

Break the silence about psychiatric oppression!

*Inside: Secret Service,  
Support-In brainstorm,  
600 march for rights,  
lobotomy, allies & more!*

# DENDRON

NEWS \* issue #19 \* October 24, 1990 \* 75 cents



## “Mental health” helps control poor in BRAZIL!

The poor people of North-East Brazil are starving, dehydrated, dominated. But many of them put down their own physical anguish & anger to “nervous problems,” according to Nancy Scheper-Hughes, a Professor of Anthropology at the University of California, Berkeley.

She has visited, lived and worked in North-East Brazil on and off since 1964. In a book to be published in 1991 by the University of California Press (called *Death Without Weeping: The Madness of Hunger in North-East Brazil*), she exposes the roots of this medical social control.

The barren 600,000-square-mile sugar plantation region of Pernambuco has much hunger, along with great thirst, because the poor often cannot get water. Fascist landlords compete for power with bandits. Workers are practically serfs. The hunger of the coastal sugar-cane workers and their families is constant.

“No other calamity has quite the shattering

continued on next page ➡

## US Food & Drug Administration proposes giving **electroshock** the **rubber stamp!**

On September 5, 1990, the U.S. Food & Drug Administration published its proposal to reclassify the electroshock device from Class III (high risk) to Class II (low or moderate risk) based on “new information regarding the device.” This would mean electroshock would escape a safety investigation that the FDA was mandated to conduct during the past 11 years, but which it failed to do.

Seth Farber, New York City radical psychotherapist, is outraged. Here are excerpts from his open written testimony to the FDA.

by Seth Farber, Ph.D.

The FDA proposal is in effect a cover-up. The force of the criticisms made against shock is not conveyed by their review of the literature. Like an ostrich burying its head in the sand, the FDA does not even mention the major argument made by shock critics: Shock is a treatment designed to inflict injury upon the human brain. Consequently, it results in brain damage and memory loss. The alleged “therapeutic” effect is in fact a result of the brain injury.

A panel which made an attempt to be truly objective would at least consider the shock-as-brain-injury thesis.

Common sense would indicate that jolting the brain, the most delicate tissue in the body, with an electrical charge roughly 100,000 times greater than the brain is used to, might very well injure it.

Many experts (even some of the staunchest supporters of shock) have testified it produces brain damage. Max Fink, for example, candidly wrote in a 1958 article[1] “from the data available, it is probable that the biochemical basis for convulsive therapy is similar to that of craniocerebral trauma.” Paul Hoch, who had been director of the New York Psychiatric Institute and is a well-known shock proponent had likened shock to lobotomy. “This brings us for a

continued on page 4 ➡

## Secret Service and psychiatry work together!

Psychiatry plays a seldom-discussed intimate role with the Secret Service (S.S.) in Presidential "protection," involving hundreds of commitments annually. This is not reported by public media because of an informal "national security" agreement not to cover certain so-called U.S. "terrorist" activities out of fear of copycats.

Threatening the President violates a 1916 law. In more recent decades, the S.S. has routinely written to psychiatric institutions demanding that any individual who makes threats, whether idle or serious, should be immediately reported to the S.S., without warning the individual. The Secret Service position is that this "social responsibility" overrides any rights of confidentiality to likely suspects.

The bottom line: Certain casual, angry political remarks to a "therapist," in total privacy, could lead to government monitoring and enforced psychiatric drugging.

Based on the S.S.'s numbers (which may purposely be low), about 200 "Threateners" were committed in 1988, or about 4 per week. The number of "Threateners" committed to psychiatric institutions outnumbered arrests five-to-one. In five unnamed cities in 1987, as a pilot project, the Secret Service developed "close ties" with mental health professionals "involving valuable training." The program was expanded in 1988 and again in 1989.

The S.S. also protects the Vice Pres., any President (or Vice Pres.) elect, visiting dignitaries, and others. Of course, other law enforcement agencies also use similar techniques. When the international economic summit was held in Texas earlier this year, there were so many prevent commitments to "clean up" the city that national news reported the government office issuing commitment papers stayed open 24-hours a day.

Patrick McDonnell, B.S., Special Agent in Charge of the Chicago S.S. Field Office, explained that every threat is considered serious until it is evaluated. Each "Threatener" is placed in one of three classes, Class Three being most serious. From 1986 to '89, 3,133 were Class One; 1,536 Class Two; 140 Class Three. In late-1989, McDonnell said about 160 individuals were considered worth monitoring, and 20 were confined.

[Information gathered at American Psych. Assoc. 1990 Annual Meeting, based on conservative newsletter, *American Academy of Psychiatry & the Law* (Dec. 1989) so it may be incorrect or distorted by the sources.]

## Brazil — continued from cover

effects on personality and behavior as the experience of acute hunger," explains Scheper-Hughes. But instead of complaining of starvation, they complain of an "ataque de nervos" (nervous attack). In an interview, women in the slum of Alto see their starvation, discontent, fear and even parasitic infections (all related to their work as laundrywomen, rural laborers and domestics) through the metaphor of "nervos," or nerves:

**Sebastiana:** As for me, I'm always sick, I'm *fraca de nervos* (I have weak nerves).

**Author:** What are your symptoms?

**Sebastiana:** Trembling, a great chill in my bones. Sometimes I shake until I fall.

**Maria Teresa:** There are many kinds of nervos. [Anger nerves, overwork nerves, fear nerves, attack of nerves, mental weakness.]

**Author:** Is there a "cure" for overwork nerves?

**Sebastiana:** I take tonics and Vitamin A.

**Rosa:** Yes, lots of people take tonics, others take nerve pills, a lot take tranquilizers.

**Maria Teresa:** Don't forget sleeping pills.

**Sebastiana:** At night when everything is still, and the night is so dark, so strange, time passes slowly. I almost go mad with *nervos* at times like that. I think of so many things, so many sad and bitter thoughts cross my mind. Memories of my childhood and how hard I was made to work, working like that in the fields on an empty stomach. Then the tremors begin, and I have to get out of bed. It's no use. My illness is really just my life."

*Nervos* is a "social illness," says the author. It allows the hungry, irritable and angry a safe way to express their discontent, because free speech is limited. But the health care system, politicians and the rich are

fully prepared to back up this folk "illness." The poor line up in clinics, in drug stores, in municipal dispensary for pills, often dispensed free as a "social service."

She asks: "Why medicine? Why not simply distribute food to hungry people? Medicalization mystifies. It isolates the experience of misery and it domesticates people's anger. There is power and domination to be extracted from the defining of a population as 'sick' or 'nervous.' To acknowledge hunger (which is not a disease but a social illness) would be tantamount to political suicide among leaders whose power comes from the same plantation economy that produced that hunger in the first place...

This 'bad faith' operates among the doctors and pharmacists who allow their knowledge and skill to be abused; among the politicians who wish to see themselves as community benefactors, while knowing full well that they are nothing of the sort; and even among the poor who are so often critical of the medical 'care' they receive yet continue to hold out for a medical solution to their economic problems.

"The determination to see malnutrition and dehydration as something other than what they are, as a nervous condition to be treated with painkillers, tranquilizers, tonics and elixirs, represents the worst instance of collective bad faith... This, too, is the madness of hunger."

[Information is from *New Internationalist*, a British-based magazine that covers the injustice of world poverty and inequality. Its July 1990 issue focused on "The Fear of Madness," with about eight articles, touching on Nicaragua, Guatemala, Japan, and India. Unfortunately, several of the articles accept the medical model and stop short of calling for a total change of the system. For a copy send \$3. to: *New Internationalist*, 55 Rectory Road; Oxford OX4 1BW England.]



The face of hunger: not sick but angry.

## DENDRON

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

Write: *Dendron News*; PO Box 11284; Eugene, OR 97440

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Phone: Letters are preferred. But you can leave up to a 30-second message any time at (503) 341-0100. We will try to call back if you say we can call collect, and you give the best time to call.

## Editor's note:

### Video "madness":

It's getting cool out up here in the Northwest. Not cold. Just cool. OK, OK, a little wet, too. (I don't want to discourage more *Dendron* reader/volunteers from moving to Eugene — as two have so far!)

It's time to hibernate a little. Kick back. Pop a few videos into the VCR if that's what you like to do... So get out the popcorn and special toppings. Call your friends (especially that one with the VCR). And you've got a Mad Video Party.

I really like *They Might Be Giants*, a comedy with George C. Scott, who thinks he's Sherlock Holmes. A rebellious psychiatrist plays his assistant, and of course her name is Dr. Watson. It's a great, funny exploration of what so-called "psychosis" and "normality" are all about.

And then there's *Mr. Deeds Goes to Town*. Did you know that in this classic, tuba-playing Gary Cooper is put on trial for "manic depression"? My favorite films are normality-busters: *Bliss* (Australian drop-outs), *Brazil* (hyper dark humor), and now *Rocky Horror Picture Show* is finally in video! Send a list of your favorites soon!

### Much thanks to:

Tom, Norma, Debra, Kate, and even my Mother and Uncle Al who visited here, and ended up stuffing envelopes! Thanks to our new weekly survivor group for emotional support. (If you're in the area and would like to join, give us a call.)

### Macintosh tips:

As you might now, *Dendron* is put out with the assistance of a Macintosh. They're very easy to use, and I recommend them to all movement groups for publishing, mailing lists, etc. Here are two tips: • A new bargain-basement Mac has just been released by Apple. • Also, a number of used Mac Plus-es are now on sale, and they do just fine.

## networking: where readers... write

### Off lithium, lobbying for electroshock hearing.

After reading in *Dendron* about Lithium, I gradually weaned myself off of it. I did not take any drugs for nine months.

I am secretary of an independent social club of ex-mental patients & outpatients of Johnson County, called LINC., Inc. Su Budd of Kansas City is our Vice-President. Along with her, I had the support & prayers of all the Board members. I had larger mood swings on Lithium then off.

We are one of the states that has a Congressman who is a member of the House subcommittee that can have a hearing on electroshock safety. I am encouraging all the members of our group, LINC, Inc., who wish to write about this to do so. I have written to Rep. Waxman, & Rep. Whittaker of Kansas. I have used your sample letter as a guide. This congressional hearing is long overdue. I also brought it up at the board meeting of LINC, Inc., and several others had gotten your newsletter. So we are a "hot contact."

Good luck to all of us. My own daughter-in-law had shock 6 years before I met her. I saw my first shock patient when I was 17 at Iowa State Psych. ward. I have never forgotten. It frightened me then and now for those who have gone through it.

Phillis A. Mathis; 477 E. Loula, Apt. #4; Olathe, KS 66061

Editor's note: Other readers in Portland, Oregon; Virginia and New York have also been in touch to say they are "hot contacts" for lobbying these subcommittee members for an electroshock hearing. Are you in a subcommittee member's district? For info, contact *Dendron* soon.

### India, co-counseling & and favorite alternatives.

About 12 years ago I traveled in Asia for three years and my trip ended with my hospitalization in the Hospital for Mental Diseases in New Delhi, India. There I was given lots of drugs and then shock treatments. The shock scared me into total submission and consequently speeded up my release. I was briefly hospitalized in the States where my treatment was much more humane than in India, but still terribly oppressive. Although brief, my stint in mental hospitals changed my life profoundly.

I got on SSI. This was in the mid-seventies and I had a number of friends who were cultural workers or political activists who were also on SSI. Among my friends it was considered a fine way to pay the rent. As the political climate changed over the years, I became more and more closeted about getting SSI.

A couple of years before my hospitalization Leonard Frank gave me a copy of *Madness Network News*. When I was locked up in the hospital I remembered the newspaper and it was comforting. I think knowing there was an anti-psychiatry movement gave me strength. After my hospitalization, I contacted movement groups but was really put off by all the anger and negativity.

After trying Radical Therapy, Reichian bodywork, feminist therapy, and never having anything really work, I came upon Reevaluation Co-Counseling.

In R.C. I get together with another person and we take turns listening to each other. This has been great support for me because co-counseling recognizes mental health oppression, is free, and involves

continued on page 7 →

The Support-In is a new coalition of a mental liberation groups that held successful simultaneous events in 8 places in the U.S. & Canada in mid-May 1990. What's next? Coalition members held several brainstorm sessions, and are now choosing from them.

You might find this brainstorm helps your juices get going. Remember, nothing here is written in stone.

Good community organizing strategically picks focused campaigns from a range of options to maximize "wins" and build the group for future victories. Some events can combine several options.

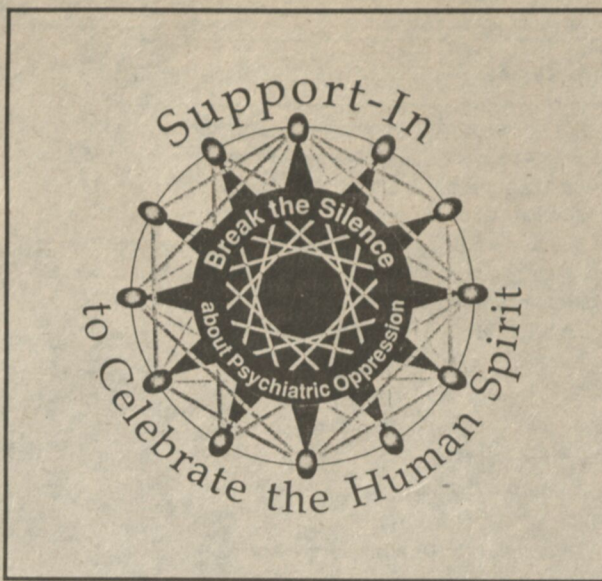
**If your group is interested in joining the coalition, write c/o Dendron soon!**

## Mental liberation brainstorms!

**Proposals now being weighed by coalition groups:**

- **Break the silence about electroshock.** Educate the public about the comeback of electroshock, especially the cover-up of electroshock's long term effects. Campaign slogans ("Zap the Lies?") and materials. Possible group and member actions: Letter writing, vigils, leafleting, posters, petitions, wearing buttons.

- **Support-In Sunday, July 14, 1991.** This date (Bastille Day) has been used for 14 years — and promoted by The Alliance of Syracuse, New York over the last ten years — as a day of protest about psychiatry. It was big this July 14, 1990 when the Alternatives '90 answered the Alliance's annual call in the largest demonstration in our Movement's history (see article this issue). So now, thousands of radical and moderate survivors are aware of this annual protest date. Jay Mahler and several coalition folks met that evening to brainstorm ideas; his idea is the one almost everyone liked, and could combine quite a few ideas. These events could be whatever "Support-In" the individual or group is ready for. On a small level, an individual "in the closet" could hold a living room candlelight vigil or video showing with friends. A larger group could hold a Festival of Alternatives (with talent show, art, food, music, etc.) and a "Support-In" in memory of those killed or hurt. (The next day, Monday, could also be used for vigils at busy places. Perhaps we could all call for a national boycott of coercive psychiatrists and facilities?)



- **May 1992, Washington, D.C., Counter Conference and Festival of Alternatives.** The American Psychiatric Association 1992 Annual Meeting is May 2 to 7, in Washington, D.C. For many years, the movement has produced protests at most A.P.A. Annual Meetings. This area of course has APA and NIMH headquarters. We could do something similar to our May 1990 event, but we would have 18 months to prepare. (By the way, for your information, the APA is meeting May 11 to 16, 1991 in New Orleans, Louisiana; and May 22 to 27, May 1993 in San Francisco, California. Seven coalition supporters and others in Louisiana have been contacted about possibly sponsoring at least a small vigil in front of the A.P.A. May 1991. And start getting ready now for 1993, San Francisco!)

**A few of the other ideas cooked up during coalition brainstorms:**

- A **film/video festival** of some of the many popular films and documentaries dealing with our issues. Can be in people's living rooms, or at public Film Festival.
- Unite with **homeless in tent cities**, etc.
- Help create **safe sanctuaries** in communities to go in times of need (like those block parents homes).
- Hold vigil or media event **December 11, 1990**, 40th anniversary of testing Thorazine on a living being.
- De-medicalize **hallucinations, visions**, etc. Get support of human potential, new age and 12-step groups to

help decide what kind of support system would be useful for someone having these experiences, pass laws preventing hospitalization for such experiences, set up humane system to provide support (some new age folks and others already have some centers for "spiritual emergence").

- Provide a **"living will"** service for Americans. They could carry a survival card that says what to do if they are contacted by psychiatric system. We could have a national 800 number with proof on file that when they were so-called "sane" they requested, in front of witnesses, to never have forcible psychiatric procedures (and other requests the individual might come up with).

- Get **progressive MH workers**, including students against forced psych. procedures involved. Break down barriers between survivors and supportive workers. People who are both survivors & workers could spearhead this.

- Provide model statutes to state legislature lobbying for human rights, no coercion, etc. Create a declaration of rights. Note: Focus on rights in community, too.

- Promote **job banks** for ex-inmate employment.
- Help grassroots groups get lots of **local media**: talk shows, vigils, interviews, letters to editors, etc.

- Encourage **peaceful demonstrations**, for instance in front of institutions.

- Help network people interested in issues to create **skits & theatre** (street, improv, guerilla, videos, etc.)

- Instead of medical system certifying MH, have **national mentors** who are widely accepted for their wisdom and supportive abilities be available to give attention in emergencies — we would make our own accreditation system and insist the MH system adopt this one.

- Have **medical chart burnings** just like the draft card burnings during the Vietnam war protests, or ripping up labels, medical records, etc., in ceremonial protests.

- Seek **actual closing** of psych. institutions.

- Help **national agenda planning** in movement.

- **Remove psychiatrists** from being on top of MH system, encourage other professionals to challenge them, eventually getting users themselves in control.

- Create our own **media and communication** systems: publishing, video, audio tapes, computers, etc.

- Support **spiritual freedom**, the right for every human to define his/her reality, religion, symbols. Create a position paper, and take it to workshops, conferences.

- Reach **insurance companies** bilked by MH.

- Get contributors to **take out ads** in papers & magazines: e.g., anti-NAMI ad, outreach, or anti-forced drugs.

## rapids

### Underground railroad

Tom Russell lived all his life in Des Moines Iowa. In the late '70's and early '80's he had been locked up for brief times for "emotional disturbances." At the end of June, just after his 36th birthday, his mother gave him a very odd gift: Concerned about his behavior she filed commitment papers against him. But this time, neighbors tipped Tom off. Plus, his friends Bruce & Cindy Gates, who were visiting Des Moines, invited him to drive back to Oregon with them. "The police were pissed to find out I was gone," said Tom. "They kicked down my roommates' door."

Now Tom lives with the Gates, who practice a spinal alignment healing on the "Tao Farm," which is also a Learning Network for homeschoolers. "That vertebrology work sure beats psychiatric drugs," says Tom, who regularly volunteers at *Dendron*. You can call the Gates at (503) 933-2034.

### Japanese psychiatry

A Japanese psychiatric survivor, only identified as "Mr. H.," escaped Japan last year and sought asylum in England. He revealed a frightening world of involuntary institutions.

Mr. H.'s first run-in with psychiatry was when, highly pressured to achieve, he over-studied and became exhausted at 17. He would stay in his room, listening to his radio. Diagnosis: Schizophrenia.

Attorney Etsuro Totsuka confirms Japan has traditionally considered the psychiatric labeled as hopeless, incurable genetic misfits, family disgraces, to be confined and forgotten.

Totsuka, who has campaigned for human rights in this field many years, says a National Health Insurance Act passed in 1958 has made "mental illness" very profitable, increasing psychiatric beds more than 3-fold, to 340,000 today. Now as many as 250 people per 100,000 are detained in psychiatric institutions against their will, compared with 2.5 people per 100,000 in Europe, a lock-up rate 100 times greater.

Totsuko claims scandals in the 1980's, including 222 deaths in three years in a 1,000-bed hospital, prompted a 1987 "Mental Health Act" in Japan, supposedly now beginning to protect rights.

Mr. H. had heard nothing of a new law. (Source: *New Internationalist*, 9/90.)

### A "win" in California

"It's a great victory," said long time survivor activist Jenny Miller. California Network of Mental Health Clients and other groups defeated a bill this September that would have overridden even a limited right to refuse psychiatric drugs.

Sponsored by California assemblyman Bruce Bronzman, who receives a great deal of campaign contributions from psychiatric-related groups, AB 190 would have thrown out a 1989 landmark Cal. Supreme Court decision, *Riese vs. St. Mary's*.

Activists lobbied hard in Sacramento, and won despite what Jenny called "deceitful" moves by Bronzman.

### Drugged to kill

Lawyers for Michael Perry went to the U.S. Supreme Court in October, seeking to prohibit Louisiana from giving Perry psychiatric drugs that could supposedly "restore his sanity." A catch: Perry is on death row, and the state can only kill people who are "sane." The state wants to drug him, so they can then kill him.

Will Catch-22 be used? If he refuses, then he wants to live, so he's sane and the state can kill him. But who is really crazy?

### Insurance industry wary of psychiatric costs

Aetna, like much of the insurance industry, is concerned about the rising cost of psychiatric "treatment" for company health plans. In a report on the subject, Aetna states: "Large companies are now paying 7 to 15% of their health care costs for psychiatric treatment, according to Bureau of Labor statistics. Many believe this statistic to be optimistic, and benefits managers describe company mental health bills running as high as 14-20% of plan costs."

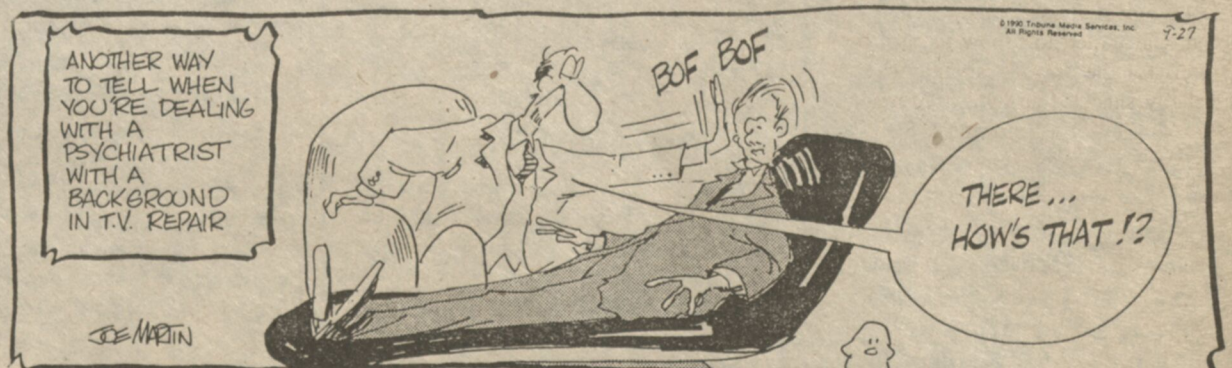
The reasons? • Drug abuse inpatient programs, especially for adolescent children of workers (sometimes one half of a company's "mental health" expense). • Increased diagnosis of alcohol problems, which were often passed over before. • For-profit hospital chains, which create pro-

grams and billing practices to target this vulnerable area. • Traditional hospitals, faced with empty beds, adopting the same aggressive business techniques. • A 1983 act of Congress exempting psychiatric care from "prospective payments" (paying for future services). • Cost bundling: for example, adding group therapy as an extra charge instead of including it in per diem costs. • Mystifying insurance companies with incomprehensible diagnoses & practices, plus suddenly switching diagnoses to maximize insurance. • Inpatient care: Although 99% of "mental health" is outpatient, 75% of money goes to inpatient.

The most unusual reason for the increase in "mental health" costs: Stigma of "mental health" has somewhat decreased, so people more likely openly turn to psychiatric services, usually outpatient! Meanwhile, practitioners "faced with increasing competition for the existing body of patients, are seeking to expand the patient population."

Aetna's suggestion: A "case manager," typically with a master's in public health (who Aetna calls their "patient advocate"), oversees and encourages "outpatient" care and "partial hospitalization." Ignored by Aetna: Totally revamping the system and providing innovative, non-evasive, empowering, low-tech alternatives.

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A number of grassroots events in memory of those killed and damaged by psychiatry were held in mid-May 1990, at the same time as the New York City Support-In. Here are some of the reports. (Your event missing? It's not too late to send in your report.)

## Looking back at May 1990 Grassroots Events

### Toronto, Canada — by Ontario Psychiatric Survivors Alliance

About 40 people attended a rowdy demonstration in front of the Clarke Institute of Psychiatry in Toronto on May 14, 1990 at noon, shouting "Stop shock now!" The demonstration was co-sponsored by OPSA and Phoenix Rising magazine, and endorsed by the Toronto group Resistance Against Psychiatry.

The Clarke has been called Ontario's most notorious shock mill, and has inflicted thousands of shock treatments on hundreds of individuals over the past couple of decades, without informed consent. Inmates are told only that ECT (electroconvulsive "therapy") is "safe and effective." In fact, it is not safe... or effective...

The use of shock is still very common in Ontario. Between April 1, 1988 and March 31, 1989, 9,850 shock "treatments" were administered in psychiatric wards of Ontario general hospitals alone. (This does not count the many shocks given in provincial institutions — statistics on these are extremely hard to come by.) [To contact, see OPSA newsletter in Resources, this issue.]

### Colorado

During a state-wide "consumer" conference at a campground in Estes Park, 25 survivors, including NAPS coordinator Rae Unzicker, formed a circle to remember those killed or damaged by psychiatry. Pat Risser and Chris Stellation helped organize it. A small Denver vigil was organized by Clover Foss. [Recently, this Denver group held another protest at an A.P.A. meeting. Psychiatrists complained, police removed protesters. The group has contacted the ACLU.] [Chris Stellation; 611 Marion Street; Denver, CO 80218. phone (303) 831-8660; or Clover Foss; PO Box 39127; Denver, CO 80239. phone (303) 371-1440]

### Canadian deportees drugged for flight

Canada has been forcibly drugging uncooperative deportees before returning them to their country of origin, Immigration Minister Barbara McDougall admitted. But McDougall defended the long standing practice as necessary to ensure the safety of passengers. The practice was revealed at a May 7, 1990 news conference held in Toronto by the Emergency Coalition Against Inhumane Deportation.

### Restraining Restraint in Toronto

Mark Patton, a former inmate of the Queen Street Mental Health Centre in Toronto, has launched a \$150,000 lawsuit. Last year Queen Street forcibly strapped him to a bed for 28 hours despite a cracked rib and other injuries.

Patton was institutionalized by his parents for stopping his psychiatric drugs. After a week indoors he tried to step outside for fresh air. For this "crime" he was immediately stopped, placed in solitary confinement, forcibly drugged and tied up.

The practice continues. This summer, for instance, Queen Street restrained an individual for nine out of ten days.

### Long Beach VA Kills

The psychiatric unit at the Veterans Administration Medical Center in Long Beach, Cal. failed to follow its own precautions for the use of restraints when it repeatedly shackled an inmate a few days before he died of a heart attack Sept. 15, hospital records show.

Thomas G. Cowan, a 37-year-old, was ordered locked in leather restraints four times between Sept. 6 and 11.

The ward had been closed in May after a rash of inmate suicides. Cowan died two months after it had been reopened.

Cowan's mother reports his "symptoms," which started 13 years ago were, ironically, mainly "paranoia."

### Ithaca, New York

Larry Roberts, Myra Kovary, Jeane Dumont, Rickey Proctor and others work with the Ithaca Mental Patient Action Coalition (IMPAC) held a vigil to protest a mental health center's future mental health services on May 14, 1990, noon, with about 20 people. They sang, read poetry. They had a moment of silence. Mary Ann Ebert brought signs protesting electroshock. [IMPAC attn: Myrna Kovary; 518 Warren Road; Ithaca, NY 14850.]

### Birmingham, Alabama by Sandra Everett, NAPS liaison

We met at the Springville Road Library, and had talks on "The blood-stained history of psychiatry, "Women at risk of annihilation: The social context of 'Therapy,'" "Autism: The Conspiracy Against the Silent," etc. The radio shows I did before the Support-In were more profitable than the event itself. We had a very hard hitting meeting. It was A-1. It is a shame that it wasn't covered in the news. Instead of making telephone contacts like I usually do I depended on radio airtime to supply the people for the Support-In. Next time I'll know to do both phone calls and radio. Next time I'll have a back-up system of my own to do record the event in case of unavailability of another person. [For tapes of radio shows, send donation for costs: Sandra Everett; 9220 A-1 Parkway, E., Su. 153; Birmingham, AL 35206. Or call (205) 836-4319.]

### San Jose, California

Community for Interdependent Resources held a recreational and discussion day with other community centers in the area. Seven members flew to NYC for the Support-In there. [See their alternative in Resources, this issue.]

### Massachusetts— by Althea Fiore

We had a protest at the local state hospital on Saturday, May 12. We got a lot of positive responses from passers-by. We held up signs saying, "The State Hospital ... a Waste of the Tax Payers' Monies." And believe it or not (I'm sure you can) the State of Mass. is planning to expand the use of some state hospitals, specifically Worcester State Hospital. What an outrage! They are planning to redo the facade of the building. They have dropped plans to remodel the wards and are planning to keep the sleeping bays — no semiprivate rooms — there is no money for that they say now. Of course there isn't. It is only where the patients live.

G.O.O.D. continues to meet. The local community men-



tal health center calls us "that alleged group" that cannot help anyone. I find that to be an endorsement from the professionals. Informally we have helped keep three people out of the grasp of the state hospital. [Guiding Our Own Destinies (GOOD); attn: Alice E. Kidder; 239 Randall Road; Berlin, MA 01503 phone (508) 838-2586.]

### Port Orford, Oregon Coast by Susan M. Loeber

We went into the national forest to a clear field and stream and set up our cook out gear while a few of the Port Orford Group went exploring... Tony Matoza was facing ankle surgery soon and sponsored the transport and leadership for this beautiful alternative to always staying in town. Some of our group usually do walk all over town all day. Some clean up every piece of rubbish and others pick up what they can do to the point of tourists saying how clean our area is. Well, for the first time we went all day without some harassing remarks and seeing the human filth of their litter. We all ate to our hearts content and some swam in the stream. When we left there was a spotless camp and how many non-client cook outs can say that? We even entertained thoughts of a fake mining claim just to secure a space of our own in a fast and disappearing logging state. We saw a bit of bear running fast, maybe a bigfoot? No, but there was a great calming effect later when we were back in town... but have been to the "Top of the World." [Susan Loeber; PO Box 1406; Port Orford, OR 97465 phone (503) 332-9755]

### Cigarettes & psych. drugs

A study in the 1980's showed that about 30% of the general population smoked, but approximately 52% of psychiatric "outpatients" and 85% of those labeled "schizophrenia" smoke. Why? One study shows that smoking cuts the problems of drowsiness and low blood pressure from neuroleptic drugs. Another study shows that smoking lowers the level of neuroleptics in the body. Nicotine apparently increases dopamine, the brain transmitter targeted by neuroleptics. Smoking can also lessen other neuroleptic effects such as tremors, restlessness, shuffling, spasms, drooling, etc.

Unfortunately, smoking and neuroleptics combined can increase some problems, such as water intoxication from drinking too many fluids (which kills one in ten who get it). Also, TD is apparently more likely in smokers. In one study of neuroleptic users, 26% of non-smokers had TD, but 54% of smokers did. (Information gathered by Western Mass. AMI.)

Withholding cigarettes is a traditional punishment on many wards. Public psychiatric facilities in some states, such as Oregon, are now going "non-smoking."

### Psychiatrist loses license

Some of the few times Dendron runs across a psychiatrist losing a license is when he/she brings outside non-traditional religious beliefs into their practice.

This happened again on July 27, 1990 when the Virginia Board of Medicine revoked the license of born-again psychiatrist Alice T. Phillips. The board said she prayed "in tongues" with clients, plus she prescribed herself drugs (a common psychiatric practice by the way, usually "fun" drugs), and prescribed her clients too many drugs. Phillips advised one client she was possessed by a "demon of fear," held prayer sessions, and claimed to be a medium. Phillips is appealing to a higher power: federal court.

### Tardive Tour

Ira Gruber, as *Dendron* readers know, has brain damage from taking neuroleptic drugs. Ira and his partner, Tina Jenneray, are planning another national tour, including southern California, Texas, Arkansas, Tennessee and Boston. If you're from those areas you can visit with them, or host them for a group discussion, protest, media appearance, etc., Call on weekends at (206) 623-1549. Or write them: 1206 E. Pike St.; Seattle, WA 98122.

Ira has tardive dystonia, in the same group of risks as tardive dyskinesia. He is one of the founders of the TD/TD National Association but has recently resigned. Tina reports: "We are both pretty fed up with the organization. Moderation has failed and activism is the only way to go."

### Kowalski fight continues

Karen Thompson and Sharon Kowalski were lovers for four years, but then a car accident severely damaged Sharon's brain. Karen, who lives in St. Cloud, Minnesota, sought for years to see her partner, but Sharon's parents prevented it. This became a heated battle for gay rights and head injured activists. Karen & Sharon finally won that fight. As a result of the publicity, thousands of gay and lesbian couples have drawn up wills, agreements and powers of attorney. Karen is fighting in court to be Sharon's guardian, but Judge Robert Campbell keeps delaying a decision.

### Rich blast homeless

The Wall Street Journal (WSJ), which has the second-largest circulation of any daily paper in the U.S., has been increasing its blasts against homeless psychiatric survivors. An op-ed piece, editorial, and two book reviews, all within three months, called for re-institutionalization. Named as responsible for this homelessness: Szasz, Laing, ACLU, other "civil

rights attorneys," and the "ex-mental patient" movement, among others.

One example: Rev. J. Douglas Ousley, a Manhattan minister, in a WSJ op-ed article August 3, 1990, called for locking up some homeless individuals in psychiatric facilities as a Christian gesture. The August 22, 1990 WSJ printed our response:

As a survivor of forcible psychiatric procedures, I must challenge the benevolence of Mr. Ousley when he argues for incarceration as a humane way "to get the mentally ill homeless off the streets."

Many of us with psychiatric labels vote with our feet to avoid traditional services, often just heavy dosages of chemical straitjackets. Psychiatry must now compete with other options for emotional support, including none at all. The profession, and Mr. Ousley, seems surprised when we prefer the gutter to psychiatry's degrading diagnoses, coercive techniques, solitary confinement, restraints and electroshock.

Mr. Ousley may discount my suggestions, coming from someone with a diagnosis of "psychotic." However, a few model services, such as community centers run by homeless people, are attracting customers. These services respect human rights, and even encourage consumer-ownership for those who are ready. The person's real life needs are addressed. Isolation, for example, is met with mutual support groups. Also, money and homes are provided, to the extent that shamefully limited resources are available.

It is easier for Mr. Ousley to attack the civil liberties of psychiatric survivors, rather than the pocketbooks of upper-income Americans, whose average annual income skyrocketed during the "greed decade." His approach comforts emotional distress all right: the guilty consciences of the rich as they step over the homeless on the streets. If this is Christian benevolence, I prefer to just say "No!"

DAVID OAKS  
Coordinator  
Clearinghouse on Human Rights  
and Psychiatry

Eugene, Ore.

# ZAP THEIR LIES about electroshock!

**Lie:** "ECT is improved. It's not the "Cuckoo's nest" of long ago. It's not used as punishment any more. The patient now signs a lengthy informed consent, often after seeing a special video."

**Truth:** One thing has stayed the same for 52 years: Shock doctors still lie. Almost all written informed consent (and especially those videos, often made by shock manufacturers) cover up the fact that many shock survivors report long term memory problems, and other mental difficulties. These complaints about shock — but none of shock's praise — are ignored by shock doctors as "subjective."

In one study, cited by the federal National Institutes of Health, more than 50% of shock survivors reported memory difficulties 3 years after shock. But the American Psychiatric Association new standards recommends telling potential shock recipients the rate is only 1 in 200!

Coercion, subtle and blatant, is still the bottom line. Alternatives other than drugs are usually not offered. People are often told they'll never get better without shock.

Those given shock are usually very vulnerable, most likely an older person, drugged and locked on a psych. "ward," expressing feelings of extreme sadness.

Twice as many women as men are shocked. Shock is still a political act.

Sometimes, outright force is still used. Shock can still be given without a signature in many states, by getting a court order or another doctor's approval. At Oregon State Hospital, between 1969 and 1983, records show that Thomas Grenfell was given more than 700 electroshocks against his will.

**Lie:** "Technology has improved ECT so there's little long-term memory loss. We use muscle relaxants & anesthesia, eliminating the risk of broken bones. We use a smaller current, and a type different than the old *sine wave*, called *brief pulse*. We often shock only one side of the brain, the side less-involved with memory."

**Truth:** Electricity and the brain are still the same as when shock was used on a human being in 1938. A threshold must be reached to cause the dangerous convulsion. Even many shock proponents agree there are no sound studies proving these "improvements" make long-term memory loss and other mental problems uncommon.

Muscle paralyzers and anesthesia may stop bones from breaking, but not brains from frying. In fact, these cosmetic cover-ups have their own risks, and sometimes mean a bigger current must be used to reach the convulsion threshold. According to psychiatrist Peter Breggin, a higher — not lower — current has generally been used since these "improvements."

And many shock doctors even still use the old *sine wave* shock machines and higher currents. They just don't get the effect they're after with lower jolts.

Shocking one side of the head (called *unilateral shock*, as opposed to *bilateral shock*) and claiming less memory loss is one of the shock doctors' most evil tricks. They choose the non-verbal side of the brain, and memory tests are verbal, so less memory loss is apparent! But the brain damage might even be worse than usual on the non-verbal side, less valued in our linear, technological society. Memories, of course, are found throughout the brain.

**Lie:** "ECT is the treatment of last resort, after we've exhausted all alternatives. For the few who do not respond to anti-depressant drugs, ECT is often a life-saving procedure, preventing suicide."

**Truth:** This is a terrible lie, because by "last resort," they usually mean they tried drugs & traditional talk therapy. Some doctors even advise using shock first. Countless empowering alternatives have worked, but these are ignored by shock doctors, and never compared with shock in studies.

Degrading approaches such as shock can lead to suicide, as with Ernest Hemingway. One key study often cited to prove shock prevents suicide actually concludes there was no effect on the suicide rate. People sometimes kill themselves because of problems in their real life, about which shock does nothing; a severe lobotomy might also prevent suicide... but there are more humane ways of helping.

**Lie:** "Proof of our procedures' integrity is that patients are grateful afterwards."

**Truth:** Hundreds of shock survivors have testified for decades that they were damaged by shock, but have been ignored. But even many who say they benefited from shock are calling for these human rights demands: *True informed consent, no force, and a range of alternatives.* That's why more than 1,000 psychiatric survivors approved these 3 demands by acclamation at a conference on August 6, 1989.

And remember, some individuals sniff glue today to induce brain damage for a "high." That some people want shock is no reason to drop human rights safeguards.

**Lie:** "We don't know how the procedure works, but scientists agree it is more effective in lifting the patient out of depression than any other psychiatric modality. There are risks, as with any medical procedure, but the benefits outweigh them."

**Truth:** If science agrees, why is shock still the most controversial procedure in psychiatry? Why are many scientists flatly opposed to it? Many psychiatrists, institutions, counselors, etc. refuse to use shock;

are they criminally negligent?

In fact, a number of doctors hypothesize shock "works" by causing brain damage. After a head injury there is often a period of euphoria & apathy, which psychiatrists take as "improvement." Some scientists feel that's why up to 50% of survivors in one study "relapsed" within 6 months after shock. Thus, some shock doctors are now giving "maintenance" shock each month.

The APA approves shocking more than just people diagnosed "depressed." They have officially endorsed shocking for a wide range of behavior. Are you next?

Some doctors admit that new patterns of insurance payment are one reason for shock's comeback. Shock doctors tend to make far more money. Shock justifies high payments during the shorter stays encouraged by insurance companies. Shock was created in an authoritarian society. Now, as our society becomes increasingly authoritarian, it turns to shock as a violent way to control feelings through a quick fix.

The official "symptoms" of sadness that shock is meant to stop, listed in psychiatry's *Diagnostic & Statistical Manual*, include common behavior such as early morning waking, mild weight loss, and expressions of sad feelings. Often, real life problems are the reason people feel sad, but shock does nothing to help that, and can make these problems even worse. Is all that really worth the risks, which are so frequently covered up by psychiatry? Shock doctors' actions are far worse than the behavior they are targeting!

There are far better ways for equals to closely support and empower each other. But psychiatry is based on controlling feelings in a distant way. It is no wonder they have generally failed as a profession.

When all is said and done, it is up to the individual to decide about shock, without any coercion, given complete information and a range of options. Shock doctors and the medical profession have refused to allow this freedom. We must hold them accountable, or be complicit. *Zap their lies!*

## FDA & Shock — cont. from page 1

moment to a discussion of the brain damage produced by electroshock... Is a certain amount of brain damage not necessary in this type of treatment?"[2]

A survey done by the American Psychiatric Association in 1978 reported that 41% of psychiatrist respondents agreed that it was likely that shock caused "slight or subtle brain damage." Only 26% disagreed.

Harold Sackheim, a well-known proponent of shock and professor of psychiatry at Columbia University, wrote, [The ECT-induced seizure, like spontaneous generalized seizures in epileptics and most acute brain injury and head trauma, results in a variable period of disorientation. Patients may not know their names, their ages, etc. When the disorientation is prolonged, it is generally referred to as an organic brain syndrome.]"[3]

The multi-billion dollar electroshock industry has been attempting for 11 years to obtain a rubber stamp of approval from the U.S. government for what is, in my own opinion, a violent criminal act committed against a vulnerable and defenseless population.

Effectiveness claim dishonest

The FDA claims ECT is "effective" in treatment of "severe depression." However, the studies cited in support of this are consistent with the interpretation of shock critics: the "therapeutic" effect is a short-term personality change resulting from the brain damage caused by shock.

Leonard Roy Frank, a shock survivor & writer, has forcefully & precisely summarized this thesis: "The hypothesis suggests that ECT 'effectiveness' stems from the brain damage ECT causes. As happens in cases of serious head injury, ECT produces amnesia, denial, wide and unpredictable mood swings (from euphoria to apathy), helplessness and submissiveness. Each one of these effects may offset the problems which justified the use of ECT in the first place..."

John Friedberg the neurologist agrees with this interpretation. In an interview in the San Francisco Bay Guardian (April 18, 1990) he stated: "Insults to the brain of any type — strokes, concussions — cause temporary states of euphoria. All neurologists know this. It's no secret. And that's exactly what shock is, a head injury. For a while, people feel better, but it's temporary."

## Bay Area shock hearing!

After recent disclosures that three San Francisco psychiatric facilities have resumed or are now planning to resume using electroshock, San Francisco Supervisor Angela Alioto has announced that an all-day public hearing on electroshock will be conducted on Nov. 27, 1990.

"I am absolutely amazed to discover that electroshock therapy is being used again in our hospitals," Alioto said, in a *San Francisco Bay Guardian* article, "and I am even more surprised at how few people are aware of it."

"I want to make sure that the public is getting the whole truth when it comes to the risks of electroshock. There are serious disagreements in the medical community about electroshock's effectiveness and its potential for damaging the brain."

A new organization, which includes electroshock survivors, has started to drum up support for the hearings: Concerned Citizens Opposing Electroshock. The initial committee included: Fancher Bennett, Ted Chabasinski, Melissa Daar, Leonard Roy Frank, Ingrid Kepler-May.

Fifteen years ago a public hearing on electroshock in San Francisco became very lively when a group calling themselves "Proud Paranoids Theatre Troupe" actually

performed a mock electroshock.

The 1990 hearing itself will be conducted by the City Services Committee of the San Francisco Board of Supervisors beginning on Tuesday, November 27, 1990, beginning at 10 am, at City Hall, in the Civic Center.

CCOE can be written c/o Patients' Rights Advocacy Services, Inc.; 2325 Third Street; San Francisco, CA 94107. Or call (415) 552-8100.

## Lobby congresspeople!

Linda Andre, electroshock survivor and activist, recommends writing to your congressperson — *whether or not* they are on a committee that oversees shock. Ask them to contact these committees to require shock to stay Class III so it has an FDA safety investigation. Also, demand a public hearing on shock.

Ask your Representative to lobby Rep. Henry Waxman's Subcommittee on Health & the Environment. Ask your Senators to lobby Sen. Edward Kennedy's Committee on Labor and Human Resources.

[If you live in these states you have special clout. Write to *Dendron* soon about helping: CA, FL, GA, IA, IL, KS, MI, MN, NY, OH, OK, OR, TX, UT, VA.

## FDA lies about "suicide" study

APA partly line that there is "a reduced risk of death" among individuals who have received ECT "as shown by the Avery and Winokur study." The reader is led to believe that Avery and Winokur study documented a reduced risk of death by suicide. However, the Avery and Winokur study found that for some reason the ECT group had fewer deaths from myocardial infarction. Avery and Winokur go on to conclude: "In the present study, treatment [ECT and anti-depressants] was not known to affect the suicide rate." [4] The FDA proposal reiterates several times that ECT reduces the suicide rate. Yet this claim remains unsupported.

## Mental health is failed profession

An increasingly evident failure of the mental health system to help individuals in distress has led to a crisis in the ranks of the helping professions. Active elements, particularly psychiatrists, have responded to this crisis with the intelligence and compassion of a pack of rabid dogs. They have not put their own house in order, or introduced radical, humanitarian reforms. Instead they have attempted to boost their incomes and protect their public image by marketing a variety of somatic treatments that

lead to the further traumatization of precisely those individuals who are in the position of greatest vulnerability.

It is a tragic fact that a group of psychiatrists — blinded by greed, fear and power — make their living inflicting brain damages on individuals already suffering enough as it is. The recent suggestion of Dr. Harold Sackheim, a renowned psychiatrist, that depressed individuals go in every two or three weeks for "ECT treatments" is cause for concern.

## Notes

- 1: Archives of Neural Psychiatry, 80, 380-386, 1958.
- 2: P. Hoch (1948). Journal of Personality, 17, 48-51.
3. Acute cognitive side effects of ECT. Psychopharmacology Bulletin 22, 482-484, 1986.
4. Avery & Winokur, Archives of General Psychiatry, 33, 1029-1037.

Seth Farber has just written *Madness, Heresy & the Rumor of Angels: The Challenge to the Mental Health System*, featuring interviews with eight survivors. To be published in 1991 by Station Hill Press. Contact Seth Farber at 172 West 79th St., #2E; New York, NY 10024. Phone (212) 799-9026.

For six years, the federal government has funded a huge annual national conference of psychiatric survivors, many who are current users of emotional-support services, such as a drop-in center, half-way house, or clubhouse. In past years, the "Alternatives" conference had political struggles between conservatives and radicals. 1989 was marked with intense in-fighting within the ranks of "moderate" survivors, nearly destroying the National Mental Health Consumers Association.

This year's, July 11 to 15, 1990, was held at a university campus in Pittsburgh. Unconfirmed attendance estimates were as high as 1,500. (Next year's Alternatives '91 will be in San Francisco in August.)

## Alternatives '90

by Janet Foner

Several events made the gathering historic:

### Huge march reaches mass media

The largest protest march in the history of our movement — and unprecedented at this conference — was held on Bastille Day, July 14th. This is a traditional protest day for us, started by the Alliance of Syracuse, New York, ten years ago. This year's got national media attention, including an Associated Press wire story: Millions read about it. At one point there were about 600 of us marching together, shouting, "Tear down the walls!" which was the official theme of the conference. We also chanted, "1 - 2 - 3 - 4, We won't take your drugs no more, 5 - 6 - 7 - 8, Fuck the therapeutic state."

At a downtown square we heard Charlie King, a working class folk singer. I especially liked a song that went, "out of our pockets — where does the money go — into the pocket's of the guy who's got the dough."

Despite rain many stayed three hours and heard a few dozen open-mike speakers.

### Survivor/consumer summit

Our movement has been marred severely by divisiveness for the last few years as the two main national organizations fought each other.

This year there was almost all new leadership on the executive committee of the National Mental Health Consumers Association (NMHCA). [Paul Dorfner, Hikmah Gardiner, John Basham, Barbara Peller, Dan Link and Patrick Irick.] There are about 900 members, but NMHCA, but at their membership meeting they reported their treasury was too small for regular membership mailings. [To contact NMHCA: Pat Irick; PO Box 1166; Madison, WI 53701.]

Right after the big protest, NMHCA's executive committee members met publicly with board members for the

National Association of Psychiatric Survivors, the largest national pro-choice network of ex-inmates. These dozen or so board members from the two, formerly-warring groups sat in a circle, watched by a full classroom of survivors.

The two boards agreed on 15 or so major issues that they will work on together. There was loud cheering from observers after many of the cooperative agreements.

A priority was to write a joint statement giving one big cold shoulder to the new federal "National Mental Health Leadership Forum," a government-sponsored consortium including the American Psychiatric Association, Mental Health Association, etc. The statement will say neither organization will join this coalition, because it excludes our issues requires a loyalty oath to their campaigns for brain new research, psychotropic drugs, etc.

Paul Dorfner, new President of NMHCA, said that, "Why should we burn ourselves out going to their meetings, spinning wheels, when the real work we need to do is organize our movement?"

### My favorite times

Another milestone was having 25 or more caucuses for all kinds of groups: women, men, artists, electroshock survivors, Jews, etc. Though room assignments were handed out late many groups met successfully.

As always, the talent show was popular, organized by Bluebird, with a 2nd spontaneous one by Matthew Groff.

My other favorite part of the conference was Jay Mahler's keynote speech, in which he spoke movingly and powerfully of the institutional brutality we do not want to return to, of "dynostriches" who have their heads in the sand and want to send us back there. "Instead of the decade of the brain, this should be the decade of the survivor/consumer." He said social security recipients have the expertise to balance the U.S. budget, since they are forced to live on so little!

My other favorite times were spent hanging out with friends, old and new, especially at a "user-run drop-in center," for The Support-In, that we created in the literature

room by gathering some couches together.

Also for the first time, a special panel of survivor speakers were chosen because they had visions of a world without psychiatric oppression. Highlights:

- Paul Dorfner suggested we follow his lead and make videotapes of what goes on in state institutions, and elsewhere. He said for our movement communication is equivalent to ramps & signing for the disability movement.

- Mary Carling came out strongly for people being able to influence their "treatment," because she had been forced to take drugs she was allergic to.

- Dian Cox spoke: of creating places people want to come to, like this conference... of coming together while not compromising our values... of recovering from the forced treatment of dependency.

- Harold Mayo's address — here are excerpts.

### Harold says "Break the Wall!"

"The wall of Apartheid in South Africa is crumbling. The Berlin wall has fallen. Still, there are other walls behind which people do not walk free. Walls of brick and stone and steel, of lexan windows that bends but does not break no matter what force is hurled against it. Tens of thousands are this day, at this minute, imprisoned behind those walls. We are the lucky ones, outside those walls, free of those walls, of bars, restraints, forced drugs — the rape of forced drugging. We are outside, free.

"And because we walk free, our voices must unite as one as did the voices of East Germany — to bring down those walls.

"There are yet other walls, walls of prejudice, not built of brick, but of word: "Patient" when we know it is "prisoner"; "hospital," when we know it is "prison"; "mental illness" when we know it is simply "label." Our silence, our shame helps maintain those walls, and that silence must end: Silent victim, willing victim.

"We must orchestrate our voices, focus our energies, unite to end the abuse that professional reformers could not. They fail because they work for us, not with us.

"No one speaks for us better than we do. No one.

"Who knows the isolation, the fear, restraints, forced drugging? WE DO!

"Who knows the pain, the discrimination, the abuse that exists behind those walls? WE DO!

"And who has the power to bring down those walls? WE DO!

[Write: Harold A. Mayo; Mental Health Clearing House; 19049 West Murcott Drive; Fort Myers, FL 33912.]

## "Controversy" & "allies" by David Oaks

You may or may not like these groups, or choose to work with them. But as far as I can tell, only NAMI is now working for *more coercion against* psychiatric survivors.

### Scientology

"I'd like to state I've found the *Citizens Commission on Human Rights* to be great allies!" says Sandra Everett, board member of the National Association of Psychiatric Survivors (NAPS). This is a controversial view because, as CCHR openly says, it is an arm of the *Church of Scientology*. For years, CCHR has been fighting psychiatry. They've held protests, published high-quality brochures & magazines, and made media appearances. But Scientology is often criticized by survivors for allegedly being very controlling, and for using its own brand of stigmatizing labels in its counseling system. Many purposely distance themselves from CCHR, which has been labeled by psychiatry as a "cult."

"Not to want to work with someone because of their religious beliefs is a form of bigotry," replies Sandra. "I feel that it is very important for all those fighting against psychiatric oppression to unite."

CCHR just published a 300-page book which it says hits hard at psychiatry's history & techniques (called *"Psychiatry: Help or Betrayal?"*) For CCHR info & publications in the US, toll free: (800) 869-2247.

### New Alliance Party

Imagine counselors, social workers & psychiatrists fighting against the economic & political oppression of their clients! That's what the *New Alliance Party* (NAP) does in the middle of New York City.

A few NAP activists, including a radical psychiatrist, attended the NYC Support-In, joined protests, and published an article about it, though they didn't formally join the coalition. But some psychiatric survivors, such as Project Release's Laura Ziegler, warn there is a negative side to NAP.

Laura has provided *Dendron* with a 15-page report called *"Clouds Blur the Rain-*

*bow,*" published by Political Research Associates (cost \$2.; address: 678 Mass. Ave., #205; Cambridge, MA 02139).

This report examines the group's 5-year history. It concludes: • NAP refuses to deal with an allegation about a short period when a few leaders had ties to the La-Rouche group, before it turned right-wing. • NAP allegedly provoked the FBI to target a former member and critics. • They use the "Rainbow" slogan even though they're separate from Jesse Jackson's coalition. One fundraiser has allowed the confusion to help raise funds. • The final criticism is totally ridiculous: The research firm asks how a political empowerment organization could possibly ethically have ties to emotional support work! The research firm gets very blurry on that point themselves!

### Is problem RC or Siegel?

Shirley Siegel of Seattle is a former member of *Re-Evaluation Co-Counseling* who complains that RC's director is unelected, and has had sex with a number of members. Shirley is a former sex partner of this director, but says this is not one of her complaints. Siegel admits all activities in RC are voluntary, but blames RC for bad decisions she has made. Her "solution" is *totally* opposed to our movement: Siegel lobbies in the state of Washington to regulate all "counseling," even informal peer support between equals! In other words, if this law passed, survivor peer support groups would need to be state regulated, or be banned! Siegel has turned her wrath against groups who have any RC members by writing unfair letters to national media, reminiscent of the McCarthy era. Since the Pope and most religious leaders aren't elected by their followers, I asked her "Are you against all groups with priests on their board?" She said "no," but had no reason for her double standard.

### Parents' group scary

by Althea Flore, Mass.

Exciting, promising... and frightening is how I'd describe the annual convention of the National Alliance for the Mentally Ill, held July 19 to 22, 1990 in Chicago.

NAMI increasingly includes more than parents, who built it in the mid-1980's, bringing in siblings, religious leaders, minorities, and "consumers." Every subgroup, except "consumers," has a *network*; the "consumers" have a *council*. Anyone can join a network, but one must be appointed to be part of the Client Council.

**Workshops:** • Legal rights speakers favored outpatient commitment (forced drugging in the community), and relaxing commitment laws. The "consumers" in the audience bristled. • Housing: Paul Carling raised consciousness. • Consumer-owned & run work cooperatives was best, an idea developed in Italy modeled after worker cooperatives there. • Pastoral care: Ministers supported the current psych. system. • Drugs: Surprisingly, Psychiatrist & pharmacologist Jack Gorman said psychiatric drugs are used too often, at too high a dose: "The treatment should not be worse than the original condition, side effects should be lessened." He warned people about "the wonders of Clozapine." But when electroshock came up, Dr. Gorman said it had gotten a bad name. Also, Dr. Gorman claimed neuroleptics are not addictive, but had withdrawal symptoms, so one must withdraw slowly. I had some medical training and was taught if a drug had withdrawal symptoms, it was addictive.

Clozapine was everywhere, with little on side effects. Sandoz had an exhibitor's booth, giving out gifts and propaganda. Out of 9 conference sponsors, 5 were drug companies: Abbott, CIBA-Geigy, Hoffmann-LaRoche, Sandoz and Upjohn.

NAMI is embracing innovative ideas, but is still convinced forced "treatment" is a good idea. NAMI is not ready to accept all of what "consumers" have to say.

### NAMI made me gag!

by Pat Risser, Colorado

I was a member of the Colorado chapter of NAMI for 3 years. I hoped to keep them honest, but they were so entrenched I couldn't budge them. I resigned from the state Board of Directors because I can swallow only so much garbage before I gag.

NAMI was formed out of a radical reaction to years of finger pointing by psychiatrists who claimed there was a connection between bad parenting and "mental illness." So NAMI pushes the myth "mental illness" is mainly a "medical condition" to be treated by drugs & locked doors.

The NAMI folks are dangerous. One reason some push stronger commitment laws, drugs and shock is to cover-up family problems. What better way to keep child abuse silent than to shackle the abused person by psychiatry?

But this cover-up is only a small portion of their conspiracy of silence. An equally heinous crime is their motives.

We survivors have the most at stake in the system. Sometimes, the system holds our very lives at stake. We should have the most powerful voice in its shape.

Other "stake" holders are those who provide services. For many this provides a livelihood, a somewhat legitimate stake.

Next, the taxpayers have a stake.

Those with the least amount at stake in the system are AMI members. Their crime lies in relinquishing personal responsibility of their family members completely over to the system. If as they contend "mental illness" is indeed purely medical then they should either take care of their family member, or let the system operate without input from themselves. They cannot have it both ways. Unless they choose to assume some personal family responsibility, they should bow out. [Pat Risser; 2934 South Grape Way; Denver, CO 80222. (303) 757-4416 or 691-3721.]

# resources

## Books

**The World As It Is.** By Norma Klein. (Dutton, NY: 1988). Hardcover \$189.95, paper \$4.95.

review by Fred Zimmerman

Critically-acclaimed author Norma Klein breaks the silence about psychiatric oppression in this powerful novel. The story is told through the eyes of three characters, a lawyer and a schoolteacher who have the misfortune of being incarcerated in a private mental institution, and a psychiatrist who works there. Ms. Klein is aware of the dangers of electroshock and psychiatric drugs and very skillfully shows the mind games that the staff plays on the inmates. This novel is especially good in demonstrating the dangers of internalized oppression, and the plot explains how and why the system breaks the schoolteacher while the lawyer remains defiant. If the book has a weakness, it is that it portrays a very middle class view of psychiatric oppression, and ignores state hospitals and oppression in the community. I suspect that this reflects the author's personal experience. The dialogue in the hospital rings so true one suspects Ms. Klein has "experiential expertise" in psychiatric oppression. (Paperback could be found this fall in Waldenbooks & B. Dalton chains.)

**Final Analysis: The Making & Unmaking of a Psychoanalyst.** By Jeffrey Moussaieff Masson. Addison-Wesley, NY: 1990. \$18.95 hardcover. 212 pages. [Just received, not reviewed.]

Jeffrey Masson is well known as a psychotherapist who turned his back on the profession. In *The Assault on Truth* (1984) he documented their cover-up of Freud's eventual admission that childhood reports of sexual assault were in fact often true,

not subconscious fantasies as he first claimed. In *Against Therapy* (1988), he challenged all hierarchical "therapy" that places healer above client by labeling, attitude, technique, etc. (He does endorse peer-group support between noncoerced equals.)

*Final Analysis* promises to give the personal inside story of his training, skyrocketing career, and ultimate expulsion from psychotherapy.

## Magazines

**Phoenix Rising**, double issue with a Lesbian and Gay supplement. July 1990. \$4.00.

With one final flight, *Phoenix Rising* is done. For 10 years, this high-quality Canadian publication slashed psychiatry. Its 70-plus page final issue is fitting and inspiring, especially to gay & lesbian psychiatric survivors, with 40 pages of affirmation personal stories. *Phoenix Rising* had a history of connecting survivors with allies, such as women and prisoners.

Send \$4. for this last issue, and ask for their extensive publication list: *Phoenix Rising*, 394 Euclid Ave., Toronto, Ontario, Canada M6G 2S9. Or call (416) 929-2079.

**Journal of Mind & Behavior**, Vol 11, #2 & #, special double issue: Challenging the Therapeutic State, including articles by: Breggin on drug-induced brain damage; Frank on electroshock; and Chamberlin, Szasz, Coleman, Scull, Farber. [Not yet received.]

## Newsletters

**Ontario Psychiatric Survivors Alliance, Newsletter #1.** OPSA was launched after last year's Canadian-wide conference of survivors, called "Our Turn." This Spring, they attended public hearings on proposed community "mental health" (CMH) legislation all over Ontario. OPSA issued a position paper demanding the ma-

majority of CMH boards be "consumers," and opposing "outpatient commitment."

OPSA, 3107 Bloor St., W., Suite 201, Etobicoke, Ontario M8X 1E3 Canada.

**The Empowerer**, a voice of Tennessee survivors. September/October 1990 issue covered "Emancipation Day," declared by Governor Ned McWherter: September 10, 1903 was the day Clifford Beers, founder of the Mental Health Association, was released from a state hospital. Also, coverage of Alternatives '90. Write: The Empowerer, c/o DuBose Conference Center, PO Box 339, Monteagle, TN 37356.

**Youth Lib**, is a newsletter published in Montreal by the "Syndicat des Eleves." Its purpose: Pour la liberation des jeunes et des enfants. That is, "for youth and children's liberation." The summer 1990 issue, 32 pages, as an informal feeling to its layout, and included many articles (in French and English), news clippings and resource listings on kids lib. The new issue should be out. \$2. U.S. or \$1.50 Canadian: Syndicat des Eleves; 2035 Boul. St.-Laurent; Montreal, Quebec, Canada H2X 2T3.

**This Brain Has a Mouth: The National Magazine of People with Brains.** This is a radical publication by and for people who have had brain damage, most commonly from an auto accident. It is fascinating how similar these disability rights issues are to ours, even though they do not deny that "something happened" to their brains. The most common theme is empowerment. They argue that even a brain damaged person who is isolated, labeled, drugged, and humiliated person has less of a chance of leading a fulfilling life, whatever their limitations. They play up peer support, and social/environmental help. Plus, it's expertly written, with lots of humor and drawings.

The September/October issue pokes fun at the jargon of a rapidly growing profes-

sions, such as "neuropsychologists," who "medicalize" head injuries. "Behavior unit = jail, time out room = solitary confinement, cueing = telling people what to do, "you're being inappropriate" = "I don't like the way you're acting."

Head injuries are booming business, and these professionals are catching on to forcible neuroleptic drugging, and big insurance payments. Luckily, the head injured are fighting back with a national movement (yes, complete with infighting between angry & moderate factions).

Write: *Mouth*, 61 Brighton St., Rochester, NY 14607.

**Incitement:** A radical newsletter for people with disabilities: people in wheelchairs protesting for access, national call for better attendant services, etc. ADAPT; 1208 Marshall Lane; Austin, TX 78703.

**ARCH-Type**, Canadians "defending the rights of people with disabilities." 40 Orchard View Boulevard, Suite 255; Toronto, Ontario M4R 1B9 CANADA.

**NJCOSHAP Newsletter.** *New Jersey Consumer Operated Self Help & Advocacy Program.* Covers their programs, including their respite residents house in Asbury Park. Three residents of a house would have their rents subsidized. In exchange, a fourth resident, screened by a coordinator, would be placed to gain emergency peer support and temporary housing. Write NJ COSHAP; 906 Grand Ave.; Asbury Park, NJ 07712.

**Portland Coalition Advocate:** Covering this Maine organization, Portland Coalition for the Psychiatrically Labeled. Includes articles residential programs, workshops, outpatient commitment, protests, poetry. Write: PCPL, PO Box 4138; Portland, ME 04101.

## book review

# Lobotomy!

**Brain damage by knife is attacked... but author ignores brain damage by drugs.**

**Little has changed since the 1950's except this time YOU and others know about it!**

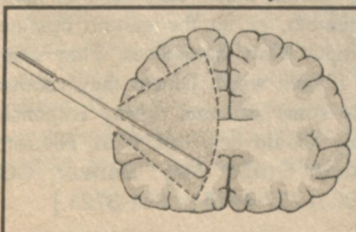
**Great & Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness.**

By Elliot S. Valenstein. Basic Books, NY: 1986. \$10.95 paperback. 338 pages.

This University of Michigan neuroscientist unearths a fascinating history of lobotomy, including its origins. Evidently the triggering event was a simple animal-response experiment. The author omits that this is true of the other three main "radical" weapons of psychiatry — electroshock (pigs, 1938), lithium (guinea pigs, 1949), and neuroleptics (rats, December 11, 1950).

"...a female chimpanzee named Becky was an emotional animal when she first arrived at Yale Laboratory, before any experiments had begun. Later, during the testing, she often had 'temper tantrums' when she lost out on a food treat because she failed to make the correct response...

[S]he often had to be dragged into the testing chamber, where she often rolled on the floor, while defecating and urinating. Following bilateral destruction of the frontal lobes [lobotomy], she, of course, still could not solve problems but stopped having 'temper tantrums' and eagerly entered the test chamber. [Yale experimenter Carlyle] Jacobsen described Becky's changed behavior by stating



Damage of Freeman-Watts standard lobotomy by stick shoved in holes cut in head. (Everett Grantham/R. Spencer Philippen drawing.)

that she appeared to have joined a "happiness cult." (By the way, all lobotomized chimps failed testing!)

This experiment was described at a London neurology congress in August 1935. An extremely arrogant, fame-obsessed Portuguese-aristocrat doctor, Egas Moniz, arose, asking "Why would it not be feasible to relieve anxiety states in man by surgical means?"

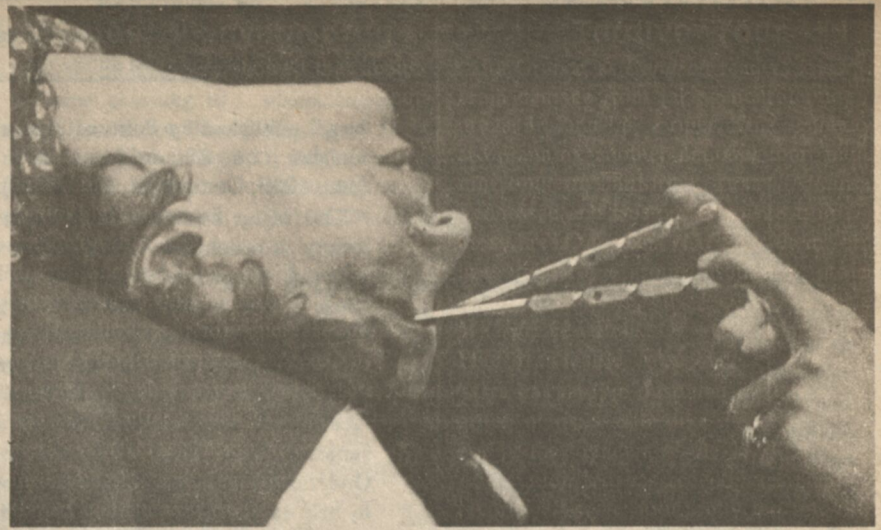
Moniz returned home and on November 11, 1935 performed the first human lobotomy at Manicome Bombarda Asylum on a 63-year-old woman. Her main sign of improvement: Claims of persecution gone! Moniz never mentioned the chimp experiment as influential, bragging he had thought about the idea a long time.

## Freeman's ice pick

Valenstein describes the American-version of Moniz, the infamous Walter Freeman, who matched Moniz in wealthy background, thirst for recognition, and early interest in Yale's chimp-obedience surgery. Freeman's first lobotomy was January 1946 with an ice pick that even read "Uline Ice Co." on the side.

Incredible atrocities are documented. For instance, in 1947 Freeman went to a motel where a family involuntarily held down one of their members. Freeman quickly applied a few bursts from his portable electroshock device, which passed on straight wall-socket current and doubled as anesthesia for the lobotomy. Then Freeman pulled his lobotomy tool from his pocket, poked it through the soft area above the man's eyes, into his brain, and twirled it around for a "transorbital" lobotomy... all while the man lay on the motel room floor! Blue Cross then knowingly paid for it. By 1951 Freeman could lobotomize a human being in less than 10 minutes.

Freeman championed the above-the-eye lobotomy, saying psychiatrists could quickly learn it, rather than rely on surgeons for a standard lobotomy, which cut holes in the side of the skull to twirl the metal stick. (The book underlines the historic fight of psychiatrists with neurologists & neurosurgeons, a key professional split for us to exploit.) Freeman feverishly traveled the U.S., teaching psychiatrists this easy-to-do lobotomy. Once, he left town while a student was in the midst of stick-twirling. A piece



Walter Freeman developed this "easier" lobotomy so psychiatrists could do it: The doctor pushed the stick through the eye sockets in *transorbital lobotomy*.

broke off in the brain, requiring surgery. Freeman later explained this was not uncommon, and no big problem.

The author emphasizes the near-total absence of public criticism by psychiatrists and other medical professionals. He exposes the media's (especially the *New York Times*') quick, unquestioning adoration of Freeman & lobotomy. What has changed? One of the few differences is organized opposition — such as you.

The most revealing part of the book is what is unstated. As a medical model professional, Valenstein quietly accepts the terminology of psychiatry; for instance, he easily calls crying a "symptom" of "depression," when measuring lobotomy's effect.

This helps explain why the author brushes over neuroleptic drugs (such as Thorazine, Haldol, Prolixin, etc.). He reports Freeman called neuroleptics "chemical lobotomy," was one of the first to criticize tardive dyskinesia, and said lobotomy was often safer! But the author, while reporting "benefits" of these drugs, covers up that, since the 1950's, the neuroleptics have caused a coerced epidemic of actual "lobotomy effects" in literally millions. Instead of a stick, a neurotoxic chemical is used, clumsily hiding the violence for those who choose to ignore it. The silence of science continues. The author is complicit.

In isolated spots worldwide, high-tech versions of psychosurgery, defined as intentional destruction of healthy brain tissue to alter behavior, also continue. The author is ambiguous about calling these mutilations an atrocity.

**The NoBLE SHEET** (get it? no bull shit). Edited by Eldon Hardy, this publication focuses on human rights of Oak Ridge inmates in an Ontario, Canada institution: Penetanguishene Mental Health Centre. Copies of it are regularly smuggled inside. Eldon writes, "NoBLE SHEET is very much 'under the gun' inside the institution." The administration first tried to censor it, and now tries to stop circulation. Write Eldon Hardy, 954 Westminster Dr.; Sarnia, Ontario N7S 3B5 CANADA.

**Consumer Network News**, a newsletter of On Our Own in Maryland, one of the first user-run community centers for psychiatric survivors. Write: On Our Own, 5422 Belair Road, Baltimore, MD 21206.

**On Our Minds**, "A voice of mental health consumer in Wisconsin." Write WCA, 16 N. Carroll St., Suite 400, Madison, WI 53703.

**Missouri Mental Health Consumer Network Networker** criticizes issues such as restraints. 925 So. Country Club Drive; Jefferson City, MO 65109.

**Outlook, by PEOPLe** (Personal empowerment of the psychiatrically labeled, Inc.). Located in Arkansas, you might see their colorful t-shirts and sweatshirts, reading "PEOPLe...PEOPLe..." The group has support groups, statewide meetings, speakers bureau and minority outreach. Get the newsletter by writing PEOPLe, 4313 West Markham, Little Rock, AR 72205-4096.

**Full Circle**, a newsletter connecting Portland, Oregon psychiatric "consumers," mainly members of clubs & community centers, is available by writing to Metro Consumer Network, 5120 SE 28th Ave., Portland, OR 97202.

For more newsletters & resources, see *Dendron* #18.

## Videotapes

**White Light Communications** now has more than 30 shows, mainly featuring interviews psychiatric survivors, available for \$30 each. Write: 7 Kilburn St.; Burlington, VT 05401.

**"I still am."** AIDS and mental disabilities 77-minute informational video. AIDS can cause brain problems in sometimes more than one half of survivors, and that means discrimination from society. By 1993 that will be an estimated 20,000 people. [Note: Unfortunately, psychiatry has also been giving electroshock to some AIDS survivors.] One man with "AIDS dementia," as it is called, is fighting back. "When people hear the word dementia they quite often lose sight that there's still a person here." He's produced a called "I still am." Write Articulations, c/o Eric Jazmen, 2404 California, suite 26, San Francisco, CA 94115.

**People Say I'm Crazy**, 56 minute video, free to California residents, \$25. outside Cal. Results of survey of 500 "clients" by Cal. Dept. of MH. One result: "Clients" care most about income, meaningful work, and satisfying sexual life. Written materials also available. Dept. of MH, Office of Prevention, 2340 Irving St., Suite 108; San Fran, CA 94122.

## Speaker

**Cookie Gant**, advocate, activist, poet, writer, photographer. Special focus on psychiatric survivors, women and people of color. Call her at (517) 349-6337.

## Conferences

**National Association for Rights Protection & Advocacy**, November 7-10, 1990, Miami Lakes, Florida. NARPA keynoters will be Kate Millett, psychiatrist Roberto Jimenez (on "Cross-cultural issues in Mental Health and Advo-

cacy"), and Rob Levy (New York Civil Liberties attorney for Joyce Brown). At the end, a "Support-In" will be held to remember those killed & damaged by psychiatry. Next *Dendron* will carry "live" coverage.

**1991 conference on Psychiatric Rehabilitation**, June 1-4, 1991, Boston. Sponsored by Center for Psychiatric Rehabilitation, Boston University, attn: Susan Hecht, 730 Comm. Ave., Boston, MA 02215. Or call (617) 353-3549. Not the only 1991 conference, though...

**International Association of PsychoSocial Rehabilitation Services**, June 24-28, 1991, Baltimore, Maryland. IAPSRs is home base for many of the moderate social service programs, such as clubhouses, half way houses, residential programs, etc., who would appear to be natural allies. The 1990 St. Louis conference was a great place to network on alternatives with workers & some survivors. It had a few cutting-edge empowerment workshops, but radical it wasn't. Some keynoters & workshops tended toward a pro-psychiatry blandness. One workshop even pushed, in its blurb, a one-sided necessity for drugging in social programs! We hear the IAPSRs board was going to debate whether or not to accept drug company sponsorship: anyone know the outcome? After all, the 1991 Theme is "Psychosocial Rehabilitation: An Emphasis on Outcome." For info: IAPSRs; 5550 Sterrett Place, Suite 214; Columbia, MD 21055. Phone: (301) 730-7190.

## Alternatives

**Oakland Independence Support Center**: A free client-run center by and for the homeless. Helps obtain income, housing, support, skills. Provides community center, mailing address, bathroom, shower, information, referral, advocacy, peer counseling, money management. Phone (415) 465-2904.

## networking:

continued from page 1

peers. With a co-counselor I can cry and not worry that I'll be seen as crazy or in need of drugs, etc.

Some of my other favorite alternative support: Being in nature is very healing for me. When I feel really lonely or sad I take a walk in nature or go to the beach. Then I notice the birds, trees, and animals and feel connected with the rest of the world. I also like to go to the library and check out children's books, which have a lot of wisdom. Something about reading children's books gives me permission to feel whatever I feel and allows me to be more compassionate toward myself.

I've been teaching R.C. for about five years. Leading in R.C. has really helped my self-esteem. Two years ago I returned to school to get my Bachelor's degree (I'm forty). After I graduated I got a fellowship from the state of California which is paying for me to get my Master's degree in psychology. The fellowship was a huge boost to my self confidence, and sense of power, even though I personally think that 90 percent of the "education" is bullshit.

I'm doing a project on self-help alternatives. It's very frustrating studying psychology. I am constantly bringing up issues of sex, class, race, etc.

**Kris Yates; 2491 Ellsworth, #23; Berkeley, CA 94704.**

## Florida woes

I have been a patient in different mental health situations, at various times, over the last 20 years. Having been hospitalized twice, I know first-hand of the abuses suffered in institutions. This country has focused on child abuse and abuse of the elderly. What about abuse of those con-

Connect by writing now to *Dendron*, PO Box 11284, Eugene, OR 97440.

finied in mental institutions.

Here in Florida, care at state institutions as well as those in the county health system is woefully inadequate... The Baker Act, which in Florida allows involuntary commitment, needs reform as well.

I aspire to act as a mental health advocate to push for reform legislation at state and federal levels to insure that the rights of mental patients in hospitals are preserved and protected, just like those of patients hospitalized for other reasons.

**Al Armstrong; 115 N. San Remo Ave. #1; Clearwater, FL 34615.**

## Library strategy

I put your magazine in an envelope and mailed it to a library and asked them to put it on their rack. I said, "Those of us who have had their lives turned into an unadulterated hell by neuroleptic drug damage, feel compassion toward future potential victims. So we try to warn others about the damage."

I figure it may help some to send your magazine to a different library each month. If all readers did that it surely would help to get the word out.

**Ralph Allred; 1405 Wolfe City Dr.; Greenville, TX 75401**

## Ideas

Some ideas for buttons, bumperstickers, etc.: Validate Not Medicate. Break the Conspiracy of Silence. Psychiatrists are legalized drug pushers.

**Christopher Arriaza; 18 Trowbridge St.; Arlington, MA 02174**

## Notice for Batten:

Do you know an individual with the last name of "Batten" who attended Alternatives '90? He or she purchased a *Dendron* subscription but we have no address for them. Please have him or her contact us.

## Michigan contacts:

I am writing to reach out wherever I can to make contact with people who are linked with me experientially in the area of suffering from victimizing abuses by the medical and psychiatric conglomerates, and the resulting ignorance of an indifferent and frightened public. Can you put me in touch with some Michigan people... Battle Creek and Kalamazoo are close. Kalamazoo is where a horrible state incarceration facility is located: the Kalamazoo Regional Psychiatric Hospital. I have been imprisoned there several times. I would like to see a self-help group (as opposed to community mental health) organized.

I am handicapped in that I am a stranger to this community operating within the limitations of head injury survivorship.

**Donna J. Schrammel; 5695 Glenn Cross, Apt. V2; Battle Creek, MI 49015.**

## "Opposite" medicine

For a recent examination of "opposite" medical politics, examine *Medicine on Trial* by Inlander, Levin and Weiner (Prentice Hall, 1988). Also, by all means get hold of a booklet put out by a lobbying group that you should know of called CANAH (Coalition for Alternatives in Nutrition and Healthcare, Inc.). Catherine Formpovitch, Ph.D. is the leader. Get her booklet called *Proving Orthodox Medicine is Unproven*. Its chock full of facts. Write to CANAH; Box B-12; Richlandtown, PA 18955 or call (215) 346-8461.

Mike Schecter, M.D. of Nyack, NY is the President of the American College for the Advancement of Medicine. Dr. Schecter started ACAM because he's been harassed by his state medical board. ACAM has had some landmark victories over the American Medical Association, American Psychiatric Association and several insurance companies. They'd be your best source of information regarding persecuted M.D.s, includ-

**Pocket Ranch**: Transpersonal psychotherapy, residential crisis center, massage, breath work, retreat center. 440 acres two hours from San Francisco. Counseling retreat room & board is \$80/day double occupancy, \$95/day single. (707) 857-3475.

**Burch House**: Closely tied to RD Laling's teachings. A 14-acre rural New Hampshire sanctuary, with 19-room house for 8 to 10 people in "emotional crisis" with about 5 live-in and 5 senior staff. Based on "harmlessness, relationship and community." \$85/day. (603) 444-6938.

**Community for Interdependent Living (CIL)**, a housing alternative in San Jose, Cal. Founded 1987, several dozen ex-inmates live, mainly in groups, in apartments which are near each other, but still integrated with the general community. Residents run much of the program, and are hired as community workers. Their common experience: being effected by the psychiatric service system, having a history of unstable housing and unstable support networks. "We are very careful not to use 'mental illness' as the organizing issue," they say. An furnished apartment, called the "Center of Attention," is maintained for respite. A group of 15 community member volunteers have agreed to be "on call" to provide voluntary special peer support. The community will ultimately house around 62 people. The furthest distance between apartments is .8 miles.

Community for Interdependent Living, c/o Community Living Experiences; 304 West Hedding Street; San Jose, CA 95110. Or phone: (408) 280-0811.

**Your listing missing?** Please mail them to *Dendron*, attention: Resources; PO Box 11284; Eugene, OR 97440. Resources listings are a service, and are not necessarily recommendations. Space is limited.

ing psychiatrists who use nutrition. (ACAM; 23121 Verdugo Dr., Suite 204; Laguna Hills, CA 62653; phone (714) 583-7666.

**John Hammell; 65 Ridgedale Ave., Morristown, NJ 07960. Phone: (201) 267-6160.** [Editor's note: John attended the Support-In and is a fantastic resource on the fights of alternative medicine, especially nutrition.]

## African-American survivor

I am a 35-year-old African-American consumer who is also a prolific writer of nonfiction books. I am writing to you about the book, *A Lack of Control*. Briefly, it concerns a personal experience involving my nine psychiatric hospitalizations, immediately following a March, 1978 gun shot wound inside my mouth. It traces my loss of dignity and self-esteem at the hands of coolly indifferent psychiatrists who began my (current) addiction to Lithium and Stelazine.

Are you aware of any publishers who would be interested?

**LaRita Pryor; 7313 Lunar Drive; Austin, TX 78745-6454**

## "psychiatry messes with the messed with"

I want to start a group and newsletter of my own, to be known as the Stamad Coalition. We have no illness. We are not consumers. We are not but ex-inmates who have suffered too long by a concerted effort on the part of the mental health professionals to fuck with the fucked, stone the stoned, beat on the beat on, mess with the messed with, and shoot the shot.

**Kirby Allan Melves; 2451 Fledler Lane; Madison, WI 53713.**





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