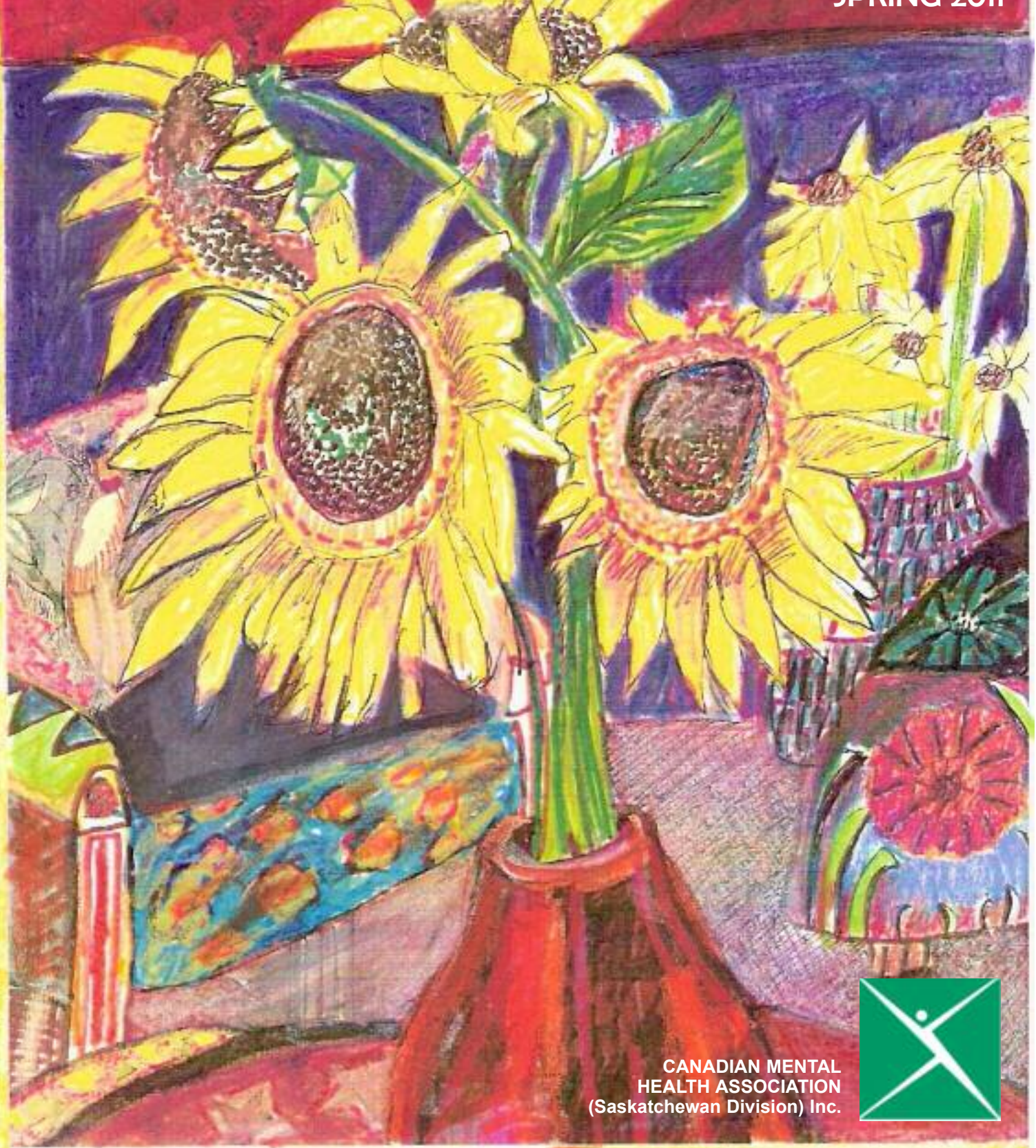


TRANSITION

SPRING 2011



CANADIAN MENTAL
HEALTH ASSOCIATION
(Saskatchewan Division) Inc.



TRANSITION

PUBLISHER:

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(Saskatchewan Division) Inc.

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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.

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CONTINUOUS SUBMISSION GUIDELINES FOR TRANSITION

In addition to our usual continuous submissions, Transition is calling for submissions for a SPECIAL ISSUE ON HUMOUR FOR FALL 2011:

- Gut-wrenching, thigh-slapping, roll-in-the-aisles, laugh-till-you-cry, cry-till-you laugh, light, dark, or any other kind of humour is requested, all of it answering the question – WHAT'S SO FUNNY ABOUT CRAZY?
- THE USUAL GUIDELINES APPLY – PLUS ONE ADDITIONAL RULE:
- Include the word HUMOUR in the subject line of your electronic submission.

1. TRANSITION is published twice a year by The Canadian Mental Health Association (Saskatchewan Division) Inc. Subscription by joining CMHA (SK) is \$15 / year.

2. Send original, unpublished articles, fiction, non-fiction, poetry, and visual art that represent current mental health issues and reflect on their impact on individuals.

3. Maximum manuscript lengths: articles – 15 pages; all other prose – 10 pages; poetry – 10 poems or 10 pages, whichever is less; visual art – 10 pieces.

4. Reprints and simultaneous submissions (to several magazines) are not considered.

5. Turnaround time is normally one issue or 6 months: do not send a second submission before the first has been reviewed.

6. Payment is \$25.00 per printed page (\$12.50/half page); \$20.00 per published visual art work; and \$100.00 for cover art.

7. Electronic submissions are preferred (with full contact information and a brief bio). Submit manuscripts in Word or WordPerfect format (12-point Times New Roman, double-spaced, 2.5 cm margins) as e-mail attachment to: contactus@cmhask.com or directly to the Editor at tdyck@sasktel.net.

8. Or send hardcopy manuscripts (typed, one-sided, 12-point, double-spaced, 2.5 cm margins), together with full contact information, a brief bio, and self-addressed, stamped return envelope with sufficient postage, to:

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



The winner of CMHA SK Division's Cash Calendar \$20,000 Sweetheart Draw, Dean Nagel (left) accepts his cheque from Executive Director, David Nelson.

2
EDITORIAL: Ted Dyck
This n' that

3
DIRECTOR'S REPORT:
David Nelson
There is no health without
mental health

Table of Contents

LIVING THE LIFE

4
TED DYCK
REPORT ON THE SIXTH WORLD
CONFERENCE: Promotion of mental
health and the prevention of mental
and behavioural disorders.

6
WORLD HEALTH ORGANIZATION
Mental health and development:
Targeting people with mental
health conditions as a
vulnerable group

WRITING THE LIFE Non-Fiction

14
NORVALD FLAATEN
Stigma

14
CLAIR HOCKLEY
A man of flowers

16
SHELLEY ANN LEEDAHL
Almost eve

18
SHELLEY ANN LEEDAHL
Blue Hawaii

22
PATRICIA RAYCRAFT
A few thoughts on strength

23
JAYNE WHYTE
My beginnings in
CMHA Kindersley

WRITING THE LIFE Poetry

25
ANGELA GALIPEAU
You rescued me

25
WILLIAM GIBBS
The dove and the shadow

26
gillian harding-russell
Understanding Mark_Cain

27 / 28
FIONCARA MACEOIN
Five poems:
Certified
Dear Emily
E.C.T.
H.I.C.U.
I'm pretending I know how
to talk to birds again

29
ELIZABETH MAURICE
If I my Quietus make

29
BARBARA PARKER
The things we don't forget

30
ROLLI
Dear mother
Don't think
Only bones

31
DORON SADOWSKY
A collection of poems

WRITING THE LIFE Fiction

32
JORDON ABEL
The interview

35
LINDA BIASOTTO
The madwoman upstairs

39
ANNETTE BOWER
Project love

43
JOY MARION
Crippled

REVIEWS

45
TED DYCK
Normal is really just
a setting on your hair dryer



46
NOTES ON
CONTRIBUTORS



This 'n that

BY TED DYCK

It's weird to be thinking about the *spring* issue's reception while still putting the copy for that issue to bed in the dead of *winter*.

A situation that calls for the grammarian's *future perfect tense*: *By late spring my readers will have judged my winter editing.*

A reflex that for the French psychiatrist Jacques Lacan marked the *neurotic temperament par excellence*: Before a task is even finished, the neurotic is already concerned about the after-effects of that task's completion.

The very definition of *editor*, it seems to me.

In other words, I wonder whether our readers will be as delighted as I am by the local news that two of the three writing groups started during the *Writing For Your Life Project* (fall 2009) are alive and well and writing. This will strengthen, I would think, our SAB reapplication for funds to carry the project further.

I wonder what readers will think of my *SIXTH WORLD CONFERENCE ON MENTAL HEALTH* Report that follows

– a not-altogether-positive take on the inter/national scene.

I wonder how readers will respond to the global vision of mental health initiatives proposed by WHO and excerpted below in the article "Mental Health and Development." The "Ten principles for the integration of mental health care into primary care" (p. 9 below), e.g., bear directly on our Executive Director's call to action in his report in this issue (p. 3).



TED DYCK

From the local to the national to the global: Do let your comments fill up "Our reader's say" column for the next issue.

Speaking of which – all you writers, all you dark humorists, all you closet pessimists, satirists, cynics, optimists, comics – send us your **WHAT'S SO FUNNY ABOUT CRAZY, EH!** pieces for **FALL'S SPECIAL ISSUE on HUMOUR**. Copy deadline July 31 2011.



ART BY ELIZABETH GLIXMAN

EXECUTIVE DIRECTOR'S REPORT

There is no health without mental health

DAVID NELSON, RPN, RSW
EXECUTIVE DIRECTOR



DAVE NELSON

I am writing regarding a tremendous opportunity to move the mental health system forward in our country and in our province.

As I receive many calls from persons with lived experience in mental health and mental illness issues, I am aware of the similarity of the basic issues raised. These can include:

1. I have been referred and re-referred to several different resources. None of them seem connected to the other, and they all want to start over again with my "story."
2. Why are there not more resources available for me or my loved one? I cannot seem to have timely, or often any, access to meet my needs.
3. Why do I have to drive hours to get overstretched services in a larger center?

Perhaps the following quotes provide some explanation for these serious questions many people have:

The mental health and addiction system is not a system at all; rather, it is a series of silos, largely unconnected in any meaningful way. Senator Michael Kirby (2010)

Or, closer to home,

The national average spent on publicly funded mental health services was 6.1% of the provincial health budget and Saskatchewan spend approximately 5% of the provincial health budget on mental health.

Institute of Health Economics Study (2008)

What could be behind these long-standing issues, which have caused untold suffering for those with mental health issues and their loved ones?

A large part of this question gets back to the tremendous opportunity I spoke of earlier, that being the renegotiating of the Federal/Provincial Health Accord across the Canada Health Act, otherwise known as Medicare.

Right in the preamble to the Canada Health Act, the primary purpose of Canadian Health Care Policy is noted as follows:

"It is hereby declared that the primary objective of Canadian Health Care policy is to protect, promote and restore the physical and *mental well being* of residents in Canada and to facilitate *reasonable access* to health services without financial or *other barriers*." (Italics ours)

So how does this lofty goal square with the totally under-

funded and under-resourced mental health system we see?

Perhaps this explains things a bit:

The Canada Health Act is explicit that the only services that the provinces must pay for and provide in accordance with the principles of the Act are those services that are provided in hospitals or by a doctor.

If there was ever a system of care that needs to be truly "in the community," and only a small portion of the time in hospitals or requiring a doctor, it is the mental health system.

Counseling, rehabilitation, psychiatric home care and many other community-based, vitally important services, which are required to keep people out of hospital, are not covered and cost-shared by the Federal/Provincial Accord and are, therefore, at a tremendous disadvantage when it comes to funding them. This is in addition to the problem of stigma and the systemic discrimination that it breeds.

This has to change, and the upcoming 2014 renewal of the Canada Health Act Accord must be amended to require the provinces to provide equal access to a much broader range of services people need, not just the services people need that are provided by doctors and in hospitals.

Do we no longer need doctors and hospitals in mental health and generally? Absolutely not. However, the much-needed and never adequately funded services, including proactive and preventative services such as public education, early intervention and counseling, will eventually ensure the never-ending growth of demand for hospital-based services will ease.

So what is the opportunity? We have just finished a federal election in which health care was an important, if ill defined issue. We are also coming up on a provincial election this fall.

Now is the time to become familiar with the critical issue of the Health Care Act funding for community-based mental health care, and to impress upon candidates that, once again, (and this is particularly cogent in the home of Tommy Douglas and Medicare), the province of Saskatchewan takes the lead on (and not merely follows) the much needed enhancement to the Canada Health Act.

How can you do this in a practical sense?

1. Take out a membership in CMHA and join us in our advocacy efforts for change.
2. Write a letter to the Premier reminding him of promises made regarding a plan for mental health and that it has not yet happened.
3. Encourage the Premier to fund the proposal in the document "Charting a New Course for Mental Health's Most Vulnerable" found at www.cmhask.com.
4. Write to your local MLAs and MPs, making them aware of the need for community services to be included in a new Federal/Provincial Accord re Medicare.

All those families and their loved ones, and, by the way, that could be any of us but for the "grace of God," will thank you for doing so. I urge you to do so.



TRANSITION at DC conference

BY TED DYCK

1. Poster Presentations:

I'll start with them, since that was what drew me here in the first place. The posters were well down the list of things to see and do at the conference. There were two sets, one on Wednesday, another on Thursday, and I was part of Wednesday's show. The place the poster presentations, over thirty each day, were displayed was off the main route of the conference, that leading through the Hotel's foyer to the Blue Room where all the plenary sessions were held [mostly in the mornings] and where organizations such as MHCC had their posters. Instead, our place was part of the room where free box lunches were served. This meant that the traffic was slow at morning coffee-break, good at lunch-time, and fair at afternoon coffee-break. We were asked to be present at our displays at the two coffee breaks, but most of us were there also at noon.

The CMHA(SK) poster worked beautifully (thank you, Lynn, see photo): all copies of TRANSITION were taken by visitors, the stress cards were snapped up (I distributed the excess later in the foyer to the Blue Room). I made several contacts for TRANSITION (i.e., traded business cards). Many of the poster-presentations promoted small NGOs, which sort of surprised me – my neighbor, e.g., was a Toronto organization recently much in the news, "Voices from the Street." There was a rather placid poster about mental health among the Inuit, but I never saw (therefore never met) the person(s) associated with it. A Ghanaian writer took \$10 off me for a book I said we might review, and promised to send us some of his work.

2. Plenary Sessions:

Notably present at the plenaries on Day One were MHCC representatives (Senator Michael Kirby and CEO Louise Bradley), WHO directors (especially one Dr. Saxena of Geneva), USA government reps, and Mason Durie (NZ). Kirby and Bradley pitched their organization by repeating the stuff that's on their website. Dr. Saxena was totally informed about the global situation and pitched countries to take on larger leadership roles. Mason Durie was excellent – as a Maori, he spoke from the heart about the consequences of attempted genocide; as a practicing psychiatrist among his people, he spoke from a solid base of experience and knowledge. The slide presentation used in his address is available on the conference web-site.

But the best presentation was by the former prime minister of Norway (Mr. Kjell Bondevik) – who simply told his story of experiencing major depression during the third year of his first term. His was the archetypal story of the fall (into depression) and the rise (into managed recovery) of an apparently successful person whom the disease had "outed" at last. Bondevik was effectively the only "consumer" on the main stage during the three days.

Sixth World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders.

November 17 - 18, 2010
Washington, DC
Omne Shoreham Hotel

And this leads to a major criticism I heard amongst the lower ranks of participants and made myself as well. Persons with direct experience of mental illness, the primary "experts" about it, were glaringly, resoundingly missing in action. "Déjà vu all over again" (Yogi Berra). On the other hand, bureaucrats and professionals were rampant everywhere. Now I recognize the need for bureaucrats and professionals to have world conferences in exotic locations (the next one is planned for Perth). But where are the primary "experts" in mental health and illness who have the same "need"? If you were putting on a conference about space travel, wouldn't you ask as many astronauts as possible to participate? What would a conference on writing be without both writers and readers?

I discounted Tanya [sister of Nicole] Brown's somewhat self-serving story in the plenary on Day Two of how she overcame depression and became a guiding light for others "not so fortunate," but listened carefully to the plenary on Aboriginal and Indigenous mental health on Day Three. Here Drs. Rose Weahkee (Navajo, USA) and Michael DeGagne (Métis, Canada) spoke powerfully about the work their organizations (Indian Health Service, Aboriginal Healing Foundation, respectively) were doing. But how I wished for the "expert" testimony of a Thomas King or a Maria Campbell (for First Nations don't normally recognize US/Canada boundaries).

3. Breakout Sessions:

Each of the five conference strategies (policy, research, partnerships, implementation, workforce) was further broken down into four themes: promotion of mental health; social and economic connections; human rights and diversity; preventing mental disorders.

This meant that at any time the conference attendee had a choice of at least 20 sessions. As it happened, I missed one I really wanted to go to, "Healing stories – talking it up," but did get to another on "An Indigenous approach to arts therapy: Storytelling as a response to inter-generational trauma." Not much here that I didn't already know from Canadian news about the residential schools resolution and my work with TRANSITION. This session also included a report on research into the effectiveness of "non-specific counseling models"

Every presenter in any future mental health conference anywhere should be required to co-present with a person who has had direct experience with the mental illness . . .

(love that jargon!) in post-war Indonesia: short-trained indigenes set up 8-weekly “talking” groups with locals to discuss and share experiences dealing with the post-war situation; the sample population were tested before and after, using well-known scales for measuring mental health; only zero or small-positive effects were found. Naturally I was thinking of similarities with our own writing therapy project.

The last breakout session I attended was called “Laughing Qigong” (Taiwan). Here I learned to relieve stress by a combination of stretching, deep breathing, and of course laughing exercises. Very good. Just what I needed. The tricky part was that I didn’t really feel like laughing, and when the instructor kept pressing us (“How you feel, better yet? You laugh more! Laugh more!!”), I began to get stressed out. Luckily, I had my handy CMHA(SK) stress-tester nearby and it showed only “red” – which meant I was still one step from disaster (“black”), and so was able to finish the session.

4. Social events:

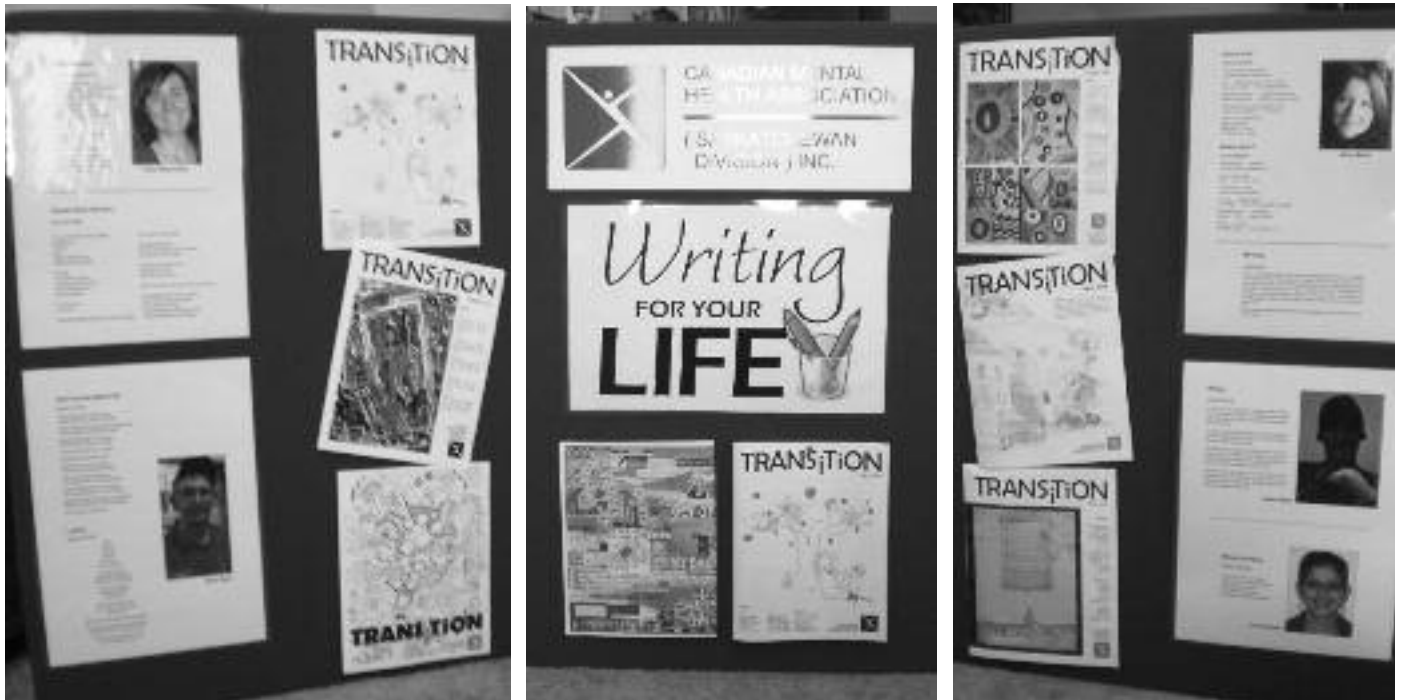
The city itself was obviously the only real social event, and my significant experience here was jogging along the Potomac in a sunny, plus-15 degree, DC November. A beautiful, old part of the city, redolent with the history of slavery and emancipation, offering astonishing views of the White House, the Lincoln Memorial, the Citadel. An obligatory social and reception at our rather ostentatious Hotel was hosted by the Conference sponsors. The finger-food was excellent (though I had hoped for a more local cuisine), the drinks were expensive, and many of the

shakers and movers were not there. My Toronto cohort said he had heard a rumor that there was “something happening” at the Canadian Embassy, and asked if I had received my invitation. Of course I kept the truth from him as delicately as possible.

Conclusions:

- 1) The conference was well-organized and no doubt achieved its goals.
- 2) I learned something about the global reach of mental illness and global attempts to promote mental health. See the WHO 2010 Report, excerpted below.
- 3) I was proud to represent CMHA(SK) in its support of writing therapy (part of which I realized is in TRANSITION itself).
- 4) But I was stunned that our national organization was nowhere to be seen. CMHA (CANADA) seems to have yielded the floor to an upstart MHCC without a fight. Yet CMHA, nationally, provincially, locally, has the record, the history, the infrastructure, and the down-in-the-trenches experience that far surpass anything money can buy. (E.D. David Nelson has by now informed me of the reason for this absence – simply put, the difference between thousands and millions.)
- 5) Every presenter in any future mental health conference anywhere should be required to co-present with a person who has had direct experience with the mental illness discussed in the presentation.

Notes: A record of all visuals used by presenters during the conference is available on the conference website at <<http://wmhconf2010.hhd.org>>.



The display manned by TRANSITION editor Ted Dyck at the Sixth World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders held last November in Washington, DC



Mental health and development:

Targeting people with mental health conditions as a vulnerable group

(<http://www.who.int/mental_health/policy/mhtargeting/en/index.html>. Accessed 2 November 2010)

BY W.H.O.

Editor's Note:

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Executive summary

This report presents compelling evidence that people with mental health conditions meet major criteria for vulnerability. The report also describes how vulnerability can lead to poor mental health, and how mental health conditions are widespread yet largely unaddressed among groups identified as vulnerable. It argues that mental health should be included in sectoral and broader development strategies and plans, and that development stakeholders have important roles to play in ensuring that people with mental health conditions are recognized as a vulnerable group and are not excluded from development opportunities. The recommended actions in this report provide a starting point to achieve these aims.

PRISONS: Unsuitable holding grounds for people with mental health conditions

Security staff typically view mentally ill prisoners as difficult and disruptive, and place them in barren high-security solitary confinement units. The lack of human interaction and the limited mental stimulus of twenty-four-hour-a-day life in small, sometimes windowless segregation cells, coupled with the absence of adequate mental health services, dramatically aggravate the suffering of the mentally ill. Some deteriorate so severely that they must be removed to hospitals for acute psychiatric care. But after being stabilized, they are then returned to the same segregation conditions where the cycle of decomposition begins again. The penal network is thus not only serving as a warehouse for the mentally ill, but, by relying on extremely restrictive housing for mentally ill prisoners, it is acting as an incubator for worse illness and psychiatric breakdowns.

—Excerpted from a Human Rights Watch Document on prisoners and offenders with mental health conditions in the United States of America

Key messages of this report

- People with mental health conditions meet criteria for vulnerability.
- Because they are vulnerable, people with mental health conditions merit targeting by development strategies and plans.
- Different development stakeholders have important roles to play in designing and implementing policies and programmes for reaching people with mental health conditions, and in mainstreaming mental health interventions into sectoral and broader national development strategies and plans.
- Development programmes and their associated policies should protect the human rights of people with mental health conditions and build their capacity to participate in public affairs.
- The recommended actions in this report provide a starting point to achieve these aims.

HIV/ AIDS and mental health conditions

Between 11% and 63% of HIV-positive people in low- and middle-income countries have depression. Due to the unpredictable nature of AIDS progression, people with the condition also are prone to anxiety, stress, and panic disorder. Stress has been shown in several studies to impair immune function and depression is linked to poor adherence to antiretroviral therapy. In the United Republic of Tanzania, one study showed that 57% of HIV-positive women experienced depression at least once during the study period of 6 to 8 years, and that depression was associated with a greater likelihood of disease progression and death.

Introduction

Despite their vulnerability, people with mental health conditions – including schizophrenia, bipolar disorder, depression, epilepsy, alcohol and drug use disorders, child and adolescent mental health problems, and intellectual impairments – have been largely overlooked as a target of development work. This is despite the high prevalence of mental health conditions, their economic impact on families and communities, and the associated stigmatization, discrimination and exclusion. The need for development efforts to target people with mental health conditions is further reinforced by the United Nations Convention on the Rights of Persons with Disabilities, which requires the mainstreaming of disability issues into strategies for sustainable development.

This approach . . . places a duty on countries to ensure that the rights of people with mental health conditions are protected . . .

Two development paradigms, the need to improve aid effectiveness and the use of a human rights approach, should be taken into consideration when reviewing actions that can be taken to ensure people with mental health conditions are included in development programmes.

The emphasis on improving aid effectiveness is changing the way development stakeholders are working: towards a greater focus on country-owned sectoral and broader national development planning, and increased harmonization and alignment among stakeholders on issues such as funding mechanisms. The increased emphasis on country-owned planning has highlighted the need for effective partnerships, for inclusive decision-making processes, and for a strong civil society to voice its issues and concerns. Never before has civil society

Mental health interventions are cost effective

The treatment of mental health conditions is as cost effective as antiretroviral treatment for HIV/AIDS, secondary prevention of hypertension, and glycaemia control for diabetes. Scaling up a full package of primary care interventions for schizophrenia, bipolar disorder, depression, and hazardous alcohol use over a 10-year period would require a total additional investment of only US\$ 0.20 per capita per year in low-income countries, and US\$ 0.30 per capita per year in lower middle-income countries, that is, a total financial outlay of up to \$2 per person and \$3–4 respectively.

Muthu's story

Muthu, 14 years of age, was born with multiple physical and intellectual impairments. He has difficulties walking and speaking, and as a result, he and his parents experience pervasive stigma in the remote village in India where they live. Muthu's mother, a teacher, was determined that he would receive an education despite these challenges. Muthu started his education at a special school for children with disabilities. Later, he joined an education centre with other children from the community.

Today, Muthu can walk and speak. He understands multiplication tables and can add and subtract numbers. Importantly, he also has learnt interpersonal skills that enable him to interact productively with his family and community.

Muthu is not the only one who learnt from this experience: other teachers and community members now understand that all children have a right to education. Due to the success of his inclusive education, Muthu's parents are now confident that their child can face the world and become a productive member of society.

had such an opportunity to directly influence national planning processes; full advantage must be taken of this development.

The human rights-based approach to development recognizes the protection and promotion of human rights as an explicit development objective. This approach, coupled with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), places a duty on countries to ensure that the rights of people with mental health conditions are protected, and that development efforts are inclusive of and accessible to people with disabilities.

People with mental health conditions comprise a vulnerable group

People with mental health conditions meet the major criteria for vulnerability as identified by an analysis of major development stakeholders' projects and publications. They are subjected to stigma and discrimination on a daily basis, and they experience extremely high rates of physical and sexual victimiza-

Poverty and mental health conditions interact in a negative cycle:

- People living in poverty not only lack financial resources to maintain basic living standards, but also have fewer educational and employment opportunities. They also are exposed to adverse living environments such as slum areas or dwellings without sanitation or water, and are less able to access good-quality health care. These stressful conditions place people at higher risk of developing a mental health condition.
- People with mental health conditions sometimes are unable to work because of their symptoms. Due to discrimination, others are denied work opportunities or lose employment, driving them deeper into poverty. Many have no means to pay for needed treatment; in other instances, money is spent on costly mental health care.

tion. Frequently, people with mental health conditions encounter restrictions in the exercise of their political and civil rights, and in their ability to participate in public affairs. They also are restricted in their ability to access essential health and social care, including emergency relief services. Most people with mental health conditions face disproportionate barriers in attending school and finding employment. As a result of all these factors, people with mental health conditions are much more likely to experience disability and die prematurely, compared with the general population.

Other vulnerable groups have high rates of mental health conditions

Looking at the situation from a different perspective, vulnerability can lead to poor mental health. stigma and marginaliza-



tion generate poor self-esteem, low self confidence, reduced motivation, and less hope for the future. In addition, stigma and marginalization result in isolation, which is an important risk factor for future mental health conditions. Exposure to

Country experiences: Providing integrated mental and physical treatment and care through primary care

- In Cape Town, South Africa, the Perinatal Mental Health Project prevents and treats psychological distress around pregnancy by partnering with public service obstetric care to provide integrated and holistic mental health support. Since 2002, more than 6000 pregnant women have been screened, and approximately one thousand have received on-site counselling and/or psychiatric care. The service presents no additional costs to the women themselves.

- In the Sembabule District of Uganda, people with mental health conditions receive their general health care together with their mental health care. This means that neither mental nor physical health is neglected, and people are treated holistically. Primary health care workers identify mental health problems, treat people with uncomplicated common mental health conditions or stable chronic mental health conditions, manage emergencies, and refer those who require changes in medication or hospitalization. Specialist outreach services from hospital level to primary health-level facilitate ongoing mentoring and training of primary health workers. In addition, village health teams, comprised of volunteers, have been formed to help identify, refer and follow-up on people with mental health conditions. Mental health treatment in primary health care, compared with the previous institutional care model, has improved access, produced better outcomes, and minimized disruption to people's lives.

- The Islamic Republic of Iran has pursued full integration of mental health into primary care since the late 1980s. At village level, community health workers have clearly-defined mental health responsibilities, including active case finding and referral. General practitioners provide mental health care as part of their general health responsibilities and patients therefore receive integrated and holistic services at primary health care centres. If problems are complex, general practitioners refer patients to district or provincial health centres, which are supported by mental health specialists. An important feature of the Iranian mental health reform has been its national scale, especially in rural areas: in 2006, 82% of the rural population had access to primary mental health care.

violence and abuse can cause serious mental health problems, including depression, anxiety, psychosomatic complaints, and substance use disorders. Similarly, mental health is impacted detrimentally when civil, cultural, economic, political and social rights are infringed, or when people are excluded from income-generating opportunities or education. Addressing mental health problems in vulnerable groups more generally can facilitate development outcomes, including improved participation in economic, social, and civic activities.

Improving development outcomes: principles and actions

A number of principles and actions developed from best practices and consistent with the CRPD, if integrated into national development and sectoral strategies and plans, could substantially improve the lives of people with mental health conditions and thus improve development outcomes for these individuals, their families, and their communities.

As a starting point, people with mental health conditions must be recognized by development stakeholders as a vulnerable group and consulted in all issues affecting them. Targeted policies, strategies, and interventions for reaching people with mental health conditions should be developed, and mental health interventions should be mainstreamed into broader poverty reduction and development work. To make implementation a reality, adequate funds must be dedicated to mental health interventions and mainstreaming efforts, and recipients of development aid should be encouraged to address the needs of people with mental health conditions as part of their development work. At country level, people with mental health conditions should be sought and supported to participate in development opportunities in their communities.

Belize—integrating mental health into the national health agenda

Belize's national health agenda (2007–2011) gives visibility to mental health issues and requires the government to achieve a number of key expected results in mental health policy and service development. It aims to prevent and reduce the incidence of mental health conditions, and to provide good quality care to those in need. Services consist of primary-care based outpatient services that are complemented by inpatient/specialist care and community outreach. Specific areas for action include: development of a mental health human resource plan; training of general health workers in the management of mental health conditions; development of community-based support services, including housing; and support to the development of consumer organizations nationwide. Clear targets for each of these areas will hold the government accountable for achieving tangible results.

. . . adequate funds must be dedicated to mental health interventions and mainstreaming efforts.

A number of different actions can be taken at country level to improve the development outcomes of people with mental health conditions. Mental health services are cost effective and affordable, and should be provided in primary care settings and mainstreamed within general health services. At a broader level, mental health issues should be integrated in countries' health policies, implementation plans, and human resource development, as well as recognized as an important issue to consider in global and multisectoral efforts such as the International Health Partnership, the Global Health Workforce Alliance, and the Health Metrics Network. Other actions that can be taken at country level include the (re)construction of community-based mental health services (during and after emergencies), which can serve populations long beyond the immediate aftermath of an emergency situation. Strong links should be developed between mental health services, housing, and other social services, because mental health conditions often co-exist with a number of other problems such as homelessness. Access to educational opportunities also is essential to improving the lives of people with mental health conditions. Development stakeholders have key roles in encouraging countries to enable access to educational opportunities, as well as supporting early childhood programmes that have been

Raj's story

With schizophrenia, Raj found it difficult to find and maintain employment because of recurrent bouts of illness. All that changed when he became part of a project for helping to reintegrate people back into the community.

Through negotiation with the manager of the local garment factory, Raj was able to find gainful employment. In addition, he was supported by home visits that provided self-management support and counselling. At times of crisis, his social worker liaised with his employer and provided additional support. As a result of this ongoing support, Raj eventually was able to buy a small house and plot of land. His wife and daughter – as well as Raj – were thrilled to move out of the dilapidated house that they formerly inhabited.

Today, Raj helps financially support his family and produces crops on his plot of land to supplement his family's food supplies. The entire family has benefited from Raj's improved situation.

Ten principles for the successful integration of mental health into primary care

1. Policy and plans need to incorporate primary care for mental health. Both mental health and general health policies and plans should emphasize mental health services at primary care level.
2. Advocacy is required to shift attitudes and behaviour. Time and effort are required to sensitize national and local political leadership, health authorities, management, and primary care workers about the importance of mental health integration.
3. Adequate training of primary care workers is required. Pre-service and/or in-service training of primary care workers on mental health issues is essential, and health workers also must practise skills and receive specialist supervision over time.
4. Primary care tasks must be limited and doable. Decisions about specific tasks must be taken after careful consideration of local circumstances.
5. Specialist mental health professionals and facilities must be available to support primary care. The integration of mental health services into primary care must be accompanied by complementary services, particularly secondary care components to which primary care workers can turn for referrals, support, and supervision.
6. Patients must have access to essential psychotropic medications in primary care. Countries should review and update

legislation and regulations to allow primary care workers to prescribe and dispense psychotropic medications, particularly where mental health specialists and physicians are scarce, and they should distribute psychotropic medicines directly to primary care facilities, rather than through psychiatric hospitals.

7. Integration is a process, not an event. Integration takes time and typically involves a series of developments spanning several years.

8. A mental health service coordinator is crucial. Mental health coordinators are crucial in steering programmes around challenges and driving forward the integration process.

9. Collaboration with other government non-health sectors, nongovernmental organizations, village and community health workers, and volunteers is required. Individuals and agencies outside the public health sector can provide complementary support and help people with mental health conditions access needed resources and integrate fully into the community.

10. Financial and human resources are needed. Although primary care for mental health is cost effective, financial resources are required to employ and train primary health workers, and to purchase psychotropic medications.



proven effective for vulnerable groups. Because mental health conditions are associated with high rates of unemployment, people with these conditions should be included in income generating programmes. Grants and support for small business operations have demonstrated benefits, not only for people with mental health conditions, but also for their families and communities. It is also essential for development stakeholders to focus on improving human rights protection for people with mental health conditions, thereby creating enabling environments. Finally, building the capacity of people with mental health conditions will enable them to participate fully in public affairs.

All development stakeholders have important roles to play

Development stakeholders have important roles to play in facilitating the implementation of the principles and actions recommended in this report. Contributions by development stakeholders occur at the different levels of policy, planning, implementation, and funding of services at country level, as well as in advocacy of mental health priorities nationally and globally. One role common to all development stakeholders is promoting the implementation of the CRPD.

Civil society can play an important role in supporting people with mental health conditions to access needed resources and to integrate fully into the community, through direct service provision and advocacy. Services provided by civil society can include health care, social services, education programmes, and livelihood (income generation) projects. In addition, civil society can advocate to government and funders for the need to recognize and support people with mental health conditions.

Among all development stakeholders, governments have the most important role to play in creating enabling environments, reducing stigma and discrimination, promoting human rights, and improving the quality and quantity of services (edu-

Post-sunami Sri Lanka

In the aftermath of the tsunami disaster of 2004, the active nurturing of numerous opportunities resulted in significant improvements in the Sri Lankan mental health system. During the months after the tsunami struck, Sri Lanka was overrun by aid agencies, each of which was offering short-term mental health and social support. With ongoing strong support from the World Health Organization, steps were taken to maintain this interest in mental health and use it to initiate a national-level policy development process. Ten months after the disaster, the Government of Sri Lanka approved a new, consensus-based national mental health policy. The new policy has guided efforts to strengthen the governance, management, and administration of mental health services, and to reconfigure the organization of mental health services so that multidisciplinary care is available locally in all districts.

cation, health, social services and poverty alleviation). In addition, they have a duty to implement commitments such as the Accra Agenda for Action, the CRPD, and other human rights conventions. In order to improve development outcomes, different parts of government need, not only to integrate mental health in their own sector, but also to work collaboratively with other parts of government and civil society. Like civil society, government can provide support to create and strengthen mental health service user groups, and offer opportunities for these groups to express their views and participate in decision-making. Academic and research institutions can help improve development outcomes by generating and synthesizing policy-relevant research findings, as well as by building capacity to conduct and interpret research at local levels. Research, when properly formulated and implemented, can inform the planning and implementation of development programmes, and the allocation of scarce human and financial resources. In addition to building and managing knowledge, academic and research institutions have a key role to play in building the capacity of policy-

Horticulture projects in Ghana and Sri Lanka offer hope to those suffering from severe mental illnesses

Ahmed from Ghana has experienced a remarkable recovery from a severe mental health condition several years ago. Thousands of miles away, Dayanada in Sri Lanka, who has schizophrenia, also feels he is well on the road to recovery. Both Ahmed and Dayanada work in their respective countries at horticultural farms run by BasicNeeds, which is a nongovernmental organization working in the field of mental health and development

BasicNeeds' four horticulture projects in Ghana and Sri Lanka offer work opportunities to people who are not suited for community-based vocational interventions. Many workers have been institutionalized in psychiatric hospitals, often for many years, or are destitute and without family support.

(http://www.who.int/mental_health/policy/mhtargeting/en/index.html). Accessed 2 November) Two farms are located within the premises of psychiatric hospitals. A third is located on land that was donated by a traditional chief in the area, and the fourth is managed by a BasicNeeds partner who specializes in forming organic farmers' cooperatives.

On any day, work at these farms could include clearing land, raising beds, planting, preparing seed beds, watering, harvesting, or landscaping. Farm products include ornamental plants, mushrooms, and vegetables such as cabbage, peppers, onions, carrots, sweet peppers, and cucumber. The marketing and sales of these products are part of the project's overall functions. A portion of profits is shared among the members, and the rest is reinvested into the farm, covering expenses such as new equipment and repairs.

makers, planners, and service providers from different sectors.

Bilateral agencies and international funding organizations, as key development partners of governments and civil society, can advocate for a range of mental health issues: recognition of people with mental health conditions as a vulnerable group; inclusion of mental health issues into development instruments; integration of mental health interventions into primary care; mainstreaming of mental health issues into other sectors such as education and social services; identification of people with mental health conditions as important recipients of poverty alleviation interventions; and legal and regulatory reform to protect the human rights of people with mental health conditions. They also can improve development outcomes by increasing outreach to and consultation with people with mental health conditions, supporting the establishment and development of service user groups, and funding these groups to participate in public affairs and advocacy work. In addition they have a very important role to play in ensuring that financial resources in the area of mental health are provided where this has been identified as a gap.

As a result of their diversity, UN and other multilateral organizations can play many different roles in improving development outcome. At the global level, they have an impor-

tant advocacy function to place mental health higher on the agenda and ensure that adequate funding is allocated. At the country level, they can encourage member states to ratify the CRPD, and support them in its implementation. UN reform at global and national levels requires the integration of work plans and budgets among agencies (e.g. UN Development Assistance Framework), which can facilitate the prioritization of this vulnerable group. Multilaterals are also well placed to advocate for mental health to be included into national and sectoral policies and plans, and identify where and how coordination among sectors can be improved through the roles they play with regards to national planning. These include reinforcing government capacity to prepare, develop and review national development strategies, plans, budgets and aid negotiations, and participating in the coordination of sector and other broad mechanisms for country support.

Improving development outcomes for vulnerable groups is an important stated priority of development programmes. All development stakeholders have the responsibility to ensure that people with mental health conditions, as a vulnerable group, are provided with the opportunity to improve their living conditions and lead fulfilling lives within their communities.

The High/Scope Perry Pre-school Program

In the United States of America, children from impoverished backgrounds attended a half-day preschool intervention and received weekly home visits. They not only experienced short-term benefits, but also long-term benefits documented up to the age of 27 years. Evidence gathered over 22 years indicates that the High/Scope Perry Preschool Program cut crime in half, reduced high school dropout and demand for welfare assistance, increased participants' adult earnings and property wealth, and provided taxpayers with a return of US\$ 7.16 for every dollar invested in the programme.

Mental health law as a catalyst for reform in South Africa

South Africa's Mental Health Care Act,²²³ passed in 2002, illustrates how the language and content of the law can be changed to reflect international human rights and best practice standards. The law was developed through wide consultation, promotes an integrated approach to mental health, and has driven service reform at provincial and district levels. Two provinces have developed their own provincial mental health policies, using the new Act as a guide.²²⁴ It codifies a number of rights for people with mental health conditions, and promotes voluntary treatment and free and informed consent. It includes oversight mechanisms such as a Mental Health Review Board, which is aimed at protecting against human rights violations.

Chilean Parliament brings disability legislation in line with UN Convention on the Rights of Persons with Disabilities

The Chilean Parliament has approved an important law on the Social Integration of Persons with Disability in February 2010, making it one of the first countries to reform its legislation in line with its obligations under the UN Convention on the Rights of Persons with Disabilities (CRPD).

Highlights of the new legislation include:

- Equal rights for people with mental disability
- The right for people to build and be part of a family as well as to their sexuality and reproductive health

- Protection by the State against violence, abuse and discrimination
- The right to refuse treatment
- The right to live independently and in the community
- The right to access rehabilitation services based in the community
- The right to receive subsidies to buy a home
- The right to education taking into account special learning needs



Inquiries find patient care unacceptable in two hospitals in Ireland and a National Service Trust in England

• The Mental Health Commission of Ireland, an independent statutory body, was established in 2002 as a result of provisions in Ireland's Mental Health Act of 2001. In 2007, the Commission established a formal inquiry into the use of seclusion and restraints in two hospitals. The inquiry led to a report that highlighted serious concerns about the quality of mental health care in these facilities.

It drew attention to aspects of service provision that were "totally unacceptable in a modern mental health service."

On the strength of these findings, the Health Service Executive (HSE) of Ireland formulated a detailed implementation plan to address the report's recommendations. The implementation plan includes the development of new community-based facilities, to be funded from the sale of hospital lands.

• In 2005, the Health Commission and the Commission for Social Inspection (CSCI) jointly investigated the Cornwall Partnership National Health Service Trust (CPT) of England,

United Kingdom, following reports of human rights violations among people with intellectual impairments who were living in the Trust's residential facilities.

The investigating team found evidence of "staff hitting, pushing, shoving, dragging, kicking, secluding, belittling, mocking and goading people who used the Trust's services, withholding food, giving cold showers, overzealous or premature use of restraint, poor attitude towards people who used services, poor atmosphere, roughness, care not being provided, a lack of dignity and respect, and no privacy."

Their 2006 report received widespread media attention, and led to the suspension or dismissal of some staff members and the eventual closing of the hospital where many people with intellectual impairments lived. Care of residents was transferred to the Cornwall County Council's adult social care team and to charities.

As an outcome of the 2006 report, lawyers are in the process of gathering evidence from up to 400 former residents to launch a £2 million group action lawsuit.



ART BY JAMES SKELTON

Country experiences fostering consumer organizations for people with mental health conditions

In Gauteng, South Africa, the Consumer Advocacy Movement advocates for the needs and rights of mental health care users. Its executive committee consists of six mental health care users. Since its creation in 2006, it has grown rapidly into an active movement of 280 members. The committee plays a vital role in raising awareness of mental health issues, and in supporting mental health care users and their families. The movement also issues a biannual consumer advocacy journal, which is written by mental health care users.

In Zambia, the Mental Health Users Network of Zambia provides a forum through which users of mental health services can support each other and exchange ideas and information.

The organization champions the human rights of people with mental health conditions, and works with government departments, national and international nongovernmental organizations, and the media to fulfil its objectives.

Activities include: identifying needs and lobbying for rights and services for people with mental health conditions; contributing to the revision of mental health legislation; mobilizing and sensitizing communities around mental health issues; helping to mitigate the impact of HIV/AIDS on people with mental health conditions; visiting the homes of people with mental health conditions and sensitizing their family and community members; and participating on radio shows.

. . . it is crucial that people with mental health conditions are recognized and targeted for development interventions

CONCLUSION [to the whole]

Many people with mental health conditions, as well as their families and caregivers, experience the consequences of vulnerability on a daily basis. Stigma, abuse, and exclusion are all-too-common. Although their vulnerability is not inevitable, but rather brought about by their social environments, over time it leads to a range of adverse outcomes, including poverty, poor health, and premature death.

Because they are highly vulnerable and are barely noticed – except to be stigmatized and deprived of their rights – it is crucial that people with mental health conditions are recognized and targeted for development interventions. The case for their inclusion is compelling. People with mental health conditions meet vulnerability criteria: they experience severe stigma and discrimination; they are more likely to be subjected to abuse and violence than the general population; they encounter barriers to exercising their civil and political rights, and participating fully in society; they lack access to health and social services, and services during emergencies; they encounter restrictions to education; and they are excluded from income-generating and employment opportunities. As a cumulative result of these factors, people with mental health conditions are at heightened risk for premature death and disability. Mental health conditions also are highly prevalent among people living in poverty, prisoners, people living with HIV/AIDS, people

How a mental health intervention changed one youth's life

Youthlink is a nongovernmental organization in the United States of America that helps disadvantaged, homeless youth transition into the adult world. Many clients experienced the trauma of years of abuse in chaotic foster care systems before becoming homeless. Around 80% of Youthlink's clients have mental health conditions, some so severe that they have resulted in expulsions from shelter services, schools, and hospitals. Youthlink provides a broad range of support services in one central setting. It also connects clients with resources for health care, housing, job training, and employment. A YouthLink client, 21 years of age, began participating in the programme three years ago. He was referred immediately to mental health services because he had a fairly new diagnosis of schizophrenia. At that time, he was not consistently taking his medication and his level of functioning was poor. With YouthLink's continued support, this young man was able to adhere to treatment. He is now living in a youth housing facility and attending university. Without Youthlink's assistance, it is unlikely he could have managed to obtain basic requirements such as clothing, food, and shelter, much less become a successful university student with a promising future.

in emergency settings, and other vulnerable groups.

Attention from development stakeholders is needed urgently so that the downward- spiral of ever-greater vulnerability and marginalization is stopped, and instead, people with mental health conditions can contribute meaningfully to their countries' development.

As a starting point, development stakeholders can consider carefully the general principles for action outlined in this report, and decide how best to incorporate them into their specific areas of work. Targeted policies, strategies, and interventions for reaching people with mental health conditions then should be developed, and mental health interventions should be mainstreamed into broader national development and poverty reduction policies, strategies, and interventions. To make implementation a reality, adequate funds must be dedicated to mental health interventions, and recipients of development aid should be encouraged to address the needs of people with mental health conditions as part of their development work. At country level, people with mental health conditions should be sought and supported to participate in development opportunities in their communities.

Specific areas for action address the social and economic factors leading to vulnerability. Mental health services should be provided in primary care settings and integrated with general health services. To that end, mental health issues should be mainstreamed in countries' broader health policies, plans, and human resource development, as well as recognized as an important issue to consider in global and multisectoral efforts, such as the International Health Partnership,¹⁸⁴ the Global Health Workforce Alliance,¹⁸⁵ and the Health Metrics Network.¹⁸⁶ During and after emergencies, development stakeholders should promote the (re)construction of community-based mental health services, which can serve the population long beyond the immediate aftermath of the emergency. Development strategies and plans should also encourage strong links between health/mental health services, housing, and other social services. Access to education for people with mental health conditions, as well as early childhood programmes for vulnerable groups should be supported by development stakeholders in order to achieve better development outcomes. People with mental health conditions should be included in employment and income generating programmes to assist with poverty alleviation, improved autonomy and mental health. Throughout their different areas of work, development stakeholders can and should support human rights protections for people with mental health conditions and build their capacity to participate in public affairs.

This report provides a number of recommendations and specific areas for action that need to be integrated into policy, planning, and implementation by development stakeholders according to their role and strategic advantage. To achieve this aim development stakeholders need to recognize people with mental health conditions as a vulnerable group requiring support from development programmes.



Stigma

BY NORVALD FLAATEN

As I walked up the front steps of one of the largest mental institutions on the North American Continent on April 9, 1946, I was unaware of the stigma that prevailed in the field of mental health. I had only

worked a short time before the damaging effect of stigma was visibly demonstrated. The families of loved ones would bring their relatives to the door of the hospital, hand them over to a doctor and nurse, then quickly disappear, not to be seen again until Christmas or Easter. They were afraid that their character would be stained if people knew that one of their family members were mentally ill.

Much has been said about erasing stigma. We ask the question, how can we erase something invisible, something that is not seen? To answer this question I have coined the following formula:

To erase something invisible, we use some other element that is also invisible.

Sixty-five years after my first encounter with one of the most disgraceful words in the English vocabulary.

I have chosen the element of Attitude, which in many cases has proven to be most effective. A person's attitude can be changed to such a degree that they have a more careful look at the condition known as stigma. But how are we going to change a person's attitude? For this I have chosen the element of Education. The public can be educated to a higher level of understanding of the condition known as mental illness, and therefore, the stigma can be completely wiped out.

Now, 65 years after, as we look at the smoldering ruins of one of the most renowned institutions for the care and treatment of the mentally ill, and have witnessed the millions of bricks that came tumbling down, we still can detect the sting of stigma but are very grateful that it is far less potent.

As we look back over the past, my wife Helen and I find great pleasure and satisfaction in knowing that we served for over 40 years in the Department of Mental Health, and were able to give care and comfort to those in need. The experience we gained will never be forgotten.

A man of flowers

BY CLAIR HOCKLEY

[Editors Note: This piece is based on a paper submitted by the author for an EDUC5500 Course assignment in the masters program at the University of Lethbridge (Summer 2009).]

I am Clair Hockley and I am a man of flowers. No, I am not a florist. Nor am I a gardener. I, like the words in the Harry Chapin song, say "there are so many colours in a flower and I see every one" (Chapin 1978).

Some time ago, even before beginning my undergraduate degree in education, I heard the song "Flowers are Red" by Harry Chapin. I played the song a couple of times, listening carefully to the lyrics. As the message became clearer my eyes filled with tears and I felt overwhelmed with sadness and yet, at the same time, impassioned. The song reverberated more strongly within me during my undergraduate studies. And when an opportunity arose for me to speak at an awards ceremony at Red Deer College about becoming a teacher, I included Harry Chapin's words as a part of what inspired me. That song still inspires me and drives me and calls me to reflect upon my teaching; it pushes me to examine my motives and strategies; it helps me wrestle with perspective and relevance; and it begins:

The little boy went first day of school
He got some crayons and started to draw
He put colours all over the paper
For colours was what he saw
.....
I'm painting flower, he said
But his teacher said:
Flowers are red, green leaves are green
There's no need to see flowers any other way
Than the way they always have been seen.

As I reflect on the words of the song juxtaposed with the experiences I now have and the planning and preparation I do for my upcoming classes, I find I have had fascinating moments, moving moments, great laughs and some heart breaks.

The illustrations that follow lean heavily on memorable moments with some pretty awesome students. I include them to try to illustrate the flower metaphor.

The first stilted flower in the song is that little boy who had his imagination and zest for life squashed by his first teacher. My brain leaps from that to the large number of students I encounter who say they hate school or they hate English or whatever subject. What happens to those eager beavers who

We have gotten back to seeing the flowers, all the flowers and their many and varied colours.

arrive on their first day in our schools? What happens to those children over the next twelve years? Where does their enthusiasm go?

After reading that song/poem to the audience, which included my parents, at a Red Deer College awards gala, my mother asked me if I remembered my grade five teacher telling me I was doing my letter *r* wrong. My mother said I came home in tears because I had worked so hard on the assignment and it seemed that all the teacher could see was what was wrong with it. The teacher had told me that “flowers are red, green leaves are green, there’s no need to see flowers any other way, than the way they always have been seen” (Chapin).

The second broken flower from the song lies in what the first teacher did to the boy. Not only did the first teacher not nurture, encourage or empower him when she had his whole world before her, she severed his heart from his brain, relegating him to an unreachable prison and a passionless life.

I have managed, and sometimes, if honest, in spite of myself, to see some “of colours in the rainbow, the many colours in the morning sun, the many colours in the flower” (Chapin) of the students in my classes. I saw a boy smile when he and I wrote a poem together for the class when he said he couldn’t. We took what he had a passion for, skate boarding, and when helped with direction, come up with a poem that had his thoughts and words in such a way that his peers cheered. Another student came up with and played with the notion in a poem that explored writing about the narrator. It felt like we were spying on and telling tales about the narrator. We were all moved. We were all reached. We found relevance.

Akin to relevance stands listening and I see a flower dying without attention. The first teacher in the poem did not or could not listen to the boy. There are so many reasons or excuses for us as teachers to miss listening to our students. The product of this (blind inattention) march into oblivion is a wake of catastrophe.

A conversation I had with a student opened my eyes to listening. The irony in this story forces me to laugh, mostly at myself. I took over a teacher’s class for the last two months of the year when she had to take a medical leave. On my first day, having arranged the desks in a horseshoe, I took attendance and said, “If everyone can take a seat we’ll get started.” One student remained standing, behind his desk and leaning against the wall. So I said, “Would you like to take a seat?” He said,

“No.” I asked, “Any particular reason?” “Yes, they’re uncomfortable.” “They’re not that uncomfortable are they?” And then the reply that taught me to listen, “What, these haemorrhoid chairs?” I laughed and conceded and conceded his point. I reckoned one need not sit to learn English. I believe I learned far more than the students did that day. I learned that if I could listen to each of my students, I could give myself the privilege of seeing what my students see, I could see things from their perspective and honour that.

I work with a boy with Aspergers in my class, who loves to talk on his favourite topic, computer games. He said he despised school and some teachers because they didn’t listen to him; they wouldn’t [or couldn’t] listen to him, and in his eyes they disregarded him. This had propelled him in a desperate situation at his former school and subsequently at home. My co-worker and I have

found a way or a strategy to listen to him that frees us to continue to work with all our students and at the same time hear what he has to say. He now expresses what he feels is important without saying it over and over and without going around and around and around. He writes his thoughts in a notebook we call a “Thoughts Book.” We read and respond in writing in his book. We are starting to see more smiles. We have a great number of conversations. And now that we are perceived to listen, we can have verbal conversations too. We have gotten back to seeing the flowers, all the flowers and their many and varied colours.

In another recollection I find myself revisiting what I hold as one of my most teachable moments. At the beginning of the



MERLIN BY ELIZABETH GLIXMAN



school year I said to my students that I believe school is about learning not about grades. So I have an arrangement with them that whatever assignment they hand in, they can redo it until they get the mark they want. They write, I comment, they rewrite and so on until everyone is satisfied. One young man took me very seriously at this. He wanted to go into his diploma exam with a school based mark of at least 70%. I agreed and we did the work. And he worked and worked. He came to my class at 8:00 o'clock at night when I was marking late to get his last rewrite in before I had to submit marks to the school. But I digress, the teachable moment involved this boy and one girl specifically and the rest of the class coincidentally. As a discussion prompter I said, "There are a number of people in Calgary who sleep under the Edmonton Trail Bridge going into downtown." I asked, "What do you think should be done about that?" The boy said, "Let them die." A number of students' eyebrows rose. But the girl directly across from him responded with, "Why are you such a fucking asshole?" Oh my! The looks! The words between the girl and the boy escalated. They began to yell at each other. There was more profanity. He stood up; she stood up. I finally spoke up. I said I would like them to take their seats again. And I said I would like to get back to what we had just witnessed the next day. When our class reconvened on the following day, I said I appreciated how passionate my students were. I appreciated that they would speak their minds. I asked them to think about our one class rule: respect. I said the boy showed disrespect toward an unfortunate segment within our society and that his peer had called him on it. I added that in her calling her peer out for his disregard, she too had been disrespectful. I concluded with a plea that they continue to be passionate and at the same time respectful.

Almost eve

BY SHELLEY ANN LEEDAHL

Your night breath on the window leaves ghosts. The streetlight illumines a rectangle undusted with snow: where he is not parked.

Downstairs, the new dog bawls as if even he already knows.

You remember the first time. Hardly dark; fervent voices compelled you to the front yard commotion. Your son on all fours, head over an ice cream pail. Like an animal. His friends scattered when you burst between the houses, surprising yourself more than them: *What the fuck is going on here?*

The summer between grades eight and nine. The beginning, and long ago.

How well you know the window now. The waiting, the cliché. You are told this is something he will grow out of, like all those running shoes, every winter coat passed on to younger

So why do I hold this incident one of my most teachable moments? What learning really occurred? Why would I purposefully open a door that might lead into such a "risky" discussion? I saw two artists fiercely defending their views who hopefully heard that respect and tolerance make us better people and the world a better place. A classroom full of their peers learned, I hope, that we can get past some language, grow and learn and solve problems. I liked that I was able to use the word "we." We were a class. Yes, it was my class; I was hired to be the teacher. It was their class, they signed up for it, as students in pursuit of their goals. But it was our class. We painted flowers. "There are so many colours in the rainbow, so many colours in the morning sun, so many colours in the flower and" we got to see them all (Chapin).

And then I wonder how many students have lost their imaginations, their zest for learning at my hands? I hope none. The quest for excellence in reaching and teaching students stands foremost in my teacher brain. I need to see what my students see, picture what they envision, listen to their songs and stories and then encourage and, equip them. Northrop Frye penned a small book he titled *The Educated Imagination*. I hear the title of that book and weep for the little boy in the song who died at the hands of his first teacher. I believe there are so many colours in the rainbow, so many colours in the morning sun, so many colours in the flower and I [need to] see every one (Chapin).

I am a man of flowers.

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cousins. At his age you were already his mother.

And sometimes he blames you.

What you have never told him: you love him better than anyone.

His sister, in at midnight, told you she saw him. Drunk and trying to pick a fight.

You understand what is happening here, know the emotional cocktail—barbed-wire and heel-smashed glass—he can neither articulate nor subjugate are an inheritance: your grandfather, your uncle, your cousin, your sister.

Sometimes even you.

The pup wants to play at 4:13 a.m. You are awake anyway, a prayer forming itself between pillow and window glass because the next phone call will be a hospital; because he is barely alive; because he has been beaten and abandoned on a

... but you believe him when he says he is finished with that; he did not like the things they made him think about.

winter road; because he's slammed his car into unforgiving brick; because he's a good-looking white boy stabbed by Indian Posse recruits; because a witness saw him jump off the Broadway Bridge; because the doctor wants to know if you'd like to hear what's in your son's crumpled note that says not enough but is right up-to-date with a sidebar confession: he knew where the dog had left messes and he hadn't cleaned them up.

Books you could fill with the waiting you've done, and it makes no sense. Your husband sleeps, though last night it was he who got up with the dog, found your firstborn passed out in a half-crouched fetal position on the kitchen floor, reeking from his latest binge.

He sleeps in his jeans. His jacket. Sometimes he crashes into bed, sometimes it's the couch, the back step. He sleeps until 1 p.m., 4 p.m. He is too thin, his face a landscape of acne, hands and arms a battlefield of scars. Of course there have been drugs, but you believe him when he says he is finished with that; he did not like the things they made him think about.

In this house we are women who write letters when nothing else makes sense. Letters to him in Grade 11, Grade 12, 2003. Among the under-bed porn magazines and refuse, rolled pages of his sister's handwritten lines, your single-spaced type. A history of desperation: strategies employed to save he who will not be saved.

When he was 18, the two of you, jacket-wrapped around a campfire at Cypress Hills. You spoke deep into the night, surrounded by black lodgepole pines. A satellite of spent sun-



COPPER THE COONHOUND

flower seeds spelled a story around your feet. He was about to enter the Canadian government's Katimavik program for youth—a nine month commitment—and you had to know who you were saying goodbye to. You caught a glimpse, fleeting as the bull moose the two of you beheld in a clearing the next morning, transitory as the snow flouring your separate tents when you awoke.

Last October you returned after two months in Europe. That first night, he came home at 5 a.m. and you sat together, knees touching in the lamp-lit room. He told you how proud he was; wanted to hear about backpacking adventures; about your retreat in a Scottish castle; wanted to talk about the big world, his beautiful hands like birds, voice a different tenor, slower, sculpted, with a philosophical edge, and for hours you believed this was the good and thinking adult he had grown into.

You forgave the hour. The next day rose and fell. At 8 a.m. he stumbled to the couch. That voice again. The gesticulating. You knew you'd been duped.

At 5:06 the pup is locked back into his kennel. Tea time, and while you wait for the storm that is a kettle set to boil, you spy a book in a bag at the back door, where it is impossible. *I am a Bunny*.¹ One of those sturdy, board books for toddlers who would wreck any other kind. It tells a simple story:

I am a bunny. My name is Nicholas. I live in a hollow tree. In the spring, I like to pick flowers.

At two he knew all the words, could count to ten in four languages. At ten he wanted to be an entomologist. Six months ago he came home with swelling, bruises, and half a tooth. Sometimes the whole house smells of what he has become. He has told you, on this almost eve of his 21st birthday, that he never thought he'd live this long.

I chase the butterflies and the butterflies chase me.

You find a black marker, a white page. Tape *Your Mother Loves You Very Much* on the back door, where—if he comes home, if he can make out the letters—he will read it.

The pup, a redbone coonhound, sleeps at long last. Before your son left this night, he peered into the dog's small, wrinkled mug and said, *Doesn't this little guy just cheer you up? Look at that face!*

More ghosts in the window. The double blur of headlights at the south end of the street.

Not him.

You are lodged in the valley between packing his bags and whisking him out the door of tough love, and wanting to cocoon him in the softest blanket, rock him like you did so many nights through the early years.

I blow the dandelion seeds into the air.

To save him, and also to be exempted from having to.

Anything to know how to get this right.

¹ The children's text referred to, *I am a Bunny*, is by Ole Rison, with illustrations by Richard Scarry.



Blue Hawaii

BY SHELLEY ANN LEEDAHL

We're not here to commemorate a birthday; there's been no windfall of any kind. We are in The Aloha State terminating a 22-year marriage which outsiders have long thought blissful, and, for the most part, they've bloody well been spot-on. Even during our nine-month separation in 1992/1993 (during which Troy moved out, my FM-radio-voiced lover moved in, and the kids zoomed back and forth between Dad's place and home) we behaved exemplarily toward each other. Partnered with our new partners, we once had a doubles' tennis match; it was all so goddamn civilized. Now our children are adults, and we have also grown into people we don't always recognize.

We are trying to choreograph the consummate separation, right down to matching responses when people ask why we've split:

Me: *We really like each other, but we've started to bicker—*

Him: *Bicker, or fight?*

Me: *Um, bicker, over the last several years, and as we'll always be a major part of each other's lives—*

Him: *Because of the kids?*

Me: *Yes, because of the kids . . . we want to end the formal relationship before we begin to hate each other. How does that sound?*

He doesn't name family and friends' most probable responses—*Have you tried counselling? Any hope of reconciliation?*—and neither do I. Each would require another prepared statement, and we're too tired to engineer answers for every query we're destined to get.

Although the backpacks are getting heavier each year—at least for my osteoporotic bones—we sausaged them full of summer clothes and snorkelling gear and set out for Hawaii like 19-year-olds on spring break, though of course *our* spring break is something altogether different.

We have been in Hawaii nine days—five nights on Oahu, Maui for three—and now we're back to where we began with just a few sleeps left. Currently I am sitting on the beach at Waikiki. The weather's that lethal combination of hotter-than-Hades and windy as well, and I'm already sun-stroked. For the last two hours I've hung out with the oscillating fan in our modest room. Now I've found the beach's sole scrap of shade: at the base of a lava wall beside a Japanese woman in long pants and a formidable sun hat. I've brought a novel to the waterfront, a good one, purchased last summer in Seattle or Portland, but I can't concentrate enough to give it the close read it deserves.

As a fellow bus passenger remarked on the ride to Waimanalo Bay: *Honolulu is Calgary with a beach.* Well, that's one way of unromanticizing it, but we've done both sea *and* city holidays before, and consider this a two-birds, one-stone arrangement. At the Seaside Hostel, two blocks from the waves, we are fairly surrounded by bars—including Angles, the gay bar we frequent—and all-hour people and traffic. Last night I was

certain I heard a gunshot. Girls were screaming, guys confirming their bravado. Same old music. Still, we enjoy the intimate hostel, the strangers we've come to call friends: Colleen, a 45-year-old waitress from San Francisco, who is passionate about surfing and sports a board-induced goose egg between lovely mocha-coloured eyes; Leon, a free-spirit in his late 50s who gives us friendship bracelets in ocean colours, made while "in recovery" in southeast Asia; Dieter, a grandfather from Humboldt, Germany, whom I caught naked-by-surprise on our first night; and Andrew, a 22-year-old Tasmanian. The boy's been travelling for the last year and has 25 different stamps on his passport. Add an assortment of Aussies and Brits and a Brazilian with whom we played Texas Hold'em, add the hostel's laid-back American staff, and there's the happy snap of our scene.

Looming separation aside, the trip has now taken on the familiar, melancholic air of another much-enjoyed vacation fast-approaching its end. Troy says that of all our trips, this has been his favourite. Despite laughable finances (a kid working part-time at a gas station would earn thousands more than me), it seems we've lived our lives from holiday to holiday. And Troy's right: this has been a gooder.

I didn't expect it. This is, after all, Hawaii. Not exactly exotic. No foreign language to navigate, no funky currency, and there's an ABC store on almost every corner. Polynesian culture is enchanting—we find ourselves *mahalo*-ing within two days—but we were fools to pay \$200 US for a luau in Lahaina, even if it was "The most authentic on the islands."

Although I anticipated great snorkelling at the Hanauma Bay Nature Preserve, I did not fathom making the acquaintance of a green sea turtle while deep-diving off the northwest coast of Maui, all on my lonesome. I did not leave Saskatoon with any intention of surfing, nor imagine I would actually catch a wave within my first few attempts. (Beginner's luck: I was on the water three hours, all told, and caught exactly four waves. Still, what a freaking rush.)

The best parts, however, have been my hours alone. Each morning I tiptoe out the door past my hostel-mates, just as the sun first begins pitching light on the monolithic beachfront hotels. Then: I run like hell.

I run along Kuhio Beach; past the police station (housed in the surfer-named Duke Paoa Kahanamoku Building); down Kalakaua's winding walkway; past birds-of-paradise, frangipani and orchids; past the lei-graced statue of Duke Kahanamoku; past a mastiff (also wearing a lei); past a pavilion which will later fill with chess players; past the hula mound, where a free show is staged daily at 6:30 pm; past beach volleyball nets; past Queens Beach, then Sans Souci. I wind through both high and low-end residential areas; through Kapi'olani Park; and Ala Moana State Recreation Area, where the homeless sleep within banyan vines. I chug up Diamond Head, and, the other way, along the Ala Wai Canal or into the business section of Honolulu. I race around Magic Island, on top of my game, heart bursting not from exertion but from the

*At this moment I am trying to determine
which figure on the water is my
soon-to-be-estranged husband.*

raw thrill of being outdoors, and physically strong, and solitarily exploring, and being as downright bloody *alive* as I've ever been. I average two sweat-soaked hours a day before Troy's even considered rising for the hostel's free coffee and toast.

(This is not a criticism, Dear; only fact. You're laid back, god love you, and I've never learned how to relax.)

This is some of what's wrong with us.

At this moment I am trying to determine which figure on the water is my soon-to-be-estranged husband. If I were closer it would be easy. A few days ago we stripped off at Little Beach, the nude beach on Maui's south shore, next to Big Beach, near Makena. The all-over tanned were skinny fishing, playing skinny frisbee, and enjoying skinny almost everything else. They were shaved or not, circumcised or not, young or not. Troy had the best body on the beach by a country mile. (Or a city mile, depending on how you measure.) The man's a demi-god: even the jockish guys were checking him out. I wonder what it's like to be that comfortable in one's own skin. Oh, I was bare, too, but painfully conscious of it. From behind, I look like a broad-shouldered 14-year-old boy. Well, we're athletes, eh? Good at things that have to do with strength and water.

I'll go with that.

As much as Hawaii *en total* has been kind to us, Maui knocked the shorts off Oahu.

You can drive from shore to shore on the freewayless island and be out-and-out ecstatic to do it. Driving the coastline was a blast: the sporty rental car, other drivers giving us the "hang loose" sign, Jawaiian reggae broadcast via a radio station in Japan.

The twisty, jungle-edged "Road to Hana" sparked Cape Breton déjà vu. We consumed a fabulous meal (crab and steak) at Jacques in Paia—a sugar cane plantation town turned world-class windsurfing and surfing destination, with Buddhist temples, and an organic grocery store where I couldn't even buy a Diet Coke. (And the kid on the till was from Burnaby.) I loved the six warning signs before the black sand beach at Pa'iloa Bay in Wai'napanapa State Park: *Dangerous Shorebreak; Strong Current; Man-O-War; Jellyfish; Waves Break On Ledge*; and the ubiquitous *No Lifeguard On Duty, Swim At Your Own Risk*.

We stayed at the Tropohouse B & B, in rural Haiku (poet that I've sometimes tried to be, how could we *not*?), where we slept on the top floor of a cedar-walled A-frame, woke each morning to cock-a-doodle-dos, and forgot our leis (from the outrageously overpriced luau—clearly, I'll never get over this) in the mini-fridge.

In the capital city of Lahaina, one of the world's largest banyan trees creates a natural, shade-streaked venue under which island artists and craftspeople sell their goodly wares. A congregation of neo-hippies sprawled in the park near the library, passing around some Maui-Wowie. Behind me, on a cell-phone, a long-legged feller in designer-slashed jeans and thousand dollar shades:

Hi, this is Derek Rothchild. I'm at my house in Maui, but I'll be back in Switzerland next week ...

I can recommend happy hour at The Blue Lagoon, in Lahaina. I recommend happy hour at Life's A Beach in Kihei (we picked up a college-aged hitchhiker; fair trade for this tip). Happy hour anywhere in Paia.

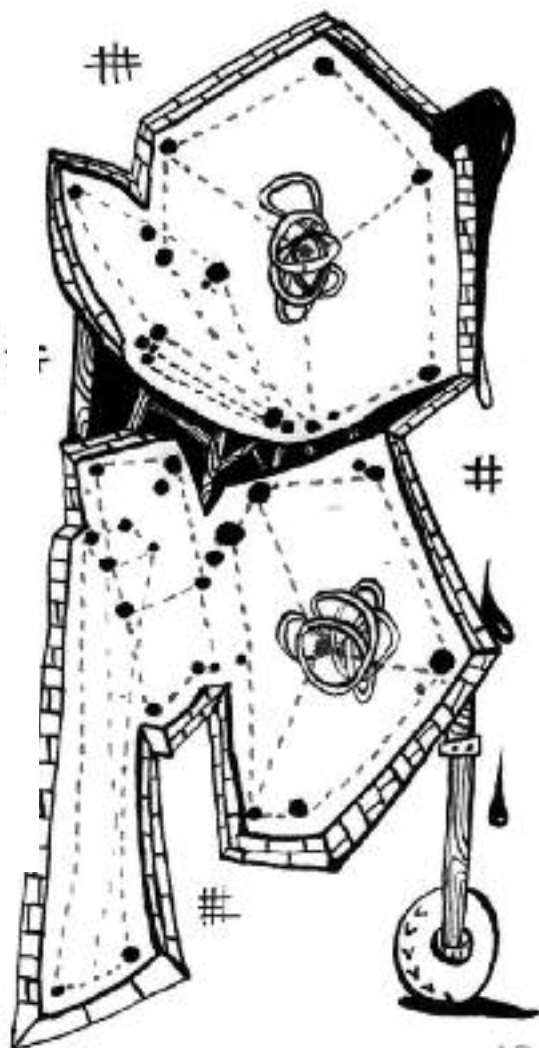
Ah, Maui. What a fabulous run on your shores, too.

Back on Oahu I stare into the waves, far beyond the bobbing heads of children and idle splashers to where approximately seventy surfers await the next swell. They are all same-shaped, one colour. Which one is he? I have no idea.

So I wait.

Three hours now. Troy has still not paddled in, nor have I spotted him. It really burns my hibiscus.

A light rain falls—what locals apparently refer to as *pineapple juice*—and fickle tourists leave the beach en masse. Beyond the surfers: cruise ships with higher populations than



ART BY NYLA RANEY

NR 2010



WRITING THE LIFE – NON-FICTION

most of the towns I've lived in. A sailboat with a striped blue and white mast: one triangle of bikini. Somewhere someone is playing reggae, and above it all, another jet-liner bringing more mainlanders to paradise.

They tell you perfection does not exist. They are wrong. There is so much of it here: the young women are flawless in bikinis, palm fronds postcard-pristine in their windy waving. So much to distract me from my job of ensuring that my partner-in-crisis is safe.

Troy, I don't know what colour your board is, whether it's a longboard or the more challenging short. Are you wearing a shirt? Sure wish I knew which of those figures, so many hundreds of meters away, belonged to you. I hope another surfer hasn't cracked you, that no shark has made a meal of your succulent legs. Will the storm cloud to the south bring you in?

I suppose I've always realized this, but it especially kills me during *this* vacation how most of us do exactly the same things with cameras. Parents shoot their kids building sandcastles. The sun's about to set and everyone snaps it on cue. All this robotic sameness is getting to me. In fact, anything that reeks of even the slightest tradition has really been getting beneath my sunburn. Is it my age? At 43 I'm a little young to be so crotchety.

What I'm mostly feeling is impatient. I humour Troy by accompanying him to the International Marketplace, and later, the Flea Market at the Football Stadium, but the glut of sou-

venirs is obscene to my ever-the-more minimalist sensibility. At the stadium I'm done-in after half an hour. I grab a slab of cement and tell Troy, who loves crowds and shopping, to retrieve me when he's done. He's gone a little lifetime, and I grow dizzy watching a pony-tailed vendor try to sell overpriced, wood-polished clocks in the shape of dolphins.

This is some of what's wrong with us.

Is that you, straddling a board in the line-up? I watch the corduroy swell lines, conscious even of the moments I need to blink, because if you've really caught onto this surfing thing, if you're *really* carving the waves now, doing a bottom turn just after you've dropped in, say, or performing cutbacks, you wouldn't want me to miss it, and nor would I. I don't profess to know anything about the sport—we did not bother with a lesson—except that it's mostly about timing. Mostly you wait. And when a reasonable wave is approaching, you paddle approximately five good strokes in the angle of the wave before it hits, then jump to a crouch (called the *pop-up*), then: Yeehaw.

Usually I was too late, or I botched my positioning and ended up in the soup. Often the big waves got the best of me, and I starfished through surf and sky. The real surfers call this *getting worked*.

Another catamaran glides through the surfers. A guy on the bow blows a conch as they near shore; 'tis a most effective horn.

My eyes hurt from all the staring across the water. Almost four hours now, my Japanese neighbour and her family long gone back to whence they came.

On the horizon, veteran surfers are showing off. I spy with my salt-sore eyes two pairs of surfers doubling on one board each, and there, to the right ... is that someone surfing upside-down? It is. Buddy's doing a handstand as he carves across a wave.

At Hanauma Bay we parked our towels beside a pair of Vancouverites, agreeing to take turns watching each other's cameras and gear so we could snorkel with our partners. Mostly the water is shallow, and despite the nine minute video all are prescribed to watch before entering this precarious reef, mostly people crawl all over the coral.

Our kids would dig a day like this, but apparently it ain't fun for everyone. I overhear one podgy girl of about seven whine to her parents: *Why did we have to come here? My feet hurt, I'm cold, and I hate this!*

Troy and I swim out to where it's much deeper. The reef is like canyons, or what you might expect to see on the moon, and the current shoves us around, big time. I lose my veteran grandfather's monogrammed ring twice, and, twice miraculously find it; the second time I dig it out near a razor-barbed urchin.

Ka'anapali Beach, Maui. This particular section, also known as Black Rock, offers outstanding views across the Auau Channel. Here is my epitome: parallel beach towels—twin blue lozenges on white sand—and the surprise of humpback whales while the machines of our hearts gear down, as if slowing will help us forget this business of division. Scanning the horizon for breaching whales is like watching fireworks; that



UP BY ROLLI

In fact, anything that reeks of even the slightest tradition has really been getting beneath my sunburn.

kind of collective waiting, then the crowd goes *Ahh*. Behind the whales' intermittent black backs, larger humps that are the islands of Molokai and Lanai.

Again, best is when I'm alone, the ear-buds of Troy's iPod buried in my ears. He is in the water, trailing sea turtles, and I am listening to salsa from Cuba. This could be that country's sun, sand, wind licking thin hair across my sunglasses.

We take turns snorkelling here—no trusty Canadians to swap patrols with. Me, then him, me again, him. We are only five steps in with our flippers before the world drops away: palenose parrot fish; the achilles, yellow and sailfin tangs; eye-stripe surgeon fish; raccoon butterfly fish, the mullets and the moorish idols, all in a geography where one might expect birds.

I love too much the deep. Is this my problem?

Far from shore I straight-dive down, see another green sea turtle beneath a rocky ledge. At this depth I hear whale-song. It's surreal—a radio station coming in badly—and utterly awesome.

Troy drips out of the water and one-ups me. Says: *You swam behind a turtle, I actually touched one.*

On the initial flight to Honolulu I made a friend. Casey-from-Williams-Lake, BC, (age *almost 13*) and I chatted across the entire Pacific. More and more I've come to believe that I'm really a 12-year-old boy disguised as a middle-aged woman. I also made fast friends with Eustacia, at Angles. Twenty-eight and sporting a crimson mohawk, this engineer from Boulder was just returning from six months at the South Pole. We pounded back beer while Troy, the only straight bloke in the bar, participated in a pool tournament with a cast of caricatures.

Eustacia: *So I've got to ask. Why does a straight couple hang out at a gay bar? In this country it's usually because they're looking for a woman to add to the mix . . .*

Me: *Um, we come here because we can't stand rednecks, and you're not likely to find many in a gay bar. Some of our best friends are gay. And our daughter is. And gay bars are just, well . . . more fun.*

I don't know if she believes me, and I don't fan that fire by telling her we also spend many of our beach hours at the aptly-named Queens Beach.

When Troy loses out in the High-Low final to Francine, a mute, blonde and DDD-cupped transvestite with collagen lips—she purses them to indicate her shots—I tell Eustacia that I'm an affectionate lass and give her a warm hug and kiss. She says she's an affectionate lass, too.

Rain-soaked and getting cranky. Where the hell is he?

I give up, give in, approach the lifeguards.

I believe my husband is out there but I haven't seen him for hours. This is not like him. I'm worried.

What does he look like?

Tall. Very muscular. He may have a shirt on.

The lifeguard scouts through his binoculars—I can't help but think of that Alex Colville painting, and "Baywatch." The guard shrugs, then passes the glasses to me. They don't help

one iota.

Ah, Miss. We're shutting down now. I'm sure he's just fine.

I leave the beach, wondering. Soon I'm climbing the stairs to the shop on Koa Avenue where we rent our boards.

Has my husband been here?

Yes, he came back about two hours ago.

Jesus. I don't know what happened. I could not have missed him, eyes pinned, as they were, and bloody-well burning now. My contact lenses feel like two ragged, miniature tin can lids.

I return to the hostel, and there he is. A fight, not a *bickering*, ensues.

I was sitting at exactly the spot we were at a few days ago, just like you said. I waited for four hours. In the rain. Where the hell were you?

I was at exactly the spot we were at a few days ago. You must have been in the wrong place.

I know I wasn't.

Had to have been.

We are both absolutely certain we are right. Again. This, too, is perhaps some of what's wrong with us.

Soon we will fly home, share laptop photos with friends. There will be a great shot of Troy, bare-chested, on a bike near Honolulu's Chinatown. A not-bad photo of me doing a cartwheel on Queens Beach, though I had to do it five times before Troy got the timing right. The cartwheel. Yes. Only Troy knows things like this about me: that I cartwheel on beaches, and write words in the sand the sea soon erases.

We are on the precipice now. The first words re: our separation are about to be leaked, and, once uttered, the gears are in motion. I don't want to explain how we still hold hands, I still call him *Love*.

No one is going to get us.

Aloha, the most common word in the Hawaiian language and used interchangeably (and universally) as *Hello* and *Goodbye*, comes from *Alo*, meaning *presence, front, face* or *share*, and *ha*, meaning *breath*. A presence of breath. In ancient times—and, as I've read but never witnessed, still today—Hawaiians put their foreheads together and say *alo*, and then breathe out saying *ha*, thus literally exchanging life's breath.

Aloha is a way of living and treating each other with love and respect; it connotes a joyful and harmonious sharing of life. Honolulu-born Bette Midler uses it often. We heard it frequently between 1968-1980 on the TV crime drama "Hawaii Five-O." The *Aloha Spirit* was what the last queen of Hawaii, Lili'uokalani, was writing about in the historically-famous song, "Aloha 'Oe."

After all these years, I know little more of marriage than I do of surfing, but I think it does not get much better than parallel towels on a slate of white sand, humpback whales breaching while the mechanics of troubled hearts slow down.

Aloha, Troy. And aye, it's been a gooder, indeed.



A few thoughts on strength

BY PATRICIA RAYCRAFT

All through my life, but especially through the last few years since my little boy was a baby and even now since he passed away, I have had all manner of people tell me how strong I am.

While I will admit that this is true for the most part, there are many times when I feel lonely on account of it. This is because people seem to expect to see strength from me all the time. As a result, I sometimes feel as though I'm not allowed to display the same frailties that other human beings are allowed to display. I believe that people just don't want the responsibility of listening, so they will tell themselves and the so-called strong person that they are strong and can handle anything that comes their way. While it may be that a strong person *can* cope a little more readily with life's crises and stresses, it should never be taken to mean that this ability to cope is without limit. We *all* have our breaking point, and while the breaking point may be a little bit higher for some people than for others, there is *still* a breaking point. A wise person will recognize this much, regardless of what *other* people may see fit to say about it.

To that end, there are things that a strong person *can and should* do to cope with all the stresses that come with being strong:

1. Recognize your own breaking point. This is not being weak; it is merely the course of wisdom to do this. Strong or not, we are still human beings, not super-human. We cannot be expected to live up to the sometimes unrealistic expectations that others have of us; it is quite enough to live up to our *own* expectations of ourselves, at the best of times. Wisdom involves knowing what we can *realistically* expect from ourselves, and what others have the right to expect from us.

2. Give yourself permission to be weak; however, recognize that you may not receive much encouragement from others to do this. Remember, others are quite intent on ignoring any expressions of weakness that may proceed out of your mouth. This is very much due to their limitations, and not to feelings just because somebody else may have a difficult time handling a display of your honest feelings. *Moreover, a momentary need to be weak does not take away from the basic strength of a strong person.*

3. Find someplace to vent. Even though there may not seem to be many people that understand your feelings, that doesn't mean that nobody at all understands. When I started seeing a counselor once or twice a month, it got much easier to express my feelings in a quiet and calm way and also good to

know that *somebody* out there *will* validate my feelings. Along with that, I have other friends who *do* recognize these feelings, and such friends are really to be treasured. However, there will be times when nobody is available with whom I can express my feelings and speak openly. Sitting and writing your feelings down at such a time can be very helpful. Before I learned to do this for myself, all I ever did was "stuff" things down. When I did too much of this, I lost the ability to speak about my feelings at all, because every time I would try to speak about it at all, the words would just get stuck in my throat. It got so there was nowhere left to stuff things. Writing down my feelings when there is no-one to talk to is a healthier alternative to "stuffing."

4. Don't let others try to talk you out of your feelings. I have been on the receiving end of this, and it isn't a pleasant feeling. It might be likened to a parent trying to minimize a child's hurt feelings, and just about as misguided. To the person needing to express themselves, the feelings they are experiencing at that point are very major, and should never be minimized by anyone. When I have been on the receiving end of such things, I have heard people say, right to my face, that I'm just speaking nonsense, or that it's little more than a play for sympathy, on my part. The truth is, others don't always know what it is like to walk in another person's shoes. At such a time, there is no use in trying to explain yourself, and you don't need anyone else's approval or permission anyway. These are *your* feelings, and you have a *right* to them, regardless of what anybody else says. *Don't buy into any attempts to discredit your feelings, just because someone doesn't feel like listening to you.*

5. Don't feel the need always to have a reason for your feelings. Often, when a person is feeling blue, there is an inclination to explain and analyze. Sometimes a person is just having a bad day; things started going wrong as soon as the person got out of bed that day, and it just didn't get any better as the day progressed. Why always the need to explain and analyze?

These suggestions are ones that I make as a result of my own experiences. They may not be the same ones that work for everybody; we all need to do what works best for us. Even the strongest person *cannot* function at the same level constantly, and to think that they need to is dangerous. However, having a few healthy outlets to relieve the special kind of stress that comes with being a strong person will help in keeping a proper perspective about the whole issue. One thing, though, that the strong person would be well-advised to remember is this: *"You don't have to be strong all the time!"* (Jeannie Hund)



My Beginnings in CMHA Kindersley

BY JAYNE MELVILLE WHYTE

Just in time for the first official Annual Meeting of the Kindersley Branch of the Canadian Mental Health Association, I arrived in Kindersley in the spring of 1975. The Rev. Jim Beairsto, past-president of Saskatchewan Division and rector of the Anglican Church; Barb O'Donnell, a social worker caring for her family at the time; and Mary Jacowishen, a teacher in Kindersley, had been building the Branch. Two nurses, Dianne Gartner and Carol Watson, and the public health nurse, Marilyn Stevenson, were also among the founding members of the new Branch. Other hardworking volunteers (even until this day in 2010) were two farm women, Kathleen Swalm and June Nargang. I didn't know it until years later but June and Wayne Nargang provided safe shelter for women escaping domestic abuse, housing them in a mobile home in their trees and introducing them as friends staying a few days when I dropped in for tea. Barbara Radomske, along with her husband Cal, had just opened the sales office for mobile homes and she became involved soon after I did.

Kindersley Branch was very clear in its purpose. The goal was not that CMHA would provide mental health services but that we would advocate for services through the provincial Psychiatric Services Branch: bring a psychiatrist to the community regularly, employ Mental Health Community Workers to visit patients in their homes, and eventually establish a mental health clinic in Kindersley. In 1975, professionals came from Saskatoon or North Battleford to fulfill the first two goals, although it was a few years before the local clinic was opened.

The regular meetings of the Branch were held in the basement of the Anglican Church hall. In the days when everyone smoked, the hall was blue with cigarette smoke as well as energized by the passion and concern of the participants in the meetings. I didn't smoke at home, but I did smoke socially, at mental health meetings and in the mental hospital.

At that first Kindersley Branch AGM held in the St. Paul's United Church, I was elected branch secretary. A few years later, Jan Kay was elected president and I was re-elected secretary. At the time, it would have been usual to introduce Jan Kay as the wife of the art teacher at the High School, Moff (short for Moffat?) In fact, Jan was an artist herself, and a philosopher. When her daughter and son were older, Jan established riding stables and a kennel service that reflected her love of animals, usually including the complex and frustrating human species.

I would probably have been described as "the wife of that Flaxcombe boy, Dale White; you know his parents, Harvey and Doris, and his grandfather, Laurence who is in the nursing home." Dale had his degree in Agriculture and had been working for the Saskatchewan Wheat Pool when we were married in 1970. In 1975, he had come home to farm with his brother, Wayne. Our son, David, had been born in August, 1974. I had also answered an advertisement for a job as the first Welcome Wagon hostess in Kindersley and was working to gather sponsors and write a weekly column for *The Kindersley Clarion*

that gave me an excuse to find out about the services and organizations of the community. Many times when I felt completely overwhelmed.

The contacts made through the Kindersley CMHA were very important to me that first summer and until I left the area in 1986. My encounters with psychiatrists began in 1965 when the U of S student services referred me to a resident at University Hospital (before it was Royal) named Dr. Ian MacDonald. After attending Expo '67 on a student tour, my Centennial project culminated in hospitalization before Halloween with disorientation and suicidal ideation during my first (and last) months of teaching school, and referral to Dr. Hoffer who diagnosed schizophrenia and started me on megavitamins C and niacin. After twenty years that frustrated a succession of doctors and me, the diagnosis changed to Multiple Personality Disorder, but that's another story. In 1971, a year into marriage, a series of shock treatments at Grey Nuns (now Pasqua) Hospital in Regina interrupted the danger of suicide. When I was pregnant with David, we were living in Outlook and I'd spent long periods of time in the local hospital for safety.

Caring for my child, spending hours alone in a community where I didn't know many people, and trying to fulfill the roles of wife, mother, and citizen triggered thoughts and feelings of depression and self-destruction. Often, I would stop in at the homes of Barbara O'Donnell or Dianne Gartner who would calm my panic attacks, offer a cup of tea and a shoulder of encouragement. At one point, I left my extra medications with Barb as a safety precaution.



ART BY JAMES SKELTON



On Wednesday mornings, the church bell at the Anglican Church would ring for mid-week Communion. Often I would put David into his stroller and go to the church. I found it interesting that although a Roman Catholic priest can celebrate Mass alone, the Anglican tradition asks that there must be at least one communicant, to represent the world. Occasionally, I felt the whole weight of the world on my shoulders as I knelt to receive the wafer. The affirmations of God's love and the reminders, "Taste and see that the Lord is good" were sustaining reminders in this difficult time.

On Sundays, I attended the Free Methodist Church. In the United Church where my membership resides, David was the only pre-schooler so when there was a sound, everyone looked my way. In the Free Methodist Church, there were a number of children and the parents would take turns with them in the lobby, so I felt I belonged.

At one point, an intern working with Rev Beairsto at the Anglican Church asked, "If you don't come on Sundays, why do you think you can come on Wednesdays?" I was surprised by the question, but I remember my answer, "If I don't come, my physical, mental and spiritual health would suffer."

My mental health was not good. I was being visited regularly by the Community Mental Health Nurse out of North Battleford. I also dropped in for numerous office visits to the local Dr. Johnson. I set up a regular baby-sitter morning for David so that I could do Welcome Wagon work but repeatedly left him and went home to bed. When I feared I could not be responsible, I often left David with Betty and Vince May; Betty May was another volunteer I met through the CMHA branch. I spent time as a patient in the Kindersley Hospital, barely able to move or think. When I was hospitalized, David stayed with relatives.

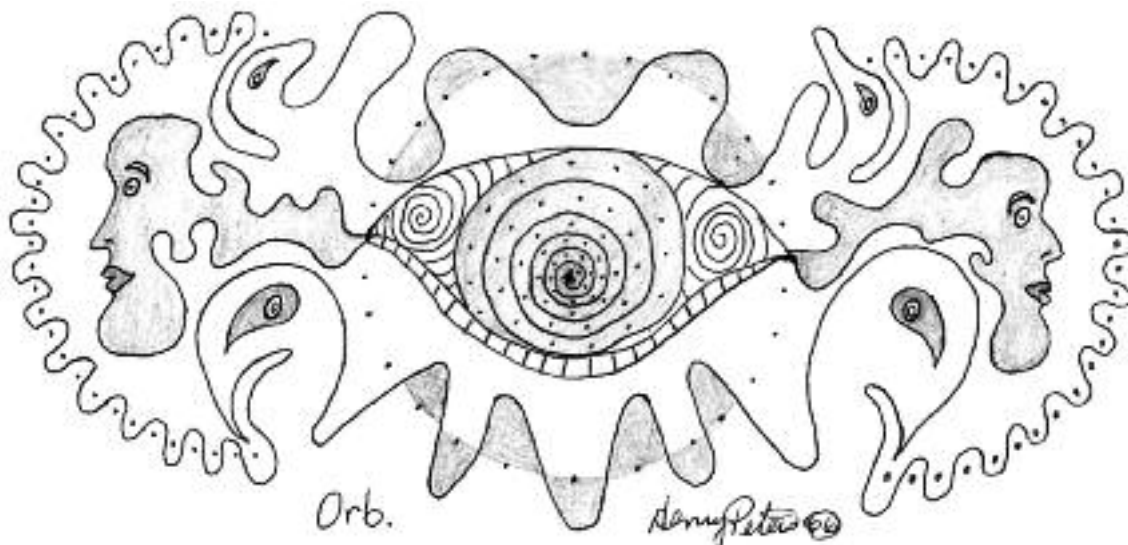
Just after David's first birthday, I was hospitalized in North Battleford from September to Christmas. The story of that stay is another chapter, but this recounting pays tribute to the support of the Kindersley CMHA during that time. Barb

O'Donnell agreed that I could phone her collect one night every week. I was glad her husband was the optometrist and she could afford the phone bill. I looked forward to those phone calls when I could talk about what was happening and what I was feeling. Her knowledge and experience of the mental health system often offered guidance on the ways to survive in the institution – a confusing foreign country where I belonged and didn't belong.

Cards and letters from the Branch members reassured me that they were looking forward to my return and continued contribution to the life and work of CMHA. When I was released after the Christmas holidays, I went to CMHA branch meetings in an atmosphere of being accepted, not because of my illness but because of my value to the organization.

When "The Forgotten Constituents" Task Force Report by Dr. Ian MacDonald was issued, I was invited to be an identified 'patient-user' on the panel at the 1984 Saskatchewan Division Conference. I attended the first Consumer Empowerment Conference in Ottawa in 1986 and served on the first CMHA National committee that became the Consumer Advisory Committee. Over the years, I have been involved in the Consumer Empowerment movement with the goal of helping people who experience mental illness realize they have power and value to change their own lives and the mental health system. Now I fully support the Recovery Movement that holds that people can live as fully as possible around the limitations of their illness, especially when they have access to suitable support and services. Through all these years, I have made a commitment to live openly with my changing diagnoses and the disruptions of my illness in my personal campaign to reduce stigma by showing that mental illness is only one part of my interesting and useful life.

This article pays tribute to the members and friends of Kindersley CMHA whose friendship and example introduced me to CMHA and started me on a lifetime of purpose and meaning in mental health.





The Dove and the Shadow

BY WILLIAM GIBBS

The first time I saw that Dove
There was a sparkle in her eye
Still in need of a some flight feathers
But eager and surely destined to fly

But it was a precarious branch that she perched on
There was a shadow lurking behind her warm gentle smile
She knew that soon the branch would break
but her song was full of denial

Several times you have returned looked up at that tree
But there seems no reason to stay
Your eyes are dull your spirit broken
Each time the branch looks farther and farther away

Old before your time wings folded over a heart
that beats but has forgotten what it is to love
the shadow keeps clipping your wings
Destroying the will to fly in the Dove

In the spring time of life when from the nests
comes the chirps of birds with a thirst to fly
Say a little prayer for the ones that fall to earth
whose shattered wings will never soar across the sky

You rescued me

BY ANGELA GALIPEAU

You picked me up
From despair
And you showed me
You cared.
I found love
In your arms,
I found compassion
In your touch.
You taught me
To love myself.
Sometimes, in life
That is all we've got



ART BY NYLA RANEY



Understanding Mark _ Cain

BY gillian harding-russell

He stood before the empty deck
his father and he had hammered together

three summers ago and stained a warm chestnut,
father and son drinking beer and coke
outside the green-painted bungalow

before the father complained about chest pains
one afternoon and died six hours later in the hospital.

The next year his mother passing away inside a dream
she was in the habit of having

that took her away—such dreams
he had in common with his mother—this ability
to live inside a dream populated with people
who sometimes walked part of the way
back with him into the world
of real-awake

he considered, as he watched a bird splash
in the feeder bath, one ball of dun feathers bombing upwards
and outwards, shooting across the lawn

hearing a crash

against the picture window whose transparency
between worlds the bird could not detect, seeing through it all
on both sides as it did.

A small thud
of sharp beak on glass but no carcass in view
it must be flying though

onto the diningroom table
where he'd been standing five minutes ago
murdering a slapped-together ham sandwich
between his teeth (famished after the lethargy
of three days off work, and nothing to do
sleeping in until four in the afternoon)

such were the surreal side-effects after thirty-six
long hours overtime at the warehouse pick-up and delivery
where he'd worked for thirty years between meds and coping
with the dullness and the dumbness, yes the 'dumbness'
he called it, unable to think clearly—that

and his habitual inability to sleep
when the stoopid birds rose at fucking 3 christ o'clock, and still dark

(having since flabby adolescence raised himself on coke and Red Bull
and O'Henry bars, the sugar that makes you operate faster

and better and faster and better until
you drop. *A Friend, slender and good-looking though invisible
to others who said 'You aren't bad looking' – 'what? me?
he with his too-bright eyes shining chocolate
and kind between two piggy ears
and a little nose in the middle of*

*a square expanse of face. His Friend
almost a good-looking variation on himself telling him
to snap out of it for chrissakes to forget work
was what-the-fuck tomorrow and he'd done nothing to deserve
no fun so why not go to the entertainment park with the go-
carts
what right had that Conscientious One
to get in the way of their shared fun?*

When he found himself pulling
a serrated carving knife out of the kitchen drawer
hesitating as the opaque glimpse of a flesh-coloured reflection
caught his eye on the blade—he suddenly
remembered something important
he must have forgotten

when the Friend said it again, louder, louder
JUST DO IT, GET RID OF THAT INTERFERING ONE
and so he slid the knife between the bloody window panes
just where a bird's spirit might get stuck
between worlds for an inst...

before you find a twist of feet and beak and feathers
lying under the eaves. Face it, if it were a choice
between this world of unloading crates in the warehouse

or eating pink cotton-candy in the park
inside one of those sunlit dreams
with his open-at-the-neck shirted, smiling Friend
beckoning him to the highest ferris wheel, Eye of the Emperor
simulacrum rotating over the crappy mid-western town

diving over the roller coaster

and the whole goddamn fair grounds,

which would you choose?

Certified

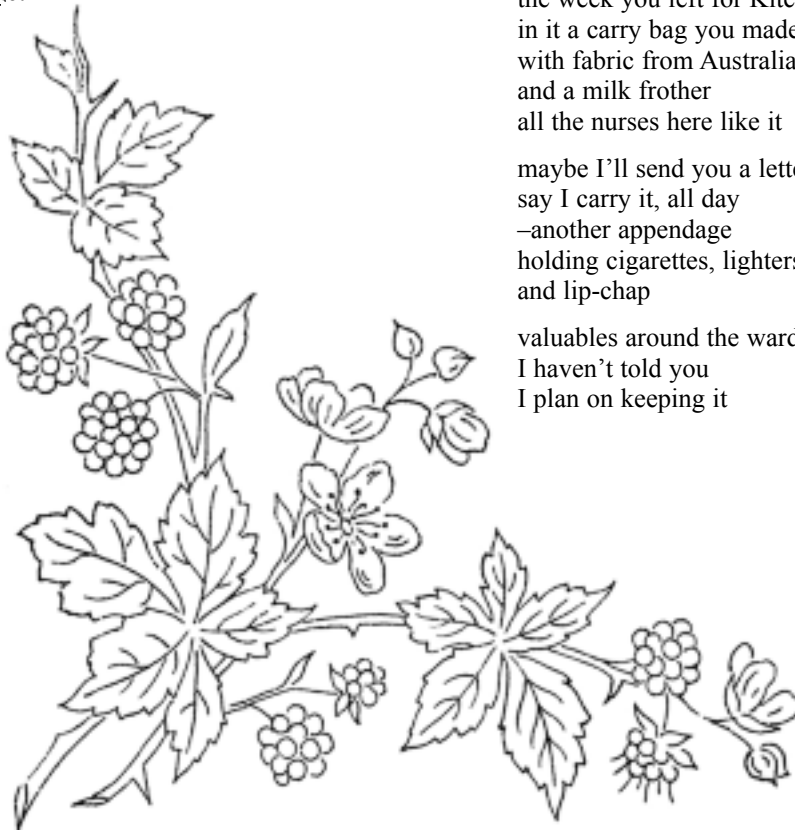
BY FIONCARA MacEOIN

it's summer now
I think I may be ready for it
shadows in clouds
passing

overhead, you are sleeping
I'm in my head
-numbers to call
and things unsaid
-in deep

the lady I met in hospital
had one eye
shedding tears
to water the earth
the other
looked to the sky
with guilt

ten years of threats
and twenty one days
to forget



Dear Emily

Hantleman Intensive Care Unit, Saskatoon., 2009

BY FIONCARA MacEOIN

catch alls secured
I'm going to wrap these straps
around my limbs
in some intricate manner
each time I find myself sleeping
in some sinister or shady space
-both your purses Emily

the grey one that rode all the way
to Edson and back last winter
my manic flight from imagined militant forces-
old men, ex-lovers and library patrons
writing on bathroom stalls-
held deodorant, toothbrush, smokes and
the red hunting hat I took from my older brother,
a cell phone smashed up in Edmonton

the orange purse you lent me for the summer-
your mother dropped it off
the week you left for Kitchener
in it a carry bag you made
with fabric from Australia
and a milk frother
all the nurses here like it

maybe I'll send you a letter
say I carry it, all day
-another appendage
holding cigarettes, lighters
and lip-chap

valuables around the ward
I haven't told you
I plan on keeping it



E.C.T.

BY FIONCARA MacEOIN

Michael stands singing
outside my door
the nurses tell him
he isn't allowed in here

Michael's face is bloated and pale
eyes red rimmed, a little glassy
when they wheel him back
into the high security unit
of the psychiatric ward

the woman across the hall says
"it's just terrible what they're doing to him"

Michael works behind the meat counter
at a local grocery store
slicing and discarding unwanted cuts
wrapping and packing neatly
what is good to offer the public

Michael edges his way into my room
"my doctor says two more treatments should do it"

Michael's memories are almost gone
the nurses tell him he isn't allowed in here

H.I.C.U.

Hantleman Intensive Care Unit, Saskatoon.

BY FIONCARA MacEOIN

the five of us, we are crazy here
locked in – the nurses talk of us
late at night I hear them whisper
indiscreet when they think
the drugs have put us all to sleep

we go upstairs in the morning
to look at the sky
the woman with black teeth
pulls cigarette butts from her pocket
inhales what's left of tobacco and filter,
drinking coffee with no caffeine

lank hair sweeps down, oil in your face
the bangs you cut last month—for a change
your pale, lines under eyes face bawls
over tray after tray of food

time—you can't place it
a haze of unfamiliarity that has gone on for days
they make you sleep in your bed
though the floor is cooler on the cheek.

Your roommate gremlin-shrieks
at people only she can see
long red fingernails
pointed –nowhere

I'm pretending I know how to talk to birds again

BY FIONCARA MacEOIN

I whistle
they whistle back
perhaps I will become a finch
though I do the robin best

when I grow up
I would like to be a finch
you say this might make our relationship awkward
I see your point, you are a large man
and finches are quite small

do you speak finch?
I know you play hide and seek
with the robins in your garden
peeking your head round
the windows in your living room
as they hop behind the trees

do you speak robin?
I'll whistle
you'll whistle back

If I my quietus make

BY ELIZABETH MAURICE

Pinioned
Here
Amid the trampling legs
Of the city
 the pulsing away
 of dreams
 in soundless sobs
 moves
 me
 toward
that moment
 tears
 will be
there
 my own

if it is spring
a river and a bird will PRAY

if it is summer
sunlit grass will REMEMBER LOVE

if it is fall
trees will cover MY GOING

if I wait for winter
wind will lift the snow INTO A TOMB

i
beg
all
you
that
pass
tread
gently
through
the leaves and snow

The things we don't forget

BY BARBARA PARKER

This morning I woke, felt my brain
floating inside my head; a raft unhinged
from its mooring
I blamed it on dehydration
but still, remembering my dreams
all wiggly and symbolic
I was reminded how easy it is
to tip over

tea slopping past the edge
of a china cup. The shame of it.
It's the little things, Mary's mother said, shakily
because she, too, had been discharged

some ten or twenty years earlier
that dream sharp and steady as a knife.





Don't Think

BY ROLLI

of me mother of
poverty
sickness

glimpse
from verso of glass at
your room

as it was

the brushes
clean
the bed

spread pressed
clean as sand

Can you see
me my mother
asleep

but of silent
mind, my
mother my
thinking

serene

of field

and green

sea-green

mid-liquor of dream

Only Bones

BY ROLLI

lay of anything

Why is it
mother

of bones

the singing
things
all things

the wonder, mother

grains

remain

remains

Dear mother

BY ROLLI

above

if you could see
me dear mother
in your bitterness

my clothes

if you could see
my poverty

if we could meet
dear mother

and soon

and you'd time
in your bitterness
to listen
my mother

in sickness, and
set

down your cigarette

listen

we'd fix
which didn't respire
in lifetime, my
mother
of smoke

oh my mother, might
lie
in soft ashes
and warm, softly
talking
and talking

dear mother

blind

to my poverty
be

as one mother
unborn

together

and wealthy
again



LD1 BY ROLLI

DORON SADOWSKY

NOTE: Twelve years ago, just before his 34th birthday, my son, Doron Sadowsky, committed suicide after chasing his demons for 16 years. He was medication resistant. After his tragic death, my husband and I found a tatty notebook with all the poems Doron had written. They are displayed the way his brain seemed to be working then. – Jill Sadowsky

THE PRISONER

Doctors are angels of death
So are the other patients.
My medication is like a drug,
The patients bother me.
My doctor prescribes tranquilizers.
That's the way the circle turns.
I'll remain a prisoner.

Friends visit.
They have full, meaningful lives.
I'm jealous of their freedom.
Nobody can help me.
It drives me crazy.

HAVEN'T

Medication without cause
Parents threw me out.
For a long time
I haven't slept at home.
For three and a half years
I haven't dated.
I haven't been to a party.
My social life doesn't exist.
I'm a good salesman.

THE SEASONS

Summer has gone
There's no sun, no sea,
No tanning on white sands.
I'm waiting for the leaves to fall.
Winter, I'm waiting for you,
waiting to hail the start of the cold.
Spring, summer, fall, winter,
I'm stuck in the same place.
My doctor refuses to help me.
My parents leave me depressed and forlorn
in a psychiatric hospital.

DOCTORS.

Doctors prescribe medication without reason
Parents act cruelly.
A no-win situation.
I'm locked up in a psychiatric hospital
in a white room.
I sit on the bed
and examine the ceiling.

A DIFFICULT LIFE

Life is difficult sometimes
but I have to find
the smallest flashes of light
to lessen the depth
of the gloomy darkness
which gets more profound
with the ticking of my clock
that gives me some dimension of time.

Those points of light are vague
barely visible during the day
so I ask;
Is it worth living
for two or three minutes a day?

AUTUMN

Autumn is drawing near.
Soon I'll see the leaves falling.
Autumn, I am waiting for you
because the summer is lost.
Here I am, waiting for the leaves
To fall from the trees
To symbolize winter's arrival.
And so, spring, summer, autumn, winter
I am stuck in the same place.
The doctors refuse to help me
and leave me in the same place.

DEMONS

My life is plagued by demons
Awake all day and night
They persecute me
And never let me rest.

My doctors support them
And don't consider me.
I represent the bourgeois
I come from a good home
Therefore I am not worthy of support
Only a kick in the pants.

ONLY YOU

You're the one I can't get.
I dream of you day and night.
You're so far away
And so cold
And so bitter.

It was good
When you lay beside me
soft and innocent
pure and smart
As pure as the soul of a newborn babe.

I LOVE YOU

I love you
more than anything else.
And if you'll give your whole self to me
I'll give you everything.
Love is a gift
Therefore our love will grow.

I'LL DANCE ON THEIR GRAVES

I never thought
I'd be as like
an innocent lamb
depending on its mother's milk.

I am depend on the charity of
good people and bad people
But to date, I haven't met
anyone who can help me.
Certainly not my parents.
I'll dance on their graves.

NOT HERE TO HOLD

Happiness, like sunshine
Is not here to hold.
It scatters seeds of love
Brings us joy untold.

THE TRAP

I entered a trap
unwittingly.
There's no way out.
The exit is blocked.
The chance of winning
One in a million.
It's a deathtrap.
A trap planted in military fashion.
Microphones everywhere.
Follow up.

FRIENDS

My friends are having fun
One is abroad
One recently returned.
All living lives.
Only I am incarcerated
In a crazy age
Without a past
Without a future.

THEM

They enter stealthily
In the dead of night.
The storm inside of me
turns to fear.
What do they want
from a pauper?
Peace, peace, peace
I pray for peace of mind.

A MILITARY OPERATION

Each day is a military operation.
Rays of light are rare.
Is it worth living
For two or three minutes a day?

THEY SAY

We've tried to help you
My doctors claim
But they set a trap for me.
I fell into a bottomless pit
that they dug for me.



The Interview

BY JORDAN ABEL

I was a cashier at an adult video store when I first noticed Mr. Kalman. He came in one cold day, rubbing his hands together, breathing into his fingers. I really only noticed him because he wore too much cologne and his matted, grey hair stuck out at awkward angles from under his toque. I must have been staring at him though, because he nodded at me as he headed towards the video racks.

Mr. Kalman came into the store every weekend. Sometimes he just browsed, flipped through the gently used tapes, but most of the time he talked to some of the younger, cuter customers, touching their shoulders as he handed out a business card. He never talked to me, though. He just nodded.

This one time, he winked at me on his way out, and said, “Looks cold out there, son.” I didn’t know what to say then. I just nodded, trying not to leave my mouth open. Then he wrapped his purple scarf around his neck and disappeared into the snowy darkness.

I asked my boss Terry about him. Terry just shook his head, and said, “Fuck me . . .”

“Does he have a boyfriend?” I asked.

“You don’t want to go there, Harding. You don’t want to go there.”

Terry always called me by my last name. Even my name tag said Harding. He told me once that that’s why he hired me. Anyway, he never answered my question. I asked him again a few days later and all he did was sigh and tell me that there was something that I needed to see.

After we closed that night, Terry took me into the back room and turned on the little television in the corner. He ejected the tape in the VCR and started lifting up stacks of paper, trying to find another tape. He found it on a box of edible underwear.

The security tape was crisp, black and grey—you could see a man in an overcoat from the back, walking towards a young man in aisle five. “Wait for it,” Terry said. “Wait for it.” The man in the overcoat appeared to unbutton his coat, and the younger man looked him over, then retreated from the frame. Terry ran his hand through his hair, cleared his throat. He thought this tape proved something, but I couldn’t see what he was all worked up about.

“You see?” Terry asked. He sighed, ran the back of his fingers over my check. “He’s no good, Harding.”

“I guess.”

Mr. Kalman’s face stretched downward and he had developed creases beside his lips. I noticed this as he was looking for his credit card.

“I saw this anti-wrinkle cream on television last night . . .” I said.

He squinted at me, and said, “You shouldn’t be so concerned with other people’s health, son.”

I nodded and asked him if he wanted a paper or plastic

bag for the lube. After he left, my stomach knotted up, and I had to lean over and hold myself for a minute before I felt like I could look anyone else in the eye.

“What’s wrong with you?” Terry asked.

“I . . . nothing.”

“You still going to come over tonight? Hang out?” He asked.

“I don’t know. Maybe.”

“It’ll be better than last time,” he said. “I promise.”

I had been over to Terry’s apartment many times before, but it was different tonight. Terry usually invited me over, ordered some Greek food and then poured me a glass of wine. Tonight I had consumed most of the pinot.

Terry lived alone on the top floor of a small apartment complex, and his place was empty except for a bed, a couch, and a television. After dinner, he popped in a tape he took from work. He put his arm around me and sipped his wine.

“Are you ready?” I asked.

He nodded and squeezed my shoulder.

I leaned against the counter, waiting for someone to come up to the cash register. The store had been dead, and I was tired



ART BY JAMES SKELTON

. . . as I walked toward the light, I thought that the walls might close in on me—constricting into a tiny tan tunnel.

from the night before. I've never slept over at Terry's place. I always woke up a few hours later and walked the twelve blocks back to my place.

Terry hadn't said anything to me all day except when he first got in. He had said, "Good morning." We never felt the need to say more than that. Really, what was there to say?

I hadn't noticed him come in, but Mr. Kalman was leaning against the far side of the counter, watching *Girls Gone Wild 3* on the big screen.

"Can I help you with something?" I asked.

He nodded, and asked, "Can you cook, son?"

"Yeah, I guess."

"Want to make some extra cash?"

Mr. Kalman turned around, unfolded his arms. He didn't say anything for a little while. He just looked at me.

"Okay," I said.

"Okay. Eight-oh-clock. Here's the address." Mr. Kalman pulled out a business card and scribbled something on the back. He nodded and walked out of the store. As soon as he left I looked at the back of the card: 515 Crescent Hill Rd.

The front of the card advertised Ross, Kalman and Associates on fifth.

That night, I put on my best sweater—I even combed my hair back, and practiced the smile I would give him when he opened the door. His house was in a nice neighbourhood just a few blocks away from my apartment. When I got to the door, I tried to slow my breathing, tried to collect myself.

Mr. Kalman came to the door in a robe, and said, "You'll have to forgive me. But, you are a bit early."

I nodded and stepped into the house.

"You look nice," he said. "You didn't have to dress up."

"I know. I know."

He smiled and led me into the kitchen. I didn't know what he wanted me to do, so I asked him if I could borrow his oven mitts. Mr. Kalman laughed and told me that I could use whatever I wanted, that the kitchen was mine now.

"Make yourself comfortable," he said. He disappeared down a dark hallway, and told me he would be right back.

I turned the oven on to three-hundred and fifty degrees, and started opening the cupboards. I found lots of canned fruit, some mushroom soup, a few old *Iron Man* magazines, and a squeeze bottle of dish soap. The rest of the cupboards were empty. I opened the fridge—skim milk, mustard, a chicken breast in a Ziploc bag, baking soda. I flattened some tin foil I found on the counter, and placed the chicken breast in the centre.

All of the lights in the house were off except for the kitchen, so all I could see in the window was my own reflection. My reflection was leaning against the counter, shoulders slouched, head up just enough to make eye contact. I couldn't escape the feeling that I was back at the video store, that if I turned around there would be someone waiting behind me with a stack of videos, that if I closed my eyes nothing would have

changed.

When I did finally turn around there was nothing except a dim light at the end of the hallway.

Mr. Kalman's house was long and flat. And, as I walked toward the light, I thought that the walls might close in on me—constricting into a tiny tan tunnel. I felt like I could hide here in this narrow hallway forever, that I could be absorbed into these comforting, dark walls.

When I reached the end of the hall, I waited just outside of the light. I didn't know if I was ready to go in there. I was comfortable here, just out of sight.

After a few slow breaths, I peered around the corner.

Mr. Kalman was wearing a charcoal suit and a white shirt that was the same colour as his teeth. "Well, as long as you're here," he said. "Will you help me with this?"

He lifted the tie in front of his chin and I approached.

I untied the blue silk tie from around his neck and draped it over my own.

"I used to do this for church all the time," I said.

"I went to church once," he said.

He laughed afterwards and I smiled.

"What?" I said.

"Nothing."

I pulled the tie tight around my neck, and then loosened it just enough to get it off. He took the tie, and said, "Shall we?"

After dinner, he tried to say something nice about my cooking, but he hadn't been able to eat any of the food. The chicken was too tough for his teeth. I cut it up into small pieces for him, but chicken can only be cut so small before it's just tiny white strings.

Eventually, after a long silence, he asked me to come into the sitting room with him, to help him find a photo.

Mr. Kalman's movements were slow, carefully planned. At first, I just thought he was old, that his body could only



ART BY ELIZABETH GLIXMAN



move so fast, but, as I watched him thumb through his bookshelf, looking for some photo album, I realized that it he moved with a deliberate, loving concentration. When he found the album, he carefully turned the pages, running his finger over some of the photos. But he didn't stop to elaborate on any of them until this one picture—a picture of Mr. Kalman when he was twenty-five and a boy who was shorter than him.

"His name was Rich," he said.

"Oh."

"He died far too young . . ."

"I'm sorry."

"Why?" Mr. Kalman loosed his tie, and wiped his eyes with the back of his hand

"Did you ever meet anyone else?" I asked.

"There will never be anyone else," he said.

He was silent afterwards. I've never seen anyone cry without making a sound. I rested my head on his chest and he ran his fingers through my hair.

Terry called me before work today and asked if I wanted to come in early.

"Not really," I said.

"Well . . . are you busy after work?"

"I don't know."

When I got to the store, I felt sick, like there was this pressure on my chest, like I was underwater. I tried closing my eyes, but I just felt dizzy. The only thing that made me feel better was looking out the window, watching the snow fall.

Someone asked me if I was okay, if I was still there. I

looked away from the dark window and noticed that there were five people waiting at the cash register, tapping their feet, trying not to make eye contact. I had hoped there would be something more when I turned around.

At the end of the day I took my cashout to the back, and Terry massaged my shoulders as I counted my float.

"Change your mind about tonight?" he asked.

"Not yet."

"Please?"

After work, I jogged over to Mr. Kalman's house and rang the bell. Eventually, he showed up at the door. He wore a long robe and there was stubble on his face. After a moment he asked if there was anything wrong.

"No," I said. "There's nothing wrong."

"Okay."

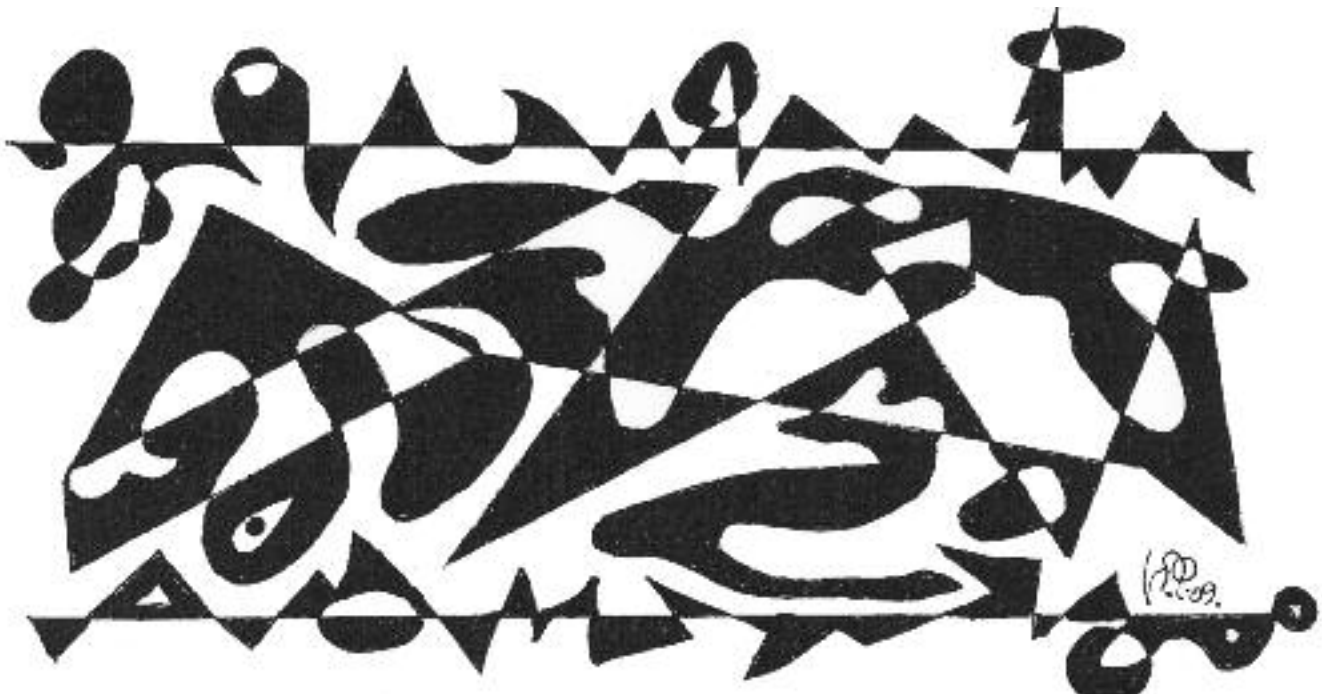
"I thought I could come over and make you some mushroom soup from the can. I even brought over *Erik and the Twins*."

"I'm not hungry," he said. "But you can come in anyways."

As I walked inside, he asked, "Do you know what time it is?"

I told him that it was quarter after three and he nodded.

I sat down on his sitting room couch, but he remained by the doorway in his robe, staring down at me. I hadn't planned on coming here tonight. I didn't know what to say to him. Really, there was nothing more I could say or do. I was here now, waiting, and he was doing the same.



CLIMB BY HENRY PETERS

The Madwoman Upstairs

BY LINDA BIASOTTO

Tuesday, January 4th

At last! I'm allowed to wear clothes again. Seems like I've been wearing pajamas forever.

Yesterday Mrs. Shrink said she can't understand why the shock treatments made me so hyper. She thinks that's a sign I could have some other problem besides depression. The six zaps did the trick. But now I want to grab the other patients' hands and hug everyone in sight. Mrs. Shrink ordered me to be kept isolated in my room with a nurse so I won't bother anyone. Nurse Sarah says I can't see reality.

There's a guy here I'm crazy about and I wish he loved me. Yesterday and today I asked the nurses several times to allow Curtis to visit me. I'm still waiting.

I can't sit still. My emotions leapfrog all over the place. One minute I'm on top of the world and feel like I can do anything, five minutes later I burst into tears. And I still can't sleep.

And what do the nurses tell me? Marie, you have to take care of yourself. Get lots of rest.

That's nice work. If you can get it.

Wednesday, January 5th

What I have to remember:

1. My role is me as the patient needing wellness.
2. Social contacts with other patients only. I am not the nurse.
3. Think before acting about the appropriateness of:
 - environment
 - familiarity with subject
 - safety, because I do not know the reaction of others (could be dangerous!)
4. Consider if action is maladaptive
5. Do calming things, think calming thoughts
6. Allow others ownership of their feelings (their problems are not my problems)

If I laid the instructions under my pillow, would my spongy brain absorb them overnight?

Thursday, January 6th

I slept four hours last night, even after 2 sleeping pills and something for anxiety. Mrs. Shrink restricted me to the upstairs ward. It's so boring here. But she did give me permission to go to the drink machine downstairs.

Nurse Sarah complimented me today about having better control around men, especially Curtis. Hope he likes the improved controlled me. I took a walk in the hall with Nurse Sarah—BUT—tried to help others instead of thinking of myself (oops!).

The staff from my office sent over a huge gift basket, full of special foods and teas. The nurses are jealous.

Jeffrey came today. Nurse Sarah allowed me to go to the cafeteria with him. I know it's terrible for Jeffrey, losing his brother and now having his mother in the loony bin. When he left, I bawled.

Someone told me I should feel grateful I still have one son, but it's Mark I think about all the time. Now I understand about those people who put bodies into freezers. I used to think only a crazy person would do that. But if I'd frozen Mark's body, I'd still have him.

Friday, January 7th

Yesterday morning I was allowed to attend the 9:30 group. A couple of people hugged me and I felt cheerful. This feeling lasted all day, and then in the evening I was allowed the privilege of watching a large screen video. The nurses wouldn't let me downstairs until 7:59 and not without Nurse Sarah.

I was so excited about getting off the upstairs ward that I hugged her. I thought she was used to my arms about her, but she said, Marie, people will think we're fruits.

Before we left my room, Nurse Sarah went over my behaviour with Curtis. Pointed out how my thinking about him is obsessive and I'm not in the hospital to solve his problems. She said that although I had an excellent day yesterday, I need to concentrate on getting myself well.

But I don't know how to stop helping people. Can't she see how much pain the world holds?

Saturday, January 8th

I have to remember the reason I'm under close observation—my impulsiveness.

Mrs. Shrink told me I'm improving. She's putting me on tranquilizers to calm me and make it easier to sleep. I told her I didn't have any trouble sleeping before the shock treatments.

She said, The shocks took away your depression, Marie. You tried to kill yourself, remember?

When she sounds like my mother, I want to knock Mrs. Shrink's glasses right off her fat nose.

Sunday, January 9th

I'm tired. Not enough sleep. Last night I was given a new pill called Stelazine. It's supposed to organize my obsessive thoughts.

Tried to self-mutilate by cutting my wrist with a bread knife. Didn't even break the skin. When I told Nurse Sarah, she said people who self-mutilate are turning their anger against themselves. I suppose now they'll limit my privileges even more. I was just sorry the knife didn't hurt.

Monday, January 10th

Awake at 4:33 a.m. Impossible to sleep. Listened to music and danced around my room. My nerves feel like distinct wires ready to jump out of my skin. One minute I think everyone is crazy about me and everything's going to be all right, and the next minute I bawl my head off. When Mrs. Shrink told me I could go out for the group walk, I jumped into the air.

Later I waited next to the nurses' desk for the breakfast trays to come up. A new guy who looks 12 months pregnant said to me, You gotta go downstairs for the food.



WRITING THE LIFE – FICTION

I told him the nurses make me eat in my room. He whispered, Do you mind me asking if you're diabetic? I told him I eat alone because I tried to commit suicide. He started swinging his arm up and down. You gotta realize you can't kill yourself with a fork or spoon! It's the knife that'll do it! I thanked him for sharing. The desk nurse shook her head, and then corrected me: Marie, you have to eat in your room because you bother the other patients.

Went to Activity Therapy for one hour and tried making a dream catcher. I had to give up because I couldn't concentrate enough to tie the knots. I can't read for long. All I can manage is a bit of writing and colouring. I have a packet of doodle art drawings and pens that Jeffrey bought me. I was colouring when he walked in. I was so glad to see him, I cried. He only stayed for half an hour.

After supper I coloured for three hours. The evening went on forever. I hate being in the upstairs ward. I need to wander around, play shuffleboard or Ping-Pong, watch movies, chat with friends. I felt sorry for myself and told Nurse Sarah I was packing up and going home. She told me a doctor committed me and I can't leave without permission. How come no one told me this?

I played cards with a new patient named Sherry and she's only twenty years old. I've never seen anyone so angry. Any little thing and she starts yelling. When they brought her in yesterday, I could hear her from my room, screaming about wanting to kill someone. But she was nice to me.

A nurse came in and asked for Sherry's nail clippers. I asked the nurse if she thought it was possible for a person to clip herself to death, but she didn't find that funny. After the nurse left, Sherry told me she had a nail file hidden inside one of her shoes.

Don't you know that your shoes are locked up with the rest of your clothes? I asked. It takes awhile for the new people to catch on.

Curtis came to my room today. He looked so cute sitting in my chair, with his feet in the blue hospital slippers tucked under him. He filled me in on the woes of his love life. He's crazy about a married woman. She's all he thinks about.

I listened, and then suggested that he cool it for awhile. Play hard to get. My advice for the lovelorn. I love Curtis and he wants someone else. Of course.

Tuesday, January 11th

Up at five this morning. Happy. Walked in hall for exercise. Kept asking myself, Is my step too bouncy? Did I pivot at the end of the hall with too much vigor?! Self-analysis constant. Today I have feeling I will beat this. Feel like I want to.

I am wondering what to do with myself until group at 9:30. Will try doodle art. My thoughts ricochet like Ping-Pong balls. I am waiting to ask Mrs. Shrink to allow me downstairs privileges. I keep reminding myself to take deep breaths.

On the way to group today, I saw the twelve-month-pregnant guy, but he didn't remember me. He said I had on too much make-up and I told him to mind his own business. He stopped on the stairs and yelled, Oh yeah? Oh yeah?

What a jerk. Good thing he wasn't on his way to group, which was bad enough. A woman kept going on and on about her stupid dreams. No one else had time to share. When the half-hour was up, I felt like kicking her all the way down the hall.

I don't know what to do with myself. Maybe what I need is to just get out of here and go home.

God. Help. Me.



If I told the nurses I tried to drown myself in the tub, would they remove my bathing privileges?

Wednesday, January 12th

I made up mind. From now on I will:

1. Cut the crap about going downstairs on my own.
2. Concentrate on letting my feelings for these people go.

They are not my family and soon I will never see them again.

At the 11:00 group, things became emotional. We were asked to speak about positives in our lives or about how we turned a negative experience into a positive. I talked about my suicide attempt, about how my friends and some of the patients rallied around me. I plan to use this experience to help others.

Because I'm depressed again, Mrs. Shrink decided to try something new. I can't remember what this antidepressant's called. She still won't let me go downstairs and reminded me that the restrictions are for my own good. After crying awhile in my room, I calmed down and now feel exhausted. The days are long. When I'm tired all I can do is colour. I am a forty-five-year-old doodle artist.

Thursday, January 13th

The one positive about not being able to go downstairs is that I don't have to see the guy who masturbates in the doorway every time he goes for a smoke. I'm a prisoner up here, but the pervert gets to go downstairs because he smokes. How fair is that?

Today was the first time I fell asleep during Relaxation Group. Vivid dreams with bright colours. I couldn't remember any of my dreams until I started on the Stelazine.

The nurses let me watch a movie downstairs again. The twelve-month-pregnant guy went at me again. Asked me why I lost weight and a bunch of other crap. He insisted everyone had to watch a boring, black and white detective movie, but Curtis took it out and put in one about a rock group. I felt so much love for Curtis that I wanted to hurt myself. I didn't tell the nurse.

Friday, January 14th

For the first time in a long while I went to sleep last night without sleeping pills. I had a terrible nightmare. Something without a head was holding me down and when I woke up, I realized I'd been asleep for only 20 minutes. After I dozed off again, I dreamt about Mark. He was lying on his side, dressed in the suit we buried him in. I yelled at him for dying and doing this to me. He didn't say anything. But he looked sorry.

This morning, though, I feel normal. Calm. I feel I want to live.

Saturday, January 15th

Sherry told me a guy raped her. She doesn't know who. All she thinks about is tracking him down and killing him. This is her second time in the hospital after swallowing an entire bottle of sleeping pills.

Today Curtis told me he figured out the system. Just tell the doctor what she wants to hear and she'll let you out. I don't understand what he means. I'm here to get well. So now he's gone. He said he'd come back and visit me, but I don't believe

him. I feel terrible. All I want to do is sleep, yet every time I lay down I jump up again and walk around in circles.

While I disinfected the tub before my bath, I wondered how my boy felt while the water choked the life out of him. I climbed into the tub and slid under, pretending I was sinking in the middle of a lake, water pouring into my nostrils. I tried holding my breath, to see if I could black out. But I couldn't. I sat up and felt a complete emptiness. Like it was me who was poured out. Nothing left but skin.

If I told the nurses I tried to drown myself in the tub, would they remove my bathing privileges?

Tonight is Bingo night. Sarah said I won a prize last time, but I don't remember.

I can't find my doodle art. It's so bizarre because I've looked everywhere, asked the nurses.

Life is a non-event. A non-participation sport.

Sunday, January 16th

I phoned Jeffrey and asked him if he planned on visiting me today. He said no, because the psych ward makes him depressed. I told him he's selfish. He said, You only think of yourself and you're not the only one suffering.

I yelled, What do you want from me?

He hung up and I cried for an hour. I can't understand why Jeffrey's been so angry with me ever since I Mark died.

Monday, January 17th

Good news! They cut back on the Stelazine and Nurse Sarah says if I keep improving, they'll give me a room downstairs next week.

Sherry ran away yesterday and the police brought her back a few hours later. When I asked her where she went, she said she tried hiding out at her brother's. Good idea, I said. Who'd think of looking for you there? She almost laughed.

Today she and I were playing cards in her room when she had a visitor, a lady whose son had an accident and now he's a quadriplegic. Because she can't stand to see him suffer, she wishes he was dead. I couldn't believe it. I told her death was worse. I'd be totally ecstatic if someone told me Mark was paralyzed. He'd be alive and I could see him.

My thoughts don't bounce around anymore. Although I still get mad whenever I think about Jeffrey yelling at me. Curtis hasn't come. I would call him, but he's not in the phone book.

I'm sick of this place. And I miss Mark. It doesn't matter what kind of pills I take, he'll still be dead. So now I'm wondering what the point is. Of anything.

Wednesday, January 18th

Yesterday when I tried to nap, I couldn't stop thinking about Mark. I kept seeing him in the park at night, saw him wade into the lake. Heard his drunken friends egg him on, telling him he could make it to the island.

Sometimes I'm with them on the shore. I can smell the



dirty water. I stand and watch Mark's head get smaller and smaller. Until he disappears. Other times I grab his arm and haul him away from the shore. Mark, I say, you're drunk and I'm taking you home.

Or I swim next to him. When he gets tired, he puts his arms about my neck and I swim with him to shore as if he doesn't outweigh me, as if he isn't six inches taller. Because that's what a mother does. Keeps her son alive.

I decided to jump down from my window last night, walk to the cemetery and dig up Mark with the spoon I kept from supper. When the nurse checked on me I pretended to be asleep. I was going to undo the screws on the window with the spoon, but I forgot about the metal screen.

Why hasn't anyone invented a pill for disappointment? I can't see my life. It's gone.

Thursday, January 19th

I have to get out of here so I took Curtis's advice. I told Mrs. Shrink what she wants to hear, that the new anti-depres-

sant works. Tomorrow I'll tell a nurse that I can see how wrong I was in trying to kill myself.

Waiting is like walking across a frozen lake. Slide one foot, slide the other. Avoid sudden moves.

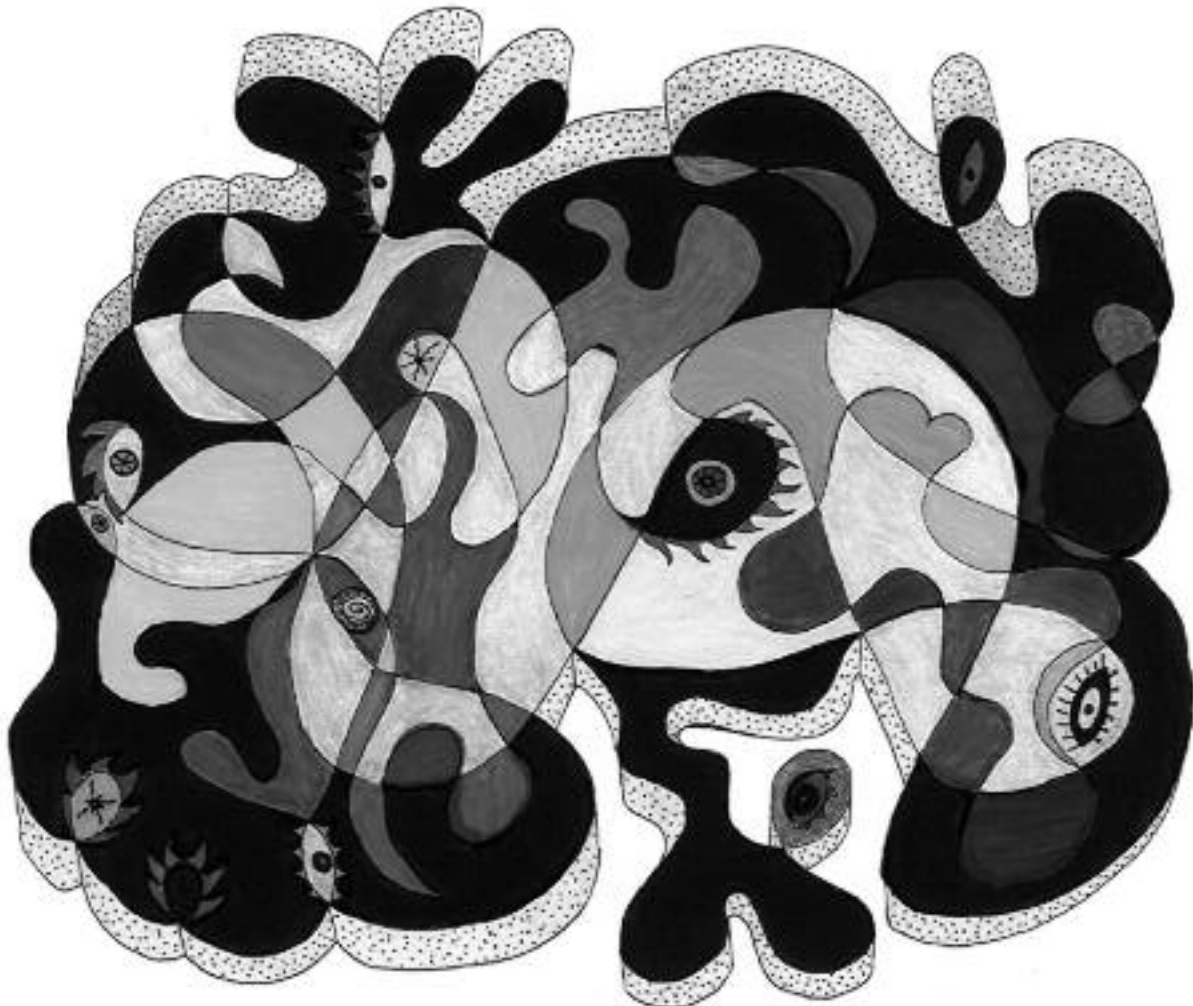
Sunday, January 22nd

Mrs. Shrink says I'll be released tomorrow and wrote me a prescription. I have to come back to the hospital for a day program until I feel ready to go back to work. I don't see the point. But I'm not saying anything about it.

Monday, January 23rd

I'm all packed. Said good-bye to Sherrie and Nurse Sarah. Jeffrey will be here soon to drive me home. I'm glad he's working tonight. He won't be around to ask questions when I go out.

Why did I think I could dig a hole with a spoon? I'll take a shovel. I can't wait to hold Mark again, to feel his hair against my cheek. And then everything will be all right.



FIVE BY HENRY PETERS

Project Love

BY ANNETTE BOWER

When I left the Regina Women's Choral practice this morning I heard one of the members say, "Rosie's just an interfering busybody." Hah! First I wanted to slam through the door and tell them to bake their own twelve dozen buns for the fundraiser. But then I sucked in a deep breath like I used to do when Harvey was mean, when he was alive that is. I gave whoever it was a break. Some members haven't lived my seventy years or taught school or volunteered in a hospital or buried a husband. I know the difference between meddling and helping. For instance, my neighbor, Marsha, she makes the best puffed wheat cake, so chocolaty and gooey. She said to me so many times over coffee and cookies at my house, "My money just doesn't make it from payday to payday." So I began to notice in coffee shops all around the city women in business suits and some in those spandex shorts and little tops who paid two dollars for a slice of puffed wheat cake. So I asked them why they purchased only one piece of cake. Some women said, "If I baked a cake I'd eat the whole thing." Others of course said, "No time." I'd found a business possibility for Marsha. I gave her a spread sheet with a cost analysis and marketing suggestions. All she has to do is read it and follow through and her troubles will be over. But it's up to her. You won't hear me nagging her.

A couple of months ago, I overheard Eileen ask Joyce, "What exactly do you do with the inside cut-out of the disposable toilet seat cover?" Yes, what do you do? I've torn out the inside and flushed it away but it seemed like such a waste. I asked women in supermarket checkout lines, ATM lines and theatre intermission bathroom lines, how they used the disposable cover. Their answers differed from: "I don't, they're too much bother. I squat." Good for you! My thighs jiggle at the thought. "I rip the inside out and polish my shoes." Practical." "I pat the perspiration from my face. It's the same consistency as blotting paper you know." I bit my tongue to keep from saying yuk. But the answer that made the most sense to me was from the woman straightening her pencil skirt in the department store ladies' room. She looked at me as if I came from Mars or something. "I flip the cut-out over the front of the toilet to protect my underwear from germs."

"Then why didn't this particular product come with instructions?" I had wondered out loud. Let me tell you, that woman raised her eyebrows in the mirror and twirled on her stilettos and fled from my obvious educational neglect.

That evening I perched my fedora at a saucy angle for my Red Hat meeting. When you look good, you feel good. I joined this social organization for women over fifty years old who dress in red hats and purple dresses and whose mandate is fun. At our meeting, Queen (she's called so because she is the leader and founder of our chapter) asked for volunteers from the Red Hatters (that's the members) to find the type of woman described as a 'woman who loves too much'. During our lively discussion, she agreed with the anecdotal stereotype that had to do with women who love the wrong men for the wrong reasons, but with a flick of her red boa, she insisted, "There must be more to this woman. We must list specific qualities so that we can petition mayors to declare 'woman who loves too much' week." The Red Hats are not supposed to have causes but you can only drink so much tea and talk about the same things with the same women.

I called, my daughter, Julie as soon as I got home. "It brings tears to my eyes, every time I remember all dozen red hats bobbing in unison." I told her. "You know Marjorie?"

She mumbled, "Bad hair."

"That's right dear, the one with the bad wig that we never mention. She nominated me to do the investigation."

Julie reminded me that I promised that I'd shorten her jeans.

"I'll make the time. I love to help. I can tell you that I'm bursting with pride that they recognize my talents and nominated me to be the Mistress of Curiosity Red Hatter."

"Mom, sometimes you can't see the nose on your face. Is anyone else helping you?"

"No, dear, the other members are busy arranging our trip to the Red Hatquarters. You're right. The same one I've missed for the last few years." She remembered. "They assured me that they would manage the details without me. This project was more important."

"Mom, those other Red Hatters don't pull their own weight. They just give you these jobs so they can go about doing the fun stuff."

"Perhaps, dear." But I know that some of those women have sick husbands or grandkids or jobs or parents in their lives on the days



ART BY JAMES SKELTON



and hours between our meetings. This might be their only time away in the whole year.

Julie says people take advantage of me, but don't we all need one another? At forty she still has a lot to learn. "I've got to go. The WWLTM won't find me. Love you too."

While I lay in bed, I thought about women I knew: There was the woman who marched alone in my neighborhood. I'm not sure where she lived but she seems to be in the vicinity of the women's hostel. With her head down, her hair swung in front of her face and her thin arm always held her purse in a Vice-Grip against her body. Poor thing. I knew her outfits came from the Good Will because she wore neon pinks and lime greens that were popular years and years ago. I hoped that one day I would see her in the lovely red hooded sweater that I donated or maybe that new pair of runners that were on sale and I dropped in the bin with her in mind.

She smokes outside the mall in the afternoons. Even I know that some people need to smoke, so I buy packages of Players and leave full cigarettes in the ashtrays on this poor woman's butt scrounging route. I've hidden behind a dumpster and watched her glance around and smile when she pulled a new cigarette from a public ashtray. She was late one day and I grabbed the cigarette out of the ashtray just before a young butt-picker on a bicycle reached for it. He didn't frighten me at

all. I chose to give him the whole package so he'd leave. Then I put the salvaged one back in the ashtray for my lady to find.

I learned that smoking was unhealthy many, many years ago but my husband, Harvey, died of lung cancer after he smoked two packages a day anyway. After he was gone, it took me 18 months of sitting in malls and standing on corners but I collected ten thousand signatures on a petition to pressure the government to remove smoking from the food courts in the malls. Every time someone blew smoke into my face instead of signing my paper, I thought about giving up, but then I saw those babies in strollers breathing in all that second hand smoke while people around them ate burgers and fries, so I persevered.

I knew the type of woman who is a Wal-Mart greeter. She's a senior woman with wash- and- wear hair. She needed to be ready because she was hired as the casual employee and she never knew when her telephone would ring calling her into work. She put on her navy vest, and she stretched her lips into a smile across loose fitting dentures and repeated, "Welcome to Wal-Mart. Welcome to Wal-Mart. Welcome to Wal-Mart." On her break she calculated her hourly wage in her head, hoping that this month she could afford her medications and food. I nominated these greeters for employee of the month and hoped that they might get more hours. During the winter, I slipped



ART BY ELIZABETH GLIXMAN

On her break she calculated her hourly wage in her head, hoping that this month she could afford her medications and food.

these women gift certificates for manicures because when those carts come in from the cold they're brutal on hands without gloves.

Before I fell asleep, I thought of a 'woman who loves too much'. I imagined that she would have a Mona Lisa smile and unmarked apple cheeks, laugh and teacher lines around her eyes, (some people describe the lines that curve down around eyes teacher lines) and the smooth forehead of a nun.

I started my project the very next day after the Red Hat meeting. As soon as my student left, I asked the chairperson of the literacy outreach program her idea of a 'woman who loves too much.' She sat back in her leather chair, and she thought for a moment. When her fingertips formed a steeple she said, "A 'woman who loves too much' falls somewhere between Mother Teresa's religious dedication and Joni Mitchell's artistic sensibilities. She's the type of woman who takes her kids and the neighbors' children on a bus ride just for fun. She's neither an Oprah fan nor a Martha Stewart perfect home diva. She could be young or middle aged, or even senior. She could have high school or post secondary education, but I know that she seems to be everywhere there is work to be done. She creates excitement about volunteerism. She waves to business leaders, drops off cookies at the police department, and she knows her neighborhood children by their first names. She's never at home because she's usually on her way from one meeting to another."

A profile began to take shape by the time I left the library. I hurried to pick up my granddaughter, Amanda, from the Cosmo Care Center. Amanda and I passed people on the street, but they pretended not to see us when she jerked along and pointed and yelled in her garbled tone that only those who love her understood. Sometimes, they looked with pity, but we smiled. Everyone has challenges. The familiar teenagers with spiked hair and piercings, businesspersons with identification badges hanging around their necks, street singers with their cases open with the few coins scattered on the bottom, students with backpacks, men with hats with fertilizer logos, and tourists with cameras, passed us. I searched their faces for my 'WWLTM.'

When we arrived at Amanda's, I cooked dinner. When the meal was ready, our family assembled around the table. My son, Amanda's father, hardly looked up from his Blackberry. Her mother drank from glasses filled with energized drinks and swallowed vitamin and mineral supplements. She needed these potions as preparation to climb Machu Picchu. She said, "Everyone must climb their own mountain."

My oldest granddaughter was text-messaging her friends. She looked up, "Hi, Granny." I kissed her. Trevor, my handsome grandson, a high school senior, who played hockey for the Regina Pats, was absorbed in his personal DVD practice video. My daughter-in-law's mother held onto her tap shoes. She was anxious to learn a new step. Dallas, my little grand baby, blew up things on his Game Boy. Because family experts reported that a family meal was necessary, I made their dinner once during the week and once on weekends. When I passed

the potatoes to Amanda, she smiled. "Thanks Nana."

After the table was cleared, I was exhausted but on my way home I stopped and asked the minister of my church what she thought about when she heard the phrase a 'woman who loves too much.'

With her arm around me, she was quiet for a moment. She raised her eyes to the angels painted on the ceiling then, she said, "Why, it's a spiritual woman. It's a woman who not only thinks about random acts of kindness but follows through. She would anonymously send either a lavish bouquet or a single delicate orchid to someone who may not have received such a gift in their life before. That's what it means." I contemplated her answer while I lit a candle for the selfless 'woman who loves too much' and me too because I still have to work on my selfish ways.

The next morning I answered a knock on my door to a canvasser for the Heart and Stroke Foundation who asked me for a donation. After she gave me my receipt I asked her. "Would you mind telling me if you know someone who might be called a 'woman who loves too much'?"

"I know two kinds you could mean," she answered quickly. "The first stays home and irons her man's shirts instead of going to a movie with her friend, or this kind of woman only cooks food that he likes."

"Yes, we all know that type but what about the other?"

"She's always seated at the board room table in the meeting rooms of associations and volunteer groups, day after day. She's on the front lines not just sitting at the head of the table giving directions. She's dedicated to community service."

"Thank you so much. You've helped me a great deal." I said.

She buttoned up her coat to head back into the March winds.

After I typed up the minutes of a meeting, I went out to deliver them to the executive director of the community school. There, in front of Souls Harbor, the place where people who require a free meal gather, Karen, my college alumnus, put money in the parking meter. Even though she is a few years younger than me, and a bank CEO, old school sticks together. She waved and I caught up to her. While we walked together, I asked her about a 'woman who loves too much' and she thought for a moment.

"There are 'women who love too much' in this city," she answered. "That's why we have hostels."

"No not that kind. Think harder." Some people can only think one way.

"Without much thought, I'd say, then, that she's the woman with a hopeless case of thinking that she can make a difference in our communities and city. She begins her day early and ends it late. She'll raise money to commission a local artist to create a work of art to beautify a core community. She'll walk behind the truck, heaving garbage during a neighborhood cleanup. She'll plant trees in the park. She'll deliver food hampers to houses with no windows or running water and to those with grand glass chandeliers. She's always assisting



someone. She's self-effacing, wise, and discreet. Banquets and gold gilded certificates were made for her but--." She was quiet for a moment. "Hmmm." She tapped her cheek. "She should be held up to everyone as an example. Our communities and, for that matter, our whole city benefit from her commitment, but not one of the boards I chair have discussed her in particular. Yes, we should take the time to define the 'WWLTM.' With her inspiration, we have singing valentines for seniors, and sweater drives for the less fortunate, and schools for teen moms. She's around one group or another every day, while I volunteer once a week. When a new centre opens, she stands behind the chairperson and the dignitary as they cut the ribbon. Then she mingles with the clients while others drink the wine and eat the cheese."

My friend paused to breathe.

"You've described her," I said. "As the Mistress of Curiosity for the Red Hatters, I must meet a 'WWLTM.'"

Karen went on. You'd think she was declining my loan. "She is a probing chameleon in her environment, a nosy weasel until the job is done."

"Excuse me," I interrupted, "but do you know a 'WWLTM' who I can introduce to the Queen of my Red Hat Society?"

"I'm scheduled to serve dinner here," said my friend. When she opened the door to the community dining room the aroma of thick spaghetti sauce floated on the rush of air. "Come inside, there might be a 'woman who loves too much' in here."

My watch beeped. "Sorry, I can't. I've got to run. I'm almost late for a United Way meeting," I said. "But please, if you see one, get her name and call me."



ART BY JAMES SKELTON

She looked at me in a strange way. "Why don't you nominate yourself, Rosie?"

"Why would I do that? I just do what I can. Sometimes, I confess, I don't really love it all that much."

She shrugged and waved.

I left Souls Harbor and walked down Broad Street. I was sure I would meet this special woman one day soon. I would continue searching for a 'woman who loves too much' if I asked every person at every meeting that I attended this week, from Habitat for Humanity to Save the Symphony.

I hurried to the crosswalk light. I was late. I heard a soft whisper and a shout, and then she was on the ground, her legs splayed and her head smashed the pavement. She cried in pain. People ran from houses, cars stopped, they gathered around as I leaned over her. I yelled for someone to call for help on their cell phone. The sirens followed. I wished that I could comfort her more but she was so pale when I put my coat over her. She must have blacked out when those handsome paramedics put the oxygen mask over her face.

I caught a bus to the emergency room. I must have fallen asleep. The beeps of the monitors, intercom voices startled me. The Queen in her red hat and purple dress bent over me. "Rosie, awake up? I heard on CBC that a 'woman who loves too much' is in hospital. I did some discreet inquiring and Rosie, you found her. You actually saved her. Her mobility scooter had a faulty accelerator. When she saw you she swerved and the scooter flipped. She could have hit a car or something."

"I'm glad that I was there." I said.

"I'm going to visit her now. I'm so excited. I hope she'll accept my invitation to our meeting when she's up and about again. They say that she donates thousands to many organizations from the arts to the Special Olympics. You really have to love your community to share your money, don't you?"

My left leg and right arm were cramped. I couldn't think about philosophical

questions. I was caught short for an answer. "Sorry, no one mentioned that quality yet. But I'm sure you are right." In the Queen's eyes, my project was completed. "I look forward to hearing all about her."

"Here, the nurse gave me your coat and the doctor said you can go home.

They have all the information they need."

"It has blood on the lapel."

"Rosie, its polyester. Wash it. Tootle-do, see you at our meeting. I'll email you."

"Fine." I found enough change in my purse for a coffee and my transit pass. The bus runs regular in front of the hospital. I'll be home in no time. Karen's suggestion made me smile. Me, a WWLTM. Possibly, people do tell me I do too much but I wouldn't need or even like that kind of public display. I'm fine just the way I am. On the bus ride home, I wondered if anyone looked into mobility scooter maintenance. Maybe, I'll call the Automobile Association tomorrow.

Crippled

BY JOY MARION

Greg Anderson looked down at his newborn son, his fifth, with horror. The infant's body, limbs, and digits were crooked. His elbows twisted around to the front, his fingers were gnarled, and his toes folded beneath his feet.

"I don't want him," Greg shouted at his wife, Carolyn. "He reminds me of my brother Tom, with Down Syndrome. We always hid him away whenever anyone came to visit. Let's give this cripple up for adoption."

"Greg Anderson, this child is a human being just like you and me," she asserted. "I named him Trevor, and we will raise him just as we raised our other boys. The doctors said he has arthrogyrosis, an arthritis, and to leave him here in the nursery for a few weeks until they finish examining him. I'm ready to go home today, but I sure hate leaving him."

A few weeks later, Greg and Carolyn drove Baby Trevor home to their farm. "You know, Carolyn, the doctors said he will never walk."

"I know," she replied. "Raising a young child with a disability won't be easy. I've already raised four boys. You know darned well that I'm a strong woman with lots of patience."

Anxiously, Greg Anderson watched his four healthy boys play with his disabled one. One day, Bob, Roger, Chris and Dave built a large baby walker with plywood and wheels. They harnessed their dog, Moose to the walker, placed Trevor on the seat, and the dog pulled four-year-old Trevor around the farmyard until he mastered walking.

"Well I'll be darned," thought Greg. "I never thought it could happen, The doctors were wrong."

"I hoped and prayed," sighed Carolyn.

They observed Trevor assert his independence as a very young child. "I can use the spoon by myself," he declared as he sloppily fed himself. "I can wash myself, too," he said, though bathing was difficult for him with his limited range of motion. "Just help me put my clothes on."

Meanwhile, Greg considered the surgeries that the doctors suggested to straighten Trevor's limbs and body, and duly hospitalized him. The child endured many surgeries on his feet, hips and wrists.

Soon Trevor turned six – school age. "We need to decide," said Greg. "Should we send him to a regular school? Or should he go to a school for the brain-injured and retards? The kid can't climb the stairs at a regular school. There's no railing at the top for him to hold on to."

Carolyn mused aloud. "There should be nothing wrong with Trevor's brain and thinking processes. Let's convince Highland School to add more railing at the top of the stairs so he can go to a regular school."

This was done, and Trevor went to school like his brothers did. Greg and Carolyn soon realized that Trevor did not enjoy school very much at all. He lacked academically, but excelled in creative abilities. His parents were impressed by

his music, art, and photography. He entertained them by singing rock and roll tunes while accompanying himself on his electric piano.

Trevor was 10 when he asserted, "I won't have any more operations, Dad. They don't help me move better anyway. And they can make my joints weaker, not stronger. That's what the doctors told me.

"I want to have fun with my brothers instead of staying in the hospital in the summer. I'm so alone in the hospital. I want to go swimming, rafting in the creek, and camping with all of you."

"All right son."

So life changed for young Trevor. He drove the go-cart that his brothers had built; he played "Captain of the Ship" on a raft with his friends and almost drowned; he rode a large motorcycle. Greg noted that Trevor was as active as his very healthy brothers, even though activity was difficult for him.

"The boy has balls," he thought approvingly.

Talented Trevor wrote and produced a radio play in high school. He showed his friends and family a video he had made of a fledgling starling as it walked upon his head and shoulders.

"It's a good thing you made that video," they said. "We would never have believed you if you had just told us about it."

Trevor gave his exceptional pencil sketches, paintings and photographs to his family for Christmas. Once, he gave Greg a small book of amusing family stories that he had written. It surprised Greg that, like himself, Trevor was a good storyteller.

"The kid is almost normal," he whispered to Carolyn.

"He's a good boy," she said.

Young Trevor experimented with entrepreneurship and imagined several money-making ideas. Once, he incubated chicken eggs to hatch laying-hens to earn money by selling eggs. How his family chuckled when Trevor told them, "All my eggs hatched into roosters! Now I'll have no eggs to sell. And no money."

Greg Anderson soon became aware that Trevor possessed an exceptional affinity for animals. The boy was surrounded by an assortment of pets – a gosling, a number of cats, quails, a succession of dogs, and chickens.

"I'm surprised when small, wild birds perch on your fingers, Trev," he said one day when they visited one of the regional parks.

"Maybe they sense his vulnerability because of his disability," suggested Carolyn.

When he turned 16, Trevor informed his parents, "I have a chance to work for good money driving a pilot truck for the construction teams on the highways."

"You take that job," said Greg and Carolyn, "and that means you move off the farm and support yourself. You go to school, you can still live at home. A Grade 12 diploma is what you need."

So Trevor not only continued to attend school and enjoy boyhood fun with his brothers, he helped with the farm work.



Like any farm boy, he drove tractors and trucks, cut the huge lawn, and helped with tree-cutting for firewood. Using high school math to predict the direction of the falling trees, he was a great help to his father.

Once, Greg remarked, “I like the way you put on your shoes and socks, Trev.”

“Yeah, Dad, there is always a way to do it,” said Trevor. “I can’t bend to tie my shoes, so I take my new ones to the shoemaker to sew zippers in them. I invented a tool with a stick and a cup-hook at the end to help me zip and unzip them. To pull up my socks; I made another tool with plastic and string.”

After high school graduation, Trevor worked as a dispatcher and manager for a Leduc taxi company, a sedentary job that accommodated his disability. During his evenings, he studied accounting at business school. After 10 years of dispatch work, he wanted a change, and chose to work as a courier in the busy city of Edmonton.

“That’s tough work for a person with a disability like yours,” admitted Greg.

“I’m so proud of you, son,” smiled his mother lovingly.

Trevor later was an archival assistant in a telephone museum. Ever the entrepreneur, he sold marijuana to earn extra money. He never let his disability hold him back. He married and divorced like many people do.



ART BY NYLA RANEY

Greg watched Trevor and his friends build a camper on his old Dodge pickup. “I remember how long ago I gave you that truck. For such an ugly old vehicle, Trev, you have fixed it up real good, and the camper has everything you need.”

Then he frowned, “I guess you won’t be hauling hay anymore.”

While Trevor’s brothers married and moved away, engaging in their own family lives and careers, Trevor remained on the farm, simultaneously working at his own employment and assisting Greg with the farm work.

Trevor endured tense times working with his father, who was often forgetful and extremely careless about safety. They argued often. Because of his love of animals, Trevor abhorred his father’s hunting of Canada geese. They disagreed about ways to accomplish work tasks and about Trevor’s use and sale of recreational drugs.

One day, when Trevor returned from a relaxing camping trip with his lady friend, Cindy, they found Greg on the ride-on lawn mower, cutting the tall grass beside the long driveway. Smoke poured from the lawn mower and the grass ignited. Greg alighted and swatted at the burning grass with a broom! Trevor leaped out of his truck to help.

“Dad, go to the shed and bring the fire extinguisher. Quick!” Meanwhile, Trevor did what he could with the broom.

“Where the hell is Dad?” he thought.

He jumped into his truck and raced down the driveway, flames on either side, found the extinguisher and returned to put out the blaze himself. Then he wearily drove to the house.

“For Pete’s sake, Dad, where were you?”

“Oh - I forgot.”

Angrily, Trevor turned and stomped into the house.

“Did you have a good time?” Carolyn greeted her son. Then she saw his smoke-blackened face. “I guess not.”

Being in his forties, Trevor admitted, “I feel pain most days. I want to be on my own and live in a small town instead of working on the farm,” he told Carolyn.

“I understand. Your father and the work are becoming too much for you.”

Trevor moved, with his dog, Lizzie, a few hundred miles north to Grimshaw. There, Trevor enjoys driving his truck and camping out to work on his photography. In his spare room in his new home, Trevor has built a huge hobby railroad set. He uses a medical scooter to do errands around town in winter and to take Lizzie for walks. Intuitively, Lizzie has transformed into his helper dog as they have settled into their new lives: she greets guests or home care nurses at the gate and accompanies them up the ramp to Trevor’s front door.

During a recent visit to the farm, Greg said, “I sure miss you, Trev. When you lived on the farm, the work got done, the machines were repaired, and so were the vehicles. Now we need to pay people to work for us. Without you, Son, I’m crippled.”



“Normal is really just a setting on your dryer”

BY TED DYCK

OUT LOUD: Essays on mental illness, stigma, and recovery. Introduction by Ramona Dearing. St. John's, NL: Breakwater Books, 2010. Softcover. 239 pp. \$19.95.

To begin at the end – this anthology, somewhat unusually but certainly helpfully, finishes with a very handy index, a quick look at which gives a sense of the overall heft of the collection:

- depression – 37
- stigma – 32
- recovery – 37

That is, the numbers of the index entries show that depression is far and away the most common of the mental illnesses discussed; stigma is the most serious of the social consequences of all such illnesses; and recovery (from all mental afflictions) is emphatically the dominant message of the book. Not bad for a modest index.

Jumping now to the beginning – *Out Loud* is in every sense a group effort. The steering committee directing the whole project includes representatives from all major stakeholders in Newfoundland mental health. The immediate editors and sponsors are Breakwater and CMHA(NL). The contributors are selected from responses to a call for essays that went out in Mental Health Week 2008. And, fittingly, any profits will be returned to the cause of mental health in Newfoundland.

That leaves the middle – 52 essays, most four to five pages long; 52-plus lives profoundly affected by mental illnesses ranging from the very common (depression) through the very deadly (psychoses) to the relatively rare (post-partum depression).

In her introduction, writer and CBC (NL) radio host Ramona Dearing points to the significance of the book's title: "... something that is said out loud, over and over again in this book, [is] that things can and do often get better with the right kind of support and treatment" (13); the book's goal is "to reach out to others, to say out loud to them that they are not alone" (14) [emphases added]. The anthology is eminently successful in achieving this goal.

Yet its successes reach much further. The book's editors had the good sense to let the primary "experts" – persons with direct experience of mental illness – do the telling, bringing in only a few mental health professionals as secondary experts.

All persons who have experienced mental illness directly will agree that this self-evident dictum is too often ignored.

For there is nothing like the authentic voice of the recovered (but not cured) mentally ill person. Here is heard the raw eloquence that shapes an art of the artless, a style of the styleless, a writing from a ground zero of the human condition.

Nothing I can say can match the bitter humour and truth of Middlekoop's conclusion that "...normal' is really just a setting on your dryer" ("Journey from darkness" 60). Several writers in fact broach the subject of *normalcy* as one of the most pernicious of all stigmas – Battcock (15), Anonymous (54), etc. – for it is based on falsity (mental illness is *normal* to humanity), it is exercised most rigorously by the mentally ill themselves, and it leads to a deadly secrecy that delays or prevents adequate, timely treatment.

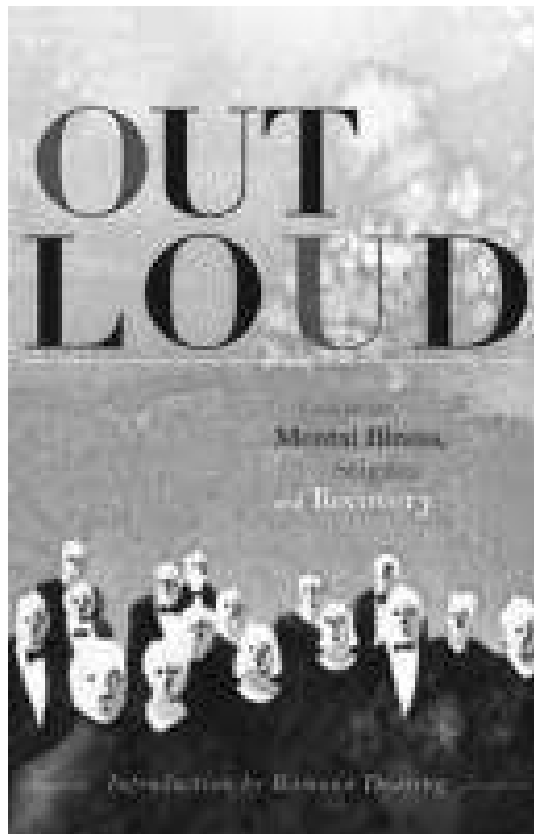
Nor can I approach the cutting irony of Corcoran's insight about the stigma of "I only have depression" ("A country song played backwards" 24). Yes, Virginia, there is, within even the community of clients, consumers, and professionals of mental health services, a ranking of mental illnesses, again grounded in falsity, which puts "mere" depression at the bottom of the list, and elevates diseases with a "manic" component because they are supposedly linked to creativity. (On this idea, see Peter Kramer's *Against depression*, reviewed in this magazine Fall 2007.)

In several essays the artificiality of "art" vs. the power of authenticity is, unfortunately, apparent. It doesn't take a literary critic to tell the difference between "The fall air had crossed some imaginary isthmus, pushing summer memories into the recesses of my mind" (170), and "My advice is never quit; get referred for help. Then take this disease, take a sledgehammer and break its two knees" (146). For the most part, the editors have remained true to the voices of the people, rather than the artists, the

professionals, the glitterati. Of course I don't *know* this – but I suspect it on the basis of my own experience editing this magazine.

Finally, a most outstanding aspect of this anthology – an aspect so overwhelmingly present that it nearly escapes notice – is that the telling is not *out loud* at all, that it is silently and convincingly *written*. If ever you needed an eloquent argument that writing is effective therapy, that writing is to save your life, this book is it.

Buy it. Read it. And tremble in awe-full joy.





Notes on contributors

The Editor apologizes for omitting the names of three reviewers in the Fall 2010 issue from the list of contributors:

DOLORES EWEN:

SK -born writer, artist, teacher, and editor. Published CBC Radio, *Other Voices*, and TRANSITION. Studies at University of Regina, lives around and through depression.

Laurie Rasmussen and **Carol Rempel:**

Co-facilitators (with Gloria Morin) of CMHA writers group, Moose Jaw Muse. Published in TRANSITION.



ARTISTS

ELIZABETH P. GLIXMAN:

A poet, writer and artist. Her work has been published on the Web and in print magazines and anthologies. She is the author of two poetry chapbooks *A White Girl Lynching*, 2008 and *Cowboy Writes a Letter & Other Love Poems*, 2010, both published by Pudding House Publications, OH. She lives in New England in the USA.

HENRY PETERS:

Winnipeg artist and long-time contributor to TRANSITION.

NYLA RANEY:

An interdisciplinary artist who currently lives in the Kootenay region of British Columbia with her three small children. Her work explores and examines, social progress, her relationship with nature and subconscious abstractions.

ROLLI:

Artist and writer from Southey, SK (see Author notes).

JAMES SKELTON:

Writer and artist from Saskatoon and long-time contributor to TRANSITION.

AUTHORS

JORDON ABEL:

Vancouver First Nations writer studying Creative Writing at University of British Columbia. Incoming poetry editor for *PRISM international*. Published *Capilano Review*, *Broken Pencil*, *ARC*, *TRANSITION*.

LINDA BIASOTTO:

Member of The BEES (Regina). Presented in Vertigo Reading Series 2010. Published in *Room of One's Own*. Contests and awards include 2010 SWG Short Manuscript Non-Fiction prize. Last appeared in TRANSITION in 2004.

ANNETTE BOWER:

Regina writer (The BEES) of short stories and novels about women in families, communities, and in love. Published in anthologies, journals, and magazines in Canada, U.S., and UK. Last appeared in TRANSITION in 2005.

NORVALD FLAATEN:

Former Registered Psychiatric Nurse (Mental Hospital Weyburn SK), and Social Worker (Approved Home Program for the Mentally Ill). Served on the boards of directors of CMHA. (Weyburn) and Weyburn Group Home Association. Implemented first Group Home in Weyburn. Still active as volunteer.

ANGELA GALIPEAU:

Winnipeg writer. Previously published in TRANSITION.

WILLIAM GIBBS:

Facilitator of CMHA (Swift Current) writers group. Previously published in TRANSITION.

GILLIAN HARDING-RUSSELL:

Widely published Regina poet. Second chapbook, *Poems for the Summer Solstice* (Leaf Press), forthcoming 2011. Last appeared in TRANSITION in 2006.

CLAIR HOCKLEY:

M. Ed. studies at University of Lethbridge. Teaches Special Programs, English, Social Studies in Livingstone Range School Division (Claresholm AB). First time in TRANSITION.

SHELLEY ANN LEEDAHL:

Fulltime writer, reviewer, presenter, and facilitator. *Wretched Beast* (poetry, Buschek Books) and *The Moon Watched It All* (children's illustrated, Red Deer Press) forthcoming.

FIONCARA MacEOIN:

Saskatoon writer from North Battleford. Graduate Saskatoon's *Urban Canvas Project VI*. Studies at University of Saskatchewan. Published in *The Society* and *CV2*. First time in *TRANSITION*.

JOY MARION:

Emerging writer from Kamloops, BC. Previously published in *The Bulletin* (West Coast Mental Health Society Network) and a short story in an anthology. First time in *TRANSITION*.

ELIZABETH MAURICE:

Pseudonymous Regina-based writer. First time in *TRANSITION*.

BARBARA PARKER:

Lives and writes in the Canadian Rockies. First prize in poetry contest for *Toward the Light, A Journal of Reflective Word and Image*, 2009. Non-fiction previously in *TRANSITION*, short story forthcoming spring.

PATRICIA RAYCRAFT:

Third-year student in Psychology at University of Regina. Single mother of special needs son. Interested in grief counseling or youth counseling. First time in *TRANSITION*.

ROLLI:

Widely published Southey (SK) writer and artist. *Plum Stuff* (8th House 2010) reviewed here in Fall 2010. *God's Autobiography* (stories) and *Mavor's Bones* (poems) forthcoming. See <www.rolliwrites.wordpress.com>.

DORON SADOWSKY:

Israeli writer, now deceased. See Note to his poems.

JANE WHYTE:

Fort Qu'Appelle (SK) writer, researcher, and public speaker active in mental health and disabilities fields. Last appeared in *TRANSITION* in 2006.



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FERNANDO BY ROLLI

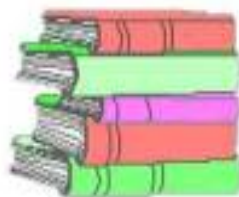


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