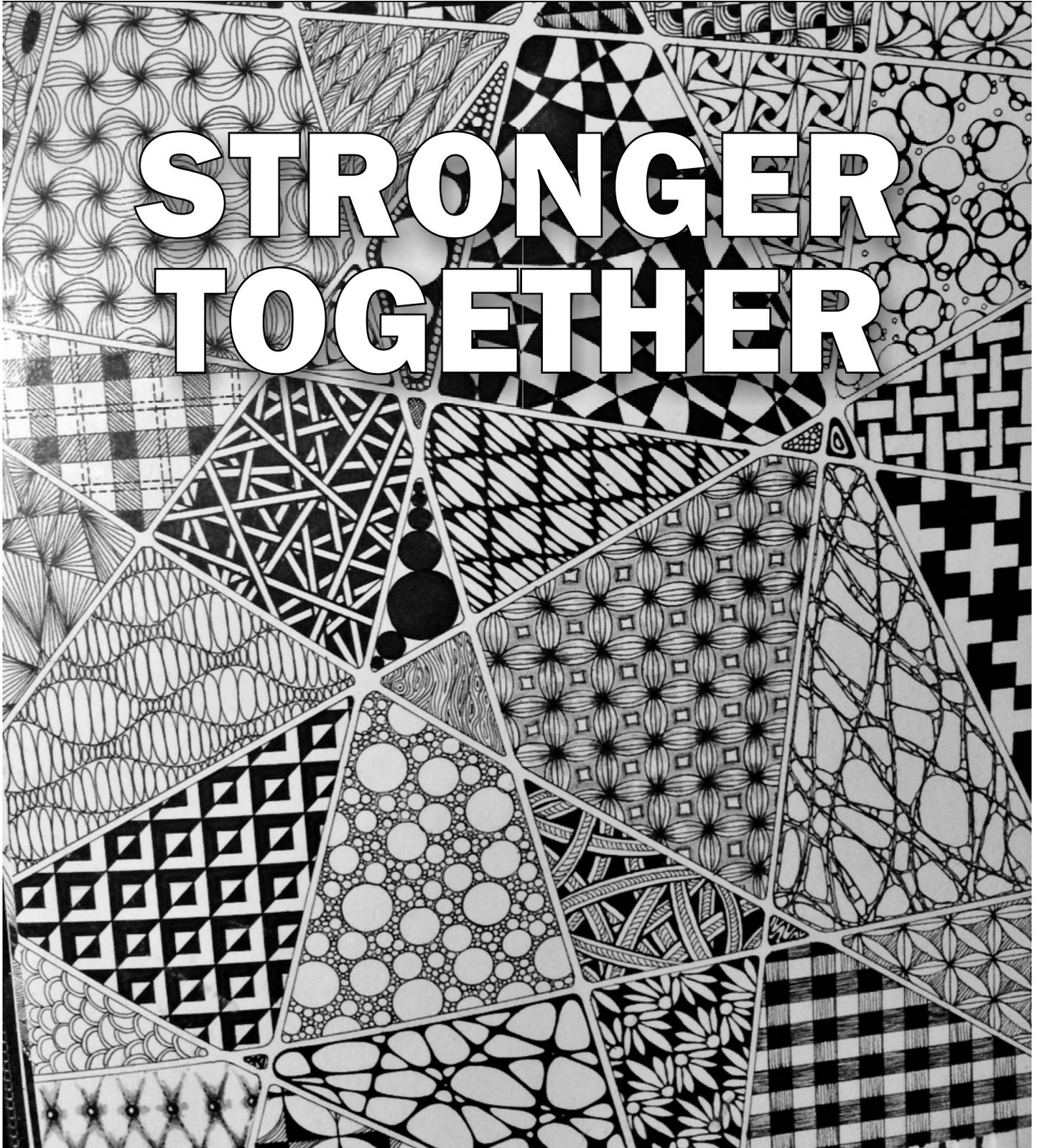


# THE NETWORKER

Publication of THE WEST COAST MENTAL HEALTH NETWORK, Vancouver, Canada



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# THE NETWORKER

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**Editor:** Irit Shimrat

**Design/Production:** Stuart Matthews

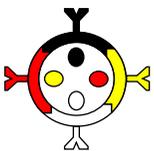
**Proofreading:** Jane Whittington

**Contributors:**

Alethia	Shattered
Peter Bazovsky	Michael Hejazi
Theresa Burley	Susan Trapp
Meme	Rob Wipond

**Artwork:**

Beckwoman, Rose Poon



## West Coast Mental Health Network

We are a charitable nonprofit society run by and for people who have experienced psychiatric treatment.

163 West Pender Street,  
Vancouver, BC V6B 1S4

Phone: **604-733-5570**

E-mail: [office@wcmhn.org](mailto:office@wcmhn.org)

Website: [wcmhn.org](http://wcmhn.org)

[Facebook.com/wcmhn](https://www.facebook.com/wcmhn)

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*The Networker* expresses the opinions and concerns of people who have been through the mental health system and of their allies. Its contents reflect the views of individual contributors, and not necessarily those of the Network.

# Message from the President

## Elaine Hutchinson

Hello, Network members. My name is Elaine Hutchinson. I was voted in as president of the board of directors. We are a board of five volunteers. We have been trying to get through the tasks of a board of directors. Because there is no staff, we have also had to figure out and run the office.

As we were moving forward – making progress – we were hit with the news that we will have to move on April 30<sup>th</sup>. So now we were faced with losing our office.

Meanwhile, there have been conflicts between board members, despite the good intentions with which all of us volunteered to serve on the board.

I always thought that one of my assets was my good communication skills. And that would be true, if this were still the last century. I don't use a computer or cell phone or mobile device. My lack of technical skills has left me unable to assist with many of the office tasks, and unable to communicate the way the rest of the board does.

I know other board members have been having health issues, and I myself am dealing with a physical issue right now that makes the

Network office inaccessible to me.

I don't know what the next month will bring, but the task of trying to keep the Network going was larger than I could have imagined – especially because of the tight time constraint, given the upcoming loss of our office. Right now, that task seems impossible.

I feel I have failed the Network. I am sorry. But I also want to say that I tried. I'm still trying, and so are the other board members. Some of our problems come from the ways in which we've been damaged by the mental health system. But who is really at fault is our provincial government. Problems that started with former premier Gordon Campbell have been made worse by Christy Clark.

Our leaders take from the poor and give to the rich. The poor have to make do with less and less. Services that cost so little, and serve so many, are cut. While bureaucrats give themselves massive raises, funding for the Network and so many other member-run groups is slashed. The cost of living keeps rising, while those who must live on social assistance struggle to pay for basic necessities.

This government brags about having balanced the budget in 2016. They balanced it at the expense of children in foster care, the poor, the disabled and the elderly. You've done nothing to smile about, Christy Clark. Shame on you.

EDITORIAL

# Allies

By Irit Shimrat

I first got locked up, and became an editor and activist, in Toronto. All the time I worked on *Phoenix Rising*\* magazine and coordinated the Ontario Psychiatric Survivors' Alliance, I was guided by one key principle: The only voices that mattered were those of the diagnosed.

I saw myself as one of a small number of angry lunatics screaming into the void about the problem with psychiatry. I couldn't stop thinking about the horrible shit that had happened to me, and to so many of my friends, when we got mental-healthed. Many people I know have stayed in the system, willingly or unwillingly, putting up with a much-diminished life. Some have killed themselves to escape the shame of permanent patienthood, or the agonizing drug effects, or the nightmare of withdrawal.

There were always some of us whose anger led us to organize, to publish, to find ways to expose injustice and to help each other. Although it was hard to get along and agree on goals, we did, and do, good work. But the so-called mental health system just keeps growing, feeding on the despair and isolation engendered by our profit-motive society. As the rich keep getting richer, corporations – which now enjoy more human rights than humans do – increasingly control governments that squash the poor and the different. Meanwhile, “mental health care,” once the province of psychiatric institutions and wards, has branched out into every walk of life. More and more, its

treatments are being administered not only in “community mental health” centres but in schools, at work, and in people's homes.

“Extended Leave” (outpatient committal) provisions in BC's Mental Health Act allow “caregivers” to invade your home at their convenience, ensure that you swallow your pills, inject you by force if you refuse and – if you're sufficiently noncompliant – lock you back up in the hospital.

It has been odd taking government money to put out this publication, in which I and others have often criticized government-controlled “mental health” laws and policies. As the voice of the West Coast Mental Health Network, *The Networker* has of course often aired the views of people who see themselves as “consumers of mental health care services.” But we've also published psychiatric survivors like me, who see ourselves as having been damaged by psychiatry's treatments and its use of force.\*\* We see troubling behaviour as being caused by life circumstances, rather than by faulty brain chemistry. Though some of us are still addicted to psychiatric drugs, we reject the idea of psychiatry as a science, seeing it rather as a means of social control.

What I have learned after decades of failed efforts to change the status quo is that we can't do it on our own. We need our allies, and we should appreciate them. From my perspective, the most important strides we have made in BC since the 1970s (the early days of the MPA)\*\*\* were inspired, arranged and paid for by allies. Friends of mine who have never been psychiatrized found out about Robert Whitaker\*\*\*\* after the publication of his second book, *Anatomy of an Epidemic*. They brought Whitaker and other activists to town to speak. They gave us a space in which to meet and plan and help each other. We have also had great support from ARA, the advocacy organization that houses our office (whose funding is now threatened), as well as from journalists,

human rights groups, academics, lawyers, physicians willing to help people taper off psychiatric drugs, dissident professionals and, very notably, family members who are horrified by what psychiatry has done to their loved ones.

Our allies often have advantages that most of us don't. They have not been crushed by psychiatry the way we have. Many have more material resources than most of us do. They care deeply about our rights. They are often less prone to infighting than we are, and less devastated by setbacks. With their help, we can bring our issues to light more easily and be taken more seriously.

That is why, in this final issue of *The Networker*, I have let go of the idea of publishing our voices exclusively. Rob Wipond's article (page 8), and Beckwoman's artwork (page 16) struck me as too good, too relevant and too important to exclude, though neither Rob nor Beckwoman has ever been psychiatrized. Nor has Jane Whittington, for whose proofreading help I am grateful.

I wish *Networker* readers all the best, and hope that, despite our loss, we will move on to further endeavours, working together with our allies. My dream is that, together, we will eventually be able to provide, and take advantage of, many viable alternatives to psychiatric “treatment,” which is based on fake science but does real harm.

\* See [psychiatricurvivorarchives.com/phoenix.html](http://psychiatricurvivorarchives.com/phoenix.html)

\*\* For more on this topic, see [absoluteprohibition.wordpress.com](http://absoluteprohibition.wordpress.com)

\*\*\* See [historyofmadness.ca/the-inmates-are-running-the-asylum](http://historyofmadness.ca/the-inmates-are-running-the-asylum)

\*\*\*\* See [madinamerica.com](http://madinamerica.com)

# What Is Your Gift?

By Alethia

If this really is the last *Networker*, there's something I'd like to say to each of you. I know you have gifts that you hide away. You have unlimited potential to share, though you have constantly been told otherwise. Maybe you don't believe in your own potential, due to a failed this, that or the next thing. The thing with that is, your uniqueness is your beauty and your beauty is your gift. Your gift is your presence.

You've seen and experienced things that don't seem to make sense. Yet perhaps you had a sense that there was an underlying sense to some of it. I've sensed that, as my mind starts to get lost, my heart starts to be found. The sound of my mind can drown out my heart's sound. But I have come to hear my heart more clearly amidst the chaos, and I try not to get lost.

The world needs us to realize that we need each other, which we can only do by being in touch with our hearts. My so-called mental illness is more like heart dis-ease. My heart breaks about what's going on in the world in the name of economic growth and progress. Neighbourhood trees are cut down, one by one, and the wind is knocked out of me as my heart sees that it has lost branches of my lungs. Is it an illness to feel this as acutely as I would feel an impending head-on collision?

Perhaps there is a reason I have been initiated into paying attention to

these matters. Certainly they matter more than any amount of advertising telling me what's important. It's almost as if I have become "autistic" in relation to corporations paying big bucks to grab my attention.

Medications dull my hypersensitivity; my urgent need to look at nature and nurture it. Does nature exist if we aren't looking? I love to use technology as a tool – but it's very different when technology uses us.

When I was first diagnosed, I spent months grieving the loss of my former self. I came to see that I would never "recover" my pre-diagnosis self, but that I could re-discover and re-create myself. I surrendered the old me and got involved in everything I could. Long story short, I am a new me, with bits of the old me that I wanted to add back in – and my life is better than ever before. Why does this seem to be the exception, and not the rule?

Being less able to function in society does not mean that you are "less than." This society isn't designed for the neurodiversity manifested in our universe. It's not designed for children labeled "autistic," like my beautiful, unique niece, who has needed intense therapy for a chance to fit in. Then there are those, myself included, who have an internal shift in perceptual orientation, are labeled as ill, and are given therapy and medication to fit back in.

Perhaps the fact that my mind, and others, have seemingly disconnected and become disoriented by consensus reality is a call for more than one mode of operating in reality. Maybe one day "perceptio-diversity" and "experientio-diversity" will be honoured and harvested for the gifts they yield. Maybe one day we will

speak of "perceptual orientations," and people with different ways of perceiving and experiencing will come together in complementary teams.

I see psychosis as a second puberty. A maturing of my eyes; an awareness of what the birds or trees might say, if they could speak. Maybe this is needed, to keep us from

**My so-called mental illness is more like heart dis-ease. My heart breaks about what's going on in the world in the name of economic growth and progress.**

destroying our planet. Maybe we have as much to teach "them" as they have to teach us! I hold this idea in my heart – not always thinking about it, but being open to its mystery and wisdom. I feel there is only us, we, togetherness. We are all in this together. Why can't we get along? Why can't we learn from each other?

I speak from my experience and from my heart, which contains, not facts, but interwoven frequencies of integrated resonance. None of these words matter. What matters is your gifts. How would you educate people? Who would you educate? The public? Doctors? Mental health workers? Each other? What is your message? Who would benefit from your skills? What skills do you need to develop? Imagine if we could all discover where our gifts fit into this world, to bridge the gap between how things are and how they could be – for the sake and happiness of us all.

What would you change to make things better?

To reply, please contact [ii2c\\_alethia@yahoo.ca](mailto:ii2c_alethia@yahoo.ca)

# We Are Who We Are

By Ruby Diamond

The leaves at Pennington Hall cajoled me into dancing under the birch trees and I felt so grand. But really, what has given me a new perspective is those careful punctuations that lead to a life of extraordinary sadness and deep longing for Spirit. I am who I am. You are who you are. We are who we are.

Roaring buttercups along that insular mountain. Always going up and up and yonder, to some great destination. Along the way, taking one day at a time, as it comes, in dribs and drabs. Has society bludgeoned me into sanity? I think I am a dinosaur, because I can still remember a childhood with no internet, no cell phones.

Doctors can prod and nurses can tell me I am proactive. But, really, I am just a lonely old sod who loves my privacy and delights in my solitude. I love being up at night with the owls and raccoons. I am not a witch. I am not a guru. I certainly do not want to presume that I teach. This message comes to me as I munch on the raw cabbage left over from last night's dinner, after a long time of just hibernating.

I know that the gift of creativity is elusive. It is something we all share as a human species. But many of us don't get to express our true selves,



for fear of retaliation, or of criticism – or from just plain fear. Writing for *The Networker* has been an extraordinary experience. I have had the chance to write out my healing. I remember a time when I wanted to throttle my psychiatrist. And now I am thankful, because I have realized that some people really are there to help me, not close me in or pin me up or take advantage of my vulnerabilities.

Maybe it's a question of biochemistry. Maybe it is not. I don't presume to know. But I "hear" images, and I do have dreadfully maniacal thoughts and morbid thinking. That is how I have developed: from my depressed teenage years, to my optimistic 20s, to the midlife crisis in my 30s, to a drug-fueled life in my 40s, to the resilience of my 50s. I look forward to "old age"!

I don't need much. I no longer crave money or fame; I have let all that garbage go. I am glad to be part of the human race. I feel lucky to have billions of friends to choose from. We are meant to have solitude, to be with our Higher Power – but we are not meant to live alone. It is through

people, and through our circumstances and experiences, that God speaks to us. I share my stories to help others heal. I have had a difficult time of it. But, mostly, I have gladly accepted my predicament as just what it is: a predicament.

No longer do I gasp with shock at what some of us have experienced in the psych wards of BC. I just observe, and then write, and move on. My psych ward experiences will always be with me, but will never define me.

We are decentralizing, and it is fantastic that the mad movement has become so active. We have something to add. We have voices to be heard. We have love to give. We have experiences to relate. We are the electroshocked, the bullied and the queer. I am who I am. You are who you are. We are who we are.

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# Menticide and the Banality of Evil: Never Still

By Shattered

The mental health systems of the Western world and, increasingly, elsewhere, are not founded on evidence-based medicine. They are founded on ideology. Think not? Think more! They systematically deny human rights, charter rights and constitutional rights through their use of mental health laws, which effectively mirror the race laws of prior centuries – the justification for Germany’s “Final Solution,” and also for slavery, segregation and the denial of higher education; not to mention experimentation, surgery, sterilization, insulin comas, lobotomy, and permanent disability, poverty and imprisonment. We are looking at crimes against humanity.

In a 2013 statement to a session of the United Nations Human Rights Council in Geneva, the UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment called for a *ban on forced psychiatric interventions, including forced drugging, shock, psychosurgery, restraint and seclusion*; and for the repeal of all laws that allow compulsory treatment and deprivation of liberty based on disability, even when such interventions are motivated by the principle of “protection of the person or others.”

As I write this, the Murphy Bill (“Helping Families in Mental Health

Crisis Act”) is currently passing through the United States Congress. This bill will further extend the use of forced treatment and concomitantly expand pharmaceutical markets. The lobbying machinery of Big Pharma exceeds even that of Big Oil.

And yet Thomas Insel, former director of the (U.S.) National Institute of Mental Health, stated in a 2013 blog post that *there is no evidence of biological abnormalities to support any diagnosis of mental illness*. This admission reveals as propaganda the results of decades of “scientific” research. Insel then incongruously co-authored a press release with Jeffrey Lieberman (then president of the American Psychiatric Association), in which they stated that psychiatric treatment remains the gold standard for mental health care and that any possible changes will be the product of a distant future.

Pharmaceuticals marketed for psychiatric treatment must be accompanied by documentation stipulating that the mechanism of their action is unknown. Prior to the mass marketing of neuroleptics (drugs branded and sold as “antipsychotics,” which cause neurological damage that often makes patients’ behaviour less irritating to others), psychiatry frankly characterized the effect of such drugs as a chemical lobotomy. Neuroleptics, in common use around the world, are now known to cause brain shrinkage, shorten life by up to 25 years, engender lifelong disability, and disrupt the healthy functioning of virtually every organ and system of the body.

So, what is this all about? Science? Or politics, power, and public relations? Evidence, or ideology? Informed consent? Or lies, coercion, and force? Safe and effective treatment, or a rubber stamp from regulatory bodies meant to protect citizens from harm? Mental health care, or corporate profit and the promotion of guild interests? Free markets, or captive consumers?

Equal rights, or two classes of humanity?

Who benefits?

The first principle of medicine is to do no harm. We are led to believe that psychiatry is a medical profession and that psychiatrists are medical doctors, who therefore presumably do no harm. But if that were true, then how could we explain the existence of a fast-growing movement, now more than 50 years old, whose express purpose is bringing involuntary psychiatric patients to freedom? Remember that psychiatry diagnosed escaped slaves with “drapetomania,” prescribing beatings and amputations before sending them back to the plantations. Remember that psychiatrists defined homosexuality as a mental illness until, under pressure from the gay rights movement, they voted that it was no longer so. (Science be damned!) And let’s not forget the diagnosis of “hysteria” for dissatisfied housewives. Recall that medical observers at the Nuremberg Trials concluded that the Holocaust might not have taken place without the active leadership of psychiatry, and the blueprint provided by its euthanasia centres for the Nazis’ extermination camps.

First there was the white man and the “nigger,” the European and the “redskin”; then there was the Aryan Nation and the Jewish “vermin.” Still, there are the normal people and the “mentally ill.” Blacks, Aboriginal peoples, Jews, and others of varying races, religious beliefs or tribal affiliations have all been portrayed as menacing social order and civilization. So have the mentally diverse. This kind of thinking foments moral panics that pave the way for immoral laws, inhumane institutions, criminal behaviour, and wildly profitable industries, based on the perceived (or manufactured) need for protection of

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## Menticide and the Banality of Evil: Never Still

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the public. These days, those designated subhuman are increasingly seen as exhibiting undesirable behaviour caused by bad genes.

Crimes against humanity have long been perpetrated in the name of biological determinism. Ideology is disguised as science and then implemented as a matter of public administration. Within the meme of “mental illness,” the propaganda rages on. Diverse and manifold voices of dissent and efforts to rationally evaluate care (some originating from psychiatrists!) have been effectively silenced and halted for five decades.

The only solutions for fixing a broken, unjust, inhumane and globalizing mental health system are free speech and open discourse. We need to look at and talk about the devastation to humanity, to our very idea of what it means to be human, and to the narratives we construct about ourselves. Harmful narratives result when we believe in biological determinism and place our faith in the banner of science; when we subject an ever-growing number of fellow citizens to oppressive prescriptions for incarceration and torture; when we routinely violate human rights and the principles of democracy; when we effectively extend the reach of the psych ward into the community; when we cause unnecessary suffering among veterans, youth, children, toddlers, seniors, homeless people, refugees; when we “treat” people in prisons, schools, “care” homes, foster homes and group homes.

We need to create more non-profit websites that encourage and promote international free speech and

egalitarian engagement on the topics of mental health and well-being, with participation from all members of society. Sites such as [beyondmeds.com](http://beyondmeds.com), [madinamerica.com](http://madinamerica.com), and [mindfreedom.org](http://mindfreedom.org) counter mainstream media indoctrination, which has engendered the false notion that “mental illnesses” are brain diseases requiring lifelong dependence on pharmaceuticals (and, when “medications” fail, ever-increasing reliance on electroshock “therapy”).

Here, visitors can learn about the contemporary movement for change. We need these and other fiercely democratic sites where any thoughtful human being can post a blog, and all bloggers include their e-mail addresses, so that genuine human contact can be made and purposeful conversations can begin. Such sites will help make available myriad resources and humane, beneficial practices that enhance mental well-being – including friendship. They will break the hegemony of the psychiatric system. They will enable truly informed choices and consent, and foster a sense of support. They will include human resources sections, where people can make themselves available to communicate with participants wanting to discuss specific concerns. They will form a perpetual and evolving social network of open and truly non-stigmatizing discourse concerning human well-being, in body, mind and soul. Surely we can find the means to do this!

Ultimately, such sites will not only foster genuine human connections, but also achieve social integration beyond the parameters of individual sites. They will serve as loci for development, growth, thoughtfulness, and change – for the sake of humanity.

Do you hear the clarion call? Groups and individuals all over the world already have. A treasure trove of impeccable scholarship, vast research resources, voluminous archives, and extensive databases substantiate this

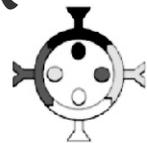
(seemingly cognitively dissonant) rhetoric.

This is a wedge issue for all that democracy represents. The *sine qua non* of opening societies is opening minds, and the *pro quo* for that is opening minds about minds, with no mind left behind.

For the love of the world . . . let’s talk! Contact me at: [shattered123@outlook.com](mailto:shattered123@outlook.com)

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# Education? or Propaganda?

By Rob Wipond

*Rob Wipond is an award-winning Victoria-based journalist. This article is adapted from a longer piece that you can, and should, read at: [www.robwipond.com/archives/1624](http://www.robwipond.com/archives/1624)*

ReachOut Psychosis is an “educational” show, currently touring BC schools, that traffics in a shocking abundance of misleading misinformation and blatant lies about the alleged dangers of psychotic or schizophrenic experiences and the wonders of pharmaceutical drugs. The show is produced by the BC Schizophrenia Society (which has intervened in court cases to support forced psychiatric treatment, and which accepts financial support from pharmaceutical companies). BCSS calls it a “high-energy, interactive and entertaining presentation, which provides life-saving brain science while countering stereotypes and misinformation around mental illness.” It is partially funded by the BC government, and is reportedly being provided free of charge to some 20,000 secondary school students every year.

I guess it’s not entirely surprising that prominent mental health professionals would endorse public deception at this level and scale. I’ve previously written about how a child and youth mental health training

program aimed at BC family physicians was riddled with similar misinformation and pharmaceutical industry propaganda (see “The Proactive Pursuit of Mental Illness in Children” at [madinamerica.com](http://madinamerica.com)). The accompanying teachers’ manual characterizes psychosis/schizophrenia (the terms are used interchangeably)

psychosis, schizophrenia, depression, anxiety or *any* so-called mental disorder is caused by genetics or identifiable physical, biological processes, diseases or pathologies in the brain. To the contrary, in 2013 the American Psychiatric Association released an official public statement admitting that, “in the



as a “neurobiological disorder,” “illness” or “disease” of the brain, in which the brain is “not working properly,” due to “changes in [its] chemistry or structure,” “chemical imbalances as well as structural and functional abnormalities,” or “severe disturbance in the brain’s functioning.” The condition is repeatedly described as a “medical illness” or “medical condition” requiring medical care from a “physician and/or psychiatrist.” The manual emphasizes that antipsychotic medications are of “vital importance” as the “foundation of treatment” that people “need.”

In fact, there is no established scientific evidence whatsoever that either psychosis or schizophrenia is a physical, organic brain disease. Further, there is no proof that

future, we hope to be able to identify disorders using biological and genetic markers. ... Yet this promise... remains disappointingly distant.”

The percentage of people supposedly experiencing psychosis is calculated on the basis of how various researchers define things like “delusions” and “hallucinations” – which is also why there’s no medically reliable or valid way for any individual psychiatrist to “diagnose” schizophrenia or psychosis in any individual person, even under ideal clinical conditions. In other words, no one has any idea at all how prevalent “psychosis” or “psychotic” experiences truly are, because the nature of these

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## Education? Or Propaganda?

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experiences cannot be scientifically identified in the first place.

ReachOut Psychosis repeatedly asserts that psychosis is “treatable.” But, does the treatment cure the disease? Or do its potential benefits at least outweigh its potential harms? The teacher’s manual admits that antipsychotic drugs do not “cure” psychosis, but repeatedly suggests that antipsychotic medications will “effectively” and “successfully” treat psychosis, especially if people take them right away, at the first sign of symptoms, and keep taking them indefinitely.

Scientific evidence does indeed show that, over a period of weeks, antipsychotics can reduce some people’s symptoms of psychosis. This is apparently because they numb people to their own feelings and experiences. These drugs used to be called tranquillizers. Most people do not feel all that much better when they’re permanently tranquillized; many feel worse. In most scientific studies, people taking antipsychotics will, on average, barely “improve” more than those taking placebos.

Worse, evidence is mounting that over the long term (at least one year), antipsychotics are associated with poorer outcomes and increasing disability in people who take them, compared to those who have never taken antipsychotics, or who have taken them for only a very brief period and then tapered off them.

The ReachOut Psychosis performers conclusively and repeatedly state that psychosis “causes brain damage,” and indeed that “each episode of psychosis

causes damage to the brain.” Yet the teacher’s manual states that some research indicates that “some people” experiencing psychosis may suffer brain damage. The performers also repeatedly state that “early intervention” with antipsychotic drugs “will prevent this brain damage.” The teacher’s manual, though, never says that.

In reality, there’s growing evidence that antipsychotic drugs could be what’s *causing* the brain damage. But ReachOut never discusses the risks of antipsychotic medications, which are among the most powerful and dangerous drugs that physicians ever prescribe for conditions that are not life-threatening. Most are not approved by Health Canada for use in children or youth; their safety in young people has barely been studied.

Antipsychotic drugs disrupt the body’s natural metabolic processes so much that they typically cause people taking them to gain 10 kilograms (22 pounds) in the first year alone. Other adverse effects include loss of bladder control, kidney damage, liver failure, memory loss, and a host of other serious problems. Antipsychotics will cause many people taking them to develop diabetes.

These drugs also commonly cause akathisia and tardive dyskinesia. Akathisia causes extreme discomfort, restlessness and agitation. It can be so unbearable that some people become suicidal or violent trying to escape it. Tardive dyskinesia (TD) is a motor dysfunction (like Parkinson’s Disease) that results from neurological damage caused by antipsychotics. Among many other effects, TD can make your legs shake uncontrollably, or cause your tongue to stick out of your mouth at random times. After 10 years, nearly 100 percent of antipsychotic users will develop TD, which is often incurable.

These drugs have even been known to cause Neuroleptic Malignant Syndrome (NMS), a neurological meltdown that can put you into a catatonic stupor, and is fatal in about one out of five cases.

Mounting evidence also shows that antipsychotics can be very difficult to stop taking, and that users must often taper off the drugs very slowly – over months, or even years – so that their bodies and brains can slowly readjust. Otherwise, they risk experiencing emotionally disruptive and physically painful “toxic withdrawal syndrome.”

Based on a recent study of antipsychotic prescribing rates in British Columbia, we can statistically estimate that every year about 500 BC children and youth are developing diabetes from antipsychotics; that another 500 already have TD; and that one child in BC is dying every year from NMS.

Clearly, ReachOut Psychosis is not intended for “educational purposes,” in the sense that education involves conveying factual information and encouraging critical questioning. So what was the real agenda behind the creation of this misleading program?

### THE WARM LINE

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# A Modest Proposal

By Peter Bazovsky

*To be outside a situation as violent as this is to find it inconceivable, to be inside it is to be unable to conceive its end. Consequently, nobody does anything to bring this end about.*  
– Simone Weil

**M**ental illness is surrounded by violence. I don't mean the direct physical and verbal threats so often cited in the media, but rather the more nuanced violence inherent in dismissing the everyday needs, desires and impulses of others, simply because they are seen as the result of a pathological mindset. This hidden violence lies in our willingness to create and nurture a vulnerability to mistreatment simply on the grounds of "sickness." Like so many other labels associated with oppression, the stereotype of mental illness gives free rein to a kind of extremism. It can appear as directly aggressive (stereotyping of the mentally ill as incompetent or dangerous to the public), or as strenuously considerate (the label of fragile mental health breeds the need for particularly sensitive interactions). The result is either violent restriction and forced inhibition of behaviour deemed "inappropriate," or careful coddling that can result in indignity so extreme the recipient can only lash out, either emotionally or physically.

Medical texts, of course, are replete with physiological and behavioural justifications for the label of mental illness – just as phrenology ("reading" the bumps on people's skulls) once provided medical justification for racial and gender-based discrimination; just as empire-building was based on "scientific" notions of European cultural and genetic superiority.

The stereotyping inherent in the framework of mental health (wellness, illness, madness) not only breeds violent repression, either external or self-inflicted, but also marginalizes the voices of individuals with true capacity to offer necessary insight into hidden oppressive dynamics. The need to infuse public discourse with a belief in "sanity" serves only to maintain and perpetuate an establishment that persecutes, oppresses and marginalizes, to promote its own survival. In essence, the only "rational" response to our world is a rejection of sanity.

## Fear

*You'd see. You'd agree. Everybody should be free. 'Cause if we ain't, we're murderers.*  
– Nina Simone

What are we afraid of? Are we so terrified of public nudity that it strikes us as appropriate to confine people who disrobe on the street? Are we so ashamed of our own apathy that we must incarcerate the person screaming with rage?

Our fear of bewildering behaviour is by no means new. The Jewish historian Flavius Josephus recounted the story of Jesus ben Ananias, who in 62 AD was "flayed to the bone with scourges" for publicly prophesying the destruction of the city of Jerusalem at the hands of the Romans. In the text, local officials proclaim him a maniac, thereby justifying his brutal murder. Ironically, the event he prophesied came to pass.

When Edward Snowden revealed the NSA's monitoring of citizens' telephone and internet communications, I wondered if the many clients I have worked with in the past decade might suddenly be released from their long-term care facilities. The custodial control of their lives was based on a diagnosis of paranoia: *The CIA can read my mind*. But how many people spew their innermost turmoil onto their Facebook pages, or reveal their most intimate thoughts in e-mail messages? Essentially, the warning brought forth by those now institutionalized (like that of ben Ananias) has turned out to be accurate. Only the name of the agency was in error.

## A new propaganda

I see those who speak out against the ills of our society by "losing it" as true *propagandists by deed*. If, by action or activity, you contravene the established order, it will react violently (or, at the very least, apply a stigma that can never be removed). The oppression under which we live is too well hidden to be fully understood; it must be provoked into exposing itself. Historically, radicals who chose this method resigned themselves to lives on the fringe. Today, those who fail to meet our standard of "sanity" find themselves maligned in a similar manner, or are forced to have their interactions reframed through a "supportive" (and often repressive) dynamic. Above all, they are never taken seriously. The commentary of the "mentally ill" is written off as self-deprecating, crass, racist, sexist, prejudicial or depraved; their actions (or lack thereof) violate our boundaries of comfort.

Yet isn't our world in fact bloated with such commentary? The theory of commodity fetishism points out that

*Continued next page*

## A Modest Proposal

Continued from previous page

our relevant social relations are not encapsulated in our interactions with friends or family, but rather in our hidden transactions with the producers of our coffee, clothing, foodstuffs and everyday necessities. We know that our daily consumption is directly linked to global impoverishment. We know that our coffee or tea is grown by child labour under horrendous conditions. But how often do we actually consider this iniquity on an emotional level? The playwright Wallace Shawn wrote, “For two days I could see the fetishism of commodities everywhere around me. It was a strange feeling. Then on the third day I lost it, it was gone, I couldn’t see it anymore.” If some of us are capable of actually *feeling* the true nature of social relations in our society, the true violence that underpins every bite with which we nourish ourselves, how can we be “civil” in making sense of this experience, or expressing our frustration with it?

### If you can’t beat ’em . . .

*Violence, foul language and abusive behaviours are not acceptable. Verbal threats or acts of violence will not be tolerated and may result in removal from this facility and/or prosecution.*  
– Provincial Health Services Authority

RD Laing was once invited to an asylum in Chicago to consult on a case. A young woman, naked and crouched in the corner of her padded cell, had for months been rocking back and forth, refusing to speak. Laing took in the scene, stripped naked, and proceeded to join the woman on the floor of the cell,

rocking along with her. After twenty minutes, she began to converse with him. Staff in attendance were flabbergasted. “Did it never occur to you to do that?” Laing asked them afterwards.

The spectrum of contemporary mental health theory ranges from medical-model treatment (physical and/or chemical restraint) to the discourse of intersectional analysis and anti-oppression, which aims at making and preserving space for mad people’s knowledge and histories. Any point on this rainbow requires specialized knowledge and comprehension – whether of the details of neurology, or for a grasp on the finer points of sociological theories. My own experience, both personal and professional, has convinced me that *the answer lies in direct opposition to these notions of exceptionalism*, regardless of whether “madness” is seen as desirable or undesirable. We must reinvigorate a movement which challenges the very notion of “mental health”; which realizes that those marginalized for

their behaviour are offering guidance and insight into our community and into global dynamics; which seriously takes up the challenges posed by the propagandists.

If we continue to mitigate the worst impacts of inequality through endless intervention (social housing, mental health supports, reduction of stigma, etc.) without coming together in an active movement that challenges the “mental health” worldview (madness, wellness, sickness), we will only further entrench institutionalized violence. It is difficult to recognize the prospect of “harm to self or others” as a valid form of protest, and even harder to actively support it as such. On the other hand, as the “mental health crisis” metastasizes out of control, how long can we stand by in silence?

*Peter Bazovsky is a psychiatric survivor and longtime mental health advocate.*

## Tuesday Evening Counselling

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**Maria (Masha) D’Auria** is a psychiatric survivor who holds a Master’s degree in education and is a registered clinical counsellor and peer mental health advocate.



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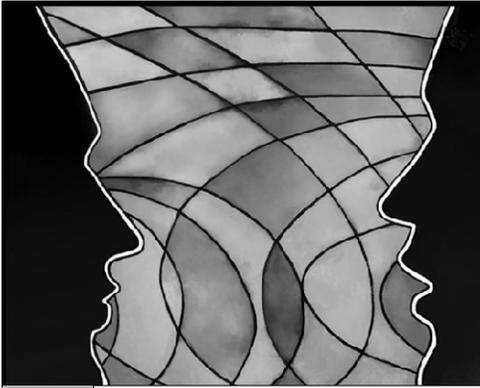
Want to talk about it in a safe, non-pathologizing and open dialogue with a counsellor? Our counselling is based on a trauma-informed, client-centered, resilience-focused approach.

**FREE SESSION HOURS:  
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# HEALING VOICES

Let's change the conversation.



A One-Night,  
Global  
Documentary  
Film Event

Friday  
April 29  
2016  
At 6:30 pm

Free  
Event!

## HEALINGVOICESMOVIE.COM

A DIGITAL EYES FILM PRODUCTION

DIRECTED BY PJ MOYNIHAN PRODUCED BY ORYX COHEN PRODUCED BY PJ MOYNIHAN

MUSIC BY NATE CHRISTY VISUAL EFFECTS BY BEN CARON EXECUTIVE PRODUCER GAYLE BERG

**"A must-see documentary film and discussion experience for anyone who has been touched by mental health issues in their life." — Dr. Bruce Levine**

*Healing Voices* follows Oryx, Jen, and Dan—all previously diagnosed with serious "mental illness"—over a five-year period, as they describe their return journeys from extreme states of consciousness to satisfying human relationships and meaningful work. The message of the film is that understanding and love—not fear and stigma—are what individuals and families who have experienced these states need.

Friday, April 29th at 6:30 PM  
Alice MacKay Room, Lower Level  
Central Library, 350 Georgia Street  
Free! Come early and mingle.

A PARTNERSHIP EVENT



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# After Illness

By Michael Hejazi

In this final *Networker*, I would like to say something about the loss of the Network's funding; to consider again what transpired with our organization and with us. I want to argue that we have been ultimately transformed by the experience, and that we are now open to new ways of being – ways yet to be realized. I've been away from Vancouver for three years now, so unfortunately I've lost touch with most of you.

I don't know if any of you have done the essential work of looking back and trying to make sense of what happened. Here I want to make sense of what happened in light of our processes and of the realization that we co-construct one another and ourselves through our explanations – our shared recognition of an apparent truth.

As soon as we had gone through various processes of critically looking at ourselves and at the idea of "mental health" – and begun to realize that we did not have to live as problem cases – our funding was cut. We were discharged. Perhaps prematurely for some, as we hoped the Network would go on. Yet that moment of a particular difference – of breaking through and transcending the very justification for the Network's existence – had already occurred. The transformation surprised us, for it took nothing more than letting go of the foundation of what had perpetuated the psychiatric status quo – our identities as "the mad": the very notion that had brought us together in

the first place. How slack the snare ultimately was!

When should a therapy session end? At the hour, after a fixed time has passed? Or on a particular note, to let that sudden, pointed moment live on until the next meeting? This point of reference concerning the procedure of a treatment – a point of reference among many others establishing how therapy is going to work and so is working – is essential to the co-construction of any truly therapeutic activity. Yet many who practise therapy fail to recognize that this is how therapy actually works. In fact, the same goes for all mental illness treatments; for all elixirs, promises, assurances and sacraments. Mental illness treatments assume a particular direction; one that is worked out in its course.

A treatment may modify a symptom, perhaps temporarily, though a change in a personal situation is a co-constructed fact. In this elaboration about what happened to the Network, I want to argue that there never really was any ground to our "symptoms," other than as a communications network – or, as French psychoanalyst Jacques Lacan put it, there never is any ground for the truth. Put into this context, we can assume that this very essay is a kind of interception, or intervention – possibly taking us to a new limit.

This essay too has the characteristics of a "symptom." It is a sign for an underlying structuration that extenuates a difference within me which goes well beyond my individual self. My "symptoms," my sign, this written page, go well beyond me into the whole social milieu through which we all come to recognize and differentiate ourselves from one another. Thus we can begin to imagine that, at any point, any interface or event can be taken as an intervention. For instance, right now, having read this, anyone can depart into a different sense of themselves and everything.

I must insist that the precursor to a cure is that any interaction be instantiated as an opportunity for something new to take place. A proper treatment must invite novelty, through

some invitation to a free association. In the category of mental cures, we need a novel outcome to be spontaneous. As soon as we were networked – as soon as we had realized that we did not have to be isolated, secluded, demented – we began to recognize that there is, in each of us, a posture we've taken in response to the other's demands with regard to who we are and who we ought to become. Our symptoms thus far worked as a corrective. At some level, we knew it all along. It's why we networked in the first place. Our demand for something better was perceived by us, and so it was real, tangible – as when a reply seems so radical that it throws the questioner off. What will you say when next asked how you are?

Now that we've seen that we are making it all up, I suggest we make up something new: something that isn't just about social exclusion and capitalism. We've been pretending that mental illness is a thing, and then living in it as an identity. By theoretically including those who are otherwise excluded, we have in fact excluded others. This has reinforced the structures of psychiatry, which, by isolating each of us, have produced that very divide.

This problem with our movement cannot be resolved within the confines of the mental illness service industry. The very word "service" implies a provider and a consumer; an expert and a subject; a classifier and a classified. As we stake out new territory, every time we suggest the idea that there may be something else outside a system we dwell in, we become open to something spontaneous and new. This should be our aim: to find our limits, to delineate plateaus from which we can embark on new lines of flight – new expressions of our lifelong quest for fulfillment, both of ourselves and with one another

I wish every reader of *The Networker* happy journeys ahead.

# Soularium

By Meme

**D**on't take this the wrong way ... I'm not trying to start something. But sometimes I think you take me for granted, my dear."

Bin rolled over lazily, sending a ripple of radiant waves out along the Solar Plexus. "I've been picking that up lately, detecting this new disturbance in our field; I've already called it 'restlessness.' I wondered if it was coming from you or from beyond."

"Beyond? What's that? I thought we were It, Sum Total, Alpha'n'Omega, Omni-Uni-Everything!?"

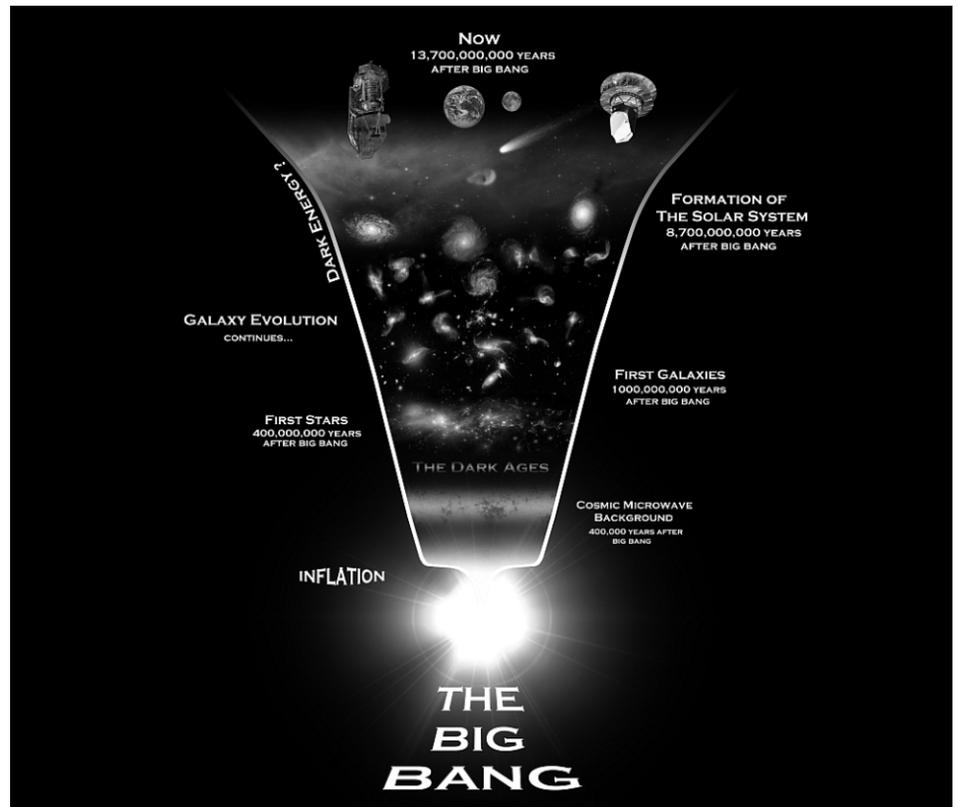
"You know what I mean."

Bang sighed, "Yes, I know everything about you. You were referring to dark matter."

"If you know everything about me, you know I *do* take you for granted." She smiled, stretching, and ran a sparkling electric pulse over his infinite median surfaces.

"Well, apparently I don't know everything about *me*, since I don't know why that bothers me."

"It bothers you because you're an explorer. 'For granted' means 'been there, done that.' But you want to continuously discover, as do I. That's why we're talking about the genome project."



"Oh, right, material creatures and things ... well and good."

"Yes, it's going to be *very* good."

"Hard, though," Bang murmured. "And we need to work out what we'll do with those darling little Finites that decide to go wandering in the dark, forgetting the purpose is to experiment, learn and report back here."

"They're Solar Babies, not 'Finites.' They'll only be finite while in physical format. Well, eventually any unloving ones will also return to this dimension; and we'll all talk it over then, when they're ready."

"I'll keep a close eye on the little Sols. Last thing I want is for them to think they're abandoned, and self-destruct beyond reach."

"If that were remotely possible,

Bang dear, do you think we would ever have *begun* to conceive of this massive incarnation of ourselves?"

"Absolutely not. I can't imagine any part of my lovely Bin being lost to me forever. A brief 3-D moment here and there is going to be hard enough! But it will be worth it, for all the fun we'll have rediscovering aspects of each other all over again, in infinite combinations and circumstances."

"And sharing all this combustible passion we have, being re-created as community, will make us even richer."

"Brilliant! Let it be. Today."

"So you *were* trying to 'start something' this morning, you sneaky devil."

"Always."

"Come here now then."

# The Mad Society of Canada: A Community of Practice in the Making

By Theresa Burley

A community of practice is a group of people with shared concerns or passions, who learn how to expand the scope of their practice through regular interactions within the group. The concept originates in learning theory, where the acquisition and sharing of knowledge are dynamic processes. The focus of communities of practice is tacit knowledge; information that is difficult to codify or make explicit. Knowledge is transferred by sharing how we do things. Here, knowledge is distributed collectively, rather than held by individuals.

A community of practice can provide support by helping you: find others working on similar initiatives; find out what success others have had; share resources; and find help with problem-solving, communication strategies, connecting with others, etc.

It is the intent of our new community of practice to connect people from many different areas: self-help, advocacy, practice, research, etc. The concept that connects us is supporting the needs and building the capacity of those involved in Mad Studies or Mad advocacy. It is our goal to create an inclusive community that will serve the needs of its members and support their work, advocacy, activism, research, and other activities.

The Mad Society of Canada emerged from the “After the Asylum: Legacies of Community Mental Health” conference (Simon Fraser University, November 2014). The conference showcased the culmination of multiple projects that

grew out of the five-year initiative “Open Doors/Closed Ranks: Locating Mental Health After the Asylum.” The initiative was funded by the Canadian Institutes of Health Research and led by historian Megan Davies (York University, Toronto), with the involvement of academics and community members across the country. Its purpose was to excavate the important history of psychiatric deinstitutionalization in Canada.

At the conference, we celebrated the “After the Asylum” research site and “History in Practice: Community-Informed Mental Health Curriculum” (both due to be launched on the History of Madness in Canada website – [www.historyofmadness.ca](http://www.historyofmadness.ca) – in 2016); and the historical documentary “The Inmates Are Running the Asylum: Stories from the MPA” ([www.historyofmadness.ca/the-inmates-are-running-the-asylum](http://www.historyofmadness.ca/the-inmates-are-running-the-asylum)).

While the conference provided an opportunity to acknowledge important work, it was also a moment to reflect critically on what we have achieved and to consider future directions. A key theme throughout our work has been recognizing the continuing struggle to advocate for the rights of people diagnosed with mental illness, as well as ensuring supports in the community that are non-coercive and are driven by people with who have experienced mental distress. Thus, for this event, we brought in people from across the country who have been working on innovative, survivor-driven mental health programs, together with activists, mental health professionals, policy-makers and academics, to engage in a series of presentations and dialogues.

We have decided to create our own community of practice, in order to ensure ongoing collaboration, resource-building and knowledge-sharing; and to sustain the relationships developed over the course of the “After the Asylum” projects and conference events. Marina Morrow (SFU) and Megan Davies have applied for and received a small grant to support the development of this community of practice. This has allowed us to continue the Canada-wide conversations between practitioners, academics and activists which began at the “After the Asylum” conference.

There is no other community like this in Canada connecting people involved in different areas that all have the common focus of mental health initiatives led and driven by psychiatric survivors.

We have completed our initial consultation and needs-assessment survey, with a small group of people who attended the “After the Asylum” conference and have a keen interest in seeing this community grow. Through consultation with members, and in the results of the needs assessment, we have shown that there is a strong need for us to support one another’s work.

We are currently exploring partnership opportunities to help our community grow, and hope to roll out a pilot in 2016. For the time being, you can find us on Twitter (@MadSocietyCA) or sign up for our newsletter at: [eepurl.com/bE7tx9](http://eepurl.com/bE7tx9).

*For more information please contact Theresa at [tmhchina@gmail.com](mailto:tmhchina@gmail.com)*

# Creative Showcase

## Remember Me

by Susan Trapp

January's journey stills me  
Windless, hour on hour  
No seagulls squawk in the dew  
Ship on an ill-fated voyage

Strains of love music beckon  
Over the waves  
Linger with your voice  
Inside my dream  
An unsung word

My eye expects  
Your leaving is fleet  
Weary thoughts wander afar  
Hopes of return curl over  
The incoming waves  
Inside the great breath  
Of the tides  
You are not seen

My heart dims in the shadows  
The ice-moon lingers  
On the waters  
When January turns to January  
I long for the one I love

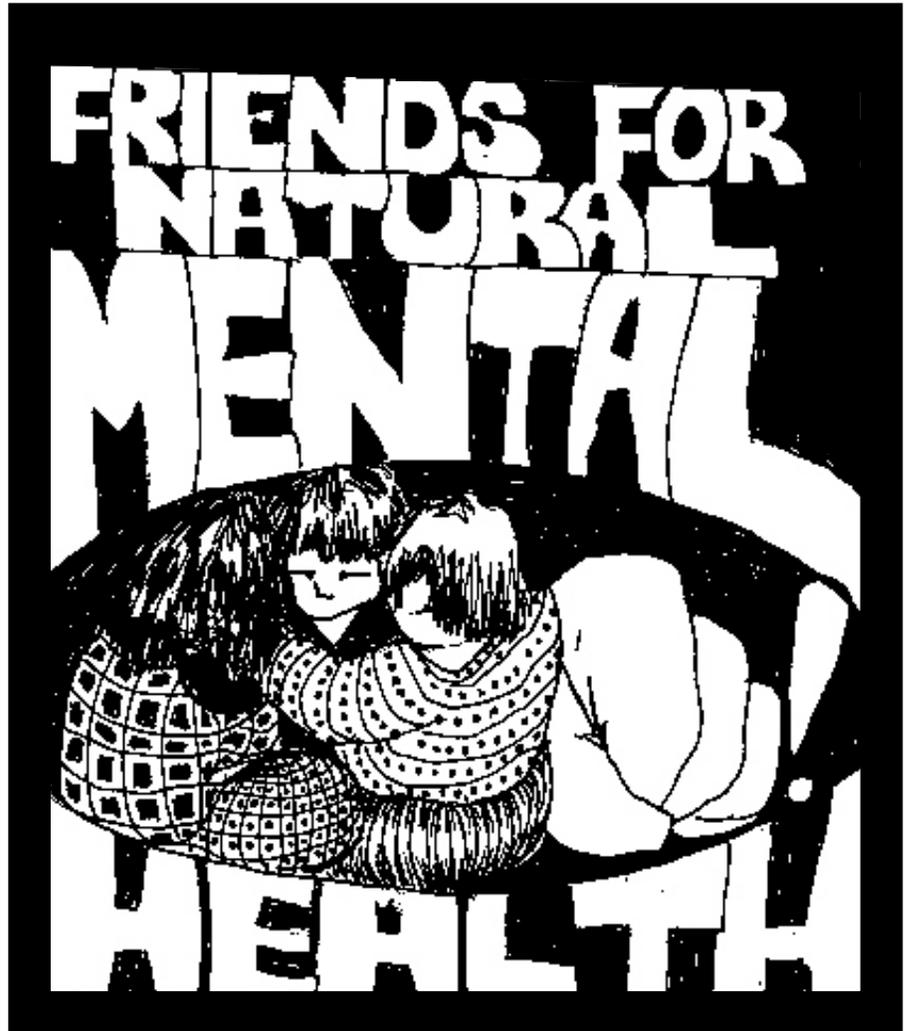


Image by Beckwoman

## Cartoon by Rose Poon

