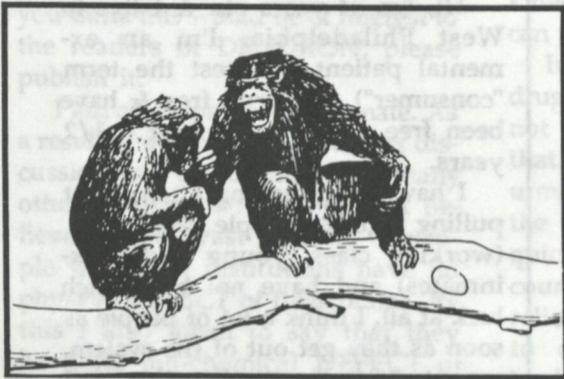


*If we could talk
to the animals...*

We'd probably be
locked up.

DENDRON

monthly news issue #7 August 1988 one dollar



Psychiatry upset about rights of animals!

An animal rights group has uncovered a memorandum by the head of in-house research at that enormous federal agency — the National Institute of Mental Health (NIMH). This internal memo outlines tactics to battle back against animal rights activists. (We wonder what NIMH is writing about psychiatric inmates rights activists!)

Here's the brief news item reported by *Vegetarian Times*, (August 1988, Issue 132, page 10):

Trans-Species Unlimited recently made public copies of a government memorandum on the animal-rights movement. The memo, by Dr. Frederick K. Goodwin, director of intramural research for the National Institute of Mental Health, describes the movement as "threatening the very core of what the Public Health Service is all about," and outlines tactics for opposing the movement.

Those tactics include: mobilizing opposition in Congress to animal-rights legislation;

continued on page 8

*Psychiatry routinely
gives drugs by force.
How does that feel?
Could it happen to you?*

Thorazine Therapy

by Anonymous

Telling this story is like pulling up a weed with a long tap root; the root usually breaks off and it takes a lot of digging to extract the whole thing. I'm still digging the whole story out of my memory.

You see, I spent some time in a "good" hospital with the "best" doctors. They were supposed to help me. I didn't feel like I needed help as much as I needed sleep. I was overworked, wired, and (since I had been fasting on & off for a few weeks) my diet, though clean, was probably insufficient.

But I felt great.

A penetrating insight had come to me, allowing me to see through the illusions of reality that each of us constructs. It was a kind of x-ray vision that let me see the auras around plants & people. This put me in ecstasy, filling me with a grinning exuberance and an indomitable verbosity. I felt impelled to share what I discovered with my friends and associates. That was my mistake.

The telephone rings at the nurses' station.

"P.T.U. This is Gretchen."

"This is Dr. Ballon. I have a new patient I want admitted immediately. Can you make arrangements on the ward?"

"Of course, Dr. Ballon. Any pertinent information we should know?"

"Well, he's male, seventeen. Looks like acute psychosis. He has no history, so this will be new to him."

"We can put him in room 11 with Bob."

"That will be fine. I'll be in to see him tomorrow."

continued on page 5

DENDRON

The goal of *Dendron Monthly News* is to provide an independent service to the many individuals & 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.

CHRP

PO Box 11284

Eugene, OR 97440

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Editor's note:

Ronald Reagan dares to question someone else's sanity?

Yet, that's what happened when he jokingly called Dukakis an "invalid."

We have to stop giving this elite control over the rationality issue.

First they act as if they are patriotic. Actually this country was founded on revolutionary principles (which unfortunately were seldom lived up to). So it's patriotic to call for freedom. To protect the country's environment. To demand aid for the homeless & the elderly.

Next, the elite acts as if they are strong by acting macho. But are they tough enough to feel? To love? To act differently? To be, truly, themselves? Now that's being strong!

Ultimately, it seems the dominant structure wants to have a monopoly on rationality. They say they are the force of reason, of rationality, of moderation, of science.

But science is showing that the planet is interconnected. It is not "cleanliness" to scour the Earth with genetic-damaging pesticides & chemicals. Pollution is not moderate.

Good scientists are proving that shock & drugs can cause brain damage & kill. Alternatives to psychiatry make absolute rational sense. (And we're being heard by psychiatry — the July 1, 1988 issue of their newspaper *Psychiatric News*, carried a front-page article on mutual support! Many ex-inmates were quoted. A copy is available from CHRP.)

Well, it's comforting to know we're truly the strong, rational & patriotic people. Especially because — dear readers — this Editor missed the July issue. I truly and deeply regret this, but did not see any way around it because of time constraints. Hopefully we will grow to a point where we will be on time.

That sure makes sense to me.

networking:

**Where readers write.
You're invited to
add your voice!**

**"...connecting with as
many ex-patients as
possible..."**

Jacqueline Johnson; Philadelphia, Pennsylvania:

Hi, I'm 24 years old & I live in West Philadelphia. I'm an ex-mental patient (I detest the term "consumer"). I'm drug free & have been free of the system for 4 1/2 years.

I have been making attempts at pulling together people like myself (working class, young adult, ex-inmates) and have not had much luck at all. I think a lot of people as soon as they get out of the system, want to "go on" with their lives and forget about what they've experienced (I know it's hard to look at).

I'm quite sure that if I had never been connected with the mental health system my difficulties (or rather, "hurts & internalized oppressions") would not have been compounded as they are to such a great degree.

I am struggling very hard just to survive, but have figured out that the only way to turn my situation around (and in time, society's situation) is by connecting with as many ex-patients as possible who have figured out that the Mental Health System isn't exactly helpful to human beings, and who have figured out that oppression does exist. That means they have the ability to question the whole medical model concept society takes as gospel.

I am really grateful that this newsletter exists — and I am hoping that you'll print this letter so other ex-patients will know that I'm here and want to hear from them.

Please write to:

**Jacqueline Johnson
255 South 45th
Philadelphia, PA 19104
phone: 215/387-0951**

"...less drugs and more counseling is the way to go..."

Bill Nordahl; Long Branch, New Jersey:

I am a member of the Monmouth County, NJ Mental Health Board, and I wrote the following to express my views to the other members of this board. It was well received by the members of this board and stirred-up some good discussion (which was what I had in mind). If you think this would be of interest to the readers of DENDRON, please publish it:

I am an ex-psychiatric inmate. As a result of my experiences and of discussion and counselling with many other ex-psychiatric inmates, I believe that the vast majority of people in mental institutions have no physical DEFECT of their brains. By this I also mean to say that they have no bio-chemical DEFECT of their brains or bodies which causes them to exhibit aberrant behavior. A claim has been made that people who are labelled "mentally ill" are people who have been born with a genetic defect that shows up as a "chemical imbalance," and that this "chemical imbalance" can be corrected by "treating" these people with psychiatric drugs. I do not believe this.

I do believe that it is possible that a person's mental state can affect the bio-chemical state of his/her body/brain. This is to say that I believe that a "chemical imbalance" in a person's body and/or brain may result from that person's experience of distress (or simply stress). I have seen, through my experience of being counselled and through counselling many others, that people's distress (and their stress) can be "cleared-up" by counselling. I believe that this "clearing-up" of a person's distress also corrects any "chemical imbalance" which may have resulted from the distress. Of course counselling is often a length, difficult, and sometimes painful process; but, the important thing is, it works.

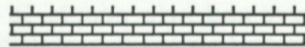
I have seen no scientific evidence that psychiatric drugs (such as neuroleptics, lithium, anti-depressants,

tranquilizers, etc.) cure any "chemical imbalance." I don't believe that any such scientific evidence exists. These psychiatric drugs do affect human thought & human behavior; but the mechanisms by which they do this are unknown.

A great deal of scientific evidence exists to show that these psychiatric drugs are dangerous. The neuroleptic drugs, for example, are sometimes fatal and frequently cause severe and permanent disability (tardive dyskinesia, a type of brain damage that can result in persistent twitching).

Inasmuch as these psychiatric drugs are very dangerous and they do not cure "mental illness," I believe that they should be used with the utmost restraint. It is unlikely that the "mental health" system could quickly adjust to being drug free, of course. The "mental health" system relies too heavily upon these drugs to control people. The "mental health" system also lacks the resources to provide the necessary counseling. Despite these problems, it is clear that less drugs and more counseling is the way to go to help people with their mental/emotional problems.

**Bill Nordahl
67 Marine Terrace, Apt. 3
Long Branch, NJ 07740
Tel. 201/229-2640.**



"...I was given three shock treatments..."

Patricia Woody; Rockford, Illinois:

Although I had been treated for a "nervous condition" since I was a child I had no sign of mental disorder.

In my 30's I had extensive dental surgery done and was given both gas and an anesthetic. When I awoke I was very very ill and my pulse was 180. The dentist made me leave his office. I walked down several flights of steps and blocks to my car. Later, in a medical hospital, I was told by my doctor my heart had gone into shock from the gas and anesthetics.

At the end of about nine months my heart rate was still 150-180. A

medical doctor recommended shock treatments as he felt I might die. I consented.

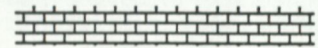
I was given three shock treatments and began hallucinating. The psychiatrist told me it was not uncommon -- that it would pass. I was given seven more. It did not pass.

I would like to gather information on this side effect of shock treatments -- hallucinations. I understand it is not uncommon. If anyone reading Dendron has suffered from this I would like to correspond with them.

If you know where further information could be obtained, please inform me.

I too have suffered much memory loss from shock treatments, but I feel they may have even more serious side effects as sending someone into a psychosis as they did me.

**Patricia Woody
529 North Main Street
Rockford, IL 61103**



"...a bit 'academic'..."

Bob Emerick, San Diego, California:

I have just completed my paper entitled "The Mental Patient Movement: Toward a Typology of Groups." The paper was prepared for possible publication in an academic sociological journal and, not surprisingly, may sound a bit "academic" (theoretical and boring) to people, like yourself, who are actively involved in mental patient movement activities.

This is the first in what I hope is a series of papers I will write based on my exploratory research last year on the movement. I have just about completed a second paper which will be called something like "Resistance to Psychiatry: Exploring the Role of the Professional in the Mental Patient Movement." This paper promises to be a bit more interesting to movement people, as does the third paper I have in mind -- a demographic statistical description of movement group in terms of all of the variables measured by my question-

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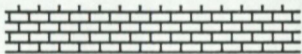
naire. I will send you copies of these articles when available.

Of course, I would be most interested in, and appreciative of, your comments, criticism, and/or suggestions on the paper.

After I finish writing up the finding based on my initial questionnaire, I hope to secure a small grant which will allow me to conduct more meaningful observational research in various types of movement group directed toward the question of assessing the efficacy of the "self-help method."

[For information on obtaining these research papers write to:]

Bob Emerick
Associate Professor
Department of Sociology
College of Arts and Letters
San Diego State University
San Diego, CA 98182



Michael C. Thielmann; Des Moines, Iowa:

Perhaps [as *Dendron* suggested to all readers] two hundred concerned people do await this reply.

I would say surrender to God and do not be afraid of where he might take you. Understanding is enhanced by suffering in pursuit of the Lord. If God is too much of an abstraction, substitute "love in a context of truth and justice." If love is too much of an abstraction, substitute always wanting what is best for the other person. Do not be surprised if after years of almost unbelievable trial and tribulation, you find yourself totally sublimated, a pure pacifist, and a person who will try to help anyone who asks in a personal way.

[Editor's note: We received information that Michael Thielmann may now be at the following address, where he might be receiving psychiatric drugs against his will:]

Michael C. Thielmann
Building 85
VA Medical Center
Knoxville, IA 50138

"...I hope the movement is taking political action..."

Michael Krumper; North Bend, Oregon:

Thanks for a terrific *Dendron* #5. *Dendron* just gets better and better. I find myself looking forward to each issue.

It was with a sense of irony that I read Gayle ("Bluebird's") experiences and struggle with the issues of disruption in *Dendron* #5. I think that disruption, and disruption that leads to violence, is what ultimately drives the mental health and criminal justice institutions to turn people into "inmates." Gayle suggests caring — and caring confrontation — as desired responses, and I strongly agree. Yet those are exactly the methods used by (at least some) professionals when faced with disruptive and dangerous circumstances.

So why does a growing "ex-inmate" movement exist? Could it be that mental health and criminal justice professionals have lost or never truly found the caring and compassionate ethos of their professions? Could it be that some professionals are motivated by greed for money or power? Or that some professionals are poorly skilled and are tolerated by a financially starving bureaucracy ... a bureaucracy that doesn't truly exist to serve and help people. Is a new profession needed? A profession that focuses on the "inmate" and "ex-inmate/survivor"?

I hope the movement is taking political action ... Actions that not merely obtain much needed funding ... but actions that make changes in institutions ... changes that better insure professional accountability ... changes that create a bureaucracy that truly serves, cares, and respects people.

Sincerely yours,
Michael Krumper
2121 McPherson
North Bend, OR 97459

To add your voice to this networking, please write now:
Dendron
P.O. Box 11284
Eugene, OR 97440

Dialogue...

... on the use of force by psychiatry brings strong reader reaction! All five of the following readers express opposition to forcible psychiatric drugging and other procedures:

"...we have to go on living in society..."

Daisy Swadesh; Farmington, New Mexico:

Especial thanks for publishing excerpts of my letter on child abuse. [See *Dendron* #3.]

You asked if I could write something on the subject. Frankly, I'm not a writer. I find the words — sometimes. Defining psychological abuse in 1,000 words is impossible. (I tried.)

Instead, I would like to write about the issues that are tragically dividing the movement, and do my part to help reconcile them.

First, let me state simply where I stand: I find the present day Mental Health (MH) system and hospitalization so counterproductive that I am opposed to involuntary treatment. But if the system were to change to what the self-help movement is developing, I believe that most people in crisis would WANT help. So my emphasis is on changing the system, not destroying it.

Perhaps it was because of the degree of child abuse that I suffered that I found psychiatric hospitals no worse and in many ways less extreme than what I experienced as a child. My parents didn't just lack parenting skills, they were into deliberate cruelty and exploitation; being sexually abused as an infant by my mother was one thing I survived, and not the worst. And when I grew up I understood that it was not what was done to me but how I let it affect me that really mattered. It was a con-

stant battle to not let myself be destroyed by anger and bitterness, or trapped permanently in what I had been trapped in for so many years.

To many I probably sound very laid back, but speaking from experience I can say that most hospital personnel are not sadists; they do not have irrevocable commitments to the present MH system (I'm not so sure about some of the doctors). It is the workers' unhappy job to uphold the status quo on what is considered sanity, and they either do it or get out. In a way they too are trapped in the system. But, like segregation in the south, when the system finally is effectively changed there will probably be few who would fight to restore it.

People group together in societies for mutual benefit, but to live together we need rules — like traffic rules — to coordinate our activities. Mental illness "breaks the rules" — so we can't expect approval from society — but also to change the MH system "breaks the rules."

But we HAVE TO "break the rules" to find better ways of coping with "mental illness" — and we have to go on living in society. This is very much a Catch-22 situation. (Or, as Gregory Bateson called it, a "double-bind.")

If we get discouraged with the difficulties we should remember the beginnings of the women's movement 150 years ago, a time when women's legal status was equivalent to a child, and it was scandalous for a woman to speak in public.

We can also see where we stand in comparison to medical patients. Consider the conventional treatment for people with heart attacks as recently as the 1950's: They were told they were permanently disabled, that they should avoid all stress, even walking up stairs, and sent home to be invalids. Among those who flowed doctors' orders many soon died. And see how that has changed!

In fact, medical hospitals continue to be regimented places where patients are inadvertently set up to feel

Psychiatry & forcible drugging — continued from page 1

I entered the hospital seeing it as an insurance-paid vacation. "Ten to fourteen days," Dr. Ballon had said. So with a tired but clear mind, I signed in.

I can't recall exactly when I got my first dose of liquid apathy. Thorazine has been likened to a chemical lobotomy, and like L.S.D., it acts on the synapses between nerve endings. A message sent through a nerve may be "translated" into a different meaning. The next several weeks were seen through circus mirrors. My thoughts spun in mud and never got too far. My hands were rubber and I could hardly hold a fork. Worse, I could hardly hold onto a thought.

* * *

Dr. Ballon:

"We're treating your son with Thorazine, a widely-used tranquilizer that is very effective for these kinds of symptoms. This will allow him to sleep better and catch up on the rest his body has been missing. It should also slow down his thought processes and allow him to reflect calmly on his 'experience.' Oh, and by the way, the medication may slur his speech, so don't be alarmed if he isn't very coherent."

* * *

I must have looked like hell. I can't even remember what happened during the first four or five days, but they are dark, irretrievable memories etched into my subconscious. I doubt if I combed my hair, shaved, or took a shower in that first week. My dexterity was decimated — I couldn't button my shirt or tie my shoes. Much of the time I was in a semi-comatose state. I must have looked like I needed help by then.

Drugs like Thorazine must be extremely useful to psychiatrists. From the doctor's point of view, Thorazine is a marvelously effective drug that calms an agitated patient. From the patient's point of view, it is a disorienting diversion from his or her real concerns & problems. I don't see how putting a patient in an altered, Thorazine reality will help him or her understand the problems in their straight reality. Problems melt away in apathy in the Thorazine reality.

* * *

"When am I gonna get out of here?" I asked a nurse.

"When you get better," she replied.

"How do I 'get better'?"

"That's up to you."

* * *

After about four-and-a-half weeks of confinement under increasing daily dosages of Thorazine, I started "getting better." To me this meant swallowing my thoughts, being careful of my behavior when the nurses were around, and following their orders with a pleasant smile. It meant making "positive contributions" to the group therapy sessions, trying to act straight while doped. It meant acting like they wanted me to while I suppressed my thoughts, beliefs, feelings. But the dosages dropped some. A nurse would say, "You've been doing much better lately," and I would feel my soul struggle for a gasp of air as I smothered the impulse to be different.

I emerged after six weeks a slow, reticent, chemically-mangled person. I felt like my mind had been put through a meat grinder. No longer could I think clearly, no longer could I speak articulately, no longer could I act confidently.

This is the "help" I received. It hurt. And it's taking a long time to heal.

continued on page 6

**Dialogue on force —
continued from page 5**

helpless; patient's rights for the "sane" are still developing.

Change takes time and often involves difficult battles against seemingly impossible situations, but I will not throw away my integrity for it. If I harden my heart in anger & hatred against an injustice I end up with a hardened heart — arteriosclerosis of the spirit.

So I stand opposed to the present day system but without becoming so bitter as to become a separatist. I believe in working within society, but without capitulating to present day beliefs of what "mental health" and "illness" are, to the irrational (!) fears & misunderstandings & prejudice.

I call myself a mental health vet. Like those millions of young men who went to war with romantic notions of what it was about and found out the hard way that war is hell, I entered a mental hospital with romantic notions about understanding doctors, etc. and found out the hard way that the present day MH system doesn't work.

I believe the self-help movement has already found many of the right answers:

That "mental illness" (MI) is not permanent, hopeless, irreversible. That most "crazy" behavior is due to existential crises & the stress it involves, or lack of coping skills or lack of self-esteem.

And that living through your existential crises & growing emotionally, learning to cope & handle stress, and developing self-esteem, go a long way to "overcoming" what has been called mental illness; that bringing MI out of the closet and talking about it is eventually going to transform our attitudes and our understanding of MI.

And that crisis centers and support groups are THE answer that is going to revolutionize our under-

standing of "mental illness."

By the way: In the reading I have done to understand psychological abuse and the sadistic mind I read quite a bit about Nazism. And I read not so much to know how bad it was but how to survive it. Some extraordinary books are:

Walls, Hiltgunt Zassenhaus, 1974: A miracle of goodness that survived in Nazi Germany.

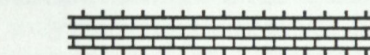
Into That Darkness, Gitta Sereny, 1974: The confession of the commandment of Treblinka concentration camp.

The Theory and Practice of Hell, Eugen Kogon, 1950/1984: A survivor of a death camp.

Man's Search For Meaning, Viktor Frankl, 1963/1986: A surprisingly good book by a psychiatrist, a non-Freudian who survived the concentration camps.

Daisy Swadesh

1001 Walnut Drive #1
Farmington, NM 87401



**"...I almost died on a
locked unit of ... one of
'the best' hospitals..."**

**Alice M. Earl; Longmeadow,
Massachusetts:**

In response to the article by Joe Rogers (*Dendron* #5) I find his belittling of consumer-ex-inmate-run alternatives a bit far-fetched.

We can come up with just as many examples of peers being compassionate, or, on the other hand, of hospital staff who goons us, force drugs us, strip us, or tether us in solitary for not obeying orders fast enough... or simply because one staff member does not LIKE an inmate.

And as for being any SAFER in one of his "doctors" hospitals, I almost died on a locked unit of the Institute of Living — one of "the best" hospitals in the world — and that after asking for help several times from a staff which was too "busy." The young guy who had my room there before me did die. (I'm back at work

on my book on all that good stuff now.)

Alice M. Earl, Editor

Peer Advocate

P.O. Box 60845

Longmeadow, MA 01116-0845



**Stephen Mendelsohn; New
Britain, Connecticut:**

I would like to comment on some very important issues that have been raised in the May and June issues of *Dendron*.

My response to Joe Rogers is that I find that he appeals to those who do not wish to take responsibility for their actions. His own "case" is just such an example of irresponsibility. Running around naked in the woods, which Joe claimed on an Oprah Winfrey show was a symptom of his "psychosis," is irresponsible, not "sick." Joe's antiresponsibility and pro-psychiatric-statist posture may well be his way to evading responsibility for his past life.

I agree with Joe on only one point, namely, that liberty and responsibility cannot be disjoined. But whereas Joe opposes both liberty and responsibility, I advocate both consistently. This is why I am (as I write this) running for the National Alliance of Mental Patients' (NAMP) Board of Directors on a platform of opposing both psychiatric coercions AND psychiatric excuses (particularly the insanity defense). I am puzzled as to why NAMP has not yet formally taken a stand against the insanity defense, which would give Joe and National Mental Health Consumers Association their ideological match.

Regarding Joe's (and NAMI's) incessant ranting about "the mentally ill in jail," I find this disguises a major social issue, which is the urgent need for prison reform. Brutality and overcrowding in prisons make them unfit for any inmates, regardless of "mental health" considerations. Moreover, we must stop locking up people who do not violate the rights of others, which entails ending our

continued on next page

national folly known as the War Against Drugs (the flip side of psychiatry's "War For Drugs") and repealing laws prohibiting sexual behavior between consenting adults. Drug prohibition is the principal cause of prison overcrowding.

What is needed here is a just and humane prison system which incarcerates only people justly convicted of violent crimes, for fixed terms. Psychiatrizing crime by using the "mental health" system as an adjunct to the criminal justice system only retards the attainment of this goal.

Regarding the issue of how to deal with psychiatrists and government bureaucrats, I believe it is important to make a distinction between talking and taking money. Hardheaded negotiating with our adversaries can help us gain respect without compromising our ideals. What must be studiously avoided is economic dependency. Government funding should be eschewed (even one-shot deals alienate taxpayer groups, who are potential allies) as should ongoing private "mental health" funding. Even using private "mental health" money to attend conferences has its dangers if it results in toning down our criticism.

However, I find glaring hypocrisy in the position of self-styled radicals who insist that taking government funding is evil but that welfare and SSI/SSDI are perfectly OK. But is not welfare just another bribe to keep people dependent and uncritical of the Therapeutic State? This may be a bitter pill for some, but ex-inmates must learn to move away from welfare dependency towards self-reliance. The personal and political cannot be separated.

Finally, there is the matter of how to relate to supportive professionals. I received a phone call recently from a local psychologist who was impressed with a letter of mine in the June 1988 American Psychology Association MONITOR, which blasted National Alliance for the Mentally Ill [a parents' group]. I would like to raise the issue of how

to work with professionals who clearly oppose coercive psychiatry. Personally, I believe we should welcome all the allies we can get, but I do wish to be careful. I appreciate helpful comments or suggestions on this issue.

Stephen Mendelsohn
Apartment 19A
171 Hartford Road
New Britain, CT 06053



"...I would like to see a campaign attacking the insanity defense..."

Dennis F. Nester; Phoenix, Arizona:

In response to the May issue #5, "Is Psychiatric Force Ever Right" letter by Joe Rogers:

Joe's letter itself illustrates why there is a "split" in our movement about the issue of involuntary psychiatric "treatment." In the first half of his letter Joe tells us all the reasons why he is against it, and the last half, all the reasons why he is for it! Satisfying everybody like a good politician, but what does it mean?

The whole history of our movement and "the" reason why it exists is because most of us didn't find psychiatric "treatment" — voluntary or involuntary — very "helpful." For 5,000 years of recorded human history, all the "evil" has been done in the name of "help" ... in the name of benevolence of your country, your king, your God. Today, the supposedly most benevolent country where the state provides the most "help," where psychiatry is the most notorious, is Russia!

In a "free" country the citizens own their bodies and minds, healthy or diseased, and are responsible for their behavior good and bad. You can not have freedom and liberty without this principal.

The danger of psychiatric thought is that it does not believe in free will! Psychiatry teaches that

human beings behave because their genetics pushes them one way and their environment pushes them another and that people, literally, have no free will what-so-ever. And so this means people actually are not responsible for their behavior good or bad. This idea predicates the whole notion of insanity and mental illness quite erroneously, and philosophically is in direct conflict with the idea of freedom and a free society.

Just because there is "want" it does not (or should not) make it incumbent on anybody or the state to do something. When people talk of "right to treatment" it in reality becomes "forced treatment" most of which is not "helpful."

Of course, you can always find people who like being paternalized, who like taking drugs, who don't mind brain damage, who want to be career "mental patients." It's still a free country. Personally I feel mind-altering drugs, electroshock, civil commitment, involuntary "treatment" of any kind are obscenities.

It took me many years to figure out what I needed (self-esteem, friends, self-empowerment, acceptance) I would not find in the mental health industry but quite the contrary. You can find "friendly" therapists as long as you are their "patient."

I would like to see a campaign attacking the insanity defense. It would solve practically all that is bad in psychiatry. The most courageous and great thing our movement could do is to push to make "mental patients" responsible for their behavior, especially their crimes. This would end involuntary care, end stigma, and liberate us all.

I have some great news. I spoke to Dr. Thomas Szasz and he told me he taped a Sally Jesse Raffael TV show on Tuesday to be aired tentatively June 9 on the issue of "post partum depression" as an excuse for murdering newborn infants.

Dr. Szasz tells me he was particu-

continued on next page

larly "brutal" in exposing this psychiatric lie! And the producers were so impressed with Dr. Szasz that they told him they may do another show on "The Myth of Mental Illness." So please write to Alex Williamson, producer of the Sally Jesse Raffaell show. Thank him for having Dr. Szasz and urge them to have him again.

This could be a good starting point to launch a campaign attacking the insanity defense as I suggested above. Dr. Szasz told me years ago: This is "the only" way our movement "can" gain any ground to liberate ourselves and stop psychiatric abuses. THE ONLY WAY!

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"...Forced Treatment is wrong..."

**Ron Thompson, Bethesda,
Maryland:**

The enclosed is submitted as a partial rebuttal or antidote to Joe Rogers' piece in the May DENDRON. In light of certain past statements by him, the aid and comfort given to the devotees and practitioners of forced "treatment" is mild enough, and sounds soothingly reasonable. Still, given the enormity of harm, past & present, perpetrated by a morally blind profession, I do not believe anyone advocating primarily in the interests of victims of actual or alleged "mental" illness can even concede the premise that there is such an animal as forced ... "treatment."

Both Joe and I are attending the annual National Association of Protection and Advocacy Systems conference in Bethesda, Maryland. I

Animal testing — continued from page 1

establishing fellowships and awards for promoting animal research; and launching "counter-educational efforts" to offset the alleged "infiltration of high schools by the animal-rights people."

The memo, dated September 29, 1987, strongly urges research institutions to promote public support for animal research and to counter arguments by supporters of animal rights. It suggests having spokes people available to present their case to the media and the public, but adds that "they should not generally be the researchers themselves. A scientist whose laboratory has been raided is the least likely person to be effective as a spokesperson."

Editor's note: I've heard the complaint: "They care more about their dogs & cats than they do about us." Rather than get put at odds with our fellow creatures, the best way to look at it might be the Jesse Jackson quote: We're all part of a big quilt. A "crazy quilt" I guess. See pages 10 - 12 to see how our animal allies can help us right now to tell people about our struggle!

handed him a copy of the enclosed article this morning. His letter to *Dendron* was not the trigger for my article.

THAT trigger was the ongoing behavior of a small-souled shrink toward a friend of mine at the D.C. "state" hospital, which behavior is about as archetypally stupid & hurtful as could be found. A speaker at the conference, without knowing his case, described it superbly, "You get a boatload of side-effects, no benefits, and ... NOBODY NOTICES." Far more often than not, this is what happens, rather than Rogers' statement, with its remarkable assumption, that "when we (sic) become psychotic there must be some sort of protective environment available."

On the Worst Failure of Psychiatry — Forced Treatment

a fragment — 6/8/88

by Ron Thompson

Many radicals are primarily against psychiatry because it denies CHOICE. Alas, this misses the point that it is, above all else, the "choice apparatus," whatever that is, that is the site of the alleged "dysfunction." As "responsible" advocates of Involuntary Treatment eagerly point

out, this "choice" argument falls of its own weight.

Opposition to involuntary "treatment" should be on a different basis, very simple, and age-old. ARBITRARY POWER, here going under the name of Involuntary Treatment, tends ineluctably to bring out, quickly or slowly, the worst aspects of human nature. Psychiatry has shown itself entirely unequal to the exercise of such an unlimited & arbitrary power over intended patients who all too often become unlimited victims.

Nor does it make the slightest difference that this exercise of arbitrary & unconsciously political power is clothed in the legal doctrine of SUBSTITUTED JUDGMENT. This theory is wrongly analogized to legal/medical thinking in regard to wholly physical medical intervention for children, or literally unconscious adults.

The very worst thing about Involuntary Treatment may be that sometimes, in a certain percentage of cases, always a minority, it ... "works." Another group of persons, pushed around, gets tracked or re-tracked, and go on with their lives. The analogy here is probably to those individuals who thrive and glow under Military Discipline.

But these methods have nightmarish consequences for the much

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larger numbers who don't benefit, and indeed, terrible results for psychiatry itself. For psychiatrists often develop anger, contempt and even hatred for those who "refuse" to be "treated" or to acknowledge that they need treatment.

Here psychiatry slips into moral crisis. Humanly enough, the doctors allow themselves to be dramatically misled by the apparently simple mechanics of "successful treatment," almost always drugs alone, in a percentage of patient/victims. But in a stunning lack of self-insight, psychiatry doesn't even realize that, all along, and underneath its supposed Medical Model, there is a deeper and far more emotional Moral Model of "mental" illness.

The elements of disaster, and the shame of a profession, are now in place. When the benign Medical Model effects of the drugs DON'T occur, psychiatrists almost invariably emerge as devotees of this unadmitted & superharsh Moral Model.

What happens next is this: The real illness or dysfunction — if it's there at all — is entirely lost sight of. Instead, the WILL of the recalcitrant victim — often the most real and hopeful thing about him/her — becomes, above all else, the thing to be "treated."

Usually, from this point everything for everybody goes downhill. Drugs, often administered at incredible dosages throughout the progressive physical deterioration of the victim, for decades, remain, unthinkingly, "medication." Psychiatrists are hardened, relatives are saddened, and the loss or death of a spirit becomes finally complete.

There can be no wholly serious advocacy for the Rights of the "mentally ill" which does not start with the psychological & legal premise that Forced Treatment is wrong. When the right of refusal, even irrational refusal, is ignored, genuine tragedy must follow.

Ron Thompson

6406 Bells Mill Road
Bethesda, MD 20817

Berserk in the Bluegrass

with Andrew January Grundy III
National Mental Health Consumer Association
Kentucky Representative

Joe Rogers creased the rim of his gray Panama hat, glanced deeply into the Philadelphia twilight, and visualized making his first movie.

"We'll call it 'Chainsaw Massacre 7,'" he quipped. "Instead of actors playing psychotics, we'll have psychotics playing actors!"

It was Tuesday night, June 27, at LaSalle University in Philly, and all of us crazies were eating barbecued chicken & ribs and feelings sort of mellow.

The occasion was the first National Mental Health Consumers' Association Leadership Training Conference. We were learning & planning & networking.

"Yeah," Joe said, grinning at Gary Quick, Mike Weaver, Bill Butler, & myself, "mental patients can't buy guns, but they sure as hell can buy chainsaws!"

"How about a consumer biker movie?" I suggested. "You know, 'Uneasy Rider,'! Where they went searching for sanity and couldn't find it anywhere in the world!"

This kind of un-reasoning continued until it was time for music, and then Howie the Harp pulled out his harmonica, Beth Greenspan joined in on guitar. I whistled along with my hands, a trick I picked up as a child.

Beth, along with Laura Van Tosh and Paolo Del Vecchio, deserve medals of honor for the hard work they put in coordinating the conference and taking care of emergencies.

The conference was over with the next day, and people were leaving. Some stayed behind, though, for an International Association of Psycho-Social Rehabilitation Services conference in progress at a downtown Philly hotel.

Wednesday night found a few of us sharing pizza on the ground and talking amiably. One participant in this affair on the grass was George Ebert, who carefully documented the time the New York police shot him with a taser, a dart-like device that is supposed to "jolt" suspects into submission. It was like an instant shock treatment, he noted. I saw a story he wrote about it, and George pretty well describes how it feels to be standing up one second and then be lying down with 50,000 volts of electricity running through you. (Copy available from George Ebert; The Alliance; PO Box 158; Syracuse, NY 13201.)

The most notable quote of the week came at the hotel, from Mike Weaver, who said, "Andy, did you know the paranoids are out to get you?" No shit.

And then there was the event to top all events: The IASPRS dinner-dance in the Franklin Institute. Seeing the marvelous electrical displays in the institute is good enough, but too much hors d'oeuvres and guzzle free booze and dance among all the magicians, clowns, mimes, stilt-walkers and general menagerie of the unusual made this a real gala event.

Time spent in Philadelphia was very special to me, and I might have even learned a thing or two. The movement is coming of age, as Joe Rogers said to the gigantic crowd at the IASPRS plenary session. This coming year could make us or break us.

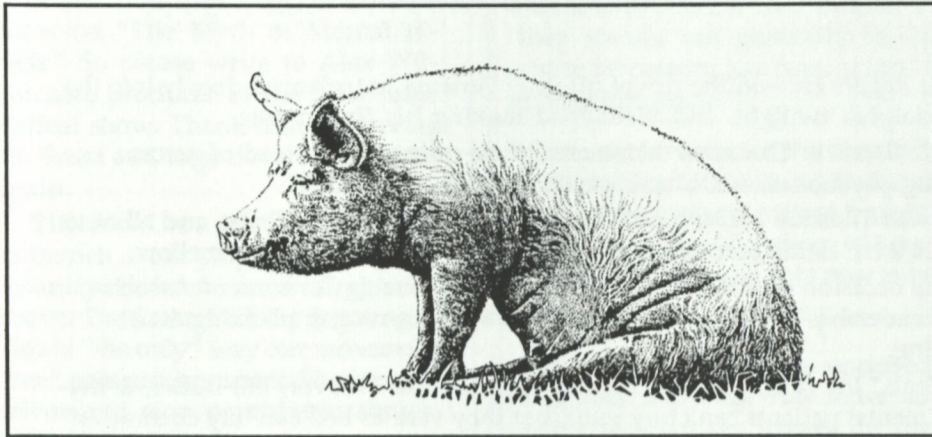
If Philadelphia is any indication, then we've got it made!

See you next month with a report on the Salt Lake City Conference.

Stay tuned.

Psychiatry & Animal Testing:

A documented story from the history of psychiatry ...
Behind its medical model lies a goal: *Control!*



1. Electroshock & Hogs: 1938

Italian psychiatrist Ugo Cerletti visited a hog slaughterhouse in Rome in 1938, the era of Mussolini.

He later wrote, "I saw that the hogs were clamped at the temples with big metallic tongs which were hooked up to an electric current. As soon as the hogs were clamped by the tongs, they fell unconscious, stiffened, then after a few seconds they were shaken by convulsions in the same way as our experimental dogs. During this period of unconsciousness, the butcher stabbed and bled the animals without difficulty."

Dr. Cerletti decided to try electroshock on people. After the first experimental subject received the first electroshock, this inmate called out in

Italian, "*Non una seconda! Mortifere!*" This means, "Not another, it's deadly."

Dr. Cerletti had originally planned to let his subject rest after the first shock. However, this inmate's loud complaint bothered the doctor.

As Dr. Cerletti put it later, the subject's statement even "shook my determination to carry on with the experiment. But it was just this fear of yielding to a superstitious notion that caused me to make up my mind."

So Dr. Cerletti immediately gave a second electroshock, more powerful than the first.

[Documentation: Cerletti, U. Electroshock therapy. In Arthur M. Sackler et al., eds., *The Great Physiodynamic Therapies in Psychiatry: An Historical Reappraisal*. New York: Hoeber-Harper, 1956, pp. 92-94.]

This is one of three fact sheets that tell you the fascinating, brutal stories behind the discovery of three of the main psychiatric techniques now used throughout the U.S.:

1. Electroshock.
2. The chemical "lithium."
3. The Thorazine-type drugs (which are also known as "neuroleptics").

The professional literature openly admits that electroshock and lithium can cause memory problems.

It is an accepted fact now that the neuroleptics can cause brain damage. This includes the widespread syndrome "*tardive dyskinesia*" which at times results in persistent twitching for which there is no known cure.

Among the huge range of other harmful effects caused by these three weapons in the psychiatric arsenal, are proven cases of death.

Yet, full informed consent is rarely obtained from subjects. And the wide range of options — that are more effective & less harmful than shock & drugs — are seldom explored or offered.

Hopefully, this fact sheet will encourage you to help create & support these alternatives.

**Help *break*
the silence!
Please copy, hand
out & put up!**

For more information, send a self-addressed stamped envelope to:
Dendron Monthly News
P.O. Box 11284
Eugene, OR 97440

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A documented story from the history of psychiatry...
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2. Lithium & guinea pigs: 1949

Australian psychiatrist John F. Cade was studying another drug, and used the basic element lithium as a water-soluble base. Then he accidentally discovered that guinea pigs — when injected with the lithium — became very lethargic.

For example, when a guinea pig is held down on its back and it is prodded in the stomach, the guinea pig is naturally startled and leaps up into the air.

But given enough lithium, the guinea pig — when poked — just lies there.

Dr. Cade decided to try lithium on ten psychiatric inmate experimental subjects.

[Documentation: *Moodswing: The Third Revolution in Psychiatry*, by Ronald R. Fieve, M.D., New York: Bantam Books, 1975.]

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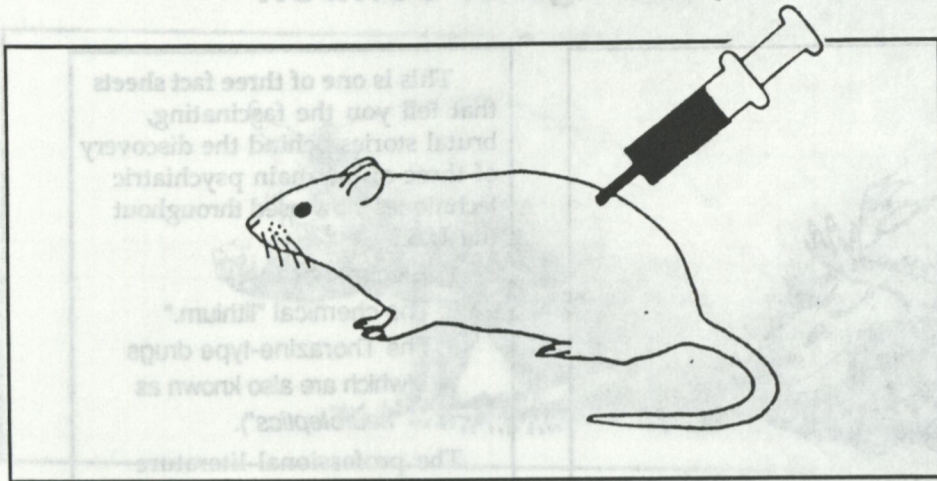
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3. Thorazine & rats: 1950

French researchers studying types of a drug for what they called "*maximum behavioral disruption*" used a simple test:

Rats were first trained to climb a rope to reach food. When given one of the experimental drugs, on December 11, 1950, the rats became especially "confused and unable to decide whether or not to climb," the researchers stated.

Within a year, French psychiatrist Dr. C. Quarti tried this drug on herself. She would later write that one hour after taking the drug, "... I began to have the impression that I was becoming weaker. That I was dying. It was very painful and agonizing." Another hour passed and she reported, "I felt incapable of being angry about anything..." Psychiatrists decided to try the drug on a French psychiatric inmate.

The drug was soon brought to the U.S. under the name "Thorazine." Today Thorazine is one of dozens of brands (such as Haldol, Prolixin, Mellaril & Stelazine) in the family of drugs called "neuroleptics." Among the most common drugs in all of medicine, each year an estimated 3,000,000 Americans are given neuroleptics: The elderly, prisoners, people labeled "retarded," even children ... perhaps even you. But there are better ways.

[Documentation of the history of Thorazine: R. Pickens, "Behavioral Pharmacology: A Brief History," in *Advances in Behavioral Pharmacology*, T. Thompson and P. Dews (eds.). NY: Academic Press, 1977, pp. 233-235.; and, J.P. Swazey, *Chlorpromazine in Psychiatry*. Cambridge, MA: MIT Press, pp. 117-120, 201-207.]

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