

ings Better

FACT: FACT:

All I know is it was storing me from getting enough
I've got too much on my
By Day and By Night it could be my Rough Road to Reality
Bright with Promise, Tangled in the Past Confronting the Future
Pushing the Limits Magnet of Opportunity
And why I'm telling you about it.

Look at the pictures.
Read the words.
And then try not to care.

essence of life



Take a closer look...

Need a
Patient
taking A number

WE REALIZE THAT AFTER READING THIS
you may want to do something.

Under the hood
3 THINGS
B PATIENT



of things?
S
IALLY.

IT'S TIME TO CARE. AGAIN. Nothing in Moderation

GOING PRIVATE: GOING PUBLIC
Heights of the Depths

TRANSITION

SPRING 2008

CANADIAN MENTAL
HEALTH ASSOCIATION
(Saskatchewan Division) Inc.



THE OUTCAST mother,
ostracized by the community
YOURSELF IS TO BE BRANDED AS

Irreplaceable

House of Hope Bittersweet Reunion TROUBLE



LIVING WITH PAIN

BATTLE HEATS UP

ng Lightly Going With the Flow

Don't want to be poor again

UNDIES

Can't Live With 'Em ANOTHER
... or Without 'Em error results in a loss of
mean the world to you

made me BATTLE:
feel very proud
Extended Day Care
now available.

Mommy on
the Spot

Legally & Ethically

"The End of the World"

YOU
D PINCH.

Don't you know that

COST

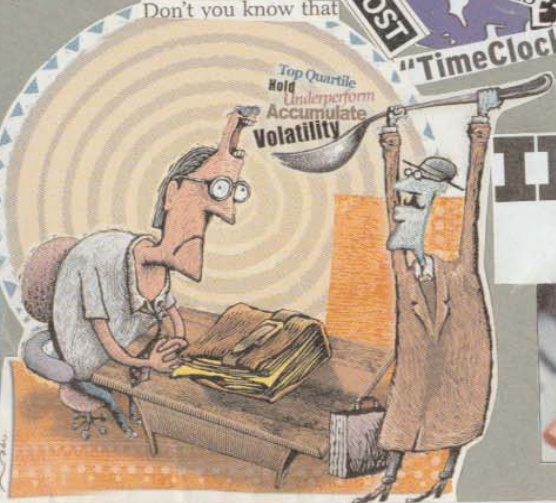
to songs
"TimeClock"

The Cost

IDENTITY CRISIS

are continu-
ally being run into the ground by
bureaucrats who can't see anything
but their rulebooks.

Memory
Checklist



WAY TO SPLICE OUR GENETIC CODE.

ve
words

apy

at now I can deal with
I can do anything I want to now.

TRANSITION

MAGAZINE

PUBLISHER:

David Nelson, Executive Director
Canadian Mental Health Association
(Saskatchewan Division) Inc.

EDITOR: Ted Dyck

MANAGING EDITOR: Lynn Hill

Our Mission:

Founded in 1950, The Canadian Mental Health Association (Saskatchewan Division) Inc. is a volunteer-based organization which supports and promotes the rights of persons with mental illness to maximize their full potential; and promotes and enhances the mental health and well-being of all members of the community.

TRANSITION Magazine is published twice a year by the Canadian Mental Health Association (Saskatchewan Division) Inc, 2702 12th Ave., Regina, SK S4T 1J2.

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Readers' views are welcome and may be published in TRANSITION. Comments and views should be forwarded to the Division office c/o TRANSITION Magazine, at the above address, or:

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TRANSITION can be obtained by joining CMHA in Saskatchewan. A Personal Membership is \$15 per year.

TRANSITION publishes two kinds of works: those directly about current mental health issues; and those about the individual's personal experience of those same issues. Both kinds of works celebrate lives in transit -- lives of change, growth, and transformation.

TRANSITION solicits original, unpublished articles, as well as fiction, non-fiction, poetry, and visual art that represent current mental health issues in our province and reflect on their impact on individuals. Payment is \$25.00 per printed page (\$12.50/half page), contributing artists/photographers receive \$20.00/published piece, and \$100.00 for cover art.

Electronic submissions are preferred. Submit manuscripts in Word or WordPerfect format (12-point, double-spaced, 5 cm margins) and send as email attachment to:

contactus@cmhask.com

If necessary, hardcopy manuscripts (typed, one-sided, 12-point, double spaced, 5 cm margins), together with self-addressed, stamped return envelopes, can be sent to:

TRANSITION
2702 12th Ave.
Regina, SK S4T 1J2



2008 CMHA Cash Calendar Sweetheart Draw . . .

CMHA's Executive Director, Dave Nelson (right) presents a \$14,000 cheque to Pat Zulynik of North Battleford. Pat and her husband Merv came by the CMHA Provincial Office in Regina to claim their prize. CMHA's Cash Calendar is a major fundraiser for the organization. There are daily prizes of \$100, \$1000, or artwork, and the Sweetheart Draw (February 14)

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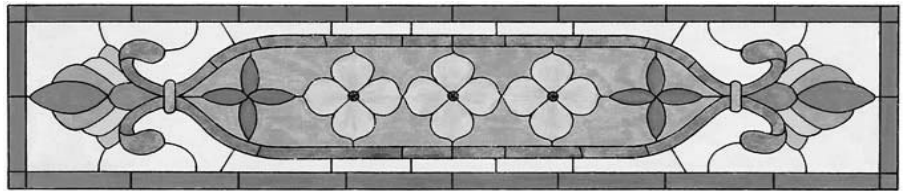
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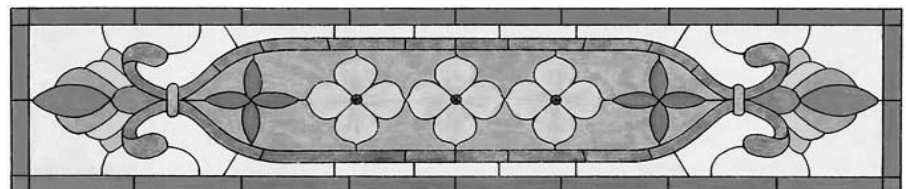
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The thing, itself

TED DYCK

The inaugural Fall 2007 Issue of the “new” TRANSITION was, for this editor, a total success. First, there was “the bare, naked thing itself (thank you, WS), the hard and electronic copy of the magazine, with its striking cover and design and its content by you, the writers. As your editor, I take seriously my responsibility for the whole “thing,” so I farmed out the issue to several editor-designers for evaluation. The results are in: the form and content of TRANSITION Fall 2007 get an A-plus. In other words, kudos to Managing Editor Lynn Hill (for her excellent critical eye), and kudos to the contributors (for their excellent writing and art).

Second, there were the launches. The big one at the Ramada in Regina (well organized by Joan Kilbride and her crew), and two minis, one in Moose Jaw (thank you Donna Bowyer), another in Weyburn (thanks to Gladys Perepeluk). Here I got to meet the staffs of Central Office as well as of the two Branches. Here we got to hear contributors from the surrounding vicinity read their works - and a moving experience that was for all. I continue to be emphatic about this: there are two kinds of writing, writing for writing, and writing for life, and a world of difference lies between them. Theoretically, it

shouldn't matter, but practically, it does, oh yes it does. And that's why I'm with TRANSITION.

Third, the individual successes. I write, too, and I know that getting into print is itself a reward, but there's more to it than that. I'm thinking of Bernadette Green's CBC Radio interview and reading of her tribute to her mother; I'm thinking of Dr. Vanderborgh's article making its way across the Internet to the scholarly world from the University of Regina to the USA and Europe. But I'm thinking mostly of all of the people at the launches who came to hear their sons and daughters and mothers and fathers and spouses and friends read, in public, perhaps for the first time ever.

So here we are then, at the second issue of the magazine. A first issue is a bit like a *dress rehearsal* of a play; but the second issue is *opening night* for the ensuing run. Will it be a good one? Will the whole season be good?

Some comments, then, about this issue:

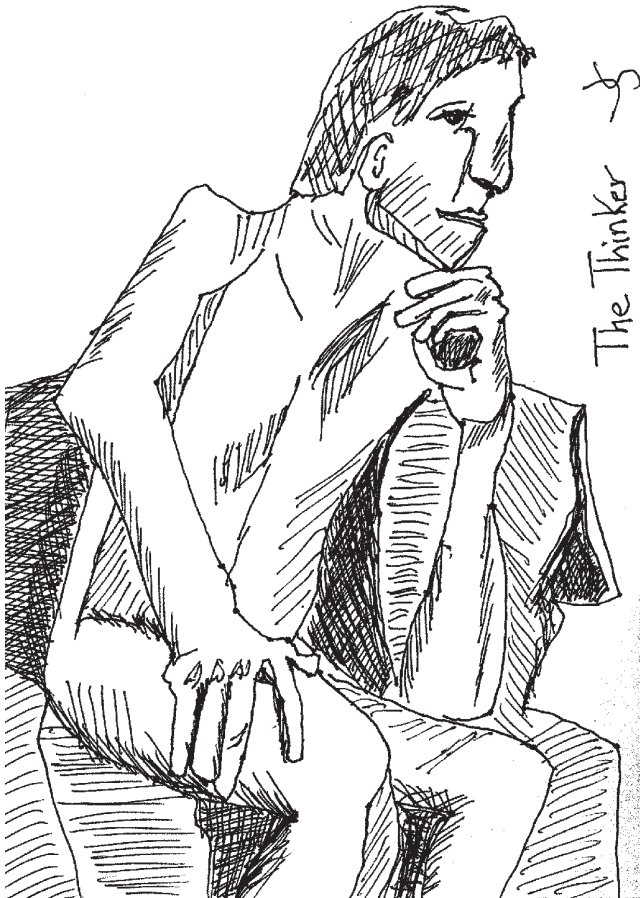
(1) Thematically and formally, it is its own “thing.” No particular theme, in other words, just our lives as lived and written by us all. No limiting form, either, just the forms you chose to shape your ideas and feelings and experiences. Beyond theme and form, we might say. Post-thematic and post-formal.

(2) We are inaugurating a new “thing” in this issue, a feature of one of our branches in the “Living the Life” section. My thanks to all the Weyburn writers who supported us by submitting their work. Items by these writers are found in the appropriate sections of the issue, clearly identified by the tag, “Weyburn Feature.” The idea of the branch feature is a good one, and I want to make sure it is realized as fully as it can be. So I'll be contacting other branches for future features and issues. In the meantime, enjoy “The Weyburn Branch” - and let us know what you think of it.

(3) We continue to be delighted by the artwork you send us, and this time we're featuring James Skelton and Henry Peters, both frequent contributors to the magazine. From an editor's perspective, artwork is its own “thing,” of course, plus much more: it's a vital part of the *design* of the magazine, of the way the magazine *feels* to the reader, of how the printed text is *dramatized* to engage the reader. That's why I'm especially happy to see Amber Colwell's stunning collage on the cover: It will literally grab the eye, it will insist the magazine be picked up, it cannot be ignored.

If I feel that strongly about it, you'll no doubt be thinking, how could I not have listed the artist-contributors in last issue's “Notes on Contributors”? Indeed. I apologize abjectly to the artists whose works graced the Fall 2007 Issue but whose names were left out of the “Notes.” To make amends, I'm putting a special subsection into the “Notes” in this issue that lists all these artists omitted from the last.

Finally, looking ahead to the Conference in Regina this June: TRANSITION will be there with bells on. A launch of the Spring Issue is scheduled. The Conference will be covered in the Fall Issue. See you there.



ART BY JAMES SKELTON

Director's report

DAVID NELSON, EXECUTIVE DIRECTOR

Once again a year has passed and has marked many positive changes in our Association.

While we always rely on fundraising to give us the autonomy and extra monies needed to meet our commitments, it appears we are approaching financial and fiscal stability, which allows us to focus on our "ends" of advocacy/public policy input, research, public education and awareness, and service delivery. As our Association has reached a level of "recovery," we have also begun to focus on the "recovery-oriented" model of mental health and service development.

It has been exciting to have an opportunity to develop a conference on "Life Beyond Illness - The Move Towards Recovery," which will be held in Regina on June 12-14, 2008. We hope this conference will be a catalyst for systems change, having Dr. Larry Davidson from Yale University, Dr. Myra Piat from McGill University, and other renowned professionals in



mental health speaking on a broad range of "recovery-oriented" service system development issues.

We hope the submission of a petition calling for a "Plan for Mental Health" to the Minister of Health this spring, along with the report "A Recovery Plan for Mental Health and Addictions in Saskatchewan" will be a strong start to system reform and development in our province. We continue to work collaboratively with our colleagues and sector organizations in the Provincial Interagency Network on Disabilities (PIND), the Mental Health Coalition and the Disability Income Support Coalition (DISC) to improve a broad range of policies to assist those with a psychiatric disability as well as cross-disabilities of all types. Progress has been made on an awareness of the problems with the current income support system for those with severe and persistent disability, and we look forward to working with the new Government and our stakeholders to improve this "foundational" system of support for all those with a long-term disability.

We invite all those who have a mental health issue, or have a loved one with a mental health issue, or who are a professional or other caregiver for those whom we support, to join us in these exciting times of change in our Province.

All the best in the coming year.



ART BY JAMES SKELTON

A recovery plan for mental health and addictions in Saskatchewan

Prepared by the Canadian Mental Health Association (Saskatchewan Division) Inc.

EXECUTIVE SUMMARY March 2008

Introduction:

Currently we are experiencing a shift in focus from the medical model of treatment towards a system of services that are “recovery-oriented.” This is a new vision of how medical services and community supports should be provided to persons living with mental illness. This recovery plan touches every area of service, from the acute hospital setting to the most independent consumer in the community. At its core, the promise of hope, healing, and recovery is the focus of every intervention at every level of service.

The concept of “recovery” and “recovery-oriented” services has been well researched and the benefits have been well documented. There is an established evidence base which has demonstrated that recovery-oriented services are both effective and cost efficient. The recovery model demands an increased involvement of consumers and family members at all levels, who bring with them the experiential knowledge of the unique challenges and successes of living “in recovery.”

A number of factors such as the creation of the Mental Health Commission, the evidence base supporting recovery-oriented services, the current economic conditions in Saskatchewan and the push toward collaborative health care suggest that the time for change is now.

What is the Recovery Model?

“Recovery” refers to both internal conditions (i.e., attitudes, experiences and processes of change of individuals who are “recovering”) and external conditions (i.e., circumstances, events, policies and practices that may facilitate recovery). Together these internal and external conditions produce the process called “recovery.”

Key internal conditions that facilitate recovery are:

- o Hope
- o Healing
- o Empowerment
- o Connection

External conditions start with human rights, or a “positive culture of healing” and recovery-oriented services. Key to that positive culture of healing is the development of collaborative relationships between consumers and providers. Treatment, rehabilitation, and support remain important elements of the recovery model. People receiving these services will continue on with their ordinary lives, recovering from the illness as

much as possible. “Where full remission is not yet possible, recovery-oriented care offers access to the technologies, tools, and environment accommodations to incorporate illness or disability as only one component of a multi-dimensional existence and multi-faceted sense of personal identity.”

Source: Davidson, L. Et al (2006) The Top Ten Concerns about Recovery Encountered in Mental Health System Transformation, *Psychiatric Services* 57,5

Source: Davidson, L. And Roe, D (2007) Recovery from versus Recovery In Serious Mental Illness: One Strategy for Lessening Confusion Plaguing Recovery, *Journal of Mental Health*, 16(4), 459-470.

RECOVERY

Recovery refers to the ways in which a person with a mental illness and/or addiction experiences and manages his or her disorder in the process of maintaining and/or reclaiming his or her life in the community. Recovery does not necessarily mean cure or elimination of the effects of the illness/addiction, and may mean living with the effects of medications or accommodations required to function to the person's full potential.

RECOVERY-ORIENTED CARE

Recovery-oriented care is what psychiatric and addiction treatment and rehabilitation practitioners offer in support of the person's recovery. A recovery-oriented system of care identifies and builds on each person's assets, strengths and areas of health and competence to support the person in achieving a sense of mastery over mental illness and/or addiction while maintaining or regaining his or her life and a meaningful, constructive sense of membership in the broader community.

CMHA's, Practice Guidelines for Recovery-Oriented Behavioural Health Care, 2006

Guiding Principles for the Organization of Mental Health Services:

- o Protection of Human Rights: Services should respect the autonomy of individuals and empower them to make decisions. The focus should be on the least restrictive treatments.
- o Accessibility: Services should be available locally; a lack of local services acts as a barrier to obtaining services, especially in rural areas.
- o Comprehensiveness: Services should include all facilities and programs required to meet the needs of the population.
- o Coordination and Continuity of Care: Services should work in a coordinated manner to meet a range of social, psychological and medical care needs.
- o Effectiveness: Evidence of effectiveness should be used to develop services.
- o Equity: Access to services should be on the basis of need. Vulnerable individuals are less likely to demand services meeting their needs.
- o Efficiency: Evidence on cost-effectiveness should be taken into account in developing services and making decisions on resource allocation.

Source: Adapted from WHO, 2003

Components of a Recovery Plan for Mental Health in Saskatchewan:

The following is a non-exhaustive but representative list of the various needed components of a well-thought-out and planned mental health and addictions “system,” as opposed to the current “patchwork” of semi-connected agencies, ministries and services.

- a) Inter-Ministerial Coordination - seamless transitions for all required needs (i.e., Social Services, Health, Labour, Justice)
- b) Wait Time Benchmarks for Patients with Serious Psychiatric Illness - based on three levels of urgency:
 - Emergent (e.g. within 24 hours)
 - Urgent (e.g. within 1 week)
 - Scheduled (e.g. within 4 weeks)
- c) Assertive Community Treatment - small, interdisciplinary staff, running 24-7
- d) Adequate Income Security - setting income at the LICO
- e) Adequate Housing - ranging from supportive to emergency

- f) Mental Health Crisis/Emergency Response - consisting of five components:
 1. Crisis lines
 2. Mobile crisis
 3. Walk-in stabilization
 4. Community crisis stabilization
 5. Hospital-based psychiatric services
- g) Inpatient/Outpatient Services
 - Inpatient Services:
 1. General Inpatient Program - provides concurrent, multi-disciplinary assessment and treatment
 2. Psychiatric Intensive Care - provides optimal clinical assessment and treatment of the most severely ill and aggressive patients
 3. Other Specialized Units -
 - Adolescent Units - residential assessment and treatment unit
 - Geriatric Units - could mix with other geriatric medicine units
 - Outpatient Services:
 - prioritizing referrals
 - short term case management
 - Partial Hospitalization - day hospitals/day treatment
 - Acute Home Treatment
 - Tertiary Services - specialized and long-term services (i.e., neuropsychiatry, substance abuse)
 - Shared Care - refers to collaborative activities between family physicians and psychiatric services.
- h) Consumer Involvement and Initiatives - organized in groups, and with adequate resources, consumers can do many things for themselves, which we formally thought to be the sole domain of the formal service system.
- i) Family Support and Involvement including:
 - services for families coping with the effects of mental illness
 - training and resources to support self-help models
 - inclusion of families in planning and evaluation of services
- j) Psychosocial Rehabilitation and Recovery - rehabilitation that targets personal life, leisure, education and work.
- k) Children's Mental Health Services - fit the service to meet the needs of the child rather than focusing on fitting the child or youth into existing service systems
- l) Therapeutic/Mental Health Court



- m) Adequately Funded, Large Scale Public Education and Awareness - including radio, T.V., billboards
- n) System Accountability for best practice service delivery

Conclusion:

The foregoing is a brief overview of some components of a well-developed plan for mental health. A copy of the full document, "A Recovery Plan for Mental Health & Addictions in Saskatchewan," is available in PDF format at the Canadian Mental Health Association (Saskatchewan Division) Inc. website www.cmhask.com.

Several best practice models exist in the province of Saskatchewan, but they are locally implemented only and must be replicated in strategically located areas of the province to provide access to the services required.

Recovery oriented outcome measurements must be implemented at all levels of the system.

The plan will require real increases to the mental health budget and should be implemented incrementally over a five to

ten year period of time.

Next Steps:

The Canadian Mental Health Association (Saskatchewan Division) Inc. looks forward to working with the Ministry of Health and other appropriate Ministries to move towards implementation of a much needed and overdue "Plan for Mental Health in Saskatchewan."

CMHA (Saskatchewan Division) Inc. and the Mental Health Coalition would also like to work with other disability groups through the Provincial Interagency Network on Disability (PIND), the Disability Income Support Coalition (DISC) and other agencies who are interested in developing a true recovery-oriented philosophy and programs to meet needs in our province. Because of our limited population and resources, working together will ensure that all persons with disability, who require crisis and long-term services, will have access to a continuum of alternatives to meet their needs as they seek to live with their illness or disability, while serving as fully as possible as citizens in our communities.



ART BY HENRY PETERS

Ambiguous loss

BY JANE KARPA

I accept chaos. I am not sure whether it accepts me. I know some people are terrified of the bomb. But then some people are terrified to be seen carrying a modern screen magazine. Experience teaches us that silence terrifies people the most.

- Bob Dylan

Introduction

This is the story of my experience with ambiguous loss involving my husband who, in 2002, suffered an acquired brain injury due to the result of a stroke (multiple bleeds), which effected many areas of his brain, and therefore many levels of his functioning. I had not known that the emotional and cognitive processes I was experiencing had been acknowledged and given an identifiable name. It was not until the spring of 2006, when during research, I read Dr. Pauline Boss's book, *Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss*. It was like the 'light bulb' went on! Dr. Boss was talking about me! My distress, angst, healing had a name. I was not alone, the silence was broken; someone understood my experiences and my sufferings.

As defined by Dr. Boss, ambiguous loss is an unclear loss involving either physical absence with psychological presence OR physical presence with psychological absence. In my situation the ambiguity was that my husband was physically present but psychologically absent due to the deficits incurred as a result of the brain injury.

An extensive body of literature provides firm evidence that brain injury harms families subjecting them to significant burdens and stress. The care-giving burden on family members can actually increase over time, especially when there are more issues with cognitive, behavioural and neuropsychological changes rather than with changes in mobility or physical functioning. Researchers and family respondents strongly recommend family systems treatment that can provide support to families throughout their care-giving experiences. As my story unfolds, professional support and treatment, or lack thereof, will be a part of this discourse.

Tempering Mastery

It began, on a Sunday evening in August of 2002. Throughout the weekend Paul (my husband) had been complaining of "not feeling" well, which we both concluded may have been flu like symptoms, headache, tiring easily. Shortly after supper, while sitting on the couch, Paul began to convulse. The paramedics were called and thus the medical interventions began. Family was contacted. At this point in my life, my family included my parents, biological brother and his wife and family, Paul's two adult daughters, step son-in-law and two step grandchildren. Paul also had a sister living very close by

and another sister living in another country. Our life was also enriched by a few close friends and numerous acquaintances. As a member of the professional health community with extensive clinical practice in working with clients and families living with brain trauma, I had the knowledge to understand his signs and symptoms, the medical interventions, and course of treatment.

Paul was hospitalized for three months in a rehabilitative centre. I witnessed his increasing agitation and restlessness, requiring anti-psychotic medication to help calm him. Early on I heard his pleas for me to assist him in killing himself. He was placed on an anti-depressant. I became aware of his preservative thinking processes. The rehab specialists informed me that he was non-rehabable because he could no longer incorporate new learning. The only team meeting which included family members, was the discharge planning meeting, in which I was told that my only options were to have him placed in a nursing home or bring him home with plenty of home care supports. Paul, who had maintained all of his physical mobile functioning, implored with me to not place him in a care facility. He came home.

Daily support provided supervision, meal preparations, and house cleaning. I was in private practice, and for financial reasons I continued to work twelve-hour days. My mother came and stayed with me for a week. For the first six months, I lived on hope that his short-term memory would improve, his very poor executive functioning and problem-solving skills would return, and that his increased dependence upon me would decrease. It was not until neuro-psychological testing confirmed that the brain damage was wide-spread and permanent that I allowed the thoughts that our situation was not going to change, and most definitely Paul was not going to improve. In my struggle to come to terms with and possibly move to accepting these circumstances, I became aware that I was very stressed, mentally exhausted, depressed, and having suicidal and homicidal thoughts. Friends and family seemed to disappear, leaving me feeling very isolated and alone. In my attempts to cope, I maintained a ritual pattern of morning lap swimming. It was in the pool that my tears would flood and mix with the chlorine. I had a husband, but didn't have a husband. I was legally married, but not in a marital relationship. My life as I had envisioned it was gone ... what now?

Reconstructing Identity

I sought support of a psychologist who directed me to another professional who had expertise with the government bureaucracy of the Home Care/Nursing Home Placement System. This individual helped me to see a new role for myself. She reframed the situation by allowing me to view my husband now as someone like an older brother whom I could continue to love and care about, make sure that he had the best quality of life, yet ... believe that I could continue with my own life



and what I needed to make my life complete. I then made a very significant decision that placed me on the road to reconstructing my identity. I had Paul placed in a supportive housing environment. Even though this was extremely difficult for him (he would verbalize that he wanted to die at home with me) and I daily fought thoughts and feelings of guilt, with the support of the advocate, Paul was moved in the early summer of 2004. My identity as his 'sister' took form.

At this point I need to say a few words about my experience with systems. It is my opinion that my family and I received very little emotional support from the public health care system. They provided physical care, yet when it came to recognizing possible family stress and coping issues they remained silent. I had previously attempted to express my burdened state to a social worker, and her comment was, "What do you want me to do about it?" If it had not been for the support of the private advocate that I hired I am not sure how our lives would have unfolded.

Normalizing Ambivalence

In the words of Dr. Boss: "With ambiguous loss, ambivalent emotions can manifest as simultaneous or fluctuating, but in both cases, the emotions are contradictory..." How true. Throughout this situation, I would often fantasize about Paul's death, wanting and needing to feel relief, and then I would chastise myself, feeling sorrow and pity that Paul's life was not now how he had envisioned it. I would become very angry at his numerous daily phone calls to me (because of his short term memory he would forget that he had called me) and then feel glad that at least he could use the programmed memory of the telephone. I got better at allowing for these emotional fluctuations, living in the moment of them, remaining calm and subduing my level of anxiety. I believe I came to accept that this was all part of the life I was leading.

Revising Attachment

I have previously noted that it was my experience that certain family and friends seemed to disappear in our lives. For a time I felt extremely bitter about this. I could not comprehend how people that I assumed cared about us could abandon us. After reading about ambiguous loss I began to understand differently. In ambiguous loss circumstances, one of the dynamics that can happen is family and friends act like the person is dead already, because they are having difficulty handling the ambiguity. After acknowledging this possible process two things happened. On one hand I chose to become a much louder advocate for my husband, verbalizing to 'missing family members' the need to still be a part of Paul's life. This produced some positive results. I also began to make much clearer choices about who I now wanted in my life. Some old connections I severed completely, others were strengthened. I developed new connections and friendships based on qualities of relationships that I could respect and value. I was on a path

of sorting out the extraneous pieces in my life and empowering myself to engage in quality not quantity.

Openings

The ambiguous loss ended for me with the death of Paul in October of 2006. As I reflect on my process of healing, I realize that prior to reading Dr. Boss's book, much of my journey was natural. I can say this because as a psychiatric nurse and family therapist I strongly adhere to the principles of self-awareness, as they allow for personal growth and change and better use of self in therapeutic relationships.

Having been in the dual role of consumer and professional, I believe I am in a position to address some treatment gaps within our health care systems. To achieve holistic treatment, the ambiguous loss concept could be integrated into a collaboration between medical and mental health services. When clients and their families are struggling with significant issues (mental health, medical health, or addictions), ambiguous loss is often present and needs to be witnessed and heard. Beginning with recognition, professionals need to reach out to families and engage them in conversations about their possible ambiguous loss. Ambiguous loss is about reaching the emotional and cognitive core of what is really happening to clients and their families. In hindsight, if there had been a professional aware of ambiguous loss assisting me and my family, we might not have gone through our experiences as separate individuals. Rather, together we might have had more hope and been given reasons to strengthen our family connections.



ART BY JAMES SKELTON

The Weyburn Branch: an introduction

– with help from the files of G.P.

I was introduced to the Weyburn Branch at 10:00 a.m. on Friday, November 30, 2007. That was the time and date of last year's annual Christmas Brunch and, coincidentally, of the mini-launch of TRANSITION'S Fall 2007 issue.

When I walked into the main hall of the Canadian Mental Health Resource Centre at 404 Ashford Street, almost every place at the decorated tables was taken. A long, gleaming buffet was staffed by the Weyburn (CMHA) Board of Directors; and a prairie gale named Gladys was storming up dust devils of enthusiasm through the room.

And that first impression, of a *totally happenin' place*, was underlined by every moment in the hours that followed. It was in the reading by local writers and contributors to TRANSITION - including Bernadette Green, Anne Lazurko, and Barry Styre. It was in a visit to the CMHA Gift Shop downtown, where I found exactly the item I hadn't even known I was looking for (a lovely, warm *throw*).

The Weyburn Branch, I have since learned, is the oldest branch of the CMHA in Canada, having been founded in 1950 by workers from the Saskatchewan Hospital. Their contributions, and the Branch's, were duly recognized in the 50th Anniversary Conference held in Weyburn in 2000. Its theme, "Above and beyond: making mental health matter," justly describes the Weyburn Branch's activities well before and ever since that conference.

A sense of these contributions might be gathered from representative highlights over the years. The Anniversary Conference is perhaps the best known of these; but a close second is the national recognition awarded to work done by all members of the Branch. Jack and Marjorie Keen's earlier National Volunteer Award in 1988 was followed by Erskine

WEYBURN (CMHA/SK) BOARD OF DIRECTORS 2007-2008

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Sandiford's National Distinguished Service Award in 2001. As Sandiford said at the time, "This award is for every volunteer who has ever given freely of their time" (*Weyburn This Week* December 1, 2001).

And then there are those small, significant things that catch one's eye, for example, an item in the *Weyburn Review*, "Locals help with mental health research" (July 4 2007). A group of residents has been fully engaged for several years in research into the challenges facing older adults living with mental illness. "They are natural researchers," according to University of Calgary doctoral candidate Kathleen Thompson, who have profoundly influenced the direction of her project. Gladys Perepeluk, Branch Director, notes that "It's important for the community to know that these people who live with mental illness are developing important new skills."

There you have it: a single branch of CMHA (SK) with an impact on its community that goes far beyond its borders. Whether it's fighting the stigmas associated with mental illness, or developing positive images of mental health – the Weyburn Branch is right there. — The Editor

From consumer to contributor

BY LAWRENCE MOORE

I was born Dec. 17, 1961. I grew up on a farm near Trossachs, SK. I went to Trossachs School and completed Grade Six. I then went to school in Yellow Grass, SK for another two years. After I quit school I helped my father on the farm until he wanted to retire. Then I moved to Weyburn and drew social assistance in the year 2000.

A few months after moving to Weyburn, I spent some time at the Weyburn Mental Health Clinic. After my stay I had to go to the Community Resource Centre every 28 days for my injection. One day in October, 2007 I went to the Community Resource Centre and asked to work on the work crew. I was hired to work the very next day. I am still working there and find the management, staff and work crew easy to get along with. At work we have dinners cooked for us. The work we do is landfill, small moving jobs, cleaning buildings and snow shoveling.



CMHA Weyburn Branch . . . where it all started



My history of Weyburn Branch

BY GLADYS PEREPELUK,
PROGRAM DIRECTOR, WEYBURN BRANCH

I'm a mother of three successful children, two boys and a girl, with eight precious grand-kids, and I want to give tribute to them for their support through my years of study. I attended the University of Saskatoon and then again the University of Regina. My background is in Social Work and Addictions. I have worked as a government employee at Social Services, the Gabriel Dumont Institute, and White Spruce Youth Treatment Centre. I'm also a co-founder of a house for battered families in Yorkton. I began my employment with CMHA (Weyburn Branch) in 1993 as a Mental Health Worker II. Within one year I moved into a management position, becoming Program Director of the Branch in 1994. I learned quickly how difficult it is to provide programming to consumers with little or no money, and started my strategic planning. Today, with a dedicated, hard-working staff and board members and the community's support, our centre has been

able to move forward somewhat and have solid programming. There are still continuing funding struggles, but working together we have made a difference.

Every position I held was an excellent learning and growing experience for me. My strength lay in counseling and group therapy, both of which were greatly rewarding in terms of helping people. I thank my supervisor, Dave Nelson, for teaching me and guiding me through his excellent management skills. I thank my staff and the Board of Directors for believing in me and allowing me to do my job. And thanks to my colleagues for giving me many wonderful years of work experience. Today, no matter where I go, I come across people who thank me for helping them through rough times, or colleagues with whom I can laugh about some of our learning experiences.

Through the years I have seen the Branch grow into the vital organization it is today - and not without lack of struggles, either. I have had the opportunity to watch consumers progress toward acceptance of their mental illness and move through the rehabilitation program into a good quality of life, each person at their own comfort level.

Major accomplishments of the Weyburn Branch during my tenure include:

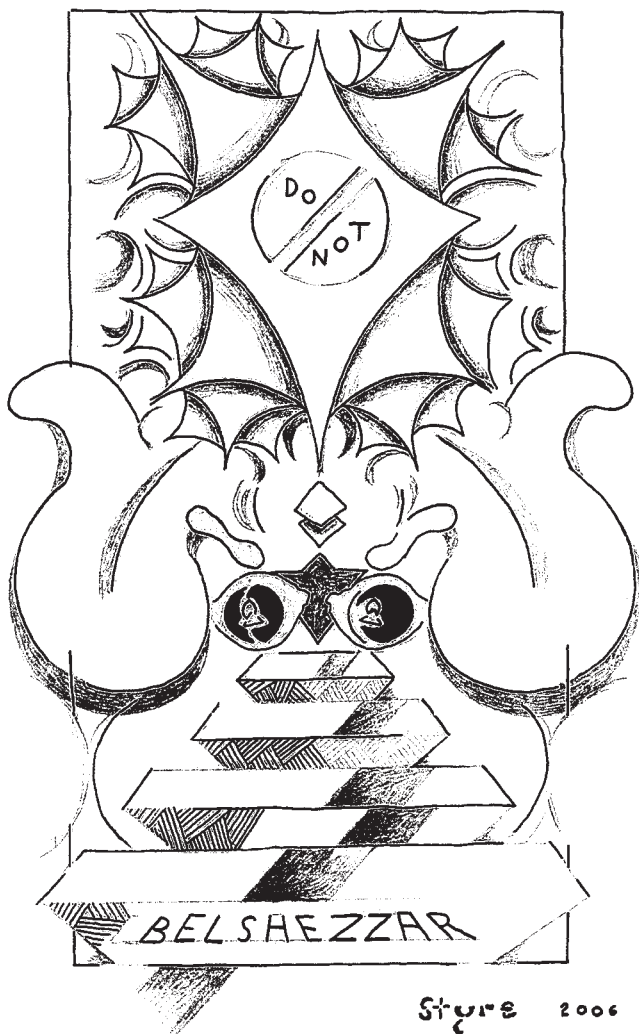
1. Development of a dedicated and active staff and Board of Directors.
2. Development of an excellent team collaboration.
3. Development of a stable branch with strong community support.
4. Increased understanding of mental health and illness in the community.
5. Provision of a gratifying experience for all involved in the branch.

As a result of everyone's contributions, the CMHA Weyburn Branch Team is ready to help anyone who needs help; we will listen to you, guide you, and refer you to where you can get the best possible help, if needed. Asking for help is not a weakness or a failure: it is an exercise of your power to take control of your life.

Of course, there have also been struggles:

1. To develop sustainable government funding for people with mental illness.
2. To continue fighting the general stigma associated with mental illness.
3. To enlarge the focus from mental illness to include mental health.
4. To help families become pro-active in their loved ones' therapy.
5. To develop family involvement in support groups instead of giving up.

Besides accomplishments and struggles, my history also includes many funny experiences. I remember once facilitating a group therapy session on the subject of stigma. We discussed how people on the street may say "Hi, how are you?" and be gone before any real answer can be given. Instead of sharing with someone how we are really feeling, we are conditioned to say "I'm good" to everyone who asks us, even in therapy. The



ART BY BARRY STYRE

group of consumers felt the reason for this ask-and-run behaviour was that people stigmatized them, because somehow people knew they had a mental illness. I suggested to the group that sometimes people with mental illness stigmatize themselves. In today's busy working society, we all do the quick welcoming, and I went on to tell them a story.

One day I was in a store when someone asked, "How are you?" As I began to respond, the man walked on, giving me no chance to answer. I literally showed the group how I ran after this man and said, "Excuse me - you asked me how I'm doing and I'm going to tell you!" And I did, to the man's shock and embarrassment. All seven consumers almost lost it, they laughed so hard.

The moral of the story is not that we should all run after someone who does the ask-and-run, but that we all do the same thing. As consumers we must learn not to take everything as a negative response to our illness. Although the consumers explained that they could tell when someone was genuinely interested in them or not, they did appreciate my sharing this story with them. Laughter is good medicine for all of us.

My brief biographical sketch

BY BARRY WAYNE STYRE

I started out as a child.

--Bill Cosby, from the comedy album of the same name

I was too stoned to remember.

Ringo Starr, from an occasion when he was a drummer with the Beatles

In my high school years (WCI) I was in what I called a "bad" mood in the mornings. I didn't know at the time that is may have been a mental illness. How did I know then that I needed psychiatric help.

I was feeling depression, irritability and a lot of anger at that time. Also, in my late teens and early 20's I believed that I would be dead by the age of 30 or permanently institutionalized in a hospital for the criminally insane.

Around that time I began using illegal drugs and alcohol as an escape and crutch. It was my coping strategy for dealing with life's stresses.

I started to believe that "everyone was against me" and that bad luck was my lot in life.

I also survived three serious suicide attempts: once when I was 20, and twice when I was 28 years old.

I don't think I faced, and began to accept my mental illness - schizo-affective disorder with atypical depression - until I was in my late 30's. After I did that my life began to improve.

I am now 53 years young and, with the help of my doctor and the right medications, I'm doing fairly well. I'm working and enjoying life and am proud to be a member of the Canadian Mental Health Association.

So I say, never give up. Always be yourself, as you are the most important person for you. Acceptance is the only source of tranquility, serenity, and peace. Accept the things you cannot change and move forward. Do your best to have the best possible life you can. Live life to the fullest.

Nothing but good

BY GORDON STAIRMAND

I feel very fortunate to have the CMHA. For many years I chose not to go, mainly because of feelings of "embarrassment" that I wasn't that "type" of person. Now I wonder why I haven't gone for so many years. The people there are great, and I can relate and empathize with them as they can with me. It would be a very unfortunate thing if it wasn't around. Some days when I am feeling alone and have no one to talk to, or if I need social interaction, it is there and I can go and have a coffee, or do some work and make a little extra money. I also get a feeling of accomplishment. Whether it is shoveling snow or cutting grass we have a good laugh and the companionship is great. I have nothing but good to say about the Weyburn CMHA.

What CMHA does for me

BY DAVID A. RENNIE

I actually did not know that CMHA existed in Weyburn until my wife Donna was referred to them. Now it has been nine years since I started going to CMHA.

First off, no one at CMHA judges you. You are accepted for who you are. We all know we are different in one way or another, but it is great to sit down and have a coffee, and chat with other consumers.

Gladys, Kim, and Val do wonders for CMHA. Gladys' door is always open, if you have a problem, or just want to talk. Kim and Val are great for that too: they always listen to you, and if they can't help you, they suggest someone who can. If they feel that you have said or done something that is inappropriate, they will tell you then, not somewhere down the road. Their motto should be. "Helping other people enrich their lives." Kim also sets up jobs for the work crews. Val looks after the artistic side -- doing drama, board games, painting and rug-hooking.

I have gained a lot of insight through the CMHA. I have been on the work crews, helped with the valentine cakes, worked in the Christmas store, and I have enjoyed it very much. I find that when I drop in to the CMHA, I can relax, have a coffee and not worry about the outside world for maybe an hour.

If I want to talk to someone, or just be alone with my own thoughts, no problem. There is lots to do if you want to. CMHA is a great place to go.



LIVING THE LIFE IN WEYBURN



Dr. David Millar (left) at Weyburn Branch's 50th Anniversary celebrations in 2000.



Chris (right) (name withheld) and Carolyn Gervais enjoy karaoke at the centre



Velda Coulter (left), Pauline Loiselle, Debbie Loiselle, Val Olmstead and Kim Reeve all received carnations at Consumer Award Night



Ewald Neuman (left), Dave Rennie, Eric Valentine, Peggy Chan and Barry Styre enjoying a Ukrainian potluck in October 2007



The Branch participated in the Weyburn Fair Days with this beautiful float. Pictured are Donna Rennie (left), Carolyn Gervais, Taylor Grams and Beryl Bassman



Participating in the Branch's Valentine Day Cake fundraiser are Carol Droznuik (left), Beryl Bassman, Brad Johnson, Carolyn Gervais and Eric Valentine



At the waterslides at Kenosee Prov. Park are Barry Styre (left), Chris (name withheld), Peggy Chan, a Quebec student who worked at the centre and Keith (last name unknown)



Beryl Bassman (left), Rod Horsman, Erskine Sandiford and Sara Irwin are some of the participants in the Transitions Towards Recovery project

Hiding me

BY REBECCA CHAMAA

My friend Robert tells me about how he had a partner on the Los Angeles Police Department that was gay. Actually, they were both gay and worked together for 20 years and never revealed that to each other. Robert wants to know if I think that is sad, and I do. I think feeling the need to hide a large part of who we are is sad, but I do it every day, even to Robert.

I see Robert two to three times a week, we have coffee, we go to dinner, and we walk around the city. I've never told him I suffer from schizoaffective disorder. I've told him I take pills for anxiety, but that is only a small part of the truth. I also take pills to keep me from becoming psychotic.

I hide my illness from friends, and from co-workers. I find it difficult to say the words, I'm mentally ill.

Frequently I hear people comment on how they think this person or that person is bipolar, because of mood swings, or how a person is crazy, loony or mentally ill for being different. It isn't hard with all the labeling of others to understand how many people see mental illness. They see it as someone who acts in a way that they wouldn't or don't think they would act. In short they see it as something to criticize.

Most of the people I meet don't see me as a mentally ill

person; I simply do not fit their stereotypes and misinformation. I'm married. I'm happy. I'm articulate. I laugh. I joke. I read. I have insight. I bathe. I wear make-up. I like fashion. I care passionately about social justice and the environment. I vote. I have a job. I don't overspend. I travel. I am an active member of my family, which means I'm a daughter, wife, sister, aunt, cousin, niece, etc. I volunteer. I just don't fit the stereotype of someone who is mentally ill, but the point is most of us who have a mental illness don't fit a stereotype.

Many people who abuse alcohol or other drugs are doing so to self-medicate a mental illness. Many people suffer from depression and that is a mental illness. The National Institute of Mental Health reports that approximately one in four adults in the United States suffer from a diagnosable mental illness in a given year, this translates to about 57.7 million people. How many of us are in hiding? I'm guessing I have millions of people in hiding with me.

It is sad to hide such a large part of your experience from all those around you, but until people become educated about the extent of mental illness and the truth about what it looks like (it looks like you and me), there will be millions of us in hiding keeping our secrets safely guarded so we aren't discriminated against which would make our lives even more difficult than they already are.

The rubber room

BY NANCY CLARK

Prologue:

Often misdiagnosed as schizophrenia, Dissociative Identity Disorder (previously known as Multiple Personality Disorder) is brought on by severe and ongoing trauma and develops as a means of self-preservation. This is a true account of the beginnings of this writer's "mental-meltdown," when she could no longer function as the memories of years of sexual and psychological abuse began to surface. The author, with the help of a dedicated and caring therapist, and wonderful friends, has since recovered.

"What seems to be the problem?" Red-faced, I whispered, "I think I wanna kill myself, see, I have these voices. My psychiatrist told me to check in." I asked myself, "Why can't Dr. Markevich or my husband check me in? Why do I have to check myself in? Won't somebody take care of me, for once? I don't know what to do. Besides, what's the point?"

Every day, all day; voices in my head kept arguing, yelling and crying for over a month so I knew I was in deep shit. I saw the psychiatrist frequently; even so, I wasn't brave enough to tell

him about the voices, preferring instead, to discuss the safe territory of marital discord.

I had always liked Dr. Markevich's lacy white curtains. It was late winter and the window had been opened a wee crack. I addressed their soft gauziness as it fluttered in the slight breeze.

"There's this angry voice in my head. A man. Always tells me I'm an ugly bitch and that I need to die." There was no response from the lace or from Dr. Markevich. I continued. "About a month ago I walked into the drugstore and bought some straight-edged razor blades. Hid 'em under my tampons in the bathroom drawer." The psychiatrist's room stilled, just like before a severe thunder and lightning storm. Finally I addressed Dr. Markevich directly. "I can't take it any more. I can't cope with this. Who is talking? Can you hear him or other voices? There's tons of 'em. They never stop talking. Crying, yelling. It's awful. Don't think they can hear one another. Tell me how to make them go away."

"We've got to find out why you are having these voices," Dr. Markevich replied in his thick East European accent. "I'm quite certain that your mind has split but we must find out the reason. We will continue to see one another and find this out. In the meantime, you should try and talk to them, find out their names."



"You've gotta be outta your ever lovin' mind; I don't know how to talk to these voices. You talk to them. Not me, no way." Before Dr. Markevich answered, he glanced at his watch nonchalantly and I knew it was time to leave my safety net and drive home.

Later that evening, my drawing paper beckoned, and as I drew, I taunted my wrists with the straightedge. "Come on, do it, you ugly bitch," the male voice commanded. I tested out the sharpness of the blade, but on the top of my hand, not my wrist. Drip. Drip. I doodled a picture with the drips and took them to my next appointment two days later with Dr. Markevich although I never told him the medium. Yak. Yak. Drip. Drip.

My life became a circle of writing down what the voices said, bringing in my journal to review with Dr. Markevich all the while, trying to look and act normally despite the escalating mental war zone. Weeks went by. I felt no better and I decorated the other hand. As an alternative to drawing, I walked as much as possible, and ran out in front of traffic a few times – I figured playing chicken would be easier than manipulating the razor blade. Whenever I leapt from the curb, the internal screams and cries of children became unbearable.

It was pouring rain and sleep was as far away as winning



Perched raven (with dreaded shadow).
HP 08

ART BY HENRY PETERS

the million dollar lottery. The mean voice was relentless. "Jane you are no good, you need to die. Get the blade you no good, bitch. You are nothin' but a god damn fuckin' bitch." Over, and over, and over. I left the house, I didn't want to tempt myself to my hidden death instrument, and instead, chose to walk the streets all night long in the pouring rain.

Morning came, the voices continued. children's cries of despair when I tried to soak myself and their voices down the drain as I showered. "Jane, you bitch. You are a good-for-nothing, fuckin' bitch. Nobody loves you and never will." I dried myself, quickly dressed and phoned Dr. Markevich.

"I gotta come see you, it's bad. I can't hang on anymore. It is the man, the angry voice."

"You are all right Jane. I am available. Drive here, now." His voice was commanding but kind. It was a 15-minute drive. Fifteen minutes in a crisis felt like 15 days.

The two of us sat in the room of white lacy curtains. "Dr. Markevich. I can't look after myself any longer. I'm too tired. Oh, help me. Please. Help me."

"Jane, you must check in to the hospital. I'll call them first. Go to emergency, tell them I sent you; that you want to hurt yourself. You are at risk to yourself, Jane, and I in all good conscience, can't let this go on. You must go today."

I never saw Dr. Markevich again.

The emergency room was all dark and all noise.

"What seems to be the problem?"

"I think I wanna kill myself, there are these voices. My psychiatrist told me to check in."

The triage nurse dutifully wrote this down as though I were toilet paper on her grocery list. She gave me no eye contact; I felt like used toilet paper. She probably thought, "Oh, another possible suicide, great, another crazy."

"May I have your health card?"

"Sure."

After the basic procedural paperwork, the pinch-faced nurse pointed to a darkened space. "Take a seat over there." Glances from the desk followed me until I dutifully sat in the avocado green room. All the other patients were holding their sore bellies or wore large blood-stained bandages. My wounds were invisible but I supposed infectious, because I was put in the far corner, away from everyone but under the constant scrutiny of another triage nurse. I kept my eyes closed hoping that if I didn't look at anyone, maybe they'd not see me. I was afraid to leave the hospital, yet at the same time; I was terrified and wanted to run away. Eventually, a burly male nurse escorted me to a cold dark examination room.

"You'll stay here ma'am, till the on-call psychiatrist comes to see you," he said with an African accent.

"Come on bitch. Last chance. Do it now." The furious voice was so demanding and forceful, I decided to look for something to cut myself with. The room had nothing in it but a desk, an examining table and a calendar, nothing sharp. I lay on the examining table like a dead fish awaiting to be filleted - my

internal chaos continued; I was frozen and thirsty. The staff regularly tiptoed into the room and checked if I were breathing by beaming a flashlight over my body, but, even though my eyes were open, nobody said hello. Finally, some kind nurse remembered I was human and brought me a glass of water and a see-through cotton hospital blanket. Lights flicked on. A doctor mumbled for a good long time then summoned the African nurse who walked me to my self-incarcerated destination – the mental ward. Buzzzzzzz. I heard the nurse say my name into the intercom. He tapped the entrance code on the keypad of the metal door. CLICK.

The Rubber Room. The place for crazies, psychos, and society's fall-outs. That was me. The loss of control of my mind was ever present with the incessant commands, the talking, and the crying. My head was a web of confusion. "Jane. Slit your wrists." I knew I was crazy. Tests. More tests. They gave me medicine to sleep, finally.

In a week's time I was sitting near the window after mid-afternoon coffee. Out of the blue I saw visions of my dad; I was sitting on his lap. I heard his voice distinctly, "Janie, oh my Janie." He placed my under five-year-old self on a male place that little girls shouldn't be placed, and moved in ways that were not meant for little girls. "Janie, oh my sweet Janie." Then my mother's voice, "Oh, just leave her alone." Sick, disgusting. What – Oh God – No. Mom? Dad? Noooooooo. I was sure I'd lost my mind and I wrote this worry down in my journal. I also wrote the perverse memories that were surfacing. There was no way I could tell anyone except my journal, these things were just too awful.

"Has Dr. Markevich phoned? Can I phone him?"

Panic on the treadmill

BY STACEY MAY FOWLES

*T*hen: I am drinking vodka straight from a cracked teapot in a dive bar called Cynic in St. Petersburg, Russia. It's 2 a.m. and still daylight, a product of a natural northern phenomenon called "The White Nights."

As a result of unending daytime I've been awake (and drunk) for days.

Dazed and Confused comes on and I somehow end up on a table, Marlboro light in my mouth, the 15th cigarette that's been in my mouth that evening. I make an attempt to do a Jimmie Page impression for a group of thoroughly unimpressed Russian-speaking patrons.

Having just signed my first book contract I naively believe I am a wunderkind of sorts; a nubile scribe sent from heaven, a *capital W* writer who scored a scholarship to St. Pete to participate in the ultimate activity of literary self-absorption: *workshopping*.

"No. You may not. You are now under the care of Dr. Stellington."

To this day, I still don't remember Dr. Stellington.

When I was checked into the Rubber Room, I wondered why they went through all my belongings. My Walkman was my only friend in this place of strange and they'd let me keep it. For what seemed the thousandth time, I listened to Enya as I lay on my board-hard single bed. "I know why they let me keep the Walkman. The cord isn't big or strong enough to go around my neck." I cried.

There was no way out and yet no way to get in my head and make all the visions and the voices go away. Nobody to talk to except some intern in a white coat who looked more interested in my chart than me. I desperately wanted to see Dr. Markevich, the only person I remotely trusted. I was desperate for continuity in my life. Instead I was stuck in a Rubber Room of locked doors, with a ward full of crazy patients, many of whom I was terrified of as they shuffled endlessly up and down the shiny hospital floor.

Oh, how I wanted someone to tell me how to get out of my living hell.

Eventually, a therapist was found and the real work began: the beginnings of a new life journey, the journey that kept me alive, and the journey to discover the real self that I'd never met. The Rubber Room kept me safe, but not connected. It was a dot in a dot-to-dot puzzle of my life, that is all. I was the pen that connected the dots. I had to be.

The absolute truth is this. That without being placed in the Rubber Room, I would have been placed six feet under, for eternity.

A year later: It's three months to my novel's launch date and I'm in a doctor's office being prescribed fluoxetine for panic disorder. A year later I'm "anxious," have an "impending sense of doom," and am in the process substantiating every trite writer stereotype known to man. While I am convinced I have any number of physical ailments, I am diagnosed as mentally ill within 20 minutes of entering the doctor's office.

I have a fear of open spaces and a fear of enclosed ones. I have trouble swallowing, trouble focusing, trouble leaving the house. Worst of all, I have trouble writing. I do things like vomit before public readings and radio interviews. I Google myself incessantly in fear of what the world is saying about me and I tell my friends, "Alcohol makes me feel better." I am afraid to take the subway, afraid to eat at restaurants, afraid to enter a bookstore. At a book fair in Toronto my publisher offers me a fist full of Xanax and Ativan.

A year later I'm far from being a supposed nubile scribe with the courage to dance drunk on a table at a dive bar in



WRITING THE LIFE - NON-FICTION

Russia at 2 a.m. I am a train wreck. A caricature. A stereotype. Bat-shit crazy.

There are a number of factors that brought me down from that tabletop in Russia and into a doctor's office in suburbia over the course of a year. The scare of an abnormal PAP smear and the resulting cervical biopsy, along with a layoff from my secure, unionized job around the same time, sent me into a general (however unconscious) feeling of uncertainty and fear of the future. The final edits of my novel were being completed and I hadn't yet begun to process what it would mean to be a published author. What began as a few isolated panic attacks at inappropriate times (that I tried to dismiss as low blood sugar and the flu) became a diagnosis of generalized anxiety disorder, a state that left me completely debilitated and hopeless.

My cervical cancer scare soon became pervasive hypochondria; every ache, pain and feeling of discomfort a cause for instant, irrational alarm. In my mind I was dying of something different daily; another disease or ailment that I would meticulously research and obsess over.

After suffering a panic attack on the subway on the way to a literary reading (and subsequently publicly vomiting in the street), I was no longer able to use public transportation. I limited my freelance jobs to those that didn't require me to leave the house, the idea of suffering through an attack in front of a work colleague too great a risk. The world was separated into "safe" and "unsafe" people; those whom I could confess my panic to should an attack overtake me, and those I could not. "Unsafe" people were to be avoided at all costs, their mere presence apt to trigger anxiety.

I walked around in a haze, an incapacitating fuzziness that can only be described as having a head full of cotton wool, a feeling so unbearable that I simply stopped walking around.

One day, before going to sleep, I realized that I no longer looked forward to waking up. After six months of anxiety engulfing every thought I had, every aspect of my life, I decided to find some way of pulling myself out of it. After an uncharacteristically tear-filled phone call to my mother in the suburbs, I was suddenly in my childhood doctor's office, being diagnosed with the most common modern mental illness.

It took less than 20 minutes for my family doctor, a man who I hadn't seen in over 10 years, to diagnose me with panic disorder. It wasn't the first time I had seen a doctor within the year because of my symptoms; two walk-in clinic doctors before him had attributed my ailments to stress and told me to seek therapy. But this time, after my lengthy description of accumulated feelings and incidents, I had articulated something so textbook that he didn't even need to touch me to come to the conclusion, nor did he hesitate in prescribing me pharmaceuticals. I immediately relished in the notion that I could simply take a pill and make all of this go away, but when the pharmacist eyed me sympathetically and let me know about possible side effects (including, among many other things, increased

anxiety), I was no longer convinced. My partner, a supportive and doting man who had been gracefully suffering through the irrationality of my consistent anxiety in our home for months, reacted strongly to my prescription, advising I seek out alternate forms of therapy before shacking up with Big Pharma.

Feeling defeated, I put the pill bottle in the cabinet for safe-keeping and sought out a Cognitive Behavioral Therapist with a hefty price tag.

"For a lot of people, regular exercise has the same if not more desirable effect as daily medication," the therapist informed me upon our first meeting.

She told me a lot of things during that first meeting. She told me anxiety is one of the most common psychological ailments (the "common cold" of mental illness, she called it) and one of the easiest to cure, that those with "artistic temperaments" were more likely to suffer from anxiety (a side effect of them considering "every possible scenario"), and that if I followed her directive I would see improvements almost immedi-



ART BY JAMES SKELTON

ately. Considering I had just had a panic attack in the waiting room of her office, I would have done anything she had told me to do – including join a gym.

While exercise is not a cure for anxiety disorder, it improves one's ability to relax, increases feelings of well-being and is generally regarded by psychologists and physicians to be an important tool in recovery. Reasons for this include reduced muscle tension and increased levels of serotonin.

Despite the fact that this all sounded attractive to me, I hadn't seen the inside of the gym since I was a teenager in high school, and the idea of going from a reckless chain-smoking train-wreck to a Lululemon-clad stair-master freak made me laugh out loud. I had my own hang-ups and stereotypes about gym culture, the kind that produced some misguided pride about steering clear. The bottle of pills hidden away in the medicine cabinet seemed a much easier fix than shifting my entire identity. That and my fear of "unsafe" people made this plan infinitely harder to bear – the gym was full of them.

I had always equated those who "worked-out" to those obsessed with weight and body-image, an obsession that was clearly not feminist and therefore something I didn't want to be a part of. In my mind, gym culture was something to pass judgment on, a part of the patriarchal machine, an industry designed to make women feel bad about themselves and to profit from that insecurity. I had certainly never once thought about the fact that physical fitness could be empowering, let alone healing from a mental health perspective.

I've never been very good at the follow-through when it comes to personal improvement projects, but for some reason I took this pricey therapist's advice (at her hourly rate I figured she must know something) and decided to suffer the invariable culture shock and behave like a fish out of water at my local gym. I had to go out and buy appropriate clothing because my closet, which was bursting at the seams, lacked a simple pair of gym-appropriate shorts. Forget me owning running shoes; those had to be purchased as well. I deliberately chose the "least cool" gym in my neighbourhood, one more likely to be frequented by regular looking people than intimidating, hard-bodied supermodel and frat-boy types. When the beautiful, perky girl in impossible spandex signed me up, I quickly declined the personal training consultation and tour she offered, preferring to remain as anonymous as possible while I suffered my own out-of-shape embarrassment.

A freelancer who rarely scheduled appointments or meetings, I had the luxury of deciding when I wanted to experience my personal humiliation. I opted to frequent the gym during off-peak hours, those times less likely to be rife with intimidation. Late morning and early afternoons meant stay-at-home moms, freelancers and retired folks, who, in my own assumptions about people who don't choose the nine-to-five path, generally could care less about how little I could accomplish cardio-wise. I felt comfortable making vague attempts to run while around these people, sure that when I inevitably gave up after five

minutes they weren't apt to judge me. That and there were simply less people around - some days I could hide away in a corner and pant away without any eyes on me, reducing the initial risk of panic attacks that came from simply being out of the house.

When I confessed my new habits and a loss of some of the old ones (the urge to smoke and drink excessively seemed to retreat the more I sweated on a treadmill) my friends were more than a little shocked to find that I'd traded in my high heels for a pair of recently-purchased running shoes.

The entire acclimatization process left me feeling rather silly, but sure enough, after a month of doing a meager 20 minutes of quick walking on a treadmill three times a week, I was feeling the anxiety-relieving qualities of frequent exercise that my therapist (and countless studies) promised. Surprisingly, I began to get comments from friends and family stating that I was looking great, a side-effect that I hadn't even considered. It wasn't about how I looked in a bikini or squeezing into a pair of size zero jeans; it was about wellness, a concept that included my outlook as much as it included the size of my ass.

Over time my outlook changed along with my body. The cervical biopsy that had occurred a year earlier had the tragic result of making my body completely foreign to me. Having a collection of eight nurses, doctors and med students peer at your cervix through a camera forces you to disassociate yourself from your parts, to fear them and their capacity to be damaged. My way of dealing with the fear was through anxiety, always expecting the worst, making my body and its daily changes a stranger to me, something completely unknown with a capacity for betrayal. The gym had the surprising effect of reacquainting us, daily. "Working out," as much disdain as I had had for the activity beforehand, made me feel like I had some control over my body and its future. I became proactive about taking care of myself in ways the vodka-drinking, chain-smoking girl on a table top would never have even considered.

I've been at the gym for six months now and I don't run marathons and have no interest in organized sports – really, I'm just a crazy girl using an expensive piece of equipment to deal with some demons. The occasional feeling of panic still comes, but more often now it goes, and if it doesn't I know a trip to the gym can remedy it. I admit I'm still a bit of an anxious housebound freelancer with a reluctance to go outside, and also still reluctant to consider myself part of a fitness culture. I don't invest in expensive shoes, logo-emblazoned shirts and high-tech fabric shorts. In fact, sometimes I get to the gym merely because America's Next Top Model is on and I don't have cable. But as much as I'm apt to critique the fitness industry and its propensity to keep women feeling bad about themselves, joining a gym changed me in ways I thought impossible.

Somehow "working out" managed to pull me out of a mental state I thought impossible to overcome, all the while improving my confidence, my outlook - and my ass.



Crazy in love

BY LISA GURNEY

The night before I officially lost my mind, Dan asked me to marry him a second time. I doggedly tried to convince him otherwise, loving him too much to saddle him with a madperson. “I’m not the girl you asked to marry you six months ago,” I said, handing him the ruby and diamond engagement ring he had given me. “I am sick.”

He took the ring and knelt on one knee. “No, don’t!” I shouted.

“Shhh. It’s all right,” he said, standing and closing me into an embrace. “I want to marry this girl. I love this girl who is in front of me right now.” The next day I was admitted into the short-term unit of McLean Hospital, a psychiatric facility in Belmont, Massachusetts.

I had been divorced from my first husband for about a year and in therapy with a great doctor when Dan and I started dating. His presence in my life put band-aids on some of my deep emotional cuts while ripping them off of others. He was a gentle balm to the wounds I had from rejection and abandonment and coarse grains of salt to those I suffered from fear of romantic attachment.

What really did me in was guilt – the guilt of having love in my life again. I was a good Catholic girl who was in full swing of permanently breaking one of the Ten Commandments, ‘Thou shall not commit adultery,’ one of the biggies which carries a bright neon flash of stigma. Yet, not for a moment did I wish to return to my ex-husband.

There were times when he would make reference to being mistaken in his choice to leave but it never amounted to anything and down deep I was happy and relieved.

Once married in the Catholic Church, however, the union is sealed by God Himself through the priest conducting the ceremony. Only death or annulment can dissolve the marriage. My ex was young and healthy so the former wasn’t happening anytime soon. And though many people suggested I explore annulment, I wasn’t about to dupe God or myself by inventing a reason that would fit neatly into the parameters of an annulment. I had had relationships between my ex-husband and Dan but marrying would seal the deal; there would be no turning back to live a life of pious celibacy.

A combination of this heavy fear and guilt pressured the razor-thin layer of glass that stood between me and sanity and shattered it into a million pieces. Once it was gone, the slightest whisper of wind sent me head first over the edge.

I was in-patient at McLean for six days and out-patient for two weeks. After the intensive therapy, I met with a doctor every week until gradually I became more stable. Through it all, Dan stuck by me, unwavering in his desire to spend his life with me. So maybe he was the crazy one?

Dan certainly appeared sane and accomplished. An engineer for a Fortune 500 company, he made a good living, and was handsome and athletic to boot. And while those are certainly good qualities, they were far from the reasons I fell in

love with him. Dan had a way of flushing the mundane with soft rainbow colors. “Do you want to see the stars?” he’d ask, and a moment later I’d be squeezed through our bedroom window, gazing at them while balancing on our sloped roof.

It seemed he had an unlimited supply of understanding and faith in me and he’d demonstrate this in ways that made me laugh. “You are a beautiful bird whose tiny wing is broken right now,” he’d say, plastering one arm to his side while flapping the other and spinning wildly. Then, he’d stop and say with visible love and determination, “And I have no doubt you will fly again.”

But why and how could he love me like this? I asked him a truckload full of times. “Because you are a wonderful person, Lisa ... generous and sensitive, and you open your heart to everyone.” He went on, trying to convince me, “And your breadth of emotion is a good compliment to my even-temperedness. You add excitement to my life.” Why anyone would buy a ticket to this ride is beyond me.

We have just celebrated our four year wedding anniversary and though I still ask him quite often why he loves me, I become more convinced with each passing year that this supremely amazing man does in fact hold me dear. And when I burrow my head under his chin and tell him I am crazy in love with him, he responds with laughter, “I know honey, and you have the papers to prove it.”

I think I mentioned he was funny.



ART BY JAMES SKELTON

My Dad

BY JESSE INVIK

My dad told me, 30 some years after the fact, that he would have liked to have been there when I was born but he was so drunk they wouldn't let him into the hospital room. He also told me that he and my mother had decided that their lifestyle would be too difficult for a child and that's why they gave me up. But over the last few years that I've been talking to him the story has been perpetually changing. There are days he tells me it was my mother's idea to give me up and that it happened when he was out one day, he had no say in it. Other days he tells me that she left him alone with this newborn baby and he just couldn't cope so he turned me over to social services.

I found Dad through the post-adoption registry in Alberta. If both parent and child sign up they will put you in touch with each other. My Dad had contacted them years before I did and by the time I registered they had trouble tracking him down. People talk about birth parents and adopted parents and family of origin etc. My dad is another category altogether. The social worker I talked to from the Post-Adoption Registry described him as my "legal dad," which means he holds the position of having been married to my mother at the time I was born. He claimed that I was given up because I was the product of an affair. The social worker called me when he finally had a location on him.

"This is not the way that we normally do this. Usually we have a teleconference at first, and see how things go. But listen, these are unusual circumstances. I'm just going to give you your Dad's phone number and let you decide."

"Okay," I say, wondering what other unusual circumstances could be at work.

"The phone number is a bar. It's one of those hotels where there aren't any phones in the rooms. Just ask for him by name and the bartender will find him. I'm sorry to leave you on your own like this."

"That's alright, thanks a lot for the information." So my Dad lives in a sleazy hotel. This I can easily deal with, probably better than if he was a surgeon or a successful businessman. I'm well acquainted with under-functioning family members. Familiarity is comforting. And I was lucky, he was sober the day I phoned.

I was sitting at my kitchen table. I had a new girlfriend and she had come for moral support. She held my left hand as I dialed with my right. The sun was shining through my kitchen window, splashing the table, and I was full of anticipation. He's probably just in a tough spot right now. Maybe we can spend Christmas together. Perhaps he'll send me a picture of himself and I can say, "This is my Dad." My legal Dad. I got him on the first try. He did know some details of my life that only someone related to me could have known. But he was a bit argumentative about them.

"How come your name is Jesse? That's not what we called

you. We named you John, after me, and they promised us they would keep your name."

"Well, I did have that name for awhile, Dad." Why do I feel apologetic? "I had it when I was in the foster home, I know because the foster mother sent a letter to my adoptive mother about me and she called me John in the letter."

"Did you go to a farm, they said you were going to go to a farm and that you would have four older brothers."

"I did have four brothers, but we didn't live on a farm. My father had a good friend that owned a farm and we visited there sometimes, but we lived in the city."

"I'm going to call you John, okay? That was supposed to be your name."

"Okay Dad, that's fine."

"I want to write you a letter, can you give me your address?"

I didn't want to give him my address. Somewhere in the conversation he'd informed me that he'd been in prison a few times and was a gang member. I didn't need him to show up at my door just yet. I gave him my work address instead.

"If you write to me, though, you'd better address the envelope with Jesse, or I won't get it."

"This is a funny address you gave me. Is this your house?"

"No Dad, it's where I work. I like getting mail at work, it's fun, makes my day more interesting."

I did get some letters from him. The outside of the envelope addressed to "Jesse (John)." I also got one letter written by a pastor at the Foursquare church. My Dad didn't strike me as the religious type, but he had difficulty writing. The pastor wrote the letter for him, and threw in a "Jesus loves you" for good measure. Not long after I received letters with a return address of Riverview Hospital, which I figured out was a long term care facility, not like an old folks home, more like a gentle prison.

More often than not he communicated by phone, always collect. His calling became obsessive, several times a day. He claimed that he needed Viagra, because he had a new girlfriend. Sometimes he had several new girlfriends. On occasion it was for cigarettes. I felt like telling him that he probably had more disposable income than I did, no living expenses, free food, while I was at that time just getting by. But I was always a little afraid of him. I did receive a present from him. It was a box of sweaters, a really large box of sweaters. The mailman couldn't deliver it to my house, I had to go pick it up at the post-office. As I opened up the box, my first reaction was disappointment at a box full of smelly old sweaters in horrible colors. Where could he have found so many hideous sweaters? Then I noticed the labels. "Property of Riverview Hospital."

After awhile the letters stopped. The last one that came had my name brutally mis-spelled, the printing resembling a young child's. The phone calls continued, but I stopped answering them. The miracle of call display. After awhile I changed my phone number and didn't tell him. Five to 10 col-



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lect calls per day were getting on my nerves. Even if I didn't answer the calls it was starting to feel like harassment. Coincidentally I changed my name legally around this time too. He'd have trouble finding me. I was sorry that I'd gone looking for him. At some point in the communications he'd told me who my mother was. I suppose I could have looked for her, but I figured either she'd be as much of a screw up as him or she would have straightened herself out (Dad claimed she was a born-again Christian) and not have any use for me. I was done with my birth family.

It had been at least two years when Dad resurfaced with a letter. He'd retained only a small fraction of my address for the envelope. It was a miracle it got to me. The letter itself was as unintelligible as I'd ever seen. Sentences having no relation to each other strung together in a crazy train wreck of prose. My name had become Quicksilver. Out of plain curiosity I wrote back and it started again. It was different the second time. He was all over the place. He didn't ask for money, instead he claimed he had large quantities of it, that he was going to leave to me. He had throat cancer and was going to die any day. A week later he didn't have throat cancer. He was constantly on and off the verge of going for surgery for said throat cancer and about to lose his voice. He didn't scare me anymore. He'd lost so much weight, in his pictures he looked like an emaciated Popeye, wild grin and funny little cap. In a strange way he became quite comforting to me. So focused on himself he seemed incapable of judging me, and yet he did seem to love me. He talked perpetually of wanting to meet me, saying it was what he was living for. He was entertaining, our conversations were rarely dull, as he usually called me when he was in a manic phase.

"Last week I took 25 Graval pills at once."

"That sounds kind of dangerous."

"It was, I fell down and I broke my knee cap and bonked my head."

"Wow that sounds rough, maybe you shouldn't do that again."

"You know what else I did last week?"

"What?"

"I built a Harley Davidson motorcycle from a kit and I took it to a race down at the strip and I won a big trophy. The nurses took me there so I could race."

"Sounds cool, congratulations."

"You know I'm in here for murder, right?"

"No Dad, I thought you were in there on a gun charge." Like the story of my adoption, I never had any idea which, if any, of the things he said about his life were true.

"Nope it was murder, 15 years I'm supposed to stay here, but I've got a new lawyer and I'm gonna get out soon." I sure hope not, I think. "I ran away last week, went AWOL."

"Where did you go?"

"I got picked up by a lady RCMP officer, real looker. Now she's my girlfriend, she visits me all the time and brings me

chips and coke. She's 27 years old."

"That's pretty young for you."

"I have a key to the ward you know, I basically own this place. I tell the nurses what to do. I smoke Marijuana, \$100 worth a night. There's a night nurse that gets it for me."

"Wow that's a lot of money."

"I have tons of money you know. I'm going to leave you \$500,000 in my will, you've got rich relatives all over the place."

"Dad I don't care about your money, okay, I've got what I need."

"Well sure you do, but why should anybody else get that money? I don't have anybody else to leave it too. And I love you, you're my kid."

When he phones after his shock treatment it's a completely different picture:

"We had a social the other night and I had hot dogs and a coke. I love Coca-Cola, you know."

"I know, I love it too, it runs in the family." I could feel him grinning.

"You know, I've been here for a really long time and I'd sure like to leave. But where would I go? I don't know if I can take care of myself anymore."

"You'll be okay, something will work out."

"I gotta go, I don't feel so good. I gotta lay down."

"Okay Dad, I'll talk to you next week."

Sometimes I use my Dad against myself. For instance, I tell myself: "Look at what a screw up you are, you even have a Dad who's a nut case and lives permanently on the psych ward." But he also fills a gigantic void in my heart. It's been more than a decade since my adopted family and I walked away from each other. Sometimes it just feels nice to tell co-workers, who are constantly yapping about their own families, "Yeah I talked to my Dad last night, he's doing good." They don't need to know that "doing good" means he managed to take his meds without being restrained or that he had three days in a row where he hovered in between extremes of depression and mania and the things he said to me actually made sense.

He sent me a Christmas present this year. The first ever. He told me he was sending me a model he built of a motorcycle. I didn't think anything would come. He'd forget, or the model didn't exist, or he'd forget I existed for awhile. When I got back to work after the holidays there was a box sitting on my desk. I pulled out my knife and sliced through the lettering of the familiar return address. But it wasn't at all what I expected. I was stunned as I pulled it carefully out of the box. It was a beautiful Harley Davidson made out of three different types of wood: dark, medium and ash. The wheels turned, the handle bars swiveled. It is still beside my computer on my writing desk and I look at it all the time, proof that my Dad exists, and that he does care. I've long since ceased to care whether he is my "legal" dad or my biological Dad. He's just my Dad.

Depression

BY KEN LORI

Depression emerges from a nap in a new city “between jobs.” It comes in the stomach, empty from missing meals to save money.

Depression.

It comes when the phone doesn't ring and the Inbox reads 0 and the résumés go unanswered. It comes when mom and dad suggest ideas about your career. It comes when you have no career. When you're on a path you never really wanted and since you left your latest job you're facing your path again. You're seeking your path. You're considering paths.

You're telling yourself to find your own place, to get out of your brother's basement. You're saying “Stop feeling sorry for yourself.”

You go online to meet people for “balance” and deprecate yourself in emails so they find you humorous, or smart. Depression is neither. It's stupid, in fact - from the mouth of Self-Consciousness.

It is certainly not humorous. The face falls. The cheeks sag. The chin stays put. The lips don't move but to speak which you don't feel like doing. A smile may come from reading a note from your niece telling you how good it was to see you yesterday. You feel the stretch of the smile because you do not normally smile. The proportion of smiling to not has declined recently. With your niece you were upbeat. You didn't allow yourself to be otherwise because *her* mood was at stake. Depression leaves the room to benefit another but never the self.

In public, Depression hides. That's me in the café cheery with the counter girl. That's me on the phone joking with a “customer service representative.” That's me emailing a friend about the fun we had last weekend.

It was last weekend I was laughing so hard. It was two days ago. It was yesterday. I was laughing yesterday.

Depression doesn't remember.

Depression comes when you count the hours to sleep, in rationalizations to take another nap, or shower.

Depression comes when you dither over a decision to return to the Bay Area to work with youth far worse off. It comes when pondering Vancouver as your tenth home city in as many years but to work in a bakery or store. It's wondering what your brother thinks of you, your friends, your parents.

Depression guilties you about the spoiled brat you were, and are. It's telling you, again, not to feel sorry for yourself, that you have no right, especially based upon what you, the social worker, have seen.

Depression is lying in a windowless room searching for reasons you ended up here.

Depression regrets abandoning the first university degree for another, more ‘meaningful’ one. Depression re-plays the conversation you had with the television producer inviting you to host a show. Fifteen years ago you rejected his offer.

Depression is 15 years old.

It does not discriminate.

It tends to what It wants.

It is 10 years old, and five, and two days old. Yes, It does remember, but not the good, never the good.

Depression regrets every bad decision, every sordid turn, every person you hurt.

Depression obsesses, hears the professor's ‘final lecture’ on Oprah but turns him off. It mocks “self-help.” “Chickenshit for the Soul,” mutters Depression, then goes on jeering; It knows It cannot be conquered for \$14.95.

Depression growls at you and begs you to remain in bed, to avoid that cruel world. It begs you to dwell upon It and you, and not to act.

Depression wants you captive. It tortures, beseeching you to surrender, to claim that nothing can be done and what's it worth anyway?

Depression spits at the well-timed email of encouragement. Depression tells you not to call back.

Depression is pain and can only cause more pain. It mocks and pities then reacts to hurt reactions.

In your diary you call yourself an “unenthused goof.” You write, *Remember the word ‘goof’? It used to mean something – “a total idiot.” That's me - a total goof. What are you doing*



ART BY JAMES SKELTON



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with yourself?

Make up your fuckin' mind.

Confidence and person are falling away now . . . an inhibited shell – 'not me' yet again.

Five PM Depression sweeps in; It has you staring at the ceiling.

You pull the ear plugs from a deep sleep and see your brother standing in the dark. He is holding the phone. You take it. It's your parents. You are not pleasant. You are distant. You don't want to answer them, not now at this age.

You can't keep running.

That Five PM Depression, that sinking moment in which the couch swallows you up and the bliss you get from not living is better than any sex or good meal or laugh ever had. Five O'Clock Life, Five O'Clock Depression. Hideous Life, and that grumpy stomach wondering if tomorrow you should eat at the soup kitchen.

Five PM Depression.

Depression is walking over the crumbs on the floor scolding yourself for not cleaning it up.

Depression is driving in the rain to interview for a job you don't want. You weigh the pros. There aren't any. You have no choice.

You're 37.

Depression is that crevice after leaving a job morally outraged. Depression is hoping you can use them as a reference.

Depression is catching the Sun (in the café) for the first time in days and darting to the door to feel It. You have left your laptop at the table and don't care if it is stolen. You have your coffee and have your rays and you're beaming before the racing of cars and the little light that says "Don't Walk" and you're okay with that. You're okay with the red light. You're happy with: "No. Don't come. Stay there. Look. See the sun?"

Depression is wishing the girl who served you the latté wouldn't work so fast. You're not really wanting the drink. It's a smile you want, words, eye contact, the warmth of the hand on yours when you give her the dollar.

The warmth of the tea in the cup is of no comparison. Her lips on yours would be heaven.

Depression is going online again, to find somebody insulting your ad to provide "affordable counseling." Though you only have a bachelor's you know you can counsel as psychologists do because you have heart, soul, patience and time. You know what people need: company, a listener, but "mental health services" are not affordable and you want to serve. You want people to have you, and you them, and you want each other but Law prevents it.

"Mother Teresa," you think, "never had a Ph.D."

Depression resents. It thinks back to 12 years of suffocating education, how it shaped you to be this weak, passive, fearful, adolescent chimera of bitterness.

Depression sees friends doing better. Depression sees the friends you lost because you weren't yourself.

Depression amplifies rejection.

Depression harms.

"Take responsibility," they say. "You choose your happiness."

You trace It back.

"I didn't 'choose' depression," you think. "Who the hell would *choose* depression?"

You hate what "they say."

They have no business telling you how to internalize Life. They don't know your socialization, sensitivities or traumas. They don't know your beliefs. They have no right. 'Shut the fuck up' is what you say.

You remember the professor who appeared at the podium with a pitcher of milk and smashed it on the floor saying, "What are y' gonna do now?" and you thought, "Shit, he's got a point."

But you can't just "get over it"!

Depression says "Therapy" and "Therapy" says "\$160/hr" and the Bank says "Get a job" and "Get a job" says "You conformist. You sheep. You follower."

And now you're desperate to pave your own way. There's that path again, out from under the leaves. You're standing on it and suddenly you're in control but Depression says, "You tried this before. You published a book that sold four copies and not even your siblings read it."

You say, "You take it too personally. You think too much."

You say, "Are you kidding? People don't think *enough*. They ought to think. Would 100,000 Iraqis be dead had we known how to think?"

Depression comes when another interviewer asks of weaknesses and you say "call my mother because she knows them well" and you expect a laugh but instead get "what?" You are "inappropriate" because you're irreverent and although society has no space for that you say the "wrong" thing anyway.

Depression sabotages.

Get your coffee and get out of the way. A dollar stands behind you, another tip . . .

You respond to the email questioning your credentials to counsel and you sense it is from a professional sniffing you out.

Depression is paranoia.

Depression inflates the ego because you need to feel good about yourself so call to mind your good deeds.

Low self-esteem creates ego.

You hate ego. You hear yourself talk and wonder where all the humility went. All that humility you had when you loved yourself.

Oh to love yourself!

That's what you wonder about.

Can you love yourself again?

You don't believe it.

You don't believe in anything, including yourself.

Then you pray, you pray to all the gods and angels and all the spirits you can muster in your well-read mind.

You pray for it all to end.

You pray to come to grips, to get on with saving the world one damaged soul at a time.

Then you realize it isn't possible.



She's here

BY GORD BRAUN

I see her ready figure silhouetted in the door
 I take her meaning by the way she walks across the floor
 She's come with her equipment and that furrow on her brow
 She's thinking of my body and she's ready for it now

I can't thwart her advances for I have no strength to spare
 She keeps me medicated so I can't go anywhere
 The act she works upon me ought to be declared a crime
 She only wants one thing from me and gets it every time

She's into body piercing and she always comes prepared
 I think that I could take it if I only knew she cared
 But I am just an entry on her list of things to do
 A poking and a prodding, then it's off to someone new

I'm always horizontal and that suits her to a T
 She doesn't need to take me out to have her way with me
 These are the dimensions of the plight at which I cringe
 You can't fight the attentions of a nurse and her syringe

Faces

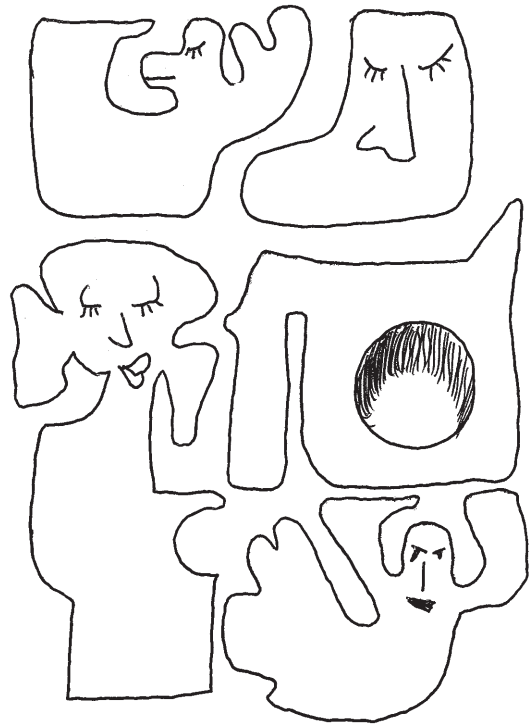
BY ROSE BRILL

There's a face for you and a face for me
 and a face for the world outside to see.

A face to love and a face to hate
 and a face to try to penetrate.

There's a pointed face, a tainted face,
 a white and fearful fainting face.

But where's the face I long to see,
 the face alight with love for me?



ART BY JAMES SKELTON



Looking from the outside

BY DAVID J. CAWOOD

Windows of an apartment building –
rectangles of yellow light
against the darkened bricks
seem like snapshots of lives

Sometimes a curtain gently wafts
into the room then back again
flat against the screen
a rhythmic dance, a waltz
no other movement inside the room
but the swaying of the flowered curtain

Another window with Venetians –
slats of shadow and light
narrow horizontal images
a still life painting, a wing-backed chair
a Chinese vase on a dark side table

White Belgian lace panels –
hang evenly across the next window
three African violets nestle on a shelf
a warm light glows on the brass pots
alight from a nearby lamp

Maroon velvety drapes –
half-opened against textured paper
on the opposite wall
a myriad of tiny crystal tear drops
from a chandelier cast
soft refracted pinks, blues and mauves
into the darkness

Other windows –
plastic flowers in glass jars
a flowered sheet
a striking maple leaf flag
a mere piece of black plastic

Nowhere to hide

BY DAVID J. CAWOOD

Outside all is calm —
no wind to chase the leaves or
make the autumn grasses sway
no clouds scud along the great wide
span of the horizon.

This sudden stillness of nature —
the whirlwind of emotions inside me:
my pounding pulse
 my racing heart
 my wild thoughts.

I always knew you would leave.
Now my world has shattered
like a plate dropped onto cold ceramic tiles.
I can piece my life together
but the cracks will still be visible.

To start anew:
leaving out fragments that won't quite fit.
Random images — askew
 overlapping
 disjointed
but holding in place.

Bipolar

BY SANDRA MOONEY-ELLERBECK

My mother's dresses: cotton floral,
their stiffness softened, when she
hugged me in passing, her *Avon Roses*
Roses still on my cheeks as I galloped
on my imaginary horse past her sweet peas
into play.

My mother in summer, *Roses*
Roses and sweet peas are what I
held onto in winter times, when her
imagination galloped her to where
she could not be reached, where she
trotted from room to room
in a worry circle that became
a path worn on the beige carpet.

Picture travelling through the land of insanity

BY RAPHAEL CLYDE KALICHUK

I never (nerve) planned
To travel through the drug-torture-time
Land of Insanity.
In the moribund land of Insanity
5 Where Emmanuel and the Japanese rule
I met \$wastika-\$amantha
Who was not \$anskrit forsaken,
Like me, dishonest
And Schizophrenia \$hauna of the Halloween-dishonour
10 Purse-nurse-curse system Helen
Of Psychiatry and Psychology, nothingness
The two branches of modern-day Witchcraft
And the Promiscuity of Elvis Presley.
Wherever there is Witchcraft
15 There is Cher, Caesar and Cancer.
They all enforced the rule of Paederasty,
Homosexuality and Lesbianism
Against my Sanity.
With their delusional false thoughts
20 They fashion themselves
As representatives
Of Robinson, \$vend, (of \$igmund) and a lying wisdom,
And what he thinks is his holiness
Of a new morality,
25 But swine business and Arthur Haines
Against true Holy Scriptural Laws.
In the lost land of Insanity
Iniquity is in the flip of a coin
And its coincidences
30 Leading to the coffins of morticians,
Their friends,
Physicians and their provisions of Perditions,
The worldly of menstruation's secret spirit
And the many street names.
35 They all have many friends
Which witches are musicians
Of the modern-day Occult systems
Of the Orient and the Occident – no accident –
There are really no lawyers
40 Saying “Objections! Your Honour!”
In the defenses against the curse-cause-crime
Of aberrations, alienations and accusations
Against Israel.
45 They exist only for the deceitful Establishment
45 Of Deceits, and \$ins.
The deviant tradition difficult detriment condition defiant –
Relevancy.
The monstrous-menstrual of \$in have many instructors
Educating them about
50 How to speculate on sexual ejaculations
With their cheating calculators.
The psychiatric are court-count cheats
Of R.P.N.s.
They penetrate, inspire and celebrate
55 For deseccrations.
The German Gestapo of Psychiatry
Have many allies in Cuba, China and Canada

D a r k n e s s
witchdoctor
Windsor
diagnosis
Gestapo
K i t s o n



WRITING THE LIFE – POETRY

Also California where they sell lots of Coca-Cola
 For Caligula.
 60 Lucille Lemoine, a clone of Sister Lucille,
 Tells people to believe
 In her contrived system of lies
 And the world follows her
 In her \$ins against the Ukrainian orphan
 65 Who she says
Spits and shits
 Her Hospital Conspiracy
 Of SHNB.
 In Canada some children
 70 Are misled to contribute
 And masurbate-menstruate-manipulate)
 With their fetid penis devil
 Against paedophiliacs –
 Victims of her paedophiles.
 75 The followers of Charlie Chan's Orient
 And, the tail end of that Dragon, Karate
 All work for the Hocus pocus and focus
 Of Antiochus and the Winnipeg bus system
 Against one orphan of Jesus, making him a minus.
 80 The psychiatric is of Antioch is of Antiochus.
 Once upon a time
 In Winnipeg, there was
 A female Clinical Criminal Cannibal,
 (\$exual, that is),
 85 Named Wendy, the Witch,
 \$mandych.
 She was far from being alone
 And of loneliness
 Of the Omnipotent Montgomery Punishment
 90 Lupton-Legion-Laskin cause-crime-curse
 Of deceit-causing-perdition
 Against the unsuspecting: Yours truly.
 I care about the nothingness which torture caused.
 There is so much more
 95 To write about in the theory
 And reality of Relativity and Relevancy.
 – maybe something like: Idolatry, Industry and Geometry
 Related to psychiatry and therapy.
 Everything is so et cetera, et cetera, et cetera.

BY\$ANTINE EGLANTINE
 R U
 A A T L
 T N A
 M E N \$ T R U A T I O N
 M E D I C A T I O N

Denouement
Daigneault
Defilement

P P P P P T T
 L I E R R H R
 A L N O E E A
 Y L A G P \$ Y C H I A T R Y G
 B O L E L A E D
 O R T N E P D
 Y Y Y Y Y Y Y

P P
 U O
 B V
 E
 R R
 T T
 Y Y

My blanket

BY M. MUSKEGO

If I think back long enough I still cannot recall the day,
But if I do a little research I'll probably find the incident.
What I can recall is two, I was two years old.

The blanket, my blanket.

My blanket started with foster homes.
The blanket that till this day I haven't warmed up to
With pride or belonging.

The blanket, my blanket.

The blanket that was so often destructive.
Mostly I remember a white blanket.
Were they covering up a brown skin?

The blanket, my blanket.

The blanket that fed me, clothed me, washed me, sheltered me.
The blanket that enabled me... the blanket that went into my youth,
The blanket, the Young Offender blanket.

The blanket, my blanket.

My first period blanket was there, the blanket that stole my power.
The blanket thrown over us First Nations People centuries ago.
The treaty blanket, the reserves blanket.

The blanket, my blanket.

I fell into the blanket, the provincial system blanket.
It has passed on once again, generation after generation.
The blanket I did not see, but I wrapped myself in, tightly.

The blanket, my blanket.

To save me from drugs, violence, gangs and sexism.
From my family that I thought disowned me.
Little did I know the blanket blinded them also.

The blanket, my blanket.

The colonization, the diseases, the trap,
The Federal system blanket,
The blanket that still covers me.

The blanket, my blanket.

It is time for me,
Time for me to weave
A new blanket.

My own blanket.



ART BY JAMES SKELTON



Kristine

BY ANNA QUON

She roams barefoot,
Tall as a brontosaurus, pomegranate seeds
Stuck to the bottoms of her feet

Sheila

BY ANNA QUON

She collects nuts.
Squirrel tail
Brush cut,
No nonsense
Glasses
Arms around her friends
Like a basket of laundry.

The colour of (blue) evening

BY BARRY STYRE

Who is your Svengali?
It's not Mesmer. Or is it?

Don't upset the apple cart.
Remember the protocol.

I am not a runaway train
Without brakes going down a hill.

I got up out of bed when necessity came knocking.
And there upon my doorstep was a minister
without portfolio
Standing beside a poignant violinist.

He preached a sermon while I worshipped at the
altar of /Gibraltar.
And as for Waterloos . . . I've had a few of those.

Happiness and joy aren't crazy candy.

Whether it was the pinnacle, the summit,
The zenith or the apex,
Really doesn't matter to me.

Did someone say *pimentos*?
The Velcro was hanging from
The ceiling like you wouldn't believe.

I thought of carrying on.
But that would never do.

I've eaten Equal and Librium
And kept my equilibrium.

My computer will be in touch
With your computer.



Light pollution

BY JORDAN ABEL

Huey Greene rode the train home from the office, trying to decide which way he would kill himself when he got back to his townhouse. The train car was warm, stuffy, and empty except for a gangly woman with an empty baby stroller who had asked him for some change.

–No change, he said.

–Please, mister. I’ve got a kid to feed.

Huey rose, clutching his briefcase to his chest. The brown upholstery reeked of beef jerky and sour vodka. There was black gunk in the corners of her lips.

–Mister, please, she pleaded.

He shook his head, and couldn’t think of a reason to stop himself from going further:

–Get a job.

Huey thumbed the stop button, and waited close to the automatic doors; the gangly woman stood beside him, cursing. He decided on the oven.

The sun had gone down long ago, but the city streets shone bright. The sky was obscured by gray-orange clouds. Huey, hunching over his briefcase, lumbered along the endless pavement. A wet shiny path led him straight along a row of identical townhouses; he stopped in front of number 11-11.

He retrieved the mail, glanced at the return address of each envelope, and shoved the handful of letters back in the box. He couldn’t remember if he was expecting anything. He climbed the red brick stairs, slid his key into the deadbolt, and turned.

He set his briefcase down on the white plastic patio table in the middle of his kitchen, and sat in the one plastic patio chair next to it. He heard the muffled noise of television sets from the townhouses on either side of him. He unbuttoned his trench coat, breathing deeply.

Huey unlatched his briefcase, flipped through blank paper, and placed the stack on the table, aligning the stray sheets to the straight edge. He plucked a thick, black marker from his briefcase and wrote:

This is my reason.

Huey stood in his small bathroom, gazing into his own blue eyes. He tried to grin, but ended up baring his straight, yellowing teeth. He wet his hand in a cold spray from the tap, and ran it along his thinning, blonde hair.

Huey placed the note by the sink.

The electric stove was a faded yellow, and a ring of orange crud circled the smallest element. He ran his fingertips over the baked-on layer of what used to be tomato soup, and recalled making it the night before and the night before that. He remembered watching the bubbles grow and pop, while he stirred the soup clockwise with a wooden spoon. He fiddled with the dial, and opened the door. *It will be nice to use the oven at least once before my lease expires*, he thought.

The inside of the oven was crusted over with clumps of black carbon that clung to the rack bars like the homeless sleeping on train cars. Huey tried to breathe in through his nose, but the smell of roast beef and peanut butter cookies invaded his nostrils.

He squeezed the edges of the oven, closed his eyes, and breathed through his mouth. He felt dizzy for a moment, thinking about the landlady knocking repeatedly on the front door, maybe pressing her ear to the wood, listening for any sign of life while the sky drizzled and thunder cracked in the distance.

He thought about the blinking cursor on the computer screen at the office. He thought about the photograph that came with the picture frame he purchased – a boy throwing a Frisbee to someone old enough to be his father. He thought about the smog grease smeared across all the windows in the city.

Huey smiled, breathed in through his nostrils again, and smelled burning hair gel. He sneezed, lurching further into the oven, his forehead bumping against the black metal rack. The grate seared the skin, and Huey pulled himself out of the oven, burning his golden hair in the process.

He stumbled to the sink that brimmed with dirty dishes, and twisted the tap until it gushed with cold, white water. He splashed his forehead: blistering, white skin. He slid down onto the brown linoleum floor, yanked open a brown drawer, and withdrew a serrated knife with a worn wooden handle.

He pressed his hand to his forehead, and the knife rested against his wrist. For a moment he thought he might miss the flower print curtains that he had inherited from his mother after she died, the purple love seat that the last tenants had left in the townhouse, the portable radio that he couldn’t remember ever being without.

He closed his eyes, ground his teeth together, and gripped the wooden handle, pressing down hard, sliding. He felt a tear, and glanced at his wrist. Along the jagged line of loose white skin were a few red streaks, but only a few drops of maroon blood. The knife dropped; he stood up.

He stumbled to the bathroom, and looked in the mirror. On his forehead there were three parallel lines of seared, red flesh outlined with the black smear of carbon. He laughed until his cheeks hurt, and blood dripped into his eyebrows.

The phone receiver rested between his ear and his shoulder, and he listened to the dial tone. The steady vibration caused his eyelids to droop, and he remembered the sky. He remembered lying in the grass at midnight, listening to the light from the stars hum through the atmosphere.

He hung up the phone, and thought of supernatural darkness.

The phone rang; he lifted the receiver.

– Yes?

– . . .

– Yes, I’ll participate.

– . . .

– No, I don’t own a television.



- ...
- No, I can still participate.
- ...
- Zero.
- ...
- Zero.
- ...
- No, zero is a valid result.
- ...
- No, wait.
- ...

Huey listened to the dial tone again, and hung up the phone, untwisting the phone cord from around his finger. He scratched his neck, and wandered towards the closet, reaching in to grab an orange extension cord.

He plugged his radio into one end of the cord, and the other end into the wall just outside the bathroom. He turned the radio to the classic rock station, and listened to a tinny metal-

band pump out a song that sounded the same as every other song he'd heard.

He filled the tub with tepid water. He tried to remember why he had chosen today to kill himself, but he couldn't even remember why he wanted to kill himself. All he could remember was the stack of blank paper sitting on the plastic table. He tried to imagine his life as a montage, but the only image that came up was the spinning of train wheels, and blur of foggy concrete. Eventually, he remembered the way that he never rode the elevator with anyone, and how, by the time he got off the train, he was usually the last one in the car.

His shoes felt heavy and warm as he slipped them into the water. Huey felt comfortable; he ran his fingers over the ring of grime that lined the edge of the tub. The metal-band's song ended abruptly, and a new song opened with the lead singer yelling, "the city sings for me."

In the moment before the radio splashed into the water, he regretted leaving the oven door open.



ART BY JAMES SKELTON



The weekend (*Affection n. 2*)

BY ALEX ALVES

Constant buzz of traffic, punctuated by accelerating motorbikes, invades Derek's room. A slight heaviness weighs in his head. The almost deaf neighbour in the flat below, blasts on his TV. Derek lies in bed listening to the freshly cut tragedies of the day. He enjoys a lethargic waking, slowly accustoming his eyes to the penumbra in the room. After a couple of hours staring at the ceiling, when the discomfort of complacency stirs his bones and the sound of a sizzling frying pan on a cooking show tempts his grumbling stomach, he jumps to his feet.

In the dimness, Derek collides with a chair and bumps his head on a cupboard door, before finding the fridge. He scoops out a bowl of ice cream for breakfast and turns on his own TV for company. Music videos. He ensures that it is turned up louder than the neighbour's.

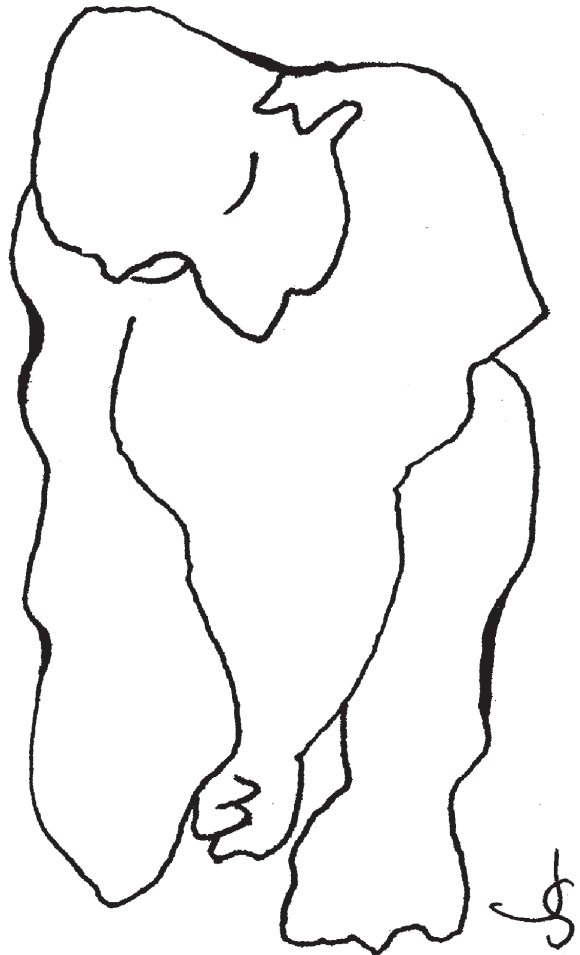
Derek fears opening the blinds to another grey depressing day, to the sad city with its exhaust stained buildings and perpetually cursed drizzle. After meticulously licking his ice-cream bowl and spoon, Derek rolls up the blinds. A wave of light inundates the room. Heat tingles his skin. Despite his closed eyes, there is sudden clarity in his thoughts. He should do something on such a beautiful and inviting day. He will spend the day at the beach. It is always pleasant by the sea. Gulls and surf. Nothing strenuous. Besides, he enjoys people-watching. But he will wait until four o'clock. The public announcements on TV repeatedly warn not to expose fair skin during mid-day hours, harmful rays from the depleted ozone layer. A deadly affair, that tragedy with the ozone layer. Derek grabs a day pack and dawdles around the house stuffing in a towel, comics – not having patience for the endless monotony of words – a 36 sun protector, a bottle of water, a toe nail clipper. Derek counts an hour to kill. The phone rings. Phones always interrupt the normal unfolding of his day. He enters the shower to drown the sound of the phone ringing. It's four o'clock and the phone has stopped ringing as he parts his wet hair in the middle. He remembers he has been waiting all week for an hour-long TV special on the Beatles. Derek lies on the couch, watching the show. The show finishes. He eats a hot dog and notices the rush-hour traffic pandemonium rattling the beer bottle collection along the living room walls. He cannot risk driving now. There are horrible accidents on the city streets at peak traffic times. He will wait a couple more hours. There will be less confusion at the beach by then and the sun will be inoffensively dimming. It has been years since he has seen a sunset. Derek searches for his video camera in the *New Projects* box. He finds it buried under a snorkel and fins, a karaoke mike and a kite. He feels a flash of excitement travel up his spine. What better day could he find to initiate his long awaited home-video hobby. Placing the camera in the beach sac, he removes the tube of sunscreen. A little sun at the end of the day will replenish his vitamin D requirement. He will save on supplements.

Derek watches TV and checks on the traffic reports. There is a bad accident west of the beach boulevard and traffic jams clog access to the area. Announcers recommend driving on alternate routes.

Derek calculates that by the time the area clears up, the 45 minute drive will bring him to his destination after sunset. He does not like to be out in the dark. The city is dangerous after sunset. It is inviting trouble or hideous crimes to be out that late. Derek snaps open a beer and absently follows an "All You Need is Love" TV contest. A dull ache spreads in his chest. Hard to pinpoint the epicentre. He makes an appointment with his doctor through her answering machine. Damn, all he needs now is to fall sick at the end of his holidays. He worries. Monday he is expected back at work. The dull ache continues.

Derek phones for two All-Meats pizzas, a shrimp Caesar salad, Chicago fries and onion rings, black forest cake, and an apple pie. He orders both a Coke and a Pepsi. He is not certain which he likes best. The movie channel has two great classics on – *Grease* and *Saturday Night Fever*.

Derek sinks down into his love-seat and settles in.



ART BY JAMES SKELTON



Diary of a family

BY GAIL ATANAZIE

2000

He was the victim in a five year relationship, now free.
He had lost 40 pounds, bought new clothes, was buff, fit.
He was infectiously happy, generous, ready to date.

2001

Their meeting was orchestrated by God.
So many signs that this was 'meant to be.'
He thanked her every day for who she was.
It was important to him that she was a good mom.
He was a caring dad to her little girl.

2002

They were married after an intense courtship.
Life began. Bills, childcare, work, responsibility.
The mundane overpowered him depressed him saddened him.
His job, boss were to blame, he was sullen, withdrawn.
He brought anger home from his workday.

2003

A son was born. Eager anticipation was replaced by indifference.
Jealous of time she spent with the girl and now the baby.
She could not trust him to care for the children alone.
He didn't know how, wouldn't learn.
He turned to eBay and other internet pleasures seeking happiness.

2005

A new job offer, just as she prepared to leave him.
New town, new beginning, he would be his own boss.
He promised to get involved in community, in life.
He would stop the internet, be a dad and husband.
Words she longed to hear. Their third child was born.
His excitement was extreme, her hope returned.
They made plans, moved, began anew.

Weeks later, his depression returned. The internet beckoned.
Now three children took her time, her attention, her love.
Anger surfaced more often, mood swings intensified.
He denied things he'd said, challenged her claims of his behaviour.
She questioned her sanity, he was so convincing, charming.

To the world he was happy, carefree, confident.
Only she and the children saw his dark side.
His withdrawal from family, the insecurity, secrecy.
He spent hours in the basement watching war movies or sleeping.
No children allowed.
He would not socialize, meet neighbours, get involved.
Her shame, her anxiety isolated her
From everyone except her parents.
They knew her burden.

2007

Three years of counseling changed nothing.
His strategy was deny, deny, then say, "I don't get - what's wrong?"
Medication leveled the mood swings. The anger remained.

Twice she felt her and the children's safety was at risk.
He laughed and said, "You're blowing it out of proportion.
You misunderstood."
She needed to hear, "I'm sorry I scared you.
I would never hurt you, I love you."

She loved him more than he could comprehend, believe.
She stayed because... *What God has joined together...*
He needed her, she was his safe place, his strength, his hope.

She searched the internet for answers, a diagnosis, treatment.
Bi-polar, Borderline Personality Disorder both seemed to fit.
The counselor said, "What you are living doesn't need a name.
A diagnosis takes too long, his behaviour will escalate.
You need to take your children to a safe place. Now."
She wanted to stay to save him... *through sickness and in health...*
But needed to save herself, the children.

She left with his approval. They made plans, he was compliant.
He would work on his issues, as she would on hers.
When the angry accusatory phone calls began,
She was grateful to be in a safe place, two hours from him.

Within weeks of her leaving, he found a girlfriend,
Started dating, lost weight, bought clothes, glasses.
Intensely happy at last.
His infidelity was his wife's fault. She had abandoned him.
He'd done nothing wrong, couldn't be alone, again the victim.

2008

Husband and wife talked face to face for two hours.
He would go retrieve his belongings, end the affair.
He would come back, spend the weekend
With wife and kids, focus on the marriage.
He didn't return. Three days later denied making the promise.
He will attempt to reconcile again, with words he won't recall.

This husband, dad is unable to love,
Still a child needing more love than one person can give.
A victim of life's circumstances ...
Abandoned early by the birth father,
Raised by a raging abusive step-dad,
An emotionally absent mom.
Devastated by the death of a cherished uncle, a mentor.

She is stronger now, self-doubt is gone, looking to the future.
The children are healing, she sees it daily.
The seven year old is learning that Dad's absence.
Anger, antagonism is not her fault.
The four year old has stopped soiling his underwear, is calmer.
His speech is intelligible.
The two year walked at 22 months. Now she runs, dances, jumps.
Their home is calm, nurturing, safe.
They all sleep through the night.
She hopes their rescue was timely, effects can be outgrown.

The cycle ends here.

David DunLeary

BY KATE BAGGOTT

David DunLeary is a sentimental man, but not many people know it. He has naive moments, even now in his middle age, when he dotes upon the casual workings of the world. But even these gentle moments he builds from an unforgiving rage, from a temper provoked by a beat within his ribs that drums out the phrase *not enough time, not enough time*. The beat is a song of worry that builds to a crescendo of mourning.

He first heard his chest beat out this refrain in a high school class. It was after his grandfather had fallen and could no longer leave his bed. The police had come in to the principal's office and David was called in. He was told that his grandmother had climbed a bell tower again, and was trailing her long dress as she walked at the base of the steeple on its narrow widow's walk while the bells vibrated under her feet.

Alena would have to be coaxed down with gentle smiles and the guidance of familiar hands because her ears were occupied by tintinnabulation. For days she was deaf. For days afterward she would be struck happy even though her voice was silent under the echo of ringing, ringing and ringing.

Sometimes the hippies in the street watched her, but none had the courage to follow her climb. They were the ones who booed and jeered at David, who was their age, when he got out of the police car to coax Alena back to the ground. David's face would colour with shame only when the danger had passed. So much blood rushed into his face that there was not enough left for his heart to pump with an easy, fluid, rhythm and he felt strange and cold for hours afterward.

Back on the ground Alena would stroke his cheek and say nothing. If there had been no witnesses, then David would have ducked away from her stroking and waited for the feeling to return to the blood-numb nerves in his face. He could not abandon her maternal touch in front of so many strangers. Instead, he took her home and poured the boiling water into the teapot after the kettle whistled. He was grateful for the days of Alena's deafness when there would be no talking.

The silence let him remember that there were years when his heart murmured no words with its pumping. In Alena's house there were no judgements, nor expectations. Alena's house was captive to another time and returning from the world each day meant that there was always a feeling of discovery among forgotten treasures and misplaced objects. For Alena had only one response to everything her grandson brought into her house from the world. "Isn't that grand. Aren't you a dear," she used to say. These words were permission to go on living to the boy who at birth had been handed a figure of zero and then been told to live within his income of admiration.

Alena had once earned a million mental dollars in admiration and then had never been able to cope with bankruptcy.

David knew ladies like Mrs. Wright and Mrs. MacCullough who were yellowed like ancient newsprint, who drank tea from cups that had survived a sail across the Atlantic

before even they were born, who sat in their armchairs set beside heating vents talking and bossing at their married daughters in fragile voices that begged for death to come. Those old ladies still told tales of the resplendent voice that reminded them of what it was like to be carefree and have romantic thoughts about the world and their future. They knew too that the face of the angel who cradled the soldier in the memorial painting, the very one that hung in the auditorium at David's school, belonged to Alena Lomond.

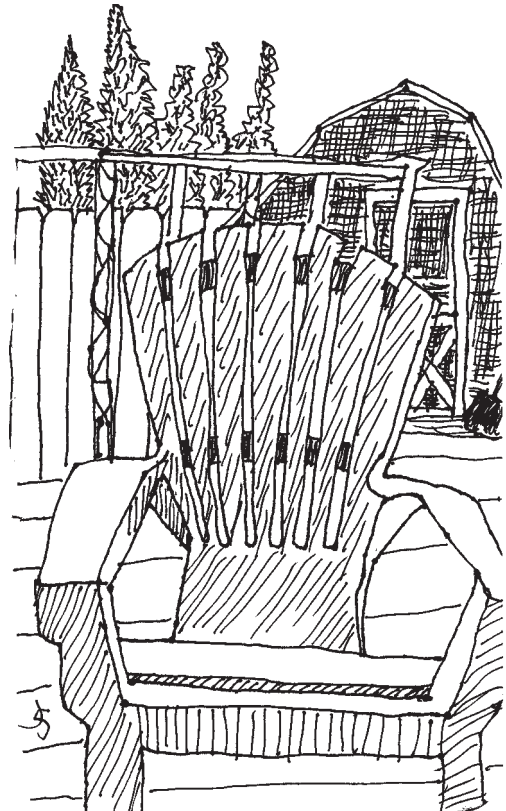
It was the daughters of those old women who had no memory of sitting in their mothers' laps and listening to Alena sing the room out of the despair of war. They saw Alena only on her bicycle and climbing the stairs up to the belfry. They ordered their mothers' prescriptions from the poor pharmacist with the silly wife because he was such a devout and quiet man they felt sorry for him. Sympathy was not an emotion extended to children. Those women accepted the drugstore delivery from the pharmacist's grandson and talked about David as if he were the one struck deaf by church bells.

"How his mother can leave him with that woman, I'll never know," they'd say to one another.

"Did you see her in church on Sunday?" was always the reply.

"I don't care how good her voice used to be, in every hymn she hit four notes completely off."

"Singing loud like that all straight, tall and proud."



ART BY JAMES SKELTON



“Did you know she has a son in an institution?”

“She might seem harmless enough, but you never know when someone like that is going to turn on you.”

“You know, I truly think she wants to be that way.”

“That-will-be-two-dollars-and-19-cents-please,” David would say when there was enough silence.

What he wanted to say was what he heard his heart begin to murmur in its first angry pounding phrase, “Alena doesn’t want to be, she just is.”

David DunLeary is a sentimental man, although not many people know it. He remembers that circulation’s verse – *Alena doesn’t want to be, she just is* – not as some angry pounding phrase, but as his heart’s song of Alena Melinda nee Lomond MacLean.

David DunLeary is not a man to suffer, although he knows he has. When he was a child making deliveries on his bicycle, there weren’t always two ladies drinking tea while they waited. When David interrupted them at their solitary housework, they plied him with cookies and smiles, until a voice just gentle enough to disguise some seductive malice asked: “Where is your mother now?”

The only answer David could give, was the one that was true. “I don’t know. We manage, you know, Alena and me.”

After David said this, he went home to Alena’s house and studied the collection of family photographs clustered on top of the buffet. They were all strangers his mother, his uncle, their

aunt.

“Where are you?” David asked the air.

David’s anger was quiet, his heart had not yet begun to pound. He put the photographs in the drawers with the good silverware that was never used.

“That space is empty, it isn’t quite right,” Alena had said, pondering the top of the buffet.

“I’m sorry,” said David.

Alena patted his shoulder.

David came home from school the next day and found the buffet top once again crowded with photographs in silver frames, but these were strangers without even names. Alena, to fill the empty space, had spent 50 cents at the Sally Ann Thrift Shop on photos of other people’s family.

“Doesn’t that look just grand?” she asked him.

David felt better.

David Lomond DunLeary is a hypocritical man. A Cassavante specialist, he restores pipe organs and knows how to turn the laboured groans of an elephantine beast into sounds of sacred haunting. He knows the language of resonance; of shallots and reeds, of the swell, the great and the positive; how each pipe from the size of his finger to the size of his self is animated with a mouth, ears and a beard. He is happiest in the tight of an organ loft surveying a forest of hollow timber in zinc, lead, white pine. In the smallness, where wind is kept in a reservoir, every movement from swell to stop can be controlled with the movement of a foot in the next room. He is a blacksmith. He is a maestro.

David Lomond Dunleary does not like to admit that there is anything he can’t put back in tune.

The evils of city dust attack even masterpieces bearing the names of the Cassavantes frères. The dust of Paris is as destructive to the leatherwork of wind pumps as the dust of New York, the soils of the romantic period are as corrosive to sleeves of zinc as baroque grime. Earth intrudes upon the perfection of sound and tones are affected from Windhoek to Barcelona, from Toronto to Bombay. David went everywhere.

It’s difficult, even for a man, to go everywhere when he has five children. It was most difficult when his wife and the baby were sick and the oldest two could take care of themselves, but couldn’t manage the younger two.

He should have stayed home because there was no one to take care of them – save Alena. David had a survivor’s fear of leaving children with Alena. He knew it was not right to leave children in the care of an 82 year old woman in a house where one stray spark could cause an inferno. He knew it was not right, but he had a two-month job in a cathedral in Baltimore and he wanted to work.

David left two of his middle children with Alena in the garden on a late spring day. The garden was tangled with the victory of ancient plants that have survived one more winter to



ART BY HENRY PETERS

bring forth new growth. The black currant and raspberry bushes sprawled out over the planks that passed for a path through the jungle. Their fruit of the next season would be tough and given up only when arms had been scratched to bleed in return. The rose bushes had not been pruned for many years becoming small trees that, in blossom, resembled old women wearing gaudy flowers hats on heads which bobbed only slightly above pairs of stooped shoulders.

The scene was not of nature, the garden was as much a human creation as a skyscraper, the plants had turned to wilderness from neglect. It's a mess, David thought.

There was one corner of the lot, the corner closest to the house that was perfectly cut and trimmed. Calmness reigned where a pair of wrought iron benches had been set in the shade of a yellow pear tree, where a strip of lawn kept a wall of vegetation at bay, where David left his children sitting on either side of the old woman. She was reading them the first chapter of *The Wind in the Willows* and sitting there they could have posed for an illustration of all that is idyllic and innocent. They would manage. David sighed with contentment as he walked to the waiting airport taxi. For two months he forgot his own childhood.

In his work he was jubilant. His ears became even more sensitive to the ideal echo of flutes and trumpets produced only by angels and by Cassavantes' organs. From this organ in Baltimore he felt closest to coaxing out moaning perfection.

When he returned the garden was sinking under the heat of summer. The jungle-mess was petal drenched in the perfumes of a 100 varieties of flowers. With each step he took away from the gate, swarms of insects clouded around his face as he dis-

turbed the dampness under the planks. The little girl came running out from inside a cave of wisteria screaming like a Hollywood Indian. Her face was pattern-dyed by the juice of berries, she clutched a live toad in one hand, and she did not stop to say hello before she dove into the reeds of a tiger-lily bed where the cat was trying to sleep. The ear-splitting howl of the cat was broken by the wail of David's son newly-stung by a bee on the forehead. David grabbed the boy to brush out the stinger and stop the cries.

"That was my ninth sting," the boy said. He squirmed until David set him free to scream some threat over the toad at his sister and follow her dive into the tiger lilies.

The springs in the screen door groaned with age as Alena stepped out into the garden. She appeared hatless. Just as he had seen her countless times three decades before, Alena was practising the art taught her in girlhood by a retired British general. Her back as straight as a board and her movements as fluid as river, Alena was balancing the fully laden tea tray on her head as she carried it from the house. David ran down the planks toward the benches beneath the pear tree.

"Grandma, Grandma, no," David shouted. He lifted the tray carefully from Alena's head. "I don't want you to do that again. What would ever happen if it slipped from your head? What if the tea tray fell?"

He could already feel his heart drumming *not enough time, not enough time*. He could already feel the heat rushing into his face. He did not ask, "What would have happened to the children?"

Alena smiled under the dulled glimmer of tarnished silver. "Aren't you a dear?" she said, and called the wild children to tea.

Hope is a place called Union Station

BY STEFAN CHIARANTANO

Helpless to stem the tide of emotions overwhelming her, she fled to Union Station, a place where she could avoid detection. She hurried past a gauntlet of panhandlers, beggars, and street people with their outstretched hands, between the neo-classical columns. A gust of cold wind welcomed her and pierced her clothing as she entered. Bits and pieces of conversation struck her ears. "The government is about to call an election over the Afghan mission."

Union Station had become her haunt, her refuge, and her rendezvous with herself. Seldom empty, a juncture of arrivals and departures, she could lose herself in its spaces and crowds of people.

She was average height, slim; her short black hair revealed a nicely shaped head. Hidden behind her thick-rimmed spectacles were dark burning eyes. She'd spend the day lost in the open spaces hiding in the crowds. She fell silent, sat on a bench

and waited for her thoughts to subside and relinquish their hold. Passersby sent her mysterious messages. "Give up. Keep a stiff upper lip." Often, she'd wander about the station drunk with panic that gripped her like a wrestler's headlock. Sometimes, she'd sit in the coffee shop and drink coffee all day, all day, all day. She felt she was fighting the inevitable. She had fallen out of life and didn't know how long she could go on pretending, pretending, bluffing, bluffing, and praying for a reversal of fortune.

There were no words to describe her angst. Therapy had failed her. She knew she could do several things. Suicide clung to her thoughts. She could fall into a life on the streets, join the others outside and wait until the dead of winter struck her.

Hours later, worn out, fatigued, her troubled thoughts finally dissipated in the train station's majestic hall, she was reminded of nothing at the sight of so many people. She could go on for a little longer.



Present tense

BY DREW KIRK

“What’ll it be for lunch today, John?” asks the young waitress. It seems funny to John that she calls him by name although he doesn’t recall meeting her before this moment.

“What do you have?”

“Here’s your menu.” She slaps a long thin card down on the table.

John considers his limited choices and decides on a roast beef sandwich – medium rare. The waitress (*Stella*, according to her nametag) smiles broadly. “Of course it’ll be medium rare. Every Tuesday you ask for a roast beef sandwich, medium rare.” She places a tray on the table. “See you later, John. You take care.”

John only smiles but thinks what an odd young woman she seems, saying things like that. She breezes from the room and John gazes out the window. This hotel has a lovely view of a park. The vegetation is a lush green and the sun makes the lake glisten. There’s a marina and John watches as one small unattended boat slips from its moorings and bobs away from the dock. He’ll have to get out for a walk later, get to know the city better. Karen would have liked it here. She’s been gone nearly a year and there’s still an empty place inside John where she belongs. She used to love to travel before she got sick. That week in the Bahamas was their best vacation. Karen looked so lovely with her hair braided by that woman on the beach. John finds it hard to believe that he didn’t know then how short their time together would be. Life had seemed to stretch on forever ahead of them.

John’s startled back to the present by a big man in dreadlocks. “Hey, John. How ya doin’ today?” he calls as he pushes his washbucket and mop into John’s office.

“I’m well. You go ahead and clean up. I’m not in the middle of any important work.”

“Well, I’m glad – wouldn’t want to interrupt any important work now, would we?”

“Are you from the Bahamas, by any chance?” John asks.

“Now, how many times you gonna ask me that, John? I always tell you I was born in Kingston, Jamaica. I ain’t never even been to the Bahamas.” He scratches his head. “You really liked it there, dintcha?”

John smiles, humoring him.

“I’m just gonna cruise through here ‘cause I’m in a bit of a hurry today, John. No time to sit and chat with you about the Bahamas this afternoon. Some other time though, you gonna have to tell me again about that beach and how your lady got her hair braided there.”

“All right, you cruise on through, sir.”

The dreadlocked man shakes his head and smiles, teeth gleaming preternaturally white in his dark face. At least this cruise ship has a pleasant crew. John supposes that most cruises must. Karen always wanted to take a cruise but they’d talk about it as something they might do next year or the one after

– and then she got sick. John used to look forward to retirement. Damn, he worked hard and she never once complained about his long hours. “Once I make vice-president,” he used to tell her, “I’ll be able to take it a little easier – I won’t have anything left to prove.” This insurance business is so cut-throat. John realizes that he should be getting back to work soon. *This room*, he thinks, *let’s see, yes I’m waiting here to meet someone*. He’s a little vague on whose room it is but he decides to be patient and play things by ear.

A gray-haired man in a long white coat waltzes in, a stethoscope around his neck and a fidgety young man at his coat-tails. “Good morning, John,” says Gray-Hair. “Have we met?”

He doesn’t look familiar but he’s obviously a physician and may have been involved in Karen’s care. Yes, that seems right. John stands and offers his hand. “Yes, you looked after my wife. I’ll always be grateful to you. You kept her comfortable right to the end.”

Gray-hair pumps John’s hand then turns to Fidgety and says, “His wife died of breast cancer eight years ago.” The doctor asks John, “Tell me, where are we right now?”

“My lawyer’s coming to settle some affairs. I lost my wife last month, Doctor.”

“Oh, and how will he be getting here?”

John looks out the window. A lake shines in the bright summer sunlight and a small boat is drifting away from the marina. “He’ll come by yacht. That’s how he usually travels.”

“Where do you work, John?”

“Imperial Insurance. I’ve been there 20 years.”

The doctor turns to his young assistant and tells him in a stage-whisper, “He did, you know.” He looks at John again. “How long have you been here, John?”

“Not long. Two or three days.”

“And why are you in hospital?”

Yes, it’s a hospital. That makes sense. “I’m just here for a few tests – a checkup.”

John feels lucky that he’s only here for a few days. Last year, when Karen was in hospital, John was headed for health problems himself. He left her side late every night and drove home to the empty house. He could never sleep until he’d had a couple of shots of vodka. Before long it was more than a couple. He hardly ate. A bite of toast in the morning would sustain him all day. Watching her slip away drained John’s appetite for living. After they buried her, things were worse. John’s vague on how he finally whipped the drinking. He must have turned things around but exactly how is beyond his grasp. That early time on his own is a blur.

“Tell me John,” asks the doctor, “do you have any trouble with your memory?”

“That’s a hard question. Sometimes I feel that things might be fine right now but maybe there was a mistake I made a few minutes ago or perhaps I’m about to make a mistake or do something wrong a moment from now. It’s all very difficult to put into words.”

The doctor turns to the fidgety bespectacled youth and

asks. "Diagnosis, Jeff?"

"Korsakoff's due to thiamine deficiency?"

"Exactly, good old vitamin B1. What population would you see it in?"

"Usually heavy drinkers who get empty calories from alcohol but no vitamins."

"John started drinking after his wife died. He was brought to the General several years ago confused and unsteady. They fattened him up and sent him here. He hasn't formed a new memory since. He seems to be stuck somewhere in early 2001." He pats my hand. "Is life difficult for you John?"

"Not really, Doctor."

The doctor tells the young man, "I see John weekly and he's never once remembered me. He's always polite though and a pleasure to visit, aren't you John?"

"I hope so, Doctor." Everyone smiles. "I hope we'll meet again some day."

After his visitors leave, John looks out the window. There's a very pretty view – a lake with boaters on it. It's a beautiful summer day. He'll have to get out for a walk after that business meeting this afternoon. Karen always loved to travel. She'd have liked it here. They went to the Bahamas once. It was a wonderful trip. That was before she got sick. John notices one small boat adrift quite far out in the lake.



ART BY HENRY PETERS



The last vowel

BY ANNE LAZURKO

George didn't see the beauty of the twilight fade to dusk at the edge of a heavy sky. Sweat tickled his earlobes and plastered his shirt to the vinyl seat. He never thought to roll down a window. Pain surged behind his eyes, driven there from the ball of knotted muscles in his neck. The car delivered him to his driveway and he grunted in surprise, wondering if he'd run any stop signs on the way, all his senses muddled by a penetrating, almost tactile, and certainly foreign feeling. Doctor Scott's words droned in his aching head.

"She had a stroke George. It looks bad. We won't know until all the tests are back. But from what we've seen . . ." The good doctor had paused, shaken his head and looked quickly at the floor. "I don't know. I think you better call the girls."

George sat behind the wheel, staring dumbly at the house he and Penny had built 30 years ago. Slowly it came into focus, the details of their life etched in the cracks of the cedar shakes, the front door that had started to stick, the deck chairs they relaxed in to share coffee and the morning paper when the weather was fine.

Forty-three years earlier he wouldn't have dared dream of a woman like Penny. He was a newly minted Canadian, emigrated from Poland – Jerzy Sandeski: heavy accent, worn outdated clothes, an uncertain future. The local people couldn't comprehend that such a spelling was pronounced Yerzi, and had quickly dubbed him George. Penny was more insulted than he. She loved his name and he loved to hear it roll off her tongue, the last vowel landing hard or soft, whichever suited her mood – Jerzy.

Sluggish with memory, he got out of the car to open the garage door, refusing to use the remote opener. "Damn gadgets," he muttered, "just so no one has to get off their ass." Penny thought he was too hard on young people. He thought they were doomed. "Ruining 'em all for anything but desk jobs."

The glint of the frying pan caught his eye and he stooped to pick it up from the paving stones in front of the garage. It was cool to the touch. He pulled a string dangling from the ceiling and a naked bulb illuminated the pan and its contents, eggs cooked to a solid mass.

"Too well done for Penny." The echo of his voice surprised him in the emptiness. She liked sunny side up.

The eggs were fused rubber with yolks like the skin on pudding that has sat too long. Flies stuck to them, in a stupor from their undisturbed orgy. The ozone is disappearing, he thought. Or then again, maybe it was just so hot today that you could fry an egg on the sidewalk.

A coffee shop argument had led to the experiment. George was convinced there had to be some truth to the old cliché, that the ravaging mid-summer Saskatchewan sun could indeed fry an egg. His cronies at the senate table only laughed. But today had been perfect. By mid-morning a lip-scorching wind blew hot.

"It must 35 degrees out there." He came into the house

pushing thin limp hair back from his scalp. "Or about 95 for those as yet unenlightened to the merits of metric."

"It's hot, that's for sure." Penny was assembling her kitchen for baking: bowls and a whisk, flour and sugar. "Sure wish I didn't have to bake a cake today. It'll heat up the whole house." She reached around him to rummage in a drawer, brought out a glass measuring cup, and brandished it in his face with a knowing look. "And I still use a cup of flour, not 250 mils."

"But it's so simple. Everything by tens, what could be easier?"

"Easy for you. You grew up with it." She flicked a stray hair out of her eyes. "Besides you think the Polish do everything better."

"Of course they do." He kissed the back of her neck. "Isn't that why you married me?"

"Oh go on." Penny rolled her eyes and nudged him away with her hip. "Just make sure I have two eggs for this cake."

He set two in a bowl on the counter, closed the carton and put it under one arm. "I've decided to use a frying pan." He picked the pan out of the dishes drying in the rack. "No one will want them if they sit on the sidewalk all day."

Penny looked at him as though he wouldn't be worth the effort if she didn't love him so much. Shaking her head, she laughed. "George, who will want them after they sit out in the *frying pan* all day?"

He went out the door with Penny chuckling behind him. Once outside he held each egg for a moment, noticed the unusual weightiness of something so fragile. The sticky white and the yellow ball of yolk were oblivious to everything on the outside, the solid strength of the shell holding its contents a secret from the light. Until he cracked the egg against the side of the pan. So tough until its contents were exposed and expelled, the shell became translucent, as though having lost its center it had nothing to protect, no need to be strong.

He felt a slight pang of guilt letting the eggs lie naked in the sun, vulnerable, a small regret that they were dying for his curiosity. Still, he watched in amazement as they began to cook, the clear jelly albumen firming up a little and turning white. So it really was that hot. And he was grinning as he took the steps, two at a time, back into the house to tell Penny. He found her lying in a heap, arm flung out and the cake pan halfway across the kitchen floor.

"Penny, what happened?"

He rushed to her and put his ear to her chest.

Oh dear God. George's face cracked at the vision that stole its way toward him: the emergency room. Tubes sprouted from Penny's every limb, dripping, pouring, seeping. Monitors beeped their alarm at her condition, a syncopated rhythm of heart, lungs, oxygen, blood. He had wanted to run away, could hardly breathe. Now he was home and had to call his daughters. And Julie with her new baby.

His knees almost buckled at the thought of saying the words out loud. "Mom had a stroke." For now, it was his secret

and he was safe. He could leave it at the periphery, absorb it slowly or not at all. Once the girls knew, he would no longer be able to protect himself. He wasn't ready to say it out loud.

George retraced the path he had taken from the eggs that morning, the same walkway, the stairs that loomed so large. Opening the house door, he half expected Penny to be at the counter, but was greeted instead by the bundt pan. It lay where it had landed when she fell, its curves at odds with the straight lines of the linoleum, the slightly rusted aluminum ugly against the shiny white squares with their soft blue flowered centers. Penny loved the new flooring. He cringed, every detail of their morning flashing at him in vivid sequence. He'd seen her on tiptoe, reaching for the pan, and sheepishly remembered the stepping stool he'd never got round to making.

She was a small woman, no more than five feet tall. Her once auburn hair had turned a silver-gray, but was still so thick that her hairdresser waxed longingly over it with every wash and set. Penny cursed both her height and her unruly hair, but George had fallen hard at the sight of her, catching her as he tumbled. Every night he felt blessed to hold her tiny frame, to wrap his great arms around her, to protect her.

Two nights earlier they lay in their familiar bed in the empty house so full of their life, speaking softly as though they still might wake the ghosts of children sleeping in the room next door.

"I hope Julie's all right," said Penny into the darkness. "The first one's always so tough." She was lying on her side, a pillow between her knees. Her physiotherapist claimed it would keep her body aligned and alleviate the pain in her hips. "I wish you could come to Calgary with me."

"It's too much money." George was behind her, his hand resting on her waist. "And I'll see everyone at Christmas."

"I know, but the baby will be almost six months old by then." She took his hand from her waist and kissed his fingers one by one.

Lovemaking had taken on new dimensions as they aged and her arthritis worsened. Frenzy and triumph had slowly given way to a softer kind of passion, a lingering, patient exploration of what made each other happy. They had survived much, earned their comforts and the truth that there would be no one else. Kissing and caressing she had murmured his name, "Jerzy," the last vowel suspended like a hint of rain after the lightly rumbled r.

The cake pan came back into focus and George's shoulders sagged. He walked across the kitchen, ran his hand over the counter. The tension started to leave him, in its wake a compression of his chest, hollowing him like the egg shells he'd cast aside as useless without their hidden hope. Everything good was gone.

Gazing absently at the gelled mess in the frying pan, he shook his head. "So I was right," he thought. "I'll be damned." The eggs, Penny – a slow realization dawned in him – if his neighbors could underestimate the power of the sun, maybe the doctor could be wrong about Penny.

Whenever any of the seniors in town was stricken with a

serious ailment, George was the first to pontificate his theory that if those old, sick people just had the will and the gumption and the fight, they were 10 times more likely to make it.

"Why can't Penny?" he said aloud. "She has fight. She certainly has will. Stubborn as a mule."

He smiled. The doctor was wrong. Penny would come back and they would have a good laugh about the eggs. She'd wonder if he had actually eaten them, and maybe he would tell her he had. Tell her he ate them all and they were good too.

"A little salt and pepper. Even made myself some toast," he would say. "And told everyone about it at morning coffee."

That's what he would do when she came home, he would tell her about the eggs. Tipping the frying pan, he watched as they slid slowly into the compost pail under the sink, cringed at a planet whose only sun could doom those soft contents.

His distracted gaze came to rest on the wall calendar above the phone desk. Penny recorded life on it: birthdays, rainfall, the spring return of the robins. Their existence displayed, blue ink in numbered squares. There was something under July 11. Today. Exhaustion and fear pulled like gravity in his bones, but he forced unwilling legs to carry him to the desk. In her cramped handwriting she'd written *Jerzy fried eggs on sidewalk*, as though it meant something, or would someday. Resting his forehead against the wall, his stare came to focus on his name, Jerzy. He ran his hand over her writing, squeezed his eyes shut, touched fingertips to mouth.

Slowly he pushed away from the wall and, hand wavering ever so slightly, reached for the phone.



ART BY BARRY STYRE



A disturbed similarity

BY ADAM STAITE

It's a long day for our character doing this 'n that, so many piled up problems and things make him sway. Can't keep doing this known unknown unorganized chase for success. It's killing me, the man says. What am I to do?

Until one day he comes across a magic called sticks and stones with markings on them like part of a ribbon or a banner linked by something. He picks them up, but in his rush doesn't give time to check them over. Puts them in his pocket without even thinking. But to think just for a short while for our characters would mean more problems and more hassle on their minds. That sure isn't uncommon for him to make mistakes like the ones he's just made.

Upon his day's work, he goes on doing what he does, though I do not understand. As our man gets finished with we'll say his chores at the time, he feels an uneasy vibe or distant presence brush him on his way by. So busy he takes it as the wind and hurries on.

As this is taking place, other activities start to begin making plans of their own. More clueless busy guys start finding the same old stones and dirty sticks. As the ones before, all a partial link in our life's banner. And the earth's magnetic field begins to start disrupting.

As these people go on living, rushing and running through their lies, taking no time to stop and give a moment to look, listen and pay attention.

As these men go about their work, bye go their minds, then they change. And so what of this approaching dilemma of the world. Days pass and them the ones who acquired these opinions of sticks 'n stones fade from their used to be doing acts and the people they associated with begin to start forgetting about them. As this is happening the days begin to shorten and grow darker.

More sinister.

Entities of ghouls, ghosts, demons and other creatures began to enter this world's time space and reality. Some begin killing and feeding, others choose to learn, and then there's those who don't get involved at all.

As the possessors of the antics begin to wake and be consumed by the magic words of hate within them, they grew cruel and vengeful. Developing harmful realities and abilities, the words have inside them. Erasing partial properties of the characters' minds to guarantee no problems or threats to the pedestrians and hosts, this for only some. The stones begin to formally take over and start representing their hosts fully.

Many different types of users start to unfold amongst the defiled thinkers both good and evil and merge. The good now realizing their partial or potential threats to this planet, leave to the outskirts of their area to try and hone their skills and abilities. For the evil beholders, they too realize their threat but to them, that's their prerogative, and it's exciting, so they start breaking some rules.

For getting involved before the battle of truth is prohibit-

ed, but bad does not care for good or rules so they began to cause a ruckus amongst the cities and towns casting spells and magic causing violent outbursts and riots. The bad ones begin to surge with power from their devious acts.

As the bad ones cause mayhem, the good feel the pain from the hell being caused. Though entities know not to interfere before the battle and when they're not even very experienced about this new place. Some just can't sit and wait around training till fighting is held. So they go off in search of the bad ones to make sure they don't get out alive.

But during the time the good ones come, the bad ones are still achieving mischief and raising hell. Constantly improving on their strengths real fast. Really quite formidable.

As the streets burn and the race falls victim to multiple causes. The skies and earth now begin to fall more into the black age. As darkness shines, going into triumph, the good begin to weaken and begin to weep. The bad rejoice victory for them is coming fast and easy here then the last battle of

*For no amount or
how hard the
darkness flights
amongst the child's
mind, there is
always some type
of good holding
back its forces . . .*

freedom amongst deliverance of growth and the banished mistakes. Which happened more than well to be honest since the entire start of time? For victory, which was still yet commended a satisfaction for either side?

For no amount or how hard the darkness flights amongst the child's mind, there is always some type of good holding back its forces in the people he meets and sees from the people he keeps by his side. But this time the darkness is smarter and has decided to make hence. Their presence in this city before the final battle goes on in the mind of the now man. They tried to defeat so long ago.

This time darkness causes trauma to the spirit of a mad battlefield mind. Weakening the spirit means weakening the drive of that good, which will reside on the inside bringing a sweet end for the darkness and shadows. They will win!

The good race, the bad conquer, but maintenance begins to shake out of place foundation melting down evils destroying his mind.

Grunts, groans and moans, sweat drips down like a tap. Fires, burning, evils laughing, people chattering. Make yourself keep on dying. Good arrives, though so very weak darkness gathers in a pack, so massive it clouds the sky. Skulls start flying. Fire starts raining. Just then, our forces gather. They stand tall raise their arms spreading their voices over the land!

Then, the damndest thing happens, everything goes black. A giant magical door appears and then a flash of radiant light. He then wakes. There is no fight. He realizes it. This life seems to be no different from his dream.

Raylincoma



From one psychiatric nurse to another

BY BOB MILLER

Parley, Kay. *Lady with a Lantern*. Benchmark Press, Regina. Paperback. 199 pp. \$19.95.

What gives me the right to review Kay Parley's book *Lady With a Lantern*?

She was a psychiatric nurse in the 50's, I was a psychiatric nurse in the 70's. She suffered a manic depressive illness prior to becoming a nurse. I was diagnosed with having Bipolar II disorder while still nursing. Work became more difficult so I took an early retirement.

It seems Kay was very determined to become a good nurse. She had empathy for her patients.

Her experiences are well-documented in her book. Still today she has a keen understanding of the mentally ill. Approaches and medications have changed but not the distress that a person with bipolar disorder has to overcome: the racing thoughts, the grandiose thinking and impulsive behaviour.

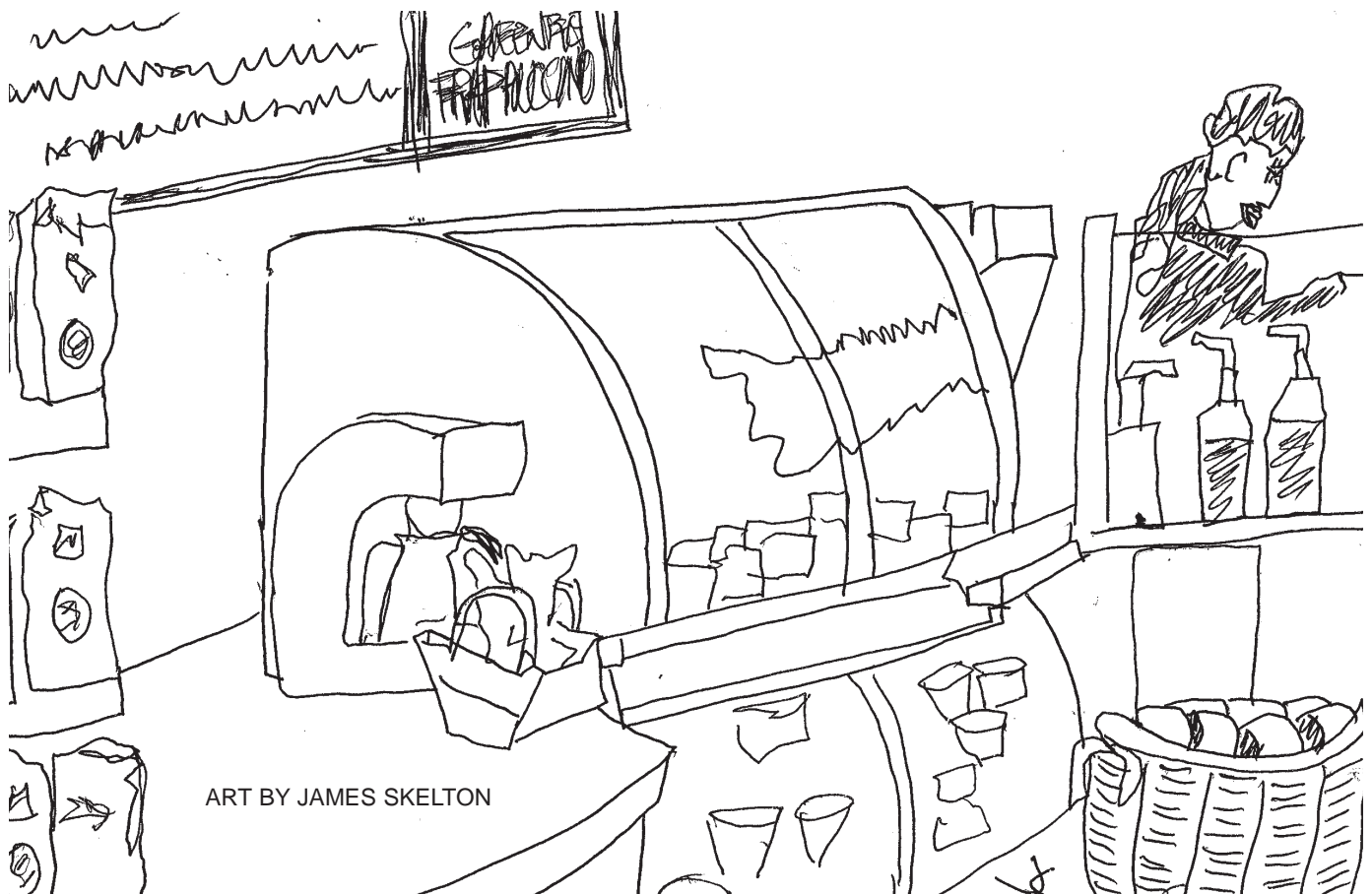
I wish I had started a journal at the same time I was working, like Kate did. I have since 2000 and it has helped me understand my behaviour and thoughts. It has helped immensely and I don't beat myself up emotionally.

Parley's journal while working with seven patients outlines her thoughts and reasons for her actions. She never gave up on her patients. She showed a lot of empathy and treated them with respect and dignity. They were like her sisters and she could empathize with them. I must say that nurses with her empathy and understanding are few. Her approach was caring and consistent. She seemed to understand what her patients were thinking and experiencing. She shared her concern with other nurses and medical staff and worked for the common goal to help her patients to stay as well as they could. Some had different prognoses and she was aware of them. She was compassionate and understanding in her approach.

Although she switched to teaching rather than nursing, she still has lots to offer to her students. She knows people and how to work with them. I think her writings should be read by student psychiatric nurses nowadays. When I trained we were asked to watch *One Flew Over the Cuckoo's Nest*, the movie starring Jack Nicholson and that was over the top.

I have a lot of respect for psychiatric nurses today, but they can learn a lot from Kay Parley and her book.

EDITOR'S NOTE: *Lady with a Lantern* may be purchased directly from the author. Please contact the Editor for details.





The formula fiction of depression

BY TED DYCK

Burns, Sarah Felix. *Jackfish, the Vanishing Village*. Inanna, 2007. Paperback. 224 pp. \$22.95

The times they sure are a' changing. There was a time when you couldn't find a book about mental illness, the way it really is, I mean. But now you can find them everywhere. Amazon.ca, for example, lists literally thousands of titles under "mental illness." Books about depressives. Books about the insane. Books about schizophrenia. Post-partum depression. Obsessive-compulsive disorder. Bipolar. You name it, there's bound to be a recent book about it. Nonfiction and fiction. Even poetry.

So far, I'd say the non-fiction has it. And I don't mean those silly, self-proliferating, self-help books. *Depression for Dummies*, indeed. I'm thinking of first-hand accounts like William Styron's classic *Darkness Visible*. Or surveys like *The Noonday Demon: an Atlas of Depression* by Andrew Solomon. Or, the best by far in my opinion, Martha Manning's *Undercurrents*, which I can't keep on my shelf no matter how hard I try, borrowers just don't return it – a haunting, a romantic account of one woman's journey into the irrecoverable loss of self that is clinical depression.

So it was with some considerable anticipation that I opened my review copy of *Jackfish*, a book "dedicated to all those who battle the demons of guilt, shame, and mental ill-

ness." It's the apparent memoir of one Clemance-Marie Nadeau's return (at least mentally) from Colorado to Jackfish, a fictionalized Ontario village, to confront her past and thereby to heal herself of, among other things, depression. If the bare outlines of the narrator's literal journey seem to match what I know about the author's life, no problem. A famous novelist once remarked that every writer has only one story to tell – his own.

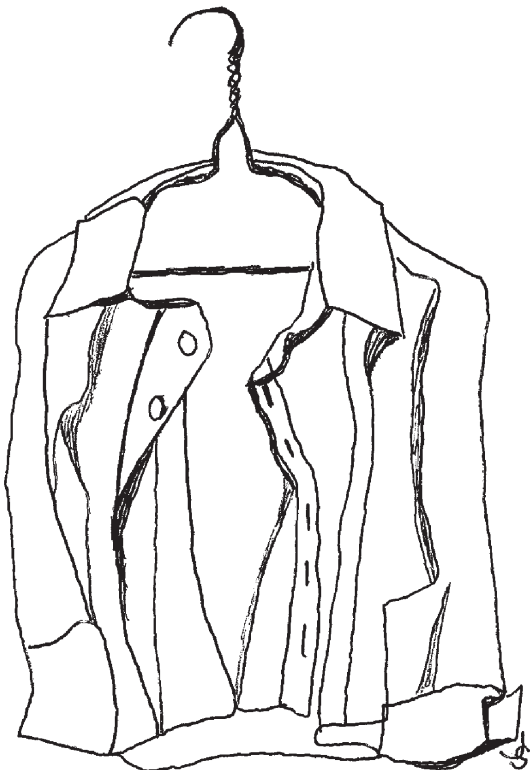
Clemance-Marie has had a harrowing life, no doubt. From childhood to adulthood, she experiences almost every abuse you can imagine, sexual, psychological, physical, substance. The narrator recounts the past in scenes of such gruesome detail that the reader is sure to keep reading (as I did). The inevitable end of all this abuse is, of course, clinical depression. And depression is the novel's focal point: the narrator speaks about it obsessively; she is receiving treatment for it as she goes through a pregnancy; and three of the book's four sections end with a pseudo-medical document charting the progress, so to speak, of her journey (referral, case summary, report), a touch I quite liked.

Technically, that is, narratively, speaking, *Jackfish* is a first-person memoir, and it must rely on analepsis. Indeed, the flashback technique is everywhere evident. When the estranged husband comes to visit, we are thrown into a flashback about previous failed relationships with men. When the narrator dreams, which she does a lot, the dreams are significant clues to horrors yet to be brought to consciousness. Visits to the psychiatrist are occasions for more flashbacks. When, at last, one of the sources of the narrator's worst guilt is confronted and admitted – it is by way of a flashback.

For this reader, everything comes down to one question, however: what of the novel's treatment of depression as such? Does it ring true? Such a question can best be answered by depressives, and since I am one, here is mine. Yes, the in/famous ten criteria are subtly run through in the flashbacks, and Clemance-Marie meets enough of them to qualify. As with love, "there ain't no cure" for depression, again quite correctly, and the best she can do is learn better how to cope. The dark horse, a fine and fit image, certainly, continues to run beside her.

Still, and yet. At the core of the depressive experience, as every depressive knows, is a stone, black and heavy, to be sure, rough, yes, containing no diamond. This stone of the depressive experience is found also in the medical-scientific analysis of the disease, its causes, its progress, and its treatment, and mirrored in the psycho-biology of the malfunctioning brain of the depressive. A rather nice fit between theory and practice, I think. The closest anyone has come to writing it into being is Martha Manning, and I am still waiting for a full fictional or nonfictional treatment of it

For that stone is missing from this work, too. Indeed, the narrator, though she manifestly lives with the stone in the book, seems, like the author, to be utterly unaware of it. In its treatment of the illness, then, *Jackfish* is a paint-by-numbers kind of book, a formula fiction of depression.



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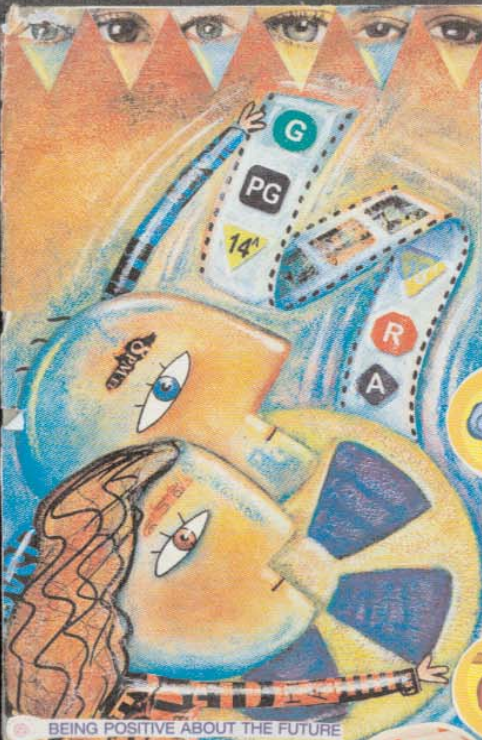
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BEING POSITIVE ABOUT THE FUTURE

GET OFF

ONE WOMAN'S EXPERIENCE

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I RECEIVED SOMETHING THAT I CARRY WITH ME TO THIS DAY.

Problems?

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THE APPEAL *Actually, pretty good at reducing stress, too.

...and other options for managing I have a lot of good reasons Cranking Up the Tunes



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