Birmingham, AL. Office: 2022 Brookwood Medical Center Dr.; Birmingham, AL. Stewart Shevitz. Institution: [see Kjaer]. Eugene, OR. Jack Wentworth. Institution: Providence Hospital; 1700 Providence Dr.; Waco, TX 76702. Office: Neuropsychiatric Clinic; 5015 Lakewood Drive; Waco, TX 76710.

shock news updates

SHOCK IN ENGLAND

by Sue Kemsley

British shock survivor

Last year in England about 17,000 courses of shock treatment were given in National Health Service facilities (compared to about 25,000 in 1979). More than two thirds of those given shock are women, many of them elderly, and about half have had shock before.

Under current legislation (1983 MH Act) patients who do not consent to treatment can still be given shock if the psychiatrist deems it an emergency, or if he/she gets a second opinion. A recent survey at one hospital showed that about a quarter of the shock recipients were given it without their consent.

And, for many of the others, consent was hardly "informed." According to studies, less than half realized that "an electric current passed through the brain." Only a few knew that a seizure was invoked. And many thought that they would have only one session of shock and that it would prevent future attacks of depression.

Guidelines on shock from the Royal College of Psychiatrists (our equivalent to the APA) advise psychiatrists to tell their patients only that "electricity is used." So it is hardly surprising that patients have little idea about what is being done to them. Consultant psychiatrist Morris Fraser, in A Clinical Guide, tells his colleagues how to deal with inquisitive patients who ask if this "electrical treatment" is, in fact, shock treatment: "the patient should be told that no one receives shock any more."

The Royal College guidelines recommend shock as a "treatment for depression, as a reasonable alternative to lithium during mania, as having a place in treatment of schizophrenia, as particularly effective for post-natal depression, and worth considering in obsessive-compulsive disorders, anorexia nervosa, Parkinsons disease, and certain delirious states.

The official line on memory loss in this country is exemplified



by the Oxford Textbook of Psychiatry with a paragraph that begins: "Many patients fear that there will be lasting memory change, and some complain of it after ECT," and concludes: "ECT is not followed by permanent memory disorder, except perhaps in a small minority, and that even in this group, it is still uncertain whether the impairment is due to the effects of ECT or to a continuation of the original depressive disorder." The Royal College guidelines suggest that patients be told that there may be "memory impairment that will fade with time."

Morris Fraser is, again, more emphatic: "A patient who asks whether ECT will affect his memory should be told that... his memory may be impaired during the hours following treatment or, at worst, for a day or two, but it is extremely uncommon for memory loss to persist for longer than this."

Over the past decade there has been virtually nothing on ECT on the media.

Write: Sue Kemsley; 61 Atkins Close; Cambridge CB4 2NW; England

National protest of coerced electroshock

... will be held at a Berkeley shock shop in early August during the huge Alternatives '91 conference. The question: Will the Alternatives national planning committee officially approve it? A protest subcommittee met, but one member, Janet Martin from Oregon Consumers Network Inc., opposed the protest issue, saying it should not be "anti" anything. Other subcommittee members pointed out the protest would be for the three pro-choice electroshock demands passed in Alternatives '89 by acclamation. Janet's preference: An "anti-stigma" protest instead. [Note: Recently, OCN's Board has twice unanimously voted for a campaign for human rights in shock in Oregon.] At press time it appeared the national planning committee would approve the shock protest. The Support-In plans a protest at this institution in any case: The same institution Berkeley voters shut down for rights violations.

SCORE zaps shock doctors' plan in Colorado

Project SCORE, a state-wide consumer group in Colorado, scored a big win, reports leader Pat Risser: In late February they were part of a large, diverse coalition that stopped a state bill from loosening electroshock restrictions. If the bill had passed, a three-doctor panel inside any psych. institution could have bypassed informed consent and ordered shock for anyone, even forcibly. (As it is now, some individuals still can get forced shock in Colorado by a judge's approval.) SCORE helped pack the hearing room with 100 citizens against the bill. Even the Alliance for the Mentally Ill and the Colorado Psychiatric Assn. helped fry this loser. SCORE may now push for a total ban of all "invasive" procedures, such as forced shock and forced drugs. Contact: Pat Risser; 2934 South Grape Way; Denver, CO 80222. Phone: (303) 757-4416 or 691-3721.

Shock protest held

In New York City, on Dec. 6, a demonstration by about 20 people led by Linda Andre was held outside the New York State Psychiatric Institute. They were protesting against the NY State Office of Mental Health's refusal to include research by survivors at their Third Annual Research Conference. The event was covered by New York TV.

In other Andre-news, for four years the lawsuit about her memory-damaging shock has been pending. The case targets Drs. Julie Hatterer & Thomas Kramer for shock given to her at NY Hosp. in NYC on a Mecta machine (Mecta is asking the judge to pull them from the list of defendants). Linda, an activist in the shock-survivors Committee for Truth in Psychiatry, told Dendron her trial may happen soon. She's beating the bushes for good amicus briefs, and much-needed donations. Phone: (212) 473-4786.

The art of petitioning!!!

On the next page of Dendron, you'll find one of the easiest tools to activate hundreds of likely supporters to take a first step. Countless movements have used this tool. You break the silence the best way: directly, face-to-face.

Plus, you locate potential volunteers, hone your outreach skills, and add to the lobbying clout of the national shock campaign! Once you get the hang of it, it's a kick.

We're not talking about posting the thing and forgetting it. We're talking about taking it to the streets! You can petition at drop-in centers, agencies, conferences, sidewalks near busy stores, and even doorsteps in your neighborhood.

1) Make good photocopies of the petition on the next page of Dendron, or make your own. 2) Get a used clipboard, or make one from something very sturdy, plus big rubber bands. Take some extra printed material. (You can get bundles of Dendrons and fundraise too.) 3) Now, go for it!

Start with a gauge question, such as "Would you like to take a look at our petition on human rights and electroshock?" Smile. Make eye contact.

Key outreach tip: You'll meet lots of positive folks. If anyone is at all negative (almost always this is a very, very mild "I'm-too-busy-now"), that's okay, that's how they're feeling. Stay enthused, just quickly "de-select" them by politely saying "thanks for your time" as you walk away. For the tiny, tiny few who are very negative, you can give them a leaflet to read later (or ask them for the time), and leave.

Recall your goal: Activating & informing tons of supportive and/or undecided people. With these folks, show them the clipboard. Explain one or two main points in a very focused way, such as that forced electroshock is being done today and is increasing, and there are alternatives. Answer any questions, but don't get bogged down. (They don't have to be citizens or voters for this petition, though having voter registration info handy is a great service.)

As they sign, you can add another point or two, for instance something great about your group. Be sure to ask each supportive person, "Would you be interested in receiving membership information later or attending any of our group's events?" If they are, check that box on the petition. If they're very interested and you have membership material, sign them up on the spot for your group. For really hot contacts, take good notes about ways they can help, and phone them back soon.

Keep petitioning, and go for a goal of a certain number of signatures, or length of time that you set yourself.

When you're done congratulate yourself! You've built skills, clout, contacts... and broken the silence! You cannot be stopped. It is one healthy high.

As soon as possible, make a copy of signed petitions and send the original to The Support-In (we'll mail it to Congress with hundreds of other petitions). Keep materials in a safe place. With your copy, be sure to get back to interested people: Only a certain percentage will come through, but those are well worth it.

Want to really "rock & roll"? 1) Do this regularly. 2) Inspire and recruit a solid core of petitioners, dividing up "hot" locations. You'll literally reach tens of thousands of people who never knew about our movement before!

Finally: In other movements, signed petitions often end up in the bottom of people's drawers. So please remember to send them back in soon, even if partially signed! *

April NYC Shock Protest

A conference promoting electroshock in New York City on April 20 to 21, 1991 will see protests, vows the Coalition for REJECT. A memo from George Ebert & Susan Rogers states, "It is clear that the conference has serious problems. For instance, one of the four 'expert faculty' members listed is Max Fink of SUNY, Stony Brook, who refused to allow shock survivors to be heard at a similar conference he organized in Philadelphia at Friends Hospital in October 1988."

The Program Objectives state, "Learn about using ECT not only in patients with affective disorders [e.g., depression], but also for catatonia, schizophrenia, the high-risk medically ill and in patients with 'pseudo-dementia.'" They promise attendees will "Understand ECT for high-risk patients (pregnant, adolescents, children and the elderly) and highly treatment-resistant patients."

Max Fink is also featured on a nationally-used informed consent video that is the target of protests in Eugene, Oregon by the Clearinghouse on Human Rights & Psychiatry. On the tape Fink promises that memory loss is only for just before, during and after shock. Fink reassures viewers, who include almost all people shocked at Sacred Heart General Hospital, that there is never memory loss for past life events, nor will memory be made worse after the shock.

The only other three physicians whose names appear on the program are Edward Coffey, M.D. (Duke), Davangere Devanand, M.D. (Columbia), and Charles Welch, M.D. (Harvard).

REJECT stands for Responsible Education & Judgment on Electro-Convulsive Treatment. For information write The Alliance, 826 Euclid Ave., Syracuse, NY 13210. Or call The Alliance toll free at 1-800-724-7881.

Forced Shock in Oregon

Forced shock is on the rise in Oregon's state psychiatric facilities, according to attorney Robert C. Joondaph, interim director of the Oregon Advocacy Center, the federally-funded Protection & Advocacy agency in Oregon. "ECT is still used at both... Dammasch State Hospital and Oregon State Hospital," he wrote the Clearinghouse in a Feb. 26 letter. "A patient who is civilly committed may be given ECT without his or her consent if two doctors certify that the patient needs the treatment and that he or she is not mentally competent to understand the risks and benefits of ECT. This type of forced treatment is permitted by state law."

These two psychiatrists' signatures are easy to get. Anyone at risk of entering a state psychiatric facility — and that's just about everyone — is at risk of getting a forced shock.

Bob has himself recently tried to stop such forced shock unsuccessfully. Bob adds: "Some state hospital personnel claim that ECT is only used to treat severe depression but I am aware of at least one case in which a patient at Dammasch Hospital was given ECT against his will as a treatment for 'acute mania.'"

Ironically, the head of Oregon's state psychiatric system is Richard C. Lippincott, supposedly one of the most progressive state directors in the U.S. He identifies himself as a "consumer," and says he has taken drugs for "depression." (His wife is a fairly well-known activist/survivor on the Board of NARPA: Lucy Lord-Lippincott.) Richard has told David Oaks of Dendron that he himself has given shock at times. Apparently, Richard has not tried it on himself.

Write a letter: Richard C. Lippincott; Mental Health Division; 2575 Bittern Street NE; Salem, OR 97310. Phone: (503) 378-2671. [Oregon residents have special clout on the shock issue, because their Rep. Ron Wyden is on a committee overseeing shock.]

Eugene shock battle continues

For two years, the Eugene-based Clearinghouse on Human Rights & Psychiatry has asked Sacred Heart General Hospital to improve their informed consent process. Sacred Heart made it worse: They now include the American Psychiatric Association line that only about "1 in 200" people suffer from severe memory loss after shock.

Plus, Sacred Heart continues to use a videotape featuring shock doctor Max Fink that claims zero risk of memory loss for pre-shock life events. [See article on NYC protest.]

The Clearinghouse held a well-attended Public Forum on Jan. 26th to expose a copy of this videotape. A woman said that just a few days before, a Sacred Heart doctor, after one visit, had recommended she sign up her elderly mother for shock. After the forum this daughter said she would not allow the shock to happen and would pursue alternatives.

Responding to the forum, for the second time Sacred Heart has sent a letter to the Clearinghouse claiming "defamation" and hinting at a lawsuit.

You can help by writing a polite but firm letter supporting the Clearinghouse's complaints on informed consent. Write: Sister Monica Heeran; Health & Hospital Services; 1715 - 1014th Ave. S.E. #210; Bellevue, WA 98004. A copy of your letter would be appreciated by the Clearinghouse, PO Box 11284, Eugene, OR 97440.

[Locked up in Oregon? Phone O.A.C. toll free at 1-800-452-1694.]

Brainstorms on Zapping Back

Sitting at night by the pool at the National Association for Rights Protection & Advocacy 1990 conference in Miami, Florida, palm trees were waving because a tropical storm was brewing. Lightning flashed in the distance. It seemed a good background for a coalition meeting about the electroshock campaign. About 20 discussed ideas, and literally brainstormed. Present at the meeting were people who had helped organize or attend shock protests in five geographic areas recently: In Ontario, Canada by the Ontario Psychiatric Survivors Alliance. In Syracuse and elsewhere in New York State by The Alliance. In Philadelphia with the REJECT coalition. In Eugene, Oregon with the Clearinghouse on Human Rights and Psychiatry (publishers of Dendron News). And in New York City with The Support-In. Many of these ideas are incorporated in this special issue.

Psychologists say women are more sad ...

... for a reason. Surprise! For years, statistics show women are far more likely than men to be labeled "depressed." Women are twice as likely as men to be electroshocked, a procedure primarily given for "depression."

If you listened to the typical psychiatrist, such "mental illnesses" are primarily "biochemical" and "genetic" in origin. In other words, this is a job to leave in the hands of the psychiatric profession, the drug industry and perhaps a shock doctor.

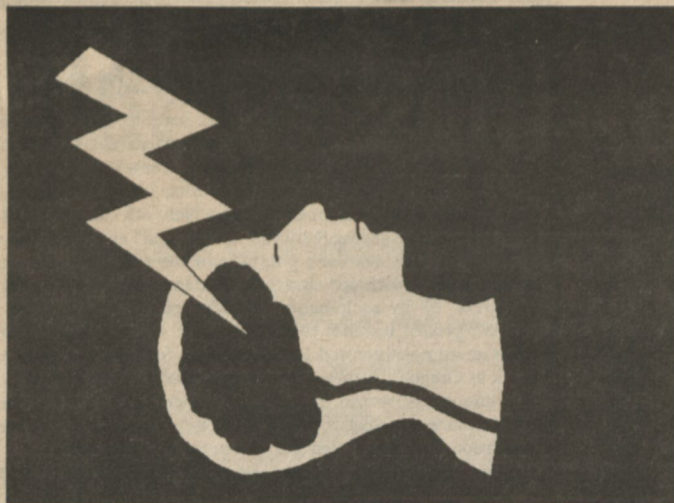
Well, the American Psychological Association has released a three-year study that claims there are real life reasons for women to be more sad: Poverty, unhappy marriages, sexism, single-parent pressures, reproductive stress, sexual & physical abuse, etc. Shocking.

Geraldo show gets response

Four women shock survivors — Linda Andre, Sally Clay, Sandra Everett and Janet Gotkin — appeared on the Geraldo Rivera show Nov. 30 & blasted shock. Kate Millett, Jeffrey Masson & Seth Farber also criticized the profession. Responding to the show, more than 400 folks wrote to the Committee for Truth in Psychiatry.

FDA Hovering

As reported in Dendron #19, under pressure from the American Psychiatric Association the U.S. Food & Drug Administration proposed a deregulation of shock that would allow shock to escape a safety investigation the FDA has been mandated to perform for eleven years. This deregulation would be done by lowering the classification of the shock device from "three" to "two." But activist Marilyn Rice says it's likely the FDA bureaucratic classification will hover for a long time between these classes, in an attempt to please both sides: Kind of a "Class Two-point-five." To complete the move to Class Two, the FDA would have to establish a safety standard. And the FDA has never yet established a performance standard for any device during its 14 years of device regulation. Example: The FDA calls for a "hierarchy" of shock techniques, from brief pulse to sine wave, for instance. Well, only one machine, from Elcot, can accomplish that feat. Looks like the FDA is trying to lead us down a blind-alley.



**It takes just a few minutes
to give electroshock.**

**In the same amount of time,
you could help win
a public hearing in Congress
to investigate shock.**

Shock use is surging in the U.S.

Few people are adequately warned of the dangers, or offered a full range of alternatives.

Even forced shock, against the subject's will, is on the upswing in some states!

The Food & Drug Administration (FDA) has proposed de-regulating electroshock without performing a safety investigation they have been required to perform for 12 years.

Electroshock should be investigated for safety and human rights.

**Ask your congressperson to
request a congressional hearing
on shock. It just takes a moment.**

Please write today:

Your congressperson *does not* need to be on the subcommittee.

Sample letter:

Representative _____
US House of Representatives
Washington, D.C. 20515

Dear Rep. _____:

Please request that the Subcommittee on Health & the Environment hold a public hearing about the safety of electroshock devices, used by some psychiatrists.

The Food & Drug Administration has not investigated electroshock, as it should. Forced shock is on the upswing in some states!

Thank you.

Sincerely,
[Your name]

If you live in a Subcommittee member's home state, you have a special role in breaking the silence on shock! It's extra-powerful if you live in or near towns they serve (in parentheses), but this isn't necessary.

1991 — Subcommittee on Health & the Environment:

CA (Los Angeles) **Henry A. Waxman, CHAIR**
CA (Fullerton) **William E. Dannemeyer**
FL (Clearwater, Plant City) **Michael Billirakis**
GA (Macon, Dublin, Waycross) **J. Roy Rowland**
IL (Danville, Champaign) **Terry L. Bruce**
IL (Batavia, Ottawa) **J. Dennis Hastert**
IL (Kankakee, Bloomington, Lincoln) **Edward R. Madigan**
LA (Forest Hill, Alexandria, Opelousas, Gonzales) **Clyde Holloway**
MA (Bedford, Hyannis) **Gerry Studds**
MI (Dearborn, Monroe) **John D. Dingell**
MN (Coon Rapids) **Gerry Sikorski**
NM (Santa Fe, Gallup, Las Vegas) **Bill Richardson**
NC (Charlotte, Mooresville, Lincolnton) **J. Alex McMillan**
NY (Baldwin) **Norman F. Lent**
NY (Flushing, Bronx, Nassau-Great Neck) **James H. Scheuer**
NY (Brooklyn) **Edolphus Towns**
OK (Muskogee) **Mike Synar**
OR (Portland) **Ron Wyden**
PA (Doylestown, Longhorne) **Peter Kostmayer**
TX (Dallas) **John Bryant**
UT (Provo, Salt Lake, Moab) **Howard C. Nielson**
VA (Richmond) **Thomas J. Bliley, Jr.**

Sponsored by The Support-In, a national human rights coalition.
For more information call toll free 1-800-724-7881.

Or write: The Support-In, PO Box 11284, Eugene, OR 97440.

Please photocopy & distribute this poster. Thank you!

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If you need better originals to copy, send *Dendron* a self-addressed stamped envelope with your request.

Human Rights Petition on Use of Electroshock To Members of the United States Congress:

1. We the undersigned request a U.S. Congressional public hearing on the use & safety of electroshock. The Food & Drug Administration is proposing to deregulate shock devices without a safety investigation they have been mandated to conduct for more than a decade.

2. We also request an immediate and complete federal ban of forced electroshock. The use of an electroshock device on a person against their will is an especially terrifying, invasive human rights violation. Forced shock is legal in many U.S. states, and is on the rise today!

Please inform us of all progress towards these two urgent goals.



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rights, advocacy & support organizations.

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Note to petitioners: Please make as many copies as possible of a blank petition. Ask others to also help gather signatures. Thanks!

IMPORTANT: Please return signed petitions as soon as possible. If unable to fill a page in a reasonable time, please return it anyway.

To join The Support-In's campaign phone The Alliance toll free at 1-800-724-7881.

Mail signed petitions to:

THE SUPPORT-IN — P.O. BOX 11284 — EUGENE, OR 97440.

Psychiatric survivors liberation marks 20th anniversary!

The following whirlwind tour was conducted by Judi & Sally at the NARPA legal rights conference in Nov. 1990. Janet Foner took the notes. David Oaks added to it, and takes the blame for errors as editor. This is presented not for historical accuracy, but for inspiration.

Judi Chamberlin & Sally Zinman... Tell it like it is! A brief History of the Movement

The roots of our movement go back to the 1800's at least. Several women, notably Elizabeth Packard of Illinois and Elizabeth Stone of Massachusetts, wrote and spoke of their experiences in psychiatric institutions. They tried to start a reform movement in the mid-1800's.

At the same time in England, in 1845, The Alleged Lunatics' Friends Society was started by psychiatric survivors. As Judi said, "It probably goes back... as long as psychiatrists have been locking people up and calling them patients."

The movement as we know it today began twenty years ago, from the struggles of the civil rights, anti-war and women's struggles. Judi got involved in 1971, in the Mental Patients Liberation Project in New York City, which had been started earlier that year by Howie the Harp. (This New York group partly derived from another group, The Insane Liberation Front, of Portland, Oregon.)

Some of the early members had spent years in the system, like Howie, who spent his whole adolescence there. The main focus of the group was having a place to legitimately express their anger. Judi: "At last there was a place that I could express my anger and it was legitimized. It was confirmed... The sense of camaraderie, support, and understanding that came out of that was so powerful. For many of us it was the first time that we'd been able to say aloud a truth."

The group wrote up the rights psychiatric inmates should have and distributed that at Bellevue Hospital, and went on the radio. Judi remembered, "When we did our first radio show we were so scared. We didn't use our own names. We eventually realized that if we were going to fight against oppression, we had to tell who we really were."

Unknown to them, a similar group started the same month and year in Boston: The Mental Patients Liberation Front. MPLF also wrote a "patients' bill of rights. To top it off, the Mental Patients Association in Vancouver, Canada was also starting, in January 1971.

In 1972 the first gathering that would become the International Conference on Human Rights and Against Psychiatric Oppression was held in Detroit, organized by Thomas Herzberg, a psychology professor at University of Detroit. Later, influenced by our movement, he quit his job as professor and become a hang glider sales-

person. When Prof. Herzberg contacted MPLP in NY they suggested the conference name, rejecting his suggestion of "The Rights of the Mentally Disabled." This conference became separatist and was held annually for 13 years.

Says Judi, "A lot of us had this vague sense that we'd been oppressed but it was mixed up with all the things we'd been told by the psychiatric profession about how sick, how paranoid we were... There was a lot of 'consciousness-raising,' a technique borrowed from the women's movement that had to do with people sitting around and telling their stories. You accepted what they said because it was their experience. Each person got a turn to tell their story... From those we began to see that there were a lot of common threads.... Our behavior was what was deemed our illness. Very often our behavior was the most reasonable reaction to the particular condition that we were in. Psychiatry... ignored those conditions... and just focused on our behavior and labeled it a pathology... Each of us came into these groups feeling that we had been messed over in some special way and then we learned through the process of consciousness raising that we were not unique victims, that this was systemic. That was very powerful and liberating."

The ideology continued to develop: That the psychiatric system is fundamentally oppressive, that the key is the use of force against us, that it is not a question of procedural rights and safeguards. This is a battle we still fight.

Sally got into the movement in '73' after three years of living in isolation, trying to come to grips with her experience in the system. Sally said, "I decided in the middle of a farm in the middle of nowhere that forced treatment was wrong... that somebody else was taking control of my life when I needed to hang onto what control I had left. That was the worst thing that someone could do. The name of his game, this doctor's, was control, and that was what was wrong with the... power of the psychiatric system."

Madness Network News started publishing in San Francisco around 1973. It grew from a small newsletter by radical psychiatric workers and survivors to a newspaper by all survivors. For more than a decade, like Canada's Phoenix Rising, it was to link people in the movement internationally. Many people located or started groups through the listing of contacts and groups. (Both are now defunct, but back issues are available.)

User-owned systems:

Alternatives came as it became clear that people still had difficult times and didn't want to go to the psych. system for help. There was no money. Sally Zinman's group in Florida did get \$5,000 from a psychiatric center to pay rent for an office and two rooms. Project Release also got rent money from a foundation for a drop-in center, largely for single room occupancy occupants, in an apartment. MPLF got small grants from the Haymarket Foundation, of the Funding Exchange, and later started a drop-in center, eventually obtaining state funding for the Ruby Rogers Drop-In Center. One of the groups named after Judi's book "On Our Own," in Baltimore, obtained funding for an early drop-in center, too.

Today, of course, there are far more user-run community centers. The centers became places where people could network and deal with practical problems like money, housing, jobs. More people refused to go to psychiatric centers because they had places to go that really helped.

Some people in federal agencies recognized that our movement should be listened to. Judy Turner, who started the Community



Support Program in the U.S. National Institute of Mental Health, invited a few — and then more — psychiatric survivors to their national federal conference. In 1983 those survivors got their resolution adopted by the conference that user-run programs should be the first priority for CSP. Even though that never happened, CSP has since given hundreds of thousands of dollars to survivor-run programs, such as drop-in centers and teleconferences.

On Our Own of Baltimore was one of the early groups to gain access to CSP money, and organized the first of the national "Alternatives" conferences for survivors. Sally helped plan that first conference, and wanted to form a national organization to match the growing National Alliance for Mentally Ill, a pro-forced treatment organization of parents.

The steering committee to form a national organization split over the issues of forced treatment and authoritarianism in leadership. A group of pro-choice, pro-egalitarian leaders (including Judi and Sally) from the original movement began the National Association of Psychiatric Survivors (NAPS). Others formed the National Mental Health Consumer Association. This split was apparently bridged at a combined meeting between the two groups' boards at Alternatives '90.

Says Sally: "As we grew and mainstreamed and got money so that more people had access to conferences there was also less consciousness raising. You got money before you were able to develop your politics and a lot of the original politics have gotten diluted." By the mid-1980's, federal funding entered the picture more and more. Madness Network News and the annual Human Rights & Psychiatric Oppression conferences stopped. Some felt government funding was inherently co-opting, that is, strings were attached. Others felt government funding would help the movement expand.

Where's the movement moving?

Sally: "The biggest issue that we face in the '90's is to have a major national voice. But the problem that I see is carrying on that vision from the '70's of what the movement was about... As it gets bigger and as funding comes in there are times when one thinks that this movement has gone completely to the other direction. I see groups that have very clearly hierarchical structures that are just like the system they've come out of... It's just become the psychiatric system run by psychiatric clients. We somehow have to preserve that initial vision... we have to create our own structures that are honest to our values and that's really a challenge."

"This won't change until we have funding and the same visibility that NAMI has, but a very different structure that's more participatory and egalitarian and a different vision of the solutions."

Judi: "I think it's absolutely ESSENTIAL that we move into providing... peer support to get off drugs. That would be a real consumer movement if we could get funding to provide for the expressed needs of the constituency... the demand for it is out there. The 'mental health' system is not going to give it to us. We've got to create it ourselves." Sally added that we need to also educate some professionals to help people get off drugs.

Sally concluded: "Our life work is the work."

Systems Change & Legal Demonstrations

Howie the Harp's

training session: Notes by Janet Foner

Use systems advocacy when you run up against the "proverbial brick wall" as an individual advocate. If you have some difficulty encountered by two or more people, systems advocacy may be necessary. The more people affected, the better the case.

With this type of advocacy, unlike the individual kind, go directly to the top. People at the top tend to be more progressive, or at least able to do more than others. The buck really stops there. A good perspective to have when talking to people at the top is that this is just as much a problem to them as it is to you and tell them so, ask them to solve the problem together with you. Point out that they're trying to administer something that's supposed to do "X" and it's not doing that.

Remember that the person at the top can feel that you and your oppressed group are intimidating when you are simply being assertive, so don't back off and apologize for being assertive.

It is important in systems advocacy to build lasting coalitions, because you are bound to have similar problems occur again. When you tackle systems, you need to have allies and community support.

Legal Demonstrations

When you've tried everything and you still aren't getting anywhere, have a legal demonstration. Try to meet with the opposition and get your point across. When you meet with them, you'll find out what their point of view is and be more accurate with what you say to the press at your demo.

Give yourself enough lead time. A demo should ideally be planned about 3 months in advance. Plan whether it will be a march or a rally.

A really effective demo can be done by 3 to 12 planners; 6 to 9 is usual.

Do outreach to get people there. In Oakland, CA, 75 people are needed to be effective. In a small town, 15 to 25 could work. If printed

words take up more than 1/3 of the leaflet, it won't be read. Use color and graphics to get people's attention.

Organize people around an event that affects their lives rather than around an abstract idea. Location is very important. It should be symbolic, or directly connected to the issue. Howie planned a demo about welfare and had people all bound up in red tape.

Have key speakers at the beginning because that's usually when the media will come. Have other speakers who are leaders of organizations you want to be part of your coalition.

Have marshals and try to do nonviolence training before the demo. Peace organizations, the American Friends Service Committee, and Unitarian Universalists can help with this. If someone antagonistic to your cause creates a problem, let the police handle it. If someone from your group is being disruptive, try to get them away from the crowd while you deal with them.

Quotes from Howie the Harp:

Don't walk before me, I might not follow; don't walk behind me, I might not lead; walk beside me and be my friend. • There's nothing wrong with making a mistake; just make sure it's original. • The most important weapon an advocate has is what's on the books. • There's nobody more committed to the committed than those who have been committed. • Just remember you got truth and justice on your side.

Try to find a lawyer to consult before hand about permits, and invite him/her to observe the demo.

Homeless, elder groups, peace organizations may help you plan your demo.

Points on facilitating

Food and music are important organizing tools. There was a turkey dinner for the founding convention of the Oakland Independent Support Center. Get people interested — catch their attention. Introduce the facilitator or trainer and have him/her share their own experiences, e.g., that they've been institutionalized, on SSI, etc. This puts people at ease. Have people introduce themselves.

In institutions, if you're meeting there, people's attention span will be short if they are on drugs. If so, make speeches short, not too bogged down with words. Let people know they can interrupt to ask questions or say something, or have breaks. Sometimes you may want someone who's chairing the meeting, the speaker and also a "vibes watcher" who will help the group feelings. The subject matter must be interesting. Stay away from alphabet soup of CSP, PP&A, etc. Materials should be in large print. Role plays and audio-visual aids are very helpful — people like to see rather than hear.

[From the LEAD Project, PA '88 conference]

Ends & Means by David Oaks

If one thing has slowed our movement, it's not matching our ends and means, we included. If we're marching for an emotionally supportive society, let's not slap each other around on the trip. Let's take care of ourselves, too. Anger's okay. Criticism's fine. Differences are vital! But take it easy on each other... we're all we've got, we've been through a lot and we're all beautiful!

I'm not one of those folks who think we have no enemies. When someone gives a forced shock to a brother or sister, that's an enemy. But Martin

Luther King pointed out that fighting that doctor using "spiritual force" or "love force" was far more liberating, sustainable & transformative.

I'm concerned about the enemy within us. Brutal oppression creates hate & bitterness, which have payoffs to an oppressive system: It keeps the rebels' ranks thin, because who wants to go to another one of THOSE meetings? A 100% pure political position keeps us from frustrating, necessary hard work of outreach to the "unenlightened." That might be a great way to avoid doing things like keeping a mailing list, but in the long run, we lose.

I understand that much of this comes from the fact that many psychiatric survivors have been hurt in such an invasive way... some to our very souls.

But similar problems happen in almost every group you look at in our society. One of the most common examples: Men dominating in meetings. You'll find this from the Board rooms of big corporations, to the back rooms of drop-in centers.

Men tend to Speak In Capital Letters, as if we had the all the answers (or as if we felt compelled to say every good guess that came to mind).

The fact is, extreme negativity can drive folks away, and we'll be ineffective.

But, in the end, just about whatever the reason: Silence is complicity.

Support and hope can actually unleash the incredible power and effectiveness needed to win. And we want to win. Not "win" in the macho sense of dominating the opponent. But winning in the sense of destroying psychiatric oppression itself, which is also harming the life of the human being pressing that button in a forced shock.

Consider for a moment: In your heart, aside from receiving forced shock, isn't one of the most grotesque fates you can imagine for yourself a life in which you persisted in performing such an atrocity?

Yes, this society should immediately arrest such an individual as a criminal. But can we also try to love such an individual, to truly begin to change them? I admit it, I have extreme trouble doing that. But I try. If we succeed, we really match our ends and means.

This movement began because of allies. Janet Foner is from many oppressed groups: Jewish. Woman. Working class. Artist. Psychiatric survivor. She has the added perspective of having family members who have been psychiatrically labeled. Plus, with a Master's in community psychology, Janet has experience as a radical emotional support worker. As a walking coalition, Janet has great tips about allies & meetings!

Winning allies

Mental oppression effects everyone directly by forcing people to conform to "normality," which is impossible to define. This "normality" holds back all human rights and liberation movements, by making people fear creativity, play, intuition, spirituality, differences of all kinds. For instance, there is the stereotype of the "crazy artist." The price of creativity in our society is being known as weird. Conformity reigns at a great cost.

Almost everyone's life is hampered by fears of "going crazy," repressing emotions (their own or someone else's), self-censorship and by fear or ignorance of what to do in an emotional crisis. Those who have survived such crises and now know what to do are generally discredited or unknown by most people.

The necessity of producing and fitting society's roles, enforced by the economic system in which we live, keeps people conforming, keeps oppressed groups assimilating and afraid to share their differences, keeps people stuck in oppressed and oppressive roles and cut off from our true, inner selves. We become virtually unable to know what we really think and feel, or to feel anything at all.

Adults tend to forget our human birthright that we all practiced as children: The ability to play, be spontaneous, enjoy exploring differences and finding new ways of doing things.

At the same time, everyone's freedom is threatened by the "defect theory" of mentalism. This idea, was first promoted by the eugenics movement in the beginning of this century, and then by Nazi psychiatrists. The "defect theory" suggests that some people are mentally defective and cannot be helped; therefore, they are a drain on society and must be eliminated or — in less harsh times — kept locked away. This theory limits the freedom of larger and larger groups of people and causes many people to continually fear becoming defective, i.e. losing their minds.

"Mentalism" — or mental oppression — is everyone's concern. Even though most people have not been "mental patients," most have had some contact with the psychiatric system. Most have felt the sting of the system in one way or another. How can you win over these allies?

Allies who experience the system

- **Psychiatric survivors.** Of course, most need little urging to join our movement. But what of the many survivors who say, for example, that "the doctors know best"? After we listen long enough and are aware enough to most people professing a benign stay in a psychiatric institution, the person begins to remember or feel safe enough to talk about the mistreatment received there.

- **"Mental health" workers** — or emotional support workers — are also oppressed by the system. They are forced by threat of losing their jobs to be agents of oppression. Many are already on our side, and just need encouragement to be able to fight alongside us. Others need to hear how our oppression makes their lives miserable when they have to enforce it.

- **Friends and family members** who have been brainwashed by the prevailing family movement (National Alliance for the Mentally Ill or NAMI) may be harder to reach, but they are reachable.

I gave a speech at a training session about my experience in a psychiatric institution. A NAMI member approached me and said before my speech she thought all "mental patients" should be locked up. But now she didn't. She began to talk about her brother, who had been shot dead by police during an alleged "psychotic episode." As she spoke, I listened emphatically to her story and she began to cry. Then she was able to think about possible alternatives more easily. Family members need correct information, and support to grieve about their labeled family members' destruction by the system.

Allies without direct system contact

Once people are helped to become aware of how limited their lives are due to the enforcement of "normality," they will become interested in joining us. People already fighting in other liberation movements will, once they see how mentalism reinforces all oppression, bring up our issues in their liberation work.

Organizing groups to fight oppression is slowed down and held back by fears of being outside of socially acceptable roles. People are made afraid to speak out and afraid to "make waves" for fear other will think them "weird."

The "mental health" system, under the guise of helping people, uses varying degrees of intimidation in order to invalidate and discredit any revelation of the oppressive nature of society. The social consequences of "mental health" oppression are that the rigid roles of oppressor and oppressed are made much more difficult to escape. Those who refuse to fit into these roles, or protest them, run the risk of falling prey to the "mental health" system. Those who become aware of their own or others' oppression for the first time and lack correct information about the oppression may become confused or agitated and thus become vulnerable to being labeled and grabbed up by the system. People are told they are "not well adjusted" when they are in fact oppressed. Rather than pointing out that society must change to allow for the complete liberation of everyone, the "mental health" system enforces on people the idea that the individual must adjust to society.

- **Women,** the majority of the victims of the system, are often intimidated by their husbands or male friends into being "treated" or locked up. Since women have been encouraged by society to

show their emotions more than men, women are considered less "mentally healthy." Being "mentally healthy" as an adult means, according to this society, showing no emotions and being competitive. However, to fit the role of female, one is supposed to be passive and show one's emotions. Thus it's impossible, according to social and "mental health" system standards, to be both a "successful" female and "mentally healthy" adult. The victims of rape and battering are channeled into the system. Young women who rebel against their father's strictness are sent to the system for management. Already suffering from sexism, women are hospitalized and "treated" mainly by male psychiatrists who try to "cure" them by making them accept the rigid roles sexism created.

- **Gays and Lesbian,** despite reports to the contrary, are still officially thought to be "sick." This is another dimension to the oppression of Gay and Lesbian people and increases the dangers of "coming out" openly about one's sexual preference.

- **People of color** are more likely to be locked up than other groups. They are statistically more likely to receive the most blatant forms of physical abuse from the system. The valid complaints and rage of people of color in a racist society are labeled "individual emotional problems" and "disease."

- **Working-class blue-collar** people are more likely to be locked up and drugged, because they are often thought unable to benefit from "talking therapies." Workers in industry who fight unsafe work conditions are sometimes labeled as having "psychosomatic illnesses" or "obsessional personalities." Like people of color, working-class people are more likely to have their lives interrupted by police during family disputes, leading them into the "mental health" system. Workers are valued only in so far as they are productive. Healing is considered an interruption to production.

- **Young people** are seldom

able to successfully resist institutionalization. The "mental health" system provides the norms against which young people are constantly measured and found to be wanting, and the excuses and rationalization which underlie adultism. As with women, young people are considered "irrational" because they show their emotions more freely than adults. The number of locked-up youth has skyrocketed recently.

- **Artists** are thought of by society as unusual, different or "mad" because they are creative and tend not to conform. One is "supposed" to have to suffer from deep distress in order to make good art.

- **Elders** — forced out of productive roles in our throw-away society — are prime candidates for lock-ups and tie-downs in prisons labeled "nursing homes." Like women, elders are far more likely to be electroshocked and given deadly psychiatric drugs.

- **Immigrants,** because they have cultural practices different from their adopted country and may speak a different language, are often said to be "strange" or "confused" and thus become easy targets for the system.

- **The homeless & the poor,** because they are denied jobs or have no place to stay, are often hit by "mental health" oppression. The psychiatric system stubbornly insists that it is an "illness," rather than oppressive economic conditions, that keeps people unemployed and homeless. In the USA, the taxpayers pay psychiatrists to keep poor people controlled with drugs and lock-ups.

- **Men** are supposed to be violent, sexual animals who make objects of women. They are supposed to be silent about emotions, and have all the answers to problems. Men who are not workaholics, who become sensitive, who refuse to dominate women, who refuse to go to war... are at best considered not "real men" or weird. At worst, they become psychiatric inmates.

- **Jews:** Because antisemitism is cyclical, Jews are forced into being agents of oppression by the government (e.g., as tax collectors in past eras) When the masses revolt, the rulers can point to the Jews as the fixable "problem." Many Jews today are in visible agent roles as "mental health" workers. The "defect theory" is used to justify both anti-semitism and mentalism. Psychiatric survivors were killed first in the Holocaust. Jews today often believe themselves to be "weird" and in need of being "fixed"; this makes them targets for mentalism.

- **Prisoners** can now be given forcible psychiatric drugging for "security" reasons without any legal check at all on the prison authorities, by ruling of the U.S. Supreme Court. The U.S. has a higher percentage of its citizens locked up in prisons than any other country. An oppressive, degrading society produces "criminals," and the "treatment" helps break their spirits, increasing recidivism. Alternatives to prison — such as more jobs and housing in the community, or support groups — are seldom offered. The prison & psych. systems increasingly overlap.

- **Disabled people** are also considered useless to society due to their supposed inability to produce. Thus they are isolated from public view, disempowered, and mistreated by the medical system. Disabled people are often treated as though they can't think or make their own decisions. Real physical problems are often considered "mental problems." Head injury survivors are being psychiatricized, and denied the empowerment needed to heal.

- **People labeled retarded** are treated similarly to psychiatric inmates & disabled people for reasons given. Many have little or no actual brain damage, but because of years of labeling & disempowering "treatment" are unable to escape institutionalization. Psychiatric drugs are blatantly used on an huge percentage of so-called "developmentally disabled" simply as behavioral control.

- **Environmental folks:** They are realizing humanity has divorced itself from nature, and our own true nature. Many are exploring the "wild" both outside and within. As society obediently marches to environmental catastrophe, some activists are correctly wondering, "why be normal?"



Meetings that go well

Meetings that accomplish the goals for which they were set up do not always happen. Probably everyone has been very frustrated by: • Meetings attended by one or two people. • Meetings dominated by one person. • Meetings that were so boring you had to leave. • And meetings ruined by arguments or where no conclusions could be agreed on.

By nature humans are cooperative. You can see this in children who change the rules so they can keep on playing together. People will usually be able to work together well when a tone of fun, expectation of accomplishing goals and of each person being valued for his/her contribution and best thinking is set by the organizer, leader, or facilitator of the meeting.

This tone starts before the meeting. Whoever is planning it can develop clear-cut goals for the meeting and a plan for accomplishing them, which is not to say that participants can't add to that later. An upbeat tone for the meeting will attract people to it. This can be done via a humorous and/or artistic flyer, promise of food such as a potluck and/or fun activity at or after the meeting such as a songfest or coffee hour, and/or via individual contact.

A big reason why people often don't come to an event seems to be that they aren't sure they are wanted or that they have anything to contribute. Write and call people to attend. Seek them out personally. Let them know they are really wanted at the meeting. Find roles for them to play so they are truly part of it.

Finding a comfortable, pleasant, physically-accessible meeting place will do wonders for the meeting's atmosphere. Before the meeting the organizer can improve the room by adjusting temperature, bringing in flowers or decorations, putting the agenda up on a blackboard or flip chart, and arranging chairs in a circle or other informal way so people can see each other.

Having breaks during the meeting, especially if it is longer than one or two hours, will improve the meeting. For smokers and non-smokers can co-exist better let people know the building or group policy on smoking. If there is no policy, agree on one quickly at the start, such as a few-minute smoking breaks every hour or so.

Unless everyone knows everyone else, in small to medium-sized meetings it's good to start with everyone introducing themselves. If there is time, having people report on one piece of good news from their lives is a great way for people to get to know each other and set a hopeful tone.

Key factors once the meeting starts:

- 1) Every meeting has at least one leader, whether designated or not. Leaderless meetings tend to disintegrate or to follow a non-designated leader [Editor's note: Often the loudest male].

A good leader is anything but authoritarian and sees as a main task to promote the leadership of everyone in the group or meeting. There are certainly no lack of jobs to be done in liberation work and therefore a great need for many leaders, and no need for them to compete with each other over the same leadership spot.

The meeting leader keep it running smoothly, and elicits the best thinking of everyone. A good way is to start with well-thought-out proposals developed through extensive pre-meeting discussions between group members, and circulated beforehand. People then have something to react to and can improve the proposals or come up with better ones during discussion. The facilitator's job at this time is to listen carefully for the most workable and forward-moving ideas and synthesize these for the group.

- 2) Encourage effective communication. Firmly make sure people do not interrupt each other by reminding someone who interrupts that someone else was speaking. The facilitator can encourage everyone to listen well by doing the same herself and remember not to dominate the discussion.

If the meeting is being dominated by one or two people, or if most people are participating but a few are saying nothing, the facilitator can suggest that no one speak twice without everyone being given the opportunity to speak once. If people really don't want to speak they can then pass. It is often the case, however, that quiet people have brilliant ideas.

Useful tools at times: • Going around the circle once getting thoughts from everyone and then open the discussion to back and forth. • Brainstorming: all ideas, no matter how controversial, im-

continued on next page ➡

Winning them over

Allies can be won more easily if we can keep in mind they are not the enemy. This may sound simplistic. But the real enemy is the psychiatric system, the antiquated mechanisms and bureaucracies that run it, and the prejudices fostered by society's conditioning, especially the "produce at all costs" mentality.

Everyone is victimized by conformity, even the most reactionary psychiatrist (not that they are going to be our allies soon — let's start with the easiest-won most progressive allies!).

Don't give up too quickly on people who think the psychiatric system is helpful. They have been brainwashed. Make good friends with them on other issues, and then listen to how they feel about our issues. Give them good sources of information. Listening some more will win many over.

Unfortunately, even though we too need to vent about these issues, lecturing to resistant people has been proven to turn them off. Try asking friends and supporters to listen to your monologues before trying to listen to a potential ally.

Support allies on their issues, bring them up in our movement, and they will be even more likely to support ours. This does not mean burning oneself out being active in every movement. Just remember that their issues are our issues, and vice versa.

Allies may not agree with you on all issues, but they can still be effective allies if they only agree on one thing and are willing to endorse it. Allies can be minimally involved, as in signing a petition, or maximally as in being voting member of our coalition — and anything in between.

Good ways to meet allies

- Attend rallies and conferences of other movements with your literature, wear your buttons, etc. • Have a booth on shock issues at a community arts or other festival. • Include key allied groups on your regular newsletter mailing list. • Write even a brief article or letter for other group's publications. • Write, visit or call the group for endorsements of events or campaigns. • Have a potluck meal and ask friends to bring friends. • Ask to speak to human services and psychology departments at colleges.

What else can you think of?

Meetings — continued from previous page
practical, or wild, are written down on a flipchart without comment by anyone. Later, the group can go back and choose or change the best ideas. • Break into pairs and take turns listening to each other think aloud, then report back to the whole group. This is also a good way for a group deal with a meeting that's getting heated with no one is listening. Which brings us to...

3) Allow for controversy, opposite points of view, and feelings. Attempting to squash any of those will either kill any spirit and promote boredom or ensure a heated eruption. The trick is to enable people to express these things without killing each other or at least ruining the meeting. A break, especially with some fun activity like a quick free-for-all pillow fight can often defuse things. Appreciate each other as part of opening or closing the meeting or after a break. Each person can say what she/he appreciates about the person to the right or to the left or across the way, so that each person is appreciated. Or if it's a small meeting each one can have a turn to be appreciated for a few minutes by everyone else in turn. In the long run this saves time as it promotes harmony.

4) Remain positive as facilitator (sometimes only done while gritting one's teeth!). There is nothing that kills a meeting faster than being lectured at. If the facilitator is concerned that only five people showed up, telling them all about it will only make fewer show up next time. Often small can be better, as more strategizing can be done. If the facilitator worries out loud continuously that nothing can be done about electroshock, the meeting will be less likely to accomplish anything.

The facilitator's job is to set a positive tone. This is not to say one must be a "chronically normal" Polyanna, but being hopeful encourages more of the same. People move ahead rather than get stuck.

5) Deal fairly with members of all oppressed groups and encourage everyone's participation. All oppressions are intertwined. This means seeing that meetings are fully accessible to people in wheelchairs, people with hearing impairments, etc.; doing outreach to all oppressed groups at the meeting, especially to people of color, who are usually under-represented; not allowing men to dominate meetings by seeing that women get as much of a chance to speak, make decisions, lead the meetings, etc.; interrupting oppressive remarks; encouraging people who are from oppressed groups to speak out on their issues & insisting they be listened to.

It is important to remember when dealing with oppression that no one wants, in their heart of hearts, to oppress someone else. Some of us became mental patients because we were labeled crazy for refusing those roles. It is ALWAYS in the interest of the oppressor, as a human being, to get out of those roles and be able to have real, human contact with the people one was taught to hate. So don't hesitate to intervene as an ally when you see someone being oppressed, fearing you will hurt the feelings of the oppressor. You are doing him/her a favor. The more gently you can do it though, the better. If you can show caring to the person doing the oppressing, the faster they will be able to stop permanently.

6) Learn how to mediate. Anything getting in the way of cooperation disappears as people begin to truly listen to each other. Another important piece of information is that the severity of how we have been mistreated by mentalism has left marks on all of us. We have often internalized that oppression and believe what has been said about us — either about ourselves or about each other. We often do to each other what was done to us by the system — e.g., mistrust each other. If you see this happening in a meeting, you can get people to stop and remember what brings us together in the first place, what we appreciate about each other, what our common goals are, etc.

If all else fails, mediation among the main people in a conflict can often help. A good way to do this is to have each person speak to the issue while the other(s) listen(s). After the first person speaks, the second can react to what was heard. Then the other person speaks, & so on. Each one's concerns can be listed. Then they or the mediator propose a solution incorporating all concerns.

It is important not to allow the meeting to bog down. If agreements can't be reached (sometimes it makes sense to table the discussion while people cool off), the meeting should move on. Any decision is often better than no decision. Making a poor decision will at least move things along in that people will find out it was poor by trying to carry it out and finding it doesn't work. If a discussion is dragging on, the facilitator can ask for two people to speak to each side of the issue and then call for a vote.

Meetings can be fun rather than frustrating. Closing with a group hug or cheer or having each person say what they're looking forward to or a highlight of the meeting are good ways to end the meeting on an up note.

Leonard Roy
Frank is compiling
quotes for
his new book.

Here are some on
honesty, very
relevant to shock:

*Most people today
don't want honest
answers insofar as
honest means
unpleasant or
disturbing. They
want a soft answer
that turneth away
anxiety.*

[Louis Kronenberger, *The
Cart and the Horse*, 1964.]

*I think I have
sufficient witness
that I speak the
truth, namely, my
poverty.*

[Socrates in Plato's
Apology.]

*Who speaks the
truth must have
one foot in the
stirrup.*

[Armenian saying.]

*Tell the truth
and run.*

[Yugoslav saying.]



International resources:

"Analyzing Psychiatry," a 3-part radio documentary presented by Irit Shimrat.

This fantastic, professional program was broadcast nationally in Canada by the CBC April 1990 and January 1991. Psychiatry is in for a heavy, unrelenting pounding, as people talk calmly and intimately about what really helped them during intense emotional and spiritual experiences. Some quotes from psychiatric survivors: "I thought the hospital was somewhere I could scream and yell and get it out of my system. But they don't want to see what you're going through." "Eventually I realized that psychiatrists didn't know any more about human behavior than the average grandmother does. There is such a thing as madness, but the wrong way to deal with it is to inject people with drugs and take away their rights." "I was told the drugs would make the voices go away. But they don't make them go away. You just don't feel anything." "It's likely that extreme emotions alter brain chemistry, but to blame the chemicals for the emotions is dumb."

Dissident psychiatrist Peter Breggin in interviewed on the tape: "Neuroleptic drugs are used to control suffering human beings. They also subdue vicious sows in veterinary medicine. You can't put this toxin into the human brain without damaging effects. There is no evidence that any problem treated by psychiatrists is biochemical in origin, nor is there any evidence that it's genetic."

To order your transcript (\$15) or audiotape (\$15), send check or money order made out to: "CBC Ideas," Box 500, Station A, Toronto, ON M5W 1E6. Cost includes postage.

Without Restraint.

This newsletter's motto: "Connecting Canadians who have experienced the mental health system." Indeed, the main section of this excellent paper is called "Cross-Canada Update," and features a whirl-wind tour of a dozen or so Canadian groups, primarily those in the "consumer movement." There seems to be a hint of an acceptance of mainstream use of the term "mental illness," but also a willingness to call for major systems change. Write: Julie Flatt, editor; without restraint; 2160 Yonge St., 3rd Floor; Toronto, Ontario M4S 2Z3 Canada.

"OPSA News."

... is the *Ontario Psychiatric Survivors Alliance newsletter* It is a well done publication covering quite a bit of grassroots activity in Ontario and Canada itself, plus expertly-done exposes. OPSA #2 explored the death of Joseph Kendall, who died in Cedar Glen, a boarding home that "was a total institution." The place sounds like hell: Everyone drugged, locked upstairs to sleep at 7 pm, toilet broken, fire exits wired shut, and a landlord who is a greedy bully. #3 featured articles on Peer Counseling, outreach to workers (get this and photocopy it for workers you know!!), shock, Clozapine, and news of about a dozen member groups of OPSA. They also reprinted Dendron #18 "human rights in psychiatry" poster #1.

Write: OPSA; 3107 Bloor St. W., #201; Etobicoke, ON M8X 1E3. Or phone the editor, Irit Shimrat, at (416) 234-9245.

New Zealand information:

Patients Rights Advocacy Waikato Incorporated... is an activist New Zealand group with a great deal of fantastic materials on human rights and psychiatric drug effects, far too much to begin to summarize here. Their booklets, articles and videotape are especially oriented to people in that area. Be sure to add them to your mailing list, to network with that area. Write: Anna de Jonge; Liaison Officer; 65 Tawa St.; Hamilton, New Zealand.

The Chemical Gag: Why Psychiatrists Give Neuroleptic Drugs.
[In German.]

By Peter Lehmann Verlag. This is an updated edition of Peter's book reviewed in Dendron #4. The revised version includes a preface by Jeffrey M. Masson who writes, "I have learned more from this book about the secret inner working of psychiatry than I was able to piece together in ten years of analytic training." Peter also includes a world-wide register of neuroleptic drugs. Write: Peter Lehmann; PallasstraBe 12; 1000 Berlin 30; Germany.

"*Psychiatric Survivors, Ex-Patients and Users: An observation of organizations in Holland & England*," by Judi Chamberlin & Rae Unzicker. The World Institute on Disability gave a grant to these two leaders in the National Association of Psychiatric Survivors to visit European psychiatric survivor self-help, advocacy and action groups. Their free 23-page report introduces you to: • 20-year old Clientbond in Holland, which receives \$150,000 a year from the government. Though a small country, the group has 14 branches. The leadership tends to be against forced treatment, but Clientbond as a whole remains neutral on the issue. • Survivors Speak Out (a psychiatric survivor group with strong positions) and MIND (similar to our Mental Health Association but far more activist and pro user-ownership). Judi and Rae felt an "amazing sense of kinship" with the survivors they visited.

They noted U.S., Holland and English groups were all making alliances with the disability rights movement. All groups seemed to be moving from a "purely political focus" to "a recognition that mutual support and self-help had an equally important role to play." Compared to the U.S., Holland and England seemed to have a "lack of divisive internal struggle," more government funding, "a clearer understanding... of the role of social factors, such as poverty & sexism." Their greater national recognition and influence have kept authoritarian parents' groups from stealing the show, as they have so often in the U.S. Addresses for 26 contact people and groups are listed.

By the way, if you're writing to Judi for a copy of this report, you may be interested in other publications available from her: Judi Chamberlin, "The Ex-Patients' movement: where We've Been and Where We're Going," from *Journal of Mind and Behavior*. "Report on a World Health Organization Meeting on Consumer Involvement in Mental Health Services," in Mannheim, Germany, Nov. 1988. And if you do not yet receive the Teleconference packets of news clippings and announcements, be sure to also ask them to add you to their mailing list.

Write: Teleconference; Judi Chamberlin; Center for Psych. Rehab. B.U.; 730 Comm. Ave., 2nd Fl; Boston, MA 02215.



Michigan psych. death study

Another immense study on state psychiatric inmate deaths, in this case in Michigan. This one is more comprehensive than most. As usual, it is filled with revelations about the high death rate, suspiciousness of many deaths, incomplete investigations, role of psychiatric drugs in deaths of many of the people, etc. As usual, it ends with lukewarm recommendations. A decade ago, five states got headlines with such reports... and the killing continues.

One aspect of these deaths especially needs to be highlighted once more, because so many have turned a spiritual blind spot to them: Neuroleptic drugs can kill in a wide variety of ways, including choking, heart problems, over-heating, "neuroleptic malignant syndrome," and on and on. The fact that there are alternatives, and that many of these drugs are given coercively, needlessly, with little health monitoring, and primari-

ly as behavioral control, makes this a genocidal war against literally hundreds of thousands of people globally. Recall, too, that neuroleptics are also used to control elderly nursing home residents, prisoners, people labeled retarded and millions of people living out in the community. More than half of U.S. states have laws allowing court-mandated neuroleptic drugging of people living at home ("outpatient commitment") where there is zero on-site medical emergency care.

Just one illustration of the Michigan deaths: People on neuroleptics have a higher likelihood of choking to death. This got so bad in some Michigan psych. institutions that peanut butter, a notoriously deadly substance to gag on, was removed from the menu.



Some quotes:
"Among accidents, aspiration of food or gastric contents ranked as the leading cause of death (41), accounting for more such deaths than all other accidents combined. Twenty-five percent of these had choked on previous occasions. All but one of the fatal events

occurred in Dept. of Mental Health Hospitals. Diets of pureed or soft food were usually implemented as precautionary measures... Convincing evidence has been offered to suggest that the increased incidence of aspiration among psychiatric patients is related to the use of psychotropic medications."

An especially disgusting practice in Mich. has been to officially blame the individual's psychiatric condition for their death. From the study:

"The deaths of 28 patients were attributed to a mental condition. Most (25) of these patients received treatment for a physical condition which could have caused death. The death certificates of these patients, however, were not completed so as to indicate this. When the mental condition (s) listed are ignored, patients might be considered to have died of the following conditions: 12 might be considered to have died as a result of pneumonia (eight of which involved aspiration); six were related to the aspiration of food or stomach contents; two died of asphyxiation resulting from seizures...; one died of neuroleptic malignant syndrome..."

Dr. Genice L. Rhodes-Reed, wrote this 1990 study (entitled "Review of Selected Deaths in Michigan Public Psychiatric Hospitals," 1978-84)

You can obtain these Mich. studies by writing to: Don K. Worden, Director, Office of Legal Compliance, Dept. of MH; Lewis Case Bldg. 6th Fl; Lansing, MI 48913. State: "Pursuant to the Freedom of Information Act, MCLA 15.231 et seq., I am writing to request a copy of two reports." Give the title. If you give good cause, you can get a free copy. In case they do charge for copying in your case, stipulate the maximum you are willing to pay.

Military Psych. continued from page 1

Phoning Saudi Arabia

In the middle of the Gulf War, I called the Pentagon's Bureau of Medicine (BUMED) and spoke with public affairs staff Liz Noland, who confirmed their new official policy. Liz also gave me an overseas phone number "in-theatre," as they say. I phoned Saudi Arabia and spoke with Capt. Frank Mullins, a military psychologist based in Dhahran, serving Fleet Hospital Five, which had already seen some soldiers with battle fatigue.

Capt. Mullins also said the military's new methods avoided the "social stigma in the concept of a medical model of mental illness." Instead, he claimed, "Signs of battle fatigue are seen as normal responses and reactions to fatigue, sleep deprivation, etc. After a few days they bounce back. About 80% return to their units, based on Israeli data. We don't give them psychiatric diagnoses — that usually takes six months to do anyway, and they're here just a few days."

What about the "de-briefing groups"? He answered, "We use catharsis. People ventilate their concerns. They use mutual feedback. We have both groups and individual counselors."

What if the support groups criticize the war, and people want to go home? "Political notions are not an issue with us. The person would need to bring that up with Operational Command. That's an administrative not a psychiatric issue. It's a matter of federal law."

Re-Vamping Vietnam War Psychiatry

Most of these methods are actually similar to Vietnam, but with some important twists. Eugene-based Psychiatrist Irwin Noparstak, 51, served in Vietnam and told me what he did: "The military was very proud of their treatment modality: Do not give positive reinforcement by treating people as psychiatric patients. Take them out of the field, give them a bath, dry clothes and put them to sleep. I would use psychotropic drugs, such as Mellaril [a neuroleptic]. They did improve rapidly. It was very surprising. After 72 hours we'd gently but firmly push them back to their unit."

The key apparent changes since Vietnam, he says: "I don't recall talking about feelings or emotions. We were to 'cocoon' them. We'd put them on meds. We were literally saying 'suppress, repress, squish it back down.' That was very destructive. We should have allowed them to emote, to get out feelings. People should be allowed to cathart, get things off their chest."

The motivation of the policy change, he feels, is not altruistic, but to maximize fighting soldiers, and save money: "In the past seven years, there must have been thousands and thousands of Vietnam Vets applying for disability with the diagnosis of Post Traumatic Stress Disorder." He says many of the vets are getting approved, at great expense.

But Dr. Noparstak is no dissident psychiatrist, yet. For one thing, he feels the less-intrusive model wouldn't work in the U.S. for many people with psychiatric labels, because it "doesn't have to do with chronic, severe mental health problems involving schizophrenia, bipolar disorders, etc."

But mainstream psychiatrist Loren Mosher, M.D. disagrees. He states the Pentagon's new approach is similar to what he wants for the psychiatrically-labeled in the U.S. Dr. Mosher is head of a large community mental health system, and has written a book on the subject, "Community Mental Health" (NYC: Norton & Burti, 1989). "Guys at war get into a state of mind, their buddies get killed, they

are isolated. Their symptoms are not different than schizophrenia. You get them away from the front line, give them rest, good food, and in two or three days they rejoin their unit. The purpose is to preserve an army, and it's pretty effective. In community mental health you should treat psychosis or battle fatigue the same way — evacuation, get them out of the situation, make them comfortable, and normalize. People in the community suffer from a large amount of stress, just as in war, that is beyond the usual human capacity to cope."

De-Fanging Social Change

But, typically, there's something missing from both these psychiatrists' views: Social change. Do we really just want to "normalize"? Don't we want something more?

In the mid-1980's, federal funding of "mutual support centers" & "empowerment programs" & "consumer conferences" shot up. Some radical psychiatric survivor warned strings were attached, that the feds would control the movement. It turned out some of these millions (which are rightfully ours!) funded crucial, excellent projects. But it did indeed distract many activists' focus away from our fundamental social change roots — the civil rights, anti-war, women's movements, etc. Now with huge government cut-backs looming, these activists may be scrambling desperately for independent funding sources.

But in the bigger picture, government & psychiatric co-optation potentially extends far beyond the movement, to exploiting the spirit of peer support and empowerment itself. If depoliticized and de-fanged, mutual support and emotional openness and wholistic healing by themselves can be used simply as ways of adapting people to "deadly normality."

A prime example: In some areas, psychiatric survivors hired as "peer counselors" by their states have as part of their job pressuring rebellious people to "take your meds, just like I do." Can you think of a more powerful enforcement technique? In Oregon, one such "peer counselor" even helped obtain a court order forcing the person to take their drugs at home!

A Vietnam Vet who talked anonymously with me agrees: "This is a dysfunctional society. They're telling you the cure for Vets is to bring these people home and have them re-adapt, regardless of what their losses were: Don't be angry, don't grieve. At the Vet Center support groups you can talk angrily, as long as you sit down. But if you say 'I'm going to roll up this newspaper and hit the table,' they say 'Oh, no, you might disturb someone, and others might start doing that themselves.' Vet Centers are healthy in that everyone needs to go to a group of people, share their experiences. But the Vet Centers will not allow you to express your rage. They'll just set up another group, so you'll adapt."

Dr. Noparstak feels that de-politicizing in Vet Centers isn't universal. "It depends on the Vet Center. I know groups where empowerment is very important, where getting people to become politicized is an important part. I am anti-military. I encourage vets who come to see me to speak out, to speak out in schools."

Yes, there are exceptions. But ironically, Dr. Noparstak confirmed this de-politicizing in a deeper, subtle way. At the end of the interview he asked me to only quote him about the military, but discouraged me from quoting certain remarks by him critical of human rights violations in the Oregon psychiatric system.

Dr. Noparstak is critical of military psychiatry: "The whole purpose of the mental health field in the military is to grease the

it takes something violent to break it off. It doesn't just recede.

Q: How can we break out this time?

Ken: I'm afraid we're over the edge of the cliff now and things are going to happen to us and all we can do is maintain an equilibrium and survive.

I think someone will come along, a Martin Luther King, John Lennon, a new kind of Woody Guthrie, who will be able to coalesce the American vision again.

In the Civil War TV series, at the end, this black woman historian made this point: When we fought that war it was about slavery, and we were the first nation to fight a whole world about that, and the war is still going on. The war is about who mows your lawn, who washes your dishes. Are there inferior groups of people? Should they have less opportunities? And that kind of slavery is not just black and white, it has to do with economics. Until we get back to that battle as a nation and really confront that battle here, we're neglecting our destiny.

Our destiny is to try to make people free. And that doesn't mean just turn them out of jail, out of the nut house. But to make them free from having to do dumb stuff and eat dumb stuff and be coerced by people who have a lot of money to make them believe dumb stuff. Dumbness is easy to sell, because you can put a good coating of caramel on dumbness and put it on a stick and sell it. Smartness is hard to sell because you can't sugar coat it, sometimes it's hard to swallow, it's difficult to chew. And even once you get it down, it is a problem to digest it and once you digest it sometimes it bothers your lower colon.

Q: The psychiatric survivors have very low credibility in our society. You've helped us a lot. Any suggestions for our movement?

Ken: I saw this program the other night about Martin Luther King and I saw the way that people were being trained to sit down in Mississippi in 1964, and how they were trained to cover their heads and cover other people's heads and go ahead and take the blows. I'm afraid I don't see any other way out. You people have to go and protest and when people confront them they have

wheels of the killing machine. It's very crazy-making. It's Catch-22."

But when will psychiatrists such as Dr. Noparstak and Dr. Mosher see that one of the main purposes of their civilian psychiatry — even seemingly benign methods they endorse — is also social control, to grease the wheels of a political/economic "normalizing" machine that is killing millions, plus destroying the environment?

Psychiatrizing Dissent

An example of the civilian psychiatric system: On Monday, Feb. 18, in the center of town in Amherst, Mass., Gregory Levey poured two gallons of turpentine over himself and burned himself to death, leaving a cardboard sign with the word "PEACE."

The Associated Press tried to "psychiatrize" Levey's self-immolation. In the middle of a story on him, they cited Erving Staub, a psychology professor at the Univ. of Mass., who evidently did not even know Levey, saying that when there is confusion about whether a nation should be involved in a conflict, that confusion can worsen the condition of those already mentally troubled. Staub's wife added that she and other psychotherapists had seen an increase in stress and anxiety among their clients. The AP called such distress "symptoms," even though a close professor said of Levey: "[I]t seems inescapable, given his nature and character, that this was his expression of horror against the war and its inhumanity."

On the home front, "mutual emotional support" sky-rocketed during the war. But the instant rise of yellow-ribbon peer groups and televised portrayals of flag-waving unity will not "fix" Americans' deep loneliness, disempowerment, lack of community... or blood lust.

We must use the concept that George Bush is so frightened of: "linkage." Making ties to other social change movements not only strengthens our political clout; it strengthens the vision of nonviolent, deep-rooted and — yes — even revolutionary social change.

After the Vietnam War, the vets' experience was de-politicized by giving the label "PTSD" to vets who had emotions that could have been vital feedback to a disturbed society, if constructively expressed, and not psychiatrized.

Feedback like that could have helped prevent the Gulf War's needless destruction of tens — perhaps hundreds of thousands of lives, and its fragile environment. Feedback like that could have helped shine a light through the spiritual blindspot so many Americans now have towards the most-recent mass killing of mainly darker-skinned people.

Steve Bentley, in "A Short History of PTSD," in *Veteran Magazine*, Jan. 1991, writes: "[T]he heart of current concerns about PTSD [are] that, paradoxically, its tremendous incidence in Vietnam was ultimately a sign of the sanity of those who fought in the war. Otherwise, why be disturbed by the killing, by the stuff of war? But ever after, in peacetime, the reconstruction of the 'human web' becomes more and more implausible; if societies are sane — if, in fact, they are civilized — why are there wars?"

In memory of all those who died in the 42 days of the Gulf War... perhaps the equivalent number as the City of Eugene. Perhaps more. Both governments are united in hiding the truth.

Kesey Interview continued from page 1

We have been tricked by television and politicians and continual bombardment of a lot of social norms which are like leeches, and we thought we had pulled them off and stomped them and killed them. But I don't think they're ever killed. I think they're always just waiting to hook themselves back on you if you let your guard down.

As I've been watching this war stuff happen, it really makes you think about what's the best way through it. The best way through it is always to behave with mercy. People are blaming people for being poor. As if, when they're born, they were born to rob a 7-11 store instead of the fact that that was the only alternative left.

People are blaming people for being crazy. Nobody is to blame. No guilt. I worked for about a year in Menlo Park psychiatric institution. What I saw when I worked in the hospital, is that people loaded guilt on people that were already broke and creaking from other things. They wanted to say this had to do with something you did wrong.

Q: A lot of people saw Cuckoo's Nest as a metaphor for massive mind control in our society. Do you go for that metaphor?

Ken: I'm afraid so. If you can show people bottles of coca-cola, and they'll buy people of coca-coal, then you can show people pictures of war and they'll buy war. You can show people versions of insanity and they'll buy it. That's mind control.

Q: People saw the counterculture as a response to that linear control.

Ken: In the *Further Inquiry*, there's a trial about why the counterculture was done, about the sickness in American society, and why it was necessary to blast our way out of it. You couldn't bring your way out of it by conventional methods. It's like tartar that grows up around the tooth. It builds up bit by bit by bit, and finally

Tips for networking: To get newsletters, etc. sending a self-addressed envelope (and a donation for copying if possible) really helps these non-profits. Stay in touch with cheap P.O. postcards. And even if you don't write to them, how about adding a few names to your group mailing lists to help networking?

Book reviews

Challenging the Therapeutic State: Critical Perspectives on Psychiatry and the Mental Health System, edited by David Cohen, University of Montreal. (1990)

This double issue of *The Journal of Mind and Behavior* is one of the most important intellectual attacks on the foundations of the psychiatric system in two decades of struggle. It pitches to the progressive academic community, who have played an often-ignored role in launching our movement in the first place. Mainstream intellectuals, letting their self-interest rule their "rationality," have traditionally ignored these dissidents. This is a good start for "A Little Library of Dangerous Thoughts" Kate Millett has called for.

Whatever happened to all these dissidents, and their journals, such as *State & Mind*?

The feeling the book invoked in this reviewer/survivor was, "Finally, some published analyses are catching up to where we survivors have always been. Our experiences taught us these truths a long time ago."

Because of the book's audience, its 18 articles are couched in a distant, objectifying tone, with a sprinkling of university & psychological jargon that is usually (but not always) inoffensive. A few authors dip into the medical model, but mostly the articles are powerful indictments.

Among the most vital:

- Peter Breggin, of course, with the help of psychiatric survivor Wade Hudson, provides an extensive, unprecedented summary of research studies on damage caused by neuroleptic drugs (e.g., Haldol, Prolixin, Thorazine, Mellaril, etc.) to higher-level functions of the brain. Of course, Peter has discussed some of these studies before. But this article is a convincing overall list analyzing brain scans, animal studies, etc.

Most insidiously, much neuroleptic-induced brain damage is frequently masked by the drugs themselves, and therefore revealed only during withdrawal, resulting in a tendency to lifetime drugging.

Peter also describes how psychiatric drugs can quite literally "shrink" the brain: "There is convincing evidence to indicate that long-term treatment with neuroleptic medication frequently produces persistent cognitive deficits, dementia and atrophy of the highest centers of the brain... The most consistent information on prevalence has been generated by brain scans which measure brain atrophy. We can estimate a prevalence of 10 - 40% among neuroleptic-treated patients, increasing with duration of treatment and age." He ends by stating, "never before in history has the psychiatric and medical profession been confronted with an iatrogenic [physician-caused] tragedy of such proportions as the neuroleptic-induced epidemic of tardive dyskinesia, persistent cognitive deficits, tardive dementia, and brain atrophy. It is time for the profession to take responsibility for the damage it is inflicting on millions of patients throughout the world."

Requests for reprints: Peter R. Breggin, M.D.; Center for the Study of Psychiatry; 4628 Chestnut Street; Bethesda, MD 20814.

- Theodore R. Sarbin's writes in his piece:

"The disease construction of schizophrenia is no longer tenable... Employing a moral category, 'unwanted conduct,' as a criterion, and tacitly transforming moral judgments to the medical category, schizophrenia leads to the use of schizophrenia / nonschizophrenia as the independent variable in research designs. The failure of eight decades of research to produce a reliable marker leads to the conclusion that schizophrenia is an obsolescent hypothesis and should be abandoned." Reprint requests for "Toward the Obsolescence of the Schizophrenia Hypothesis": Theodore R. Sarbin; Stevenson College; University of California; Santa Cruz, CA 95064.

- Kenneth J. Gergen: "The mental health professions largely operate so as to objectify a language of mental deficit. In spite of their humane intentions, by constructing a reality of mental deficit the professions contribute to hierarchies of privilege, reduce natural interdependences within the culture, and lend themselves to self-entrenchment." Reprint requests for "Therapeutic Professions and the Diffusion of Deficit": Kenneth J. Gergen; Dept. of Psychology; Swarthmore College; Swarthmore, PA 19081.

- In "The Name Game," Phil Brown begins a preliminary outline of a sociology of psychiatric labeling. He basically calls psychiatry's bible, DSM-III-R, a biased pseudoscience of social control. Reprint requests: Phil Brown, Ph.D., Dept. of Sociology; Brown University; Box 1916; Providence, RI 02912.

- Leonard Roy Frank has for years written extensively about his experiences receiving and studying electroshock. In his article he synthesizes his main attacks. Reprint requests: Leonard Roy Frank; 2300 Webster St., San Francisco, CA 94115.

Many of the other "usual suspects" can be found in this ward of outlaws, including: Ronald Leifer, Seth Farber, Andrew Scull, Phyllis Chesler, Judi Chamberlin, Lee Coleman & Szasz.

Its 328 pages are well worth it. Paper. \$18. [Reduced price for all *Dendron* readers: \$15.] Write: Raymond Russ; *Institute of Mind & Behavior*; PO Box 522; Village Station; New York, NY 10014. Or phone: (212) 595-4853.

Crazy Wisdom. By Wes "Scoop" Nisker. (1990)

Scoop was one of the original underground radio D.J.'s in San Francisco's 1968 counterculture. He later encountered what he calls "crazy wisdom" in his study of Eastern religion. His book is a random romp that laughs at Western industrial pseudo-rationality, and keeps hope alive that humans will evolve. "Crazy wisdom is the wisdom of the saint, the Zen master, the poet, the mad scientist and the fool," he writes. "Crazy wisdom sees that we live in a world of many illusions, that the Emperor has no clothes, and that much of human belief and behavior is ritualized nonsense. Crazy wisdom understands antimatter and old Sufi poetry; loves paradox and puns and pie fights and laughing at politicians. Crazy wisdom flips the world upside down and backward until everything becomes perfectly clear."

He finds crazy wisdom bubbling up in human history: "From the Taoists to the Dadaists; from the Book of Ecclesiastes to Mark Twain's Letters to the Earth; in the parables of Chuang Tzu and the Baal Shem Tov; out of the cyclonic whirl of Rumi's dervish poetry and the profound nonsense of Samuel Beckett's confused characters; lurking beneath the unruly hair of Albert Einstein and between the bushy eyebrows of Groucho Marx; inside the howly voice of Allen Ginsberg and from behind the rags of Lily Tomlin's bag lady."

We think too much, he says, and we think too much of ourselves.

"Modern science may have discovered the seat of crazy wisdom," he says, "the right hemisphere of our cerebral cortex... The left hemisphere seems to be in charge of logic, mathematics, and ordinary language activities, while the right controls kinesthetics, artistic sensibility, and spatial judgment... Perhaps the crises threatening humanity in the late 20th century arise from simple functional imbalance, an unequal distribution of strength between the brain's left and right hemispheres... Perhaps exercising the right hemisphere through techniques such as meditation (or development of intuition, or exposure to art, music, and nature) might bring us to true sanity or consciousness, and a more integrated way of living."

226 pages. Paper. \$12.95 from Ten Speed Press; Box 7123; Berkeley, CA 94707.

Brief book listings:

Positive Living & Health: The Complete Guide to Brain/Body Healing & Mental Empowerment by the Editors of Prevention Magazine and the Center for Positive Living. (1990)

A huge compendium of brief Prevention reprints covering nutrition, self-esteem, effect of emotions health, ways to be stress free, etc. A good, quick summary of alternative healing includes acupuncture, aromatherapy, imagery, re-birthing. Unfortunately, typical of new age, very little on political empowerment. 516 pages. Hardbound \$26.95 (plus \$3.35 postage & handling).

Spiritual Emergency: When Personal Transformation Becomes a Crisis, edited by Stanislav Grof, M.D. & Christina Grof. (1989)

Linked with the new age Spiritual Emergence Network (SEN), the Grofs have pulled together 14 articles on "Divine Madness," that also examine "Help for People in Spiritual Emergency." Authors include R.D. Laing, John Weir Perry, and Ram Dass.

Unfortunately, the book plays it safe and draws a simplistic cautionary border between "purely spiritual states" and "pathological... psychotic" states that "require medical attention." (The book did not say if the latter "psychotic" state had George Bush as president.) Part of the new age movement appears to have an allergy to a political analysis of oppression. But as Martin Luther King put it, a church that's inactive in the face of oppression is a "dry as dust religion."

250 pages. Paper. \$12.95. Jeremy P. Tarcher, Inc.; 5858 Wilshire Blvd., Suite 200; Los Angeles, CA 90036.

[Also out on this topic: *The Call of Spiritual Emergency: From Personal Crisis to Personal Transformation*. By Emma Bragdon. 1990. 243 pages. Paper. \$12.95 from Harper & Row, San Francisco.]

Announced, not seen:

AS FOR THE SKY, FALLING: A Critical Analysis of Psychiatry and Suffering. By Shelagh Lynne Supeene.

(Release date: Feb. 1991)

Publisher's blurb:

"Incisive, probing — a bold indictment of psychiatric care and society's attitude toward suffering."

"In this first person account, writer and expatriate Shelagh Lynne Supeene has produced a scathing examination of psychiatric professionals and institutions. More than a decade after she put herself into the hands of such specialists Supeene ... shows how prevailing attitudes and approaches rather than alleviate the problems of those in treatment increase them by making the injustices of psychiatry systematic and routine."

225 pages. \$14.95 paper. Second Story Press; 760 Bathurst Street; Toronto M5S 2R6. Phone: (416) 537-7850. Canadian toll free order number: 1-800-263-8961. U.S. toll free order number: 1-800-253-3605.

Cry of the Invisible: Writings from the Homeless and Survivors of Psychiatric Hospitals. Edited by Michael A. Susko. (1991)

Publisher's blurb: "...Seeks to give voice to two of the most silent groups in our society... It

Resources

represents one of the first times in history that we hear from such people first hand... Often those who are put in psychiatric hospitals have deep wounds going back to childhood or have suffered a recent trauma. The system's neglect of their cry of pain renders them invisible. Indeed, the routine response of the mental health system, as described in these stories, is to muffle the cry through heavy drugging and, increasingly, through electroshock. Often, the person's attempts at spirituality are treated as symptoms of neurochemical imbalance. Many writers in this book use poetry powerfully and directly to describe their experience. There are also writings from professionals who dispute the claims of a drug-based mental health industry... In these stories, we see also what really helped people to survive against great odds, and in some cases go on to be independent, and live happy, fulfilled lives."

This book is heard to include an excerpt from *Dendron* #2: A phone interview with R.D. Laing. Paper \$16.95. Hard bound \$19.95. (Add \$2. shipping & handling. Libraries can take 40% off cover price.) Send orders to The Conservatory Press; PO Box 7149; Baltimore, MD 21218.

On the publishing horizon:

Toxic Psychiatry, by Peter Breggin.

Peter has said this volume will sum up his main criticisms of psychiatry, along with a many favored alternatives. Unlike some of his past works, which were more scientific in nature, this book will be oriented to the general public. It should become a popular expose with the public & media.

Psychiatry: Help or Betrayal by the Citizens Commission on Human Rights.

This book, now a 300-page manuscript, promises to challenge psychiatric human rights violations, and take on psychiatry's embarrassing history — from Benjamin Rush (the "father" of American psychiatry used torture) to the holocaust (psychiatrically-labeled were the first to die). Their plan is to distribute thousands free to government officials. To sponsor a copy in advance, send \$10 to: CCHR; 5625 Fountain Ave., Suite 2; Los Angeles, CA 90029. Or phone: (213) 667-2901.

Psychiatric Rehabilitation, by William Anthony, Mikal Cohen, Marianne Farkas. (1990)

"Consumers" rate three pages.

To review this mainstream book free for two weeks, write: Center for Psych. Rehab.; 730 Comm. Ave.; Boston, MA 02215.

Booklets

Psychiatric Drugs, by Dr. Caligari...

is one of the best critical descriptions of psychiatric rugs, their effects and withdrawal advice. This is a must-have for advocacy groups, especially. They are now available at a different address. Send \$6 to: Leonard Roy Frank; 2300 Webster St., #603; San Francisco, CA 94115.

"A Guide to Establishing a Human Rights Documentation Centre," a report by UNESCO-UNO seminar at United Nations Univ., Tokyo.

These 80 pages give a taste of the immensely complex tasks facing the huge, global human rights community. They consent to a decentralized network that "should include a wide diversity of documentation centers and libraries ranging from those using simple manual cataloging systems to those which operate sophisticated computer data-bases; despite this diversity, network members can exchange information by recording and maintaining records in agreed standard formats..." They included a demand for non-literate accessibility by translating info into "such media as audio-visuals, songs, role-playing, cartoons, etc." Write: HRI; Human Rights Centre; University of Ottawa; 57 Louis Pasteur; Ottawa, Ontario K1N 6N5, Canada.

A.D.A. Analysis

Many have talked about it, but what powers does the American with Disabilities Act, signed into law July 26, 1990, actually give to people with psychiatric labels? The National Mental Health Association has announced its 45-page analysis on the ADA, available for \$5 payable to NMHA; 1021 Prince St.; Alexandria, VA 22314-2971. Or phone (800) 969-NMHA. [By the way, obviously ADA does not include the right to refuse forced electroshock, something one would consider rather important. There is chance some NMHA leaders just might be open to lobbying on issue. If you have any contacts, it might be a good time to ask them about this.]

Periodicals

Psychiatric survivors — national publications:

Choice Words: The 24-page premiere issue states it is "A journal of discussion on issues in mental health" and featured news, commentary and five articles on psychiatric rights. Editor Jim Wilson promises independent, muckraking journalism. Sandra Everett's sums up her critical analysis of psychiatry. William Sauber explores "synchronicity" in his life; he interprets these so-

called "psychiatric symptoms" mystically. Psychiatric worker Fran Haga, in an article on her adolescent unit, reveals a jaded, authoritarian attitude even sympathizers can develop: "Out job is to make some dent into the meanness, ignorance, stupidity, and insanity of these kids without making them worse..." Still, it looks like Jim's journal could make a big dent into psychiatric oppression. Write: Choice Words; Park Century Press; PO Box 1217; Atlanta, GA 30301.

Belle of Central Texas, an 8-page newsletter with quotes, poetry, advice column is one of the few "mental health consumer" newsletter written and edited primarily by African-Americans. Includes Texas news. Write: LaRita & Alex Pryor; 7313 Lunar Drive; Austin, TX 78745-6454.

Positive Visibility is edited by Don Culwell and published by Reclamation, Inc., which describes itself as "A national alliance of former mental patients working to help reclaim the human dignity destroyed by the stigma of 'mental illness.'" Write: Positive Visibility; 2502 Waterford; San Antonio, TX 78217. Phone: (512) 824-8618.

Mind Matters Review is an approximately 10-page legal sized newsletter exploring philosophical and political issues of psychiatry and mind control. The editor, who "has more than 15 years of experience with the system that defines mental health and mental illness," writes: "MMR seeks to offer a nation-wide support service for individuals who have been stigmatized by the label, 'mental illness.' MMR seeks input from patient rights advocate groups around the world, as well as sympathetic mental health professionals, patients and former patients who choose to do something about the real madness in the world." Write: MMR; 2040 Polk St. # 234; San Francisco, CA 94109.

The following national newsletters have been listed in past *Dendrons*, and are must-sees: **National Association of Psychiatric Survivors**; PO Box 618; Sioux Falls, SD 57101 • **The Tenet**, c/o NARPA; MHA; 328 E. Hennepin Ave., 2nd Fl.; Minneapolis, MN 55414. **Counterpoint**; Westview House; 50 South Willard St.; Burlington, VT 05401 [New issue has article by LR Frank on SF shock hearing.] • **Peer Advocate**; Alice Earl; 1097 Longmeadow St.; PO Box 60845; Longmeadow, MA 01116 • **Constructive Action Newsletter**; Shirley Burghard; B 504 Ross Towers; 710 Lodi St.; Syracuse, NY 13203.

Psychiatric survivors — grassroots publications:

inter-connections is "news about PEOPLEe about PEOPLE." PEOPLE stands for Projects to Empower & Organize the Psychiatrically Labeled. The Jan. 1991 issue included schedules for a wide variety activities, including peer support groups, drop-in center, advocacy, etc. Articles promoted plant therapy and attacked media discrimination. Write: PEOPLE; PO Box 5010; Poughkeepsie, NY 12602.

Equilibrium Times is published by the Psychiatric Inmate Rights Collective in Santa Cruz, CA. The first issue had 16 pages of news about psychiatric drugs effects, local and California events, poetry, and a model letter to lobby the legislature on the right to refuse psychiatric drugs. Write: PIRC; PO Box 299; Santa Cruz, CA 95061. Phone: (408) 475-7904.

Consumer Network News, by On Our Own of Maryland, focuses on their group activities in their drop-in center and advocacy program. This past fall, the Campaign for Human Development (CHD), a branch of U.S. Catholic charities, has given a \$49,000. grant to On Our Own. Write: On Our Own; 5422 Belair Road; Baltimore, MD 21206.

Portland Coalition Advocate covers Maine psychiatric survivors issues, especially relating to the group Portland Coalition for the Psychiatrically Labeled. The Jan. 1991 issue announced that Claudi Anderson is the new PCPL director. It featured poetry and a review of the novel, *The Comforts of Madness*, by Paul Sayer, about the "world of the catatonic." Write: PCPL; PO Box 4138; Portland, ME 04101.

The Empowerer: Building bridges to understanding, is a small newsletter published by the Tennessee Mental Health Consumer Association. The Jan./Feb. issue included an article on Vet Centers, threatened budget cuts, a poem and regional notes on Tennessee activities. The Empowerer; Dubose Conference Center; P.O. Box 339; Monteagle, TN 37356.

St. Louis Self Help Center Newsletter is a grassroots paper carrying local information on their drop-in center. The Feb. 1991 issue departs from their usual "consumer authors": A parent, Laurey Clement, praises the effect of shock on her son. She refers to a video as helping to convince her, though why she should be the decision-maker is not discussed. There's a good chance the video was of Max Fink, which is filled with lies. [See other articles referring to the video.] Shock has reportedly come back in a big way in St. Louis, and a number of readers are mad that this issue covered-up hazards.

SHARE THE NEWS, is published by the South Carolina SHARE, which stands for Self-Help Association Regarding Emotions, founded

in 1986 by psychiatric survivors. Their spring issue mainly covered local consumer activities, including an article "Consumer-Run Means Consumer-Controlled." Their statewide conference is April 23 to 26. Write: SHARE the News; MHA; 1823 Gadsden St.; Columbia, SC 29201.

Allies & others publications:

Policy in Perspective covers the activities of the Mental Health Policy Resource Center. The dozen or so staff form an establishment "think tank" that mainly embraces traditional psychiatry with little attention to "controversial" survivor demands, such as an end of forced electroshock, stop outpatient commitment (forced drugging in the community), etc. Their computer bulletin board, called Policy Information Exchange (PIE) includes the ABA Law Reporter, and a database on state legislative activity. However, this BBS is quite expensive. How about psychiatric survivors accessibility, MHPRC?

Achoof is a twice-yearly small newsletter published by Gesundheit Institute, which is trying to build a \$2.5 million alternative health institute on 310 acres in West Virginia. Dr. Hunter D. "Patch" Adams, director of Gesundheit for 20 years, is said to promote "wellness," empowerment and new age approaches. He is an unusual doctor. He doesn't charge for medical care, and has been known to don a Viking costume, walk a tight-rope, and strap a rubber nose on a Soviet customs official. They are writing a chapter for Peter Breggin's new book, and have been survivor allies. Their motto: "Good health is a laughing matter — and that's nothing to sneeze at!" Write: Gesundheit Institute; 2630 Robert Walker Place; Arlington, VA 22207. Phone: (703) 525-8169.

Fact Sheet Five, edited by Mike Gunderberg and collective, opens another world for 10,000+ readers: A mind-blowing, sometimes frightening free-thinking underground. This a bi-monthly 140-page small print 'zine has thousands of unusual, marginal publications, t-shirts, audio & videotapes, etc. The graphics are bizarre and/or hilarious. If you publish a newsletter, be sure to send a copy of Fact Sheet Five. Not only will they review it (helping you network nationally), but they will also send you a free copy of their next issue. Reviewing nearly everything means there are a number that's some that are offensive. But the vast majority are right on.

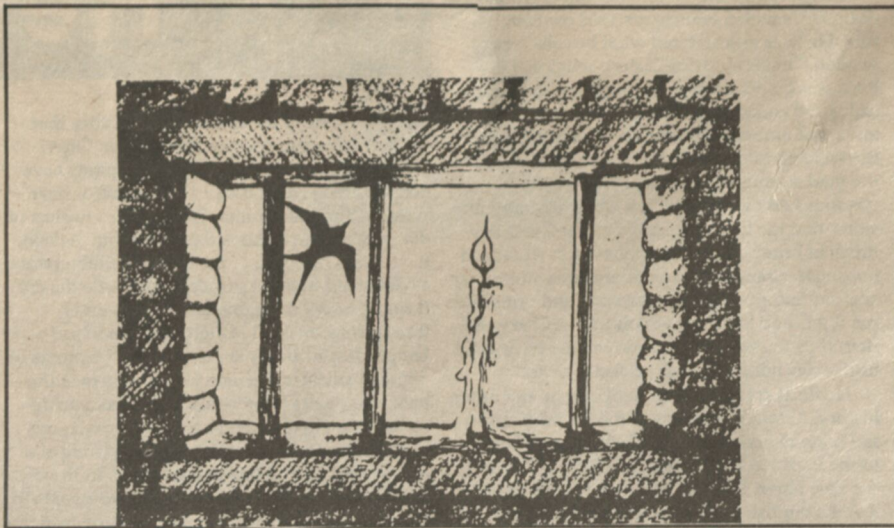
Interesting trend: A widespread tendency to criticize and mock psychiatry, psychiatric labeling, mind control, etc. Our little movement isn't not alone in challenging "normality." Some directly link up with us. Example: "Chuck's Newsletter #19 (\$3 from CN, 1060 5th Ave., Suite 4003, San Diego, CA 92101-5102): Personalzine of experiences, past and present in the mental health care system. This issue covers being overdosed with thorazine ('my 10 weeks as a moron')..."

All Ways Free is the publication of the Rainbow Gathering, an enormous free annual festival held each year for two decades deep in a different national forest of thousands upon thousands of free-spirited folks. It begins slowly in June, and peaks at an enormous silent peace circle at noon on the Fourth of July. The past few years have included a quiet natural spot as an emotional healing area. This year's Rainbow Gathering is in the New England area. Try to bring friends, be prepared to hike to a remote area, become familiar with carefully living in a "Third World" fashion. Mainly bring love, openness & wisdom. It's self-organized & free. Write: All Ways Free; 515 E. Grant Rd. #113; Tucson, AZ 85705.

The Human Rights Internet Reporter is a compendium of abstracts of rights reports from around the world. HRI is part of the professional, academic and UN human rights global community. The Winter '90 had 276 pages of thousands of cross-referenced items. Unfortunately, the few psychiatric listings have mainly been about USSR oppression of dissidents, probably because these the formal human rights information HRI receives. Publications documenting rights violations, or methods of protecting them, are welcome. All advocacy organizations issuing this material, especially federal Protection & Advocacy, should immediately add dissemination to HRI: Human Rights Internet; University of Ottawa; 57 Louis Pasteur; Ottawa, Ontario K1N 6N5, CANADA.

Psychosocial Rehabilitation Journal: This is a professional & academic publication that often includes a consumer-empowerment perspective. The Jan. '91 issue had an article on professional training of consumers, and a case study of a mutual support program that matched peers. The Oct. '90 issue had an article by David P. Moxley & Paul P. Freddolino on "A Model of Advocacy for Promoting Client Self-Determination in Psychosocial Rehabilitation." On the other hand, a stone-age article by Jerry Dincin, Executive Director of a huge authoritarian program called Thresholds in Chicago, intones, "Mental illness is not a social illness, and the illness itself will improve only minimally with social empowerment. I see a tendency toward over glorification of member empowerment..." We see glorified executives, Jerry. The journal is also a voice of the International Association for Psychosocial Rehabilitation (Dendron #19 listed their June 24 to 28 annual conference in Baltimore). Write: Psych. Rehab. Journal; Center for Psych. Rehab.; B.U.; 730 Common Wealth Ave., Boston, MA 02215.

Different Times is a Seattle-area newspaper focusing on disability rights. Vol IV, No. 14 and Vol V, No. 1 featured exposes on Fircrest School for "developmentally disabled," which is facing



Justice Dept. investigations. They keep an eye on government policy & legislative activity. For a sample write: Different Times; Vonne Worth; 2600 N.E. 125th #4; Seattle, WA 98125. Phone: (206) 361-0572.

Audio & video tapes

Legal Rights Audio & Video Tapes: For the first time, the 1990 National Association for Rights, Protection & Advocacy conference was professionally recorded. The approx. 50 subjects include death on psych. units, tardive dyskinesia, advocacy for elderly residents, culturally sensitive services, attorney's fees in fed. litigation, abuse of women & children by men, quality assurance, FDA regulations on shock, etc. Contact NARPA (see coalition list). Or inquire: Jim Turney; 2214 Hey Road; Richmond, VA 23224. Or phone: (804) 276-9255.

Crazy Woman. This 60-minute video includes several widely known national women in the psychiatric liberation movement sitting in a living room, some sipping wine. All have a free-ranging talk on psychiatric assault, the medical model, madness, organizing, consciousness, friendship and more. Featured: Renee Bostick, Judi Chamberlin, Kate Millett, Rae Unzicker, Pat Weisser and Sally Zinman. [Rumor has it this group, on a half-serious lark, also formed "Women Against Men in the Movement," or WAM-IM!] A bit pricey: \$100. All proceeds go to benefit the National Association of Psychiatric Survivors. Write: NAPS, Box 618; Sioux Falls, SD 57101.

Wide variety of video tapes: As many now know, a professional crew of psychiatric survivors — White Light Videos — is pumping out a large assortment of videotapes up in Vermont. Paul Dorfner has said survivor groups should inquire about special discounts. Write: White Light Videos; 7 Kilburn St.; Burlington, VT 05401. Phone: (802) 635-7547.

MAD BURLE VIDEOS

Have a Mad Video Party! List & send your favorite Mad Videos to Dendron.

These are available at the larger video stores: U.S.A.: • Frances: Tragedy based on true story of famous wild actress, Frances Farmer, committed by Mom, electroshocked. • Born on the Fourth of July shows how so-called "emotional disturbance" of a disabled war veteran has political roots in reality that deserve societal attention. • Harold & Maude: Comedy. Firey old woman, embraces life and throttles "normality," has romance with suicidal young rich man.

International: • King of Hearts: Much-loved French classic portrays asylum inmates taking over an abandoned town, where they show more "sanity" than surrounding armies of "normals." • Jesus of Montreal: Moving French Canadian drama of poor actor who portrays — and becomes — Jesus, in modern-day Montreal. (English subtitles.) • My Life as a Dog: Touching comedy. Swedish community supports grief of orphaned boy... who thinks he's a dog, barking and all. (Dubbed.)

Announcements

New group: Network Against Coercive Psychiatry is a small New York City based group led by dissident psychotherapist Seth Farber. Their board of directors includes Kyle Christensen and Ronald Leifer, M.D. An impressive Board of Advisors includes Kirkpatrick Sale, Ramsey Clark, Phyllis Chesler and many psychotherapists and physicians.

"Our position is uncompromising," Seth writes in their position paper. "The danger lies in the continued expansion of psychiatric power and the merger of the 'mental health' system with the American government. This forebodes a social control apparatus as totalitarian as that foreseen by George Orwell in 1984. In this case conformity to social norms would be enforced by mental health professionals playing the role of Big Brother. Since the Gulf War's enormous mind control of Americans, Seth has one foreboding to that position paper: There is not just a foreboding of 1984. We are living that book today."

Write: NACP; 172 West 79th St. #2E; New York, NY 10024. Or phone: (212) 799-9026.

Drug resistance info needed: The Canadian group, Ottawa Advocates for Psychiatricized People. Allan Ferguson, an OAPP member, says, "I'm looking for ways to stop the pressure techniques, harassment, incentives and threats and all the mind games used to make people take drugs. What do you think of the California regu-

lations about getting people's consent to medication?" Write: OAPP; Ottawa Advocates for Psychiatricized People; 1485 Caldwell Avenue, #1406; Ottawa, Ontario K1Z 8M1 Canada (613) 728-7274 or 728-1498.

Career Info

A survey on employment of people with psychiatric labels and their success in using employment-preparation programs is being conducted by a survivor / researcher. Write: Joanie Halberg; c/o Mental Health Assn.; 227 N.E. 17th St.; Miami, FL 33132.

Career Education Program Recruiting: A six-year old program by Boston University is opening up to applicants from outside the boston area. The Career Education Program says its classes in June and September will teach people with psychiatric labels the skills needed to choose an occupational direction and develop a career path. While it is not a residential program, some assistance for out-of-state applicants' housing needs is available. For information write: Larry Kohn, Director; C.E.P.; Center for Psych. Rehab; Boston University; 730 Comm. Ave.; Boston, MA 02215. Or phone: (617) 353-3549.

Project Director needed...

for Outreach Advocacy & Training Services (OATS) in Philadelphia.

Project OATS of the Mental Health Association of Southeastern Penn. is a self-help organization of Southrun run by and for persons who are/ have been homeless and labelled "mentally ill." With OATS since its 1987 inception, Laura Van Tosh has announced she is leaving the project to coordinate another MHA S.E. PA. project, the National Mental Health Consumer Self-Help Clearinghouse.

Among Project OATS' goals are to provide direct on-street outreach, create training opportunities, and develop self-help groups. The project director will be responsible for the day-to-day operation of the program, including supervision of four staff persons. Preference will be given to any applicant who has experienced homelessness and "mental health" services.

Salary is negotiable, with full health benefits and four weeks vacation. Send resume and cover letter to: Paolo del Vecchio; Project Share; 311 So. Juniper St., Room 902; Philadelphia, PA 19107.

Miscellaneous

Documenting Rights Violations

The Birmingham, Alabama group, Stop Torture of Mental Patients, has available for human rights investigators the following forms: A three-page Client Abuse Intake Form. An Authorization for Release of Information. And a three-page Abuse Documentation Checklist. Free, but send donation to pay for copying. Write: Sandra Everett, President; STOMP; 9220 A-1 Parkway East, Suite 153; Birmingham, AL 35206.

Packing on Orthomolecular & Bioecologic medicine

John Hammell attended the Support-In conference in New York City last year with a wealth of information about wholistic approaches to emotional difficulties, focusing on the use of megavitamins, nutrition, etc. John wrote on this in the networking section of Dendron #19, and received several response. Therefore, John writes, "I have put together a special information packet which includes several case histories of people who've recovered the way I did, as well as a complete networking guide for additional information on Orthomolecular and Bioecologic medicine. The packets contain some of the most useful material which I've painstakingly collected over a period of 11 years, and you'd be hard-pressed to find it anywhere else." John is also working on a book on the subject. He is offering these information packets at \$6. (Canadians add \$1.) Write: John Hammell; 65 Ridgedale Ave.; Morristown, NJ 07960. Or phone: (201) 267-6160.

Hot line against psych. sex abuse

In Portland, OR the Citizens Commission on Human Rights (CCHR) announced a new Hot-Line Number for psychiatrically-labeled people who have been sexually abused. Bill Earnshaw, spokesperson for the Portland CCHR chapter, cited a report from the Board of Medical Examiners (Dec. 1990 issue) that sexual misconduct by physicians is on the rise. Phone: (503) 228-3279.

Anti-force T-shirts

A few t-shirts (red & black ink) against forced drugging and forced electroshock by artist Elaine Zacchi may be left. \$8. money order plus postage. Inquire first with self-addressed stamped envelope to: Dandelions; PO Box 499; Madison Sq. Station; NY, NY 10159.

Calendar

March 25 • Washington, D.C.: A debate entitled "Psychiatric Drugs: Wonderful Revolution or Ongoing Catastrophe" will be held at St. Elizabeth's Hospital. Panelists include Peter Breggin, M.D., Ron Thompson (an attorney/survivor on the board of National Association of Psychiatric Survivors), and Robert W. Daily, M.D. (a professor of psychiatry at the Univ. of NY, Syracuse who will argue for forced treatment). The facilitator will be Jeffrey Rubin, Ph.D., who has moderated a similar debate in Corning, NY. [Contact: SUNY at 800-283-4306 or (315) 464-4606. Touch base with Ron Thompson. at: (301) 897-8779.]

April 1 • April Fool's Day, the Dendron editor's favorite holiday.

April 20 - 21 • New York City: One or more protests sponsored by the Coalition for REJECT are planned against a two-day psychiatric conference at the Marriott Marquis Hotel promoting electroshock. For information write The Alliance, 826 Euclid Ave., Syracuse, NY 13210. Or call The Alliance toll free at 1-800-724-7881.

April 21 - 26 • Syracuse, NY: The Alliance Peer Advocacy Service will be offering their fifth, intensive week-long advocacy training to individuals interested in advocating for people dealing the psychiatric system or issues of discrimination. Learn how to represent individual's rights and interests... Increase your awareness of the abuses and neglect in the psychiatric system... Hear about protection and advocacy issues... Participate in role playing to increase your awareness... Space limited. Deposits must be received before March 25, 1991. New York state residents may apply for scholarship by calling (518) 434-0439. For more info call the Alliance toll free at 1-800-724-7881.

May 9 - 12 • Banff, Alberta, Canada: "Women & Mental Health — Women in a Violent Society," a conference including Andrea Dworkin, Kate Millet, Carla McKague, and workshops on: "The Mental Health System: Grouping or Crazy Making?" "Running Survivor Hearings," "Women's Anger: Empowerment for Change," etc. Write: Women & MH; Phone Canadian Mental Health Assn.; 9th Fl, 10050 - 112th St.; Edmonton, Alberta T5K 2J1 Canada. Phone: (403) 482-6091.

April 22 - 23 • Boston: Judi Chamberlin of the Center for Psych. Rehabilitation at Boston University will lead a workshop entitled, "Technical assistance for consumers/expatriates." The program states, "With the development of the consumer / ex-patient movement has come a growing need for practical information on how groups and programs which are run by consumers / ex-patriates are established and operated." Subjects include incorporation, fund raising, personnel issues, dealing with bureaucracies, problem-solving techniques, etc.. Price: \$100. Write: Susan Hecht; Ctr. for Psych. Rehab.; 730 Comm. Ave., 2nd Fl.; Boston, MA 02215. Phone: (617) 353-3549.

May 1 • Celebrate either a pagan holiday and/or nonviolent revolution.

May 11 to 16 • New Orleans. The American Psychiatric Association Annual Meeting. Advance registration, for non-members is \$110 for one day. Deadline is April Fool's Day. Really. Media passes are available. Write: APA Registrar, APA; 1400 K Street, N.W.; Washington, D.C. 20005. Phone: (202) 682-6082.

[Note: Plan ahead. May 2 - 7, 1992, APA meets in Washington, D.C.; May 22 - 27, 1993 APA meets in San Francisco.]

July 5 & 6 • Salina, KS: The second annual "state consumer conference" of the Kansas Mental Illness Awareness Council, which is coordinated by Timothy E. Paul (if we recall, a psychiatric survivor lawyer with an MBA, and MS!). Their program includes new games, recreation, human relation skills, dinner, dance, election of board members and auction. Write: EMIAAC; 430 North Woodlawn; Wichita, KS 67208. Phone: (316) 685-0701.

August 9 to 11 • Berkeley, CA: Alternatives '91. A national "pro-choice for human rights in electroshock" protest will take place at a shock shop. But will Alternatives '91 endorse the protest? If not, The Support-In plans to pull it off anyway.

October 20 - 24 • Los Angeles, CA: Another American Psychiatric Association organization, "Institutes on Hospital & Community Psychiatry" meets. The year before, in Denver, after police were notified, legal protesters were unfairly and successfully removed from a public sidewalk in front of this event. [Contact info: see May 11 listing.]

October 23-26, 1991 • Austin, TX: The National Association for Rights Protection & Advocacy will meet in Austin, Texas. Amazingly enough, this is one of the very few — if not the only — annual conferences in the U.S. open to the public and focusing on advocacy for psychiatric inmates on major issues such as forced drugging, outpatient commitment (which is forced drugging in the community), etc. They also include advocacy for people labeled "retarded," to boot. If your state Protection & Advocacy agency doesn't send someone, you might ask if they are too busy fighting isolated battles for minor reform. Write: NARPA, c/o MHA; 328 E. Hennepin Ave., 2nd Fl.; Minneapolis, MN 55414.

The Support-In:

A national coalition open to the public to break the silence about psychiatric oppression!

The Support-In is a one-year-old national coalition of psychiatric liberation groups, open to the public. The Support-In's Sponsor SpokesCouncil has agreed to conduct a united, national campaign to break the silence about electroshock, especially on Bastille Day, July 14, 1991.

This special issue of *Dendron* is dedicated to kicking-off that campaign.

The Support-In is also planning a counter-conference and Festival of Alternatives to protest the American Psychiatric Association Annual Meeting May 2-7, 1992 in Washington, D.C. [Note: Washington, D.C.-area readers please get in touch with The Support-In as soon as possible.]

The coalition has received a \$10,000 grant from the Levinson Foundation, which enables it to employ Janet Foner & David Oaks part time as co-coordinators. The Support-In is seeking further funding for several projects: please give generously..

How did the coalition start?

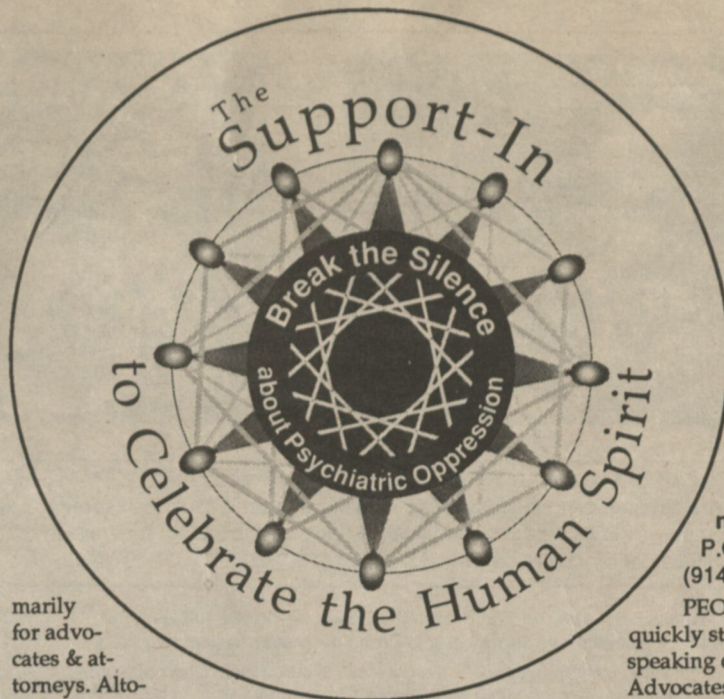
At a workshop on coalitions sponsored at the Oct. '90 National Association for Rights Protection & Advocacy, Janet Foner and David Oaks discovered both were interested in making the movement larger, stronger, and more effective. Two meetings at NARPA of interested people were held to brainstorm ideas: The informal consensus was that organizing around issues, renewed activism, independent funding, and strong support systems with leaders helping each other were needed.

At Alternatives '89 about ten movement leaders met several times to agree on principles of the coalition and begin plans for a kick-off event: A counter-conference to the American Psychiatric Assn. Annual Meeting in New York City. At NARPA '89 about 25 movement leaders met to form committees and do further planning, including designating a group to choose the name of the event. NAPRA, the National Association of Psychiatric Survivors and The Alliance were the first groups to agree to sponsor the event.

In May '90 the North American Support-In to Celebrate the Human Spirit was held for five days in New York City with about 150 people. Our goal: Break the silence about psychiatric oppression. It included a Festival of Alternatives, three protests, and a Mad Celebration. Eight events were held simultaneously in the U.S. & Canada. Eleven groups co-sponsored this event and became founding members of the coalition, which held its first meeting at the end of the NYC conference.

How does the coalition work?

The groups in this national coalition all have exciting, high-quality, non-profit programs. The Support-In includes several user-run drop-in services operated by and for survivors. It also includes two of the main national human rights organizations, one for survivors and the other pri-



marily for advocates & attorneys. Altogether, they form a living example of empowering alternatives and action.

A number of other groups are in the process of officially affiliating with the coalition. Your group is invited to consider joining, too!

Who sponsors the coalition?

The Support-In is building a working coalition, based on direct democracy, run by a spokescouncil composed of a liaison from each group:

The Alliance; Liaison: George Ebert; 826 Euclid Avenue; Syracuse, NY 13210-2541 phone: Toll free: 1-800-724-7881 or (315) 475-4120

One of the original movement groups, founded in 1972, The Alliance won New York state funding, yet maintains its strong dissent. The Alliance operates a user-run drop-in center, popular newsletter and an advocacy program that has won access to local institutions. Mary Ann Ebert of The Alliance is The Support-In's Treasurer. George is a shock survivor and long-time national leader.

Clearinghouse on Human Rights & Psychiatry; Liaison: Bennette Rauch; P.O. Box 11284; Eugene, OR 97440-3484 phone: (503) 341-0100

The Clearinghouse has built an international network between thousands of diverse groups and individuals with the newspaper you are reading. From Eugene's historic Growers Market, the Clearinghouse acts as the central office for the Support-In. Coalition liaison Bennette Rauch is the mother of a young adult psychiatric survivor with emotional difficulties who successfully lives in the community without psychiatric controls.

Coalition for Alternatives in Mental Health; Liaison: Sally Zinman; Berkeley Drop-In Center; 1720 Oregon St., Room 1; Berkeley, CA 94703 phone: (415) 486-1612

The Berkeley Drop-In Center is one of the main user-run psychiatric survivor community centers in the U.S. It provides advocacy and peer support. 70% of the 48 to 85 people served daily are ethnic minorities, 98% are low or no income, and 90% are homeless or at risk of becoming homeless. Survivor Sally Zinman is a nationally-recognized leader and author on the issue.

National Association for Rights Protection & Advocacy; Liaison: Cookie Gant; NARPA; 328 E. Hennepin Ave., 2nd Floor; Mpls., MN 55414 phone: (612) 331-6840

NARPA is the only large mainstream federation of attorneys, advocates and survivors addressing legal and advocacy issues. Amazingly, the annual popular NARPA conference is the only gathering of its type on basic human rights issues in psychiatry. NARPA publishes *The Tenet*. Cookie — a speaker & photographer — is a "people of color" NARPA board member, and is currently reaching new Support-In members at conferences throughout the U.S. [See her personal contact info in Regional Coordinator list.]

National Association of Psychiatric Survivors; Liaison: Sandra Everett; PO Box 618; Sioux Falls, S.D 57101-0618 phone: (205) 836-4319

NAPS is the only remaining national organization of the original 20-year-old movement, and publishes a popular newsletter. This 600-plus member group is also the only large national pro-choice psychiatric survivor group. NAPS has a solid board of experienced survivors who often appear on national media. Shock survivor Sandra Everett is an advocate with the local group, Stop Torture of Mental Patients in Birmingham, Alabama. [See her person-

For more information:

Write: The Support-In;
PO Box 11284;
Eugene, OR 97440

Phone: The Alliance
toll free at
1-800-724-7881.

al contact info in Regional Coordinator list.]

PEOPLE: Projects to Empower and Organize the Psychiatrically Labeled; Sally Clay; P.O. Box 5010 Poughkeepsie, NY 12602 phone: (914) 452-2728

PEOPLE is a fairly new grassroots groups that has quickly started peer support groups, work training, public speaking outreach, and social change action. PEOPLE Peer Advocates, with six regular advocates, has had success defending the rights of psych. inmates at the Hudson River Psych. Center. PEOPLE received this fall its first major funding from the NY Office of Mental Health. They have established an official two-county agency, with an office and a drop-in center (plus goodies such as a minivan and Macintosh). Sally Clay — a survivor of two years of institutionalization and electroshock — is a long time activist who has appeared on national television shows on this issue. [For information about this program, be sure to get their newsletter: see resource section.]

Southwest Consumers; Liaison: Art Liebowitz; 625 Stanwix St; Pittsburgh, PA 15222 phone: (412) 263-2545

Southwest Consumers is a council consisting of elected representatives from 12 self-help groups from the southwest region of Pennsylvania. Southwest Consumers successfully started a large, modern multi-room, user-run community center for psychiatric survivors, and coalition liaison Art Liebowitz is executive director. This active group helped host the annual federally-funded Alternatives conference in Pittsburgh which included a nationally-publicized march and protest on July 14, 1990.

Welcome World, Inc.; Liaison: F.L. "Clover" Foss; P.O. Box 39127; Denver, CO 80239 phone c/o Chris: (303) 831-8660.

Welcome World is a grassroots psychiatric survivor group. Members helped sponsor a large Support-In circle in May 1990 at a state-wide conference of psychiatric survivors. Liaison Clover Foss is a survivor who has sparked a number of vigils in the Denver area on psychiatrically-labeled rights. Member Chris Stillion is providing Rocky Mountain outreach.

The Support-In staff:

East Coast Co-ordinator: Janet Foner; 920 Brandt Ave.; New Cumberland, PA 17070. Phone: (717) 774-6465.

West Coast Co-ordinator: David Oaks (see CHRP, above).

Treasurer: Mary Ann Ebert (see Alliance, above).

Regional Coordinators:

To help outreach, the following Support-In activists have agreed to be Regional Coordinators. Please call The Support-In outreach person nearest you to help network and especially to "catalyze" new groups!

- **Southwest:** Dian Carswell Cox; 7800 Shoal Creek Blvd.; Suite 171-E; Austin, TX 78757 phone: (512) 454-4816
- **New York/New Jersey:** Alliance; George Ebert (see group list)
- **Mid-Atlantic Seaboard:** Janet Foner (see staff list).
- **Southeast:** Sandra Everett; Suite 153; 9220 A-1 Parkway East; Birmingham, AL 35206 phone: (205) 836-4319
- **Midwest — Great Lakes area:** Cookie Gant; 3882 Dobie Road, #110; Okemos, MI 48864 phone: (517) 349-6337
- **Plains States — Midwest:** Paula R. Casey; 1100 South Oak, Apt. 215; North Platte, NE 69101 phone: (308) 532-0713
- **New England:** Catherine Sears; PO Box 4138, Station A; Portland, ME 04101 phone: (207) 772-2208 or 773-8086
- **Rocky Mt.:** Chris Stillion; 611 Marion Street; Denver, CO 80218 phone: (303) 831-8660
- **Pacific Northwest:** Kate Sullivan; 508 Coal Creek Road; Chehalis, WA 98532 phone: (h) (206) 748-1236
- **California:** Kristina Yates; 2491 Ellsworth No. 23; Berk., CA 94704 phone: (415) 548-7314.

STRENGTH IN NUMBERS

Do you want to support The Support-In? You are individually invited to join the coalition (see form). Everyone is welcome — survivors, workers, allies, family members. No one will be turned away for lack of funds. The bigger our strength in numbers, the more we can all win.

Also, are you part of a group who might be interested in being part of the coalition? Contact The Support-In to receive a free Group Packet. You can show this to your members & learn about the advantages to your group of joining the coalition.

Yes, I support the Support-In!

Name (please print) _____

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Sign me up as an individual member!

Recommended donation: \$5 to \$25. Write check to The Alliance.

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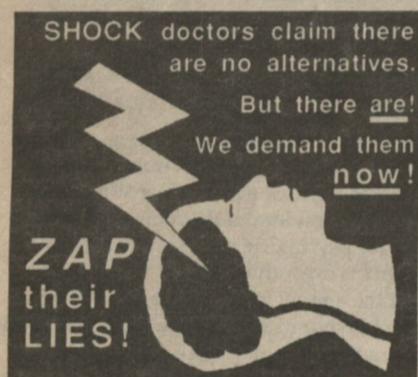
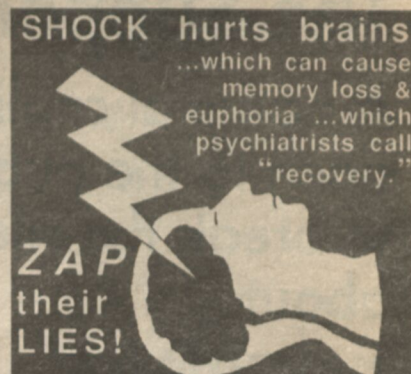
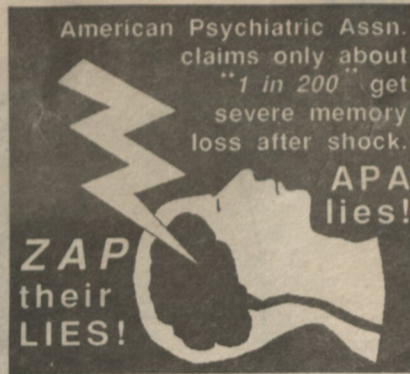
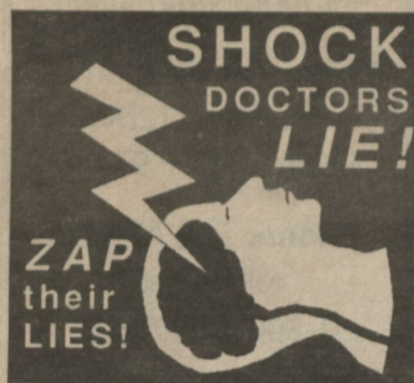
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We demand: 1) **Accurate informed consent.** 2) **Offer a full range of healthy, empowering alternatives.** 3) **Zero coerced or forced shock.**

Lie: "With new improved ECT, memory loss is infrequent: When appropriate we give a smaller jolt with a better type of current we call 'brief pulse.' We use anesthesia & muscle relaxants. Plus, we sometimes just stimulate the half of the brain less involved with memory."

Zap: New? Improved? Electricity & the brain are still the same. A threshold must still be reached to cause the convulsion. Anesthesia and muscle paralyzers may lessen bone-breaking, but can increase brain-frying, because these drugs (which have risks themselves) often raise the convulsion threshold. When doctors shock just one half of the brain (called "unilateral shock"), they choose the nonverbal side. Memory tests are usually verbal so slightly less memory loss is at times apparent. But memories, of course, are everywhere in the brain. Better tests show brain damage is often even more severe on this nonverbal side, less valued in our technological society. No matter what the "improvement," memory loss and brain damage are still common.

Lie: "Today it's not like it was in One Flew Over the Cuckoo's Nest. Now, patients' rights are carefully protected. Everyone signs a lengthy informed consent form before ECT."

Zap: If someone refuses to sign for shock, many states allow the person to be forcibly shocked simply by obtaining the signature of a relative, a judge or even just a second psychiatrist. Forced shock is happening in the U.S. and internationally today! Even when a person signs for shock, it is often under duress. Pressure, lies & threats are routine. All known informed consent procedures in use today cover up the high likelihood of long term memory loss & brain damage. The person shocked is statistically most likely an extremely sad, vulnerable elder, who has been drugged and locked on a ward. Twice as many women as men are shocked. Shock is still about social, mental, emotional and political control.

Lie: "We've tried all the alternatives. And that leaves ECT."

Zap: Shock doctors usually just try drugs and traditional talk therapy first. Countless empowering, healthy alternatives to shock are working for people every day. The psychiatric profession — based on control and emotional repression — has largely refused to learn from these successful mutual support

peer groups, retreats, advocacy programs for basic human needs, user-run community & residential centers, holistic approaches (such as meditation, massage, exchange counseling, nutrition, exercise), etc. Therefore, it is up to all of us to demand these less harmful alternatives be made readily available to everyone who chooses them.

Lie: "Only about 1 in 200 people get severe memory loss after shock."

Zap: This statistic from the American Psychiatric Association 1990 Task Force on shock is a Big Lie. The APA gives absolutely no citation for any medical study to back up these numbers. On the other hand, many studies have shown memory loss is common. For instance, the U.S. National Institutes of Health cites a study showing more than 50% of people report memory problems even three year after shock.

Lie: "ECT works, though we don't know why. It is one of the most effective psychiatric techniques in lifting depression. It is life saving."

Zap: Neurologists know that many people experience a period of euphoria, confusion and apathy after a head injury. Shock is a psychiatrist-caused head injury, and the resulting trauma is labeled 'recovery.' According to studies, six months after shock about 50% 'relapse.' That's why some shock doctors now give monthly 'maintenance' shock. The APA recommends shock for a wide variety of emotional distress. In the big picture, shock does nothing about people's real life problems in living — such as poverty, oppression and loneliness. In fact, shock can even make problems worse by permanently impairing thinking and memory. Shock is destructive. There are better ways to help.

Lie: "Patients, their families and medical experts approve of the way we administer shock."

Zap: Hundreds of shock survivors have testified to shock's damage. Psychiatrists, neurologists and other medical professionals have verified these complaints. But even many of the few who say they benefited from shock agree with these three human rights' demands: 1) Accurate informed consent. 2) Offer a range of alternatives. 3) No coerced shock.

Shock doctors stand nearly alone in their opposition to these common sense demands. They should stop lying to the public about shock and these three, common-sense requests. Since shock doctors refuse to tell the truth, it's up to YOU to ZAP THEIR LIES!

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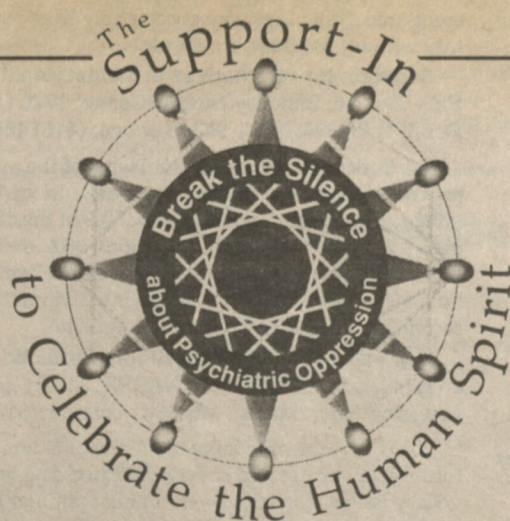
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