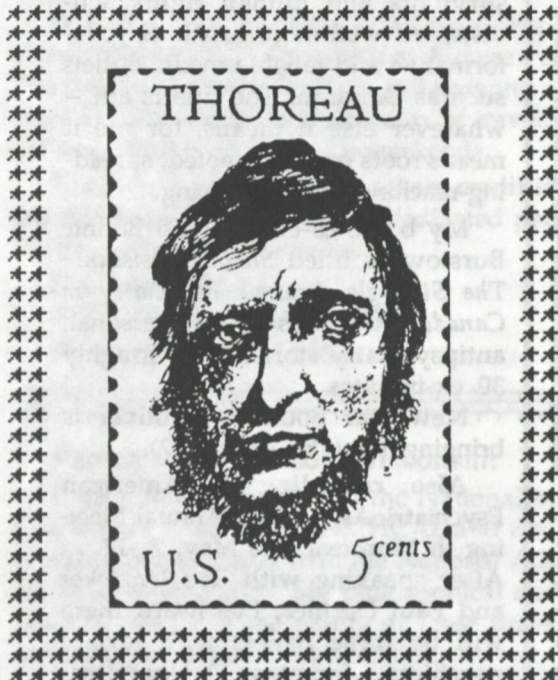


**BREAK
THE SILENCE!**
by George Ebert
see page 6

DENDRON

monthly news issue # 4 April 1988 one dollar



Henry David Thoreau, featured on this U.S. postage stamp, was once jailed for refusing to pay taxes that would fund war efforts. Wrote Thoreau:

"If a thousand people were not to pay their tax bill this year, that would not be a violent & bloody measure as it would be to pay them and enable the State to commit violence and shed innocent blood."

April 15th CRAZINESS!

If craziness exists at all, then paying out money that helps to build new hydrogen bombs would certainly rank near the top of a flip-out list!

But come April 15th, a lot of frantic, disturbed U.S. citizens will be hurrying
continued on page 8

Inside a self-help group:

What happens when ex-psychiatric inmates gather to exchange their stories, and offer each other mutual support? Sometimes . . . laughter & healing.

For more than 15 years, the media has occasionally covered peer support groups of former psychiatric inmates meeting in the U.S., Canada, Australia & Europe. According to reports from the World Congress for Mental Health, which met in Cairo, Egypt in October 1987, there is some interest for nurturing such grassroots self-help efforts in countries scattered throughout the globe.

Just what happens in these self-help groups? Since they are democratically run, each one is different and defines itself. Recently, a small group of former psychiatric inmates held a special meeting, and one of their members sent *Dendron* a first hand report. While most self-help groups are local & independent, this one was sponsored by the international mutual support network called Revaluation Counseling. Ex-inmate Janet Foner, leader of the peer-support weekend workshop, gives her personal account on page 9.

networking:

One goal of *Dendron* is to connect people concerned about human rights & alternatives in psychiatry. What's worked for you — what hasn't? You're invited to join the conversation!

maria abdin, of the organization "prensa samizdat," writes from Seattle, Washington:

Just received the March 1988 issue — very good reading.

Regarding the debate on drugging & electroshock by the psychiatric profession: The first law of medicine is *DO NO HARM!*

Also, a real "cure" involves building health, not just attacking symptoms . . .

Regarding the woman researching the connection between child abuse and being forcibly hospitalized as a cover-up: I would be interested in learning more about her research. It is common knowledge that those who act out their problems by abusing others have to "bury" the evidence. This can take the form of discrediting the victim's testimony & character, isolation — emotional or physical

continued on page 10

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:

Last issue, I mentioned that people were headed to Nevada to protest nuclear weapons testing. Police arrested more than two thousand nonviolent activists, according to the media. So what?

Hans Askenasy, survivor of Nazi Germany, understands.

In his book, *Are We All Nazi's?* his major conclusion was this:

"By traditional standards, crime & abnormality account for only a small part of human destructiveness. This is so because most men and women, including those who start wars and commit murder, mass murder,

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. Space is limited. Type, or write clearly. Your name & address will be printed, and your writing edited, unless you ask us not to. Return isn't guaranteed, but will be helped by including a self-addressed stamped envelope. Thanks!



and genocide, have been and are considered 'normal.' And of course their behavior is also considered 'legal.' . . . It should always have been obvious to a rational person that such standards are as absurd as they are disastrous, totally failing to take into consideration, let alone deal with, the major cause of man's destructiveness: social abnormality."

Let me try a bit of logic, in this often overly-rational world:

If the world's population is so severely disturbed that we might destroy the planet & ourselves in any number of ways, and

If people given psychiatric labels have proven insights into how not to and how to help each other in times of intense emotional difficulties . . .

Then those of you who have been through that psychiatric mill — along with all you allies out there — have a great deal to offer a very troubled world, at a crucial time in the planet's history.

[Reference: Secaucus, NJ: Stuar, Inc., 1978, page 103.]

networking: reader response continues!

Don Weitz, Toronto, Ontario, Canada:

Great going with the *Dendron*. It's good, strong antipsychiatry stuff which we still need! As psychiatric survivors and human rights activists, we need more hardhitting, informative and reliable media outlets such as *Dendron*. The title is apt -- whatever else it means, for me it means roots or being rooted, spreading-reaching out, networking. . .

My book, co-edited with Bonnie Burstow, is titled *Shrink Resistant-The Struggle Against Psychiatry in Canada*. It features a lot of personal, antipsychiatry stories from roughly 30 ex-inmates.

New Star Books--Vancouver is bringing it out this summer(?). . .

Also, regarding the American Psychiatric Association Annual Meeting in Montreal this May, 7 -12. . . After speaking with Rae Unzicker and Paul Dorfner, I've heard there will be three panels with former psychiatric inmates: 1) Homelessness and Mental-Illness; 2) Advocacy -- Conflicts of Interest for Psychiatrist? and, 3) Self-Help Alternatives-Models.

I'm trying to arrange a Canadian ex-inmate to be on each of the panels, or at least two of them. . . I'm disappointed no demonstration is planned, but maybe we can do something about that when we're in Montreal.

I'm hoping to persuade a few other ON OUR OWN/*Phoenix Rising* people to come along.

Don Weitz

100 Bain Avenue

#27 The Maples

Toronto, Ontario

CANADA M4K 1E8

telephone: 416-699-3194

networking —
continued from page 3

Laura Opler, Philadelphia, Pennsylvania:

I was very pleasantly surprised to see all the good work Project Share (associated with the Mental Health Association) is doing to help psychiatric patients get back to work. They are also meeting with me about getting a drop-in center going in Northeast Philly. The staff there is very dedicated to mental health consumers and at the time I wrote the letter published in issue #3 of *Dendron* I was unaware of these positive changes at Project Share and its connection with the Mental Health Association.

Project Share has opened the only drop-in center in Pennsylvania, in Darby, which took three years of work. The drop-in center in Darby is still growing and changing but I feel it's worth the three hours of travelling I need to do to get there to visit on the weekends.

I feel we must give credit where credit is due. Philadelphia is lucky to have such dedicated people working for mental health consumers.

Ms. Laura Opler
1801 Evarts St., Apt. A-3
Philadelphia, PA 19152

Patrick Irick, Madison, Wisconsin:

I am a Board Member of the National Mental Health Consumers Association (NMHCA), and am interested in working more closely with the National Alliance of Mental Patients (NAMP). My philosophical standing is with NAMP, but I feel the reality of these times dictates my accessing the resources of NMHCA.

I'm active locally, statewide, regionally, and nationally. . . WINMEHC (Wisconsin Network of Mental Health Consumers) is an idea I brought back from "Alternatives 85," the conference which was instrumental in forming both NMHCA and NAMP. . .

I have an excellent relationship with the State Community Support Program directors, who are always eager to see that I get some payment for the work I perform independently. They are funding four people to the Philadelphia training institute and the IAPSRS conference at the end of June, myself included. They've applied to the National Institute of Mental Health for a Consumer Operated Services Demonstration Project, citing WINMEHC as the primary agent to benefit from it. . .

Our most difficult task [in setting up a proposed drop-in center] will be finding a site that conforms to zoning codes. . . Everyone supports the concept of caring for the poor mentally degenerate, but not in their neighborhood. Stigma is a fact that can't be reduced through a series of public hearings. . .

I'm getting involved in the local Neighborhood Association. . .

continued on page 4

Lynda Wright is a survivor of electroshock & psychiatric institutions. She went on to get a Master's Degree in social work, and to become an advocate, activist and counselor. Lynda is now one of several former psychiatric inmates helping to prepare for a national conference to be held this fall on psychiatry & advocacy. She sends on this information:

CHOICE OR COMPULSION?

The Challenge to Rights and Advocacy for the Nineties

A call for papers: National Association for Rights Protection and Advocacy 1988 Rights Conference

The National Association for Rights Protection and Advocacy (NARPA) is seeking proposals for presentations to be given at its 1988 Rights Conference in Portland, Oregon on October 26-29, 1988.

This year's annual Conference will focus on three main areas: 1) The 50-Year Anniversary of the use of electroconvulsive therapy (ECT) in America; 2) The implementation of the Protection and Advocacy Law; and 3) Outpatient Commitment.

Knowledge & skills needed for advocacy for & by persons who have been labelled mentally ill or who have developmental disabilities will be emphasized at the Conference. Preference will be given to proposals which address or included consumer and minority perspectives.

There is particular interest in receiving proposals on the following topics: ECT; consumer-run alternatives; children's issues; court commitment; right to refuse treatment; access to institutions for monitoring purposes; protection and advocacy systems for persons labelled mentally ill and for persons who are dually diagnosed; legislative issues; current litigation; housing and homelessness; employment; and the interface between the criminal justice system and the person who is labelled with a mental disability.

Proposals should be described in a typed abstract of approximately 250 words which describe the proposed topic, target audience, sessions objective, format, session length, and audio-visual equipment needed.

Abstracts are due on June 1, 1988. Send abstracts to NARPA Rights Conference, c/o Oregon Advocacy Center, 310 SW 4th Avenue, Portland, OR 97204.

Contact: Lynda Wright 503-243-2081 or (in Oregon) 1-800-452-1694

networking —
continued from page 4

My conception of a better future: For each of us within our own small communities drawing together, with humanity being the common denominator and poverty the evil to be assaulted. Eventually, I see these community groups advocating governmentally with City agencies, forming task forces to address issues of relevance . . .

Patrick Irick
WINMEHC
4713 Jenewein Road, #3
Madison, WI 53711
telephone: 608-273-2175

Hap Pitkin, Research Associate for Human Rights Internet at the Harvard Law School, Cambridge, Massachusetts:

We have received the first issue of *Dendron*, which we read with great interest and will write up in the next issue of the *HRI [Human Rights Internet] Reporter*. It was kind of you to send it to us.

As you probably know, Human Rights Internet is an international communications network and clearinghouse on human rights. Our publication, the *HRI Reporter* (issued quarterly), has become an authoritative source of bibliographic information in the field. It also systematically reviews developments in the human rights community; the concerns and campaigns of human rights organizations worldwide; upcoming conferences and past meetings; the work of UN bodies and regional organizations in the human rights field; and major developments in national and international law.

We would welcome a regular exchange of information with *CHRP*, and I've enclosed a copy of the *HRI Reporter* and a brochure describing our work. We would also like to include *CHRP* in our next directory of North American human rights organizations, and so I've enclosed a copy of our questionnaire as well.

I look forward to hearing from you.

Review:

The Fall 1987 *Human Rights Internet Reporter*

The journal that Hap Pitkin sent along [see his letter on this page], is enormous, weighing in at 247 pages. The main part of this issue is a bibliography packed with sources of information about each region of the world & many oppressed groups.

As he mentioned, features include lists of conferences, awards, research, etc. Each bit of news is given a numerical code, which is then cross-indexed by topic. The publication seems geared especially to academic & mainstream human rights organizations, such as Amnesty International or the United Nations. It acts as one of the "journals of record" of international advocacy.

This issue has a sprinkling of items related to psychiatry, though nearly all focus on dissenters imprisoned in the Soviet Union. Hopefully, psychiatric assault in non-Communist countries will receive more coverage.

[I just can't resist a footnote on Harvard, which does not reflect on this journal: I — the reviewer/editor — had my two physically-forced injections of powerful psychiatric drugs in solitary confinement, while I was a student at Harvard. These injections happened at McLean's, which is a Harvard teaching hospital.

[On another occasion, still as a student, I had one of my worst psychiatric drug side effects. Thorazine & Stelazine caused a severe muscular reaction that temporarily paralyzed my entire body, could have been life threatening, required emergency medical attention, and was even witnessed by both my parents to boot! This occurred at Harvard's own student infirmary, which is located right in Harvard Square! I graduated with honors anyway, in 1977.

[Plus, the Harvard-related medical teaching hospital, Mass. General, was at the time (and might still be), one of the U.S. centers for psychosurgery, the direct descendent of the infamous lobotomy! And that, in plain English, is the *truth!*]



Sample listing:

0025.012 Heginbotham, Chris.
THE RIGHTS OF MENTALLY ILL PEOPLE. MRG Report No. 74. London, UK. Minority Rights Group, 29 Craven St., London WC2, UK. 1987. 12 pages. \$3.95 or 1.80 pounds.

"There are estimated to be over 100 million mentally ill persons around the world. 'Yet the mentally ill remain a disadvantaged and often neglected minority in virtually every country.' This study raises urgent questions about the nature, diagnosis and attitudes towards those people who are labelled 'mentally-ill,' whether their illness is genuine or is induced by torture or inhuman treatment. Written by the director of MIND (UK), a leading advocate of the rights of mentally-ill persons, it also considers the abuse of psychiatry, such as in the USSR, where sane dissenters are sometimes incarcerated in special psychiatric hospitals. It includes positive and negative examples from the UK, USA, Japan, Greece, South Africa and the USSR."

How to get:

The Reporter is produced four times a year. Subscriptions are \$40. per year for individuals, \$60. per year for institutions.

Human Rights Internet
Harvard Law School
Pound Hall Room 401
Cambridge, MA 02138

Peter Lehman, Berlin, Germany:

I was very pleased to receive *Dendron* and to see your name as editor. The reason is, that I wrote a book about neuroleptics in 1986 and mentioned your name. Perhaps there is somebody around you to translate the contexts in which I mentioned your name.

Why I write: Of my book, there are a lot of reviews. In Swiss, Denmark and Netherlands, too. But not in the U.S.A. When I visited the U.S.A. last year, a lot of people I showed the book to were sorry, that it is not translated into the English language. But, perhaps, you are interested in printing a review, even if it is in the German language. I add a translated review, and if you may, you can use it for *Dendron*.

Review by author [translated from German]

"To my person: I was displaced into psychiatry in 1977, treated with Haloperidol/Triperidol/Orap/Truxal/Semap/Taxilan/Akineton. Nearly I died. Afterwards, in 1980, I founded together with others survivors Germany's first survivor-organization.

"Here's the text I beg you to publish:

"Do you know what malformations were found in babies of mothers, treated with neuroleptics during pregnancy?

"Do you know that all neuroleptic-induced damages come into being, too, after shortest treatment and independently from the dosage, even that some damage appears especially at low dosage?

"Do you know why neuroleptics can drive the treated person into a state of despair and -- especially by opportune external life-circumstances -- even to suicide?

"Do you know that psychiatrists are researching the possibilities to implant deposits of neuroleptics into the womb (uterus) to secure a long-time treatment of many years or even life-long?

"If you are interested in these

questions and understand German language somewhat, you should read Peter Lehman's book, "Der chemische Knebel - Warum Psychiater Neuroleptika verabreichen. Mit über 150 Abbildungen und wertvollen Tips zum Absetzen." ("The Chemical Gag -- Why Psychiatrists Give Neuroleptics. With more than 150 pictures and precious ideas to put down the neuroleptics.") 448 pages, ISBN 3-925931-00-7, DM 29.80 (about \$15.), Peter Lehman, Antipsychiatry Edition, Berlin, Germany, 1986.

"You can order your book directly from the author:

Peter Lehman
Antipschiatriverlag Berlin
Postgiroconto 8929-104
Berlin, Germany

"And write your address very legibly on the debit note or check, and you will get the book free from any other costs for postage, etc."

Review from a German publication, translated:

The Chemical Gag: Why Psychiatrists Give Neuroleptics

From asthma to "schizophrenia." From bed-wetting to "neurosis." From skin-irritation to depression. There is scarcely a diagnosis which cannot result in the application of neuroleptic drugs.

Peter Lehmann wrote a book, founded on up-to-now unpublished investigations of psychiatrists and manufacturers' of neuroleptics. The book is written in a vivid manner. He tries to raise interest in these modern chemical agents, up to now called "medicine" and used in psychiatric treatment. The readers of this book will hear some names of these agents perhaps for the first time.

A substantial base for the book is Peter Lehmann's research work of

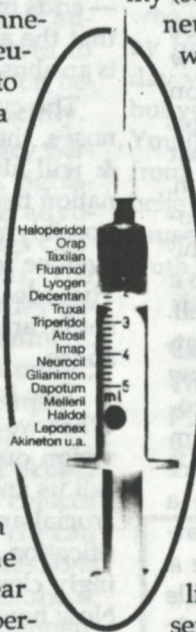
several years. The results make it possible for non-physicians, also, to comprehend the mode of action of the neuroleptics, which consists of paralyzing the transmission of the nervous impulses.

Besides this primary effect, the secondary effects of these psychiatric agents consist of severe physical, mental and psychic damages, such as parkinsonism (shaking palsy), disorders of the brain rhythm and the hormonal glands, fatigue, apathy or confusion.

These effects can happen even in cases of the shortest & lowest-dosed application. The fact is, that these "side effects" are in reality the main effects, desired by the psychiatrists -- as the statements by themselves disclose. This is one more reason for Peter Lehmann to discuss the administering of the neuroleptics, and to refuse this drugging as a matter of course, as these most poisonous agents earn.

He compares the older psychiatric practices of sterilization during the German Fascist dictatorship (and before), with the de facto sterilizing effect of long-acting neuroleptics. These drugs are also given by community-psychiatrists. But the mental & psychic effects of a lobotomy (surgical brain mutilation) and of neuroleptic treatment coincide with each other.

The extensive supplement to the book makes it a rich source, too. There are included: An itemized catalog of neuroleptics (including U.S. names). A chapter specially dedicated to "how to come down from neuroleptics." Concrete proposals for a system of human assistance instead of psychiatric treatment. Further, there's an inventory of the more than 150 shocking pictures of psychiatric treatment & practices. There's also a voluminous list of references containing essential research works, including animal tests & self-experiments performed by psychiatrists themselves.



PSYCHIATRY:

Break the silence!

Why don't more complaints about psychiatry get aired? How are so many dissatisfied people silenced — or ignored?

On March 9, 1988, at a symposium on abuse & neglect, a former psychiatric inmate from Syracuse, New York gave a talk on the subject of this silence. The speaker was a long-time activist for human rights & alternatives. Along with others, he has helped create a positive answer to problems with psychiatry: an effective, state-funded advocacy program.

ACCESS TO ADVOCACY

by George Ebert

A recent Star Trek re-run told a tale about a sub-class of people who were kept underground and in darkness. It was a story about their struggle to gain the same things that other people need — equality, kindness, and justice. A question about the treatment of these people was posed at a council meeting of the ruling class. It was asked: "Are we so sure of our methods that we never question what we do?" I hope to move you to question what is being done to — and said about — real people in this real time and real world.

I am thankful to be able to present here today, for I am a person who was silenced in the name of mental health. Silenced because I could be certified as "mentally ill." I know what can happen when a person questions authority, or challenges conformity or normality. I know that people are fragile and can be broken. I am familiar with what the phenothiazine drugs [Editor's note: Psychiatric drugs such as Thorazine] do to a person's ability to express one's self. I have no doubts that shock treatment causes memory loss. I know what being caged, prodded, and provoked can do to one's spirit. I am speaking here today from experience and about what can happen to a voiceless people. I will address barriers to justice, and I will describe a project designed to give individuals who are incarcerated in psychiatric

facilities access to advocacy.

One thing that happens is that other people categorize us. I do not think it is fair to identify people who are denied basic human & civil rights, locked up in institutions, lied to, lied about, and incapacitated, as "consumers." I do not think it is right to refer to people who have been programmed into dependency, exist under another's control and authority, have no voice, no choice, no opportunity for informed decision making, and no representation as "consumers." I feel that calling people who have been victimized by these deprivations, and by isolation, with lobotomies, shock treatment, toxic drugs, modification, and experimentation — that calling us "the mentally ill" — adds insult to our injuries. I charge that the act of defining other people is an abuse.

The curse of our "no hope" diagnoses, the stigmata that we are sick & will always be sick, the determination that while our symptoms may possibly remit, by no means will we ever be well or whole, is an abuse. That idea that our psyches, our very souls are irreparably diseased, is abuse.

This is not a mere semantic issue. What we call ourselves, how we envision ourselves — and what others call us and how they see us — can be crucial and is vital. To me, the identification "consumer" sounds terrifyingly close to that of "useless eater." Now however, the designated group, always a powerless and vulnerable people, is no longer seen as useless, but as a valuable commodity that

can be used quite profitably.

The annual cost in dollars of the psychiatric system in New York State in private and public monies exceeds five billion. Imagine the differences, imagine the change that could be possible if that much money, if the woman & man power, the time and energy expended, went into providing a humane habitat, human services, and opportunity for equality — rather than psychiatric beds and total control over the lives of people who have special needs or present problems.

The denial of the damage done to people by accepted treatment procedures is an abuse. The domination of psychiatric techniques over a multitude of methods of understanding, of serving, assisting, helping, and healing people is an abuse. To hold the threat of further "treatment" over the lives & minds of people who have been so hurt & alienated that the streets offer more hope & refuge than the present system — is an abuse.

Wolf Wolfensberger, professor at Syracuse University, has explained "how being devalued and rejected can jeopardize a person's life" and "how devalued people are being made dead in a systematic fashion." He "submits that it is time to cast off the web of disguise and deception that surrounds current genocidal practices, to proclaim the truth, and oppose the forces of deathmaking."

See us. See the people burned out by shock treatment and wiped out by psychosurgery. See the trembling, drooling, stumbling people who suffer the damage of tardive dyskinesia [Editor's note: *Tardive dyskinesia* is a form of brain damage that can be caused by the major psychiatric drugs, such as Thorazine, and can result in permanent twitching.] — those estimated 50 million victims of iatrogenic injury. See the reality of neuroleptic malignant syndrome and the thousands of deaths associated with that final solution for "mental illness." Recognize the devastation caused to humanity by psychiatric treatment.

**Please copy,
hand out & post!**

continued on next page

Hear us. We are saying that we are still full human beings. We are each a person. We are usually not what you call us or what you expect us to be. As long as the psychiatric state remains, as long as people are being tortured, oppressed, dehumanized, and denied ownership of their lives, we who have survived are obligated to struggle to break the silence.

An obstacle to reporting abuse & neglect is that many people have learned the hard way that there is little reason to trust anyone who is in any way connected with the service system. What will make a great difference in establishing a necessary trust is that if someone reports alleged abuse or neglect, something beneficial happens. Presently, the person who complains does not even have the right to know the results of an investigation — if an investigation is made. What often happens are reprisals against the reporter or whistle-blower, rather than meaningful corrective action. There needs to be a method to assure that people who report allegations of abuse or neglect are protected. Elie Wiesel, the Holocaust survivor, has written, "It is most tragic to suffer and then to suffer more for having suffered."

There is tremendous secrecy in the present mental health rights system. It has been described to me as a private club of psychiatrists, judges, clerks, and Mental Hygiene Information Service workers who will not accept any ripples, let alone waves, in their process of processing people who are accused of mental disorders. There is a need for more people to see the situation first hand and for opportunity for observation in treatment settings. I have been asked to call for more involvement of the private bar in mental health rights issues.

There is a lack of knowledge about rights & lack of access to advocacy. There is a lack of advocates who will challenge a charge of mental illness, who will work towards commitment prevention, and who will help find alternative services.

Access to advocacy must begin be-

fore a person is made into a "patient." There must be unrestricted advocacy, the right to free association, to witnesses, to counsel, to companionship, to accompaniment in any treatment setting or situation that may affect the future of the confined person. Access to advocacy must continue as long as the person bears the stigma of having been treated.

For the past fifteen years there has been an international self-help, mutual support and advocacy movement of, by, and for people who have received psychiatric treatment. This unique human rights movement has had representation by an organization of people in Central New York since its inception. We started as the Mental Patients Liberation Project and incorporated in 1981 as The Alliance. We believe that all people have the right to be treated with dignity and respect, and that people should have the freedom to control their own lives.

In January 1987 the Alliance received a grant from the state legislature to open an Advocacy, Education, and Social Center in Syracuse. Working from our Alliance Center, we recently formalized a long-standing agreement with Hutchings Psychiatric Center which gave individuals who are housed there access to advocacy. Our contract recognizes & authorizes Alliance representatives to visit with & to advocate for & on behalf of individuals at that facility.

The Alliance Peer Advocacy Service provides client-centered, rights-oriented, confidential & free advocacy to people in the Hutchings Center on a round-the-clock basis. The advocacy we deal with includes patients' rights, involuntary treatment, alternatives to civil commitment, public benefits, housing, employment, and educational matters.

Our peer advocates assist people in speaking out so that their choices and wishes are made clear. We can help people if they have questions or complaints about their treatment. We offer advice, assistance, companionship, information, referral and representation.

A flyer describing the service is

given to each person admitted to the facility. Requests for advocacy can be made directly to the Alliance or to a staff member. Visits may be restricted for clinical or administrative reasons, but such restrictions are immediately appealable to the charge nurse or administrator on call.

An individual being evaluated for admission may request an Alliance representative to witness the evaluation. This is permitted only in an observer capacity, is not to interfere with the evaluation, and serves only as a vehicle for assuring the individual's rights are protected and that policy & procedure are followed. This observation may be restricted, with the reason for restriction documented.

The Alliance is presently reaching out to the larger community to recruit & train lay advocates. We have held training sessions for staff at the Psychiatric Center explaining our service.

We hope to replicate our service at other facilities in our area soon and train advocates to reach agreements with other institutions in our communities. *Access to advocacy.*

In conclusion, I would like to draw from a scene from Elie Wiesel's book *A Beggar in Jerusalem*. A character, who was just spared execution, is told by his would-be executioner, "One day you will regret it. You'll speak, but your words will fall on deaf ears. You'll try to incite people to learn from the past. . . they will refuse to believe you . . . You'll curse me because you possess the truth . . . the truth of a madman."

Thank you.

George Ebert
The Alliance
P.O. Box 158
Syracuse, NY 13201

Produced 4/88 by
Dendron Monthly News
P.O. Box 11284
Eugene, Oregon 97440
For more information,
send a self-addressed stamped
envelope.

April 15th —
continued from page 1

to their local post office to do just that: drop tax payments in the mail box that will fund nuclear weapons, and other deadly, bizarre gadgets & gizmos.

Luckily, non-violent "therapies" exist for this tragic "insanity." It's urgent that the country reaches out for such emergency emotional support: The military is currently draining the nation's resources, while it's proven that homeless American mothers & children wander the streets.

And *that*, doctor, is reality!

One of many healing alternatives to financing war is a bill now in Congress. This

bill would allow peaceful taxpayers to divert the military portion of their tax payment to instead go to less genocidal activities.

The peace bill is actually making some headway in that broken home, site of so many intense crises, Washington, D.C.

An activist working for the bill is also a supportive *Dendron* volunteer. She sees choosing nonviolent options both to war & to forcible psychiatry as naturally linked. Here's her most recent update on this intriguing bill, which would create a *totally legal* way of not paying for war:

Collectively you can make a difference!

by Roxanne
Eugene, Oregon:

For the first time in its 16 years in Congress, the U.S. Peace Tax Fund Bill may get a hearing. Hearings have been a primary goal for Reps. Don Bonker (D-WA) and Tom Tauke (R-IA) who introduced the bill in

1987.

The U.S. Peace Tax Fund Bill [or USPTFB, for short!] would allow conscientious objectors to have the military portion of their income, gift, and estate taxes placed in a special trust fund. Money in this fund would be used for peaceful purposes only -- for example, conversion of military industry into non-military industry, or research into ways of nonviolent international conflict resolution.

The bill would give conscientious objectors the ability to pay 100% of their taxes without compromising their moral or religious beliefs.

PLEASE WRITE!

Immediate participation in the

USPTFB legislation may be accomplished by writing Reps. Don Bonker (D-WA) and Tom Tauke (R-IA). Offer them thanks and encouragement for

their efforts with USPTFB. You may also write Rep. Dan Rostenkowski (D-IL), Chair of the House Ways and Means Committee; Rep. Charles Range (D-NY) Chair of the Subcommittee on Select Revenue Measures. Request that they support the U.S. Peace Tax Fund Bill. The bill's number in the House is H.R. 2041, and in the Senate it's S. 1018.

You can write to these representatives, including your own, at:

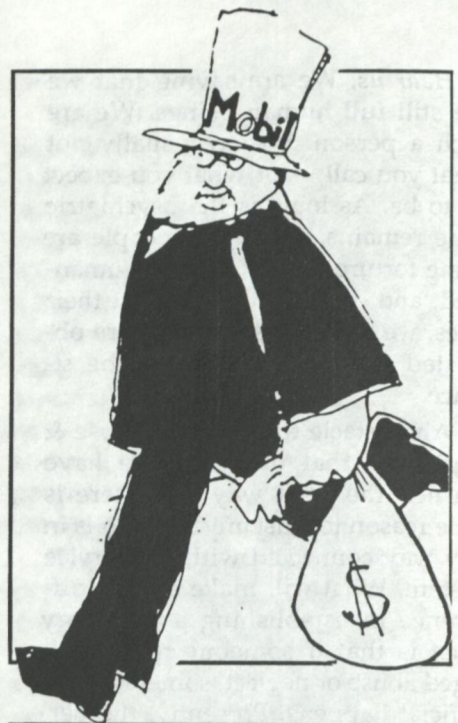
Representative [or Senator]

US House of Representatives
[or US Senate]

Washington, DC 20515

For more information on how you can help in advocating for the passage of the USPTFB, call or write:

Roxanne, c/o Eugene Peace Works, 454 Willamette, Eugene, OR 97401. You can leave a message for her by calling 503-343-8548.



Defend America

from the wind & the rain!

An activist group for the homeless prints this tidbit:

"One obvious cause of homelessness is the massive withdrawal of federal support from the low-income housing programs established over the last fifty years. Since 1981, the federal housing budget has been slashed more than 75 percent, from \$32. billion to \$7.5 billion. Some of the homeless need more than affordable housing to mend their broken lives. Still, adequate housing is the first, most important thing that all homeless Americans have in common."

For information about people living right on Main Street, U.S.A. write to:

National Campaign
for the Homeless
105 East 22nd Street
NY, NY 10010.

inside a self-help group

The background: The gathering's leader is a former psychiatric inmate who is now working actively to change the psychiatric system as the Director of LEAD, (Leadership, Education, & Advocacy Development) in Harrisburg, Pennsylvania. As reported in the last issue of *Dendron* (back page), Janet has — independently of this present job — been in a separate organization called "Re-Evaluation Counseling" (RC) for almost 15 years. RC sponsored the retreat.

Her definition of this sponsor: "Re-Evaluation Counseling, also called co-counseling, is an international network of people from about 50 countries and numerous backgrounds who use a peer/self-help method of counseling in order to remove the effects of past hurts. Most are active in many social change movements."

MOVING AHEAD

WHILE PUTTING THE PAST

BEHIND US

By Janet Foner

The first weekend workshop for ex-psychiatric inmates who are involved in Re-evaluation Counseling (RC) was held near Philadelphia, Pennsylvania on February 26-28, 1988. This workshop was mainly for the support group I facilitate, which has been meeting monthly for about two years, and a few others who have worked with us before, so it was a close-knit group. Thus, before the workshop started we had already established the feelings of safety & warmth with each other necessary to make it easier to spend a whole weekend taking a deeper look at how we were hurt by the mental health system.

On Friday evening we told jokes for a while. "Dr. Freud," my inflatable six-foot dinosaur and various stuffed "animals" like Winky the Hamburger, added to the fun. ("Dr. Freud" had a pin hole in him and after a while became very deflated. We decided he was depressed from having taken too much Thorazine.) Each of us took a ten-minute turn to celebrate ourselves as ex-psychiatric inmates, ex-mental patients, or whatever term seemed right to each of us. The group cheered and clapped for each one. Each one attempted to model self-pride in her/his own way (whether or not we felt proud in the beginning) in having survived these experiences.

On Saturday, I talked about what it would mean to live outside of the emotional damage caused us by our experiences in the mental health system, i.e., to set up one's life so that one doesn't inadvertently perpetuate the damage. For me, this has meant dedicating my life to ending mental health oppression, getting a job doing that full time, setting up lots of fun times for myself, creating a support system of friends & co-counselors that I can call upon when needed, and deciding to go for realizing my dreams. To explore what this meant to each person, we took turns listening to each other think about the subject in pairs and then shared some of the thoughts in the whole group.

I counseled one person about what it meant to him. For him the first step would be to stop constantly composing himself to hold in his feelings and go beyond where he was always stopping himself, to "uncharted territory."

After splitting up for support group meetings (each one takes a turn to talk and release emotions while the others listen), lunch, and co-counseling sessions in pairs (one person listens and provides support while the other talks; then the roles are switched), we all got together to make a combined history of our experiences in the system. We made a large chronological chart with name-of-person, age, date, location & name of hospital, successes during stay, and horrors during stay for each time each one was institutionalized. This made it easier to talk about and get a sense of the tremendous combined power of this group which had survived all that. Looking at it chronologically made it seem definitely behind us, in the past. Sharing these stories also helped us remember more of what happened to us — others' stories triggered our memories. It was useful, too, to exchange information about experiences, such as drugs taken, so that we could check out what the effects were on each of us by comparing notes. Laughter flowed as we cracked jokes about our hospital stays.

We continued with this survey on into the evening. One support group devised an awards ceremony ala the academy award, which we all took part in. Each of us got at least one award for something related to our experience. For example, in the category for the longest stays, the nominees were Solzhenitsyn, Stalin, and Janet Foner; the imaginary prize was two weeks vacation in Tahiti. Nominees for the most times in the same place award included Franklin Delano Roosevelt and Walter Cronkite. Nominees for the criminally insane award included Ronald Reagan and Jerry Falwell. Songs and hilarious games concluded the evening.

On Sunday, when we all met together, I counseled someone as he told some of the hard parts of the story of his mental health experiences. He had been hospitalized at age thirteen by his father, a psychiatrist. He spoke of what he would have liked his father to say to him at the time, "It's okay son, you don't have to go to the hospital," and cried as he spoke. This was part of his own healing process. Then I counseled two people who do ex-inmate liberation work together, on getting close to each other and what it would take to really be able to count on each other such that if one were locked up again, she would know the other would come to her aid and vice versa.

After support groups met again, we concluded the weekend with each one's highlights and farewells. It had been one of the best times of my life. Spending a weekend with dearly loved friends dedicated to ending mental health oppression and healing ourselves was a powerful reminder that our movement is strong and we can win.

Recovery & Remergence, the new paperback journal by and about former psychiatric inmates in RC, is available for \$3.00 plus \$.69 postage, from Rational Island Publishers, P.O. Box 2081, Main Office Station, Seattle, WA 98111.

Janet Foner can be reached about her other work, as Director of LEAD, c/o MHAP, 900 Market Street, Harrisburg, PA 17101. Her phone: 717-236-7742.

Please copy, hand out & post!
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P.O. Box 11284
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Berserk in the Bluegrass

by Andrew January Grundy III
Kentucky NMHCA Representative

I've been encouraging my cat, "Psycho," to go out and mate. I'm superstitious enough to believe if the cat has a good sex life, the human's sex life will get real good!

The invitation still stands: Come to Kentucky during the week of May 7th for the Kentucky Derby!

If you've never been to a Derby, you don't know what you're missing! You can camp out on our farm. We live 70 miles from Churchill Downs. Y'All come!

And now, to bypass all the superstition & explain it somewhat, I will delve into mysticism. During my first dozen or so safaris in mental hospitals, all kinds of weird, mysterious "visions" and "telepathy" happened to me. But everytime I told a psychiatrist that I thought I was "psychic," I wound up in a locked ward and got forcibly drugged.

Then, after reading a grocery-store *National Enquirer* and finding an advertisement offering membership in the Rosicrucian Order, I sent off for a free booklet on joining this group.

When I received my first literature from the Rosicrucians, I knew these were the people I was born to meet. Some of their pamphlets -- especially the one entitled "Thoughts Have Wings" -- rang so familiar and true. So I sent in \$10. to join and started paying quarterly dues of about \$25. and got educated on how to master "psychic phenomena." The Rosicrucian Order is an ancient "Mystery School." The word mysticism is derived from the root word "mystery."

Throughout the two years I studied weekly Rosicrucian lessons called "Monographs," I learned how to heal & relieve physical pain other humans by touch, how to create pictures in my mind and send them to other people, & other mystical practices. (I have healed quite a few people who requested my special help. One man, who had a stroke and was partially paralyzed, was quickly cured & went around telling everyone in my hometown about it; I told him to sut up or I'd send him a doctor's bill!)

The Rosicrucian Order is often referred to as AMORC, which stands for Ancient Mystical Order Roseae Crucis. Those gentle teachers showed me how to distinguish telepathy from "hearing voices." Telepathy involves receiving thoughts in your head which are like new thoughts and in no way involve hearing or the ears. When you hear voices, you use your ears. The voices are a form of halucination and are a dysfunction of the brain. If you start hearing voices, you need help. However, if you are telepathic, have a nice mental conversation!

The Rosicrucian teachings, now located in San Jose, California, are based on ancient mystical books that were kept on Mount Sinai during Jesus Christ's time and then moved to Tibet when the Roman Legions surged forward.

Although I'm no longer active in the Order, I remain a Rosicrucian Loyalist. (And I always will be, for the work is good!)

See you next month. Stay tuned. Have a nice day!

And away we go

You can make your reservations with Andrew January Grundy III at Star Route; Lebanon, Kentucky 40033. Phone: 502-692-2087.

abdin —
continued from page 1

— and causing the death of the victim in such a way that the perpetrator can't be blamed. Blaming the victim for the abuse is also a common way of burying the evidence.

. . . I recently saw a quote which is relevant. It's by the late author Primo Levi, a survivor of Hitler's Auschwitz concentration camp, in his book, "The Drowned and the Saved," (quoted in Seattle Times/Post Intelligencer 2/14/88, p. C6, by Sundvall):

"Levi . . . fears that time might bear out the cynical taunt of his S.S. captors who told him: 'However this war may end, we have won against you; none of you will be left to bear witness, but even if someone were to survive, the world would not believe him . . . people will say that the events you describe are too monstrous to be believed: they will say that they are the exaggerations of Allied propaganda and will believe us, who will deny everything, and not you.'"

So what is the answer? Some thoughts:

FIRST, and most important, the creation of health is the best and only cure for disease, whether it is disease in society, or dis-ease in our social relationships. Health is not the absence of discomfort or symptoms, but a positive thing -- the organism (body, mind, family, tribe, neighborhood, whatever) functioning in an optimal fashion, in an orderly way which meets the needs of its component parts, and in which excesses are brought into balance.

What do human beings need, then? A place to belong. Rules to live by which are embodied in the social group and for the most part self-enforcing and self-reinforcing. . . rules which are based on the notion that for every right there is a corresponding responsibility; rules which, if they are lived by, strengthen character and create an atmosphere in which trust can be built. A milieu in which those who have learned skill & compassion through effort & commitment to the common good and their own growth, can be in a posi-

continued on next page

tion to share – through friendship and mutual support – that which they have gained.

SECOND, those who teach must be those whose lives are the living lesson. I believe it was someone named Seneca who said, "If you would choose a counselor, first watch him with his neighbors' children."

One of the major drawbacks of the mental health system is that none of the participants interact with one another in a normal situation under normal social rules.

By being good patients (particularly if a person's background has included a lot of social deprivation), people learn to be good patients, not normal (whatever that is) community citizens and family members. The skills they learn on the psychiatrist's couch or the group therapy session are not the same skills that serve them in conversations with friends or business associates.

THIRD, in any "helping" situation, there needs to be MUTUAL accountability. The helpers, also, should be part of one's community, so that if they step out of line the community's pressure can be brought to bear. The "Patient" has the same responsibility to the "Healer" as the healer does to the patient. In a really healing situation, both parties are healers, and both are learners. We all teach each other – life is the lesson and we are just participants in it.

FOURTH, members of the helping profession are human beings like ourselves and may tend: To respond to pressure & approval from their peers (and patients are NOT peers, unfortunately); To respond to situations that cause them insecurity by exercising control; . . . To label and ostracize what they fear, and to fear what they do not understand; To deny their mistakes and failings; To adopt theories and modalities of treatment because the profession which they depend upon for status says, "This is the way it should be done," rather than because they themselves have tested the theories and treatments to see if they are helpful. They may share the same

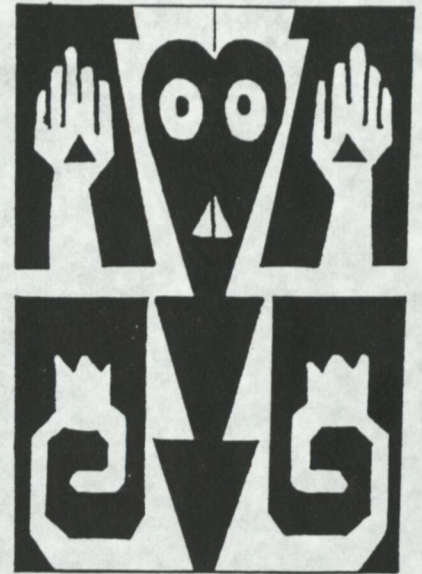
human failing as most folks -- to judge others in light of their own experience. This can be rough when the patient is different (or perceived to be different) in terms of education level, ethnic background, socioeconomic status, religious belief, life experience, mode of dress, or whatever.

FIFTH, . . . Someone who has been through the ravages of emotional problems and comes out a winner is in a better position sometimes to help others than someone who has only academic & office experience. Consider the story of Alcoholics Anonymous. An alcoholic (a social outcast in those days) created a self-help system which has been the plant from which a tremendous network of healing groups has sprung. We need only share what we have and be honest with ourselves about what we aren't able to do yet.

SIXTH, communities of living organisms (whether people, bees, sparrows, field mice, coconut palms, fish, or whatever) cannot be totally healthy in an environment which is contaminated, exploited and out of balance. How many cases of "mental illness" are due to exposure to atmospheric lead in our inner cities? To sparse and polluted nutrition in "junk foods"? To low-level non-ionizing radiation from power lines, radio towers, appliances (see McAuliffe's "The Mind Fields" in February 1985 OMNI, pp. 41ff). To things we take for granted such as odors from gas ranges, dyes in make-up, solvents in paint?

. . . It is my experience that faith in a power higher than oneself is a tremendous help, particularly for folks who have been through a living hell and/or who have been given up as "hopeless." (Remember Helen Keller's statement – "While they were saying it could not be done, it WAS done!")

THE WELL MIND ASSOCIATION in Seattle (4649 Sunnyside Ave., N., Seattle, WA 98103, 206-633-2167) which gives members the latest information and contacts regarding sound nutrition, removal of environmental toxins, side effects of drugs, and mistaken diagnoses.



Some of the traditional NATIVE AMERICAN HEALING CEREMONIES which involve the whole family and some community members, in helping heal someone with severe psychological problems. (In Native Americans some "mental" disturbances are the more or less direct result of living between two different cultures with differing values and social expectations. These ceremonies mend the self-image and belonging needs of the individual, and also at the same time reinforce the social mores and give them a framework to live by in order to keep social acceptance.)

Some years ago I saw one of the TRADITIONAL WORLD OF ISLAM series of films (through Consortium of University Film Centers 206-543-9909, unfortunately I don't remember which of the several films contained this data) showing a retreat area for women – a courtyard and surrounding buildings where women could go, be around wise and compassionate older women, and just get themselves together. Some would come for a few hours, some for weeks. It is a refuge where both those in charge and those who came for help were members of the same community, and thus both were "we," and there was no "we/they" dichotomy...

maria abdin
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Seattle, WA 98111

Still "sane" after all these years . . .

War Resisters League Organizer's Manual, edited by Ed Hedemann, is loaded with little-known, hard-won experience that every citizen-activist might find helpful. If they ever get a chance to see it.

Review: This book is for blossoming nonviolent radicals. Considering the success of the Jesse Jackson campaign, there might be more of us blooming radicals than the mainstream media has ever suspected!

Now wait, before you dismiss something as "radical," remember the word "radical" comes from the Latin word for "root," and so it simply means a person who would like to get to the deeper, root causes of a problem.

You might know the stereotype: Activists in cluttered offices, planning civil disobedience and never answering phone messages, always connecting those issues of feminism & racism & environment & militarism, etc. Considering the state of the world, this image makes a good role model – but cleaning up that office & returning a few phone calls might help!

The War Resisters League has become highly skilled in the radical arts. After all, they've kept their lofty principles sky-high since they were founded back in 1923.

The central problem with their updated manual is that, because of the scattered grassroots distribution, only a few thousand people are exposed to it. Where else can you find a book with sections about civil disobedience organizing, boycotts, tax resistance, student strikes, street fairs, canvassing, film programs, rallies? There is a more traditional section on lobbying, the media, electoral politics and lawyers – and it's called "Working with the Establishment." A section in front of the book skims through political theory linking nonviolence, socialism, anarchism and feminism.

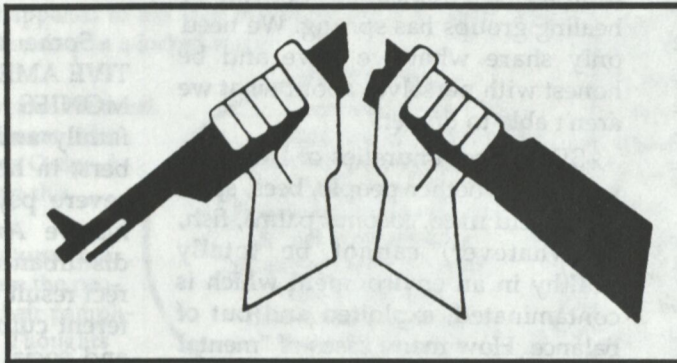
The best parts are those on the brass tacks, such as: how to put out good posters & leaflets, and how to handle the inevitable personal conflicts that surface in new (and old!) democratically-run grassroots groups.

Some readers might find the grandiose visions in this book a little too unfocused & ragged, a little too theoretical & undisciplined. But most of the manual is solidly practical, nicely laid out and comprehensive.

To repeat, it's too bad the general public has so few chances to buy such books. The interest in effective non-violent resistance is there & growing. Thousands of peaceful Philippino, Palestinian & Panamanian activists agree!

Sample: Here are excerpts from the chapter on Conflict Resolution by Meg Gage:

1. Learn to differentiate between conflict your group can live with and conflict it cannot live with. . .
2. Try to identify exactly *what* the problem is and *whose* problem it is. . .
3. Avoid blaming one person or faction for the conflict. . .



4. Assume good will on the part of those involved. . .

5. Always try to improve communication. . .

6. Learn to see conflict among friends as an opportunity for better understanding each other.

In the midst of a heated argument it is very difficult to see conflict as an opportunity for anything. But in situations of conflict we can be

pushed to think more carefully about our attitudes, assumptions, and plans. Without conflict one is less likely to think about and evaluate one's views and prejudices. If we can learn to approach conflict nonviolently and openly, without defensiveness and guilt, then conflict can create an occasion for growth and understanding. If we listen to each other, caring about each other, and trying to take from each person's point of view the best we each have to offer, then conflict can be seen as an especially intense form of interaction where we are highly attuned to each other's different needs and we can benefit from each other's contributions...

Conflict is an opportunity in another way: it gives us a chance to practice our conflict resolution skills. Our society has not prepared us very well for nonviolent conflict resolution and we need all the practice we can get. We must practice and then discuss and evaluate how we are doing, constantly improving our response to conflict, so that individual needs are met and our groups can function more and more effectively.

How to get: The 1986 edition, a 222 page large-size paperback, fully illustrated, is available for \$10. plus \$1. postage from:

War Resisters League
339 Lafayette Street
New York, NY 10012