ON THE LEGAL FRONT

Members of MPA should be aware that legal neans are available for protecting the civil rights of all persons whether they are called mentally ill" or not. Recourse may be had to the law for resisting unwanted psychiatric interventions, obtaining money damages for the consequences of wrongful deprivations of lib-erty or spoiled identity and obtaining judicial release from the mental

These legal renedies include:

-Habeas Corpus.
-Applications under Section 30 of the Mental Health Act for a Court Order directing the Superintendent to release a confined patient.

Certiorari to have the determination of a Review Panel appointed under Section 31 of the ental Health Act removed into he Supreme Court together with the patient's complete record. Mandamus to compel a Review Panel to review a patient's case if review is refused pursuant to Section 31 of the Mental Health

-Damages for False Imprisonment and/or Assault.

-Damages for libel and/or slander. The problem is that few persons defined as mental patients are aware of what legal steps they could take and those who are aware are often too demoralized or incapacitated by the "treatments" imposed upon them to take any steps at all. Also, as result of evangelistic and powerful psychiatric propaganda the belief in the mythology of "mental illness" is pervasive. Most people "diagnosed" as "mentally ill" by the medical profession accept their label eventually - if not immediately, surrender their self-determination to the "doctor", clothe him with responsibility for their lives and thus embark on the career of mental patient. This process, termed "insight" by psychiatrists is very lucrative for them, and when it occurs, reinforces their image of themselves as "helpful therapist" unselfishly ministering to the "suffering patient". The "patient" on the other hand - once he accepts his assigned role and learns the game rules and pseudomedical rhetoric that goes with it - is unlikely to redefine his"helpers" as adversaries for the purpose of legal proceedings,

Psychiatry is a religion. In or scientific age the eternal problem of how we should live on the planet is characteristically expressed in scientific language. In the middle ages - the "Age of Belief" -In the the same problem was expressed in theological language. Psychiatrists who treat persons against their will by electroconvulsive therapy, forced drug taking and imprisonment are just as "sincere" in their efforts to make "mentally ill" persons "mentally healthy" as were the officers of the Spanish Inquisition who burned the



dies of the "heretics" and witches for the benefit of their immortal The rhetoric of rationalizasouls. tion has evolved from a theological orientation to a medical orientation but the scapegoating and torture albeit in modified form - continues.

Wise persons in any community can be of great help to anyone whose problems in living have become overwhelming. Sometimes these "wise persons" may be medically trained. Tranquilizing or energizing medication is often useful or even temporarily necessary for a person who finds herself (or himself) in such an extreme situation. But submission to any form of medical treatment should be an individual decision based on

informed consent Here are the words of Thomas

Szasz, M.D. Professor of Psychiatry: "It is widely believed today that just as some people suffer from diseases of the liver or kidney, others suffer from diseases of the mind or personality; that per-sons afflicted with such "mental illnesses" are psychologically and socially inferior to those not so afflicted; and that "mental patients," because of their supposed incapacity to Monow what is in their own best interests", must be cared for by their families or the state, even if that care requires interventions imposed on them against their will or incarceration in a mental hospi-

I consider this entire system of interlocking concepts, beliefs, and practices false and immoral."

I agree with Dr. Szasz on this point. So-called mental illness is not mental and not illness. From the viewpoint of the labelled individual it is an existential problem in living. From the viewpoint of others it is socially unacceptable conduct, If the conduct amounts to crime and the individual is brought to trial there are procedural safeguards which give the accused at least a sporting chance. If the conduct is thought to be a "medical" problem, ideas of justice and fairness are obscured by the metaphorical rhetoric of "health" and "illness" and thus the doors of tyranny are left wide open.

Challenging our psychiatrized society by repeated Court action is an important form of political confrontation for two main reasons, If successful, it establishes a useful precedent. Whether successful or not it enhances public awareness. Legislative changes proposed by M. P.A. are also important and deserve our firm support. But legislative change will leave oppression unchanged unless public consciousness is also changed.

Individuals who confront institutional psychiatry by legal action will need a special kind of courage. Disbelief in "mental illness" is likely to be labelled "mental illness" just as disbelief in "witch-craft" was at one time considered "heresy".

Here is Albert Camus:

"Between the forces of terror and the forces of dialogue, a great unequal battle has begun. I have nothing but reasonable illusions a as to the outcome of that battle. But I believe it must be fought, and I know that certain men at least have resolved to do so. I merely fear that they will occaeionally feel somewhat alone, that they are in fact alone, and that after an interval of two thousand years we may see the sacrifice of Socrates repeated several times. The program for the future is either a permanent dialogue or the solem any who have experienced dialogue.

This choice is clear. If you know someone whose legal rights are being abridged or denied on psychiatric grounds who wishes to resist this process, have them contact the Mental Patients Rights Committee (Phone 685-9473). In many cases a legal remedy is available.

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