

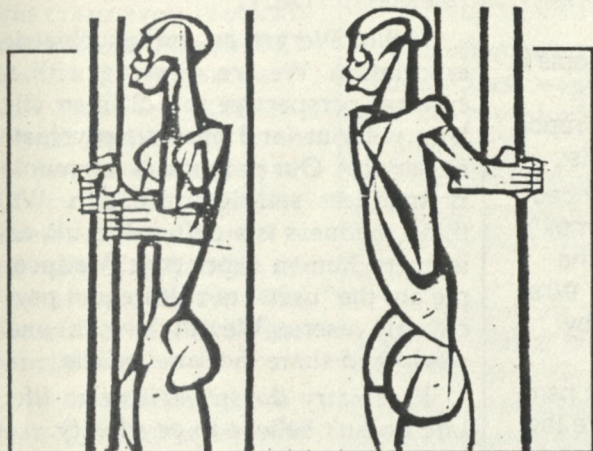
Special double issue:

Taking ACTION!

DENDRON

NEWS * issues #15 & 16 * January 11, 1990 * \$2.

Drawing by Dunille Fenti



Psychiatric racism blasted in new study!

Southern Exposure, a progressive magazine covering politics & culture in the U.S. south, recently devoted an entire issue to "Inside Looking Out: Mental hospitals are overflowing with people searching for freedom and community."

This issue broke into national media by publishing a study on racism in psychiatric labeling. The report is based on data gathered from nine Southern states. Excerpts from the findings:

Last year Southerners were committed to 72 state-run psychiatric hospitals against their will more than 86,000 times... Many Southern states have few legal safeguards to protect anyone from being involuntarily committed to a mental hospital. In South Carolina, for example, citizens can be held for three weeks with no chance to contest their confinement. All it takes is two signatures...

Taken together, the numbers indicate that states are using their authority to lock people up in mental hospitals as a powerful form of social control, creating a system of racial segregation.

"If you want to control people, what better way than to use the disability system?" states

Kate Millett tells her story: From famous feminist ... to "diagnosed psychotic" ... to psychiatric survivor.

Her new book, *The Looney Bin Trip*,
to be released this Spring.

In the 1970's, Kate Millett became widely acclaimed as a feminist author/activist. And then she ran into psychiatry. A few years ago, Kate joined the psychiatric liberation movement, and in early 1989 de-toxed off of Lithium. August 3, 1989, she gave an insightful, articulate keynote speech — edited below — during the National Association of Psychiatric Survivors (NAPS) organizing day, at Alternatives '89, in Columbia, South Carolina.

Kate has a masters from Oxford, and a doctorate from Columbia. At 55, she now splits her time between New York City and a self-supporting women's art colony in Poughkeepsie, where she helps grow Christmas trees. Kate's looking forward to the April release of her new book, *The Looney Bin Trip* (Simon & Schuster).

Rae Unzicker, coordinator of NAPS, introduced Kate by referring to the surge in the women's movement of the late 1960's and early 1970's: "Three women became the role models for all of us in our own process of liberation. They were Gloria Steinem, Betty Friedan and Kate Millett."

Rae also transcribed Kate's speech (thank you!), and published different excerpts in the current NAPS newsletter.

by Kate Millett

When I was 18 years old — a young collegiate idealist — I volunteered to work at St. Peters State Hospital in Minnesota. It was built in the Civil War time. It had a wooden floor. It had one hundred years of every form of human excrement just sort of crafted, imbued, lacquered in this floor. In the summer time it was amazing.

I had to dress the unfortunate victims of this hopeless jail - women who had been left there 20 years before by someone who never came back, who found them unsatisfactory as a wife, mother, sister-in-law, daughter, and just dumped them.

I had to dress them especially when I was on at night, the graveyard shift. You start with giving everybody a little dress, a little

continued on page 12 →

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DENDRON

... is an independent non-profit information service to the many individuals & groups concerned about human rights in psychiatry, & interested in exploring options for emotional support.

Dendron News

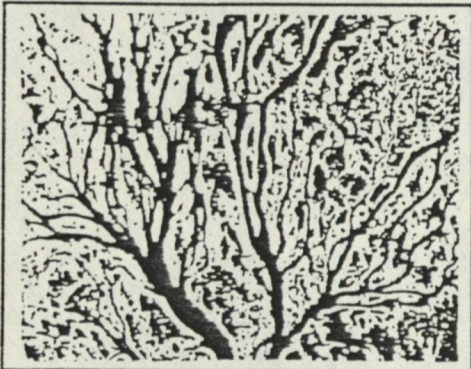
PO Box 11284

Eugene, OR 97440

Published by the Clearinghouse on Human Rights & Psychiatry (CHRP). Edited by David Oaks.

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

Your articles, letters, poetry & art work are welcome. Space is limited. Please type, write very clearly, or use any Macintosh disk. Your name



& address will be printed, and your writing might be edited, unless you say otherwise. Return of what you send isn't guaranteed, but is helped if you request it, and if you include a self-addressed stamped envelope.

Ask about: Work exchange. Back issues for \$1.50. Contacting CHRP on international PeaceNet computer bulletin board. Advertising rates.

Telephone: Leave up to a 30-second message at (503) 341-0100. We can call back more easily if you say we can call collect, & you give the best time to call. Or please record your address for our response.

Editor's note:

Whether you're like Norman Cousins healing from arthritis, or like Judi Chamberlin challenging psychiatric control, common themes arise: Such as *empowerment* of the individual. And helping the *whole* person, including real life problems & their personal support networks.

Perhaps that's why many people in Eastern Europe, having united & overthrown their governments, report an almost-physical lifting of spirits.

Emotional troubles and the need for support are not limited to a small stigmatized minority. We are in the "Environmental Decade" of the '90's. Who is emotionally untouched by Earth's ecological tragedies?

Several have asked what the name "Dendron" means. Dendrites are the billions of tree-like communication pathways in the brain. (See illustration of this pattern on the left, an aerial photo of the Colorado River delta.) In fact, the word "dendrite" comes from the Greek word for tree, or "dendron." We are intimately connected to nature. Our minds are like ancient wild forests. And they are being clearcut.

That's one reason "our" issue is so tough: We are challenging a momentum of industrial civilization itself.

My apologies for the delay of this issue, subscribers. We held a shock protest, helped plan a national action for May 1990, and did a subscription drive/fundraiser (thanks everyone!). Plus, I've been dealing with "real life problems" like arthritis & employment. (Please ask for a refund of the rest of your subscription if you are ever dissatisfied: That would sure help take away the guilt from delays like this!)

Taking what is called "political action" is not always separate from emotional support. This special double issue is dedicated to helping you to help others to *break the silence!*

networking:

readers... write

Italian anti-psychiatry

Giuseppe Bucalo; C.I.P.; via del progressor 36; 98023 Furci Siculo (messina); ITALY:

Hello! We are an anti-psychiatric association. We are working with a cultural perspective in a Sicilian village without (and against) psychiatric services. Our proposal is community madness self-determination. We think madness is a cultural result, as is every human experience. Madpeople are the "users" of culture, not psychiatric users. We all live in one world and share the same beliefs.

Psychiatry doesn't believe in life. Life doesn't believe in psychiatry.

We are now building an international documentation center about cultural alternatives to psychiatry. Therefore, we ask for information and materials about your projects: free copies of your magazine; other associations, groups, magazine addresses...

Thank you for your help!

Talk therapy abuses

Shirley J. Siegal, Coordinator; Stop Abuse by Counselors; P.O. Box 68292; Seattle, Washington 96168; phone 206/243-2723:

I recently received one of your newsletters and want to congratulate you on the efforts you are making.

STOP ABC is a non-profit consumer continued on page 16 →

Corrections — Issue #14

• Coverage of an Alternatives '89 meeting incorrectly reported that Project SHARE had agreed to "coordinate" funds of an anti-electroshock group, REJECT. It was actually stated in the meeting that Project SHARE had been a main funder, and funds might be obtained from that source in the future.

• The poem, "A witch is," had an error in one line. It should have read, "One is more loyal to her self than to any abstraction."

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Rate for regular subscription: \$20. (For extremely low income: \$15.)

Rate for all organizations with one or more paid employees: \$40.

Canadian & Mexican subs add \$5. Overseas subs, either add \$5. for surface mail OR add \$15 for airmail printed matter delivery. Please send U.S. funds.

Send to *Dendron*, PO Box 11284, Eugene, OR 97440.

rapids...

New York Shock protest

On December 6th, three people who identified themselves as either victims or survivors of electroconvulsive treatment (ECT or shock) confronted the New York State Office of Mental Health at its Annual Research Conference in Albany. Holding signs, for several minutes they braved jeering from the audience to protest the exclusion of shock survivors as panelists.

At the conference last year, OMH officials publicly promised that there would be ex-patient participation in the planning of the conference this year — and that there would be a forum on shock treatment. "These promises were broken," said George Ebert, organizer of the protest. "There was no opportunity for input by the people whose lives are the most directly affected by the

psychiatric system." George reports that three state — and many private — psychiatric facilities perform shock. Especially considering the small size of the protest, considerable public attention was won.

Shocking AIDS Survivors

Dissident psychiatrist Thomas Szasz warns that that the psychiatric profession is trying to cash in on the AIDS epidemic. One example he reports in the December 1989 issue of Reason:

"Experts at one of our leading medical institutions, the Johns Hopkins University Medical School, recently studied four patients suffering from AIDS who felt depressed. Did they view the patients' depression as a normal response to dying from AIDS? No. They interpreted it as itself a symptom, a psychiatric manifestation of AIDS. Why? To rationalize treating the patients with 'electroconvulsive therapy.' (ECT)



New Zealand Activist Will Tour Europe & U.S.

Psychiatric survivor Mary O'Hagan, coordinator of the Consumer Advisory Network in New Zealand, has good news: "Recently, I received news that I have been awarded a Winston Churchill Fellowship to look at the mental health consumer movement first in Europe, then in North American, between March and July 1990." Mary describes herself as "the initiator of the consumer movement here in New Zealand," which she says "is only a few years old.

She especially needs addresses of user-run support projects, and advice on cheap accommodation. Write to: Mary O'Hagan, C.A.N., 25 Moa Road, Auckland 2, New Zealand.

No Miracle on 55th Street

According to the Associated Press, on December 9, 1989, Judy Kelly of Boston stopped her cross-country drive at a bar near Chicago's Midway Airport. In the spirit of Santa Claus, she wished everyone a happy holiday and began to hand out \$100, \$50 & \$20 bills to patrons. The tavern owners became suspicious and called police. Officer Burleigh Ginkel said police didn't arrest the woman. "It's not against the law to give money away," he said. But police did bring Kelly to the Bobby Wright Comprehensive Community Mental Health Center.

Creativity & "Psychosis"

Damelle R. Rubel is president of a New Jersey group called "Artists for Mental Health." One project is a drawing contest called "Maps of the Mind" to "seek artwork which is drawn spontaneously, in an almost automatic manner." They would like dissertations on the lives and works of great artists who allegedly had mental illness. Write: Artists for Mental Health, PO Box 5921, Paterson, NJ 07509.

Heard on radio...

"The Stelazine Blues" is reportedly the name of a song by the Georgia Satellites on their record, "In the Land of Salvation & Sin," produced under the label of Elektra Records. →

Shock Alert!

Senator Ted Kennedy may be able to keep electroshock (ECT) devices in the hazardous category at the Food & Drug Administration. The American Psychiatric Association is trying to re-classify ECT as safe, as part of their national blitz to promote shock. The Committee for Truth in Psychiatry, a national group of electroshock survivors, WON an exemption in 1987 in the House to keep electroshock labeled as dangerous. But now a Senate committee might cave in. As of last month, Kennedy's office had received only 15 letters (yes, they're keeping track) opposing this possible U.S. stamp of approval for ECT.

Hearings will start sometime after Congress returns on January 22nd. So write NOW, and get friends to write! Ask this, in your own words: "Please don't reclassify electroshock devices from their Class III category at the FDA! They should be investigated for safety!" You might want to add that a 1985 federal National Institutes of Health consensus report stated MANY people report long term memory loss even three years after shock, despite claims from the manufacturers and shock doctors to the contrary.

The Honorable Edward M. Kennedy, Chair; Committee on Labor & Human Resources; U.S. Senate; Washington, D.C. 20510-6300

Alternatives '90 scheduled

More than a thousand Americans with psychiatric labels are expected to attend an annual federally-funded conference. Alternatives '90 is scheduled for July 11 to 15 at Duquesne University in Pittsburgh, Pennsylvania. This year's conference will feature a protest on Bastille Day, July 14th, which has become a day for anti-institution demonstrations started by the Alliance in Syracuse, New York. (The historic storming of the French Bastille resulted in freeing some psychiatric inmates there.)

One note of contention: Gilberto Romero, who serves people of color on the conference planning committee, announced that the traditional organizing day for activism and national groups will be placed at the end of the conference. Gilberto said this was partly because of federal pressure to depoliticize the conference, which in 1989 had several days of lengthy, controversial group meetings. The deadline to propose presentations is February 15. For information on the conference call the toll free number 1-800-688-4226.

Kentucky Ex-Inmates Finally Hold Conference

Readers of Dendron #13 know that ex-inmate activists in Kentucky ran into heavy-handed federal censorship this summer when they tried to invite dissidents Dr. Peter Breggin and Jeffrey Masson to speak at their state-wide conference. When the feds threatened to cancel crucial funds, orga-

nizers agreed to pull the speakers and they delayed the conference. Finally, in early November, the group (called "ATAK-MI") held its two-day conference, and had ex-inmate George Ebert from Syracuse, New York as their keynote speaker.

The Courier-Journal, of Louisville, Kentucky, announced November 10, 1989 that "Consumer volunteers will be part of new projects made possible by a \$900,000 grant from the National Institute of Mental Health."

Memorial held for R.D. Laing

On December 9, 1989, a memorial service was held in New York City for R.D. Laing, dissident Scottish psychiatrist and author who died suddenly on August 22, 1989. Among the planned speakers was David Goldblatt, Director of the Burch House in Littleton, New Hampshire. Burch House is described as "the only Laingian hospitable residence for individuals in distress in the United States." Also scheduled: Phyllis Chesler, author of *Women & Madness*, and Seth Farber, from the *Journal of Mind & Behavior* and *Activists for Alternatives*. Dendron #2 featured an interview with Laing.

Oooops!

Remember all that hoopla about supposedly discovering a genetic proof of psychiatric labels. Forget that. The New York Times reports: "New evidence has cast serious doubt on the conclusions of a study that linked a faulty gene to manic-depressive illness... The new findings underscore the difficulty of assigning specific causes to such a com-

plex and variable illness. Scientists say similar problems will probably arise in genetic studies of other major neuropsychiatric disorders. Such difficulties are already appearing in efforts to find genetic flaws that heighten the risk of schizophrenia..." (November 7, 1989, p. C3.)

Vermont's Psych. Survivors Take to Airwaves

A weekly cable TV show has hit the airwaves in Vermont. Using a federal consumer demonstration grant, members of Vermont Liberation Organization have formed their own television production business, White Light Communications, and have begun producing the weekly show, called *Psychiatric Survivors*. Now in its tenth week of production, the cable show is seen throughout Vermont on public access channels. Psychiatric survivors are responsible for every facet of production from concept and content to lights, camera, direction, sound and on-air hosting. The talk shows have included a discussion of homelessness and supported employment.

The group is now choosing a TV production coordinator, for \$20,000 per year, plus benefits. In the future, the group plans to be a fully self-sufficient television production business. It hopes to also produce tapes and broadcasts for other organizations and agencies who are interested.

Write: White Light, 7 Kilburn St., Burlington, VT 05401. Call: (802) 864-0811.

Burlington, VT Mayor Lobbied on Shock

Ex-inmate activist Paul Dorfner (who helped start White Light video) announced that he and others are lobbying progressives in the city government of Burlington, Vermont against electroshock. Paul said he has good reason to believe the socialist mayor, Paul Cravelle, will help get electroshock banned from the local University Medical Center.

Right to Vote Battle in Penn.

Attorneys from a Pennsylvania branch of a federally-funded psychiatric rights agency (Protection & Advocacy) are fighting a battle that brings back memories of the South's civil rights movement: the right to vote. Evidently, some inmates of Northtown State Hospital in Montgomery County are being blocked from voting, simply because of their psychiatric diagnosis. This is far more common than people know, in many places in the U.S. In this case, however, the Disabilities Law Project will be helping the fight in local hearings. Let's see now, it was the sane people who voted in Bush & Quayle, right?

"Bluebird" Lands Alternative Job

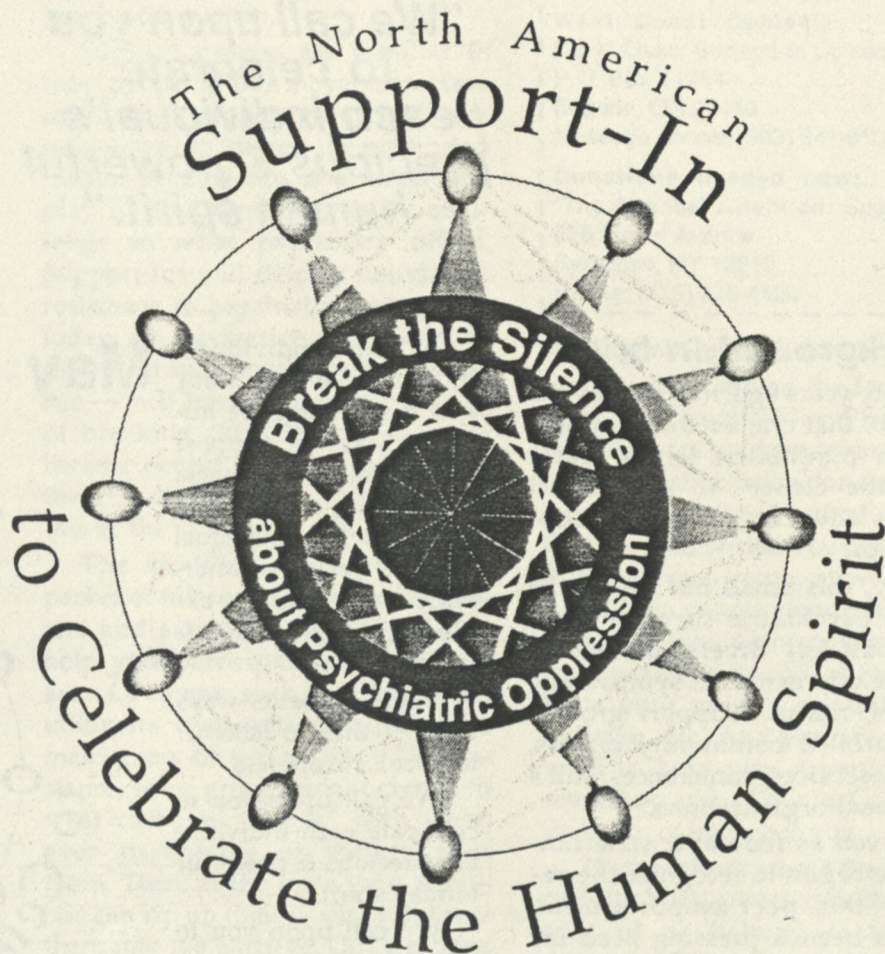
Ex-inmate activist Gail "Bluebird" Schucker reports from Hawaii that, "I am going to run a crisis intervention house — a house that is run by an independent Crisis Hotline. I was very impressed by Director Carl Muller who is just plain down-to-earth, →

**A new
coalition for
psychiatric
liberation!**

Reaching BOTH psychiatric survivors, AND ALSO others with common interests, such as people with disabilities, people of color, Greens, gays & lesbians, women, wholistic health, attorneys & advocates, peace & environmental movements, prisoners, seniors & children's rights activists, & more.

**Join us to
oppose forced
psychiatric
procedures!**

May 11 to 15, 1990:



In New York City: A Festival of Alternatives directly in front of the American Psychiatric Association Annual Meeting. Plus a near-by Counter-Conference.

Throughout U.S. & Canada: Simultaneous public "Support-Ins."

The purpose is to present viable alternatives to the psychiatric system, and seek media & public attention about psychiatric oppression, including coercive psychiatric drug injections and electroshock.

What you can do now: Be sure to get on the mailing list immediately by contacting either Support-In Co-coordinator. Ask about endorsing or sponsoring. Also, donations are needed now: Please send your tax-deductible check to the Alliance.

Initial sponsors: The National Association of Psychiatric Survivors; the National Association for Rights, Protection & Advocacy; Activists for Alternatives (NYC); & an international work group.

East Coast Contact:

Janet Foner
Support-In Co-coordinator
920 Brandt Avenue
New Cumberland, PA 17070
Phone: (717) 774-6465.

West Coast Contact:

David Oaks
Support-In Co-coordinator.
P.O. Box 11284
Eugene, OR 97440
Message phone: (503) 341-0100

Donations needed now:

"The Alliance"
Attention: Support-In
826 Euclid Avenue
Syracuse, NY 13210
Phone: (315) 475-4120

Support-In Fact Sheet

*"We call upon you
to celebrate
each individual's
precious & powerful
human spirit."*

Background in brief:

Twenty years ago, nurtured by the ferment of that era, a number of people with psychiatric labels "came out of the closet" to start small grassroots advocacy, protest & support groups.

Today, this small but influential wave of psychiatric survivor organizing has left diverse networks. These include activists, sympathetic attorneys, mutual support groups, user-controlled community centers, advocacy services, conferences, and a few national organizations.

Yet, even as federal & state funders have begun to recognize the validity of this peer empowerment, there has been a pressing need for grassroots community action to break the silence about severe oppression. Just a few specific examples:

Δ Electroshock, in which electricity is run through the brain to induce a convulsion, is making a comeback. Few individuals receiving electroshock are warned that many people report long term memory problems after shock.

Δ "Outpatient commitment" has become the law in many U.S. states. The result is that individuals, living out in the community, are being court ordered to receive powerful — sometimes even deadly — psychiatric drugs against their will.

Δ Many people now live in the street. But psychiatry's prescription for the homeless & poor is seldom "homes" & "money." Real problems of living are medical-ized, and "treated" with commitment to institutions.

Δ Many individuals in emotional pain want and deserve to have humane personal support that absolutely protects their rights, and respects them as whole and equal people. Yet these alternatives are seldom explored, funded and offered.

There are better ways to help, than to label ... to force ... to oppress.

We call upon you to celebrate each individual's precious & powerful human spirit.

We call upon you to demonstrate positive, effective options for emotional support.

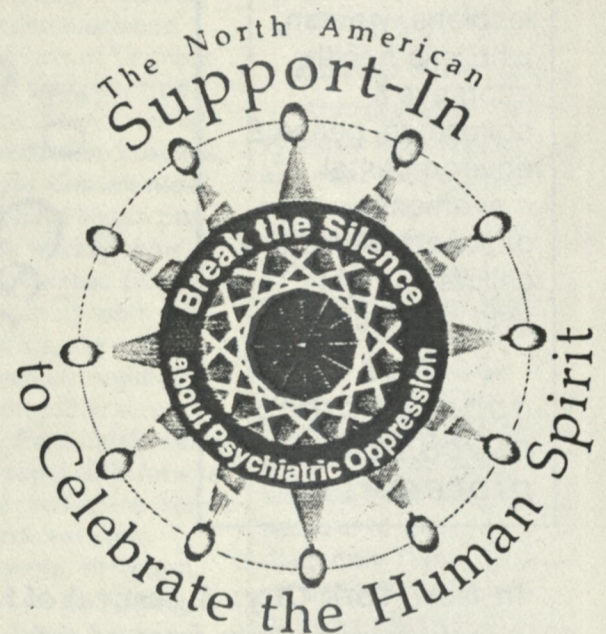
We call upon you to break the silence about psychiatric human rights violations.

We're in it together!

Other groups share an interest in this struggle. There are obvious connections between this issue and people with disabilities, women, poor people, gays & lesbians, people labeled "retarded," people of color, wholistic health & support workers, prisoners, seniors and children.

There are less obvious but just as strong connections between psychiatric liberation and other movements. For example, major environmental change is hampered by apathy and emotional numbness caused by ignoring global ecological tragedy. This tyranny of normality pervades all

May 11 to 15, 1990



our lives. But there are effective alternatives to lift our spirits. This is one reason why the U.S. Greens — a national environmental and justice movement — have endorsed psychiatric liberation as part of their proposed national platform.

Coalition launched:

In the summer and fall of 1989, psychiatric survivor activists met during three national conferences to begin a new coalition. They hoped to reach out to both psychiatric survivors AND to other groups with similar concerns. The importance of spelling out ground rules for fair, democratic process, decision making

continued

fact sheet, page 2

and membership was recognized.

The first action will take place in mid-May 1990, and is called "The North American Support-In to Celebrate the Human Spirit." The first goal: "Break the Silence about Psychiatric Oppression."

All events are planned to be legal, safe and nonviolent. We are focusing on positive, festive & even fun alternatives to psychiatry, but we are also directly challenging human rights violations. We plan to communicate creatively, dramatically and visibly that something fundamental is changing in the relationship of psychiatry and the people they label.

New York Action:

One center of this action will be in New York City, where the American Psychiatric Association (A.P.A.) will be holding their annual meeting. We will hold a legal Festival of Alternatives near a key meeting space of the A.P.A. This will feature displays of actual alternatives for emotional support. Within commuting distance to this Festival we are also planning to have an indoor Counter Conference to the A.P.A., with public workshops. We plan for these events to include music & food, along with group & cultural displays.

Grassroots Actions:

At the same time as the New York action, groups in other cities & towns in the U.S. & Canada will hold "Support-Ins." Just as "Sit-Ins" sparked the Civil Rights movement, we are planning innovative protests based on support groups. However, these Support-In events are planned to be totally legal. Even as few as half a dozen people will be able to successfully participate. Each group will invite the public and their local media to attend. Then at the same time each group will form into a circle of people as an actual support group, in a public area, especially in front of a local psychiatric facility. These "Support-In" circles will be public displays of community building and mutual emotional support. At

the same moment, we will also all stop to remember for a time — with testimony, prayer/meditation, silence or songs — those people who have been damaged or killed in the psychiatric system.

Support groups are familiar to most people in this movement. Having a public support group is a bold, unique way to interest the public and media. Because this is a direct display of an alternative, and a challenge to what psychiatry offers, Support-Ins will display nonviolent resistance to psychiatric oppression today. An innovative action such as this — on such a seldom-covered issue — will have an excellent chance of breaking the silence, especially because people in several locations in the U.S. and Canada will be doing this at the same time.

The coalition will provide a packet of information, including posters and sample media releases, to help you participate in your local area. Of course, each local group can tailor its own action, within the main goals of the coalition. For instance, some groups might choose to wear cardboard "labels" with whatever psychiatry or society calls them. Then, at the same time, everyone can rip up their labels and throw them into the garbage. Other groups might choose a more traditional vigil or protest.

The North American Support-In is intended to involve the grassroots, reach the public both directly and through the media, and recharge our liberation movement for human rights & alternatives. We hope a successful action will launch an ongoing coalition.

What to do NOW!

If you are an individual who supports this event, you are invited to add your name now to the list of event Endorsers.

If you are part of an organization that democratically votes to support this event's goals and process, then your group is invited to join either as an Endorser of a Sponsor. Endorsers will be listed in literature for the event. Sponsors name a member of their group to serve as a liaison on

| East Coast Contact: |
| Janet Foner, Support-In Co-coordinator |
| 920 Brandt Avenue |
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| Phone: (717) 774-6465. |
| West Coast Contact: |
| David Oaks, Support-In Co-coordinator |
| P.O. Box 11284 |
| Eugene, OR 97440 |
| Message phone: (503) 341-0100 |
| Donations needed now: |
| "The Alliance" Attention: Support-In |
| 826 Euclid Avenue |
| Syracuse, NY 13210 |
Phone: (315) 475-4120

the Organizing Spokescouncil.

If you can attend the festival in New York in mid-May: Please consider if you or your group can demonstrate an alternative for emotional support at the Festival and/or Counter Conference. You can also apply to have a booth, at which you can inform people about your favorite alternative, promote your organization, sell crafts and/or food, celebrate your group's cultural/ethnic heritage, etc. And you are encouraged to help plan a participatory workshop at the Counter Conference on topics of interest to you.

If you cannot attend the Festival in New York, please consider being part of or helping to start a "Support-In" in your local area. This can be tailored to your own particular needs and resources, even if you have only a very few contacts in your area. We will have a "Support-In" organizing packet to help!

Wherever you are, you are also welcome to participate in one of the ongoing work committees: Media & Publicity; Resources; New York Site Committee; Entertainment & Program; and local "Support-Ins." Individuals are also needed to serve as state and regional contact people.

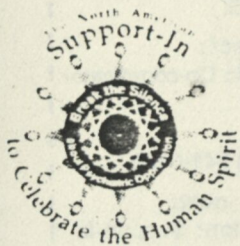
Whatever type of involvement you choose, if you'd like to continue to receive Support-In updates we ask you to become a charter member of the coalition for \$4 (this is to cover printing and mailing costs only).

Additional tax-deductible donations (made in care of the Alliance in Syracuse, New York) are also needed at this time.

Support-In Sign Up

Please fill this out and mail it NOW to:
David Oaks, Support-In Co-Coordinator
c/o Dendron
P.O. Box 11284
Eugene, OR 97440

URGENT!



Individual support:

I ENDORSE the Support-In. I understand my name will be listed in Support-In literature.

name: _____ phone: _____

address: _____

city: _____ state: _____ zip: _____ country: _____

Organizational support:

Our organization backs the coalition goals, and votes to support the Support-In!

organizational name: _____ phone: _____

address: _____

city: _____ state: _____ zip: _____ country: _____

Please circle either ENDORSEMENT or SPONSORSHIP:

ENDORSEMENT: Our organization ENDORSES the Support-In. The organizational name we would like listed on Support-In literature is:

SPONSORSHIP: Our organization agrees to be a SPONSOR of the Support-In. Our liaison to serve on the Organizers Spokesouncil will be:

liaison name: _____ phone: _____

address: _____

city: _____ state: _____ zip: _____ country: _____

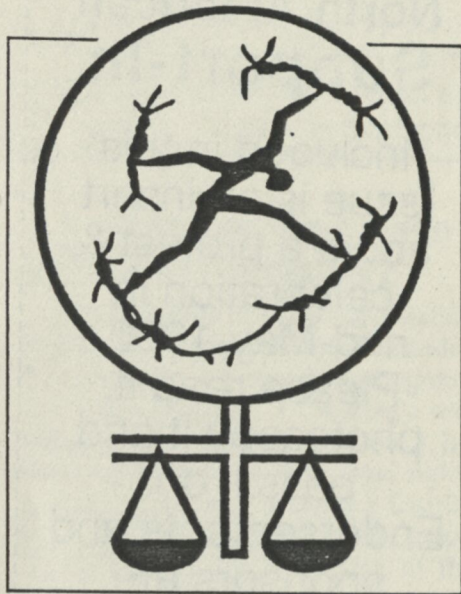
For BOTH individual & organizational supporters:

To receive Support-In updates please send \$4. This is to cover printing & mailing costs only. Make check to "DENDRON" and mail to address on the top of this page. Thank you.

Also, donations are needed. Please send your tax-deductible donations now! Make check to "Alliance," an I.R.S.-approved non-profit. Please mark check "Support-In" and send it to:

Alliance, attention: Support-In, 826 Euclid Ave., Syracuse, NY 13210.

Forging difficult links between legal advocates & community organizers



Several hundred lawyers, advocates, activists met in St. Paul Minnesota, at the annual meeting of the National Association for Rights Protection & Advocacy, Sept. 27 to Oct. 1, 1989. Some highlights:

* Bill Johnson, ex-inmate, as he accepted the NARPA presidency: "Freedom of choice will remain absolute and is non-negotiable."

* During a special panel discussion, representatives from nearly all national psychiatric survivors groups answered questions. Only the National Association of Psychiatric Survivors rep answered point blank that both she and the group were totally against "outpatient commitment."

* Throughout the conference, a dynamic tension revealed itself: Case-by-case change vs. systems change. Small, winnable reforms vs. fundamental opposition. Advocacy vs. community organizing. Expert presentations vs. planning democratic direct action.

The strength & ability of NARPA attorneys provided a harbor for radicals in the 80's. More room is needed, somewhere, for the grassroots networks to plan actions in the '90's.

Daring to dream of a healing community

by Kate Sullivan

On September 28, 1989, nine or ten folks at the NARPA conference gathered to discuss starting an alternative healing community. We brainstormed a list of important elements of a vital, viable community, without necessarily coming to consensus on each item:

- Healthy, vegetarian diet.
- Access to nature.
- Respecting animals, not exploiting them.
- Space & support for emotional catharsis.
- Beautiful environment, inside and out.
- Interesting, fun activities, including art-making, signing, dancing.
- Gardening.
- A balance between communality & privacy.
- Using skills and developing new ones.
- Making marketable products.
- Agreement of mutual support.
- Self-discipline & responsibility for self & others.
- Open communication & sharing of knowledge.
- periodic re-evaluation for rules to include input of newcomers.
- Mechanism for respectfully subduing most outspoken members so quieter members can also be heard.
- Rotating leadership & responsibilities, to include new blood.
- Empowerment of all members.
- "Observant generalist," to see big picture and give the community perspective.
- Understanding that conflict & struggle are inevitable.
- Spiritual base which embraces nonviolence.
- Basic bonding rituals.
- Listening to one another.

No one objected to the opinion that we needed ways to deal with violent people within the community. Here are some of the suggestions:

- Talk about the problem.
- Ask other communities how they deal with violence.
- Put the violent person in the center of the group and have each member tell the person how great she or he is.
- Have faith in the person.
- Invest time & energy in the person and the problem.

Suggestions for where this healing community might be located included the mid-West prairie, Oregon, Vermont, the South (Chapel Hill, southern Virginia), and California — but in any case, near a friendly area! After brief discussion, we seemed to have consensus on living in the country rather than the city. We acknowledged Nature as a great healer.

If anyone has any ideas about starting a healing community — especially about funding and land! — please contact me. It may take a while, but I really believe we can make this happen.

Kate Sullivan; 162 South East St.; Amherst, MA 01002. Phone: (413) 253-5667.

P.S. Help! I'm considering moving to the Pacific Northwest (probably Oregon) and am looking for job leads for a progressive, pro-consumer agencies or collectives that might consider hiring a creative arts therapist? Or any alternative healers looking for a partner! I'd also consider doing advocacy work, as long as I wasn't competing with psychiatric survivors. Please contact me if you have any ideas. Thanks.

Overall Impressions: NARPA directs anger at psych. institutions.

by Paul Ottenstein

The theme of the NARPA conference "CLOSING RANKS/OPENING DOORS" symbolizes that we — that is ex-inmates — are not going to take it anymore. When ex-patients talk about opening doors we mean just that. Forcibly committing someone to either inpatient or outpatient facilities should be declared against the law.

At the conference I attended about an equal amount of workshops related to both advocacy and self help. This might sound incongruous to people who have never attended before. It is not! To make the personal, political — or for that matter to make the political, personal — that is what NARPA is about.

Permeating inside us, like a dam ready to burst, our anger was never directed inward but always at the institutions that made us feel this way.

more conference reports →

A sampling of two NARPA rights workshops:

summaries by William McGrughey

"The Human Being Beneath the Label: Can He/She Ever Fully Overcome Stigma, Lies, and Destructive 'Treatments.'"

Workshop by Huey Freeman, former psych. inmate.

Huey Freeman, a former "mental patient," has written a book on experiences in a psychiatric institution. He has also interviewed many who managed to escape the "mental health" system. He advises that a psychiatric survivor especially needs friends who will stick with him despite the label of "mentally ill."

A person who overcomes that label tends to have these characteristics: He or she has a fighting spirit. (Their attitude is, "What do I have to lose?"). They are skeptical of psychiatrists' claims. They must have a sense of humor — a buoyancy of spirit, flowing with life. They must have an attractive, friendly personality. Otherwise they might be lonely, and nobody makes it alone.

The opposite of the one who overcomes the label of "mentally ill" is the perennial patient. They are defeated, resigned to their fate. They are a "true believer" in psychiatric medicine. They are overly serious, and self-centered, which leads to loneliness.

Nobody wants to hear your complaints. Protesting is different. This is directed at changing the system. Complaining is only human, but try to limit your complaining to one minute a day. Self-centered personalities can't attract any help, and you need help from others to survive. Therefore, people — to avoid self-centeredness — must care about others.

"The Psychiatric Abuse of Children and How to Stop It"

Workshop by Dr. Peter Breggin

Children are a precious joy on Earth. They need love, respect, and discipline. Children are also our most vulnerable citizens. Psychiatry is the most abusive profession. So psychiatry abuses children severely.

Psychiatry teaches submission to authority. The profession has a spiritual hatred of passion, which children have in abundance.

The National Institute of Mental Health says 20% of children are "mentally ill." That puts the blame upon the children themselves. Actually, the economic situation, schools, and families abuse children. A child raised in poverty faces a tough situation. These real life problems are root causes of "mental illness" in children.

Schools function as an intake system to pull children into the "mental health" system. A study found that the driving force behind the referral of children to psychiatrists was the amount of trouble which they were causing teachers.

The "learning disability" movement has swept education. Learning disorders are a myth. This concept has become popular with parents because it removed the label of "mental illness" from children.

Another concept is hyperactivity. Actually, the root causes of children who have trouble in schools are: (1) the boring schools, and (2) uninvolved fathers. Ritalin has been given to between 750,000 to 1 million children to control this "hyperactivity," in the long run sedating but in the long run bringing brain atrophy.

4. Psychiatric Abuse of Children: Dr. Peter Breggin

5. Psychiatric Reform: Dr. Peter Breggin

6. Psychiatry & the Homeless: Dr. Peter Breggin.

Costs are \$5. each. Write: Dennis F. Nester; 4510 East Willow Ave.; Phoenix, AZ 85032.

Audio cassette tapes (90-minutes) from the 1989 NARPA conference:

1. What Really Works: Huey Freeman
2. Damage Actions: Ferleger, Schwartz, J.D.
3. Tardive Dyskinesia, Dystonia: S. Kjaer, T. Graham, J.D.

Special Insert:



North American Support-In

Included in this issue is an insert about a protest & celebration in mid-May 1990.

Please read it, photocopy it and pass it on.

Endorsements and sponsors are needed as soon as possible. And please consider either going to New York or holding even a small "Support-In" vigil in your local area!

Program proposals needed:

Kate Sullivan has agreed to coordinate the program for the Support-In in New York City. She asks that proposals for workshops, lectures, activities, booths, etc. for the New York event.

Write to her now:

Kate Sullivan; 162 South East St.; Amherst, MA 01002.

Or call (413) 253-5667.

Dendron readers act out!

Poll response gives overview of actions.

Dendron held a survey during 1989 to get a snapshot of part of the movement. Here's a birds eye view of the actions people have been taking for human rights in — and alternatives to — psychiatry. Thanks to everyone. This is a very partial summary.

1. What actions have you taken recently?

Wrote letters to national disability groups • Public education. Founded By Ourselves, a peer advocacy group and support agency • Creating a safe space to emote primal release. • Informing inmates of their legal rights and dangers of electroshock • Distributed *Dendron* to a psychiatric group I attend • Attended a meeting of the N.Y. State Mental Health Dept. regarding the progress, success or failure of ex-patient groups. • I am an employee of the mental health system. I work everyday to provide a sensitive and compassionate concern for the issues reported on in *Dendron* • Signed a petition by the new Committee to Abolish Psychiatric Experimentation (CAPE). I usually take individual actions since group actions usually aren't liberation-oriented enough. I wear my Free All Guinea Pigs T-Shirt • I correct misconceptions whenever they come up. I'm editing a networking & political journal for disabled women •

2. List actions you plan to do soon:

Continue to get letters to the editor published in the largest Arizona newspaper. Continue to write letters to TV and radio talk shows • Ward distribution of information on electroshock and psychiatric drugs • Try to make contact with other people opposed to psychiatric intervention in the state of Florida. People are much more likely to get involved in activities when they have been informed and have some sort of organizational backing • Continue to write and bombard legislators, journalists, consumer

organizations, etc. Continue to give the local Charter Medical Corp/Charter Peachford Hospital bad publicity • Plan a protest for better mental health in New Jersey and to build a better future • Plan to ask my representative in Congress, Curt Weldon, to advise me and possibly to help with an anti-experimentation petition, and to ask other congressmen • Send out *Dendron* to key networkers for freedom. Do playshops to let wild energy out • Produce a tape anthology of anti-psychiatry & mad lib songs.

3. What obstacles block people taking action?

When I first started doing newspaper articles and radio talks, etc., in 1983 after being 'radicalized' from reading newspaper stories about the Berkeley electroshock ban, I got absolutely NO ENCOURAGEMENT FROM ANYONE. In fact the few people I asked told me to "forget it." But I have succeeded, so don't listen to nay sayers. Just don't give up trying! • It will take time. We colleagues in human rights are so spread out; so much has to be done by mail. • One obstacle is the scarcity of inmate/ex-inmate self help groups to provide much needed support, encouragement, and defense. This leaves people with few options, in terms of care, besides that which the state doles out. Another obstacle is the apathy and dependency of psychiatrically-labeled people due to lack of education, plus confusion or misunderstanding, some of it due to their own mistreatment by the psychiatric establishment • STIGMA. • Victims of mental health services may be too self absorbed to



take effective political action. Mental health employees fear loss of job or reduced pay • You haven't built a sufficient theoretical model of madness and its care as an alternative • Difficulty getting clients who are willing to go PUBLIC and risk stigma because of the psychiatric labelling process, but we're working on it • Physical illness, poverty, growing older • Lack of involvement from consumers, families, friends and professionals. Lack of funding and education • Medical lobby in Washington which includes vendors of neuroleptic drugs. Some people think that they cannot dispute the medical field • Fears: exposure, arrest, fired or demoted. Apathy. Feeling helpless and powerless • Poverty: daily struggle for survival. Restraints: psychiatric treatment is control, and time- and energy-consuming. Co-optation such as "consumerism" in that it makes the movement look pro-psychiatry and a part of the mental health system. Media bias. Appearance: many psychiatric inmates have had their personalities redesigned by psychiatric treatment. The medical model: quackery, social control, etc. Conspiracy of silence of psychiatry: the secretiveness of psychiatry. Being the most powerless, vulnerable, ignored, and unknown civil rights movement and minority, mainly because of the medical model • Fear of "weirdness" →

Action survey continued

and ignorance about what psychiatry really is. Also: fear of being locked up. Uptightness in general, and now poverty and stigma wears us down • Personal and financial problems.

4. What are actions that would be most helpful in challenging psychiatry & creating alternatives?

Racism

continued from page 1

Curtis Decker, executive director of National Association of Protection & Advocacy (P & A) Services.

"The system meets the needs of racial segregation... by sending people away to secluded places in the country. We have a history of putting people we don't like away from us."

- A disproportionate number of people involuntarily committed to state-run mental hospitals last year were black. Overall, blacks were 2.7 times as likely as whites to be committed without their consent. Although Florida hospitalized people at the lowest rate of any state, it discriminated the most on the basis of race, committing blacks at a rate nearly five times greater than that for whites.

- Nearly 37 percent of those committed against their will were black — even though blacks represent only 19 percent of the population of the surveyed states...

- Three of the blackest and poorest states in the nation — Mississippi, South Carolina, and Alabama — have the loosest commitment laws, allowing citizens to be confined to mental hospitals indefinitely, without judicial review...

- Black patients were consistently diagnosed with more severe mental illnesses than whites, subjecting them to heavier doses of drugs and longer hospital stays. In South Carolina, for example, a third of all diagnosed with schizophrenia, a fig-

Fund-raising to finance ad space in newspapers to state our philosophy and attract members to our cause • There should be some way to get on social security and welfare without the physician signature • If I could have seen something critical about psychiatric 'treatment' on TV, radio, or newspapers, 20 years ago!!! I could have saved myself much grief! So I sincerely believe the best thing to do is inform the public on every medium possible, as often as possible • Utiliz-

ure three times that of whites.

National studies show this pattern of discrimination is not confined to the South. According to a 1980 survey of selected psychiatric hospitals by the National Institute of Mental Health, blacks were 2.8 times as likely as whites to be involuntarily committed to mental hospitals.

Despite evidence that most states use commitment laws to segregate mental hospitals, advocates for [those labeled] mentally ill say there is a move on to make it easier for states to commit people involuntarily. "I see a strong, national movement to loosen commitment laws," Bill Stewart, director of the Kentucky P & A system says.

In state after state, the battle over commitment laws is pitting the mentally ill against members of their own families. The Alliance for the Mentally Ill (AMI), a national organization for families of [those labeled] mentally ill, has pressed for broader laws that often give states greater freedom in deciding who will be committed to mental hospitals...

Another highlight of this issue is an article on the "consumer" movement, focusing on drop-in centers and ATAK/MI, the Kentucky psychiatric survivors group.

Copies of this special psychiatric edition (Vol. XVII, No. 3) are available for \$5 each from Southern Exposure; P.O. Box 531; Durham, NC 27702. Discount rates are available for orders of ten or more copies.

ing any and all means for getting people released from institutions, providing alternatives to the existing services, working to find affordable housing, having get togethers and dinners, education, leafleting. • Start or join self-help/support groups. Start or join advisory groups. Participate in protest demos of psychiatry. Get on radio/TV talk shows criticizing "treatment," diagnoses, etc. Write personal stories/articles for antipsychiatry movement media. Write letters to editor rebutting, criticizing pro-psych. or medical model biases. Send out psychiatry material to your congressperson, senator, member of parliament. Organize public forums or discussions against psych. or alternatives to psych. Focus on local shock mills: leaflet, protest on street, civil disobedience. • I find it advantageous to include information relating to the scam, sham, and financial rip-offs of psychiatry and institutions. Money talks! • Get the legal system to help us, to be able to sue any doctor who gave ECT or drugs that resulted in harm, amnesia, TD, etc. A private person can be ignored and neglected. A lawyer cannot be ignored • Local media coverage of compassionate caregivers, both employed and volunteers.

- Stop being so reactionary and absolutely "anti."
- Personal self help/self health
- More religious guidance.
- More family involvement.
- Professionals' education about self-help so they can refer people to it.
- Do radical theater
- Liberation-oriented demonstrations and conferences.
- Media tools, including publications.
- Educating the public about the psychiatric system and reaching those suffering from it is one of the most important actions that can be taken.
- The most important thing is to provide viable alternatives, so that people in crisis (either real crisis or accused-of-being-in-crisis) will have support and therefore won't (1) turn to shrinks "voluntarily" or be (2) trapped by shrinks once they're caught.
- Apathy is caused by denial which is caused by fear. We need to set goals that are fun to do, using independent resources. So, find projects we enjoy and are suited to, and which make a difference now.

Kate Millett

continued from page 1

slip. We didn't bother really with underwear too much, but we did try to come through with a pair of underpants. Say there's 240 people. After about 135, you run out of underpants. Around 200 you run out of slips. Around 220 you even run out of the dress. So the rest were left naked all day. And they were imprisoned in this place with this state haircut, which would make anybody look really fruity. And they were left there to die.

I don't know that things have changed a whole lot since then, but they've gotten bigger. There were only a few thousand people in that condition in Minnesota when I worked there. Despite the myth that they have emptied out the looney bins, the looney bins still have lots of people in them but they process them faster. They can then just stay outside and enjoy more or less the same life of mental and physical imprisonment that they did inside, because now they have "medications" to keep them stoned and in strange places in the mind for months and years. Their nonperson status is established.

Using outpatient "treatment" it can reach and "help" millions and millions of people whereas it only reached and "helped" a few thousand before. It has now infiltrated itself into every community and town.

Shock treatment is becoming respectable again, becoming almost nice. Now they knock you out first. I used to assist in shock treatment when I was 18 - I was told to hold somebody's arm while they shot the "juice" through them. It was a terrifying experience and one thing was very clear, I would never do this again and I told them so. I thought they'd fire me from my summer job, but they didn't. They just put me over into the insulin coma room - another dreadful therapy, where

there also was clear and visible suffering in each of the victims.

And today you've still got padded and locked cells, and five point restraints where people are actually tied for hours and days until, what? Until the spirit is broken, because this is the purpose.

Then we have forced drugs. When I was busted I had Thorazine - oh what a wonder drug - and yet nobody ever takes it for fun. It's not sold on the street. It does give you visions. It scrambles your brain. It makes you thirst as in a desert. It's a Mickey Finn. You can not stay awake until the end of the sentence. You really look

bananas. You feel like you have been through the blender. Someone has tinkered with your almighty mind. Someone has invaded your consciousness and your soul. They have poisoned our minds with this stuff and with all the other

neuroleptic drugs, and of course the result is some 50 million people with brain damage, such as "tardive dyskinesia," and many more coming.

In all of this state psychiatry, there's a central role for the family. "How do you get there?" a reporter asked me. "How does someone like you get into a mental hospital?" Well, it's easy. I've got relatives. They've got telephones. They've got opinions different from mine. We clash.

Psychosis has an almost mystical flavor, you know. It has this supernatural quality. But when you get down to thought disorder, you are dealing with the Inquisition of heresy. Where's the exam on this? How can I pass this? What do they know I don't know? We are really down to mumbo jumbo. This has great fascist potential. Everything that we hold dear about human rights and individual freedom, constitutional guarantees, is not only dangerously threatened, it doesn't even exist in the same room. They are different world views...

"I'm urging that we begin at the place of denial. I think denial is a very good thing. No, I'm not crazy. No. Thank you."

I'm urging that we begin at the place of denial. I think denial is a very good thing. No, I'm not crazy. No. Thank you. I love "crazy" in all of its colloquial uses of the word, like this is a very crazy shirt. I decided to wear my crazy shirt, so I could give off some mad impulse. We have a sense of humor about this, too, and we realize that "mad" is a ravishing idea: That we also represent not only possibly eccentric behavior, but the idea that eccentric behavior could be fun, could be mind-expanding.

There was a time when we were very fond of experiencing other mental states, of seeing what the mind could experience. Now we are more afraid than ever. Now everywhere one has to have a good conformed mind and anything else could be a thought disorder. It's like a bad step in dancing, you could end up with a broken leg. So that all these forms of proprietorship and dependence are how we end up always in an ambiguous relationship with authority, always living on the edge, always about to be pulled back in. We go to group, to therapy, even to the federal Protection & Advocacy agency. In all of that, we are not really telling them the truth, which is that a great many of us don't believe in the whole idea. We thought the doctor was wrong, didn't make any sense, and was probably a moron in addition.

We are a social condition, and we can do something about that. Women are a social condition. Gays are a social condition. We are one too. We are human and socially incapacitated by our stigma, and not only by the aura of a stigma, but by real things, including absolute imprisonment and even bondage. Five point restraint is certainly bondage.

We have an invalidated past and a future of incompetence. We have repeated falls and "episodes." We have "frequencies." We are "chronic." We are "degenerative." We have a world outlook like this. We have a vision of the future like this. We have a sense of doom. I think we have to realize it and face it, or it's always going to be on the edge of our consciousness. We are supposed to have a sense of →

doom that permeates the stigmatized. And it works. It does keep a lot of us in line. It works, and we believe. Then we are the best demonstration there is of why you don't want to get "mentally ill." We're the mental health equivalent of "homos" here. We are proof that everyone should be sane or heterosexual or whatever it is that they are supposed to be.

Speaking as someone who bears this stigma and has experienced this condition for something like 14 years, let me proffer as evidence my record and what I went through:

In July, 1973, I had a disagreement with my family over politics. I got busted in California because my elder sister, who was married to a lieutenant colonel in the Strategic Air Command, decided my life style was really outrageous. At the same time, I was working with a friend of mine, John Hendrix, and another friend of mine, Yoko Ono, and her husband, John Lennon, to free a black guy. He was in prison in Trinidad. As a civil rights worker I was against this capital punishment, because he was going to be hanged. He was an important civil rights worker in England who was very popular, and he had built a thing called Black House. He was quite successful. Therefore, he got on the English's tempers, and he was harassed. He was also a writer and a painter and he thought, "Oh, the hell with it, I'll go home to Trinidad," which he did. It was run by a dictator then.

Trinidad is a crown colony of England, and we thought that we could soften up English public opinion. He had been framed in Trinidad for two outlandish murders that he couldn't have committed. William Kunstler was his trial lawyer. I'd read all the trial transcripts, and I knew he couldn't have committed these murders. He was about to fall through the cracks. We decided to take this on. We saw this as a very thrilling thing. The family saw it as a waste of money. Of course it was my money. I went to England and tried to give press conferences and even succeeded in trying to soften the British press attitude about this guy.

The family decided that I was out of my tree. My elder sister was in international relations, and she thought that it was really crazy to go out against the British Empire. Everybody had their reasons, but the elder sister said, "You must go and see a psychiatrist." So I said, "Sure." I'd never, ever agree to this again. I thought, "I'll show off, I'll show him what I've read and they haven't." But it's a locked ward. It's all over. This is the way a lot of people get into mental hospitals, and I'm by no



means the only one, although I guess I was just as surprised as everybody else is. Going to a psychiatrist meant to me going to an office, having an appointment, and then you bandy words and decide whether or not you hire this person.

I managed in ten days to wiggle my way out of this by lying. I signed a document that said I was voluntarily there. A terrible lie. I still feel bad about that lie, but I figured if I didn't lie, I'd never get out. I'm a difficult person to deal with in places like this, because my level of disagreement is so high. Being a human rights worker, I can't stand places like this, and I must register some disagreement. I don't flail and kick. I know all about the Quiet Room.

The doctor in charge, who didn't want a lawsuit I guess, let me out if I'd say I was voluntary. So I said I

was voluntary, and signed this dirty little piece of paper, never knowing if he would let me out either. And I had just given up my only claim to ever sue them but then, day after day goes by in this place and you think "I will never get out anyway," so you sign.

The family was still convinced that I was a manic depressive or whatever it was that the doctor whispered to my mother on the telephone. So I was invited to come home and visit mom, and it was all arranged that I'd be arrested the next morning by the white police. Then a wonderful thing happened. All the good lawyers in St. Paul arrived at my side. I'm locked up again, and they said, "We'll help you. Our real issue in the Indian in the Minnesota system, and what we want to do is make a better commitment law in Minnesota and we're going to use you as a test case." So we did. We did change the commitment laws in Minnesota. But let's face it: How are you going to get lawyers who are any good and who will represent you when you are locked up in an insane asylum? The process really maintains itself.

When I got out, I had a record, and I had all kinds of friends who thought I was crazy, because they'd heard I'd had a nervous breakdown in California. They heard my mother locked me up in Minnesota the next month. So are they going to believe me, when I said: "You wouldn't believe what happened to me. You wouldn't believe how horrible all these places are and everything you ever heard about them is true. And they make you take these awful drugs which take you out of your mind and deprive you of your reason. They fiddle with your head. They lock you up. You don't have a right in the world. They don't even explain what the garbage is you have to take or they'll beat you up"?

No one — virtually — was listening. They were all persuaded. The general public assent to the idea of "mental illness" is so universal that if you are said to have had it, if it's ascribed to you, you've got it. There's no reality factor, there's no proof. It doesn't matter. You can recite the →

times tables backwards. Nothing proves your reason. Any behavior is proof you're insane if you have been ascribed as being insane.

All my friends, all my loved ones had betrayed me. I suffered a terrific loss of confidence. I became depressed. Then they had me. I came to the point of accepting the diagnosis. I didn't think I was manic, but I sure was depressed now.

This is what happens when you protest in a vacuum. You have no reality echo. No support. No movement, nothing like that. My perception versus that of social opinion, in the absence of a political movement, left me completely helpless.

Then, I descended one more rung. I fell to the status of a diseased person. I'd read the books and see where it said, "degenerative, chronically," and I thought I'd be like that. So I had all the expectations of a chronic and degenerative illness, and I listened to everything they said then. And my only out seemed to be an abnegation, an acceptance. Either that or I could kill myself. But I wasn't quite brave enough or confirmed enough in my willingness to die, I guess.

Part of me really wanted to live, and it was willing to crawl. I got onto lithium maintenance and got into control, and I lived a life of kind of helpless conformity. I looked all right, but inside I agreed to these premises generally. I believed that I was of an unsound mind. And I permitted the divestment of my ego, my self confidence, my self worth. I became a stranger even to myself, someone about to come apart. Someone about to appall me. I entered into a kind of anomie, where I was not really me. Because part of me was like a cracked bowl, so that I didn't really know myself anymore. Tomorrow I might fall off the edge of depression, or run up the mountain of mania. I was believ-

ing all of these categories, even though I had plenty of reason to be depressed. I was in grief, from this mercilessly traumatizing experience of involuntary confinement. The more all that hits you, the more you are unable, because you are so isolated, to see this as trauma and grief, the more open you are to the accusation of depression. Depression isn't sadness. Depression is an "illness." It's the other end of the manic.

So I became someone I didn't know or trust anymore. And then I experienced a certain revival of resistance after seven years on lithium. I fell in love, I visited & escaped from Iran, I founded an art colony. I thought, "Maybe I'm really not crazy." My social condition was stronger. I had lived through the anathema, the pariahhood of the long years

when everyone thought I was a cracked egg. I lived down my ignominy, I'd acquired friends again. I wasn't the shaky case that I supposed even the feminist leadership imagined. I had somehow outlived the expectations of other people, and arrived at some of my own.

When I stopped taking lithium, I made a big mistake. I told somebody. I told my best friend. And she told everybody else. And pretty soon, everybody decided I was acting funny. Never tell anybody. Not until it's really all over or until you have proved it or published. Everybody decided I was acting funny, which ticked me off. And being irritated is a very manic trait. All activity was evidence.

This is what 'The Looney Bin Trip' is about: The presumption of madness. The presumption of illness. The ascription of insanity. It's a description of this summer, and how I was finally cornered, all the people around me being told by the best friend.

I was lucky, because I called the police. I said to Officer Kelly, I am

not a voluntary patient and I will not go to this hospital and I have not taken this psychiatrist to be my doctor, and I refuse to go and force will have to be used, and I believe I am in my rights. He knew he had a live one. He said, "What do you want to do?" And I said, "I'm catching an airplane this afternoon." So we smoked a cigarette together, and he got me off. The ambulances departed because indeed under the New York Mental Health Act you can't do that. But they do it all the time. It doesn't matter what the law says. It's a matter of enforcement.

Then I was in Ireland, and I was on the side of the hunger strikers, so I got to see an Irish looney bin. I could still be there if it weren't for the Irish feminists. After this second bust, I had another collapse. You think you'd have enough sense to sort of kick your heels and say "Free at last. Free at last." No. Because we are social animals. And the ascription of mental illness is a social condition. That stigma is a social condition. So without a movement, and against the solid wall of public opinion, we will go on being victimized. We will go on doubting our senses and our right mind.

So again I went on lithium, and I gathered the force to write.

I knew about this cause before I knew about any other, because when I worked in that looney bin when I was 18, I saw hell, and I knew that this was something we have to deal with in this life. Writing unlocks, and if I could get clear, if I could deal with inside myself, my recovery of my own sanity from all the insanity of all the doctors and the general belief in this myth of mental illness, then I could write and I could also understand what had happened to me. I would even have to admit to my own cowardice, my own abnegation before the system, my terror that I would kill myself, so give me a pill, any pill, I just want to live through tonight.

Abbie Hoffman just killed himself. He was a diagnosed manic depressive. I bet he couldn't live with it anymore. I was there a lot of times.

I had to go through a few other things. One of them was getting →

"I had to go through a few other things. One of them was getting clean — stopping lithium. And this time I didn't tell a soul. So you must be the first people who know."

Millett — continued

clean — stopping lithium. And this time I didn't tell a soul. So you must be the first people who know. I did it very slowly, releasing one pill every three months. It was a wonderful feeling. I did get myself back. All those years of being tranked out. You wonder, "What if you really were in touch with your emotions? You might be so angry, that maybe you wouldn't want to live. Maybe you're too angry." That doubt of oneself is another great thing to instill in people, to keep them always ambiguous.

There is the risk of discovery, of being turned back in. There is also the importance of support. I couldn't have done this as easily without the support of National Association of Psychiatric Survivors.

Drugs are an imposition upon the health of human beings. They are a sin against the mind and a crime against the health. To invade the mind and consciousness, which is our only last place — you cannot chain the mind — this is a terrible transgression of the spirit of human beings. This is a very serious crime, and I think we should address it as a crime, as an invasion of self, and as a malpractice of medicine. To invade the consciousness of people who have already been physically imprisoned is terrible. They tried to break your spirit. They tried to invade your mind. To drug people against their will is to torture. It is absolutely to take away the last vestige of the self. When it has lost its freedom and it is deprived of every right, and then to invade the mind — what a terrible crime that is.

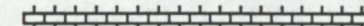
I think we should also come back to what is the mind? The mind is not the right answer. The mind is thought, it is the capacity to reason, it is the capacity to see and understand, it is consciousness and perception. It is the most wonderful thing we have or know of and it being travestied, dictated to, narrowed down, controlled in a way that is really quite terrifying.

*Editor's note: We'll try to carry excerpts from Kate's new book **The Looney Bin Trip** in a future issue.*



networking continued

organization whose primary goal is to prevent the exploitation of clients by health & mental health practitioners. STOP ABC is involved in consumer education, backs legislation aimed at making the mental health-care profession more responsible to the needs of consumers, and seeks to develop community awareness.



Doctor attacks drugs

Tobin Jones, M.D.; 1221 Lobo Place, N.E.; **Albuquerque, NM 87106.**

I just got back from a psychopharmacology conference in Washington, D.C., featuring the National Institute of Mental Health researchers. As you might expect, they claimed that electroconvulsive therapy (ECT) was not used enough in the U.S.

Richard Jed Wyatt, M.D. discussed "Untoward Effects of Neuroleptic Treatment." He indicated that people who stop taking neuroleptics may develop withdrawal symptoms. "Slow tapering prevents withdrawal symptoms, which may be confused with a return of the psychosis"!! No wonder people "relapse" when they suddenly stop taking neuroleptics.

It is becoming apparent to me that most, if not all, of the psychotropic medications may cause significant withdrawal syndromes. I suspect that as the years pass, doctors will become more aware of these adverse effects, and use of the current medications will diminish. Unfortunately, the pharmaceutical industry is quite willing to concoct a new generation of "safe" psychotropic medications for people in emotional distress.

Keep up the good work with *Dendron*.

Canadian outreach

Kim Goldberg; 106-2550 Departure Bay Rd.; Nanaimo, B.C. V9S 3W4; CANADA

I got so charged up by reading about all the psychiatric abuses in *Dendron* that I thought I'd give a little talk on the subject locally.

Well, it seems the mere mention of the phrase "human rights" in the same breath as "psychiatry" is enough to set some people off. The local peace group that publicized the talk in their monthly newsletter promptly received a letter from Carl L. Kline, M.D., F.R.C.P. (C), Emeritus Clinical Professor Psychiatry, University of British Columbia. (Yes, that's really how he HAND-SIGNED HIS NAME, with all the important little initials.) Kline wrote that the group had better think twice before lending its name as sponsor of my talk. Of course, Kline happens to be a generous financial donor to this cash-strapped peace group.

Sheesh! Talk about defensive. All the guy had to go on was a four-sentence blurb promoting the talk. And from that he concocts an embarrassingly self-serving letter.

I have also recently written a letter on psychiatry to the *Canadian Dimension*, which is a national magazine popular in progressive circles. Virtually all of my info comes from things I've read in *Dendron*. In fact, there's no way I could have written this letter without *Dendron* because I wouldn't have had any facts or examples. Just wanted you to know how useful your publication is.

Editor's note: Kim also has information about the Greens in Canada. Her father is a psych. inmate, and she'd appreciate info on alternatives.

Resources/services

CRISIS CARD launched

What is a Crisis Card? It has a space for your name & address. It states, "If I appear to anybody to be experiencing 'mental health' difficulties that require decisions to be taken either against my wishes or in the absence of my agreement then I require the following actions to be taken." Then there's space for contact information for your "nominee," hopefully a friend or loved one that will express your wishes. There is also space for personal comments about what you hope does and doesn't take place. Jackie Biggs & Mike Lawson, of the International Self Advocacy Alliance (ISAA), helped launch the Crisis Card campaign this Fall. They advise that the cards carry no formal legal weight. But it may, in England, carry some informal weight with police, psychiatric technicians, etc.

Says Mike, ISAA director: "If I had carried such a Card when I was experiencing emotional distress I doubt very much if I would have spent some 20 years in and out of psychiatric hospital. Nor would I have been stigmatized with disabling labels like 'schizophrenia' or 'manic depression.' Neither would I have been brain damaged by the chemicals they call major tranquilizers or the electrocution they call ECT."

There has been some talk in the U.S. with using "Living Wills" (the documents that express the wishes of terminally ill people about use of extreme medi-

cal procedures) to help express the wishes of people at risk of receiving forcible psychiatric "treatment." It's conceivable such "Sane Wills" might be helpful in cases of "substituted judgment" where a judge tries to decide what you would have done if you had never been labeled. This is only speculation at this point. Any news from actual successes using such documents?

The British Crisis Card is available by sending a self-addressed envelope to the ISAA; Rhiadle, Llangranog, Llandyssul, Dyfed SA44 6SG, Great Britain. Include donation for printing and international postage.

Judge, Jury & Executioner

... is a 404-page fictional account by psychiatric survivor Huey Freeman of a college student's forcible, tortuous trip through a psychiatric institution. Published in 1986, it's available now for \$9.50 from Talking Leaves Publishing Co.; P.O. Box 84; Urbana, IL 61801.

Sample:

When I wandered into Dr. Kiersh's office, I thought I was about to meet an intelligent man — a man whose mind was trained to help others. What I met was a monster — an empty-hearted devil whose dead soul was willing to put me away, maybe forever, because I fit his conception of what a person who belongs in a cage looks and acts like.

But I can't blame Dr. Kiersh for putting me where I am. It's like putting your arm into a bear's cage and then

complaining when he bites it off.

I should have known more about the psychiatry racket. I used to read a lot — I should have read somewhere about how psychiatrists lock people up as easily as cops issue parking tickets. I knew enough to stay away from the Mafia, I knew enough to stay away from the military, I knew enough to stay away from the police, so why hadn't I had the sense enough to steer clear of psychiatrists? (p. 92-3.)

Environmental Illness Guide

Environmental Illness is a recently-acknowledged disability in which people develop problems when exposed to elements in their surrounding to which they've become sensitized, such as perfumes, soaps, tobacco smoke, plastics, paints, pesticides, carpet glues, solvents, etc. Says one person with E.I.: "Environmentally ill people are like the miners' canaries: the first to alert others about the hazardous environment." E.I. often overlaps with psychiatric labeling for at least two reasons: First, much of the pollution can cause mental and emotional difficulties. Second, people's reactions and fears to environmental poisoning are often disbelieved and dismissed as an emotional disturbance.

A 21-page guide on E.I. is now available. While focusing on the Marin area of California, this guide appears to be an up-to-date summary of the wider issues and resources available. For a copy write to: Susan Molloy; #2 Park Circle, Apt. 202; Marin City, CA 94965. Or call (415) 331-9804.

New Zealand info

Some of the literature given out by a New Zealand rights group, Patients Rights Adocacy, includes these three brief pamphlets: "You can live without tranquilizers," "Willpower OVER Pillpower," and "Say NO to tranquilizers." Anna de Jonge, the liaison officer from this group, has sent Dendron a great deal of other information, and excerpts will be appearing in future issues. You can write to Anna de Jonge; Patients Rights Advocacy; 65 Tawa Street; Hamilton, New Zealand.

Positive Visibility

Don Culwell, director of the national group, Reclamation, Inc., attended the September, 1989 conference of the National Association for Rights Protection & Advocacy. Don wrote up his conference experiences in the October issue of the group's newsletter, Positive Visibility. The 15-year-old Reclamation, which has a small but loyal membership, states it is a "National alliance of former mental patients working to help reclaim the human dignity destroyed by the stigma of mental illness." Write to: Reclamation, Inc.; 2502 Waterford; San Antonio, TX 78217.

Canadians Network

"Without restraint" is the clever name of a new publication that says it is "beginning to connect Canadians who have experienced the mental health system." The Fall 1989 eight-page issue included an article on "By Ourselves," a Saskatchewan drop-in center that's now open every day of the year, and is totally controlled by the members themselves. →

"We like to say that, at By Ourselves, we have three hundred counsellors who are always available to listen, to support and to supply crisis housing as needed," writes coordinator Bob Hughes. (To network write to By Ourselves, 2054 Broad Street; Regina, Saskatchewan S4P 1Y3 CANADA.) Several other articles in this newsletter discussed provincial networks and publications, plus the controversy of building both empowerment and partnerships with professionals. Write to *without restraint* c/o Julie Flatt; 2160 Yonge Street, 3rd Fl.; Toronto, Ontario M4S 2Z3 CANADA.)

British Newsletters

First, you'll want to network with a grassroots networking and advocacy group, Survivors Speak Out, c/o Peter Campbell; 33 Litchfield Rd.; Cricklewood, London NW2 Great Britain. They seem willing to take strong positions and actions for human rights on various issues, such as electroshock.

MIND is the National Association for Mental Health in England, but wait, before you yawn and move on, they do have a "consumer network." The summer issue of their publication *Mindwaves* included news of a "historic meeting" on June 20th between forty or more psychiatric survivors (representing a variety of groups) and Labour Party representatives. "It was the first time that a major political party has consulted psychiatric service users on mental health policy..." they report. (Also of interest: Peter Campbell writes to ask *Mindwaves* about their position — if any

— on electroshock.) This issue also included many addresses of groups internationally. Write: Jan Wallcraft, MIND; 22 Harley Street; London W1N 2ED Great Britain.

Death reports available

Attorneys investigating deaths in psychiatric institutions face the problems of medical research, witnesses, systems change, and more. New Jersey advocates have, over the years, developed an approach to documenting the causes of psychiatric inmate deaths. (But one of their main frustrations: Once they proved wrongdoing, they weren't prepared to organize a large community response in the media and legislature.) You can obtain copies of their lengthy "Investigations into the Circumstances of Deaths," including those at Greystone, Marlboro and Ancora Psychiatric Hospitals. Write: Department of the Public Advocate; Division of Mental Health Advocacy; Richard J. Hughes Justice Complex; CN 850; Trenton, New Jersey 08625.

Counselor Sexual Abuse

A 36-page booklet is available entitled, "It's Never OK: A Handbook for Victims and Victim Advocates on Sexual Exploitation by Counselors and Therapists." To obtain a copy, along with a list of other publications, write: Minnesota Program for Victims of Sexual Assault; Minnesota Department of Corrections; 300 Bigelow Building; 450 North Syndicate St; St. Paul, MN 55104. Or call (612) 642-0256.

Protest shock

see next page →

On October 30, 1989 about 20 people from the Clearinghouse on Human Rights & Psychiatry held a second protest over lack of informed consent for electroshock at Sacred Heart General Hospital, in Eugene, Oregon.

The main focus of the protest was that Sacred Heart's informed consent process — both written and videotaped — emphasize that long term memory loss is "uncommon" after shock. However, the Clearinghouse pointed to a federal National Institutes of Health 1985 consensus report on electroshock that states "many" people report memory problems, even three years after shock. Ironically, it was Dr. Stewart Shevitz, representative of Sacred Heart, that had personally handed the report to the Clearinghouse during a meeting in June of 1988.

Attending the October protest was George Kjaer, a psychiatrist who stated he occasionally gave electroshock without any written consent at all from the individual.

It was discovered the next day that Kjaer is the only sibling of Sonja Kjaer, coordinator and founder of the Tardive Dyskinesia/Tardive Dystonia National Association. Sonja has asked that her family relations not be brought into the shock campaign.

You can protest:

The basic ten steps of the protest can be easily copied in other areas & on

other subjects. If you expect a small event, it can be called a "vigil" or "street theatre." 1) Focus on a specific issue. 2) Document the problem. 3) Work with a small core group of ex-inmates and non-ex-inmates to plan the protest for a highly visible area, keeping it simple and dividing up tasks. 4) Create a clear poster on the subject. 5) Ask (personally, or by phone, posters & mail) progressive activists & friends about the event. 6) Prepare and mail clear, clean Media Releases on the protest. (How? Simply type contact information, words such as "media release," time & place of event, purpose, a few quotes on the subject by spokespeople.) 7) Make an easily-understood sign (s) about the event. 8) Call the media with last minute reminders to attend the event. 9) Notify the police (if required) and hold the event, being ready & rehearsed to answer media questions credibly, anticipating the psychiatric response. 10) Get protesters' names & phone numbers who want to be called for future events.

Because the subject is so infrequently discussed, almost all media in Eugene — and a state-wide paper — covered the protest. You, too, can reach hundreds of thousands to break the silence!

The Clearinghouse research report is available for \$1. by writing to CHRP; PO Box 11284; Eugene, OR 97440.

Local group 'shocked' over hospital therapy

By Hon Walker
Emerald Associate Editor

Electroshock, a last-resort antidepressant therapy, remains one of psychiatry's most controversial facets and is a subject of local dispute as well.

During an emotional protest on the corner of 13th Avenue and Kincaid Street Monday afternoon, about 10 members of the Eugene-based Clearinghouse on Human Rights and Psychiatry spoke out against electroshock procedures used at Sacred Heart General Hospital.

"It's not a medical issue. It's a human rights issue," said David Oaks, clearinghouse coordinator. Many members of the clearinghouse are former psychiatric inmates and seek to educate others about treatment of patients, he said.

Demonstrators read a list of demands, which included abolishing the possibility of administering electroshock without the patient's consent. Some patients have received the treatment at Sacred Heart without having consenting, Oaks said.

The group also called for a change in the hospital's policy of informing patients that persistent memory loss after electroshock is uncommon. In addition, the demonstrators asked that the hospital create and pursue alternatives to electroshock.

Oaks said the demonstration was planned after 16 months worth of efforts to negotiate with the hospital were "stonewalled," he said. "Our main contact has been through the public re-

lations department, who admit that they have no authority on the subject."

After collecting about three dozen signatures, the group marched to the hospital to present the demands and release their report on the hospital's procedures.

During electroshock — electroconvulsive therapy, or ECT — an electrical current passes through the brain for a fraction of a second, causing an immediate seizure and unconsciousness.

"It always has been a controversial treatment, probably the most controversial treatment that we have in psychiatry," said Dr. Stewart Shevitz, director of the Department of Psychiatry and Behavioral Medicine at Sacred Heart.

The technique is used only when other forms of treatment such as counseling and medications haven't worked, Shevitz said. "It is a treatment of last resort, but for many patients it is a lifesaving treatment as well," he said.

Most of those who receive ECT are severely depressed or suicidal, Shevitz said. He estimated that the suicide rate among ECT patients would be 15 to 20 percent if the patients remained untreated.

Of the 500 to 600 patients admitted to the hospital's psychiatric department per year, one or two per month receive ECT, Shevitz said. During a two to three week period the patient typically will receive six to eight shocks, but not more than 12, he said.

In 1978, an American Psychiatric As-

For further information —
and a research report
(\$1) "Sacred Heart &
Electroshock," write to
Dendron; P.O. Box 11284;
Eugene, OR 97440

sociation task force studied ECT concerns and developed guidelines for its use, Shevitz said. The policies of Sacred Heart are based on these national guidelines, he said.

Signing a consent form is part of a larger process of informing the patient about the alternatives and risks of ECT. Patients also view a videotape about the procedure, and the physician meets individually with the patient before any treatment, Shevitz said.

"The most important part is talking to the patient, answering questions, and giving information about (ECT)," he said.

Compared with the facts on the consent form, the information given to the patient at this time by the physician is much more detailed, he said.

Shevitz added that at any time during the treatment process, consent may be revoked if the patient or guardian chooses.

An overwhelming number of patients receiving ECT undergo the treatment voluntarily, Shevitz said. However, in some cases the patient is unable either to grant or to refuse consent.

A judge can make a legal decision as to whether another person can provide guardianship consent for a patient to receive ECT, as with other medical treatments, Shevitz said.

"We don't want people to feel like we'd go ahead and force this treatment on someone who didn't want it," he said.

Shevitz said instances of involuntary ECT treatments are quite uncommon, but he did not have statistics on the number of patients who did not sign their own consent forms. During the past year "maybe one" such case occurred, he said.

Oaks said that any instance of ECT without consent is immoral.

"To give forcible electroshock is a rape of their soul," he said. "I think there should be criminal action against anyone who dares give electroshock to anyone who doesn't want it."

Much apprehension about ECT stems from stereotypes of electroshock's early years since its inception in 1938, Shevitz said.

More refined methods allow today's doctors to treat patients with less electricity than those in previous decades, he said, resulting in fewer adverse side effects.

Oaks, however, said, "Electricity and the brain are still the same as they were 30 years ago." To cause a seizure, the electricity reaching the brain must cross a threshold, he said.

"The same event is an electrical convulsion in the brain," he said. Memory loss is a holistically side effect of ECT. After electricity courses through the brain, memory loss can occur. Using a smaller amount of electricity has reduced the problem, Shevitz said. The amount of memory loss can be "anno-

ying but not problematic," he said.

"Just like any other treatments, there are benefits and disadvantages," he said. He added that memory loss is a potential drawback of ECT, but that a disproportionate emphasis on the problem overshadows the benefits of ECT.

"For those who undergo it, I'd say it's effective in about 70 to 75 percent of cases," he said.

A stipulation of the Sacred Heart ECT consent form reads that an uncommon hazard of ECT is persistent memory loss.

Oaks cited a 1985 federal report which stated that "many" patients reported memory deficiencies after treatment.

"The consent sheet says it's uncommon," Oaks said. "We've talked to a lot of people who've had electroshock. It's not uncommon."

"We just want them to tell (ECT patients) at Sacred Heart," he said.

On June 8, 1988, clearinghouse members met with Sacred Heart staff to discuss their concerns about revising the consent form, Oaks said.

Though hospital staff have reviewed the form, they did not feel the need to make any changes, said Mary Fakakibara, community relations assistant at Sacred Heart.

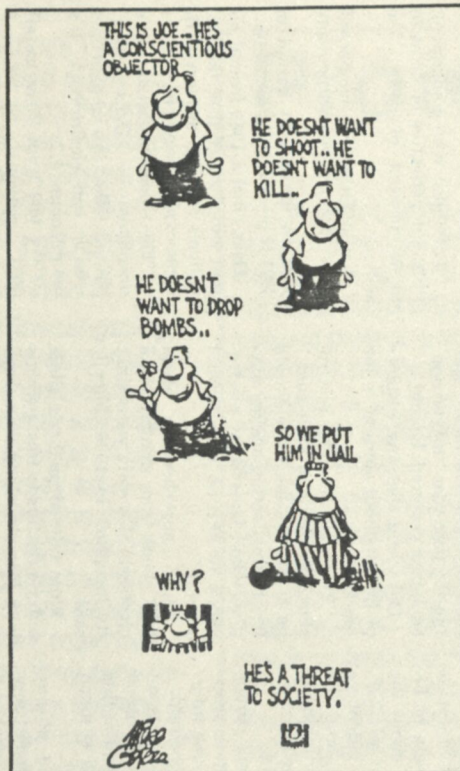
The American Psychiatric Association will release another ECT report in early 1990, and any modifications of the consent procedure would be made then, following the national recommendations, Shevitz said.

WANTED: Donors for grants or no-interest loans to expand *Dendron*. By increasing the budget, *Dendron* could then move to newsprint. This would increase readership at least ten-fold. Dollar-for-dollar, *Dendron News* is a good investment to help a diverse movement network. (Major donors: Please write for *Dendron*'s grant application, for proposal details.)

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Crazy Woman Talks to the Moon by Madronna Holden

You up there,
Why are you rolling into my bedroom window
As if you knew my secret:
That I am a friend to the sky.
Crazy friend: not so dangerous.
Just a bit loose about the edges. Just
Inhabited by voices.

Ah, Moon, I come loose,
Will you take me
Bubbled up like this,
Foaming out
All over things?

And why are you
Grinning that superior silver grin
Dissolving my ladders of logic
Into brickyard tumble?
Dissolving my careful order
Into bonfire sparks
Owing the night
Nothing:
Just a flicker,
Here bright,
Here gone?

Ah, Moon, will you take me
Inhabited by my own past
Complaining about too much,
Gambling for more?
(Take me easy,
Without counting the
Times?)

Take me
In the language of kelp,
In the rope of my woman's tide:
Take me like a familiar,
From the inside out.
Take me
Rolled into my winter blanket
Of skin, naked and cold,
Beyond clothes.

Ah, Moon, I am your crazy woman
Regale me with stories of the
mountains
You found and lost again,
Playing with shadows.
Stuff me with the greenglow laughing
You are made of
Until I ooze that sweet light
Out of all my pores
Making my world sticky
With spirit.

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***Dendron* back issues!** (\$1.50 each. \$20 for all 14 issues.)

All of the below, \$20 is enclosed.

- 14: U.S. Supreme Court hears forced psychiatric drugging case. World Federation of Mental Health Consumers forms. 1,200 ex-psychiatric inmates gather at U.S. alternatives conference.
- 13: Lobotomy effect of psychiatric drugs. U.S. government censors psychiatric critic. Protest of American Psychiatric Association meeting.
- 12: Spirituality & psychiatry: The inquisition continues. Creative spiritual emergence.
- 11: Psychiatric drugs cause brain damage epidemic. Mass media coverage. Survivor theatre.
- 10: Anti-electroshock demonstration. Success story of "street crazy." Human rights covered. Self-help solitude & scream rooms.
- 9: What are the alternatives? Movement unity.
- 8: Campus mind control. Alternatives '88 Conference gathers more than 1,000 ex-inmates.
- 7: Forcible drugging, how does it feel? Animal abuse linked to Thorazine, Lithium & shock.
- 6: Co-operation or co-optation: How can we work with professionals? Gay & lesbian rights.
- 5: Controversies split the Movement. Kids' lib.
- 4: Inside a self-help group. Psychiatry & war. Break the silence, by George Ebert.
- 3: Psych. drugs harm brain. Psychiatry's link to pesticides. Federal teleconference networks.
- 2: Interview with R.D. Laing. Wilderness as an alternative. Parent's alliance tries censorship.
- 1: Psychiatric drugs: role of force, death, profits. Black civil rights movement lessons.

Send list on separate page, or check off boxes.

Mail with check to: *Dendron*, PO Box 11284, Eugene, OR 97440