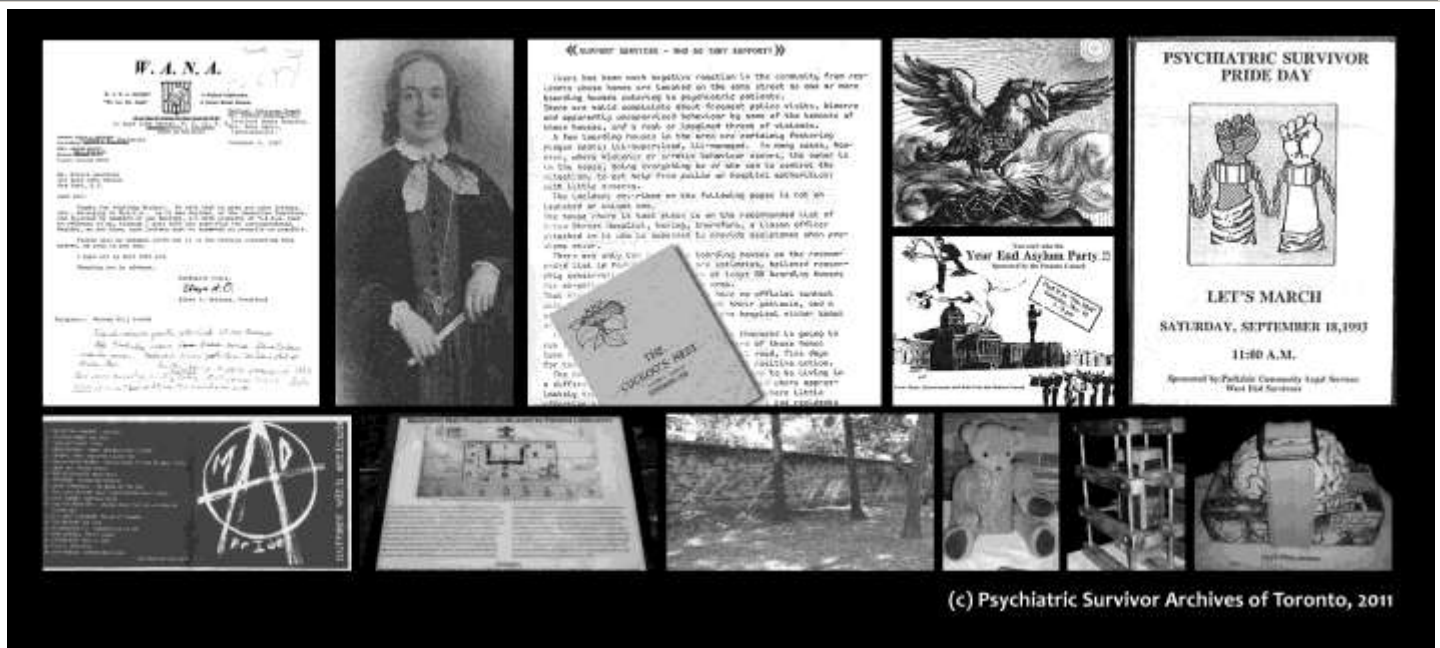


# Voices

## Newsletter of the Psychiatric Survivor Archives of Toronto



# We came, we saw, we remembered

*A prayer for the wild at heart, kept in cages. — Tennessee Williams*

In 2001, a small group of psychiatric survivors came together to initiate a historic project: the formation of an archive devoted to preserving the life and times of psychiatrized people worldwide. This motley crew hit the ground running; over the next decade, its members organized, became incorporated, raised funds, memorialized unpaid patient labour by erecting plaques on the 1001 Queen St. West grounds, and accumulated and catalogued a rich tapestry of materials—diaries, newspapers, magazines, artwork, letters, photographs, videos, music, speeches, books—that will prove invaluable to a wide range of communities in the years to come. **We invite you to join us in officially celebrating our 10<sup>th</sup> birthday at our upcoming Annual General Meeting, scheduled for Sunday July 24<sup>th</sup> from 1:00 to 5:00 PM at the 519 Church Street Community Centre (room 301).** We look forward to sharing some reflections and refreshments with you as we move into a new decade.

June 2011  
Vol. 2, No. 2

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Editors

**Erick Fabris**

**Eugenia Tsao**

**Psychiatric Survivor  
Archives of Toronto  
(PSAT)**

280 Parliament Street  
Toronto, ON  
M5A 3A4  
(416) 661-9975

psychsurvivorarchives@gmail.com  
psychiatric survivor archives.com

# Letter to the Editors

Re: "The Indelible Legacy of 999 Queen St. West," February 2011, Vol. 2, No. 1

I enjoyed Emilia Lunardo's article about 999. Her tribute to Geoff Reaume for giving voice to patients past is particularly welcome. There are, however, a couple of errors in the text. The first is the assertion that the Provincial Lunatic Asylum opened in 1870; actually, the Queen Street Asylum opened in 1850, a year before the state of Illinois got its first asylum up and running. The second error is more important. The author states that in 1998, "Toronto's hospital for the insane finally became a public facility operated by the government of Ontario." In fact, in 1998, the province of Ontario divested what was to become CAMH to a public hospital board. Up to that point, the province had operated the asylum.

I want to caution Emilia to take CAMH's claims about what it's doing with a grain of salt. For instance, CAMH claims that it addresses housing, employment, social support and income support. In my view, CAMH's record on the social determinants of health is quite poor, probably because it devotes hardly any resources to those essential supports.

We see a lot of hand-wringing about deinstitutionalization. We shouldn't be fooled; institutionalization is alive and well—on any given day, there are 600 people locked up at CAMH, some of them in restraints, some of them scheduled for ECT, almost all of them on heavy medication. The New Jerusalem is still on the horizon.

We have a lot of work still to do. But, "Courage, my friends, there is still time to build a better world." (Tommy Douglas)

Sincerely,

David Reville, mad activist

# Notes from a Psychiatric Survivor Archivist

MEL STARKMAN, ARCHIVIST

This issue of *Voices* comes at a wonderful and momentous time, as we are right on the cusp of PSAT's tenth anniversary celebration. We are all very proud, albeit tired of waiting to get good space for our storage, office, reading room, and all the appurtenances that accompany a proper archive. We hope that many people will attend our upcoming AGM.

As mentioned, we are in the midst of negotiating for office space, since the Gerstein Centre is overflowing and, while they have been the most gracious hosts, our material is

not currently accessible there, except to Gerstein staff and the PSAT Board. So, if you have any material for us, please try to hold onto it for as long as you can. Within weeks of our move, we will pick it up from you—but please try to package it in secure boxes. We appreciate all of your e-mails, donations, and support, and we know that the survivors are with us. ■

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**Mel Starkman** is a PSAT board member, PSAT's official archivist, and an anti-psychiatry survivor poet.

## Call for submissions!

Would you like to write for *Voices*? We welcome submissions of essays, news items, poems, and artwork that reflect PSAT's mandate of preserving and sharing the rich history of psychiatric survivors. Contributors retain copyright of their work. E-mail your submission to us with the subject line "Voices submission." You may include an author's bio and/or e-mail address for reader correspondence if you wish. Your piece should either be saved in one of the following formats — .doc, .pdf, .rtf, .txt, .jpg, .tif — or contained within the body of your e-mail. Please do not mail hard copies of your submission. If your piece is selected for publication, we will notify you by e-mail. The editors reserve the right to copyedit submissions for grammar and clarity.

## Does this sound like you?

PSAT is currently looking for a volunteer to assist archivist Mel Starkman on an ongoing basis. If you are passionate about psychiatric survivor history, organized, detail-oriented, and enthusiastic about collaborating with other PSAT members, please send a resume and a brief e-mail to psychsurvivorarchives@gmail.com indicating why you want to work with us. Previous experience with archival or library work would be an asset. Prospective candidates should identify as having experience in the psychiatric system and must be willing to be interviewed.

*“Well, are you again looking for new victims, you mass murderers?”*

— Female psychiatric patient to group of doctors involved in Nazi Germany’s eugenic slaughters, 1939-1945

# In Memory of “Life Unworthy of Life.”

**A**t noon on May 2<sup>nd</sup> 2004, Geoff Reaume delivered a poignant speech in front the War Cenotaph at Old City Hall in downtown Toronto. As part of that year’s International Commemoration of the Victims of Eugenic Mass Murder, memorials took place in Toronto, Chicago, Holland, and Germany to pay tribute to those who perished because they had a diagnostic label in a society that viewed such labels with contempt. These gatherings not only memorialized the victims of eugenic policies, but urged vigilance against the malign ideas that gave rise to their murders—ideas neither began with, nor died with, the Third Reich. What follows is a lightly edited version of Dr. Reaume’s speech.

Between 1939 and 1945, at least 200,000 men, women and children were murdered due to eugenic policies first promoted by medical professionals who received the active support of the German state. The victims were psychiatric patients and people with developmental and physical disabilities.

The ideas that led to this barbaric eugenics policy did not originate in the mind of Adolf Hitler. Instead, he supported what others had been promoting long before his assumption of power. Doctors and political activists on both the left and right in Germany, the United States and Canada, among other countries, publicly supported the forcible

sterilization and, in some cases, outright murder, of people with disabilities. Leading psychiatrists, such as Canadian C.K. Clarke (1857-1924), expressed their support for eugenics long before the Nazi period saw the most draconian application of these ideas anywhere in the world. Indeed, in 1942, after the eugenic mass murders had commenced and became known inside and outside of Germany, the *American Journal of Psychiatry* published the views of psychiatrist Foster Kennedy who advocated the murder of so-called “defective” children. In an editorial, the APA journal fully supported his murderous ideas. By this time, eugenics had a long history outside of Germany.

Legislation, first in Indiana in 1907 and eventually in thirty states, saw the passing of sterilization laws with at least 60,000 victims in the United States over the next six decades. Alberta (1928) and British Columbia (1933) also passed eugenics laws with approximately 3,000 people sterilized in both provinces combined by the early 1970s. Eugenic mass murder did not take place in North America as it did in Nazi Germany. But the ideas which led to the killings in Germany had as their inspiration the writings and advocacy of leading members of the medical, judicial, and political elite in both North America and Germany long before the Nazis came to power.

**REAUME**, CONTINUED ON PAGE 5

Psychiatrists, especially professors of psychiatry and psychiatric department heads, played leading roles in planning and administering the Nazi eugenics program. The first people targeted in the systematic mass murder of specific groups of people under Hitler were disabled children and psychiatric patients. Most victims were murdered in six German psychiatric "killing centres": Hadamar, Hartheim, Grafenek, Sonnenstein, Brandenburg, and Bernburg. The methods of killing in Nazi Germany included gassing, injections, starvation and various other forms of abuse. The murderers were doctors, nurses and attendants who were not ordered to carry out this policy but did so as willing volunteers.

Historians have shown that Nazi officials did not need to coerce hospital staff to kill people with disabilities. These clinical murderers viewed psychiatric patients and people with developmental disabilities as "life unworthy of life." This policy was first implemented with the compulsory sterilization law of July 1933, introduced less than six months after Hitler assumed power in Germany. Forced sterilization was eventually imposed on up to 400,000 Germans who were categorized as having mental and physical disabilities.

Between 1939 and 1941, 70,000 to 80,000 people were murdered in gas chambers in mental institutions throughout Germany. They were targeted as "worthless" members of society. These eugenic victims were the first to die in gas chambers under Nazi rule. After establishing systematic methods for killing people in asylums, these murderers transferred their barbaric "expertise" to the Polish death camps where the Jews of Europe became their primary victims. From 1941-45, other methods of murder besides gassing were employed on people in mental institutions. An unknown

number of psychiatric patients and people with developmental disabilities were also murdered in Eastern Europe in the wake of Germany's invasions. Few of the medical murderers were ever punished during the post-war period.

There are people who still think the world would be better off without psychiatric patients or people with disabilities, including psychiatrists who search for a "gene" for schizophrenia, for example. There is a direct link between these ideas and the eugenic ideas of the early 20<sup>th</sup> century where people believed to have supposedly "defective" hereditary traits are viewed as a "burden" on society.

Today, we join in remembering all victims of eugenic mass murder in Nazi Germany. Above all else, we recognize these men, women and children as human beings whose life and memory are as valuable and cherished as that of all victims of tyranny during this terrible period in world history. Just as is said of the six million Jews, and millions of others, such as Roma people, homosexuals, and Slavs, we say in regard to psychiatric patients and all people with disabilities who were murdered under the Nazis and their accomplices: "Never again!" ■

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Whither The Mainstream Media?

# Challenging Psychiatry's Cheerleaders

DON WEITZ

Psychiatrists and other "mental health experts"—primarily, Big Pharma and its spin doctors—market their nonsense to the media as scientific fact. It has been thirty years since I began to criticize media depictions of "mental health" issues as serious distortions, if not outright lies. In the last ten years, about a quarter of my letters to the editor have been published—admittedly, a pretty good acceptance rate. Some edited samples follow.

On February 9<sup>th</sup> 1998, Dr. Bonnie Burstow and I lodged a formal complaint against *The Toronto Star* with the Ontario Press Council. We accused *The Star* of displaying "a consistent biomedical model bias, to the exclusion of other major models or perspectives on human crises labelled as 'mental illness,'" and of promoting "the common stereotype and myth of the "dangerous mental patient" through the selective and sensationalistic reporting of violent or criminal acts committed by people deemed "mentally ill":

*We see the bias in The Star series as doing considerable harm and injustice to a vulnerable and already-stigmatized community. A possible remedy... is a second series of articles which addresses the topic from a non-medical perspective (including an antipsychiatry perspective).*

Despite this valid and powerfully worded criticism, the Press Council ruled against our complaint after flatly refusing to listen to us...

Contrary to popular myth, most of the violence in the "mental health system" is committed by so-called "sane" psychiatrists and other mental health professionals—not by psychiatric survivors. In Canada and the United States, psychiatric survivors, their

supporters, and human rights advocates continue to speak out against forced treatment and the biased, inflammatory reports in the media promoting the myth/stereotype of the violent mental patient...

In March 1999, increasingly annoyed with the media, I wrote and sent an open letter titled "Who's Really Dangerous? Media Bias—Forced Drugging—Outpatient Committal" to several Canadian media outlets, including the *Toronto Star*, the *Globe & Mail*, the *Toronto Sun*, and the CBC. No one replied, and the letter was never published. Here are a few edited excerpts:

*The belief that most psychiatric survivors are more dangerous or violent than so-called "normal" or "sane" people is a common myth and stereotype propagated by the mainstream media, biological psychiatrists like E. Fuller Torrey (who wants to lock up and forcibly drug "the mentally ill homeless") and family "advocacy" organizations such as the Schizophrenia Society of Canada and the National Alliance for the Mentally Ill in the United States. Since there has never been any substantial scientific evidence to support this view, it [can legitimately be seen as] a false belief or delusion. The following conclusions from several respected health professionals, researchers and advocates expose this myth:*

*[There is] "...sensationalized reporting by the media whenever a violent act is committed by 'a former mental patient' ...a weak association [exists] between mental disorders and violence... serious violence by people with major mental disorders appears*

*concentrated in a small fraction... Mental disorders... account for a minuscule portion of the violence that afflicts American society.*

—J. Monahan, PhD, and J. Arnold: "Violence by People with Mental Illness: A Consensus Statement," *Psychiatric Rehabilitation Journal*, Spring 1996

*The combined evidence from these studies indicates that... persons with psychotic diagnoses are less likely or at least no more likely to commit violence... a history of delusions and a diagnosis of paranoia were unrelated to future violence.*

— G.T. Harris, PhD, and M. Rice, PhD: "Risk Appraisal and Management of Violent Behavior" in *Psychiatric Services*, vol. 48 no. 9, September 1997

PSAT Board member Don Weitz is currently writing a memoir entitled *Act Out/Fight Back/Write On: Selected Writings of an Antipsychiatry Activist*. This essay consists of lightly edited excerpts from his chapter on the mainstream media's role in expanding and legitimizing psychiatry's net, portions of which were published in the March 11<sup>th</sup> 2011 issue of the *Ryerson Free Press*.

WEITZ, CONTINUED ON PAGE 7

*Most patients with severe mental illness do not pose a danger to themselves or the community.*

— J.W. Coid, MD: "Dangerous patients with mental illness: Increased risks warrant new policies, adequate resources, and appropriate legislation" in *British Medical Journal*, April 13, 1996

*It's time that, as a society, we begin to knock down stereotypes and start breaking down the stigma associated with "mental disorders." The first stereotype to go down—permanently, we hope—is that people who suffer from depression, anxiety, schizophrenia, an eating disorder, or any other type of mental disorder are somehow more violent than others. This simply isn't true, [except in some cases where they are also] involved in substance abuse. Most people who suffer from a mental disorder are not violent—there is no need to fear them. Embrace them for who they are—normal human beings experiencing a difficult time, who need your open mind, caring attitude, and helpful support.*

— J.M. Grohol, PhD: "Dispelling the violence myth," *Mental Health Net* (online editorial published June 1<sup>st</sup> 1998, [www.cmhc.com/archives.editor32.htm](http://www.cmhc.com/archives.editor32.htm))

*Despite these professional criticisms, the media continue to publish "balanced" articles on "mental health" that exaggerate the alleged link between mental illness and violence; demonize homeless and poor people who have psychiatric histories; promote a medical model that is biased and generally refuse to publish critical comments from psychiatric survivors and dissident health professionals.*

The lack of response to this letter speaks volumes about the mainstream media's defensiveness, their need to dismiss or deny legitimate criticism, and their routine promotion of psychiatric propaganda as medical fact.

The CBC is also guilty of promoting a pro-psychiatry bias, uncritically accepting psychiatry's medical model of "mental illness" and electroshock. In 2008, CBC Radio One broadcasted an interview with Edward Shorter, a University of Toronto historian who recently co-authored, with psychopharmacologist David Healy, the book *Shock Therapy: A History of Electroconvulsive Treatment of Mental Illness*. The interview was blatantly one-sided; it sounded like a promotion for electroshock. Here are some edited excerpts from excerpts from my March 9<sup>th</sup> 2008 letter to producer Jim Handman:

*Edward Shorter, interviewed by "Quirks and Quarks" host Bob McDonald on March 8, expressed so many unchallenged distortions and lies about electroshock, it's inexcusable.*

*First, the interview was extremely biased, unbalanced and unprofessional; no electroshock survivors or other critics were interviewed to challenge Shorter's false claims about the major effects and risks of electroshock. Shorter is on a disinformation campaign to sell his book, combat growing criticism, and promote wider use of electroshock.*

*Second, Shorter never once mentioned the grand mal seizure that occurs during every ECT procedure; instead he used the [misleading] word "convulsion."*

*Third, Shorter failed to mention the ten- to twenty-minute coma following the seizure; his phrase "out of it" is an inaccurate and dishonest substitute.*

*Fourth, he failed to mention that while conscious shock survivors experience some or all of these immediate effects: disorientation, dizziness, severe headache, memory loss, physical or muscle weakness, nausea, apnea (sudden cessation of breathing). Delirium is also a problem; people awakening from ECT are in no shape to drive a car on the day they are shocked, as Shorter claimed they could.*

*Fifth, Shorter claimed that ECT causes "no brain damage." In fact, several scientific studies over many years have proven the exact opposite. In fact, the American Psychiatric Association grudgingly acknowledges brain damage caused by ECT, while minimizing its extent; the Canadian Psychiatric Association flatly denies this damage. Nevertheless, the recent and comprehensive study by Sackeim et al. published in *Neuropsychopharmacology* in January 2007—Shorter must have been aware of it—conclusively proves that electroshock causes brain damage resulting in permanent memory loss, and that women shock survivors suffer "more severe" brain damage ("cognitive dysfunction") than men.*

*There is further evidence of frontal-lobe damage in Calloway's CT scan studies (c. 1980). Devinsky and Duchowny's research shows evidence of grand mal epileptic seizures after a series of electroshocks. And there's more evidence of shock-induced brain damage in the conclusions of many other neurological and autopsy studies on humans and animals (see Peter Breggin, *Brain-Disabling Treatments in Psychiatry*, 1997; John Friedberg, "Shock treatment, brain damage, and memory loss: A neurological perspective," in the *American Journal of**

Psychiatry, 1974; and Leonard Roy Frank, *Electroshock Quotationary [online]*, 2006).

*Shorter never once cited any of these facts or works, nor did he mention the disproportionate targeting of women and elderly people; two to three times as many women as men are shocked, according to ECT statistics from Ontario's Ministry of Health and other sources. Neither Shorter nor McDonald seemed aware of these facts—apparently, both are wilfully ignorant.*

*Sixth, Shorter lied when he denied that ECT commonly causes massive, permanent memory loss; he was dismissive when he mentioned only "transient loss." Shorter should know—perhaps he chose not to know—that many scientific studies clearly and convincingly document the fact that shock-caused memory loss is frequent and permanent (see, for example, the classic experiments of Yale psychologist Irving Janis and those of psychologist Larry Squire; there are more recent studies as well). Significantly, Shorter never mentioned any of the published testimonies of numerous shock survivors, which also reveal massive and permanent memory loss. MacDonald should have interviewed Canadian shock survivors such as Wendy Funk, Sue Clark or Wayne Lax who have each publicly and courageously testified against electroshock; their horrific accounts of tragic losses and disabilities would have been a lot more credible and truthful than Shorter's self-serving lies.*

*If CBC Radio is seriously interested in telling the truth about electroshock and growing international resistance, and correcting its pro-shock bias, it should start interviewing shock survivors. I can put McDonald and/or other researchers in touch with shock survivors, and with other critics and activists. I also recommend that CBC researchers check out [capa.oise.utoronto.ca](http://capa.oise.utoronto.ca), [ect.org](http://ect.org), [endofshock.com](http://endofshock.com), [geocities.com/sueclark2001ca](http://geocities.com/sueclark2001ca), and [mindfreedom.org](http://mindfreedom.org). [Editor's note: Geocities is no longer operational. The URL for CAPA's website is now [coalitionagainstpsychiatricassault.com](http://coalitionagainstpsychiatricassault.com).]*

Handman replied two months later. As expected, he firmly defended Shorter, calling him an "expert" and "objective," and citing his University of Toronto credentials and "60 pages of references and detailed references" in his book. He also misidentified Shorter as a "scientist"; in fact, he's a historian. Handman never once mentioned interviewer Bob McDonald's refusal to question or challenge Shorter's false claims. Instead, he simply stated that it isn't CBC policy to "attack" an expert guest like Shorter. Handman allowed that he had received letters that "supported and disagreed" with Shorter's pro-shock position and had a few of them read on air. However, several shock survivors told me that their critical letters had not been read.

Handman also trivialized the responses and testimony of shock survivors as "anecdotal"—an elitist response frequently expressed by shock promoters and psychiatrists to discredit or minimize legitimate criticism from their critics and victims. He completely ignored my suggestion that he invite shock survivors, activists or critics on a future program. So much for "fair and balanced" programming regarding electroshock and psychiatry on CBC Radio. ■

#### REAUME, CONTINUED FROM PAGE 5

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