psychiatry human rights alternatives

Spring cleaning our

dirty laundry (sh-h-h-h-h!)

DENDRON

monthly news issue #5 May 1988 one dollar

HUNDREDS OF THOUSANDS OF KIDS DRUGGED! — *for "Hyperactivity"!*

commentary by mycall sunanda

Shocking reports fleetingly dashed across the media recently suggesting that hundreds of thousands of children are drugged with Ritalin to tranquilize them into becoming "nice" students. The Associated Press gave the topic national coverage. *Rolling Stone* reported in one expose that some 600,000 students are now "legally" dosed into sheep-like behavior.

Ritalin is one of those paradoxical drugs that apprently effects adults as "speed" or stimulant, yet reduces so-called hyperactivity that is so common in tense public school classrooms today. So this is a war on kids' aggression because teachers can't handle or understand it. Ritalin is given as medicine, like drugs in asylums to keep numb control over "patients."

What can be done about dangerous, addictive drugging over one-half million kids in the U.S. to make them obey school rules to sit-still, be-quiet & follow assignments for grades?

First, why are kids hyperactive? What causes the excess-energy they have need to express in or out of school? Why does hyperactivity upset so many adults who willingly poison

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Controversies in the Movement!

Can commitment or forcible drugging ever be justified? Will diverse groups work together for common aims? How do people meet if some of them dominate or disrupt the proceedings?

These are just three of the questions that have divided activists, split national organizations and generally kept things very interesting — a little too interesting — for many participants.

To begin a dialogue about unity in the Movement, here are three personal views. **A reminder**: *Dendron* is a clearinghouse, and does not necessarily endorse these ideas.

1. Is psychiatric force ever right?

Joseph A. Rogers; President, National Mental Health Consumers' Association; Philadelphia, Pennsylvania:

Since I feel that *Dendron* is a good forum, I wanted to write a letter, which I hope you will publish, to set the record straight. I find it fascinating that over the last couple of years there's been a lot of debate over the question of involuntary, or forced, treatment. In particular, a lot of this debate has centered around my own opinion

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2. Unity can grow out of diversity!

Barbara Peller; Deerfield, Illinois:

Dendron is fantastic. I've copied and networked 10 copies of #3 and #4, and have mailed out 50 copies of the article on Ira Gruber and his Tardive Dyskinesia/Tardive Dystonia Association.

I'm one of the Illinois Representatives of the National Mental Health Consumers Association and am attending graduate school for a masters in social work. I brought a copy of *Dendron* to my

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3. Can unity survive disruption?

Gayle ("Bluebird"); Georgia Coalition for the Psychiatrically Labeled; Atlanta:

The subject of disruption seldom gets written about in our newsletters, though it is a problem many of us are experiencing in our meetings, conferences, etc. I think it's a topic we're all afraid of, because to address it may make us vulnerable. We may be considered

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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.

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

Subscriptions: No one will be denied for lack of money, please write for information:

CHRP
PO Box 11284
Eugene, OR 97440

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

Your articles, poetry, letters & art work are encouraged: *Dendron* is a clearinghouse between individuals & 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 if you include a self-addressed stamped envelope. Thanks!

Editor's note:

According to a long-time activist, about 50 years ago one of the first big "community organizations" had its kick-off meeting. He was amazed. Hundreds of working people stood up, one after another, to wave & shout, endlessly, veins bulging with exertion. The subject wasn't nonviolent revolution. The subject seemed to be choosing the group's name!

But rather than be disappointed, this citizen realized what was happening. Here were people on the bottom of the pyramid. They felt charged in their guts with both dignity & power. It was an early contact with grassroots democracy that was sparking off all this lightning & thunder. He realized that was okay.

Many movement controversies have in common the ancient human problem of people cooperating despite conflicts. The subject is central to concerns of all people today — from building grassroots democracy to building global cooperation.

This issue of *Dendron* is compact. It's hard to talk about issues such as forcible drugging that are not simple, that I've struggled with for years.

However, as a seed for dialogue:

Even if someone has severe brain damage, say from a car accident, we should treat them peacefully. If for some reason they strike out with their fist or foot, society has the resources — unfortunately much of it now going to Star Wars — to respond lovingly & nonviolently, both to that moment and to the roots of the problem. Forcible psychiatric drugging answers violence with violence.

We all agree that effective nonviolent alternatives are better than forcible psychiatry. It's just that many of the inexhaustible alternatives have not yet been offered, created, funded, explored, discussed.

Let's discuss them. Let's plan some campaigns, now! One of the more frequent reader comments to *Dendron* has been to please not print something that reader has written, for many different, sensible reasons!

But George Ebert said it well: "Break the silence!" Love you all.

networking: reader response

Janet B. Foner; New Cumberland, Pennsylvania:

Regarding the RD Laing house that Gayle Schucker refers to in *Dendron* #3, I don't know about one in Wisconsin but I know of one that was in California, believe.

It's called Soteria House. I don't know if it still exists, but it's the best alternative I ever heard of, surprisingly funded by the National Institute of Mental Health & designed by Mosher, a progressive psychiatrist, who based it on RD Laing's work.

It's for people who are labelled "schizophrenic" and is in a house in a residential neighborhood. Both staff and residents dress in blue jeans and there is virtually no separation between them. They live communally with mainly no rules and regs except no sex between staff and residents. There are no drugs and no locked rooms or doors.

It's all described quite entertainingly (by a sociologist who studied it by living there awhile) in Wilson, Holly Skodol, *Deinstitutionliazed Residential Care for the Mentally Disordered*, the Soteria House Approach, NY, Grune and Stratton, 1982. Despite the horrendous title, the book is great.

Janet B. Foner
920 Brandt Avenue
New Cumberland, PA 17070

Sheila K. Batey; Pullman, Washington:

George Ebert's article, "Break the Silence," was excellent, articulate, et cetera for me. We need more of that kind of articulation of the tragedy we live in. The loss of human dignity and potential. To describe lucidly the suffering, so mainstream people can see it, feel it. So we can understand and know the nature of the Beast, so we know the names of the ghosts that shackle us.

I am a madwoman. that is what I am. no one can take that way from

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"A U.S. first":

Researcher indicted, but...

Did you catch this story on national media? A major name in the "mental retardation" field allegedly faked some studies. There's a story behind the story, and it's hard to say what it all means.

Background: Stephen Breuning, psychologist, has done a great deal of research about people labeled "mentally retarded." Colleagues say they became suspicious of him several years ago. A special panel of the National Institute of Mental Health examined his studies for 18 months and unanimously concluded Breuning "knowingly willfuly, and repeatedly engaged in misleading and deceptive practices in reporting results of research."

So, on April 15th, 1988, Breuning was indicted for using false data to win his $200,000 federal grant. A federal prosecutor told the media the indictment was the first action of this kind — as far as they knew — in the history of the U.S.

Story-behind-story: Seldom discussed by the media is the focus of the research. One of the Breuning articles, now "discredited," is a criticism of neuroleptic drug use on people labelled retarded. A science magazine speculated that if the study had been widely accepted, neuroleptic use on those labeled "retarded" would have been seriously curtailed or even ended.

Neuroleptics, the most common type of psychiatric drug, have familiar brand names such as Thorazine, Mellaril, Haldol and Prolixin. Breuning claimed that when the drug was stopped, the individual improved in several ways.

An emormous percentage of the millions of people labeled retarded throughout the world receive neuroleptics. During the last 20 years, non-drug/non-coercive methods of integrating people from

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rapids:

"SUBTRACT THIS!"

says Portland Coalition

Portland Coalition, a group of former psychiaric inmates in Maine, announced they have told their local branch of the federal Protection & Advocacy (P & A) system to "keep your $50,000."

In Maine, the P & A is administered through an organization called "ADD." Portland Coalition wrote in their winter 1988 newsletter that the decision to refuse ADD's funds came after a frustrating year of wrangling over bookkeeping and administrative details.

Rather than more budget battles, the Portland Coalition board of directors voted to refuse the money. For more information, and a copy of their newsletter, write to Portland Coalition, P.O. Box 4138, Station A, Portland, MA 04101.

Two new Tardive Dyskinesia/ Tardive Dystonia (TD) support groups...

...have started, reports the Washington Neurological Alliance (WNA), of Seattle, Washington. WNA helped start-up the two independent organizations.

WNA also reported that Ira Gruber (see *Dendron* #3), a survivor of tardive dystonia, was featured in a March 28th article in the *Seattle Sunday Times.*

Another TD survivor, Bernard Dalton, of Medford, Oregon, told WNA that his TD caused difficulties in mental concentration, a common problem with TD. Lately he has had some success using massage therapy to control his involuntary movements, along with aerobic swim therapy.

For information on the TD groups, and a copy of the April 1, 1988 WNA newsletter, write to WNA, 1809 15th Avenue, #101, Seattle, WA 98122.

Anti-shock activists...

will meet with the Food & Drug Administration official John Villforth on May 31st, announced Marilyn Rice, Washington D.C. coordinator for the Committee for Truth in Psychiatry (CTIP).

The delegation will be composed of Marilyn, another member of the shock-survivor group, and Curtis Decker, executive director of the NAPAS (the National Association of Protection and Advocacy Systems)

The trio will respond to pro-shock arguments made recently by representatives of the American Psychiatric Association (APA). Marilyn says she "is taking pleasure in our being treated on the same basis as the APA — something that would have been unthinkable six months ago."

National media coverage hasn't caught up, though. National Public Radio did a recent shock piece that one activist told Marilyn "was painful for me to listen to. It suggested that ECT was basically the only relief for severe depression and greatly trivialized the dangers of ECT."

Parade Magazine, the weekly magazine inserted into millions of newspapers nationally, just printed an article by a spokesperson of the National Institute of Mental Health on "depression" which praises electroshock, and drugs.

Local coverage has been better.*Constructive Action Newsletter* just printed this letter from Marilyn:

"I know of three TV programs, one radio program, and two newspaper articles that have focused on shock lately, most of which included CTIP members. Linda Andre, Louise Wahl, and I appeared on the Morton Downey Show; Linda with Sally Jessee Raphael; and I (by telephone) on cable TV in Connecticut. Annette Schwartz was featured in an article in the *Boston Globe* and Pamela Maccabee in one in the *Hartford Courant.*"

Write to the shock survivors at: CTIP; 2106 South 5th Street; Arlington, VA 22204.

1. Force? —
continued from page 2

and the still-emerging opinion of the National Mental Health Consumers' Association (NMHCA).

Most of the controversy has involved the fact that there are two organizations, one suppoosedly in favor of forced treatment and the other opposed to all forced treatment. Recently, I saw a fund-raising letter from one organization in which the authors of the letter claimed that their group is the only national organization opposed to forced treatment.

This kind of assertion is neither helpful — isn't it better to seek unity on this issue as much as possible? — nor truthful. The truth is that, if you look at what actual actions are taking place — actions in the courtroom and in legislative forums — the National Mental Health Consumers' Association has taken a very strong approach to the question of involuntary or forced treatment.

We have filed amicus curiae briefs upholding the right to refuse in several courts, and have been told by the lawyers involved in these cases that our briefs have been very effective in supporting the position that mental health consumers should have the right to refuse treatment. Most recently, we submitted an amicus brief in the State of New York Court of Appeals in support of Joyce Brown's right to refuse being rounded up by Mayor Koch in his "sweeps" of homeless people.

We have also had an impact in legislative forums, where we have been fighting changes that would loosen the commitment laws so that more people would be forced into treatment. Particularly here in Pennsylvania, we've waged a very effective campaign to thus far prevent the passage of a bill that would expand our commitment laws so that people could be locked up for just about anything.

We have also taken the debate into forums in which our voice as consumers fighting for our rights has traditionally not been heard. An article by us addressing these issues will be published in an upcoming issue of Schizophrenia Bulletin. We also fought vigorously and successfully to have the consumer viewpoint opposing outpatient commitment included in the National Center for State Courts guidelines on civil commitment. Several NMHCA members, including myself, have for many years been in the leadership against expansion of forced treatment in such areas as outpatient commtment and loosening the standard of dangerousness to self or others.

I feel very strongly that this is the most effective course at this present time. I think we have to be strategic in our approach by attacking the problem of involuntary treatment where we are in our present standard of law and steadily moving it toward what we all desire, which is the elimination of the need for any form of involuntary treatment.

Although there are those who might disagree with this somewhat less than absolutist approach, I feel that at this time we should be struggling to prevent any expansion of involuntary commitment, and begin with such cases as the Rivers case in New York to put extreme limits on the ability of the state to treat us against our will. As someone who has been forced-treated, I would have really enjoyed the right given to people in the Rivers case to say no to forced drugging in most situations.

At the same time, I think we must be responsible in our approach and not just shrug off questions as irrelevant when family members and professionals say, "Okay, eliminate forced treatment. But what about those individuals who commit violent acts or who are destructive to themselves — how do we protect them?" I don't believe that we as a movement have an answer to that question yet. I totally reject the answer that I heave heard from some movement leaders that if someone commits a violent act as a result of their mental illness we lock them in jail and if someone wants to kill themselves that's their right.

I don't know what the solution is to these scenarios. In my own case, one of the times when I was "forced" treated, it involved a police officer making me go with him to an emergency room and insisting that I get the treatment that I later felt I really had needed. All parties acted in a kind, respectful, and generous manner, and in a short period of time I was released from the hospital and able to go back into the community. If, instead, that police officer had reacted as some of the movement leaders would have him react, I probably would have ended up doing at least 30 days in jail for the acts I was committing while psychotic, none of which were that serious and

Editor's note: The use of force by psychiatry was among the key issues that lead to a split from one of the first structured human rights organizations of psychiatric survivors in the U.S.

Those with psychiatric labels now have at least two national groups to join: NMHCA, and National Alliance for Mental Patients (NAMP). NAMP states that since its inception their goals have included the ending of forcible psychiatry.

NAMP can be contacted c/o P.O. Box 618; Sioux Falls, SD 57101. NMHCA's address is given at the end of Joe's letter.

continued on next page

most of which fell into the "disruptive to public order" category. And I can tell you, after 30 days in an Orange County, Florida, jail, I would probably have been dead.

I just don't believe that consumer/ex-inmate-run alternatives can be the complete answer. Almost all consumer/ex-inmate-run centers will reject you if you are violent to others in any way. In fact, a well-known client/ex-inmate-run center on the West Coast on several occasions has actually called the police to remove disruptive individuals. (This disruption can be as little as using abusive language.)

Consumer/ex-inmate-run alternatives probably do a much better job with people who are potentially dangerous to themselves. However, I know of a case (and I'm sure it's not an isolated one) where the individuals running another well-known consumer/ex-inmate-run center did everything they could, in a very loving way, but could not prevent someone whom they cared very much about from killing herself. This center has since decided to seek the support of the local mental health system in working with individual members who are seriously suicidal.

So you see, for many of us who have serious mental illnesses, when we become psychotic there must be some sort of protective environment available to us. And until the movement develops that kind of environment, I think we need to be more honest about our approach to the issue of involuntary treatment.

We need to discuss and debate this issue, hopefully in a loving and caring way, since I don't believe any group or individual really has the answer. In fact, if anybody claims they do have the one and only answer to this extremely complex question, I would take it with a grain of salt.

Sincerely,

Joseph A. Rogers
President, NMHCA
Suite 902
311 South Juniper Street,
Philadelphia, PA 19107

belief & doubt flower by barbara peller

2. Unity grows from diversity—

continued from page 1

Community Organization class and my professor and fellow students were amazed, intrigued and impressed. They know of the mental health consumer advocacy efforts I work with here in Chicago, but had no idea of the national and international scope of the movement.

The April issue's focus on peer advocacy, self-help and networking reflect my three main priorities. I find the more I network to all groups of all viewpoints and keep the information flowing in an open and friendly way, the more support I find coming back from the most unexpected sources.

For instance, consumers organized here in Chicago a few weeks ago to testify against a proposal to revise the Illinois Mental Health Code for inclusion of outpatient commitment. We had lots of attorneys on our side and they helped us get mental health professionals — including the nurses association and several social workers — to testify against outpatient commitment.

I believe that networking was the key to an amazing turn-around in the position of ... our mental health association... Even one AMI group came out on our side, and the other AMI group was so divided it couldn't come up with an official position at all.

That's why it bothers me when I find affiliation with one group or another slamming doors to communication and networking shut in my face. The movement needs organizations and organizers that are driven by a desire to create and to take action.

Consumers, ex-patients, ex-inmates, whatever —if we don't listen and respond to each other with caring, openness and respect — if we're just going to label each other by group affiliation and viewpoint and get caught up in petty rivalries and proselytizing — we end up stunting the potential growth of a peer advocate or peer counselor.

Editor's note: "Outpatient commitment" is now being pushed throughout the U.S., and has already been passed in many states. Outpatient commitment allows a judge to order forcible drugging of an individual *while they are living out in the community.* The National Alliance for the Mentally Ill (NAMI), an organization primarily composed of parents of former psychiaric inmates, has helped pass many of these bills, along with general loosening of the civil commitment standard. Barbara describes winning a victory of stopping outpatient commitment.

The movement needs *Dendron.* I love the ... boxes saying "copy, hand out and post."

In peace and friendship,

Barbara Peller
429 Elm Street
Deerfield, Illinois 60015

disruption —
continued from page 1

"mentally ill" if we are among the disrupters or condone it, or we may be considered elitist or professional if we speak out against it or set up measures to prevent it. In addition, we may be criticized or ostracized if we are not politically correct according to a particular group or individual's standards.

We are all sensitive to the fact that we are a movement of ex-patients and do not want to exclude people or have many rules of how people should act. By our very nature, we are a group of non-conformists. I am not sure, however, that disruption shouldn't be one of the things that we take an absolute stand in opposition to. Before we take a stand, however, we must first know what we mean by the term.

The dictionary defines disrupt as: "to throw into confusion or to break asunder."

I think all of us can agree that threatening or violent behavior is disruptive and definitely not OK. Most of our patient-run drop-in centers have definite rules in this regard. There is a different approach used, however, than that of the conformist medical model approach. People are genuinely cared about when confronted. Further, they are given the opportunity to stop the behavior before being asked to leave or before other interventions are used. The disrupter is also given the opportunity to come back at an agreed on time.

Other forms of disruption are a little more difficult — What do we tolerate? What do we not? And what do we do about it?

Some of our meetings lately have been disrupted by intentional interrupters, loud shouters, takers over and dictator-like individuals. The last reported example of this behavior was displayed at a meeting in Washington with Jim Stockdill at the National Institute on Mental Health in January. Apparently, the effect that this behavior had was for these quarterly meetings to be terminated. How unfortunate, for these meetings served as an update of patient concerns throughout the country. Perhaps, the most we can do is to write to Jim Stockdill, express our concerns, and ask that he resume the meeting with the request that disrupters will not be tolerated and will be asked to leave.

Even more tricky is how to deal with someone at a meeting who is in emotional pain and is disruptive because they are pacing, saying unrelated things, or interrupting. Most of us agree that some behavior is simply annoying and is not a reason to intervene. Some of us who were at Esalen in December for a national meeting were faced with this issue.

One of the members who came was going through a difficult time. Unfortunately, this person made the choice to come with encouragement from some committee members. Perhaps this was the first mistake. Can we be open and honest enough to discourage participation if it is obvious someone's needs are too great at the moment?

Editor's note: Any meeting might face disruption. Many grassroots groups complain, for example, how men have been taught to automatically lead. Some of these groups even hand out sheets encouraging people not to interrupt each other, to stop talking as if they have all the answers,and to try to tune into each others feelings.

Midweek, at Esalen, we were faced with decisions. The Esalen community asked us to take responsibility as this person was considered disruptive in the dining hall and on the campus at night. None of us knew what to do — each of us had different opinions. Although no one yet had confronted this person for their "annoying" behavior, suddenly the coordinator of the group was being attacked, and the blame for Esalen's request put on her. We finally had to deal with another member of the group who felt directly threatened by this person — the final straw.

The unfortunate part was that not only did we make some arrangements for this person's return home (inadequate at best, for this person was hospitalized before his return), but the whole group broke up two days early with everyone thoroughly drained and exhausted.

It is not a story to be told in its entirety and certainly there is no blame — the person who was the impetus for terminating the meeting was and is most apologetic. Somehow, it doesn't change the fact that a week's organizational planning and resting (hot tubbing by the ocean, etc.) were wasted.

I feel very strongly that each individual has a personal responsibility to attend a meeting knowing that they are going to be able to participate. Naturally, none of us can ever guarantee that we will not "freak out" or become angry or hurt or need attention. Hopefully, we should know how to take care of ourselves when it happens.

I think we should not be afraid in our literature & brochures to discourage people from attending conferences who are not in a good space. We should also not be afraid to verbally dsicourage our friends and acquaintances who are not being responsible themselves. Naturally, the final choice is up to the individual.

The result of overlooking this serious problem may be the threat of our conferences & organizations staying alive. Funding sources may be cut off. More importantly, our membership will drop as most people do not want to participate when they are made uncomfortable or are put into care-taking positions by necessity.

We have already had several crises at our conferences. Frequent crises will cause negative attention to our movement. As much as I want to stand up against oppression and against an unjust system, I want to stand up equally as strong for the taking of responsibility in our own ranks. We must have integrity and dignity. We must also be responsible for and with each other. Part of that may mean saying "no" to disruption.

news from Gayle on next page

[Gayle also sent this letter:]

The Georgia Coalition for the Psychiatrically Labelled, Atlanta, Georgia, is a rapidly-growing group of ex-patient survivors. Monthly meetings are being held that present primarily anti-psychiatry viewpoints. Most recently we had a Speak-Out with four persons speaking about their personal experiences. A proposal has been submitted to a local foundation for a Housing Support Program to assist discharged patients from hospitals and shelters with housing needs. Other things being worked on are support to individuals who are fighting hospitals for their rights to refuse medications, rights to Lesbian & Gay therapists in the Community Mental Health Centers and the development of alternative healing communities for persons not wanting traditional treatment and drug therapy. Contact us at 154 Locust St., NE, Atlanta, Georgia 30317 for further information or call (404) 373-4363.

Thanks again for a good newsletter. I see our movement gaining momentum especially when networking becomes more accessible.

In the near future I plan to visit a place called Earth House in Princeton, New Jersey and the Brain Bio Center. My reason for going will be to visit a friend's sister who may ultimately come to live with me as I'm fast building an alternative here. I think it might be interesting to write an article for you.

networking — continued from page 2

me. i have earned that title. i am not a shaman, tho shamanism is involved with my experience as is witchcraft and christianity. however, i am and will remain a madwoman. it is an honorific title with a rich tho tragic tradition (artists, poets, philosophers know the value of the mad). i have earned this title, i will wear it, bear it with courage and integrity. it is a noble title, not to be disdained.

Sheila K. Batey
NE 500 Howard , The Flat
Pullman, WA 99163

Berserk in the Bluegrass

with Andrew January Grundy III
Kentucky NMHCA Representative

One of the biggest farces in modern psychiatry is the "foreign-doctor syndrome."

Does this sound familiar? You check into a mental hospital and you wind up with a doctor who can't even speak your language!

And this person is supposed to be able to help you?

Here is a statement I have prepared for just such an occasion: "You no speak my language; well, I no pay doctor bill."

∞ ∞ ∞

You may not believe this, but there is a common household substance — frequently abused — which may have a whole lot to do with mental problems.

Sugar.

I had a "sweet tooth." I went around with my mind racing not knowing why.

A friend introduced me to artificial sweeteners, and the racing thoughts stopped!

If you are having such problems, it might help to cut sugar out of your diet.

∞ ∞ ∞

And now we approach the topic of sex in psychiatry. I always knew rock musicians had them, but I never suspected "shrinks" had "groupies."

Then I went to a psychiatric seminar in a large Kentucky city and saw someone who seemed to be a psychiatric groupie.

A celebrated psychiatrist was speaking before a large crowd of professionals and counselors, and at the back of the room was a very attractive psychiatric nurse who was acting quite seductive. She took off her high-heels, braced one leg up in the air, and slowly moved her hand around near her groin. She was dressed in tight slacks and stockings, and a black silk blouse. She also had a ton of mascara on.

She might have been a psychiatric groupie, trying to get a sexual message over to the speaker, and the doctor didn't seem to mind it at all.

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Speaking of strange behavior, I've always wondered why the cows near our front yard would get upset when we grilled hamburgers ouside.

Do you think they thought that we thought . . . that they tasted good?

∞ ∞ ∞

The following lyrics from a 1980 rock album by Donnie Iris should be amusing, but they might bring back bad old memories.

Nonetheless, here are a few excerpted words from "Shock Treatment" from the "Back on the Streets" release:

Iris: Ha, ha, ha, ha . . . Look in my eyes and tell me I'm not crazy!

Chorus: Too many shock treatments; he's insane!

Iris: Throw away my pills, doctor, don't be lazy.

Chorus: Stick him with your needles, man, he digs the pain!

Iris: And I'll take the consultation; want a dream vacation.

Chorus: It doesn't matter even if it rains.

Iris: 'Cause I didn't spend no money . . .

Chorus: He just admitted that he was deranged! . . .

Iris: (Imitating doctor) "Well, you're really not that crazy, man; you might as well admit it. Well, half the people in the world should have themselves committed!" . . . Now, I don't even remember my name. Oh, what a shame, that I've lost all my brains.

∞ ∞ ∞

Stay tuned; see you next month. Young columnists never die; they just quickly sneak away!

resources: newsletters

Spiritmenders

The brief April issue featured a poem, news of a bilingual peer support group (Spanish & English), an announcement about a major self-help conference, and news of a recent theft in their office.

"Spritmenders" is the name of this group's community center, and this newsletter carries their schedule of intriguing events including a "Stigma Group," Drop-In for homeless people, peer counseling, art group, general membership meeting, holistic health group, "a party to celebrate the Rites of Spring," and a conversation group. Quite a bit happening!

For a copy write to Spiritmenders, 2141 Mission Street, Suite 203, San Francisco, CA 94110 or phone 415-552-4910.

"Oregonians Advocating for Empowement"...

...(OAE) has a newsletter about their "coalition of consumers and survivors of the Mental Health System." The first issue, Spring 1988, has a letter entitled "Former Consumer Demands Action," along with poetry and news.

Jerry C. Wang announced in the newsletter the formation of a non-profit organization called "Mind Empowered. Jerry said M.E. will "create, test and implement innovative consumer run projects. Training, outreach and advocacy efforts provided in a peer-to-peer and nurturing manner is a priority goal. . . If funded, four to six full-time as wel as a few part time paid positions will be available to qualified consumers."

For a copy of this premiere issue write to the OAE c/o the Oregon Advocacy Center; 625 Board of Trade Bldg; Portland, OR 97204.

Peer Advocate...

...is back to press. Editor Alice M. Earl announced — after a period of simultaneously working as a teacher and dealing with health difficulties — this voice of former psychiatric inmates is printing again.

The January-March 1988 14-page issue has clippings, personal commentary from the editor, news, a column, anti-drug collages, poetry, etc.

Write PSWM, P.O. Box 60845, Longmeadow, MA 01116-0845.

Ritalin & Kids — continued from page 1

their childrens' body/minds in order to chemically mash them into neat & cool roles of social conformity?

How can the hyper-active energy be rechanneled or relaxed creatively, naturally & freely, or do we need another agency to 'treat' misbehaving so-called "hi-riskers"?

What allergies cause hyperactivity? What teachers, schools & subjects have the highst rates of hyperactivity & why? What kinds of parenting also causes hyperactivity in children & what kind of activities prevent it????

Ritalin drugged kids are only part of the crazy ways adults treat kids. I was hyperactive in the first grade, tied to a chair, with my mouth taped shut to keep me quiet. But I compromised some & didn't take Ritalin, thank God.

So I think the major school causes of hyperactivity are: Enforced desk sitting. Forbidden strong emotions. Taboos of touching self & each other. Indoorism, which means keeping kids indoors most the time. And compulsory attendance laws. These all limit students' choices, needs & feelings. It's no wonder they're more hyperactive, & teen-crime & violence are growing in many communities.

Naturalizing schools is slower than doing home-education, which is legal in most states. We can relax anytime as needed naturally.

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researcher — continued from page 3

institutions for the "mentally retarded" into communities have been proven effective, but the drugging continues, especially in group homes.

Psychiatrists often use the baffle-gab of "fixing a biochemical imbalance." But this ruse is less often heard when snowing people labeled retarded. Here it's often openly seen as a management technique to handle residents while hiring as few staff as possible.

For example, the drug is used for so-called "stereotyped" behavior — such as swaying back & forth or shrieking or head banging — that might come from institutionalization and lack of support.

Ironically, there is a consensus among mainstream scientists that neuroleptic drugs can at times cause brain damage such as tardive dyskinesia . . . and can some times even cause death. Unfortunately, most of these same scientists state they feel "the benefits often outweigh the risks" in giving the drug.

Breuning's study results directly challenged neuroleptic drug use.

What's it all mean? We don't know. It's well known that many researchers use "fudge factors" and sloppy methods. An argument could be made that most research is biased — no matter how "objective" it seems — because of all people's natural, powerful self-interest.

Were Breuning's research methods legitimate? The studies weren't available to *Dendron* at press time.

But it is fascinating that, apparently, the first researcher to be indicted for submitting false data was criticizing one of the biggest atrocities in the history of the field of "mental retardation": coercive use of drugs that have injured, caused brain damage, and even killed!

[Two of the Breuning articles that have been discredited by NIMH were published in Applied Research in Mental Retardation (now called Research in Developmental Disabilities), 1(3) and 1(4), pp. 175-192 and 253-268, respectively.]

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 disesased, 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.

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Please copy, hand out & post!

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 advoacy. 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 before 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 treatnment. 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 instiutions 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.

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