

Mental Patients

Liberation Front

Our Journal

FALL 1977



DONATION: \$1.

ALL OF US

Former "mental patients" wrote and created this publication. We are part of Mental Patients Liberation Front, which first united psychiatric inmates to respond to psychiatric tyranny six years ago, in the Boston area. We are a group with diverse political views. Some believe that the society itself must be changed, others believe in reform.

As mental patients, all of us, even those of us who tried to embrace the psychiatric ethic and to have faith in a system which denied our humanity, have at some point felt intuitively that we were oppressed. Look at this system of control, which judges and cages us, from an obvious but neglected view: the political. You, too, *can* help us in our struggle.

One way to help us is to donate money or energy. This is the first published plea of this sort by MPLF. There is good reason to help. Unlike the American Psychiatric Association, our budget is not \$5 million. Our efforts to reach as many people as possible, our attempt to publish a regular MPLF journal, our fight to organize hospitals, and *help* people with our handbook of legal rights, need support.

On the back cover we have ways of contacting MPLF, of joining our fight.

Please note:

This issue took nearly all of our funds to print. We rely on you to send the money we need so badly, if you can.

Mental Patients Liberation Front

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Everyone thanks the contributors.



MAD IS BEAUTIFUL

Many of us feel guilty for being mental patients. We feel ashamed of it. The whole tenor of our society forces it on us. From early childhood, we are told that the asylum is a degrading and humiliating step, and are taught to fear and distrust mad people. Little wonder that a trip to the madhouse raises havoc with our self-image.

This is a shame, for mental patients are not inferior to the public at large. In fact, we come out better than average on most criteria that do not depend on present income or success in the corrupt economic structure.

First, mental patients are not dangerous. We are in fact less dangerous than the average citizen. The kinds of crime we are more apt to commit are things like loitering, looking or acting strange, inflicting harm on ourselves, or talking back to our parents and other authority figures, none of which pose much danger to society or individuals in society. For violent crimes, however, the story is different. Arrest records show that for most violent crimes, mental patients are much more peaceful than the rest of the population.

We are more compassionate people than the rest of them. From my own experience both in and out of hospitals, I have found mental patients to be more trusting, more sensitive, and more considerate. In my worst moments I have gotten help from other mental patients when all I could obtain from others was condescension or rejection, and all I could get from professionals was a kind of cold categorization. To be sure, some of this may be due to the mistrust most "normal" people have for us, and some to a certain affinity we have for each other, but this does not account for all the difference. It may be that the quality of caring is nurtured by adversity. And for many of us, emotional sensitivity was one of the major reasons we sought asylum

in the first place. At any rate, I think our experience has made us better fit to deal with people than the rest of the population.

Finally, we are not slower than most people. Far from it. Mental patients have an average I.Q. of 114. Although the I.Q. test measures many factors besides intelligence, such a high score is a strong refutation to the argument that we are in some way stupider than the rest.

So let's stop feeling guilty about being mental patients. As a group and individually we are beautiful people. We can be proud to have been schooled in those prisons they call mental hospitals. And we can look on our fellow mental patients as brothers and sisters who are not sick or disabled, but stuck in the same boat we are.

David Williams



(film: Joan of Arc)

HOT FLASHES: M.P.L.F. NEWS

A lot has happened since the last newsletter came out about a year ago. We are considerably bigger than we were, with 10-15 people attending every meeting. But several very active people left during the summer (like everybody else, we haven't solved the problem of burning out our best people), so the number of active members remains about the same.

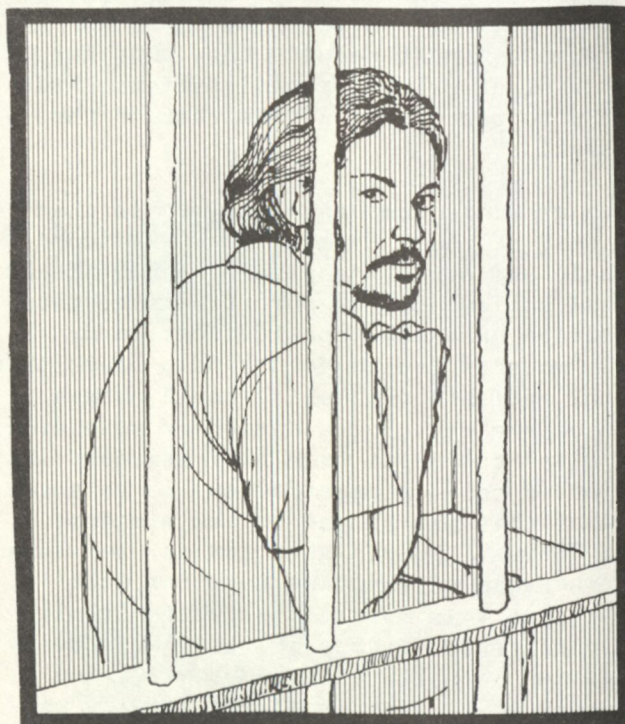
We are shifting our emphasis somewhat from helping and organizing in hospitals toward helping and organizing ex-patients. This was not so much a conscious decision as it was facing up to the fact that a patients' rights group in a hospital depends so much on the goodwill of the staff that it is frustrating in the long run. In the last year we've been kicked out of both Mass. Mental and the Lindeman Center, and they've even set up changed visiting rules so we cannot even visit people we have met there. A very successful and rewarding group at Chelsea Mental Health Center was ended when among other things, a staff change was made which practically guaranteed that the group would get no new members. The only group left is the one at the May unit at Boston State, and even there we are hanging on by our fingernails. When the May unit moved from the Boston State grounds to the Solomon Carter Fuller Center, our right to come in openly as a patients' rights group was suspended, and repeated attempts to restore the situation have failed. Instead, we have been regularly visiting the people we knew, hoping the situation will improve.

So our efforts to organize in hospitals have largely met with frustration in the past year. Not so with our efforts to help ourselves and other ex-patients. For the past year, we have conducted both men's and women's support groups for MPLF members. Although these have sometimes languished (at present there is a strong men's group, a women's group which meets intermittently, and some agitation for a mixed group) they

have at times provided needed support and in addition have brought us closer together. We are also doing more in the way of strictly social events--several parties and a couple of picnics have taken place, and a backpacking trip is planned. But we are nowhere near being a real collective yet, and we are probably less so than we were a year ago, when we were more politically together. Now we are less radical--we represent a greater diversity of political opinion.

We started a drop-in center in the middle of March at Stone Soup Gallery on Wednesday nights. So far, it has been a real success. An article on the drop-in center appears later in this newsletter.

Early March, two of us had a debate with a psychiatrist at Phillips Brooks House at Harvard. The fact that the crowd was almost 100% behind us made it fun. We slaughtered him!



We held another demonstration on March 25, when the Boston State suit re-convened after a year of postponements. About 20 people showed up. We demonstrated in the square and marched around the post Office Building, then attended the hearing en masse. Our chants in the street could be heard in the hearing room 12 floors up.

In May, 1976 we hosted a national mental patients conference. It was held at Tufts University, and drew people from as far away as Vancouver and San Francisco. It was an exciting experience for everyone there. The Deadly Nightshade played at our dance. On the last day of the conference we all marched to Mass Mental and stood, 100 strong, in front chanting, singing, and waving slogans. It was pretty impressive!

On May 26, we were in a nationwide ABC TV show entitled "Madness and Medicine". It was surprisingly sympathetic. Judy and Arlene, MPLF members, spoke sev-

eral times on the issues of drug side-effects and hospitalization; NAPA members, such as Ted, also appeared.

While there was some controversy as the show was taped, the producers pleased most members, and the viewers' response--while not overwhelming--was very welcome.

Ever since then, things have been pretty hectic, but we've been struggling through. As far as we know, everybody is still alive and well, although we've still been poppin' in an' out of the jug.

It has taken us almost a year to get this newsletter done. Without recounting all the amusing, humiliating, and exasperating things that happened (for example, all the existing editorial copy was lost twice), we can only say we'll try to get the next one out quicker. But we don't promise a schedule.

-----Crazy David

NATIONAL CONFERENCE

This year the North American Conference on Human Rights and Psychiatric Oppression is in Los Angeles starting September 15, 1977. Our newsletter should make it there just in time.

Everyone hopes it's a beautiful experience. NAPA is sponsoring it, and has discovered a camp with "many miles of trails" for the 5th Annual five days of talking, sharing, discovering, learning for M.P.'s and established friends. We're all looking for different things, and I hope and know we'll all be able to find them at this Conference. Everyone can get the knowledge, strength, practical and spiritual unity we need, and psychiatric inmates need, all over North America.

David Williams and Maureen left in a van for California. With Judy Chamberlain and David Oaks flying, hopefully, that will make four MPLFers at the Conference. Newsworthy: we'll celebrate two birthdays there; one has been to all conferences for five years; and one person is staying (good-bye Maureen!)

MPLF is laying low at the moment, crouching for the leap, and with its activities this Fall (Newsletter, legal handbook, hospital organizing, Boston State Seven, Psychosurgery, Drop-In Center, Harvard Revelations) we are ready to expand, to grow, to look outwards after a storm.

This Conference could give us more than the strength to fight. It could give us the reasons for fighting.

This is the writer's first Conference, and he's heard some controversial items about past meetings. But this one can only be positive. It's in the stones. It's obvious!

do



Psychic power!

cps

BOSTON STATE SUIT: Shrinking the Shrinks

Two years ago seven patients at Boston State Hospital with the Boston Legal Assistance Project brought a class action suit against the Department of Mental Health to end forced drugging and the misuse of seclusion. If this suit is successful, it will give all mental patients in Massachusetts the right to refuse their "treatment", and will restrict the use of seclusion to emergency situations, ending its use as a threat to compel obedience. Anybody who has been in a psychiatric institution will realize what a major advance this would be.



DEMONSTRATION: Confronting the Beast

On March 25 we held a demonstration in Post Office Square, Boston, to support the Boston State Seven and the right to refuse treatment hearing which took place that day in the Post Office Building (see above).

Then we marched around the Post Office Building. We were told later that our chants and songs could be heard in the hearing room 12 floors up. Then we put our signs away and attended the hearing en masse.

Initially a restraining order was issued against forced medication and the overuse of seclusion at the May and Austin Units of Boston State Hospital. Six days of hearings were held during November of 1975 before Judge Tauro in Federal District Court in Boston to decide if the restraining order will continue to be in effect permanently. The decision on these hearings was continued again and again until March 25, 1977. On that day, which was given spice by an MPLF demonstration in the streets below, Judge Tauro extended the restraining order indefinitely.

In addition, he urged speed in concluding the main lawsuit. He suggested May as the date at which the final hearings be held. Since Judge Tauro seems favorable to the idea that mental patients have the same constitutional rights as everybody else, we look forward to a decision in our favor. This could create a precedent that could extend the right to refuse "treatment" to all fifty states.

The injunction is being appealed by the State on Sept 12, and will be covered by future Newsletters. Support the Seven!

It was an exhilarating experience for everybody. Although it probably did not affect the course of the hearing (which we won) it did restore our spirits and focus public attention on the issue. The demonstration was covered by TV Channel 2, which gave us three minutes on the 10:00 News.

Crazy Dave

About twenty people showed up. We began by making our own signs — the slogans included "forced drugging is torture," "seclusion is Solitary", and "support the Boston State Seven.". When all the signs were made we demonstrated for about twenty minutes in the small park in the center of Post Office Square, chanting and singing. Since we were marching around a circular statue, it appeared later on TV that an endless file of demonstration was trooping past.

PHENOTHIAZINES

Of the drugs popular in psychiatry, the phenothiazines (Thorazine, Stelazine, Mellarill and Prolixin, etc.) are much in common use. My first encounter with Thorazine (and Artane - an anticholinergic agent used for the side effects) was positive -- it helped me sleep. This was in 1965. By March of 1968, I was delusional, hallucinating and paranoid. My therapist, Dr. Stephen Howard at Mass. Mental Health Center said I was "somewhere in the schizophrenic ballpark."

In 1970, Dr. Gerald McKenna, my therapist first at MMHC and then at The Cambridge Hospital prescribed Mellaril for me. After one week on Mellaril I couldn't come when I masturbated. I looked up Mellaril in the Physicians's Desk Reference and noted that it was reported to prevent ejaculation. I stopped taking it immediately.

In 1975, after ten years on Thorazine and Artane, I was still delusional, hallucinating and paranoid. My administrator at TCH switched me over to Prolixin and Artane. Soon I had developed bronchitis and in eight months my hallucinations had become a daily event. By this time I had joined MPLF and decided to try getting off medication.

Withdrawal was hell but a few supportive friends made it livable. After two weeks I was free from delusions and hallucinations for the first time since 1968. I felt as if I had risen from the dead. I had toxic psychosis. I was poisoned by phenothiazines and Artane.

Now (August, 1976), I feel angry at the stupidity -- or perversity -- of those who prescribed for me. I feel very angry at my own stupidity. The strength I got from associations in MPLF -- especially that of Arlene Sen -- made my return to reality possible. I hope others can benefit from my history.

John McNiff
August 31, 1976
ex-psychiatric inmate

THEIR WORDS

Too often pills sit untouched

in a medicine cabinet. It's frustrating to realize that almost 50% of patients discharged from the hospital on oral medication do not take even the first dose.¹ Schizophrenic patients who "drop out" often decompensate and become unreachable.

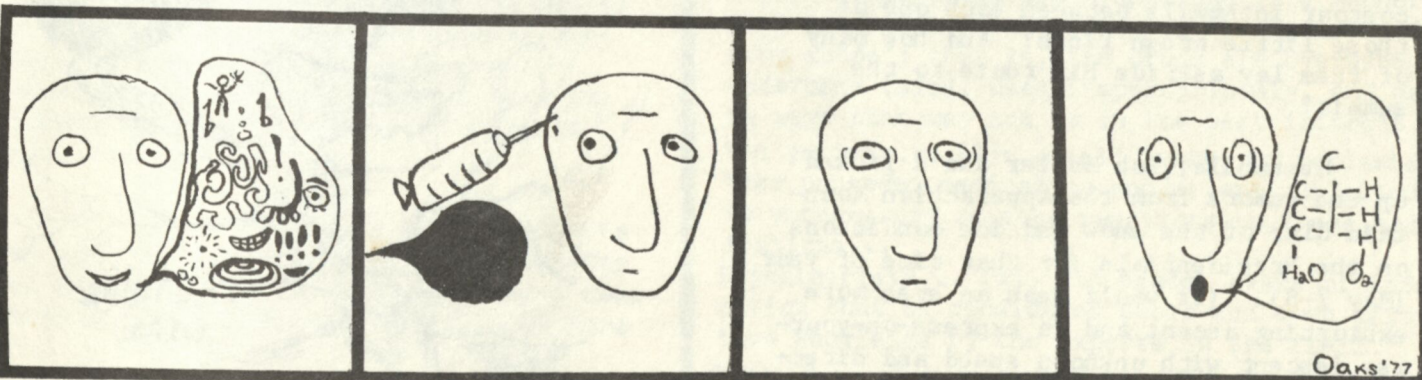
For your unreliable pilltakers

and those who have neither the insight nor motivation for self-medication, there is more reliable therapy. Prolixin Decanoate (Fluphenazine Decanoate Injection). Because it is given by injection you know the patient is medicated. Because it is long-acting (up to 4 weeks or more of therapeutic effect from a single maintenance injection), there is a better chance the patient can be maintained as an outpatient (75% fewer readmissions in one study using long-acting injectable fluphenazines).²

1. Goldberg I.H. et al: Psychosomatics 11:173, 1970.

2. Denham J, Adamson L: Can Psychiat Assoc J 18:235, 1973.

Prolixin Decanoate[®]
Fluphenazine Decanoate Injection
helps keep the
schizophrenic patient in touch



AN M.P.L.F. HIGH

The idea to climb a mountain hatched in Crazy Dave's mind when he found out that I knew some mountains and had the same idea in mind.

Almost suddenly, the latent love of all of us to achieve summits, whether they be piles of rock reaching into the sky or more figurative summits, was rekindled. With 5 of us it was the former. It was the sun, the wind and the freedom, and perhaps, too, somehow getting closer to God.

In the process we were to convert ourselves into beasts of burden suffering from overstrained muscles and lungs.

Crazy Dave, of course, was intending to attain the highest summit of all that has to be reached by foot, and that was the 5800 foot Mount Adams in New Hampshire's famed Presidential Range. He looked at a trail map of the area, asked me what the scale was, ogled at all the little curvy dotted lines that denote trails, and at once opted for not only Mt. Adams, but Great Gulf (perhaps to further accentuate the zenith with the nadir). He picked a route he wanted to go on, roughly about 10 miles that veterans of the area say is over some of the roughest terrain in the East, for a hike that could make even athletes swoon.

Of course Dave noticed those light little brown curvy lines on the said map. In all his enthusiasm, did he realize how much exertion was required and the contour intervals between each one of those little brown lines? And how many of them lay astride his route to the summit?

Meanwhile, Bob Muller and I picked up the rumors from the Appalachian Mountain Club of the snow and ice conditions on the Presidentials for that time of year (May 7-8). (It would mean an even more exhausting ascent and an express-on-your-ass descent with unknown speed and direc-

tion). And if that wasn't enough, what if Thor, the Teutonic God of Thunder, would decide to give us all free collective shock treatment for being fools enough to venture out onto his domain with such light heads? And what if the gods of the Wind and the Rain decided to give us a new word by experience for our lexicon, denoting a condition mountaineers and outdoorsmen are all too familiar with and we would never forget it if we got it: hypothermia? Some of us veterans informed the novices that Iolus, the god of Wind had a little playful puff of 231 MPH on nearby Mt. Washington one day.

But nothing would stop Crazy Dave. Nothing but the mountain.





We all knew that the mountain called the tune. Due to the fact that our eyes, especially from the car window, were bigger than our muscles and gear, Dave had to settle for the lowlier mountain called Baldface. The challenge whetted our appetites, and it soon cut not only Crazy Dave down to size, but all of us: Dave & Tony Oaks, Bob Shea, and me.

But not before we got the taste of camping to the tune of the wild, away from the trappings of civilization (which was really what the trip was all about).

Orthodox wilderness expeditioners, even for short weekends, would have looked at us in wonderment: how does a leaderless group of novices in the wild run without going in all directions at once, especially if they looked at the gear on some of us? We would be most unorthodox indeed. My original position as "leader" and "advisor" as the only person who knew this country soon was usurped by the others, especially Crazy Dave. It was to be trial and error short of falling into one of the many awaiting holes, both literal and figurative, or turn back ignominiously from some mishap that could have been serious.

It was getting dark, the temperature was hovering around freezing, the country was rough; yet we somehow agreed on a campsite, and within one hour had a good fire

going and a hot supper. I pitched my tent on almost solid rock without rope.

Crazy Dave said that Bob Shea's stamina would have him outrun us all to the summit. The Oaks brothers felt the raw reality of the "Whites" come to their feet and especially to Dave Oaks' knee; they got to trusting wilderness waters and ways so far from stuffy city life. The wild spoke to Dave and Bob in ways that made Dave envision it from a guerrilla strategist's point of view and Bob from both that and a homesteader's point of view. Bob wanted to roam free as the original hunter & gatherer that once roamed these hills. So did Dave the Crazy.

After Crazy Dave's initiating plunge into a cold stream, he, like the rest of us, got his "high" on the summit of 3591 foot Baldface. Afterwards, I heard him say he wishes to go only where he has to to reach his objective, and that it feels good to climb down rather than up. The mountain spoke to him. It called the tune.

But who knows what tomorrow will bring? From the summit of Baldface the Presidential peaks could be seen looming: greater more formidable, more challenging heights awaiting him. Awaiting Crazy Dave the Challenger. Mt. Adams, some 2400 feet higher than the summit of Baldface, is still waiting.

Why do we climb mountains? Ask Crazy Dave. Ask ourselves. -- Joe Carson

THEIR WORDS

Albert DiMascio, Director of Pharmacology, Massachusetts Department of Mental Health:

"Psychotropic drugs are prescribed in a manner that has been characterized as 'legitimized drug abuse'; that is, the drugs are overused, underused (sic), used inappropriately, and used in ways that may not be in the best interest of the patient... (A)n untold number of patients take unneeded medication and/or are subjected to unnecessary adverse reactions to these medications...

Psychiatrists... fail to become aware of information that is considered basic and even primitive knowledge by the experts in the field."

P.27, Use and Misuse of Drugs, Cal. State Assembly

THREE AUTOBIOGRAPHIES

CRAIG

In 1960, I was in good shape. I was perfectly happy and healthy. In September 1960 I started MIT. There was a lot of noise in the dormitories (including late at night). The instructors assigned twice as much work as you possibly could do. I worked hard.

I started to get nervous and I had trouble sleeping. I decided to forget about graduate school (although I had good grades) to avoid stress. I went to Capt. Comet following MIT (in 1964). There was no mental work at Camp Comet, and my nervousness went away. My problems were reversible at that time.

In September 1964 I went to work for AVCO. I was in good shape to begin with. I worked hard, which was a mistake. I was being pushed, but things weren't as bad as they got around 1967. I started to get tired. Permanent damage to my brain started to set in.

AVCO sometimes takes the names of people who come in late, and my name was taken. I was chewed out despite the fact that I often worked after 5:00. I was shouted at a lot. I was constantly being criticized.

I was always assigned twice as much work as I could possibly do. I was given deadlines. In 1967 or about that time the layoffs started. In 1967 I attempted suicide and was involuntarily committed into Worcester State Hospital. I made the mistake of going back to AVCO again. There were four group leaders in my section (Kingsley, Bootle, Benulis, and L'Hommidieu), and I had the worst one (Kingsley).

The other members of the group resigned or were laid off (except for Bob Flaherty).

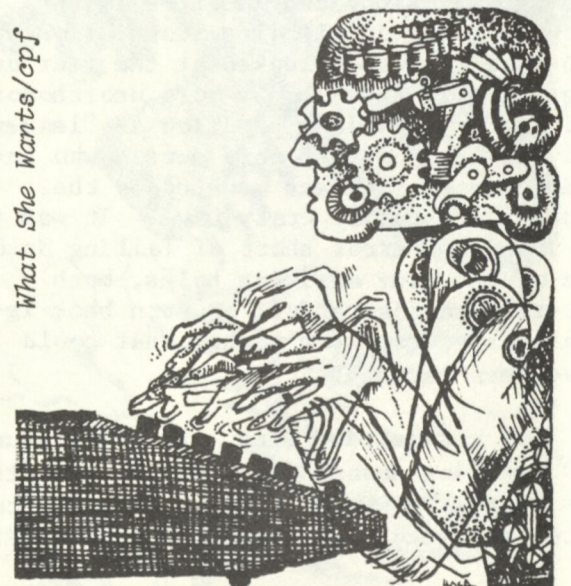
Irv Sacks, who was my department manager, was the most obnoxious Captain Bligh at AVCO. He was a very high pressure supervisor. He had no qualms about laying people off. I think he would have laid off his own Mother.

He put out a memo demanding that the employees work casual overtime each day or else they would be laid off. He and the other supervisors always push people to work late and to work on weekends, without pay.

About this time, 1967, things got so bad that I went on part time. I would probably have resigned if they hadn't let me go on part time. I was tired all the time. People were being laid off left and right. Around 1970 or 1971 I was working about 20 hours per week.

I was partially laid off. I was told to only work 8 hours a week for a while. Then I was put back on 20 hours per week.

Then I was told not to work at all for a while. I was put on temporary layoff. After about a month I was taken back again because I told them that welfare was only \$40 per week. I don't qualify for unemployment since I can't work 40 hours per week.



What She Wants/cpf



In 1973 I was asked to go to the Maryland office. I declined, but was finally ordered to go. Flaherty and Held were also ordered to go. I had to go or otherwise I would be laid off in all probability. I was mistreated at the Maryland office. I was given hardly any notice. I didn't have a car down there, and they wouldn't let me rent one.

When I returned from Maryland, I was harassed by the Department of Defense over my security clearance. They don't like mentally ill people to have security clearances. I was informed of my constitutional rights and given the third degree. I was sent registered letters from the Air Force. They investigated me. They talked to Dr. Klerman. I was told to see Dr. Kelley, who was their consultant. They decided that I was a paranoid schizophrenic.

At this point I was so ill that I resigned. Just before I resigned, Onus Kelley jumped off of Bldg. 3 and killed himself.

I was always told that I was behind schedule, even if I was ahead of schedule. The schedules were very tight. I usually worked on several projects at once, and each project had deadlines.

One of the interesting habits Irv had was to make me do the analysis over again if it didn't come out the way he wanted it

(within the requirements). The reason is that AVCO is run by a bunch of ruthless crooks who try to cheat the government. AVCO is run by salesmen who prostitute science. I was opposed to fudging the analysis so Irv and I didn't get along well. He would keep changing the assumptions until my analysis finally came out within the requirements.

He would shout at me, swear at me, pound his fist on the table, and insult me. Kingsley was the same way. Bartle wasn't as bad, but he was a pushing type. In other words, we would boot me every step of the way.

One of the nerve wracking things about AVCO is watching your friends get laid off one by one. It started in 1967 with Tom Driscoll and Loretta. Later Pat Nozzolillo and Walter Benulis were laid off. Al Yorra was laid off. Gary Feldt was hired and then laid off. Kingsley and Feldman were laid off, but they got transferred to structures.

A blind man was laid off and a man with cerebral palsy was laid off. The company originally had over 2,000 employees. About 1,000 were laid off. AVCO is trying to sell the Lowell plant. The whole Aerospace industry is doing badly, which means that if you get laid off at AVCO, it is tough to find a job someplace else.

ARLENE

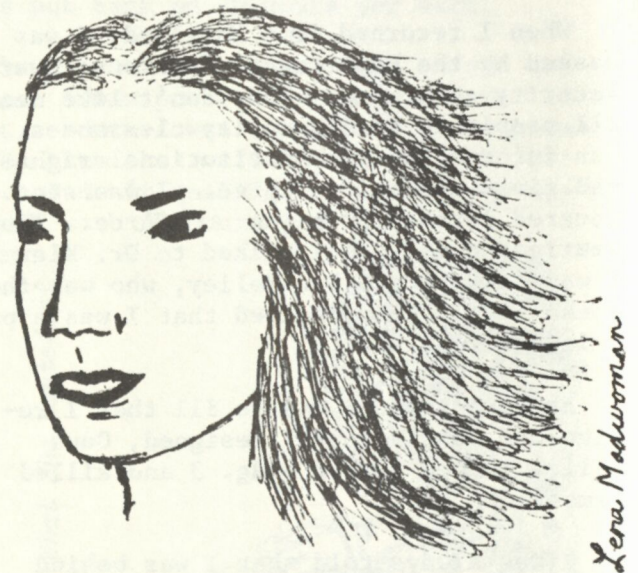
Mental institutions are prisons. One of the "treatments" given in all institutions consists of denying psychiatric inmates our rights and granting these rights as "privileges" for good behavior. Normally, anyone has such rights as communicating freely with other people, going where one chooses, smoking, bathing, or going to the toilet whenever one wants. In mental institutions, these are "privileges".

Some of us end up in mental institutions because we're committed through the action of relatives, strangers, the police, or transferred from prison. But even those of us who sign in are trapped because on the one hand, once you are in an institution the threat of commitment is always there, and on the other hand, there are no alternatives for those who go through extreme pain in a society that causes most of us to suffer so that a few can maintain their wealth and control. Those of us who "go crazy" are fighting against and attempting to break through the dehumanizing roles this society requires.

Growing up as a Asian woman in a poor family, I had to deal with racism, sexism, and poverty. As a woman I was expected to center myself on a man - to be heterosexual, monogamous, defer my needs to the "right" man, etc. I found many people, particularly men, expecting Asian women to be more feminine than white women - i.e. more servile. I broke down because I could not live under these rules. When I was confused and in pain the only place I knew to seek help was a mental institution (and basically that's the only place this society provides), where I now know they were trying to adjust me to the roles I needed to break away from. That is the way mental institutions have to operate whether they are state institutions where poor people are put, or more liberal institutions where there is talk therapy, because if "mental patients" are not convinced we are sick people who have to adjust, but realize that

we are unhappy because of our lack of power in our lives inside and outside of institutions, we will fight back against those who have power. This is beginning to happen collectively. We have always fought in various ways individually.

I had spent three months in 1969 watching my mother die of cancer while she was in the hospital. As she was dying I kept up with my regular life while visiting her six days a week. I was 19-20 years old and in college. When she died I became very depressed and began to live with a man I had been involved with on and off for about a year. I was hoping to get some sort of comfort out of this relationship with Arthur. However, I was really worn out and he began to very effectively pressure me into becoming his conception of the "perfect woman." He didn't want me to see any of my friends, including my father; wanted me to spend literally almost all my time with him; harassed me about not having been monogamous; constantly criticized me for my weight, clothes, way I walked, etc. We were constantly fighting. Soon he was physically abusing me. Once he attempted to scare me by pushing me in front of a moving car. Alternately, I felt I had

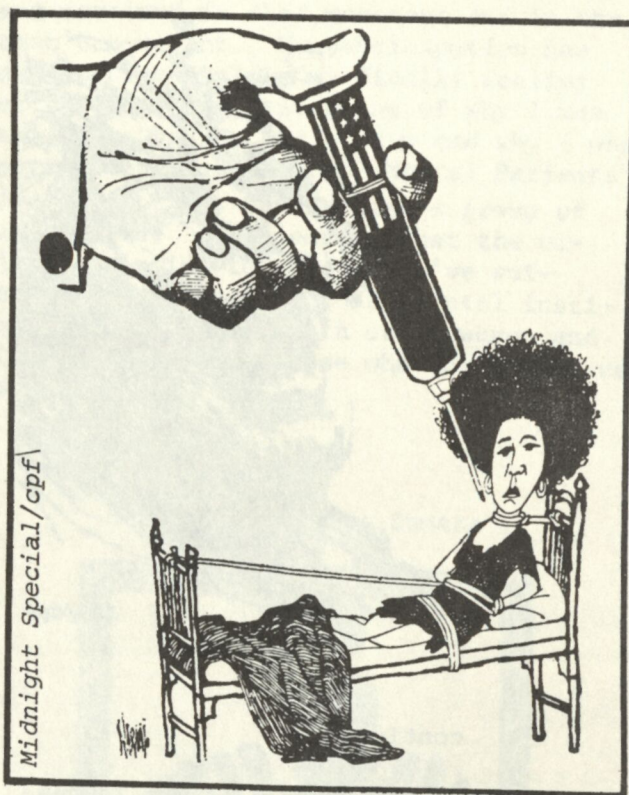


"We have always fought in various ways individually."

to put up with this or deserved it since I was at times convinced I hadn't been good enough to him in the past. I was always nervous, constantly afraid he would hit me. Still I felt that I was obligated to spend my life with him, if I left him I would have nobody.

More and more I lost my sense of self until I felt like an empty shell. During one fight Arthur had ripped off the posters from my walls (among other possessions he destroyed) and I just couldn't fix up the room again. I woke up seeing nothing but blank white walls in a barely filled large space. That's the way my life seemed - blank, blank, and no future. Then I began to get worried about getting poisoned, primarily by touching various things. Eventually, I became overwhelmed by this fear of getting poisoned. My entire life began to revolve around it. But I was ashamed to tell anybody about these feelings, so great is the stigma of being "crazy". Finally, in desperation, I went to find psychiatric "help". I was advised to sign into a hospital and I was in such pain that I did. I was in the mental ward of St. Luke's (6 weeks) and New York State Psychiatric Institute (8½ months) in 1970-71. At first I simply thought of myself as a very sick person. In a few months - without any help from the staff - I began to realize that I had been brutalized by my "lover". But I still thought that my situation was unique. It was only by getting out of the grips of the psychiatric establishment, by listening to and uniting with other women, that I realized that the situation I was in before my breakdown was not unique, but typical of the way women are treated. Wife-beating and rape and other forms of physical brutality are very common; and emotional, psychological brutality a constant. Moreover, we're trained to accept this. I felt poisoned because I was being "poisoned" in that relationship and by the values of this society.

However, the institutions did not help me see any of this, and, in fact, their goal was to prevent me from seeing this, simply to get me into shape to perform as a worker, as wife, as mother. I ended up in the institutions because I was powerless and I was feeling powerless. The institu-



tions put me in a position of powerlessness as well, instead of helping me attain power. The privilege system (taking away rights and granting them as "privileges") was, of course, in effect, and I was pumped full of drugs (Thorazine, Haldol, and Valium), which had severe side-effects and did not help me. It was years before I learned from other ex-patients that the reactions were from the drugs and not signs of my sickness.

I discovered that either the staff couldn't tell how I was feeling (they certainly could offer no guidance as to why I was feeling so bad) or didn't care as long as I kept up appearances and obeyed the rules. For example, every Saturday morning a group of varied staff people would walk down the long room in which 25 or so women slept and ask stupid questions of us as we sat on our beds. I really felt like an animal in a zoo during these inspections. At one point I was criticized for keeping my laundry someplace "inappropriate." At another point when I was asked what I thought my major problem was I replied that

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LNS/cps

continued

I was too dependent on men, I was laughed at. All the doctors were white and mostly men. There was no understanding of how racism or poverty had affected me. There was a time when I was afraid to touch people -- to even have someone brush against me was frightening. After a while I was no longer frightened of Third World people touching me. It was only years later that it became clear to me that that came from having been put down as an Asian person in a white society, and therefore identifying with and trusting Third World people more than white people. Then I was no longer frightened of being touched by men. Once again, it was only after I got out of the grips of the psychiatric establishment that I realized that that was related to how women are taught to compete with each other for men; and a fear of my sexual feelings and feelings of closeness for other women (these feelings are certainly discouraged).

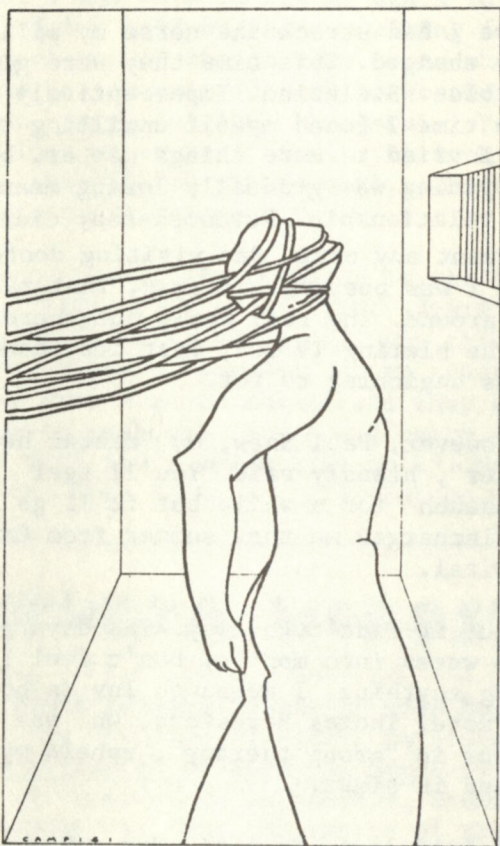
I recall having a discussion with my therapist about how my not having enough to eat as a child made me see food as a source of security. It never occurred to him that the solution to hungry people was creating a society in which children do not have to go hungry, instead of trying to convince people that they shouldn't be so

interested in food! Of course, he hadn't gone hungry, so it was no problem to him. When I started to look for a job, he seemed to be under the impression I could get any job I wanted - after all, he had become a psychiatrist and could have become a doctor or lawyer. He didn't understand why I was saying I could only get boring low-paying jobs. I could detail many more instances of these attitudes.

A couple of times I became so enraged about constantly being watched and told what to do, that I hit a nurse. The second time I was put in seclusion and told I was going to be transferred to the ward for "violent patients." I was very scared of this, but when I got there I found that the patients on that ward had been "warned" that a violent person was being transferred to their ward. They were frightened of me at first because of this. This was a typical divide and control tactic. I got along fine with the other "patients" on that ward, once we got through the barrier the staff had placed between us.

Still, I remained in the institution because I had the same problems that had made it difficult for me to get along outside in the first place. Finally, after having seen clearly that there was no help to be found in that place and after having learned the lesson of not letting anybody (outside





Real Paper/CPF

or inside) know how much pain I was in (because it does no good anyway), I was discharged by the staff who thought, as usual, that they had greatly helped me.

Now I feel bad that instead of fighting individually we didn't join together, and that I and the other women patients didn't look more to each other for support, understanding, and validation of our feelings. We would have discovered that our pain was related to powerlessness -- to our oppression as women and, when we then sought help or it was forced on us, to our oppression as psychiatric inmates. Instead, we held on in varying degrees to the hope that the "experts" could help us (while we all also fought against the "experts" in varying degrees individually). All the experts were doing was convincing us that we were sick and that if we showed anger (particularly at them) it was not justified.

In recent years a mental patients' movement against psychiatric oppression has emerged around the country. Several years after getting out of the hospital, I be-

came involved in that movement and in the women's movement. My participation has been instrumental in my finally feeling better, in my understanding of why I was feeling so badly, and of how and why I was oppressed by Psychiatry. Mental Patients' Liberation Front has a women's group of ex-patients. I've learned that the ultimate solution to the pain I've suffered in and outside of the mental institutions is to unite with other women and fight back against those who would keep us powerless.

- Arlene Sen
ex-psychiatric inmate



THEIR WORDS

On the effect of psychotherapy on society: "Altruism became self-serving, patriotism an excuse for a variety of infantile feelings, loyalty became suspect, and so on-

"Unfortunately, the basic science that underlies psychotherapy remains to be developed."

Martin T. Orne; Director, Institute of the Pennsylvania Hospital, Experimental Psychiatry; Professor, U of Pennsylvania

FROM THE American Handbook of Psychiatry

"Diagnosis: Schizophrenic. 30 mgm Stelazine"

JOE

...Panic and blackout sensations. Delirium and hyperventilation. Tremor and convulsions. 5 mg Valium on a PRN basis. Then raised to trilafton. Higher dose. An agonizing funny-bone all over. A massive mental-physical shutdown. Then four walls and lots of liquid Thorazine. 500 mg a day. It was Feb. 25, 1975.

Two months later after a seeming recovery day care was recommended at Cambridge Hospital's Cahill 4. At first things seemed all right. At the day care, however, the staff were dripping with pseudo-concern on the "meetings" of their "teams". I was in a world dominated by psychoanalysis and introspection. The whole situation became unreal. What happened to my old life? My symptoms became unreal again. One afternoon I confided personally to Sally Ackerman, head of the OT. Her decision was already made, and the staff was behind her. I struck her.

"Did you see that?!", one of the nurses exclaimed. "That was the frosting on the cake!", remarked another from behind the pillbox. Staff attention was rivited on me like a united front. "We think that what you need is to go to Westboro. You'll be kept safe there..." I was escorted into the OT room where three burly men were playing cards between me and the door until an ambulance arrived to take me away.

I was put in a capsule by a new set of unknowns, unknowns created by forces that began with the panic. Unknowns controlled by drugs run by a psychiatric hierarchy. The box kept closing in smaller and smaller. I was a "Prisoner of Chillon" surrounded by an endless expanse of glazed block. No chance to see a shrink. My life was now the state's.

Upon my transfer back as inpatient to

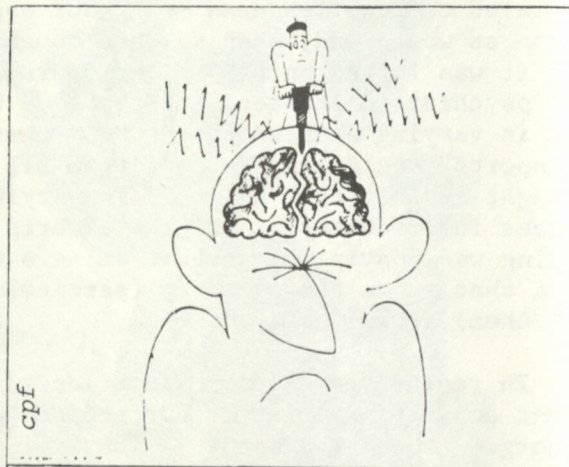
where I had struck the nurse my pills were soon changed. This time they were glazed and blue. Stelazine. Imperceptively around this time I found myself unwilling to get up. I tried to make things matter, but everything was gradually losing meaning and relationship. Psychotherapy didn't seem relevant any more. One visiting doctor said I was pushing him away. That message got around. The real world out there, seen on the blaring TV set, lost its meaning. I was beginning to rot.

However, Paul Shaw, my "mental health worker", blandly said "You'll feel 'Blaaaahhh' for a while but it'll go away". He discharged me that summer from Cambridge Hospital.

But it didn't go away. The days grew into weeks into months. Don't feel like doing anything. I began to lay in bed more and more. Thomas Beresford, who was now my doctor in "group therapy", upheld my meds. No end in sight.

I laid down. No rest. New unknowns of a ghastly nature. Some sort of internal attack! A new spell. Each cell in my nervous system became a tiny rocket. Burning. I got up; it went away. I laid down and it came on again.

I called Beresford over the phone. He could say little. He could offer no explanation. "Take me to the Emergency Room", I cried to my landlord. Ralph, a swarthy intern there that night, grilled his eyes at me: it was my psychosis.



Soon, I was back in the ER again in full agony. Ralph held me there, waiting for the opinion of one of the doctors as to whether I should be recommitted back to Westboro. "Are you having suicidal thoughts?...You should look at yourself now...you look pretty bad...You'll get no benedryl...There's nothing more we can do..."

I went upstairs to Cahill 4 to see Beresford. I yelled out of despair. Angrily and perfunctorily he warned me "If you think you're a danger to yourself or to others then you should go to the ER and they will take you to Westboro. How can I carry on therapy with you yelling like that? Now that's the best I can do... I must go now..."

"THEIR WORDS"

A June, 1977 official report by the California State Assembly confirms with hard fact many of the feelings of former patients. The Use and Misuse of Psychiatric Drugs by the Office of Research in Sacramento, studied state hospitals. But the nature of the research, its timeliness, and the "prestige" of its source makes the information relevant to all of us. Some interesting findings:

Psychiatrists themselves are often ignorant of even the currently accepted "correct" treatment. They are misinformed, it has been quoted in the report, of "even the basics."

- Of 30 records reviewed by a psychiatrist, 7 were borderline, and 13 were clearly given "unacceptable medical practice." This could represent more than a fifth of all alleged "psychotic" people, in "mental hospitals."

- Only a fourth of all medical schools had even four hours of formal instruction on the side effects of psychiatric drugs.

- Although cases of permanent brain damage from psychiatric drugs were found in the '50s and the official attitude was one of extreme caution by 1967, psychiatrists often are not aware of the harms and feel they are rare. A sentence only could be found on drug information sheets on the subject until 1971; and that stated that such danger was very uncommon.

August turned into September into October. Heavy breathing. Fluttering of the eyes. I looked in the mirror. Pop eyed! Stiffness and zombie gait. Performing fine movements became impossible. Retarded speech. The "burning spells" came, each one slightly longer or more intense than the last. Rational analysis was mostly paralyzed -- a train of thought was constantly lost and I couldn't follow through a given thought to its conclusion. My chest muscles barely permitted me to force out a few words. The idea was that if I sat down too long my "tension" would transfer itself from my body to my mind, and that I should

continued on next page

Patients, too, appear to be unaware of their circumstances and are kept in the dark about the dangers of their "treatment."

- Patients often do not know their legal status (p.4).

- Only 17% of staff psychiatrists claim to be telling their patients taking phenothiazines that they could get tardive dyskinesia. (Yet from 6% to 40% get the malady.) 32% say they discuss the drug side effects routinely (p.62).

Unfortunately, this ignorance can be extremely dangerous. In this study, it was shown that one of every 406 patient admitted to Napa State Hospital died because of psychiatric drugs in the past three years (p.7).

Finally, in violation of the First and Eighth Amendments, the right of privacy, and due process, states the report, at least 16% of "involuntary" patients are drugged by physical force against their will. The majority of psychiatrists and staff (confess) that they give drugs for "ward disturbances" beyond supposed dangerousness.

We'd like to thank the Network Against Psychiatric Assault for sending the State report to us.

Perhaps with documentation, people, including ex-patients, can be convinced of the harm and nightmare of psychiatric hospitals.

continued

keep moving until bedtime, when I took the stelazine. And I was led to believe that this is the sickness, and that a failure to follow through on some realization would release this paralyzing, burning tension. I did not shave, my clothes became bedraggled, and my bed and clothes started smelling from lack of care. How could I realize what was paralyzing me if I couldn't even think?

"I wantt-t-t-to tell you... of... the ur--gen-cy of my sit---...ss-s-s-s-situa--tion. I-I-I... I am in ex--treme n-n-n-n n-n-n...n-n-n-n...ex-treme n-n-n tension.."

Dr. Beresford looked at me with his little beady eyes. "you're being most annoying by juggling your leg and stuttering like that... It shows you're not facing up to something... Tough, isn't it... That's the best I can do... It's time's up..."

In October my family and a radically different doctor, both from out of state, intervened. The doctor admitted me to a farm emphasizing social psychiatry with a work program. And he stopped my meds cold. I was beginning to relate to people again. A month later that drug was out of my system and I was recovering and able to work hard. (This farm was founded by a Finn and his American wife who started taking the mentally ill as part of their household after the ideal set down by the townspeople of Geel, Belgium.)

Back in Cambridge this year I recently went up to Cahill 4 to see Paul, whom I needed to see my CH records with (hospital rules, you know). "It won't do you any good to look at your records any more -- it may be too upsetting to you... just a waste of time for me..." But I did notice one thing in the Record:

"Diagnosis: Schizophrenic. 30 mg stelazine."

How many people locked away as mentals and labeled are not so fortunate? And can't even describe what's happening to



cpf

them today? 1984 is getting closer. Are we seeing the beginnings of psycho-fascism? (On the Cahill 4 bulletin board was a letter to all Cahill staff stating do's and don't's in a behavior mod case.)

One day I had a reminiscing chat with one of the members of the Fantasy Jugglers who knew me before I got sick when they were co-workers on my old job. She was no Nurse Ratched. And no nurse, period. Her act and aura epitomized the Outside: entertaining individuals rather than controlling them. She acted with me just like old friends. Then I turned down Brattle Street and one of the Cahill 4 nurses just happened to stroll by with her boyfriend. She seemed slightly disturbed at seeing someone now on the outside she remembers giving meds to. Neither of them introduced themselves.

WOMEN: VIOLENCE CENTER

Have you ever been threatened with being sent to an even worse mental institution when you've 'stepped out of line'? We all have been and now the Mass. Dept. of Mental Health, along with Mass. Correctional Institute, is planning a new hellhole for women prisoners and women psychiatric inmates, who are claimed to be too violent to handle by other institutions.

Although this unit will likely be given a euphemistic title such as "Intensive Care Unit for Emotionally Disturbed Women" it is really a place like Bridgewater is for men -- a maximum security prison for the so-called criminally insane.

There has been talk of, possibly, eventually including men in this plan. The DMH and DOC have gotten \$460,000 in state funds for a 10-12 bed unit to start at Worcester State at the end of 1977. Women are presently being screened at Framingham Women's Prison and mental institutions around the state.

Who are the shrinks going to decide are violent? We all know of people who have been called violent on grounds as flimsy as crumbling a cookie or picking up and dropping a chair during a disagreement with staff, people who have fought against being the victims of threatening drugs, or people who have had one abuse too many from a staff member and hit that person. We've known men who've ended up in Bridgewater for refusing to take mind-crippling drugs and punishment.

Sometimes we've struck out in a lot of places in a rage, going back through a whole lifetime of oppression and frustration. Women are victims of violence in daily life, of rape, of wife-beating, and more subtle forms of physical, mental and intellectual violence and woman-battering (e.g. suffocating roles as wives, mothers, and sexual objects). (See Judy's article on Page 22.)

As for "treatment" on this unit, there is no plan. But then again the DMH has never reacted to angry people except with threats, drugging and phys-



ical restraint. It's likely they're planning on using us as guinea pigs for new drugs on this unit, as prisoners and and psychiatric inmates are often used anyway.

The goal of *Coal. to Stop Institutional Violence* (of which MPLF is a member) is trying to halt the formation of this unit. Petitions with thousands of signatures were submitted to the legislature before the funds were allotted. New tactics are being planned. A march and rally will take place on October 1, at the Boston Common at noon.

For further information, to help, or to let the Coalition know if you've heard anything about this new prison, especially threats, call the Coalition at 492-4845 (Wed. 5:30-8:30, Tues & Thurs 3-6). CSIV, c/o Women's School, 595 Mass Ave, Cambridge, MA 02139

PUSHING THE PILLS

We are all familiar with the "modern" mental ward. It is quiet. People are sitting by themselves, watching television or staring into space. Some shuffle from place to place, looking for all intents and purposes like zombies. Here and there someone is tapping the floor with their foot, or slowly swaying from side to side. People's speech is hesitant, their voices slurred.

This all-too-familiar scene can be credited to the modern miracle of psychotropic drugs. These drugs are used as a cure-all, not only in the setting of the mental hospital, but also in outpatient clinics. They have even developed one drug (Prolyxin) which can incapacitate you for two weeks in a single shot. Soon they may be able to program you for a year.

The purpose of these drugs is mainly to control people. They make you more malleable and seem to inhibit the expression of anger. From the point of view of someone trying to run a ward "efficiently" or control an outpatient who would otherwise prove too independent, they are ideal.



But they are touted as helping the patient, and their efficacy here is questionable. By and large, they inhibit communication with other people, making meaningful therapy more difficult. They dull the mind and make thinking harder and at times impossible. They often put people out of touch with themselves. Rather than helping people deal with their problems, they usually make it easier to sluff them off.

Moreover, many of these drugs are actually dangerous. The most commonly prescribed class of drugs, the phenothiazines, cause a form of brain damage called Tardive Dyskinesia, which results in convulsions of the limbs and exaggerated facial tics. In addition, they cause irreparable eye and liver damage. Although these are most often seen in patients who have been taking these drugs for years, they are unpredictable and it is possible to be permanently damaged by low doses over a period of just a few months.

To be sure, the effects of these drugs vary between individuals. For some, they only compound the hell inside by creating the further hell of lack of control of yourself outside. For others, they may relieve certain anxieties which get in the way of coping with or understanding their problems. Each person taking them is the expert on the effects they have on him or her, and each person should have the final decision on whether to take them into their body.

Which brings us to the fact that it is wrong to force anyone to take any substance that he or she does not want to take, regardless of whether the purpose is to help or to control that person, and regardless of whether the substance is dangerous or not. It is wrong, it is immoral, and it should be illegal.

David Williams

TWO DRUG EXPERIENCES: Arlene and David

In spring, 1975 I became an outpatient in a drug experiment for 10 weeks at Mass. General. The experiment was to test the effectiveness of Nardol and Tofranil in decreasing phobic feelings.

I had to eliminate a lot of foods like cheese, yogurt, beer, etc. from my diet because eating these foods while taking Nardol could be fatal. I made the mistake of eating some cheesecake and ended up feeling very faint. I went to the Mass. General walk-in clinic and they didn't seem to believe what I told them of my restricted diet.

Partly because it was doing nothing for me except keeping me from eating what I liked I stopped taking the drug. Even though I had only been on it a few weeks, I experienced withdrawal symptoms. I felt hopelessly completely on edge and began crying uncontrollably in public. Fortunately, I knew these were withdrawal symptoms because a friend who had taken Nardol told me there had been withdrawal symptoms when she stopped taking it.

I went back on the experiment. When it ended we were not warned of withdrawal symptoms but I knew what to expect. Once again I experienced feelings of extreme hopelessness and agitation and I cried uncontrollably. On Friday night I called the Psychiatric Unit at Mass. General. They didn't want to speak to me and told me to call the doctor in charge of the experiment. I was really angry because I knew by Monday the symptoms would be over.
Lena Madwoman

I was sent to Westboro State Hospital in January 1975 after having flipped out. Since I had been taking Lithium, I was continued on lithium with a small dose of thorazine. I was happy with this, as I knew that "lithium has no side effects".

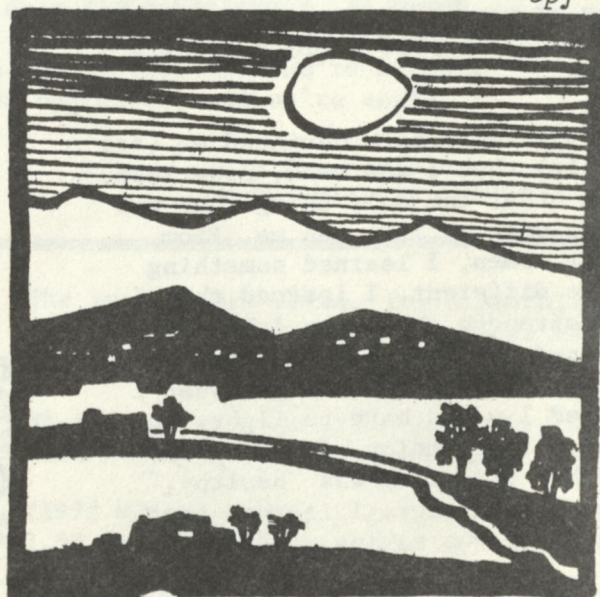
Unhappily, my blood lithium level turned out to be slightly below the optimal level of 1. So on that evidence and little else, Dr. Woodward increased my daily dose from 2100 mg to 2700 mg.

Within a day my hands were trembling. I felt intermittently nauseous, and had developed hydrophobia, where the taste of water was so bad that I refused to drink it. This compounded the problem, as fluids are necessary to wash the lithium out of my system.

As things got worse, I began to refuse the lithium. They forced it down my throat. When I refused this, I was put in seclusion. In seclusion, I lapsed into a five-day coma. I nearly died during those five days, but pulled through.

— David Williams

cpf



PROLIXIN DECANOATE
(FLUPHENAZINE DECANOATE INJECTION)

*Puts control of the schizophrenic
in your hands with injections 1 to 3 weeks apart
or longer with an average duration of
effect of about 2 weeks*

One of every \$4 of drug revenue goes to
medical ads such as these.

THE CHELSEA EXPERIENCE

"Mental patients"* are labelled, manipulated into taking drugs, not allowed to see our records, and in general not quite treated as human beings. This is true not only in mental institutions, but also in the so-called community mental health centers.

The Chelsea Community Counseling Center is an "out-patient" mental health center. It consists of a Chelsea-Revere day program and one-to-one counseling for people from the Chelsea area. At this center, "patients" in general have more rights than in mental institutions, but staff, not the "patients" of the Chelsea community, do in fact make decisions in the so-called best interests of the "patients".

One example of the subtle and not-so-subtle staff control is this: several "out-patients" of the Center and members of MPLF (together comprising the Chelsea "Patients" Rights Group) met with the Director of the Center, Matt Dumont, and other staff. At that meeting, Dumont said that people who used the Center had the right to see their records. However, he said this was not made known to all "patients". Is it a right when no one knows about it, and when "patients" are allowed to assume they can't see their records because that's the way it's always been? Furthermore, since then we've discovered it's the same old thing. The director and staff only allow those "patients" in whose best interests the staff feels it is to read their own records.

* The word "patient" and words that contain "patient" are put in quotes because it is a label that staff have designated for us in order to maintain their power over us. It is not a label we have chosen. The word "patient" implies that we have a disease which can be cured only through the help of a doctor or professional. We do not believe this. We continue to use the term "patient" here, however, to point out that the staff of the center maintains the same attitude to people using the center as to people in institutions.

In an attempt to make the Center really serve our needs, to give support to each other, and to re-define who we are in our own terms, not staff's, the "patients" rights group has been meeting at Chelsea for about six months. The group at present consists of about 8 people who meet weekly. Most of the members who use the Center are in the day program.

In Winter 1975, MPLF was invited by a sympathetic staff person to talk to the staff of the day program. At the meeting we told staff we wanted to speak to "patients" without staff to ask them if they wanted to form a rights group. After one or two more meetings with the staff this was achieved. In January 1976 we met with some "patients" of the day program who decided they would like to form a rights group. It would consist of anybody who used the center who wanted to come. Staff would not be allowed.

After this we were presented with tremendous opposition by Matt Dumont and almost all of the staff. We arrived at the first



*"re-define who we
are in our own
terms"*

meeting of the rights group to find the room packed with staff who not only expected to stay the entire meeting, but thought this was the only one to be held. Although MPLF had made it clear from the initial meeting with staff that our goal was to form a continuing group consisting of patients, Dumont and other staff members claimed to be surprised about this. Finally three MPLF members and three "out-patients" of the center came to a meeting in which we convinced Matt Dumont and the staff to let us hold weekly meetings consisting of patients only.

We were also promised that the rights meetings would be made known to people who used the center. This promise was not kept. It was very difficult for the rights group to reach people who were only in counseling at the center and not part of the day program. In order to deal with this, one of the members of the rights group put up a poster in the counseling "patients" waiting room. It was mysteriously ripped down and staff refused to deal with our questions about this. A second poster was put up and again ripped down. It was only after a heated period followed by a staff meeting that we attended that we won the "right" to put up a poster without it being ripped down by what must have been a hostile member of the staff at the center.

There were also staff members who were helpful and supportive. One of them, Louise Peck, continually supported the rights group against staff who were extremely hostile to "patients" demanding our rights, demanding that promises be kept, and demanding that we be treated with respect.

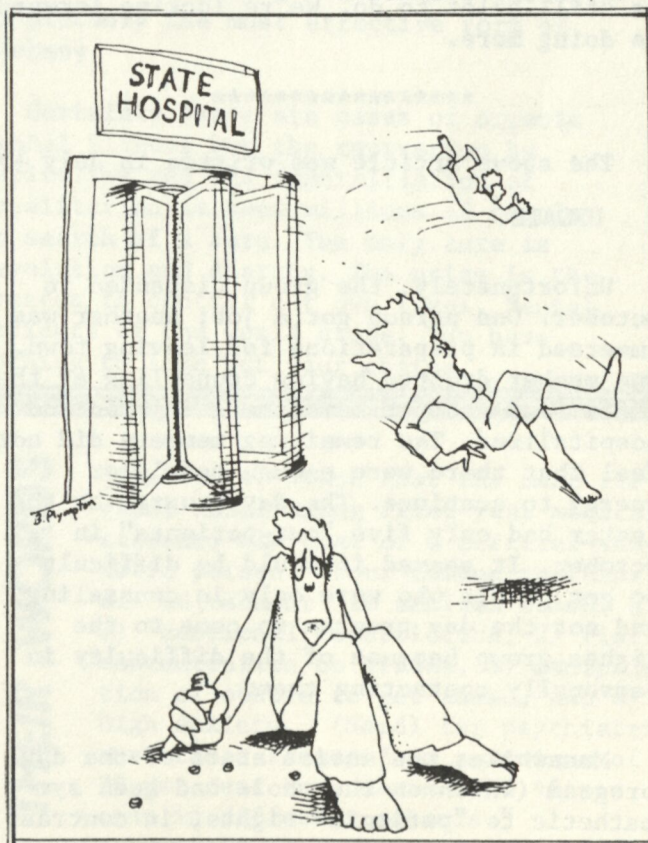
Around this time the rights group also discussed the use of the kitchen at the center. The kitchen is the most comfortable room in the building, and the only place where people can smoke. Members of the group felt that the staff acted as though they owned the kitchen. Although staff claimed the kitchen was open to everyone involved in the center, staff had asked "patients" to leave or indicated that "patients" were not wanted when staff was there. Was staff reserving the

best facility for itself? Was the center serving staff or "patients"? Why are staff so afraid to see "patients" as human beings that they would want to chat with over coffee? If we were to see staff in settings outside of counseling, would we then get to know staff as ordinary people with problems, not authority figures?

At a meeting with staff we raised these questions; we presented the demands that (1) the kitchen be an area for both "patients" and staff to feel free to use, and (2) they keep their promises about informing people about the rights group (through the poster). These demands were discussed and agreed upon.

At other meetings between staff and the rights group we raised and discussed the issue of "patients" making scheduling and funding decisions, and raised the issue of staff attitudes particularly related to incidents with a couple of group members. These discussions did not work out as well because we had not worked out the issues that well for ourselves and did not have precise demands.

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Aside from these negotiations with the staff to gain our rights and make the center serve our needs, the group has done other things which are as meaningful to the members as the negotiations. We have discussed legal rights of psychiatric inmates, side-effects of medication we have taken or are taking. We've discovered the similarity in how we were treated (or mistreated) by staff as inmates or "out-patients" at the center, and how we often felt misunderstood, controlled, or disregarded as worthwhile human beings by staff. We've also had some discussion of our problems in living, how we've helped ourselves, and have tried to help each other.

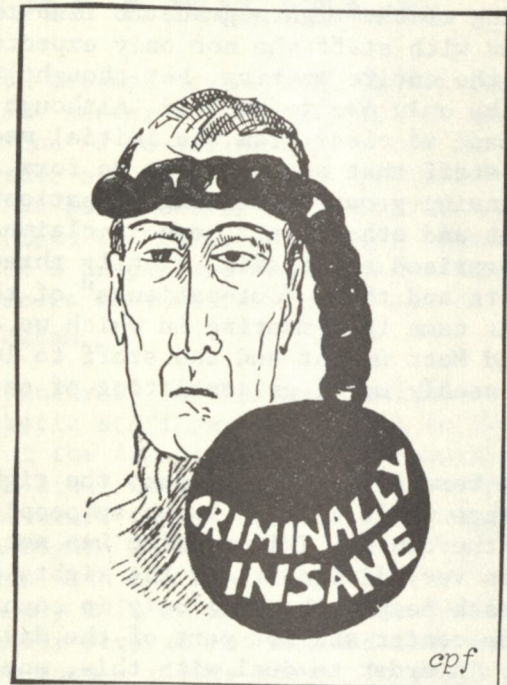
During the summer, many members of the group have been going through difficult times. There are more outings and the center is re-scheduling. So at this time we are having small meetings and planning for the fall. We are thinking of restructuring the group, thinking of ways to get more people who use the center interested in the group, and considering in what directions we wish to go. We feel that the group has been important to us but there is still a lot to do. We're looking forward to doing more.

The above article was written in July 1976

UPDATE

Unfortunately, the group disbanded in October. One person got a job; another was immersed in preparations for leaving town. One member dropped having counseling at the center and another member was injured and hospitalized. The remaining members did not feel that there were enough people or energy to continue. The day program at the center had only five "out-patients" in October. It seemed it would be difficult to get people who were only in counseling and not the day program to come to the rights group because of the difficulty in personally contacting them.

Meanwhile, the entire staff of the day program (which on the whole had been sympathetic to "patients" rights, in contrast



to the counseling staff) had been replaced by new staff who were on the whole more traditional - that is, they were trying to make sure "patients" kept their place.

Several people suggested further reasons why the group ended. One member of the rights group and MPLF thinks that the group lost steam because we did not focus on one or two on-going problems or projects. Another person in the rights group and MPLF feels that MPLF members should have been more encouraging of people getting involved in MPLF projects. This could have provided a "patient"-controlled way of getting some of the services people were trying to get from the center - structure, support, and meaningful activity. Also, members of the rights group could have had more contact outside of the one weekly meeting to cement ties.

Although we are sorry the group has ended, we have learned a lot. Community mental health centers are a lot like mental institutions despite their liberal facades. People go to them not because they really fill peoples' needs, but because there is no place else to turn. We must make them accountable to our needs and create alternatives of our own.

THEIR HERO

Dr. Benjamin Rush (1746-1813), signer of the Declaration of Independence, has been proclaimed the father of American psychiatry by the American Psychiatric Association. Fittingly, a 1975 A.P.A. publication cites Rush as a bungler by:

...prescribing purging and puking, blisters and clysters. Believing that insanity was due to congestion of blood in the brain, he frequently performed 'phlebotomy' or bleedings.

They note his invention, "a restraining chair known as the 'tranquilizer,'" was found superior to the straight jacket because it "made it easier to administer purgatives and phlebotomy."

During Philadelphia's yellow fever epidemic of 1793 Dr. Rush, by his own words, "slept but three or four hours" at night, giving "triumph to mercury, jalap, and bleeding" during the day to the many victims. This practice, notes the American



*American
Psychiatric
Association*

Benjamin Rush letterhead

Handbook of Psychiatry, "undoubtedly weakened the victim's natural resistances."

According to one source, the proclaimed bicentennial hero of the A.P.A. could have even been involved in the death of George Washington. As the Founding Father's physician, Rush's techniques quite possibly accelerated Washington's demise, the author claims.

"Doctor" Rush, whose face appears here on the American Psychiatric Association's bicentennial seal, committed his own son to his "hospital," where the young man was to spend the rest of his unfortunate life.

A PERSONAL MANIFESTO

John McNiff

Mental illness hurts. But treatment in today's societies hurts worse. From the state of California's attempts to give Huey Newton shock treatments - exemplifying the U.S.A.'s oppression of blacks - to the oppression of the Jewish people in the Soviet Union, where dissidents are sent to mental hospitals and are given sulphur injections, the situation is both political and abominable.

Forced drugging is commonplace in the United States and the side-effects of popular drugs range from impotence to vital organ damage and irreversible brain damage. Therapists from a variety of professions whose training has been conditioning in uninvolvedness with the people they are supposed to be helping are considered competent to evaluate and treat patients whose lives resemble Greek tragedies. Indeed, untrained personnel have a higher cure rate than social workers, psychologists, nurses, or psychiatrists in that

order. Co-counseling between two patients is probably the most effective form of therapy.

Certainly there are cases of organic mental illness but the repression by capitalism and the demoralization of totalitarianism send millions of people in search of a cure. The only cure is Revolution and Anarchy. The prize is the freedom to control our own lives. Mental patients of the world arise! You have nothing to lose but your chains.

THEIR WORDS

(The Study) found that the most frequent ideal among first-year medical students was that of a critical-sadistic person. Four common patterns of 'adjustment' to medical school are: 1) emotional constriction, 2) fierce concentration on grades, 3) manipulation of others to get ahead, and 4) high anxiety. (Need) for psychiatric assistance ranges from a minimum of 20 per cent to a maximum of 46 per cent in different schools."

American Journal of Psychiatry, June 1975

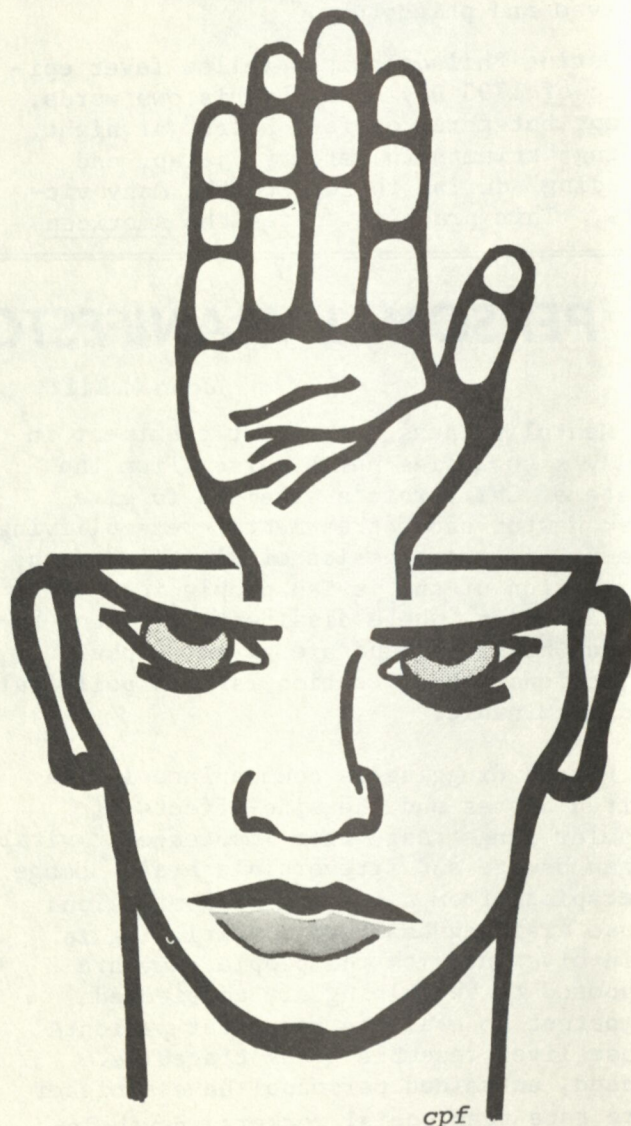
MENTAL HEALTH WORKERS

As the mental patients' rights struggle gains momentum, patients and workers are increasingly pitted against each other. We can easily become so immersed in the specifics of individual oppression that we lose sight of the realization that hospital workers and mental patients are really on the same side of a larger struggle - that radical changes in the mental health system and generally in the whole society are in the interests of the workers as well as the patients. Just as working class white people and black people are pitted against each other in Boston to divert the attention from the real class enemies who retreat to their mansions in Wellesley and watch it all on TV, so low-paid workers and miserably oppressed mental patients are left to fight it out on the wards, while the psychiatrists and the big-wig Department officials just lay down the rules and then drive off in their Cadillacs with their fat paychecks. How many hours do the psychiatrists spend on the wards? The Superintendent? The Commissioner? Very few. It is the workers who are there day in, day out, eking out a miserable salary at a miserable job in which the only people lower in the power structure are the patients. It is no wonder that so many hospital workers become hardened to human suffering, and become perpetrators of mental patients' oppression.

And yet the reality remains that because of this hierarchy of power - because the men (rarely women) who make the rules and create the oppression remain behind-the-scenes - it is largely the hospital workers who day-to-day enforce the oppression. When four attendants are throwing you into a seclusion room, it is hard to remember that they are not really the enemy. When a nurse won't let you off the ward because you didn't do your unpaid ward job, it is hard to remember that in the long run her/his class interests are the same as yours.

To be sure, we cannot entirely overlook that they chose to work in a system which

we consider malevolent. Furthermore, it is true that many workers in the mental health system have little but contempt for the patients they abuse. Although many workers ameliorate the ills of the system, they still serve that system. However, workers nonetheless are a possible avenue to change. And it would only be to our benefit if patients and workers could work together against the mental health establishment instead of the dividing line being drawn, as it is now, between the patients and all the rest of the employees.



We are a mental patients' movement. While we must struggle in the larger sense to eradicate the system which has generated the hell-holes called hospitals, we must also struggle on a daily basis to improve the situation of those of us still incarcerated. While we can envision and work for the day when workers' and mental patients' struggles will become one, we must deal with the present reality in mental hospitals. Just as we have to struggle against racism, sexism, and classism within our own movement, and against mentalism in other "left" movements, so we have to confront mental hospital workers when they are oppressing us. The "correct" political line is meaningless if no realistic practice can emerge from it. Certainly we should educate our-

selves as to who the "real enemy" is and as to our common long-range interests with the hospital workers; we should encourage the hospital workers to organize among themselves and to support our struggle; we should search for already-existing common interests between ourselves and the hospital workers and together fight the ones who really hold the power. But we must also acknowledge the fact that as long as mental institutions are structured the way they are, it is inevitable that we will continually come into conflict with the hospital workers. Perhaps eventually out of this conflict will arise the full consciousness, on both our part and that of the workers, that it is not each other that we should be fighting.

Barbara Wallen

BOSTON STATE FOLLIES

Because of limited space, these are excerpts from taped interviews between Craig Olson and two ex-inmates and one inmate at Boston State.

BARBARA F.

"It all started 6 years ago when I was 27. I walked into this doctor's office in Mattapan. I knew him from Mass. Mental. I said to him, 'I have a beautiful child at home. I want to go home to her.' He said, 'I'm going to put you on LSD.' I said, 'Alright,' but the next week I was thrown into a cell for hallucinating, and I was kept there an entire year without going out to go to the bathroom. When I had my period, they wouldn't give me a pad. And I lost my period from taking pills, which I now take.

When I finally went down to 70 pounds in the cell, they took me out and gave me shock treatments. I have a crippled arm from meningitis as a child, and I'm not supposed to have shock treatments. Then a nurse took me. I had a period with estrogens, and she washed my face with blood.

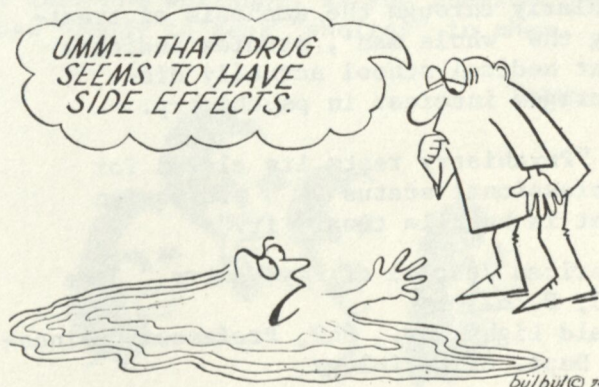
The doctor who gave me the LSD is a pediatrician now.

The next year they took me out of the cell and kept putting me back. They gave me methadrine, which is used to make soldiers

kill with, and I became violent. I'd be put in a cell every other day. They used to let me go for a walk and they'd drag me back to a cell every other day for a whole year.

I have epilepsy bad now. I used to have petite mal but after the shock treatments I got grand mal. I was in a coma for a whole 7 days. I had 11 epileptic seizures in 7 days and they wouldn't let me out of the cell. They didn't feed me, even intravenously. I almost died!"

(C.O. When I talked with Barbra again she said she was railroaded into Boston State--- committed by relatives without a legal hearing because she would not have her baby baptized. She is Jewish, the relatives Catholic.)



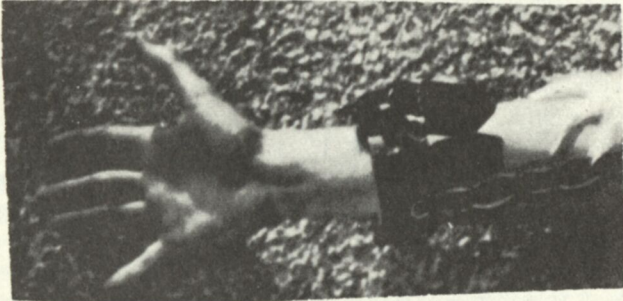
continued

LINK

"My name is Link. In the cafeteria I saw an attendant take a girl and beat her over the head and then pull her under these iron bars, and, with the help of another attendant, they dragged her into this room, undressed her, and threw her into isolation. This is one of many incidents that I saw."

MARY L.

"I've seen patients being punched. I was punched by Mrs. Pickett and I've been punched by Pearl too. Different ones at different times. It was quite a while back when Mrs. Pickett accused me of starting a fire that someone else started. Someone had handed me a book of matches. I had this wig and they took the wig off my head, her and another nurse. I wanted that wig because it cost me \$20.



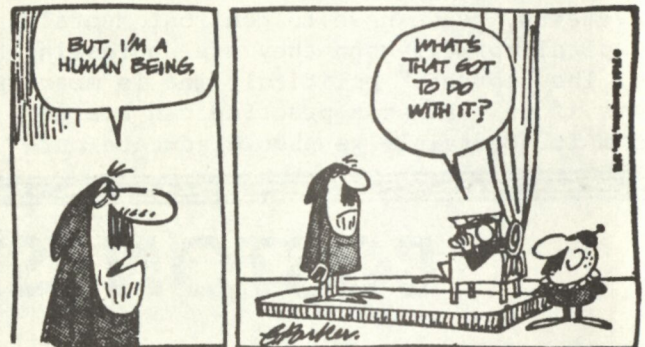
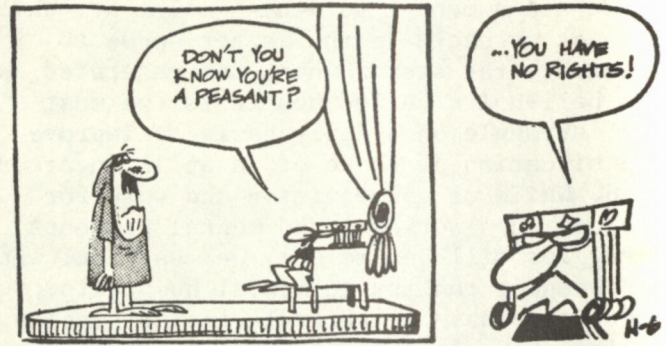
THEIR WORDS

"Despite continued efforts to integrate psychiatry into medical training, particularly through the emphasis of treating the 'whole man', studies indicate that medical school actually discourages interest in psychiatry.

"Psychiatry rests its claims for professional status on a profession that is hostile toward it."

"American Journal of Psychiatry," June 1975, P. 627

Donald Light, Jr., PhD, Professor, Princeton Dept. of Sociology



TABLESCRAPS/cpf

"I've seen it happen different times. That could be prevented. I can't state any specific names because some of the attendants are good attendants. Pearl is all right now, but when an emergency arises, she will accuse the first person handy of setting a fire. She's all right when there isn't an emergency.

Leroy pushed Anne F. this morning. She goes in to get coffee and gets on their nerves. Someone in back of her got pushed too. They didn't get beaten but I've been beaten by Mrs. Pickett and Pearl who still work here. Mrs. Pickett beat me on a couple of occasions, months back. She'll deny it. I know when an emergency occurs. She went down the back hall where we're not allowed to smoke, and she was smoking. She said, 'It's up to me to give the orders, not up to you to give the orders.' She would have hit me if I got close to her. She did one time in the strong room. She struck me in the face and on different parts of my body--like this and like that--bang, punch."

REHABILITATION

"It's changed since you first came in," Bob Schuler, my former "therapist" at Boston State and Lindemann, once told me. Titles and numbers may change, but not the pain of a human being treated as an animal.

In 1970 Bob Schuler told me to start working or else I'd be considered unproductive. That meant punishment (seclusion-clothes torn off-beatings-injections of painful and suicidal drugs-rape-outright murder-electroshock-psychosurgery), so I kept producing. He arranged for me to "volunteer" in the kitchen. I swept and washed the cafeteria and kitchen floor three times a day (with Mary, a woman who had had shock treatments and is since dead - a "suicide"). I "helped" serve the already cooked food when it came off the delivery trucks and made coffee - for wages somebody else got.

I had stopped running the "patients" coffee shop where the only people who had money to buy anything were staff. I shopped, cooked, and cleaned for "humanists" who saw nothing wrong in slavery.

The drugs I was forced to take made me suicidal, threatening the damage I saw in other people - irreparably brain damaged and forsaken. Stelazine intensified my feelings about sharp objects and forced me to retain thought of them. The drugs plus living with "attendants" who were screaming at people and dragging them off to seclusion kept my tired agony at peak. Bob Schuler, Drs. Paolito, Curran, and Carr and others at Boston State ridiculed my associating my pain with them. As part of the fight against servitude I stopped "volunteering" until pressured by Bob Schuler.

From January 1971 to April 1971, some of us went to Lindemann daily. The difference in treatment consisted mainly of a new building. Each day I faced the train tracks at Ashmont and Charles Street stations, resisting the suicidal magnetism of the tracks. My rib cage was in constant ache

from tensely holding back. In April, ten of us moved in. We were the ones "who have shown or could show any signs of progression," according to Bob Schuler. Progression was obedience.

The Workshop

"Unproductive" again, Bob Schuler told me I wouldn't continue receiving my social security benefits if I didn't do some work. He suggested the Center Club Workshop then starting at Lindemann - at \$40.00 extra weekly. The first week I recycled Ma Bell's dials - work I found harder than factory jobs I had in the past. When I saw my paycheck it was \$15.00 full-time, not \$40.00. This is still the full-time wages of human beings in the workshop.

People were depressed by this, and those who wouldn't or couldn't keep up with others in dress were ridiculed in front of everybody for being "unhirable". The workshop was a continuation of institutionalization. People, including myself, did not speak up for fear of report to our "therapists", resulting in drug increases. There was also fear of suspension from the workshop and losing the few dollars more that some came to depend upon.

Sitting with these people, I saw their emotions at painful peaks. We were oppressed - and had to repress ourselves within the oppression. My anger grew and having to repress it made my hands shake so noticeably that I knew that if I stayed there I could look forward to permanent shaking and no respect or dignity for the rest of my life.

I left the workshop, as you guessed, and advise nobody to seek "shelter" in them.

Terra



INSANITY: BEYOND US

In MPLF I have on occasion made idealistic statements about my madness. "It was," I say, "an adventure. A chance to be a hero in a hero-less society. A place to explore, a spiritual odyssey."

"What of the pain?" is the response, "What of the fear, terror and misery. Helplessness, and loneliness. A manic fantasy brought this minority opinion."

Yet I've experienced this anguish, too. The visions of hell itself, of my bodily cells turning to plastic. Or plans blown apart, a "depression" without end. All friends were lost. And while others suffered in hospitals much more than I, I have had the long seclusions, the large forced injection, the captivity placed on the different, that final punishment, too.

My thoughts at one time turned to a Prometheus (coughed!) and a Hamlet (with Haldol!), and a war against all saints, mystics and transcension bluntly called "anti-psychotic" medication. My thoughts turned to *supposed* American freedoms (and sometimes to similarly slaughtered Natives) of ideation and creation.

But finally I come to the "insanity" itself, which has been beyond our touch, but which holds yearned-for psychic mysteries (just look at the nation!) The thoughts I have had -- the thousand, rushing ideas, intense beliefs -- and the bizarre smells, garden paths of delight; the "delusions" of extra-terrestrial negotiations, of technology as a being, of extra levels of meaning in song, talk, blinks of television. Or the more subtle visions of religion, common myths, symbol, culture.

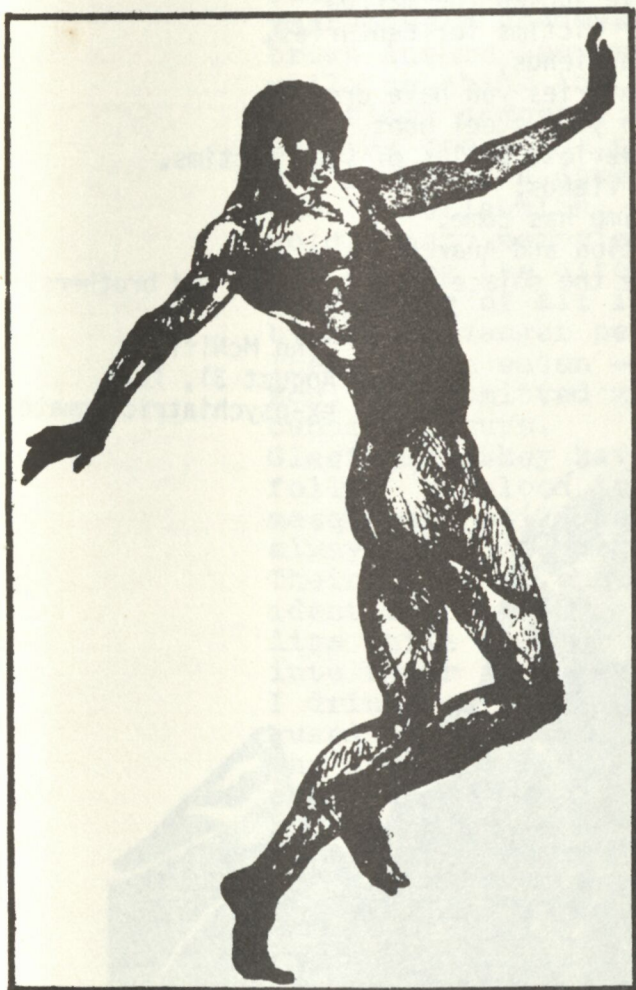
Everyone thinks of these things, reads of these things. We have lived these things. Our lives become these novels of climactic moments. We are human, intensely human. Perhaps we have discovered a psychic world, one not flat.

Perhaps, once more, it is in chains.

-- my past, D.O.



POEMS



Untitled

Locked in cells
Freedom ringing tells
Quiet night flowed amid
All attendant on my sins
The jubilant jungle sung to a muse
In hospital now only things amuse
Hot food, dealt out food
Nothing to do but to wait on freedom

Bill Kiley

Her

(in memory of Saralinda)

I can hear the force in which they walk
the mustiness of them
old or young
male or female
the guards come from a world
in which we suffocate

I can hear her cower in surprise
resisting in vain when grasped
her clothes
her nakedness
torn off
in the hallway
never any fear in the guards
as they assault her
never any doubt they won't get the prescription
order from the doctor
I see this in their faces
as they run her by me
in my converted seclusion cell
as I lie in bed
forced to listen to that sound
within her
that will pull me to her aid
I can hear that deliberately
kept filthy seclusion cell
gruff male hands pinning her
still resisting limbs
the female counterpart feeling no pain of shame:
the womanhood

a needle
tears her flesh and mine sending
suffocating searing floods
via the brain
where obscene looks and remarks leave off
the act of suicide

Terra

Outcry

Once a mental patient
Always a revolutionary.
Strapped or sterilized
Shocked or lobotomized
Beaten, bludgeoned,
Drugged and raped.

These are my sisters and brothers.

Visions of the Dionysians
Devouring the entrails of
The last psychiatrist.
Visions of brother Death
Riding, riding over earth
Reaping the heads of inhumane therapists.

These are the visions of my sisters and brothers.

Count your seconds.
Count your gold.
You have sucked the marrow
Of your victims for centuries,
You fiends,
For centuries you have crushed
Beneath your steel boot
The powerless bodies of your victims,
You fiends!
Your time has come.
Revolution and Anarchy
Are the solace of my sisters and brothers.

John McNiff
August 31, 1976
ex-psychiatric inmate



HOSPITAL IMAGES

Faded memories:

yesterday's shadows creeping across the crisp
brown Autumn leaves covering earth's stones
while catching the heaven's sun light.

Fruitless memories:

sucking the juice of a romantic brain bathed in
the fluid of a deceit which mirrors

Amon's reflection.

Cold, misty memories:

sustaining the alter ego of the naked skeleton
picked dry of all its succulent red meat
by the scavenger peacocks.

The meat is eaten — they have digested my
soul and vomitted my dignity from their
cancerous guts.

Gleefully, they have stored my bile for some future
folly. My blood is evaporated — yet their lyrical
masquerade still runs on — but why? Why must the liars
always sin once more?

Their curse is their own infinite, perspiring
identity: grunting and moaning with their celibate
lips while their life's liquid flows in spasms
into their frustrated bed sheets.

I drink, or rather eat, their still green water to
guard the electrical illusion generated by
the dust of my fragmented memories. I cry for
salve to ease the pain of my aching conscience,
but they rub vinegar into my already stinging
tongue to silence my fearful pleas. At every
meal, they sharpen their yellow teeth with
wooden toothpicks in order to have another
helping of my bleeding emotions. They prick
brains with rusty nails just to see the
effect. (Even when observing their infamy as infamy
they must choose the inevitable "to be," for their
wire framed lives were custom made before their
conception.)

Salt water flows down into streams, washing only
bone, for there is no flesh left: the streams
follow the fire of life's energy, devouring
the lava of the heart. The trails have become
unproductive and barren, leading only to effete
resignation. The light house, once strong in
its isolated youth, now shines ever so dimly
in the storm, and the gentle ship is consumed.

— Jim O'Leary

Downers

Downers, fucking downers
I've been haunted all my life
First strung out on legal downers
Doctors, smiling doctors
with their fucking hype

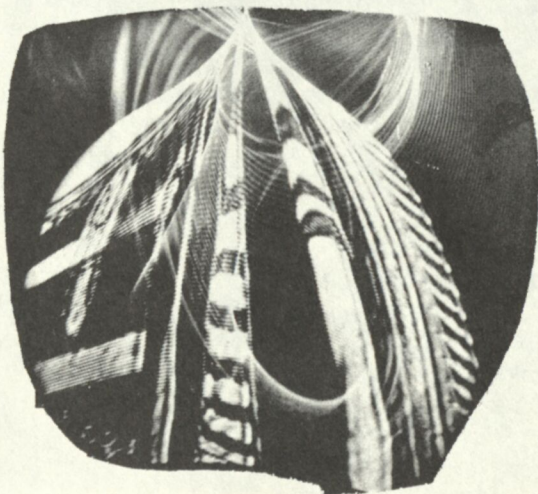
Legal, then illegal
Always reaching for the sky
My first pushers - legal pushers
Introduced me to the joys of
chemical highs

Then the drug scene
Seemed so glamorous and chic
Spent ten years in hell
Oh, downers are all I seek

Now I'm kicking
Now I'm coming clean
Years in hell spent dropping downers
I'm coming up from a downer dream

Did my time in hell
Finally, how I see
Wasted years spent doing downers
Christ, help me to become free

Joan Goldberg
ex-mental patient



LNS/cpf

These past few years I've had
Troubles and woes
From anxiety to depression
To God only knows.

I've seen shrinks for my problems
Week after week
Medication I've taken
My health I did seek.

They said suicide was no answer
I did not agree
Some Mellaril and Alcohol
And I would be free

To patients everywhere
Who may be in this rut
Hang on in there --
The ropes will be cut.

-- Craig Olsen



Any Games?

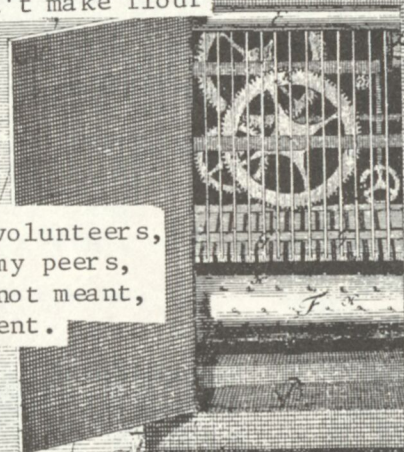
My only claim to fame,
Is that I play a game,
Far better than the staff,
Although I'm just the chaff,
In games I usually beat,
Those who are the wheat?



East is East and West is West,
Although at chess I am the best,
I only get a buck an hour,
Because from chaff, you can't make flour

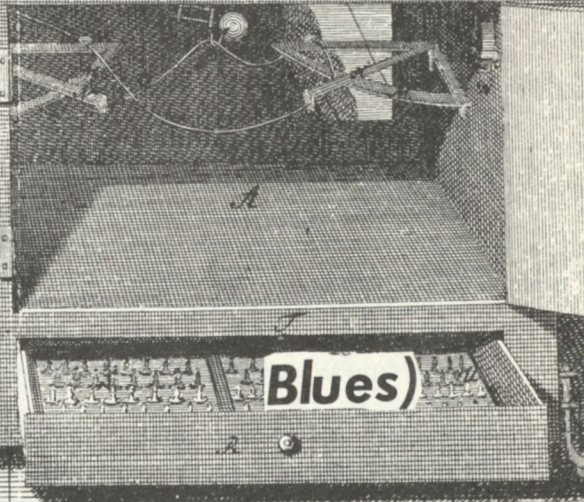


I can't go out with volunteers,
I'm only suited for my peers,
Mental patients are not meant,
To have self-government.



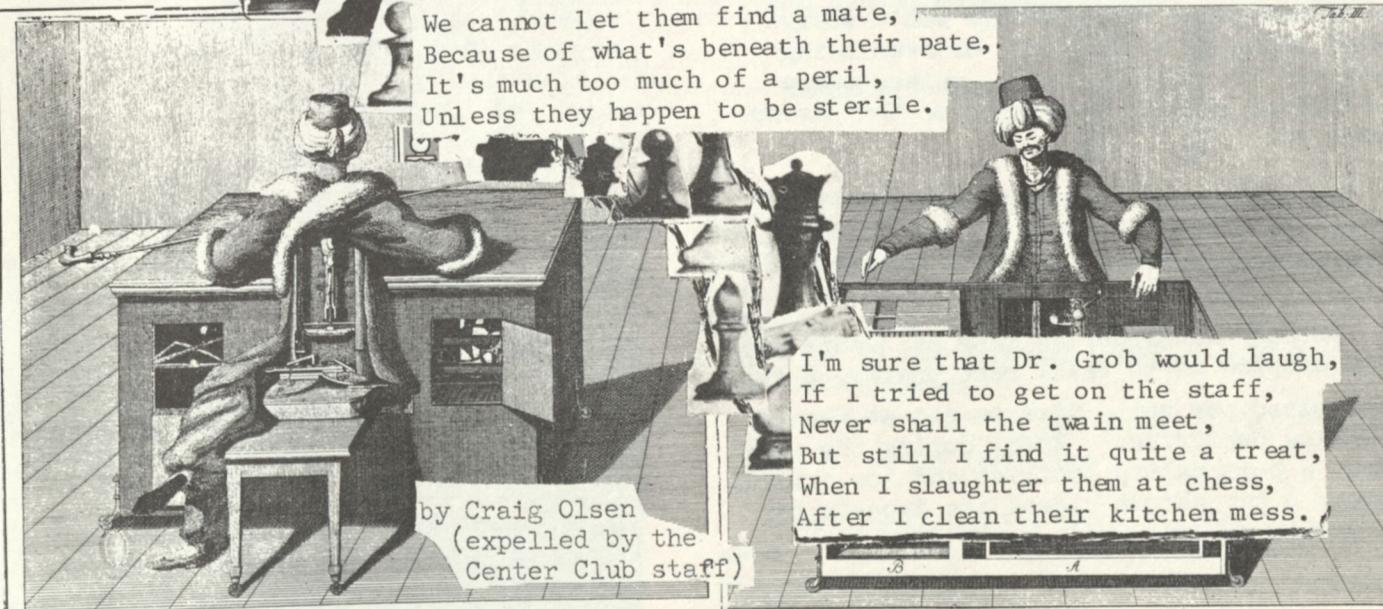
(The

Center Club



Blues)

We cannot let them find a mate,
Because of what's beneath their pate,
It's much too much of a peril,
Unless they happen to be sterile.



I'm sure that Dr. Grob would laugh,
If I tried to get on the staff,
Never shall the twain meet,
But still I find it quite a treat,
When I slaughter them at chess,
After I clean their kitchen mess.

by Craig Olsen
(expelled by the
Center Club staff)

DROP-IN CENTER

Six months ago, MPLF opened a drop-in center near Beacon Hill in Boston. It's open Wednesday nights from 6 - 12 p.m. at Stone Soup, a poetry bookstore and art gallery about a block from the Charles Street subway station. The address is: 313 Cambridge Street, Boston.

The drop-in center has had a mixed history. The first day, after sitting around for six hours waiting for somebody to come in, we redoubled our efforts at getting posters posted. Four members of Project Release in Kitchener, Ontario encouraged us during their visit in March; they went for many weeks before becoming stronger.

Soon, six or seven people came by on a typical Wednesday. Some were MPLF members who wanted to shoot the breeze, as this is a place where we can drop in, too. Many early drop-ins were from Center Club, and though some felt we disliked that "official" facility for ex-mental patients (see poem on page 37 by Craig), everyone got along fine. Herb, Dotty, John, Frank and others often come by and have become our friends.

We wanted to deal with the gamut from loneliness to major emotional crisis, and we tried to discuss most contingencies. But basically we hoped to support people who were going through the same problems we faced and still were facing. The drop-in is one place where people won't worry about going to a hospital, or even being referred to a professional, unless there is a major medical emergency or the person wants to.

For ex-patients dissatisfied with their "treatment," this is a great way to talk about changing the psychiatric system, too.

During the winter as many as twenty people dropped in to talk, read poetry, play the piano, or get a bite to eat at the "Yellow Submarine." Then, during the summer, a personality conflict and low spirits among other things closed the drop-in for a month.

At present, the MPLF members who keep the drop-in open and who talk to anyone who comes there are down to bedrock. They definitely need emotional support, talk and thanks as they hold down the fort. It is fortunate that people such as Stanley, Joe and Ady (not to mention us! - David+David) are helping at this time.

We have no doubt the drop-in will form something wonderful in the Boston community (though our hatred of hierarchy keeps us from pounding in structure and staff and goals and guidelines). Political, practical, social, spiritual reasons -- and no reasons at all! -- bring people to the drop-in. MPLF will try to help.

So come out and drop in. We might have coffee or soup, and it's a comfortable place. You don't need to have a pressing problem, you can just come in and talk for a while. Or you can call (Wednesday nights only please) at 523-9481.

-- by David and David



Untitled

A door
A music now and fell forward
A house
And each chord sitting atop
A petal
And each lord and each lotus
So the laughter and bedlam text
Made much of the subtext
Each loving
Each moment held immense

Bill Kiley

NEWSSTEW

YOUR RIGHTS AS A MENTAL PATIENT IN MASSACHUSETTS

The MPLF legal handbook, "Your Rights as a Mental Patient" is again available, thanks to a grant from the Haymarket Foundation. Now the large push to get it to those who need it, psychiatric inmates. Ideas, contacts, distribution, energy, will have to be orchestrated and found for this. After being out of print for so long, the revised 4th edition also reminds us that we have to thank the original writers, who first made this unique, beautiful tool.

Hospital Organizing will now begin, with renewed strength!

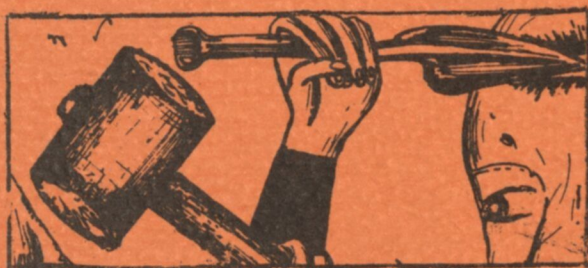
Psychosurgery

The government-appointed National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research recently put out a report which recommends that psychosurgery not be considered experimental and that the controls on its usage be relaxed. It states that psychosurgery is a "potentially beneficial therapy" for people suffering from "psychiatry and behavior disorders," prisoners, involuntarily confined mental patients and children. The report has been sent to the Dept. of Health, Education and Welfare Secretary Califano for rejection,



photo by Ellen Schub

State & Mind



modification or endorsement. He is making this decision after a legally required period of time in which the public may write in. If he endorses the report it would have the force of a HEW regulation and hospitals around the country will use it as guidelines.

There has been national opposition to this report. For example, groups in LA, San Francisco (NAPA, etc.) and Boston (including MPLF and State and Mind), have demanded a halt to psychosurgery.

Robert Muller, a member of MPLF, has been very active in this struggle. He has written a paper for MPLF in opposition to this report, and in favor of a ban. Copies of his paper have been sent to Califano, President of the Senate (Mondale), Speaker of the House, Carter, and the Office of the Protection from Research Risks. Please send your letters of opposition to the above people, since public outcry may prevent the passage of this dangerous report.

If you would like a copy of Robert Muller's research report, please write to MPLF. There is a charge for xeroxing and postage (30pages)

-- Info. from State & Mind and Bob Muller

Support the

7!

The Boston State Seven, through Judge Torro, has a restraining order on their hospital against forced drugs and seclusion (see article on page 6). The shrinks are appealing this during September; and the next step is the Supreme Court, which has wide implications.

On Our Own

Judi Chamberlain's book, On Our Own, is about patient-run alternatives, support without Psychiatry. It's available (almost) now from Hawthorne Books in New York.

M.P.L.F. MEETINGS

All psychiatric inmates and ex-inmates welcome

Sunday 7:00 pm
Vocations for Social Change
353 Broadway
Cambridge, Mass.
(near Central Sq. subway stop)

MPLF Drop-in Center
Wednesday 6-12 pm
Stone Soup Gallery
313 Cambridge St.
Boston, Mass.
(1 block from Charles St. subway stop)

COME TO:

RALLY AND DEMO
TO HALT VIOLENCE CENTER FOR WOMEN
SATURDAY, OCTOBER 1, BOSTON COMMONS

We ONCE
again
have :

"YOUR RIGHTS
AS A MENTAL PATIENT
IN MASSACHUSETTS"

**YOU MIGHT HAVE TROUBLE READING OUR PAPER BECAUSE OF YOUR
"MEDICATION." WE'RE SORRY. IF WE CAN HELP, CALL US AT 262-9268.**

we need SUPPORT

I CONTRIBUTE \$ _____ TO MENTAL PATIENTS
LIBERATION FRONT. PLEASE SEND ME FUTURE JOURNALS.

I AM ENCLOSING \$ _____ FOR _____ COPY(IES) OF "YOUR
RIGHTS AS A MENTAL PATIENT IN MASSACHUSETTS."
(\$2 per copy. It's free to those who
need one but can't afford it.)

Mental Patients Liberation Front Box 156 W. Somerville, MA 02144

Name _____

Address _____

City, State _____ Zip _____

Please Help!!

