

# Voices

Newsletter of the Psychiatric Survivor Archives of Toronto

## “Things can be, and ought to be, different.”



*We prefer self-government with danger to servitude in tranquility.*  
(Kwame Nkrumah)

### TERRI-LYNN LANGDON

**O**n November 1<sup>st</sup>, at the Gladstone Hotel in downtown Toronto, I had the pleasure of attending the launch of Erick Fabris’s book *Tranquil Prisons* (University of Toronto Press, 2011). Due to streetcar woes, I was a bit late getting to this

event but when I made my way up the hotel’s ancient elevator, I was thrilled to find that the audience was spilling into the hallways! I saw many familiar faces

from the mad community, some curious folks, and many people I’d not seen before.

After making my way to the front of the room, I sat on the floor close to a loving crowd. Erick read from his new book and the stage was filled with bubbles—a fantastic stage prop, I thought! I did not take notes at this event, which is extremely rare for me. I was compelled to simply listen and nothing more.

Erick spoke a little about his identity. He mentioned some myths and realities for psychiatric survivors and ex-patients. He exposed some myths perpetuated by an ablest culture to silence Crazy people. He also made personal comments about the material conditions of those with psychiatric labels living in poverty, and he, of course, challenged the normalcy of those conditions.

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# February 2012

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After Erick was released from the psychiatric ward where he was locked up for several weeks, Erick asked himself the question “who am I”? Erick retold the story of his later activism in Toronto, including his work as a “peer advocate” at the Queen Street Mental Health site for ten years. Eventually Erick returned to school and he still wonders what’s next for him? These questions of “Who am I?”, “Who can I become?” and “What is next?” are questions that characterize the human condition. They are also questions that are pressing for a marginalized person or group who dares to believe that things can be, and ought to be, different.

The revelation that Erick wondered at one time whether or not he could return to school was surprising to me because I met Erick in 2006 at a meeting of mad activists while he was already a student at the University of Toronto (in the Ontario Institute for Studies in Education). So, for the entire time that I have known Erick, I never once questioned his future role as a professor and author. I also knew he was Mad-identified. I easily recognize that most people have many, many identities and times in their life in which their future is hard to imagine.

Conversations with people considered crazy or labelled “mentally ill” include stories of people who assert that they have been helped by psychiatry and psychiatric medications, as well as stories of people who feel that their “diagnoses” medically misrepresents a broader range of human experiences such as distress, elation, shame and pride. Some individuals actively denounce psychiatry as hurting more than helping. Erick captures these stories in his book by intimately engaging others on their views and experiences of the psychiatric system.

Erick also advocates a different way of working for those who work in the psych system. He insists that an industry rife with abuse and coercion must change. He exposes the over-reliance on psychiatric tranquilizers for restraining detainees (“patients”), calling this form of abuse a “chemical incarceration.” These tranquil prisons, represented by the bubbles he popped on stage, challenge the reader and the audience to question whether psych wards are places that keep patients and the public safe.

The book launch was a fantastic experience that validated my experiences as a Mad woman. It was also great fun, with a pop quiz co-facilitated with Geoffrey Reaume and Rachel Gorman that focused on psychiatric survivor history, culture, trivia and writing. The pop quiz and book discussion were followed by a wonderful theatrical robot who handed out candy to event-goers. The robot, played by Fluxus artist Allan Revick, was convincing and hilarious. After the event, I eagerly emailed my colleagues in Vancouver to let them know that they must attend the book reading planned there a week later.

I’m excited to dive into this book! Based on the thoughtfulness and creativity of the book launch I recommend this book to people who have had experiences with the psychiatric system, those who work in the system as well as friends and relatives of people labelled mentally ill. The book can be ordered on Amazon or the UT Press website. Enjoy the read! ■

Below: Erick Fabris reads from his new book, *Tranquil Prisons: Chemical Incarceration Under Community Treatment Orders*. To purchase, visit <http://www.utppublishing.com/Tranquil-Prisons-Chemical-Incarceration-under-Community-Treatment-Orders.html>. Photograph © Kevin Jackson.



Don't miss these upcoming public lectures by Board Member Don Weitz! Admission is free. The Winter 2012 Antipsychiatry Lecture Series is sponsored by Alumni for a Free U of T.

### **Brainwashing, Forced Treatment and Biological Psychiatry: The Legacy of Dr. Ewen Cameron**

**When:** Friday, February 24<sup>th</sup> (7:00-8:30PM)

**Where:** OISE, 252 Bloor St. W., Room 2227

*Don Weitz critically discusses the brainwashing experiments of the Canadian psychiatrist D. Ewen Cameron in Montreal's Allan Memorial Institute in the 1950s and 1960s. The Canadian government (not the CIA) was the chief funder of these unethical experiments that permanently damaged many patients—most were women. Cameron's legacy is the dominance of biological psychiatry today.*

### **“Mental Patients,” “Mental Illness” and “Mental Health” in the Canadian Media: Case Studies in Bias and Bigotry**

**When:** Friday, March 30<sup>th</sup> (7:00-8:30PM)

**Where:** OISE, Room TBA

*A critical examination of how the myths of "mental illness" and "mental health" are portrayed in Canada's mainstream media. Several examples of pro-psychiatry bias, including exclusion of critical views of psychiatric survivors, in the CBC and Toronto Star are cited. Possible strategies to combat this negative 'coverage' are also discussed.*

# ***Rise Up/Fight Back: Selected Writings of an Antipsychiatry Activist***

PSAT is delighted to announce the release of a compelling new e-book by Board Member Don Weitz, which is now available for purchase at these online retailers:

1. <http://itunes.apple.com/us/book/rise-up-fight-back/id496226010?mt=11>
2. <http://www.barnesandnoble.com/w/rise-up-fight-back-don-weitz/1108349322?ean=9781618428776&itm=1&usri=rise+up%2ffight+back>
3. [http://ebookstore.sony.com/ebook/don-weitz/rise-upfight-back/\\_/R-400000000000000599529](http://ebookstore.sony.com/ebook/don-weitz/rise-upfight-back/_/R-400000000000000599529)

Organized as a mosaic of personal accounts, essays, and letters to the editor, this book is a devastating critique of psychiatry as a coercive, dehumanizing, stigmatizing system of social control that masquerades as a “mental health system” and as “medical science.” In the introduction, antipsychiatry is clearly discussed as a political strategy whose goal is total abolition. Psychiatry must be abolished because it is inherently harmful, traumatic, frequently torturous, fundamentally disempowering and oppressive. For hundreds of thousands, if not millions, of citizens, psychiatric “treatment” and institutionalization have been a daily nightmare of psychiatric wards, brain-damaging drugs, electroshock (ECT), and lobotomies, staff commands and threats, other traumas and humiliations, and permanent stigmatization.

Psychiatric facilities, such as Toronto’s notorious Centre for Addiction and Mental Health (CAMH) and Oak Ridge/Penetanguishene Mental Health Centre are described as psychoprisons where innocent citizens are libelled and slandered with unscientific and stigmatizing diagnostic labels such as “bipolar,”

“schizophrenic” and “psychopath,” locked up, intimidated, forcibly drugged, shocked, experimented on, physically restrained and/or thrown into “seclusion” (solitary confinement). A chapter on electroshock, the longest in the book, documents women and the elderly as this procedure’s most vulnerable targets. An appendix includes a chronology of resistance to psychiatric oppression, a Declaration of Principles, and an Antipsychiatry Bibliography. The tone is unapologetically passionate and angry, but always informative and constructive. The last chapter, “A Radical Vision,” discusses several survivor-controlled, humane and community alternatives.

Don Weitz is a psychiatric survivor and, for more than 35 years, a human rights activist. In the early 1950s, he was incarcerated for 15 months in a Massachusetts “mental hospital” and forced to undergo 110 insulin shock treatments. He is co-editor of *Shrink Resistant: The Struggle Against Psychiatry in Canada* (1988), co-founder of the [Coalition Against Psychiatric Assault](#) (a political action organization in Toronto), and a PSAT board member. ■

# Queen St. Garden

A villanelle by Toshio Ushiroguchi-Pigott, written in response to the Redevelopment Project phases that are reducing green canopy and threatening to encroach on psych survivor and staff gardens.

Amid the bustle of Titus cell blocks  
I lose the grip beneath painted foot tracks  
Wander not by Mem' Lane no mo' head shocks.

Sunshine wat-tree red fruit picking green stalks  
Earthen veggie carrot by the smoke stacks  
Amid the bustle of Titus cell blocks.

Orange Muslim herded by the fence locks  
Tri-lyum 4 wheel suited warden wrist clacks  
Wander not by Mem' Lane no mo' head shocks

Steel hive soulan-jan-a by the heart rocks  
Sitting, praying, won-dring how to relax  
Amid the bustle of Titus cell blocks.

Market harvest baskets not for food stocks  
Thistle pulling by the Mad Pride play acts  
Wander went by Mem' Lane no mo' head shocks.

Norway maple will you shield from sky hawks  
Pigeons flocking westward by the art shacks  
Amid the bustle of Titus cell blocks  
Wander not by Mem' Lane no mo' head shocks.



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## Volunteer search!

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 e-mail us a resume and a brief statement 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.

## 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.



# ***You Call Yourself Doctors and You Once Took an Oath to Do No Harm.***

## **Was it Major Depression or was it Major Iatrogenic Madness?**

**BY ANONYMOUS**

**Y**ou call yourselves doctors. You once took an oath to do no harm.

There were no pharmaceuticals in our house—not even an aspirin, but I became a drug addict when I was prescribed a benzodiazepine for insomnia.

My insomnia started after I received a cluster of immunizations which I didn't want, but took because I was told it would be irresponsible of me not to. I was around 40, recently married, and had a dozen young godchildren. One of the shots was rubella: the other two were combinations. They were all given at one time. Almost instantaneously I was crippled with profound muscle weakness and severe 'atypical' inflammatory arthritis, some of my fingers became gnarled and I was in a wheelchair for a while. Over many years I was able to reverse most of the physical damage, but the insomnia persisted. Needless to say to say, we did not have children and henceforth in medical reporting I was referred to as '*middle aged, short-haired, bespectacled, casually dressed, and childless.*'

Even though I had to change careers, I remained fully engaged in life, busier than most. I took very small amounts of the benzodiazepine intermittently for several years. I took it only for sleep and it seemed to help a little, but I was also becoming 'anxious.' At that time I did not recognize 'anxiety' as a possible adverse effect/reaction to the benzodiazepine, nor did I know about interdose interval withdrawal.

When my mother (91) died on Christmas Eve 2002, my sleep got worse and most likely and I was prescribed a higher strength of the benzodiazepine. My sleep deteriorated further and I became jittery, I tried to withdraw from the benzodiazepine. I was in trouble.

You call yourselves doctors, but you didn't recognize that not only had I been having adverse reactions to the benzodiazepine, but that now I also had benzodiazepine withdrawal syndrome. You decided I was *depressed*, and you gave me an antidepressant. When I became agitated and developed a tremor, you said I had *agitated depression*.

You call yourselves doctors, but you didn't recognize that I was having an adverse reaction to antidepressants. You gave me more antidepressants. When the agitation became so severe that I lost my sleep entirely, you said I had *major depression* and gave me even more antidepressants. You also gave me sleeping pills.

You call yourselves doctors, but you didn't recognize the adverse effects of benzodiazepines, plus antidepressants, plus sleeping pills. You said I had an *adjustment disorder*—but the only things I wasn't adjusting to were your drugs. I frequently collapsed, sometimes on the street, and was twice taken by ambulance to Emergency where I was not treated with dignity. Not one of you recognized that one of the prescribed drugs was dropping my blood pressure precipitously.

When I started twitching and shaking uncontrollably, you gave me more sleeping pills—to be taken three times a day. When I fell asleep during an appointment, you said I was '*vegetatively depressed.*' When I was in constant motion, you said I was *bipolar*. You then settled on *psychotic*. You gave me antipsychotics. I started howling like a dog. I marched in place. My body movements became chaotic. My face twitched and my tongue darted in and out of my mouth.

You call yourselves doctors, but you didn't recognize the adverse effects of benzodiazepines, plus antidepressants, plus sleeping pills, plus antipsychotics.

You call yourselves doctors, and you gave me 35 different psychiatric drugs before you were able to drive me insane. It took you all of eight months. You didn't know what you were doing and you did it vigorously. You were treating the adverse effects of pharmacy and polypharmacy with more polypharmacy.

(When people ask me why I took all those drugs, I can answer only that I would have done anything, agreed to anything, ingested anything to stop the horrendous agitation—there are no words to describe the horror of that agitation. And at some point

**ANONYMOUS, CONTINUED ON PAGE 7**

my brain became such a toxic mess that I was no longer capable of reason.)

You decided I had *dementia*. I was afraid I would kill myself, and I was afraid I wouldn't kill myself. I wrote a living will and a Do Not Resuscitate directive. I gave away my belongings—especially those which had been most dear to me.

You call yourselves doctors, and you said the benzodiazepines, antidepressants, sleeping pills and antipsychotics which you had prescribed weren't working. You said I had a *dissociative disorder*. You cold-turkeyed me off many of the drugs, you 'formed' me, and you ordered ECT—electroconvulsive therapy. You wrote I was an "*excellent candidate for ECT.*" I refused 'treatment,' but you coerced my husband into signing by telling him ECT was the last and only option.

You held me for 10 weeks and treated me to 25 general anaesthetics and 25 bilateral grand mal seizures. I don't remember much except the assembly line of gurneys on 'shock' days. I shook from terror as I looked up at your cold matter-of-fact faces. I wondered if there would be anything left of my brain when you were finished with me. I thought I was going to die. I remember the stench of the rubber mask over my face, the IV going in and then, as the anaesthetic hit, the plunge into merciful oblivion.

And later—the blood in my mouth and the violent headaches. I didn't know where I was. I didn't know why I was there. I asked these questions of my husband after each ECT 'treatment.' My husband came to see me every day for two-and-a-half months and brought me a home-cooked meal each time. He came twice on ECT days.

I did stop howling and my legs were no longer marching. I was now merely babbling, and shuffling my feet non-stop. My face quivered. You said I had benefited from ECT.

You call yourselves doctors, but you didn't consider I might have stopped howling and marching, and was now merely babbling, and shuffling my feet because you had withdrawn many of the benzodiazepines, antidepressants, and antipsychotics you had prescribed. You kept me on sleeping pills—three times a day, once at night. And you added new drugs.

You said I would require weekly maintenance ECT for the rest of my life. You said I would require medication for the rest of my life. You told my husband I would not be coming home when you were finished

with me. My husband started looking for a long-term care facility for me.

You call yourselves doctors, and you said you had done everything you could for me. You said you had made me '*well*' and you closed my file.

You sent me to a support group for people recently discharged from your institution. We former 'inmates' all had different diagnoses, but we all had something in common—our legs were constantly moving. You, my doctors, told me my legs were moving because I had agitated depression. A pharmacist—the chief pharmacist of your institution—came to speak to the group and said it was *akathisia*—a common adverse effect of medications!

You, my doctors, were puzzled by my uncontrollable body movements. You used the best of modern medicine. You sent me for a sleep study, an EEG, a CT scan, and an MRI. The cause of the agitation, however, was sitting right there in your own office, on your desk—your prescription pad—the worst of modern medicine!

For this, you doctors who took an oath to do no harm, medicated me to insanity and tortured me with ECT.

I walked out and never returned to the support group. I didn't return for maintenance ECT either, even though you threatened that I would relapse. You commented on my lack of intelligence. It's all in my medical records. I tapered myself off drugs without your approval and without your help. It was hell—absolute hell. And I lived with the fear that you would have me seized and returned to your institution for more ECT. I no longer felt like a human being.

During my ordeal, I was seen by dozens of doctors. It's all in my medical records. Three of you questioned the diagnosis and then you did absolutely nothing about it.

You systematically destroyed my brain and nervous system with ECT. I have amnesia. Over 20 years of my life are missing. Most of the memory of my life with my husband is gone. I also have anterograde amnesia—the loss of the ability to create new memories.

Seven years post-ECT, I live with headaches, seizures, nightmares, an irregular heart rate, vitreal detachments, cognitive impairment, Tourette's-like symptoms when stressed, a paralyzed diaphragm which makes breathing difficult, and a painful cyst behind one knee from my attempts to control leg tremors by locking my knees.

**ANONYMOUS, CONTINUED FROM PAGE 7**

I can't remember things. At home I have covered one wall with corkboard so I can pin up the notes that remind me of what I am supposed to be doing and when. I used to have a fine mind, a photographic memory, and I multitasked with ease.

You, who call yourself doctors, also destroyed my husband's life. When you discharged me from your institution, my husband collapsed from stress, grief and guilt. He became despondent. He was emotionally spent. And then his heart failed. This was the husband who, in close to 60 years, had never missed a day of school or a day of work because of illness. He has now been hospitalized five times—three of those times in the resuscitation room.

When I wanted to talk to someone about the trauma I endured at your hands—the trauma my husband had helplessly watched, seven of you doctors refused to see me. You admitted no guilt. You took no responsibility. One of you who did see me, told me what I was saying was *libelous*. Another one wrote that I had a '*paranoid disorder*' and that '*it would be difficult to medicate*' me. It's all in my medical records.

Most of my friends are gone. I was too much for them and they weren't enough for me. Mental illness has a stigma. Psychiatric labels stick.

I take no drugs. I live in terror of those who forgot they once took an oath to do no harm. However, if I met any one of you, my doctors, on the street; I would not recognize you. You stole my memory.

To this day, my husband of 30 years says I was not depressed—I just couldn't sleep. To this day, my closest friend of over 60 years says I was not depressed. To this day, my colleagues of over 30 years say I was not depressed.

I can present you, my doctors, with all the evidence in the world; but you are so entrenched in your beliefs—it will do no good. You did not need to find a needle in the haystack. There was an elephant in the haystack and you failed to see it and, to this day, you deny its existence.

I presented you with monographs of the 35 drugs I was given—most with similar adverse effects of agitation, insomnia, depression, suicide—adverse effects which you were obviously ignorant of. You arrogantly dismissed my efforts to inform you. Many of these drugs now have black box warnings.

With each new drug and with seeming triumph, you took credit for having '*unmasked*' anxiety, depression, agitated depression, adjustment disorder, major depression, vegetative depression, bipolar

disorder, psychosis, dissociative disorder, and dementia. Finally, when I had tapered myself off drugs and was trying to get help for Post Traumatic Stress Disorder, you pronounced me 'paranoid!'

You call yourselves doctors. You created an iatrogenic disease. You searched, you dug, you gouged for only negative things about me. Not one of you ever had a good word to say.

Not one of you has apologized. The only oath you ever took was to 'admit no harm.' You also appear to have taken another oath, the 'oath of silence.'

Seven years post-ECT I have not been able to get help for Post Traumatic Stress Disorder, nor have I been able to get cognitive remediation.

One of you, one who has actually tried to help with referrals (which have so far all come to a dead end) said I was a '*survivor*.' No one should have to 'survive' going to a doctor.

You doctors are entitled to your opinions, but you are not entitled to your own truth. My truth stands up to scrutiny.

Here is my list of drugs from my medical and pharmacy records. Most of the drugs were prescribed by one psychiatrist. Several were flipped back and forth. What appear to be duplications are dose changes. I might have missed some.

A psychiatrist who was shown this list by a friend of mine asked: 'Is she still alive?' I had wanted to get into his practice, but the waiting list was very long.

Ativan, Rivotril, Zanax, Clonazepam, Valium, Celexa, Novopranolol, Amitriptyline, Propranolol, Imovane, Effexor, Lithium Carbonate, Propranolol, Moclobemide (Manerix) Imovane, Seroquel, Moclobemide, Wellbutrin, Seroquel, Imovane, Nortriptyline, Nortriptyline (different strength), Perphenazine, Nortriptyline, Gabapentin, Ativan, Gabapentin, Ativan-sublingual, Ritalin, Gabapentin, Ativan- sublingual, Imovane, Fluvoxamine, Oxycontin, Methoprazine(Nozinan), Nortriptyline, Gabapentin, Paxil, Remeron, Zyprexa, Risperdal, Parnate, Haldol, Aventyl, Cogentin, Loxapine, Chlorpromazine (Largactil)—all of these in less than eight months and most in rapid succession.

American psychiatrist Peter Breggin, advocate for drug-free treatment and empathic therapy, author of *Toxic Psychiatry, Medication Madness, Your Drug May be Your Problem*, and *Brain-Disabling Treatments in Psychiatry* has written that "... most psychiatric drugs can cause withdrawal reactions, sometimes including

**ANONYMOUS, CONTINUED ON PAGE 9**



life-threatening emotional and physical withdrawal problems. In short, it is not only dangerous to start taking psychiatric drugs; it can also be dangerous to stop them. Withdrawal from psychiatric drugs should be done carefully under experienced clinical supervision” ([www.breggin.com](http://www.breggin.com), [www.empathictherapy.org](http://www.empathictherapy.org))

Canadian orthomolecular psychiatrist Abram Hoffer (1917-2009) treated/cured over 5,000 schizophrenics without drugs. He was appalled by the dominance of the pharmaceutical industry, the inhumane treatment of patients, and the degrading levels to which healthcare can sink. He felt that patients today would do well to avoid psychiatry like the plague. I arranged for a one-hour interview, recorded a few weeks before his death. In closing he asked us all to keep his work going and signed off with: “All psychiatrists should be sent to Mars—they’d be better off and we’d be better off without them.” ([www.orthomed.org](http://www.orthomed.org))

Irish psychiatrist Michael Corry (1948–2010) also campaigned for the rights of mental health service users, opposed bio-psychiatry and psychopharmacology, and campaigned for the abolition of ECT. Dr. Corry once said: “I’d like to drive a dagger through the heart of psychiatry, but I can’t find a heart.” ([www.wellbeingfoundation.com](http://www.wellbeingfoundation.com)) ■

## MAYDAY—Doctors Who Can’t Wait\*

Dedicated to Elizabeth Ellis and other women shock survivors

By Don Weitz

wake up everybody  
it’s shock day every monday-wednesday-friday  
in psychoprison Anoka  
where 67-year-old Elizabeth Ellis  
waits in silence, refuses to talk to  
doctors who can’t wait  
to label her “catatonic”  
doctors who can’t wait  
to fire 200 volts  
into her fragile aging brain  
doctors who can’t wait  
to perform electrical lobotomies on her sisters  
doctors who can’t wait  
to commit elder abuse  
doctors who can’t wait  
to commit psychiatric rape  
doctors who can’t wait  
to conspire with sons and husbands  
to lock up and shock  
mothers/grandmothers/wives  
doctors who can’t wait to  
re-traumatize oppressed women labeled  
depressed  
bipolar  
post-partum  
schizophrenic  
doctors who can’t wait to  
destroy more brains/careers/lives—collateral damage—  
your sister, girlfriend, mother or grandmother could be next  
doctors who can’t wait to  
silence voices of “noncompliant patients” —freedom fighters—  
doctors who can’t wait to  
con health ministers to fund shock mills  
doctors who can’t wait to  
lie to patients/families/lawyers/reporters  
about “safe, effective and lifesaving ECT ”  
to a disinterested disconnected world  
ignorant, betrayed, brainwashed by  
nazis in white coats who torture  
in the name of DSM and ECT  
who torture/lie/coverup in the name of mental health  
time to rise up, fight back  
against psychiatric fascism  
everyday is mayday

\* Revised and expanded. First read at the Mayworks Poetry Marathon on May 1st 2011, and at another anti-shock protest, “Stop Shocking Our Mothers and Grandmothers”, on May 7th 2011 in Toronto.

