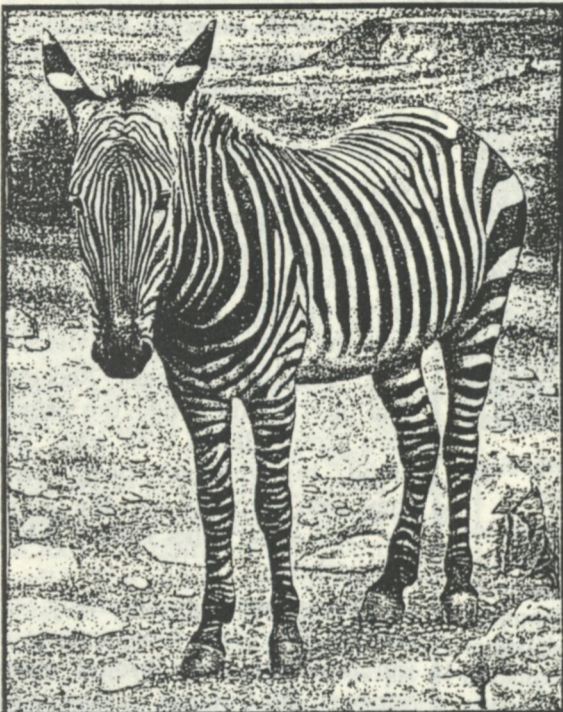


- dissident psychiatrists!
- women: what is your ideal healing place?

DENDRON

monthly news issue # 2 February 1988 one dollar



The Cape Mountain Zebra is in danger of extinction because of destruction by the white settlers in South Africa. *Dendron* spotlights two members of another rare species -- psychiatrists who say "no" to psychiatry.

Electroshock survivors & their allies might successfully "mop up" federal skirmishes.

- In Congress, a bill that would have re-classified electroshock (ECT) machines as "Class I -- no risk" devices will almost certainly be amended. This would leave the classification as it is now: "Class III -- high risk." (See *Dendron*, January 1988.)

- And meanwhile, over in the Executive Branch, it looks like the Food & Drug Administration (FDA) might actually be turning back on it's own re-classification

continued on page 3

exclusive *Dendron* interview:

r.d. laing

"Now suppose I didn't have money for this apartment. Suppose I didn't have friends to help me. I could be on the streets. ANYONE can be."

Dendron editor David Oaks spoke by phone with R.D. Laing on January 25, 1988, during his stay in San Francisco. Dr. Laing was born in Glasgow, Scotland. He graduated in medicine from Glasgow University in 1955, and is the author of more than a dozen books. His most recent: *Wisdom, Madness & Folly* (McGraw, 1985).

Question: What are your current plans?

R.D. Laing: I'll be back to Scotland at the end of the month. I don't intend to take up any practice -- I'll just be reading & writing.

Q: Have you had much contact with ex-psychiatric inmate acti-

continued on page 6

has the dust really settled in: The Peter Breggin Controversy?

A popular TV program, aired nationally, began this trouble. It was picked up by the influential New York Times. Hundreds of psychiatric rights activists passionately cheered for the rights of the psychiatrist who was in the center of the mess. It all ended with the complete vindication of that doctor.

Or has it ended? To sum up what's happened so far:

WHO ARE THE PLAYERS:

The National Alliance for the Mentally Ill (NAMI) is a rapidly growing, national organization mainly composed of the parents of people with psychiatric labels. While their membership is diverse, NAMI leadership has been partly responsible for passing legislation in some states to make it easier to commit people. They have also championed "outpatient commitment," which makes it possible to order people to take psychiatric drugs against their will, even while out in the community, living in their own homes.

Dr. Peter R. Breggin, a psychiatrist for 30 years, is a published

continued on page 8

DENDRON

The goal of *Dendron Monthly News* is to provide an independent service to the many individuals and groups concerned about human rights in -- and alternatives to -- the current psychiatric system.

Published by the non-profit organization Clearinghouse on Human Rights & Psychiatry (CHRP). Edited by David Oaks. Made possible by a grant from the Levinson Foundation, with the co-sponsorship of the McKenzie River Gathering.

Dendron covers: Human rights campaigns for people with psychiatric labels in the US, and internationally. The strategy & tactics of organizing for social change. Exploring and creating effective, humane alternatives for emotional support.

Subscriptions: No one will be denied for lack of money, please write for details of a brief work exchange. Rates for others for one year:

Rate for very low income: \$10 (or \$5. for six months).

Regular rate for individuals and groups: \$20.

Rate for agencies, libraries & groups with paid employees: \$40.

Please make the check out to CHRP and mail to:

CHRP
PO Box 11284
Eugene, OR 97440

Editor's note:

[I turn over the editorial to a CHRP participant, Tom Wittick. He helped start one of the first of the current wave of grassroots psychiatric inmate groups in the early 1970's: Insane Lib. It was a short-lived organization in Portland, Oregon. Tom is now a student at Lane Community College in Eugene.]

Remebrance of the Insane Liberation Tradition by Thomas E. Wittick

The basic philosophy of Insane Liberation was based on a combination of both philosophers Wilhelm Reich & R.D. Laing.

It was based on the idea that you had the right to make yourself "more togeth-

Page 2 *Dendron* January 1988

To make an additional donation, tax exempt under 501(c)(3), please make the check to "McKenzie River Gathering," and sent to CHRP.

Your articles, poetry, letters & art work are encouraged: *Dendron* is a clearinghouse between individuals and groups. Please understand space is limited. Type, or write clearly. Your name will be used unless you say otherwise. Return isn't guaranteed, but will be helped by including a self-addressed stamped envelope. Thanks.



er" by causing a total breakthrough struggle of "schizophrenic" crises.

We did ceremonies of working together through social friendships, solving personal crises, going to commitment hearings at the Multnomah County Court House, having a dialogue with some staff members at Dammasch State Hospital, and putting out a section of Willamette Bridge Newsletter in Portland on the "right to be insane in reacting to craziness of society at this time."

Our main problem was long-term organizing, plus attempting to be serious about the fundamental issue of being more progressive about personal-social issues. Insane Liberation Front didn't survive the shortness of projects, which was so common at that time. Most of the staff floated around as anarchists, like SDS activists, from one radical project to another.

We also couldn't make it from our dependence on one strong leader, Dorothy Weiner. All of us at that time couldn't move from volunteer staff to some paid staff. We were afraid of being responsible for a program of advocacy, along with actual crises centers.

The Seven Deadly Sins is a handy booklet about some of the most common obstacles to organizing!

booklet: Organizational Development: The Seven Deadly Sins, by Andrea Ayvazian

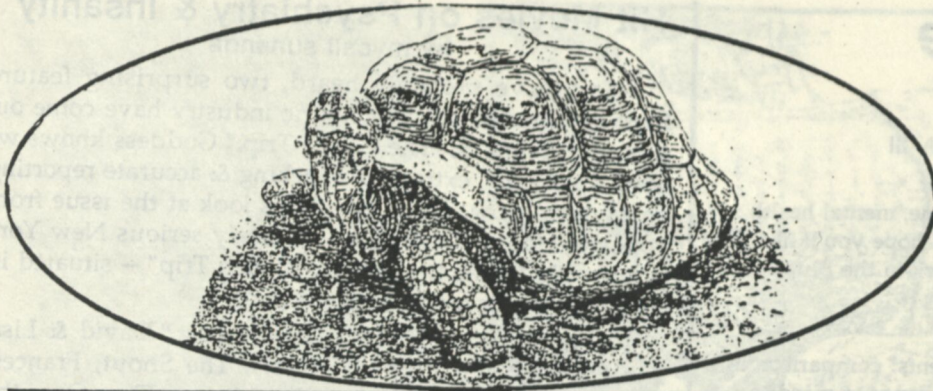
review & excerpts: This slim 22-pager is worth its \$4., even if that's more than a half-dollar per deadly sin! The author wrote this especially for grassroots peace groups, after visiting many organizations that were running into the same hurdles. The lessons ring so true for other social change groups, that here's a generous preview of what the author calls the most grievous activist sins:

1. **Founders' Disease.** Recognize this one? That's when the original core group claims they want "new blood," but when new people arrive they aren't brought into the old circle. The same folks mainly talk to each other.

The author suggests many ways out of this trap. One answer ex-inmates know well: through mutual support! For instance, an experienced member can volunteer to become a "buddy" for a new person to talk, orient them and invite them back.

Other solutions she suggests: ● You can admit the situation to new arrivals, to ask for their understanding. ● Meetings can be specially tailored either for experienced people or for introducing new people to the campaign. ● Meaningful tasks can be quickly given to new people to involve them. ● The old timers can get together to talk about the social dynamics of the group and ask, "How are we excluding people?" ● Maybe a regular informal ice-breaker might help. ● Be open to new ideas from newcomers. ● Look out for in-group jargon. ● Give new arrivals a chance to talk, and go out of your way to in-

continued on next page



Aphorisms by Leonard Roy Frank

- The outspoken are aggressive.
- The different are dangerous.
- The disagreeable are irrational.
- The disobedient are negativistic.
- The heretical are schizophrenic.
- The euphoric are manic.
- The unhappy are depressed.
- The sad are mad.
- The bad are mad.
- The faithful are deluded.
- The religious are neurotic.
- The mystical are psychotic.

The Galapagos Tortoise -- It was thought "normal" to kill this disappearing species by the 1,000's as a source of meat for sailors.

SINS! -- continued

volve the group IN THEM.

2. Lack of long range planning. The author found that many of us know what our group is doing for the next month and what solutions we want in the long run, but the in-between time -- what is being planned in a year -- is often ignored.

Groups often bounce from event to event, reacting to this crisis & that, and they don't build from one step to the next. She writes that, "The challenge is to funnel ideas into goals and long-range plans. We need to focus on doing one or two things well." The author recommends a retreat to look forward one, three & five years. "The challenge for local groups today is to do a better job of strategizing and long-range planning than the national offices are doing," she writes. That way, the group can tell people in a simple sentence: "We're the group that accomplished _____ this past year." Otherwise they might not gain the trust of the community.

3. Burnout. Ah-ha, that's something we "emotional-support" proponents supposedly know about. Do we take time out to give each other hugs and massages, sing a few songs? A lifetime of steady activism is probably many times more effective than a few years of frenzy, taking on every task. Activists help comprise the long term movement. You need to take care of yourselves, so put emotional support into action in your own life today. [Editor's Note: The editor confesses to this sin.]

continued to next column

4. Growth with no plan. Observes author Andrea Ayvazian: "Bigger is not better if you do not know what you are mobilizing people for. . . If you are going to grow in numbers or affiliates or chapters, know why."

5. No Clear Lines of Accountability
continued on page 7

SHOCK - continued from page 1

attempt.

Marilyn Rice, Washington, D.C. coordinator for this group of ECT survivors, Committee for Truth in Psychiatry (CTIP), states that an undisclosed "contact at the FDA" told her that the shock survivors could finish this battle off. She stresses, "The iron is hot. It is time to strike."

By the way, if you haven't gotten that message already, then you might want to get on the CTIP mailing list. Write to CTIP c/o Marilyn Rice, 2106 South 5th Street, Arlington, VA 22204. Or call 703-979-5398. A small donation for printing and postage would help, but no charge is listed.

The new, urgent campaign, Marilyn says, is to have as many people as possible write immediately to:

John Villforth, Director (HFZ-1)
Center for Devices & Radiological Health
Food & Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Why the campaign? Since 1979, the FDA has classified ECT devices as High Risk, Class III. In 1983, under lobbying from the American Psychiatric Association, the FDA published a "notice of intent" to reclassify ECT as a reasonably safe treatment, Class II.

A five-year struggle began, and shock survivors' lobbying apparently helped slow down the FDA from completing that reclassification.

If the FDA does back down, Marilyn states, "This action would have immediate symbolic value; it would be like saying, 'We think the patients may be right about the brain damage.' And it would have the longer range practical value of clearing the deck for an investigation." The FDA is supposed to test the hazards of all devices with an unchallenged Class III status.

She encourages people to write to the FDA, and to mention the phrase "brain damage" in that letter. Marilyn suggests praising the FDA for its original Class III classification, and encouraging them to keep it that way.

Each letter, she says, is counted and helps.

Berserk in the Bluegrass

by Andrew January Grundy III

This is supposed to be a folksy, downhome, mental health consumer column coming from Kentucky. I hope you'll like the ideas and humor derived from being "berserk in the Bluegrass."

After perusing the "Organizing Movements" comparison in the first issue of *DENDRON*, one vast idea comes to mind.

What happens when we start boycotting certain psychiatric professionals and institutions?

They make their living from our psychoses. Blacklisting the more vicious and uncaring service-providers will create courtroom nightmares for both sides like you wouldn't believe!

But I think it would be beautiful!

(Yes, Martin Luther King and company did have some right applicable ideas.)

It's winter in Kentucky now. All the children are out playing in the snow. All the parents are praying they can pay the heating bills. And, if you are a consumer like myself, you might be wondering how nice it would be to be lying around a back ward somewhere with a new "significant other" who is definitely over-sexed!

Mental health has hit the comic books. "Spiderman" got committed in a recent issue of that Marvel series, and his story unfolds quite usefully for our movement. Look for a black and yellow cover at your comic-book stand entitled "Life in the Maddog Ward." It tells it like it is!

This second week of January is a busy one for me. There is a national consumer teleconference Thursday afternoon and a state consumer teleconference Friday morning. (Hope I still have a voice left.)

And now it's time for the "Name-That-Cat" contest. I got a new adult Tomcat from the animal shelter today where "he has been committed awaiting psychiatric evaluation." Cost \$2. to get Tabby out.

Now, since this cat is going to terrorize the mice running around my mobile home, I think an appropriate name would be "Psycho." (It speaks well for his master.)

Anyone with a better name for a big yellow male cat just out of solitary confinement should forward it to me at this publication.

But I think "Psycho" is a good name.

In my next column I will talk about Indian graves, Bluegrass, limestone rocks, mental health, and other things that come to mind.

Stay tuned. See you next month.

Hit Movies on Psychiatry & Insanity

by mycall sunanda

As you've probably heard, two surprising feature films on the modern psychiatric industry have come out recently: "Nuts" & "The Couch Trip." Goddess knows we need some new, extremely shocking & accurate reporting on asylums now. These two films look at the issue from opposite sides: "Nuts" is an intensely serious New York legal battle, while the absurd "Couch Trip" -- situated in Hollywood -- is a satire on psychiatry.

Remember these films from the past? David & Lisa, The Care-Givers, King of Hearts, The Shout, Frances, Three Faces of Eve, High-Anxiety & One Flew Over the Cuckoo's Nest!

Now we have, simultaneously, two American films on psychiatry that question & expose the absurd & toxic tactics of shrinks, along with their supporting cast of professionals, cops, lawyers, courts, nurses, aides. The Non-Conformists vs. The Big-Science of Dr. Clean Drugs!!!!!!

In "Nuts," Barbra Streisand plays a soft & sensitive hi-class hooker in jail accused of murdering a man in her apartment who tried to rape or kill her. Most "Nuts" scenes take place in jail or the courtroom, along with flashbacks. Streisand's lawyer (Richard Dreyfuss) tries like hell to defend her rights to a fair hearing, so she can stand trial for murder and plead self-defense, instead of being locked-away in the nut-house for criminals as "insane." "Nuts" implies how easy it is for anyone to be labeled "nuts" for defending themselves.

The "Couch Trip" is high-black-comedy. It's such a hip, clever, rebellious, formula film that many activists will discount its social value. However, it ties together in very funny ways a modern mid-west asylum, an L.A. radio-shrink having a break-down, and an arrogant nut (Dan Aykroyd) who tricks his way into substituting for the very-rich & popular radio therapist. It mostly makes fun of greedy lawyers, shrinks, radio-producers & the normal shrink business.

What we really need in the media in the future is more exposes of both absurd & serious shrink issues:

1. How a family sometimes drive a person crazy, blames that person for being upset & stressed, and then commits them (in other words, us).
2. How people are treated "inside" institutions. It would be great to see a film of that hot book, *WOMAN ON THE EDGE OF TIME*, by Marge Percy.
3. How some alternative & wholistic emotional therapies work by using various natural lifestyles, earth-medicines & spiritual healing.
4. How an adult, merely for acting like a child, can get labeled & put-away to make them managable.
5. How so many of the natural spiritual paths (such as Shamanism, Sufi, Tantra) seem insane to the conservative world that slaves to control & prevent any wildness beyond hyperclean manners & customs.

Where are you Robin Williams, Woopy Goldberg, Jack Nicholson & Lilly Tomlin? Lets get crazy soon - now!

Organization news alternatives '88

The 1988 National Mental Health Consumers Conference will be held from July 28-31 at the University of Utah in Salt Lake City. For information write to:

U-CAN-DU
Alternatives '88
Planning Committee
c/o Utah State Division of Mental Health
120 North 200 West, 4th Floor
Salt Lake City, Utah 84103
Or call: 1-801-538-4272

National Alliance of Mental Patients

... announced that Paul Dorfner & Dayna Caron are coordinating plans for involvement at the American Psychiatric Association Annual Meeting in May 1988 in Montreal. Former psychiatric inmates have demonstrated & debated at these annual gatherings, which bring together thousands of U.S. psychiatrists, since 1980 in San Francisco. This year, some NAMP members suggest having a debate on the topic of Homelessness.

NAMP also said that their own conference, originally planned for late May 1988 in California, has been postponed.

For information write to:

NAMP
PO Box 618
Sioux Falls, SD 57101

The National Association for Rights, Protection and Advocacy (NARPA)

... which works for the human rights of people given psychiatric labels, is planning to hold their 1988 annual conference in Oregon in the Fall. These events have been highly praised by participants for bringing

together legal advocates, activists & attorneys, many of whom are former psychiatric inmates.

Electroshock survivor Lynda Wright, who is an activist & counselor in the Portland, Oregon area, said she hopes this year's conference will aim a national spotlight on the problems of electroshock, which was first used 50 years ago. For information on NARPA contact former psychiatric inmates: Jenny Miller, 1525 Spruce #5, Berkeley, CA 94709 or Jay Mahler 18872 Center Street, Castro Valley, CA 94546.

Resources: publications

mAD LIB

review: You've got to like this title, there's no way around it, even through the 11th dimension! It's called *mAD LIB*, yes, with a small "m." The November 1987 issue featured the headline "NAMI-0 Breggin-1" about the Oprah Winfrey controversy (see article in this issue). *mAD LIB* was packed with articles about stigma & national news items, plus debates, letters to the editor, and coverage of speeches by ex-inmates.

How to get: Subscription information isn't listed, but donations are no doubt appreciated. Write to: *mAD LIB*; Our Turn; 2711 Connecticut Ave. NW; Washington, DC 20008.

Counterpoint

review: A box in a recent issue of this excellent newspaper for "mental Health Clients, Ex-patients, and Their Families" states:

"Counterpoint welcomes contributions from persons who have been labeled 'mentally ill.' News Stories. Personal Stories. Letters to the Editor. Pen and Ink Drawings. Artistic Photographs. Poetry."

And that's just what they deliver to the reader.

The Fall 1987 issue was lively, with feature articles on parents, former psychiatric inmate rights activists, and Vermont-area mental health budget stories. Plus it has poetry, tips on "making it" after being in a psychiatric institution, and an article on the Holiday blues.

How to get: *Counterpoint* encourages donations, but no price for getting on the mailing list of this non-profit paper is listed. *Counterpoint*; Westview House; 50 South Willard Street; Burlington, Vermont 05401

The Disability Rag.

review: This disabled rights journal has a large number of features, & short news clips. The January/February 1988 issue has the cover story "Mental Disability: A Disability Rights Perspective," by former psychiatric inmates Margaret House & Howie Harp.

In an interesting parallel with *Dendron's* January 1988 issue, this issue of *The Disability Rag* also includes a review by Jan Phillips, "Learning from the civil rights movement," which features three recent books on the subject. The review emphasizes that the civil rights movement was not founded spontaneously.

One of these books, *Eyes on the Prize: America's Civil Rights Movement*, by Juan Williams, [which their article reports is available in paperback for \$10.95 this month], is new, and is more exciting style than the book by A. Morris on the same subject, reviewed last month in *Dendron*. *Eyes on the Prize* sparkles with photographs and personal interviews. The book is a companion to the Public Broadcasting Service six-part television series on the civil rights movement. [The hardback is already available: 297 pages, New York: Viking, \$24.95.]

How to get: The editorial offices are in Louisville, Kentucky. But for information on circulation & subscriptions write to: *Disability Rag*, Box 6453, Syracuse, NY 13217.

vists in the U.S.?

RDL: In the past year I haven't met with, in any formal sense, people who have been on the receiving end of psychiatry. I've met a few informally.

Q: How can ex-inmates & progressive therapists work together?

RDL: I'd have to sit down with actual people, and simply talk about it. I don't know enough about what Americans call the "hand's-on" situation to come up with a formula, some key to open up possibilities. The whole thing is: this is stitched together by personal trust & confidence between actual people.

Before I gave up my practice, in London, we would have weekly group meetings -- current psychiatric inmates, psychiatrists, psychologists. There would be no distinction of roles within the context of the meeting. Everyone had to "hang their coat up" at the door. We were simply one human being talking to another. Afterwards, people would go back to where they wished.

Q: Was it a discussion group, a political meeting?

RDL: It was a free for all -- people would talk about anything they liked within human courtesy: the theoretical & the practical. No one was taking a stance, there was no formula.

You have to be together for a while. You actually have to meet in person. You can't achieve the goal by just exchanging propaganda.

Q: In terms of hands-on experience, what about the house you were part of that helped people without the medical model?

RDL: No one was "helping" anyone in particular. The only issue was living together under the same roof. As long as labels are there, it's a waste of time breaking down a label. People have to take it off themselves. "Progressive psychiatrists"

must be prepared to take off that label -- they must be prepared to take it off themselves.

Q: Do you reject the biochemical model?

RDL: It depends on the question. One way to look at it is psychiatry's DSM-III [Editors note: DSM-III is psychiatry's official handbook, the Diagnostic & Statistical Manual -- Third Try]. It is a manual of conduct and experience, regarded by the powers that be -- with a lot of ordinary people's back-up -- as a listing of items regarded as undesirable -- not to that person, but to other people. This range of undesired experience is not criminalized. It's not against the law -- say, to talk to someone who is not there -- but it's listed as a "criteria."

"Suppose psychiatrists decided that children . . . dreaming in color was undesirable. Then it might be possible to find a pill that would be an anti-color-dream pill."

In fact, "any unusual perceptual experience" is listed as an undesirable criteria, for example "schizoid." There are different clusters of "symptoms" -- but they are now called "criteria," not "symptoms" or "signs." For example:

telepathy, clairvoyance, and even collecting garbage are listed.

I regard the DSM-III as a listing of undesirable conduct, in two respects: 1) Stop it before it starts, and 2) Once started, stop it.

This is couched in the medical model. Every gesture . . . intonation . . . dream, etc., has got a physiological process, without which they wouldn't happen. It might be possible to develop biotechnology which could suppress "undesirable clusters."

For example: What is normal or abnormal? Suppose psychiatrists decided that children -- eight-, nine-, ten-year-old children -- children dreaming in color was undesirable.

Then it might be possible to find a pill that would be an anti-color-dream pill.

You could call dreaming itself a "mini-psychosis in sleep." You could say we must stop dreaming in some people, unless they start dreaming when awake. You could call dreams a "benign encapsulated computer-dumping in sleep," that might spill over to waking hours. You could argue that it must be cultured-out: all dreams & nightmares. We've already cultured-out visions.

If we then look for a technology to homogenize experience, there's a chance we'll come up with one. Color dreams could be said to be caused by "pathological forms of micro-molecular transformation in the . . . thalamus in sleep." Chemicals could be found to "cure" this.

So Schizophrenia in the DSM-III is a cluster that they say is caused by some abnormality in the physiology of the brain, couched in medical terms. You must de-construct the whole question.

Q: One abnormality now being listed is homelessness. There's an epidemic in the U.S. of passing "outpatient commitment laws" to allow forcible psychiatric drugging of people out in the community. What is your reaction to the homelessness you must be seeing while in the U.S.?

RDL: In this respect I agree completely with civil rights people such as Thomas Szasz. The political alignment must make a clear distinction between what is a criminal offense, and what is not. If conduct is not a criminal offense, than it's a subversion of the idea of a free country to stop something because a lot of people don't want it.

. . . If someone is actually dying on the street, helpless, starving, refusing to be fed . . . if you found your father in this state on the streets, what would you do? Would you be committing a criminal offense by warming them up? At this interface I find it inappropriate to produce formulae.

All over the world, especially since the 1950's, there is the mega-

lopolis, which concentrated many people into living in a concentrated territory. There always have been tramps unable -- or who don't want -- to buy a roof over their heads.

For a number of years in London there were very few people on the streets. After WW II many houses were bombed & derelict. Many of these houses were condemned. People -- even though they wanted to live there -- were re-housed from the condemned buildings. So there were many houses where no one was living.



The Komodo Dragon, world's largest living lizard, can grow to 10 feet. It is an endangered species. Hungry indigenous people from nearby islands have been blamed for eating the Dragon's food source.

The American-equivalent of the homeless moved into these places. They became known as "squatters." So they moved in, and all over London there were many such places. People lived one, two, three years there. They did them up. They eventually won squatters rights, even though re-developers wanted to evict them. For a few years there were very few people on the streets. They got grants from the London authority -- they were given financial assistance. So a lot of people formed communities, communes, associations

-- and acquired the right to live there.

Before coming over here to the U.S. I gave up my medical practice, got divorced, sold my house, and for a while lived in one of these so called "squats." People had formed themselves into a housing association. Many if they hadn't found it -- because it cost virtually nein [nothing] to live in such a place -- many would be interred in mental health institutions or would be living in the streets.

Now suppose I didn't have money for this apartment [in San Francisco]. Suppose I didn't have friends to help me. I could be on the streets. ANYONE can be. It affects the middle class, too. Many are living in their motor cars.

There are numbers of people who were quite affluent but then it goes bust. There are mortgage payments, the house is taken away. And so you get in a motor car, and sleep slumped somewhere in a back street. You would love to support yourself. There must be quite a bit of this. In San Francisco there are probably 1,000's of people sleeping in their cars.

This is more than a mental health problem. It's a nightmare of the middle class, and of the working class just the same. The corporate bodies that employ them can dismiss them at any moment. It's quite embarrassing for a system such as this, which wants to have a different image.

There's nothing new about that. In big cities of the old world -- and still in third world and asia -- you'd count yourself lucky if you have a roof over your head.

SINS!

continued from page 3

ity. Some might disagree with the author's suggestion here (a little bit of democratically-run hierarchy) but a way to check up on quality and responsibility is necessary.

6. Poor or Non-Existent Office Systems. Without records & clear communication, frustration & burn-out are more likely. Plus, this means only a few indispensable people carry around everything in their own heads.

7. Horrendous Meetings. Meetings, the author admits, are necessary, but she dares to point out that many meetings start late, and are long, boring, with over-packed agendas or no agendas at all. She advises: "The keys to stop running horrendous meetings are: make some piece of it fun; have agendas that are realistic; and attempt to do fewer things better. Have committees that really get work done on the committee level and report back to the larger group." Other tips: Send out an agenda prior to the meeting, and end on time.

How to get: Send \$4 for the 22 page booklet, published in 1986, to: The Exchange Project, Peace Development Fund, 44 North Prospect Street, P.O. Box 270, Amherst, MA 01004. Phone 413-256-8306.

Funny Money: Canada's new gold-colored \$1. coin was introduced this past summer. It features the image of the diving, watergoing bird with the eerie call, the Loon. And thus, with more than 75 million of them out among the public, the nickname "loonie" has developed for the coin. Dennis M. Cudahy, vice-president of manufacturing at the Royal Canadian Mint, says they are showing up more often in transactions, and 6 million a week are minted. Mr. Cudahy said, "It is not a derogatory term, people tend to give nicknames to things they like."

Breggin - continued from page 1

critic of electroshock and psychiatric drugs.

THE FACTS:

● April 2, 1987: The nationally-televised Oprah Winfrey Show begins a two-part look at psychiatry in the United States. Among the panelists are former psychiatric inmates, along with the psychiatrist Dr. Peter Breggin. They state they believe that dangerous drugging & electroshock are widespread in U.S. psychiatry today.

● Responding to the broadcast, Laurie Flynn, Executive Director of the National Alliance for the Mentally Ill, files a complaint to remove Dr. Breggin's license to practice medicine. The NY Times follows the hubbub with several articles (9/22/87, 9/24/87, 10/13/87).

● October 1, 1987: Maryland's Commission on Medical Discipline throws out the complaint, stating: "... this entire matter is essentially a freedom of speech issue."

And why is NAMI, which states it is for human rights, attempting to silence a critic of psychiatry? We contacted a NAMI Board Member for his personal views.

Dialogue

Bill Uhlhorn is on the Board of Directors of NAMI.

Bill -- who lives in Eugene, Oregon -- also helps run the Hawthorne Apartments, a housing complex for former psychiatric inmates. It's a large, popular & comfortable place that has served as a model for similar programs around the country. However, at least one ex-tenant has complained about a policy there: Residents are told they must follow doctors instructions and take any prescribed drugs, or face eviction.

Ex-inmate David Oaks wrote to Bill to ask about his position on this, and on AMI's attempt to remove Dr. Peter Breggin's license. Here is Bill's answer:

Letter from Bill Uhlhorn:

12/13/87

Dear David,

In response to your letter, first understand that I am replying as an individual and not as a NAMI Board member. I will however raise some of your concerns at the Board meeting in January.

First my bias. I believe severe and persistent mental illness (chronic) is disease of the brain. Medications for many people are one very appropriate way of fighting this disease. Medications also have very severe side effects. Our agency expects people in our programs to follow the direction of their doctor. We work with the resident to minimize medications, support med holidays, and advocate with the doctor on behalf of the resident. My experiences suggest that the more enlightened families and doctors also want to minimize the use of medications.

Second, one question for you. It was reported that a person with mental illness in Montana, after seeing the Winfrey show, went off his medications and committed suicide. As a person committed to human rights, caring for individuals and valuing human life, where does that death fit into the total context?

As regards your questions -- NAMI asked to be on the Winfrey show as the primary speaker to challenge the remarks of Breggin. Winfrey said no. As you point out the point of the complaint fell within the area of First Amendment guarantees and so it was dismissed. NAMI's complaint as a means of raising the issue seems appropriate.

What I refuse to do is allow you to stake out the high ground/ the moral ground/ the only adocate for human rights. I am, families in this state are and NAMI is continually advocating for, developing legislation and lobbying to see that more and better and appropriate resources are available for persons with mental illness and that these people have an instrumental say in what the treatment is. I take no pleasure in being a part of a system that sometimes forces a person to take medication. I take even less pleasure in standing by while a person whose thinking is so disorganized that they commit suicide.

I support your efforts in raising human rights issues. History shows that those efforts are always necessary. I would also like to see you and your organization advocating for more money and services. You ask what we can do to

prevent future problems? Communicate, find areas where we can work together and believe that families are as concerned about the total life of the person with mental illness as you and your organization are.

Warmest regards,

[signed] Bill Uhlhorn

Four weeks after writing this letter, Bill attended the AMI Board Meeting in Washington, D.C. On January 22, 1988, a few days after Bill's return, Dendron editor David Oaks talked to Bill on the phone. Bill apologized, but said the Breggin issue was not brought up. He added that he felt the non-drug part of the Hawthorne program has helped people, and said that "I'd like to encourage you. These psychiatric drug issues must be raised in a dramatic way, or they'll be watered down by people, including by myself!"

Bill then mentioned that he is taking a principalled stand on the problem of psychiatric discrimination & drivers licenses. He has refused to answer the portion of the driver's license renewal form that asks if the applicant is "mentally ill," even though Bill himself has not been a consumer. Therefore, he was denied a driver's license, and is now looking for political & legal remedies.

An open response to Bill Uhlhorn:

Dear Bill,

You mention a Montana viewer of the Oprah Winfrey Show stopped taking psychiatric drugs and committed suicide, but you give no other facts. It's hard to talk about this person without having known them.

What might have helped this person? According to many people who have actually tried to take their own lives, alternatives to psychiatry can help prevent -- and can help in the midst of -- such crises. One example: fully-funded, humane, personal, mutual emotional support.

Often, current psychiatric treatment & labels lead to the isolation & hopelessness that can promote suicides. Perhaps this atmosphere is the reason for the tragically high suicide rate among people who choose to be psychiatrists, which is the most suicide-prone profession known, and is probably not a SIMPLE biochemically-induced phenomenon.

I emphasize "simple" here, because

human life itself is biochemical. Your writing of that letter was biochemical. A hug has biochemical effects on a person. But a pill cannot yet – and probably never will – write those words for you. Or give a hug (okay, maybe a chocolate-covered coffee bean comes close!). This is not to say that drugs can't ever help. But as you know, there's a lot more to help than just drugs.

Common sense tells us there are more alternatives during a crisis than the three facing most people today: 1) psychiatric drugs in an over-priced psychiatric institution, 2) being at home, with at best a loving but over-worked, small support system, or 3) the streets.

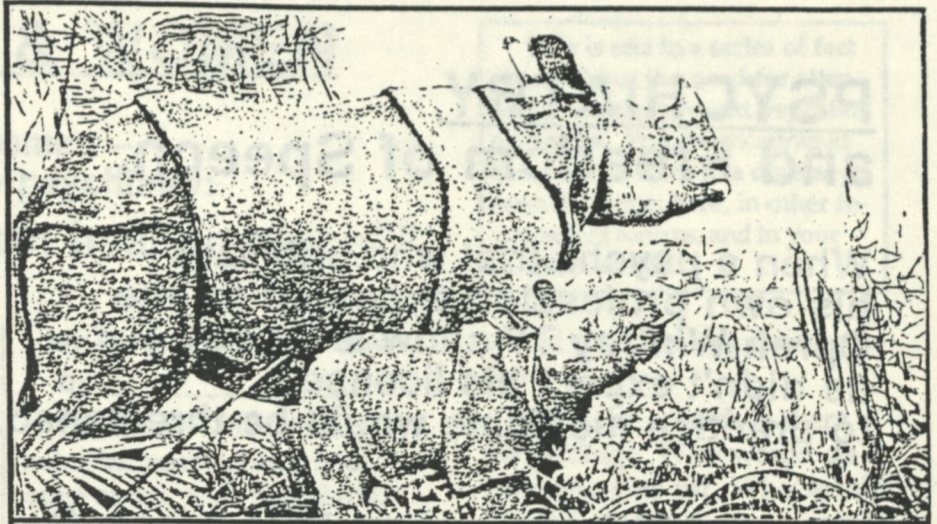
When AMI members see the increased effectiveness of true alternatives – when they view the wide horizon of possibilities – many of them will work to help create these for their loved ones, and even for themselves. After all, everyone goes through emotional crises at one time or another.

The issue here is freedom. The American ideal is to allow all sides to air their beliefs without chilling punishment by the state. This includes Dr. Breggin. And according to the US Constitution & the United Nations, free people have a right to hear just about any views they wish. This includes people such as myself who have been given a label by a psychiatrist.

Freedom can help. How else can we ring the alarm bell about psychiatric drugs, which you totally agree can have severe problems? Certainly, a person's psychiatrist – whose moral & legal obligation is to do this job – doesn't always warn people of the major drug hazards. I hope NAMI can begin to consider such problems as neuroleptic malignant syndrome (NMS), an effect of psychiatric drugs which is proven to be directly killing some people. I hope NAMI will fight the existence of physically-forced electroshock: can you imagine such a horror is still legal in the U.S.?

But two statements in your letter especially disturb me: 1) That you realize NAMI's complaint against Dr. Breggin could have violated the First Amendment, and it therefore lost; but, 2) This was an "appropriate" way to raise the issue publically, anyway.

Logically speaking, Bill, this is a clear example of saying the end justifies the means. Considering my own imperfections I am sorry to preach here, but Gandhi points out that a goal & how it's achieved are like a tree & its seed, close-



The Javan Rhinoceros: extremely close to extinction. Chinese merchants have paid thousands of dollars for its horns, to be ground into a powder as an aphrodisiac. The hide is also worth thousands as a drug, as is the dried blood, and even the urine.

ly related to one another. You cannot advocate for rights, by denying rights. This is not "appropriate." This is not the "moral high ground" you mention.

Don't take the following personally, because all of us five billion imperfect humans slip into it: But on a bigger scale your two statements remind me of the contradiction in the nuclear arms race, which also follows the belief that the end justifies the means. The world's enormous resources are wasted on war, instead of helping fund some of the programs which would help people in crisis. (That arms race, by the way, is fueled by taxpayers & soldiers who are mostly labeled "normal" by experts.) I think the waste of the arms race is an area where we can agree.

Finally, I was disappointed that even though NAMI's Board Meeting lasted three days, often from 8:30 a.m to 11 at night, the Breggin issue was not raised. During all that time, surely this nationally-publicized error could have been aired & cleaned up. I hope you follow through & bring this up at NAMI soon.

I take much hope from some of what you've said. You realize a key value to the Hawthorne program is NOT in the drugs. Plus, I thank you for sacrificing your own comfort to ally yourself with us in fighting drivers license discrimination. In the long run, we could be allies in building effective, humane emotional support that protects people's rights.

Let's continue this dialogue.

[signed] David Oaks

Proposed resolution condemns NAMI's actions

Each month, dozens of ex-psychiatric inmate/rights activists share a teleconference to discuss news & strategy. One of the proposed resolutions for the January Teleconference was submitted by Stephen Mendelsohn:

"The teleconference wishes to congratulate Dr. Peter R. Breggin for his courage in speaking his views on psychiatric drugs, ECT, and other issues. We support his right to speak out and strongly and unequivocally condemn the recent attempt by NAMI and others to muzzle him by attempting to revoke his license, in violation of the First Amendment. We also wish to point out the fact that NAMI is being funded with an \$8,000 grant from McNeil Pharmaceutical (manufacturers of Haldol), which proves Breggin's point about the interrelationship between the psychiatric lobby and the drug companies."

PSYCHIATRY and Freedom of Speech.

When a psychiatrist who criticizes his own profession appeared on the Oprah Winfrey TV show last year, he didn't expect his license to practice medicine would be threatened.

What did he say on that show?

Dr. Peter R. Breggin:

On psychiatry & drugs:

"The profession has a crime that's even larger than electroshock now: The major psychiatric drugs, the major tranquilizers, Thorazine, Mellaril. We now know they cause brain damage in half or more of the patients given long-term treatment. *Half or more!* More short-term treatment: a quarter of the patients get permanent brain damage.

"I don't think psychiatry will change from within with crimes like that . . . There has to be a public awareness and a public outcry against the increasingly technical psychiatry, the increasingly drug-oriented, increasingly shock-oriented psychiatry.

"Find the little part in you that loves yourself and see if you're being loved by your therapist. See if that person cares for

you, supports you. If that person offers a drug, don't even say, 'No, thank you.' You can take the prescription and go. Don't fight about it. Don't get in trouble. But go! Don't take the drugs.

"And relate to people who care for you as a person. That's the whole key. That's the starting point."

On psychiatry & money:

" . . . We got more competition from social workers and clinical psychologists and counselors and other people doing 'talking.' So the question became: How can psychiatrists, faced with all this competition and loss of funds, regain their authority and their status?

"The decision was the New Psychiatry, to emphasize that all these problems are biological. We'll repeat it in the newspa-

WARNING: The National Alliance for the Mentally Ill (NAMI) claims to work for the human rights of psychiatric inmates. However, the leadership of this parents' group has helped pass legislation making commitment & forcible psychiatric drugging easier!

NAMI is the group that filed the challenge to Dr. Breggin's license after his TV appearance. The Maryland Commission on Medical Discipline threw out the complaint, stating: ". . . this entire matter is essentially a freedom of speech issue." It's time for NAMI members to vote in new leadership.

pers, we'll repeat it in the magazines: 'Depression's biological, schizophrenia's biological. Being a woman who's afraid to go out of doors -- which has a lot of historical reason to it -- that's biological too.' And it's all lies. But the lies are repeated again and again to bolster, for economic reasons, the new image that 'You've got to go to a medical doctor for your personal problems.'"

Sources of information:

- The show's transcript, created by the producers, is available: "Transcript #W144." Send \$3. to their publisher: Journal Graphics; 2 John St.; New York, NY 10038.

- The NY Times followed this controversy in several articles: 9/22/87, 9/24/87, 10/13/87.

- October 1, 1987 letter from Maryland's Commission on Medical Discipline; Assistant Executive Secretary John B. DeHoff, M.D.; 201 West Preston Street; Baltimore, MD 21201.

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PSYCHIATRY & WOMEN

**A call by women -- for women --
to create alternatives to psychiatry:**

"What is your perfect healing place?"

We're asking for input from women (especially from mental system survivors) on a project we're planning -- a safe place for women in emotional distress.

If YOU were in emotional distress . . .

(say your life is falling apart around you, you lost your friends/family, you have no job, you have no money, and/or PAST hurts/violence against you build up inside -- you're in a painful, confusing situation)

. . . and you are in danger of being committed or committing yourself to a "mental" institution, what would you want INSTEAD?

If you could stay in any kind of safe, healing place, what would that be? What can you envision for yourself as a wonderful place to be in times of emotional crisis?

You can use these questions as a guideline for writing, or make up your own. We don't need a well-organized grammatical essay -- a few notes, a journal entry style, sketches, whatever form it takes will be just fine and much appreciated.

**My Perfect Healing Place
by _____**

Location? -- city, country, suburbs, near ocean, river, open space, near neighbors, quiet neighborhood, near city bustle, etc.?

Building? -- house(s), dorm(s), cabin(s), tent(s), yurt(s), etc.? How many? What would they be like? Size, arrangement, materials, colors, amount of daylight, heat source, furnishings, etc.?

How long would you stay?

Would you be alone? Group of others in similar situation? If so, how many? Someone(s) whose job it is to provide emotional or physical support? If so, what would they do? What would they be like?

Would you want your friends, family, children, animal friends to visit or stay with you? Would men be allowed?

Would food be provided for you? Would you cook? Clean? If not, who would?

What would you do there? Would you have goals for your time there? What

This is one in a series of fact sheets about the need for alternatives to the present psychiatric system. You are encouraged to add your voice to a diverse & open dialogue: here, in other independent forums, and in your own community.

would your healing process be like?

Who else would be there for healing? Who would decide who gets in? Who would run the place?

Would there be any rules? If so, what would they be? What about drugs, alcohol, suicidal or homicidal womyn?

How would all this be paid for?

Your response need not be realistic! Use your imagination! Your name will be kept confidential unless you say it's OK not to keep it confidential, but please include your address or phone so we can contact you. If you want more info on this project as it develops, let us know. Any and all responses from women will be appreciated!

Love,

Judith Sara
27 Daniel Square
Belchertown, MA 01007

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to help distribute this news.**

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hand out and put up!**

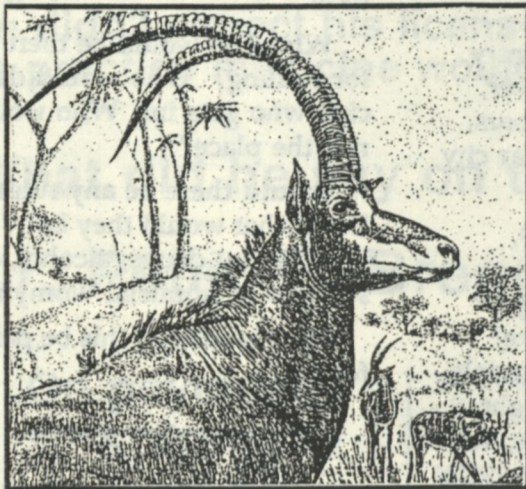
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PSYCHIATRY:

The need for effective alternatives.

Wilderness trip outperforms psychiatric institution in study.



Have we ignored the value of nature as a healer? The Giant Sable Antelope: one of many wild species close to extinction.

In his book *Wilderness and the American Mind*, author Roderick Nash reports this little-known, revealing study:

One of the most ambitious experiments in wilderness therapy occurred in 1972 when Dr. Dean Brooks of Oregon State Hospital arranged a two-week wilderness trip for fifty-one chronic mental patients.

"We haven't picked the easiest cases," Brooks noted at the outset. There were schizophrenics, sex offenders, and narcotic addicts, some of whom had been hospitalized for more than ten years. Lute

Jerstad, the Mount Everest climber, arranged a combination of backpacking, river rafting, and rock climbing for the group.

The idea was to offer opportunities for physical achievement and pride to people who, in Brook's words, were "drained of self-confidence & respect through dehumanization & depersonalization that inevitably creep into every social institution." The hospital hoped that in wilderness situations the patients would feel comfortable about releasing their "back stage" person-

alities and simply being themselves.

The results exceeded expectations.

Asked why she was crying after completing a four-day hike with a forty-pound pack, one woman said, "It's the best I've ever done." Another patient touched the ground after a difficult rappel down a cliff face and exclaimed, "If I can do this, I can solve my own problems."

A motion picture record of every participant was made so that these moments of achievement could be relived back at the hospital.

This is one in a series of fact sheets about the need for alternatives to the present psychiatric system. The point of view is not necessarily the same as the publisher's. You are encouraged to add your voice to a diverse & open dialogue: here, in other independent forums, and in your own community.

But for more than half the allegedly hopeless group there was no more hospital. And many of the remaining patients seemed markedly improved.

Sources of information:

Wilderness and the American Mind, by Roderick Nash. [Third edition, 1982 (Yale: New Haven, Connecticut), pages 267 to 268.]

The author also gives these references:

Maragert C. McDonald wrote about the event in "Adventure Camping at Oregon State Hospital" in *Camping Therapy: Its Uses in Psychiatry and Rehabilitation* [ed. Thomas Power Lowry (Springfield, Ill., 1974), pages 17, 19, 22, 30.]

The Oregon experiment is also discussed in McDonald's article "Hospital Patients and Staff Share a Wilderness Trip in Oregon," in *Psychiatric News*, the official publication of the American Psychiatric Association, an organization which represents most U.S. psychiatrists. [Sept. 20, Oct. 4, and Oct. 18, 1972.]

Life Magazine even did a feature on the trip called, "Roughing it Back Toward Sanity," [72 (1972), pages 60 to 69.]

Illustration by Charles Frace from *Last Chance on Earth*. [Chilton Books, Philadelphia, 1966.]

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