

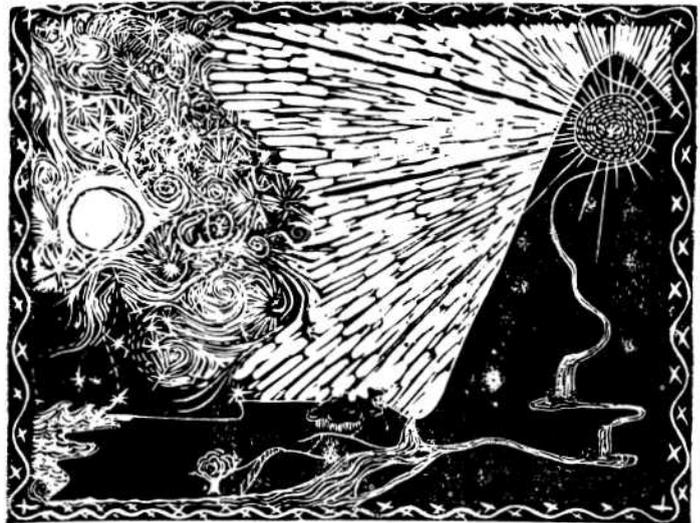
# Critical Mass

## On one of the walls in the ward was written:

I am trying to work on some of the larger issues in mental health .... such as the whole problem solving process. It seems to me that the more a community deflects its problems (say hospitalizes a crazy) rather than dealing with them as part of the community .... that community loses its ability to solve problems as a group. In my observation that is where it is now with this country .... large and small groups of alienated people who have never learned problem solving skills .... they certainly don't teach that in school. Sooooo what I like to do is organize our community, the hospital, around issues and problems under the guise of making a video tape. Now if you are making a tape you can ask a lot of questions you can't without a camera in your hand, so I spot a problem area in the hospital and proceed to make a tape on some aspect of the program around the problem. First, I do not approach the group and say: "wow, have you got a problem!" That immediately would put them on the defensive and put me outside of the group. Instead, I approach ... with a friendly smile ... and a rap about how much a particular tape is needed for training, "can they help me?" They always want to because video IS fun. In the process of getting something together I ask questions that make them aware of their problem - they thought of it - and we are able to process it out and I truck off with a tape under my arm ..and more often than not their problem in my tape box. No one has to loose face or be faced with "professional" help for a "problem". This is just one way of focusing on a community of 1800 patients and staff.

I've always operated a very accessible studio. Information content is high in my area. We are located centrally, adjacent to the training area and have access to a lot of information about the facility. Video is used to fill some of the needs of the front line staff (as opposed to administrative decision makers). For instance, several of the groups I've had in the studio have been hassled about something going on the structure of the hospital. They were not in a position to check those things out for themselves and there were many information gate-keepers above them to filter out all the goodies. So I organized the

group around the old reporter model. We started with who do you want to talk with, then call him/her up and rap on them about the super video we are making for training with a student group. Could he/she come to the studio for a short rap? Sure, he/she would really dig it. The studio group then frames questions which get at the things they wanted to know. So the talent shows, the students do the rap, while of course running all the equipment, directing, etc. The star leaves not feeling ripped off, in fact feeling really good about the thing. The students are really into the trip of having "tricked" some information out of the system.



I am into many things which are subversive in a "sense". Information control is a very big issue in any bureaucratic organization and I am into proliferating information.

We do all the other things with video like feedback in therapy, group analysis and so on. But what I am trying to do is take more of a global look at the problem of running a large state institution and in looking at that I have assessed (along with others) that the structure of the system is conducive to mental illness (whatever that is). For example, a person in crisis is open to new states of consciousness. Contrary to how we usually think about crisis it is one situation in a person's life which is filled with potential. A person in crisis is open to signals from his social surroundings as to who he is. Since his identity is not clear to him he builds new identity from the

# "We are all crazy...but some of us get caught".

information of those around him. We all do this in varying degrees as we deal with life crisis. But when a person in crisis comes to the state hospital, he has been separated from family and friends (those who can tell him who he is by feeding back his previous performance) and he is placed in a situation where professionals (who are super trained to see pathology) are noticing all of his craziness and saying to him "see this you are crazy." If he had any doubts before he now knows, he has been certified crazy by those who have spent years studying so they could spot the "Bad Ones." He then gets reinforcement about his crazyness from the new surroundings - the building, the other patients, the staff. All signal to him that he is indeed crazy. This whole situation would bring on a whole paranoid trip to anyone, but consider the possibilities for destroying the human psyche when a person is in crisis.

From observing this system-in-action it seems that a lot of well intentioned people work in a system that by its very nature is busy taking care of itself. The mental health systems in this country are advocates for the people on the outside, they are the carriers of that dreaded disease "normality", the value pushers. The patients have few real advocates and persons who are really patient advocates have to be criminals in the system because they are ripping off the system and all the good normal people who are paying them.

Treatment Through Institutional Change is kind of a mass judo tactic several of us are into using, to turn the energy of the system against itself. Hopefully it is somewhat destructive of the system and liberating to the staff and patients.

Part of that process is inducing crisis in the system doing some kind of off the wall things like reorganizing the hospital or parts of it, every so often. Shuffling patients and staff puts both groups in a crisis and they have to come up with new kinds of behavior. There are new people and situations to deal with and we have found that after a shake up (moving people around), many patients are discharged and sometimes staff leaves, which probably indicated they were a bit institutionalized too.

I have made a tape called: "Critical Mass". I have this theory about the resources kind of always being there only sometimes we don't know what a "resource" looks like. So operating on that premise I asked everyone if they would like to be in a movie. "But I can't act" everyone said. Said I, "Give it a try?" Come to find out they really did know how. "Critical Mass" was shot using a single camera film type of technique, (many video freaks would claim this is not video because I have maintained too much control), but that is like saying a beautiful painting is not real art because somebody "made up" a picture and painted it.

Anyway, we rounded up cast and crew mainly from people who work at the hospital. Seems like people in mental health are especially good actors, probably has something to do with the fact we are open to new behaviors and not generally that rigid about who we are. Many of the scenes were shot during people's own time because they didn't want to take time from the work area.

Shooting with the film type of technique means that every cut you see on the screen is an edit. It was mastered on one inch Ampex equipment which for many of the scenes was not adjusted properly (the drop out was after the interval). Lighting was done inadequately with about six instruments. Sound was done with poor microphones and inexperienced people. I only had two days to edit. But in spite of the usual and unusual problems I think we have a really good tape. If anyone would like copies, send blanks to me, either one inch Ampex or one-half inch EIAJ.

bob sandidge

