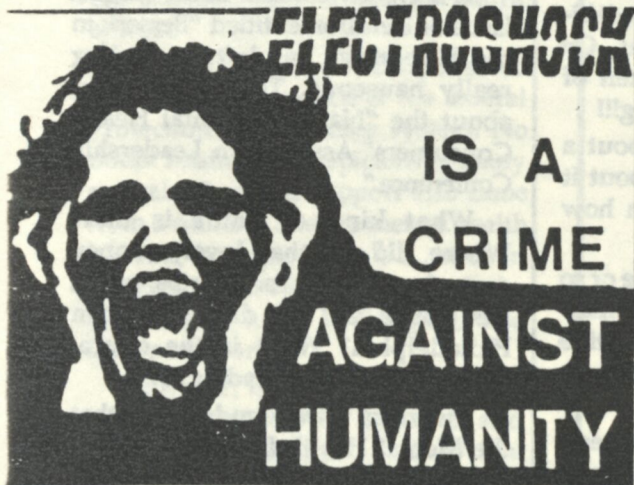


more true
**success
stories!!**

DENDRON

issue #10 * December 1988 * one dollar



IS A
CRIME
AGAINST
HUMANITY

Protest against electroshock sparks friendship & publicity

by Janet B. Foner

On October 17th at noon a large crowd, which reached about 40 or 50 people at one point, protested against electroshock treatment (ECT) in a demonstration outside of Friends Hospital in Philadelphia. The occasion for the demonstration was an international symposium on ECT sponsored by Friends Hospital.

Susan Rogers, of Project Share in Philadelphia, had called the symposium organizer to see if one or more recipients of shock treatment were or could be invited to speak at the symposium. She was turned down, so decided to organize a coalition of groups against shock treatment called REJECT, Responsible-Education and Judgement on Electro-Convulsive Treatment.

Many groups co-sponsored the demonstration

continued on page 6→

Once known as a "street crazy," Virginia Davis created a personal campaign to win back her dignity & independence.

This is her story...

I came to Portland, Oregon from San Francisco in the spring of 1979. My income at that time came from Social Security Disability. In the late summer I followed the advice of my Vocational Rehabilitation counselor in San Francisco and contacted the local office of Voc Rehab [a government agency job training & placement, known as "vocational rehabilitation"] for an intake interview.

At the conclusion of the interview, the woman said to me and I quote: "Statistically, you are a very poor risk. I will send you a form to sign in which you agree that we can't help you."

My first piece of advice to those wishing to move out of the "system" is to know what your rights are in the system. Voc Rehab was and is mandated by federal and state law to assist the "disabled" to go back to work.

My situation, for a number of years, was extremely precarious. I became known as a "street crazy" in Portland. I was in and out of an Oregon state hospital, Dammasch, and various private institutions so many times I can't recall the exact number. I became a victim of domestic violence which only served to increase my anger and the size of the chip on my shoulder.

From my own apartment with my own furniture and an inherited art collection, I came to live in cheap hotel rooms that smelled of urine.

What kept me going? For one resource, I made friends with small shopkeepers and would pay periodic visits to them and talk and be "sane" — all the while respecting their need to wait on customers. Two of these women remain good friends to this day.

Another resource was artistic expression. I continued to write poetry and to participate in the Portland literary community. My

continued on page 10→

DENDRON

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

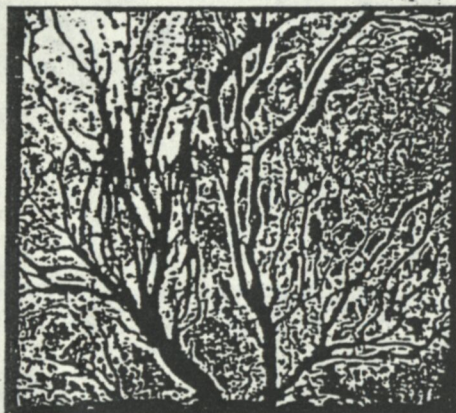
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Editor's note:

It's been one entire trip around the sun since we started publishing *Dendron*. The response has surpassed grandiose expectations. People sent articles, support, letters, comments, complaints. May I thank you all again? And it's a free country, but may I politely suggest that everyone keep the stream of articles flowing?

The nagging problem for me this past year has been in that Grandiosity Dept. Getting this out was difficult, but I should have seen that. On the bright side, we got out ten of twelve issues. We'll keep going!!!

Would you like to hear about a trend? You probably know about it already, but it's interesting in how many ways this is happening.

You know for the past decade or so a few people in medicine have finally realized a wholistic, preventive approach makes sense. For instance, they proved exercise helps!

Recently, a few people have been "going public" that the mind & body are closely connected. Being oppressed can really hurt you. They have a new word for it: "Psychoimmunobiology." I kind of like that.

Some professionals are even proving that mutual, peer support helps!

But poor psychiatry. It's been based on control & distance, but now it turns out that equality & closeness are healing. What's an elite to do?

Recently, a leader of the American Psychiatric Association wrote an editorial using the word (gasp) "wholistic." The pages contained talk about the combination of biochemistry & environment & society!

Before you rest easy, go a few pages later and you can read ads for electroshock. You can read ads for Thorazine & other drugs causing one of the biggest, least-talked epidemics of brain damage ever. You won't read ads for alternatives by us common folks. So far, label this partial conversion *Lip Service!*

networking:

where readers...
write

Beatrice Rosenthal;
San Francisco,
California:

A sprightly column in the August issue of *Dendron* entitled "Berserk in the Bluegrass" has left me feeling really nauseous. The column was about the "National Mental Health Consumers' Association Leadership Conference."

What kind of name is that? Where did all that lovely money come from to pay for the ribs, pizza, free drinks, and that dinner dance in Philadelphia? What is the education supposed to be leading to?

I wonder if they understand that the Mental Health Industry is a big, big multi-billion dollar business that includes the enormous drug companies. The RAW MATERIAL for this industry's operation is none other than PEOPLE. This makes the unimpeded availability of a flow of people for treatments very important.

Once we get into the treatment trap — and that is where anyone seeing a psychiatrist is going to be — there you are. Only in this one-dimensional world would brain damage from "treatment" be the criteria for adjustment.

So it is found, oddly enough, after "treatment" one is not going to handle a job well, or make personal adjustments, etc.

And, of course, one is made to feel infinitely guilty and deficient about the situation.

The people who concoct such a simplistic description of the "curative" effects of electroshock and drugs are not ashamed to use such a silly term as "consumers" for the psychiatric inmates getting the excruciating and damaging treatments routinely given by psychiatrists.

continued to page 7→

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CHRP, P.O. BOX 11284, EUGENE, OR 97440

Rights Conference Packed!

The National Association for Rights Protection and Advocacy held its annual conference October 26 to 29, 1988 in Portland, Oregon. Approximately three hundred advocates, attorneys, and activists attended. Roughly half were people who themselves had experienced assaults on their human rights behind the locked doors of the psychiatric system.

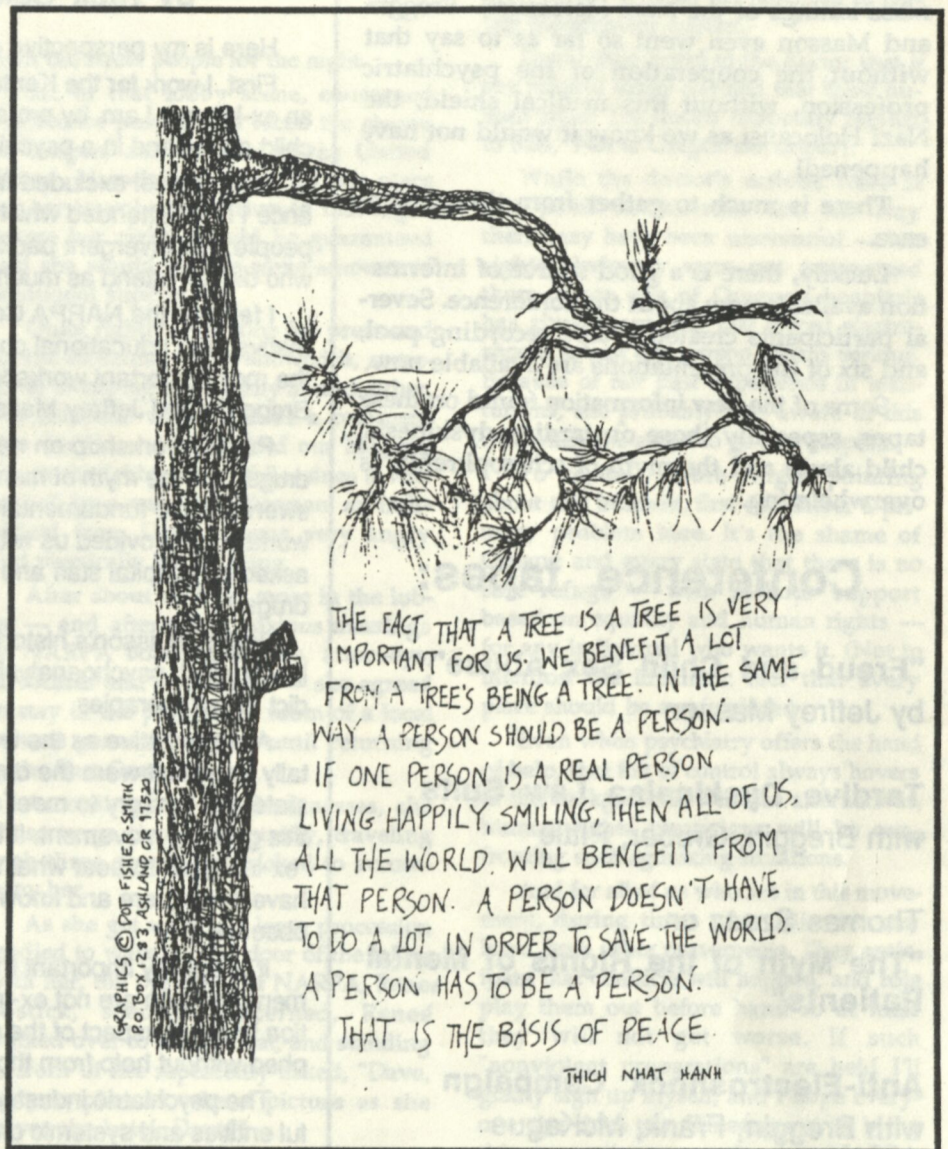
The conference was co-sponsored by the Oregon branch of the federal Protection & Advocacy system. No doubt raising the suspicions of many radicals, financial support also came from a number of state mental health systems throughout the U.S., often in the form of scholarships for both the conference, hotel & lodging, and transportation.

However, if there were strings attached to this money, organizer and electroshock survivor Lynda Wright seemed very deft at slicing & dicing those strings. It was proudly radical.

Kicking off the conference was Carla McKague, flying in from Toronto, Canada. Carla is a former psychiatric inmates who went on to become an attorney. Her moving opening address focused on the fight against electroshock in Ontario. She emphasized the sheer fun that activists had in effectively mobilizing within the courtroom, legislature and media during their partially successful & ongoing struggle.

Though dozens of workshops were well attended, throughout the conference it was the keynote speakers who drew a big crowd.

Thomas Nerney, editor and continual nuisance to the Food & Drug Administration, spoke to a packed house about the SIBIS device. Simply put, this is a high-tech portable torture machine made to be strapped directly on a person's body in order to change their behavior using pain. SIBIS is now used on people labeled retarded, although none of the FDA-



required testing has yet occurred.

The famous anti-psychiatry psychiatrist and author Thomas Szasz also spoke to the whole conference. His central point was to challenge the use of the term "rights of mental patients." He equated such language with a reform movement in the past century calling for better rights for slaves.

Certainly the hardest hitting event for many was a combined presentation by Peter Breggin and Jeffrey Masson. They meticulously explained their years of research into

the Nazi Holocaust. They often cited their own trips to do original research in Europe, and they used Masson's direct translations of German documents.

What did they find out? First, as many people know, the mass killing of psychiatric inmates during that era has been ignored by history. But these speakers then courageously went beyond this thesis.

They explained that the psychiatric profession — both in Germany and internationally — played a key

continued on next page→

→ conference continued

role in the groundwork, philosophy, bureaucracy, attitude, and techniques of much of the mass killings of the Nazi Holocaust! Breggin and Masson even went so far as to say that without the cooperation of the psychiatric profession, without this medical shield, the Nazi Holocaust as we know it would not have happened!

There is much to gather from this conference.

Luckily, there is a good source of information available now about the conference. Several participants created a tape recording pool, and six of the presentations are available now.

Some of the new information found on these tapes, especially those on tardive dyskinesia, child abuse and the myth of schizophrenia, is overwhelming.

Conference tapes:

"Freud and Child Sex Abuse"

by Jeffrey Masson

Tardive Dyskinesia Law Suits

with Breggin, Gruber, Pittle

Thomas Szasz on

"The Myth of the Rights of Mental Patients"

Anti-Electroshock Campaign

with Breggin, Frank, McKague

Peter Breggin and Jeffrey Masson on

"Psychiatry and the Holocaust"

Peter Breggin on

"The Myth of Schizophrenia"

The tapes are being distributed at cost.

Suggested donation is \$5. per tape.

Write to:

Dennis F. Nester
4510 East Willow Avenue
Phoenix, AZ 45032

An advocate's-eye view of the NARPA conference:

by Rick Cain; Frankfort, Kentucky:

Here is my perspective of the NARPA Conference.

First, I work for the Kentucky Protection & Advocacy and I am not an ex-inmate. I am, by profession, a social worker who has worked in child abuse and in a psychiatric institution and has "seen the light."

I did not feel excluded from the conference. This is the first conference I have attended which seems to be a genuine coalescence of people with divergent backgrounds. (Perhaps this was the result of who did not attend as much as a result of who did.)

I felt that the NARPA Conference was the most enlightening, informative, and educational conference I have attended. Obviously, I felt the most important workshops for consciousness raising were Peter Breggin's and Jeffrey Masson's.

Peter's workshop on neuroleptics (the Thorazine-type psychiatric drugs) and the myth of mental illness as a disease particularly answered some fundamental questions for me and my colleagues. The workshops provided us with answers to questions we are routinely asked by hospital staff and inmates regarding alternative to psychiatric drugs.

Jeffrey Masson's historical perspective revealed the fundamental lie on which psychoanalysis is founded and which he expands to indict all talk therapies.

As informative as the workshops were, perhaps more fundamentally important were the opportunities for people from virtually every state and territory to meet and discuss issues which affect people in this growing movement. It is vitally important for people who are not "ex-inmates" to hear what the ex-inmates have to say because they have been there and know first hand what non-ex-inmates can only observe.

It is equally important that people who are involved in the movement and who are not ex-inmates not be excluded from full participation in every aspect of the movement. No movement has ever triumphed without help from those who are sympathetic to the cause.

The psychiatric industry and the "mental health" system are powerful entities and systemic change will only be won by an equally powerful coalition of ex-inmates and "radical others," that is, those who believe that the system is oppressive and needs to be radically altered whether they've been labeled by that system or not.

It seems that these annual conferences give us a chance to take a break from our daily activities and find out what our peers across the country are doing. It is amazing that, independently, we all seem to be involved in identical issues. This reinforces the belief that what we are involved in is worthwhile and our goals are attainable. It also gives the movement momentum. In this light, it seems NARPAS 88 was a huge success. We are looking forward to NARPAS 89.

Rick Cain, Advocate
Protection & Advocacy Division
1264 Louisville Road
Perimeter Park West
Frankfort, Kentucky 40601

Conference incident shows tragic need for alternatives.

by David Oaks, Editor

Here's a snapshot of a late-evening scene in the busy, big-business lobby of the Marriott Hotel in Portland:

A young woman is sprawled out on one of the luxurious couches. Bags of possessions and clothes are strewn around her on the color-coordinated carpet. Occasionally she speaks loudly with an angry edge. Once in a while she walks hurriedly across the room, sometimes talking about taking off her clothes.

Since directly across the street from this rich hotel, street people are asleep on benches by the river, the Marriott Hotel staff might have had other visitors like this before. But this time the woman is a participant in a rights conference on psychiatry at the hotel. Another half dozen people from that Conference — former psychiatric inmates themselves — are keeping a grim vigil by her, trying patiently to calm her. Three Marriott Hotel security guards keep a vigil themselves near by. A dozen NARPA board members, attorneys and ex-inmates meet and talk about what to do.

The background: This young woman flew in from the East Coast to the conference going through difficult times, and caused difficult times for many around her. For instance, one participant who is black later said that, "One day during the conference, I was reading a bulletin board. A woman suddenly appeared next to me and began yelling racist things at me. I didn't know her, and I was shocked. She was very angry and I really thought she was going to hit me." Others reported anti-semitic abuse from her.

The East Coaster refused to go to a room at the YWCA, tossing in anti-lesbian comments about the place to all who would listen. She didn't want to take a room in another hotel, either.

Asking her to leave the conference and take a plane home was not as easy as at a business conference where people might not care what happened to each other. Without assistance, it was highly likely that she would end up in the high-crime Portland street scene, in jail, or in a dangerous psychiatric institution far from home. She had already jumped in the cold river for a swim, and now talked about sleeping under the bridge

with the street people for the night.

So, in that lobby scene, concerned conference people now faced the shame of Oregon, and the rest of the United States: Namely, there was no safe place for her to voluntarily turn to that night where her rights would be guaranteed and she would receive some amount of emotional support.

Quite rightly, everyone felt pressured by the dilemma. Some showed it, sometimes snapping out angrily at each other. For instance, when I made a comment that the Hotel could afford our hanging out in the lobby for a while, since it was owned by a very rich Mormon, an individual from Utah became very angry and physically intimidating.

After about an hour more in the lobby — and after many anxious meetings of NARPA board members, attorneys, advocates and ex-inmates — she agreed to stay in the psychiatric room of a local private general hospital until returning to the East Coast.

According to several witnesses, she chose to go there voluntarily, traveling with three people she picked to accompany her.

As she got up and a large procession readied to walk out the door of the lobby with her, the president of NARPA, Renee Bostick, seemed concerned. Renee walked over to where I sat, and standing in front of me repeatedly asked, "Dave, do you plan to take a picture as she leaves the hotel. Dave?"

I did not intend to take a photograph then — though she had eagerly given me permission to take her picture earlier. Of course, if the police, hotel security or anyone else had dragged her out — a very real danger — I would have been snapping away. Still, I felt the decision was my own private business, especially since I was attempting to be a journalist.

Several other NARPA board members later discouraged me from covering this event. This is definitely not the way to work with reporters, folks.

What happened when she she got to the hospital? Attorney David Ferleger, a national expert on human rights who she wisely chose to accompany her, filled me

in. Upon arrival, the hospital immediately displayed two bad omens. First, the admitting doctor refused to let her sign in voluntarily, putting her on an involuntary hold. (One person claimed this procedure makes it easier for hospitals to collect government money.)

David then noted to the doctor that if she refused drugs she had that basic human right. The doctor flippantly replied to him, "Not in Oregon she doesn't."

While the doctor's actions were at this point bureaucratic and her stay there may have been uneventful — her rights obviously were not guaranteed there. Since one of Oregon's hospitals has given more than 600 forced electroshocks to just one person, this is serious. Because of her past experience in institutions, she probably was aware of this risk when she asked to go to a hospital.

To repeat, before finger pointing about this incident, first remember a primary problem here. It's the shame of Oregon and every state that there is no safe refuge — with 24-hour support based on equality and human rights — for any individual who wants it. (Not to mention the idealistic fact that every place should be a safe place.)

Even when psychiatry offers the hand of help, that fist of control always hovers in the background. Without alternatives, human rights campaigns will be confronting such agonizing situations.

And for all of us who are in this movement, during times of conflict we can learn from other movements. They anticipate that conflicts will happen, and role play them out before hand so at least they will not get worse. If such "nonviolent preparations" are held I'll gladly sign up myself, and I hope everyone else does too. Renee agreed to bring this suggestion up at the next NARPA board meeting.

And if any of the readers have followed-up on what has happened to that East Coaster, please call or write as soon as possible.

If she reads this, we'd like to hear from you. Some advice for her: First, stop that racism and intimidation, now. Martin Luther King was an angry mystic, but so was Adolph Hitler. You might not know it, but an Oregonian recently died from racist violence. This is serious stuff. A racist person's "labels" are no excuse.

With a few friends — and you'll need friends so please be friendly — perhaps you can create your own safe alternative.

News flash: Top Harvard Psychiatrist Fired in Disgrace!

Two major stories in the *New York Times* surprisingly displayed the unraveling of the career of one of the most prominent psychiatrists in the United States.

It was revealed that Harvard University fired Dr. Shervert H. Frazier on November 23rd for plagiarism in large sections of four articles published back in the 1960's & 1970's. Dr. Frazier resigned, in disgrace, both as a faculty member of the Harvard Medical School and as the director of a Harvard psychiatric teaching facility, the infamous McLean's Hospital in Belmont, Massachusetts.

The 67-year-old Dr. Frazier was no ordinary elite. He was once director of the enormous National Institute of Mental Health. But now, reported the *New York Times*, "Dr. Frazier is in seclusion." (They didn't mean the soli-

tary confinement cells which are the center pieces of McLean's rich state-of-the-art "treatments.")

Activist Leonard Roy Frank reminded *Dendron* that a decade ago Dr. Frazier was involved in other embarrassing activities: He was on the founding board of directors of the International Psychiatric Association for the Advancement of Electrotherapy. Also, Frazier was part of a pressure group that forced ABC-TV to air his own rebuttal to its expose on psychiatry, "Madness and Medicine."

Dendron has information this pressure might have included forcing ABC-TV to censor itself by blacking out segments in that 1978 show that would have exposed tardive dyskinesia, the psychiatric-drug-caused epidemic. The segment showed a TD survivor severely twitching.

SHOCK PROTEST!!

— continued from the front cover

including NMHCA, NAMP, CTIP, the Alliance of New York, and the Pennsylvania Mental Health Consumers' Association.

(This is not an all-inclusive list of the groups.)

When I got to the protest, a number of people with signs were walking up and down in front of the hospital shouting in spirited, rhythmical response to the caller:

"What do we want?"

"No more shock!"

"When do we want it?"

"Now!"

Others were passing out flyers about the demonstration to passerby. Marilyn Rice and George Ebert were being interviewed by various media people. Susan Rogers and a number of SHARE staffers were going from person to person making sure everything was going smoothly.

Excitement was in the air as old friends greeted each other — there were people there from Wilmington, Delaware; New York City; Syracuse, New York; Long Branch and Asbury Park, New Jersey; Philadelphia and Harrisburg, Pennsylvania.

Lots of hugs and greetings like "Great to see you!" were going around in between shouts. Then

someone brought out a guitar and a rousing series of folk songs began. If my memory is right, it seems one of the songs we sang was "The Times They are a Changing." A good spirit of "We're all in this together" seemed to flow through the group.

A week later a friend of mine from Philadelphia who has received therapy and has also been a therapist said, "You know, the neatest thing happened when I drove by Friends Hospital the other day — there was a bunch of people out in front demonstrating against electroshock."

"I know," I said to her, "I was there."

"You were! Well it just made me cry with relief and happiness to see all those people standing up against electroshock. It sure moved me!" she said.

"Me too," I said.

Lots of credit goes to Susan Rogers and all those who helped her (she said Joe Rogers was her right-hand man for support in this effort) for planning such a well-run demonstration, for getting so many people from so many places there, and for reaching out to many groups with differing philosophies to unite us all around this issue.

Shock protest gains some national publicity against shock!

Here's an October 18th, United Press International story carried by the *Boston Globe*, page 18:

US NEWS

Shock therapy foes picket conference

PHILADELPHIA — Dozens of mental health advocates and former mental patients demonstrated yesterday against shock therapy outside a hospital where doctors gathered to observe the 50th anniversary of the controversial treatment. The protest at Friends Hospital coincided with a two-day electroconvulsive therapy conference that was expected to be attended by more than 200 psychiatrists from around the world. Outside the hospital, more than 60 demonstrators marched, chanted and carried placards with slogans that read, "Stop shock" and "Of all the things I lost, I miss my memory the most." (UPI)

networking:

continued from page 2

Haven't participants of the "National Mental Health Consumers Leadership Training" gotten a little bit of insight that they are being USED to lure many, many unfortunates to the psychiatric fold and thence to be CONSUMED?

Once treated, the hard fact is that the treated person is faced with the loss of that which is most precious to one's life: damage to the mental processes.

To equate that damage with "adjustment" is Alice-in-Wonderland fantasy that the psychiatrists are very good at propagating. The more damage that a "consumer" has received, the more that person is available for more treatment toward the elusive "adjustment." Who do you think is profiting by all that treatment?

And we haven't even touched upon the use of "consumers" for drug testing purposes. This is a very, very attractive field for the psychiatrist and their cronies, the drug businesses.

I think our sisters and brothers in this National Mental Health Consumers Leadership Training should be aware that their PRESENCE MEANS SO MUCH TO THE SELLING OF DRUG AND SHOCK TREATMENTS TO THE PUBLIC AND THE LEGISLATURES that they should be receiving a lot more than pizza and free drinks. Think in the millions of dollars.

Another fantasy that the psychiatrists have successfully used on their victims is that critical thinking is paranoid, and, consequently, a "treated" consumer (that is such funny terminology) is literally afraid and guilty to think critically. Critical thinking is a hallmark of sane thinking, and the positive feeling of self-respect one experiences when using that kind of thinking is the proof.

Suppressing such normal thought processes leaves one with a consider-

ably lowered feeling of self-esteem, which may be why we victims are encouraged in such thinking by the psychiatrist.

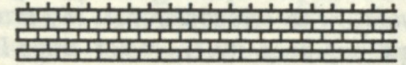
Suppressing the good old critical facilities — which is functional normal thinking — explains why some people would accept a grotesque transformation of VICTIMS into CONSUMERS.

We who have experienced the horror and debilitation of what psychiatrists are trained to do to the overwhelming percentage of people under their control, almost always feel what we can humanly do in this

society is TRY TO PREVENT THE PERPETUATION OF SUCH INHUMAN PRACTICES.

What the National Mental Health Consumer group is working for is a very big, aggressive and ambitious business.

Beatrice Rosenthal
3046 Octavia Street
San Francisco, CA 94123



continued on next page

SELF-HELP PADDED ROOMS??!

— continued from the back cover

epidemic fear of anger, grief, ecstasy & screaming is simple, radical, & natural. We now build small-padded womb-rooms/scream-boxes to do emotional healing in.

My goal is to eliminate the supposed need for "nut-houses" by making sound-proof safe-rooms out of recycled (free) materials, for people to get free in now. I've built several of these with help from friends who support self-healing cooperatively. We usually use a basement, attic, garage, or shed space with many mattresses, big pillows, & much insulation-material of all kinds.

Of course we have the neighbors in mind, to protect them from our wild sounds of need, pain or desperation, crying, yelling & screaming they might hear. We've been making & using these womb-rooms in several Eugene & Portland, Oregon communities since 1973 with many self-healing benefits to us. We've never had trouble with neighbors or police over this. We usually tell the close-neighbors of our therapy-need, preventing fearful suspicions. There are 100's of such padded-rooms around the country, well hidden from public view & hearing the sounds of emotional-release.

This method of using solitary,

sound-proof retreat spaces for emoting, meditation, etc. is perhaps the rarest of all therapies. This is probably because letting-go of emotions totally is considered crazy, even by most counselors who haven't done it. If people are allowed to "go-crazy" (temporarily) it would reduce the national fear of being upset, embarrassed & wild, which has created a culture based on protection & rules. Even the so-called radical-therapies: hypnotic-regression, Rebirthing, Creative-Aggression, Gestalt, psychodrama, fasting, massage, Rolfing, Co-Counseling & Encounter groups tend to be nice, gentle & soft, not PRIMAL.


Primal-Scream (by Janov) is the most famous therapy to promote screaming-out ones pain, that adults now hold back for years, even since birth. They often use padded-rooms to dig-in & let-out the terror from childhood, most rather forget.

In our private & free padded-boxes, feeling totally the spiral-energy in our centers of love, is scary work.

mycall sunanda publishes:
Kids-Lib-News, Quarterly
c/o Kalah
PO Box 1064
Kurtistown, HI 96760

networking:

continued from page 7

Darlene Colson; 
Honolulu, Hawaii:

I would like to applaud you on your wonderful publication, *Dendron*. I have been a patient struggling for years with schizophrenia. My struggle has been much easier since I've recognized the self-help model for dealing with my illness. I still take medication but only a minor amount which seems necessary.

One of the techniques which has really helped me is doing visualization. In the morning when I get up I visualize what I'm going to be doing all day. That makes the events of the day seem a little more familiar. Going through the day seems easier. Other techniques are available in my book: *A Peace Within*.

Copies are available to consumers for \$15. plus \$3. postage and handling.

I enjoy networking with other consumers. Consumers may write me at the office of United Self Help, an organization for consumers. We have The Players, a drama group, a drop-in center, a speakers bureau and a state client council. Any consumer visiting Hawaii is welcome to drop by and visit with us.

I have a chemistry background and I am just appalled as I travel this summer at the ignorance that pervades the giving of medicine to consumers. First of all, doctors can't seem to get the hang of low-dose, patient-monitored neuroleptics. Secondly, only medications with a sufficient half-life can be induced into body equilibrium.

Darlene Colson,
President
United Self Help
277 Ohua Avenue
Honolulu, HI 96815

Editor's response:

Darlene, I applaud your explorations of self-help. Your book is full of seldom-told, reassuring tips for people who are thinking & feeling differently from what psychiatrists call "normal."

But you refer to your "schizophrenia." Twelve years ago, one of my many diagnoses was "schizophrenia" too. Considering the complexity of human behavior & thought, I feel this is a catch-all label libelously forced onto millions of us. A person has the right to call themselves by that name, but please consider the consequences for those of us who reject that label.

As you know, for example, having a vision or hearing a voice or believing in telepathy & magic are some of the main, official definitions of schizophrenia. But if you consult some religious mystics or Native American shamans they would at times call these sacred ways of thinking. Of course, you might feel your different feelings are from a physical sickness. But the term "mentally ill" is still being used to justify the wholesale enslavement of millions of people.

Also, while some people might willingly choose to use a drug — after being fully informed of its effects & exploring other alternatives — we must be careful about accidentally endorsing the use of psychiatric drugs for others.

For instance, I know a concerned reader who has tardive dyskinesia and yet continues to take neurolep-

tics!

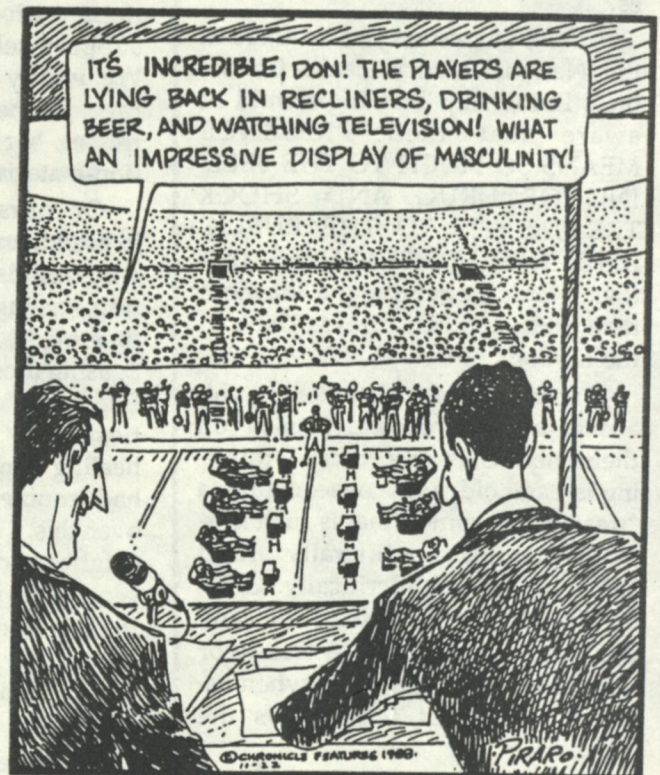
The tragedy for him and others is not having alternatives readily available, such as the ones carefully outlined in your book. The major psychiatric drugs are proven to cause brain damage in approximately half of long term users. An alternative doesn't have to be perfect to be better than this dismal record.

Other harmful drugs — such as cigarette smoking and alcohol drinking — might calm ones' nerves, but would inadvertently suggesting even moderate uses of those substances offer a positive role model to others? Again, the Native Americans used tobacco ceremonially, but would have frowned at regular use.

Thanks again for your book, and for hearing out these suggestions. It's good to have someone talking about practical tips & alternatives.

BIZARRO

By DAN PIRARO



A BRAINSTORM: What do you think?
Here's a proposal for a coalition to
BREAK THE SILENCE
about psychiatry & alternatives!

Purpose:

Break the silence in the U.S. & Canada about the lack of informed consent in the use of dangerous psychiatric drugs! A special target would be the epidemic of brain damage caused by the Thorazine-type drugs ("neuroleptics"), one of the widest-used drugs in all of medicine.

These drugs are being given to literally millions of Americans & Canadians, from grade schools to nursing homes. Increasingly, the homeless are being forced to take the super-powerful drugs. Instead of "Let them eat cake," today's motto is "Let them eat Thorazine"!

We would sound the alarm that these drugs can cause brain damage including tardive dyskinesia, which at times results in permanent, involuntary movements of the face & body. Other effects include death!

We would explain that the new technique of "outpatient commitment" is now leading to forcible drug-ging OUT in the community.

We would point to alternatives that are effective, realistic, and urgently needed.

How:

Simple local events & nonviolent direct action, coordinated with each other to increase credibility.

Specifics:

1) Individuals & groups in at least one dozen cities & towns throughout North America would agree to join together to BREAK THE SILENCE.

2) They would send credible, local media releases & packets of information that would provide clear proof of these claims, and emphasize a listing of all the actions happening

at the same time throughout the U.S. & Canada.

3) On the same days, participants would then hold local events to BREAK THE SILENCE. For example: A candlelight vigil for TD survivors in front of a local newspaper or TV station.

4) Participants would also take at least one NONVIOLENT DIRECT ACTION to directly inform neuroleptic users ourselves. This DOES NOT mean getting arrested. It would typically mean postering, visting a ward, or leafleting a psychiatric clinic. We would explain to the public that after careful research we had to take informed consent into our own hands, because of medicine's criminal failure. Even the few places with written informed consent do not tell people about effects such as general brain damage, or about the many possible alternatives.

5) Several physicians, attorneys, TD survivors, and groups with working alternatives would be alerted & ready at this time to field any contacts from the media.

6) To be responsible, all events will be peaceful and democratically-run. They will also publicize warnings of withdrawal symptoms, information on alternatives, and listings of helpful resources.

7) Participants would be sure to contact their local national media outlets such as the Associated Press, NY Times, etc.

These are the basics. Even an individual in a small town could participate by 1) sending the release to local media, 2) telling people in other cities what she or he is doing, and then 3) leafleting. Of course, a larger group might decide to take a larger action, such as having a "Survivors Speak Out" event. Or following-up with a neuroleptic users support group.

Possible benefits:

At the least, even with a total media blackout, the event makes an "end run" around the twin blocks of stigma & lack of medical credentials. We take direct action by providing informed consent ourselves to people who might be receiving neuroleptics. Using extensive pre-event publicity, we can inform a large percentage of the local community. The event plants seeds with the media. Local groups will recruit more people. And we'll get ready for bigger coalition actions in the future.

It is very likely that credible information & the simultaneous nature of the events will help each grassroots group get local media coverage. There is a chance the story of our taking direct action to inform neuroleptic-users ourselves might "go national." An Associated Press wire story, for example, reaches literally millions of people.

US/Canada events will show the public (and ourselves) that survivors & allies can take coordinated action — that the Movement is alive & moving! The grassroots will be especially nourished.

Possible timing: About a month after the April 7-8, 1989, "Antipsychotic Drug Conference" in Seattle, Washington. Or on a traditional psychiatric rights day started by The Alliance: Friday, July 14th, Bastille Day.

We would need: A basic, effective media packet. Hand outs & posters for direct action. A how-to guide. A good listing of available physicians, alternatives, attorneys.

The decision-making would be based on a simple grassroots "spokes" model; the local groups and individuals are just "federating" with each other to form a coalition for this event. Though if it worked, I'm sure we'd all come back for more!

Please send your feed-back on this as soon as possible to:

CHRP attention: David Oaks
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Virginia — continued from page 1

poems helped me keep track of myself and being published in underground periodicals such as Madness Network News confirmed a sense of self-worth.

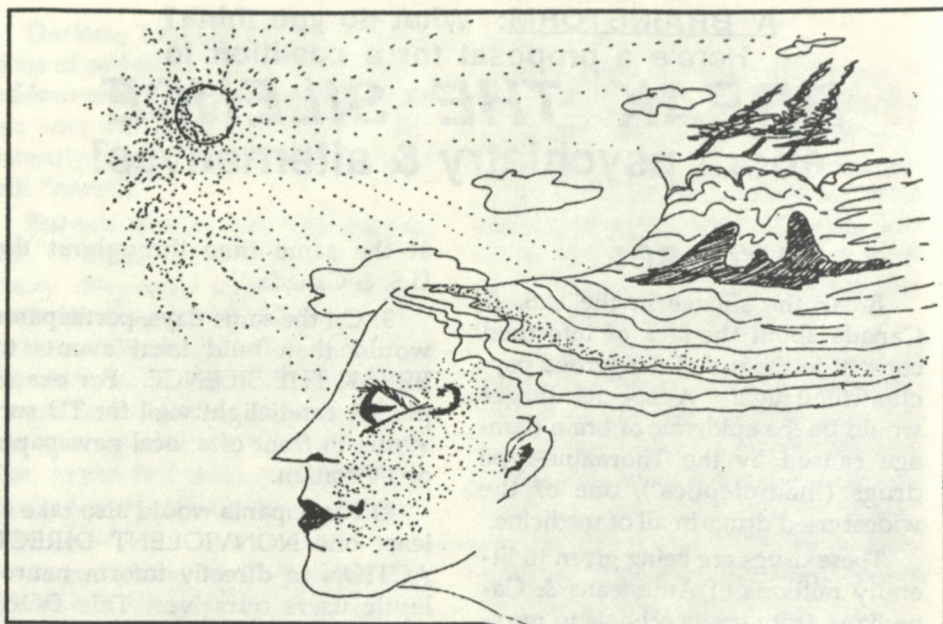
Finally, I came to see I was going in circles. This came about as the result of being assaulted by a woman employee of a health spa and having the police, who were quite tired of me by this time, greet me with "Oh, Virginia." Not until I insisted would they write up a report, which I was told would do me no good because no one would do anything about it. I told them my lawyer would.

My lawyer was another resource. Although he can be faulted for rarely giving me any genuine help, he was a safety valve and many times I stayed out of trouble by calling him and relating the latest insult or going into his office and talking to him.

After the assault, I signed myself into Dammasch State Hospital (at that time this was possible; budgetary cuts have made it almost impossible to "seek Asylum" as I was used to doing) with the resolution that I would figure out what was wrong and not leave until I was ready to "live" in Portland.

I stayed at Dammasch from May til late August. My intention was to leave Dammasch when my Social Security check came in September. During August the psychiatrist assigned to me by rotation began to hassle me and attempt to manipulate me. Finally, I signed myself out and came into Portland determined to go to jail, if necessary, to stay off the streets.

I "sat in" at the federal Social Security office as SS had mishandled my checks and was the first target of my attempt to force the system to give me food and shelter until it gave me money to live on. I was successful in doing this and finally was given shelter in a women's emergency shelter until my September check came.



However, from that time on — the stay the asylum was successful, and given time, and being allowed to be on minimal medication, and dreaming — I was able to see my way clear to start on my own road to rehabilitation.

I found housing and began working for a community agency as a volunteer.

A word of warning. I had tried to get a volunteer job from the hospital and commute to work from the hospital. I went to the Volunteer Bureau and they insisted on communicating with the psychiatrist who sabotaged that effort, and put me on the Volunteer Bureaus' shit list.

Working with the first community agency, an ex-offenders organization run by ex-offenders, did not work out.

I turned to the American Friends Service Committee and to Voc Rehab once again. I was able to get a three-way agreement, among the Service Committee, the Department of Voc Rehab and myself that AFSC would provide a structured work environment, bus fare, and lunch money in return for four hours a day of secretarial work for a four month trial period. At the end of that time I would be allowed to apply for the job I was doing under the three-way agreement.

This trial service was successful and I was hired, just in the nick of time, as a secretary by AFSC. Towards the end of my trial service period I was evaluated by Social Security. I refused to say I was disabled and said

I was unemployed.

Working for a living was difficult but I stuck with it. I changed mental health centers and moved into another part of town which had none of the old associations.

I developed another resource — a tavern in the Burnside community like "Cheers" on the TV show. Most of the time I treated it as a day room which I was free to come to and leave and watch pool and sip tomatoe juice. But the barmaids got to know me and it "cheered" me to be offered a beer when it was obvious I had had a hard day at work and needed a drink to relax.

About two years later I was fired. I went on unemployment and went back to Voc Rehab and the only program being offered was training as a janitor. I accepted that training and became a good janitor and worked for a time as one before going back to office work. I took civil service exams and in March 1986 was offered a position in the Oregon State Health Division. I am still working at the Health Division, although in a dif-

ferent position.

With the good insurance benefits that come with civil service I was able to move into "private" therapy. I stayed with one social worker and her partner, a psychiatrist, who prescribed medication for two years. Finally it became clear to me that both of them saw me as needing medication for "the rest of my life."

It has been my goal, ever since throwing up that first taste of liquid Thorazine in Agnews State Hospital in late November of 1968, to once again be drug free.

Portland is a very conservative medical community and my objective now is both personal and political: to become a "drug free chronic manic depressive."

I have found two therapists, one a physician, to work with me in attaining that goal. I am making good progress and look forward to another reduction in medication.

Perhaps my strongest resource in dealing with twenty years of being trapped in "the mental health system" is my upbringing as a Christian Scientist. Rarely have my protests that "I don't believe" in drugs been honored in the system until now. Our plans are very conservative, taking a two year period to go off drugs and then plan on a period of drugs PRN — which means I would take them as needed. I then plan to gradually "wean" myself from therapy, from talking, and since having someone to consult with is part of my childhood upbringing, I will have the option of having a therapist to consult with when I encounter life problems — as we all do — or returning to the daily practice of my religion and relying on Christian Science practioners.

Anyone wishing to write and know more of the details and share their experiences is assured of an answer.

Virginia Davis

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P.S. I forgot to mention my cat, Washburn, who is certainly a resource and a companion.

Berserk in the Bluegrass

with Andrew January Grundy III

National Mental Health Consumer Association
Kentucky Representative

In my opinion, time before and after the year 1986 should be called B.W. and A.W. That's BEFORE Weicker and AFTER Weicker.

Senator Lowell Weicker — who lost his seat last month in a closely contested election — made Congress aware of the plight of all us beleaguered survivors of psychiatry in the year 1986. He got "Protection & Advocacy" money transferred to all states and told the elected government that we've been "screwed" long enough and are continuing to be messed over.

Now each state has a funded P & A service to police psychiatrists.

B.W. (BEFORE Weicker) the Protection and Advocacy departments were largely limited to helping people labeled mentally retarded. Now, A.W. (AFTER Weicker), the P & A boards are supposed to help any and all people confined in the psychiatric system.

In Kentucky, we've kind of got a saying about our P & A advoctes: "Contact Bill and Rick. They'll get you out quick." (All because of Senator Weicker.)

In 1982 (B.W.), I was incarcerated at a transitional care facility in Kentucky and felt I was being screwed royally. I called the P & A, the B.W. kind.

The conversation went something like this:

"Mr. Grundy, can you go to the bathroom by yourself?"

"Uh, yeah."

"Mr. Grundy, can you put your own clothes on by yourself?"

"No problem."

"Mr. Grundy, can you feed yourself?"

"Of course, but I want to get out of here. These people are driving me crazy..."

"I'm sorry, Mr. Grundy, but we cannot help you. You don't meet our qualifications for representation."

Click. Dial tone.

That's the way the P & A was before Weicker.

Nowadays, our Protection and Advocacy Division helps organize Kentucky ex-inmates, sponsors a quarterly teleconference, and provides a quarterly newsletter written by us. Things are getting good.

All because of ex-Senator Lowell Weicker. I think he should be honored at the next national conference on Alternatives in psychiatry.

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My cat "Psycho" is still with me. I've had him every since I reported his acquisition in the February *Dendron*.

"Psycho" has completely eliminated the mouse problem in the house trailer I own. There's not a rodent around. But it's a mystery to me how he does it. All "Psycho" does is sleep, eat hard-earned cat food, lick himself with his tongue, and "meow" a lot. I've never seen him with any other cats, but he goes out almost every night. Cats are like Baptists: You know that they do stuff, but you can never catch them at it.

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So long. See you next month. And remember, the shrinks have a lot more to lose than you do, which means they're a lot more paranoid.

Self healing & solitude by voluntarily using *padding rooms???!!*

Editor's note: What? Bring back that famous rubber room? Only if you & your friends make one yourselves for your own enjoyment says this writer. You can sample his self-help *SCREAMING* the next time you're very alone, perhaps driving by yourself. After all, the times demand a little *SCREAMING!*

by mycall sunanda

Many mental hospitals have had padded-cells for isolating people. These have been phased-out in many places by solitary confinement, drugs, restraints, padded-beds, etc.

But being put alone inside a cell was and still is usually not one's choice, because the staff controls where inmates go for "treatment." Rare are the institutions that allow you to choose solitude as long as YOU want it! Even in isolation-cells, totally expressing emotions is prevented by all the drugs & restraints. Why are there so many double-binds and fears of self-chosen solitude & non-violent aggression?

There is little hope of reforming "mental hospitals" (or schools). Top down power-structures encourage people to be weak, needy & helpless! So we must develop our own alternative-healing-systems we can use as needed, *not* by appointment.

Even if psychiatric inmates did get more civil-rights, it's far simpler, deep, & more natural to do self-help therapy at home or in cooperative-community support groups & spaces. We desperately need safe emotional spaces in every neighborhood known to those who need it for sorting-out feelings. Self healing & community-cooperation are natural instincts, offering us the infinite-potential for growth in love & real

creativity. But we must take the initiative & RISK unknowns & rejection to learn to use new methods & principles deeper than we ever felt before.

There are thousands of human potential groups: yoga, theater-games, New-Games, African dance, massage, home education, meditation, group-counseling, dream work, & many natural retreats Indian-style, etc. But even the intense focus they have on energy, beliefs, & change rarely allows releasing very strong emotions.

With all these groups softening-up peoples' bodies & minds to be natural, open, free, healing, & playful, actually it's the young-children who have the most ability to cry & scream out their pain. We can learn lots with/from them.

Most adults are afraid of pain (physical & emotional) so they strive to protect themselves from falling, rejection, fighting or even touching others intimately. Touch-phobia is a major-tragedy, like psycho-phobia (fear of insanity), keeping us apart, on the surface & worried we're going to upset or offend others or lovers. All civilized people need to release-feelings & blocks to feel- & use cosmic energy that most don't know about since we're made to grow-up too-fast to attend school.

How many fights, crimes, & great sadness occur every day that are caused by aggression/anger/fear inside-people not-knowing how-to release the frustration?

Recently a Scream-Muffler was even advertised & sold in Portland, Oregon for mad drivers to use in cars (or elsewhere) when they didn't want anyone to hear!

I've met many people who've had "nervous breakdowns" & scream in

CALOI
Buenos Aires
ARGENTINA



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cars because it's safer than anywhere else they think. Also, Bataka (padded) sticks are sold for encountering/battling-out anger safely. We often use pillow-fighting, wrestling, & yelling (Creative-aggression by G. Bach) to fight-fair for trust-building at home.

The Kubler-Ross groups teach people to use rubber-hoses to beat on phone-books to release-anger. Sometimes we kick or beat on beds, mattresses or big-pillows to let-out hate & pain from a conflict. Most of this emoting-safely can prevent nervous-breakdowns by releasing the hurt (from the past) so we can realize how we cause conflicts & creative-play. Getting-punished as a kid is a common-cause of the pain needing to discharge.

Now with alternatives of self-help, natural-healing groups, & therapies in every state & city in the U.S. we can change the mind-control thru fear into emotional-freedom to feel & discover our true nature. However this is now mostly secret (at home & in wilderness) or costly humanistic-therapy & spiritual-groups/counselors.

Our solution to the dilemma of