## "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 realty 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.

