

# RTPublication

Recueilli par le programme de transition et de rétablissement  
Assembled by the Recovery Transition Program

## THE WAITING ROOM



FOURTH EDITION  
Spring 2019

Allan Memorial Institute and Griffith Edwards Centre

## Was I Was

First I wasn't  
then a twinkle  
lit my way  
There I was  
just appearing  
lots of cheering  
Past and future, perfect tenses  
Picture-perfect flaws  
and senses  
High wire fences  
Fill the photo albums of what was  
Start the pages turning  
whirling, furling  
in my mind  
Til there I was, and here I am  
Again appearing, disappearing  
Til I wasn't  
Was I?  
Ever  
Really was  
Was I was?

By Cecelia Vanier

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DANIELLE NDEZE

# W e l c o m e   t o   t h e   F o u r t h   E d i t i o n

We would like to start by recognizing all the volunteers who have worked hard to produce this zine. Without you, the RTPublication would not exist. We would also like to thank our contributors who, through the work they send us, have shared a piece of themselves with us and with you, the reader. We take particular pride in creating a publication made by and for patients of the MUHC Mental Health Mission—and the larger community of people living with mental illness and addiction.

This edition focuses on the Early Psychosis Program. It contains accounts by current and former patients of their experiences, as well as interviews with some of the staff. But this focus does not mean we have excluded contributions from outside that program. This zine remains committed to representing the people treated at the MUHC, regardless of the clinic they happen to receive health care from.

If you would like to submit material to the RTPublication, please contact us by e-mail at [rtpzinesubmission@gmail.com](mailto:rtpzinesubmission@gmail.com).

The RTPublication is also available on our website:  
[recoverytransitionprogram.com/RTPublication](http://recoverytransitionprogram.com/RTPublication)

All submissions used by RTPublication will appear in our paper zine as well as in the electronic version on our website.

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Phonecalls

having  
no one/  
nothing

PEOPLE

Waking up  
tomorrow morning

BEE  


Answering the doorbell  
Confrontation

Selfish

Commitment

writing on chalkboards  
when people are working

RECOVERY

Being a burden  
Myself  
Older food  
Snakes

fainting

Leaving my house

The doctor is in  
men

Anger

flinging  
monkeys

fear

ignorance  
hatred

DEATH certainty

not living life  
to the fullest

reality

What are you  
afraid of?

Being ~~hurt~~ <sup>embarrassed</sup>

failure  
success

uncertainty

crowds

feeling  
spiders

centripedes

hopeless

speeding cars  
loss

BEING  
FOREVER  
ALONE

BULLETS

Never being free from my trauma



Griffith Edwards Centre on Pine Avenue



RTP office in the Griffith Edwards Centre

## About the Recovery Transition Program

The Recovery Transition Program (RTP) is a unique mental health initiative designed to improve the experiences of patients within the Mental Health Mission of the McGill University Health Centre. Our goal is to integrate a patient-based mentoring program into the system of care, in which peer mentors and health care providers collaborate to provide support to patients during their recovery.

### The Peer Mentor–Peer Mentee Relationship

We believe that experiential knowledge is an invaluable asset which allows those who live with mental illness and addiction to give hope and encouragement to others. The dynamic is different from that of a doctor–patient relationship: There is no diagnosis made and no obligation to disclose any previous diagnoses. We listen, but we are not therapists. The meetings are an occasion for contact that benefits the mentee and the mentor.

The mentor and mentee work together as equals to determine how the relationship can be most useful. The sessions can provide emotional support from someone who can relate to your struggles and who has been where you are now. The sessions can also provide a space to solve problems, set goals, establish new routines, and find connections to outside communities.

### How to Become a Peer Mentee

Anyone interested in accessing the services of the RTP must be referred by their health care provider. For more information about the RTP, the referral process, or how to get involved, please see our website: [recoverytransitionprogram.com](http://recoverytransitionprogram.com) and/or contact the RTP Coordinator at: [Patricia.Lucas@muhc.mcgill.ca](mailto:Patricia.Lucas@muhc.mcgill.ca).



Allan Memorial Institute



RTP office in the Allan Memorial Institute

## RTP Group Activities

In addition to one-on-one mentoring, the RTP organizes group activities to help mentors and mentees alike connect with other RTP participants. Past and current activities include:

- RTP Reads ( a monthly book club)
- Group visits to outside resources such as the MMFA Art Hive
- The RTPublication workshop
- The RTP Talent Show
- The staff/volunteer Garden Party
- WRAP workshops
- Group participation in public awareness events (eg. Pharmaprix Run, Montreal Walks for Mental Health, Mend Our Mind)

See photos of Past Events on our website or visit

[www.facebook.com/RTProgram](http://www.facebook.com/RTProgram)

## How I see the RTP

*“As both a mentee, and now as a mentor, the RTP has helped me find a path of direction and purpose!” —Robin*

*“I am grateful to the RTP for providing this chance to continue my own growth and development through interacting with others without the constraints of diagnoses/treatment labels. It has been refreshing to have this opportunity to explore new ways of thinking about and seeing how people become their own best therapist.”*

*—Jean Enright*

*“RTP means community, support, altruism.” —Antonis Paraherakis*

*“It means growth.” —Angie*





“Internal Outburst” by Samuel Boudreau  
(Instagram @visionsfromthebasement)

# Laugh

I've got a tight grip.  
Tight.  
Grip.  
Around your wrist.  
And I often  
let, it, dismiss,  
all...  
that my present brings.  
Because in spite  
of the past being  
rid-dled, with angst,  
that past,  
no no,  
he never falls SHORT  
of living UP  
to what he promised.

He promised to leave  
a, dash, of, bit-ter  
as, I, taste, the sweet.  
Promised to wipe away my smile...  
the moment laugh-ter, creeps...  
He'll catch, it in the throat,  
before lips part.  
Tie a knot,  
and have me swallow it.  
Let regret, wash,  
and follow it, down.

Did you forget  
you signed up for this,  
each time,  
your grip,  
got tight-er.

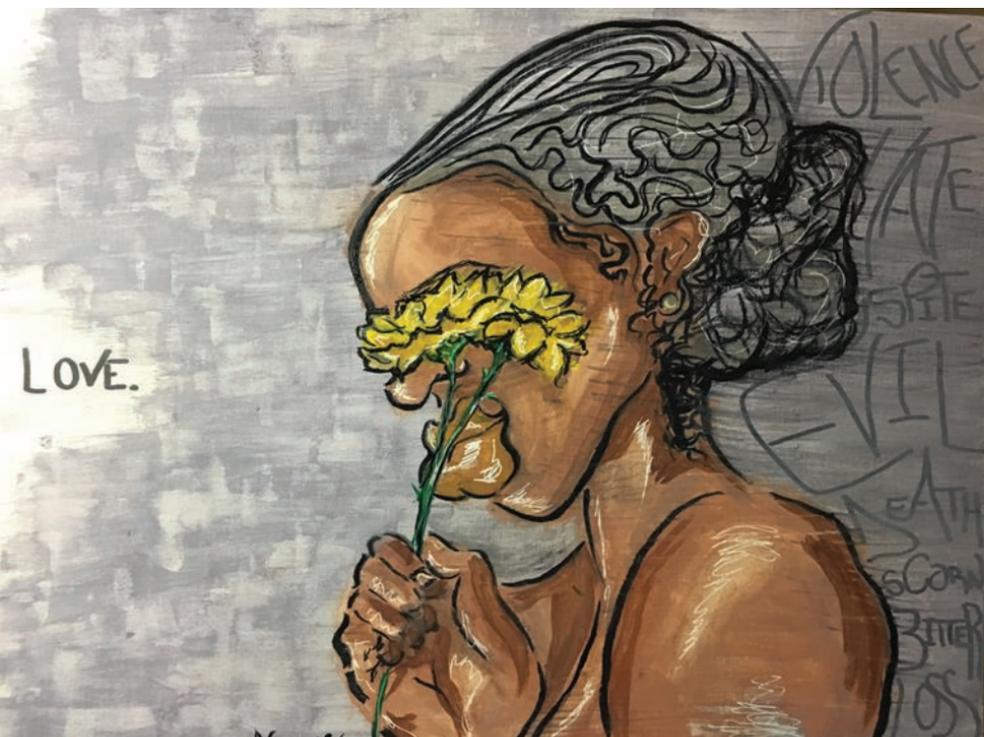
I've got a tight  
grip  
but I'm letting it  
loosen...  
The seeds of my past,  
were deeply planted.  
And yet, I'm...

re...rooting.  
Re-routing,

the dead end  
of a never ending limbo.  
If life  
holds no meaning,  
allow me,  
to mount my symbol.  
She is made up  
of many signs.  
Lefts and rights.  
And then at times  
she takes me down,  
while in others lets me rise.

Unpredictable  
in her nature  
but her deliberately, set lights,  
Make for a possible  
sight,  
with insights,  
into dark, moments.

That is, IF  
I let go OF,  
fighting the trip.  
Let go OF  
my,  
tight  
grip,  
on history.  
Memories.  
All them moments past.  
I will.  
Flip that script.  
And Take my sip.  
Flying, is NOT THAT...  
Impossible .  
Crease, your eyelids.  
Smile wide.  
I am able, to stride in my steps, despite  
the weight.  
So heavy.  
Yes,  
the glass is half empty.



Poem and illustration by A. Spence

But I will NOT refuse the drink,  
think,  
and savour  
the trips dynamics.

Release  
my  
grip  
and become just as flexible  
as it.

Take pride,  
in what's to be found.

Release,  
unafraid to truly  
catch myself  
laughing fully  
out loud.

# Winding My Way Up the Mountain

By Janet

I would like to begin by acknowledging that the land on which the Allan Memorial Institute is built is the traditional and unceded territory of the Kanien'keha:ka (Mohawk), a place which has long served as a site of meeting and exchange amongst nations.

Back in 1995, long before I had any contact with the Allan, I wandered Montreal, going wherever my delusions led me. One evening I ended up on top of Mount Royal in a special, elevated spot where I had a panoramic view of a spectacular sunset through the trees. I stood on a large, round plaque, about three and a half feet in diameter, that read, in a circle: LE VENT DANS LES FEUILLES DES TÂCHES DE LUMIÈRE OUI MOI AUSSI ÇA FAIT LONGTEMPS QUE JE NE SUIS PAS RETOURNÉE ... BIENTÔT... TU



AURAI DÛ M'AMENER ICI AVANT (The wind in the leaves splashes of light yes, me too, it's a long time since I've been back... soon... you should have brought me here before).

I thought it was a message for me. I waited for whoever had written the lines to arrive, but no one came. After the sun had completely disappeared, I turned homeward in the dark, my symptoms and paranoia momentarily kept at bay by the beauty of the place and the sunset.

Later I learned that McGill University, where I studied and currently work, and the Allan Memorial Institute, where I've received my psychiatric care for the past ten years, sprawl on the slopes of this sacred mountain. Now I realize how often I'd passed the Allan on the many long walks I've taken on Chemin Olmsted. It runs around and up the mountain, and I've walked it in all seasons, even before I moved to Montreal from the suburbs at 18. My first contact with McGill University goes back to the age of 15, when I was a ticket-taker for the McGill Film Society, where my older sister was a member. Mont Royal serves as the backdrop to many significant experiences of mine, and learning about Truth and Reconciliation endeavours with First Nations, Inuit and Métis have led to my own appreciation of what Mont Royal has represented for millennia.

In 2008, I was hospitalized at the Allan for the first time during an episode of severe psychosis. My reaction? Just "uh, oh, I've done it again." No tears. A week or two after I started taking antipsychotic medication, the delusions disappeared in a flash. What I had believed for five years about saving the world and the grave danger I was in was gone.

Later, I thought, "I'm 52, I'll never work again, I'll live in poverty on a disability pension, and what were my dreams, anyway? It will be too hard to rebuild my life, yet another time. I can't do it. It's all over for me. I hate what I've done, I hate myself. What an idiot!"

I'd watch the autumn leaves fall, feeling nothing. There was nothing whatsoever I felt like doing.

But I looked for work anyway. My CV looks good but it's a misrepresentation, I thought. It's all true, I did all those things, but I could never do them now in the shape I'm in. Also, I've forgotten a lot of it because it was so long ago and so many bad things have happened in between; there are still so many fires to put out. And there's that huge five-year gap in the CV. I feel like filling it with what was really going on: "TOTAL DISASTER! Shunned by almost everyone, living in slums, then homeless. Separated from my daughter. Believing I was saving the world.

How could I ever believe such a thing? Again!? And I've lost my work ethic and any sense of pride in my work. Will you hire me anyway?" But a year later I was working. I felt guilty because I didn't care at all about the work I was doing and finally quit after eight months.

I went on to volunteer with the MUHC Mental Health Wellness program at the Allan. The physical health of people with severe mental illnesses, especially schizophrenia, was one of my own concerns: I have diabetes and it occurs frequently in people with schizophrenia, along with obesity and heart disease. People with schizophrenia are often confronted with the nasty surprise that they have these medical conditions to deal with on top of their psychiatric disorders, as I had been. Here was something that was meaningful to me, when very few things were. The program's activities included walks on Chemin Olmsted.

Then, in 2011, an opportunity to work in mental health research at McGill came up. A professor from the McGill School of Physical and Occupational Therapy, Melissa Park, attended a presentation by the Wellness Program at Grand Rounds that I participated in. She decided to interview me for the job. I worked on participatory research projects—mental healthcare providers and patients discussing what's important to them about care by telling stories to each other about their experiences. The first one of these projects took place at the Allan and was co-led by Ronna Schwartz and Melissa, both of whom I still work with.

I obtained Quebec certification as a peer support worker (*paire aidante*) and worked on a *Suivi Intensif dans le Milieu* (SIM in Quebec, PACT outside of the province) mental health team for two years. That was an eye opener. I learned that, while what I went through was pretty devastating, some situations are much worse, as I saw during my home visits to clients.

Then I went back to scientific writing and editing, which I had done long ago, and am still doing today.

My recovery started from barely being able to tie my shoelaces due to a medication overdose, to re-learning how to cook, use a computer, drive, and just basically pay attention to whatever I do. Still a big challenge, though most people take these things for granted. Very gradually, I rebuilt my relationships with family and friends and formed new ones. I got over

the feelings of fear, dread, and disconnection that people who have been homeless often experience, and people who have experienced psychosis, too.

It's been a long road recovering my lost identity, with the shock of the last psychotic episode haunting me for years. Finding and furnishing an apartment was the least of my worries. Most of all, I wanted to feel like myself again! I found that I couldn't get the old Janet back. I'd been through too many traumatic experiences and too many years had gone by to ever feel the same again, but I could build a new life for myself. Here I am now, working as RTP-STs facilitator for the Schizophrenia Tertiary Service, as part of the RTP.

When the weather is good, I often spend my breaks sitting on the park bench behind the Allan. Through the trees, I can see people walking or jogging on Chemin Olmsted.

#### Dialogue Group for People Who Have Experienced Psychosis

Rafael Charky is a former RTP mentor, now also a certified peer support worker. He and I have been hired as facilitators to help our Schizophrenia Tertiary Services (STS) dialogue group along. Ronna Schwartz, Susana Corbari, Matthew Peters, and I held dialogue groups over the summer of 2018 with patients from the STS. The purpose of the group is to allow patients to share their experiences of living with psychotic disorders and learn from each other.

The meetings are now held on Tuesdays from 1:00 to 2:00 pm in room P2.162, beside the OT kitchen on the second floor.

# **A Peer Mentor: A Guide on the Road to Recovery**

Luc B.

For the last two years I have been treated at the Mood disorders clinic of the Allan Memorial Institute. A psychiatrist and an occupational therapist follow me on a regular basis. For the last few months, I have also spent time each week speaking with a former patient who volunteers as a peer mentor.

Many former patients have been trained to work as peer mentors in the Recovery Transition Program. The RTP was created two years ago to make it easier for people like me to make our way back into the community. The weekly meetings, in my case with one of the program's supervisors, have helped me a great deal. I get a lot out of our weekly chats.

It's unusual to have an informal therapeutic link with members of the treatment team like a psychologist, psychiatrist, occupational therapist, or social worker. With my peer mentor, we have more time to talk. The mentor has lived through some of the same experiences that I have and the atmosphere is much more intimate. This acts as a complement to my therapy and I can only welcome it. Like the name of the program says, it's designed to help us transition to another part of our lives.

What makes this program special is the neutrality of the peer mentor. It's not about treatment plans or prescriptions, it's about sharing a personal mental health experience with the goal of moving forward on the road to recovery.

# RTP Reads

*We read books to find out who we are. What other people, real or imaginary, do and think and feel... is an essential guide to our understanding of what we ourselves are and may become.*

—Ursula K. LeGuin

In RTP Reads, we meet to discuss literature from 2:00 to 4:00pm, on the first Thursday of the month, in the RTP Resource Room (P2.036) at the Allan. Everybody is welcome.

**June:** Sigrid Rausing's *Mayhem*

**July:** Susan Choi's *American Woman*

**August:** Roberto Bolaño's *By Night in Chile*

**September:** Eimear McBride's *A Girl Is a Half-Form Thing*

**October:** Rabih Alameddine's *An Unnecessary Woman*

**November:** Gunnhild Øyehaug's *Knots*



# WHAT WORKS FOR ME

## Unexpected Things That Helped With Recovery

A Collaborative Piece

Cooking! Learning to cook more things and learning that I was actually capable of cooking at all helped me to feel more confident in trying new things. Finding new recipes forced me to go to the grocery store, helping me to work on my agoraphobia. I was so excited and motivated that I didn't even think about my phobia. Cooking helped me feel able and responsible.

—Cami



Swimming! During the summer that I stopped drinking and smoking, my apartment had an outdoor pool. I found myself diving into it many times when I was having “cravings”. It would calm me down, energized me, distract me — whatever was needed. Sometimes I'd work off



stress and other times I'd just play or float. I kept it up through the rest of the year at indoor pools. There's something about the light breaking through the water, the temperature contrasts, the splashy sounds — all these things make me feel good physically and mentally. As a bonus, it also helps enormously with my Seasonal Affective Disorder, maybe because when I'm in the pool it doesn't look or feel like winter. —Cecelia

Taking courses. After experiencing severe clinical depression, I was given ECT, lots of therapy, and antidepressants. These treatments worked well to relieve the worst of my depressive thoughts, but they didn't make me feel fully engaged with life. Then I discovered a liberal arts institute. Taking, and now leading courses for curious people with a passion for learning has been life-affirming for me.

—Imogen



My cat. He's just the best. Soft and warm and makes a reassuring noise when I pet him. Loud noises freak him out but he always comes back. —Gregory

Writing before falling asleep. I developed a habit of slowly adding onto a fantasy story I was working on right as I started to feel sleepy after hearing that writing while sleepy was the best time to write. The process got my brain working hard, but in a relaxing way, and I would keep going until I was about to pass out with my pen in my hand. The stimulation helped clear my mind of my anxieties and my stories found their way into my dreams, keeping my PTSD nightmares at bay.

—Cami



I found that distraction helped me a lot when I was overwhelmed with consuming thoughts. I would distract myself by listening to really loud music or doing some activity that would require my full concentration, such as drawing. —Joe



Adult colouring. While I was in the Day Program at the Allan, a fellow patient introduced me to adult colouring books. They weren't mandalas, which didn't really interest me much. These books contained lovely pictures that came in an array of designs. I was given a book by this patient because I saw her using one and thought I'd like to try it. Well, it has caught on like fire. I followed some tutorials on YouTube. I can spend quite a bit of time discovering new colour combinations, blending, and other techniques. I truly love it. Just shows you how we can all help each other. I knitted some dog squeaky toys for this patient, as she volunteers for a charity finding new homes for dogs. We are all connected somehow. —Jo



I hit people with sticks. —Chan, 2k18/19  
[www.facebook.com/JulieDelislePhoto](http://www.facebook.com/JulieDelislePhoto)



Photos by Michael Lubow

## 35 Ans De Relation D'aide

Line Riendeau

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Lorsque Cecelia, pair-mentor au programme de transition et de rétablissement (PTR), m'a approché pour que je vous relate quelques pans de mon parcours professionnels, je n'ai pas hésité. Parce que c'est bien l'histoire d'une vie, plus de trente années à œuvrer au sein des plus belles équipes de soins en psychiatrie, notamment celles des Instituts Douglas de Verdun et Philippe Pinel de Montréal, Rehab Day Centre (RDC) et du Transitional Day Program (TDP) de l'Hôpital Général, du Centre Griffith Edwards et enfin de la Mission en Santé Mentale du Allan Memorial.

C'est après mes diplomations en psychoéducation et en andragogie de l'UDM que je travaille conjointement comme agente de relation humaine à l'Institut Douglas et à titre de socio-thérapeute à l'Institut Philippe Pinel : emploi duquel je démissionnerai après 4 années pour me diriger vers l'enseignement spécialisée. Ce parcours en adaptation scolaire me suivra depuis! J'y ai fait de nombreuses rencontres marquantes dont le très sympathique Dr D.Bloom,

psychiatre à l'Institut Douglas, admirable par la justesse de ses propos. Et que dire de ma collègue de toujours, Elizabeth Gluch, grande activiste et défenderesse de la cause en santé mentale. Débuts parfois périlleux, dans les salles, locaux et classes des Instituts Pinel et Douglas auprès de clientèles présentant des troubles psychiatriques complexes dont plusieurs unités fermées. Nous gardons toujours un faible pour nos premiers amours : ç'est mon cas pour ce lieu, encore aujourd'hui cher à mes yeux! Suivront, en 2000 un remaniement des Commissions Scolaires qui entraîneront des réaffectations de postes pour plusieurs profs, m'amenant vers la deuxième moitié de mon parcours, celui du CUSM. Je tiens ici, à faire un clin d'œil spécial à mon ancien collègue de travail, Daniel Goin, qui aura vaincu partiellement une ravageuse maladie; « T'es un champion Daniel ». Forte de mes expériences à Pinel et au Douglas j'arrive donc au Général m'intégrant aux équipes du RDC, TDP et Griffith Edwards, à leurs têtes respectivement les Drs. Luis



Sadia, participant in Line's art class

Vacaflor, la regrettée Dre. Marie-France Boudreault et Gail Gauthier.

Supers apprentissages, beaux défis mais de courte durée, car 2005 sonnait, le Centre de Réadaptation fermera son programme pour se fusionner aux équipes du Allan Memorial. Depuis, je cogite, j'interviens et j'enseigne dans les locaux P3-032 et P2-160, respectivement « local d'intégration au travail & local d'art plastique » Avec moi, du personnel hors pair! Je ne vous nommerai pas tous, vous vous reconnaîtrez! Des ateliers tous plus variés les uns que les autres : une affection particulière pour les arts, les langues, la techno (ordis), les suivis académiques ainsi qu'un petit dernier « la remédiation cognitive » chez les jeunes. Au final, j'accompagne mes étudiants vers une gestion différente de leur quotidien, offrant une stabilité dans la mouvance et le questionnement de leurs centres d'intérêts : le but ultime étant la possibilité d'une réinsertion sociale quelle qu'elle soit.



Trente années plus tard, curiosité et émerveillement m'animent toujours!

Remerciements spéciaux  
à Cecelia Vanier,

# Existential Therapy Interview with Dr Wiviott

Imogen and Greg



*I: Existential philosophy emphasizes the importance of meaning, freedom, and authenticity. Striving to achieve these values often creates a sense of confusion or dread in the face of an apparently meaningless world. How does this philosophical view translate into psychotherapy?*

*In other words, what is existential therapy?*

Dr W: Existential therapy asks questions that deal with an individual patient's reality. It asks "how does that reality affect the patient?" More generally, it asks "how do we view our sense of agency or free will?" Either we feel condemned to victimhood by some force or other, or we take responsibility for the choices we've made. Existential therapy tries to look at the most fundamental realization, our ultimate aloneness in the universe. Often the only way of using that aloneness, which for many people is extraordinarily painful, is to feel connection. Lucky people find connection with intimate others. Some people find connection with a cause. And if therapy can offer a sense of connection, even if it's just with the therapist, that's also a

valid way of understanding how this therapy works.

In previous generations people often found connection in religion, in belonging to a congregation. That doesn't seem to have the same appeal, the same power, to create that sense of connection. And that's why more people are turning to different forms of therapy.

*Are there more crazy people since religion has lost its role?*

Interesting question, because that implies that we understand what it means to be crazy. And that's a tricky question. I think there may be more lonely people. Yes, there is a loneliness epidemic. More and more people complain of loneliness.

Are there more "crazy" people, though? The reason I'm interested in that question is because I think we're changing our idea of what it means to be crazy. And we're extending it far further than what we used to understand as crazy, or out of reality, or unable to function. Now we are using mental health labels to categorize people who are unique, people who are eccentric. If I talk about mental illness, I want to talk about mental illness in a way that makes it clear what we are referring to—profound incapacitating depression, or psychosis that is interfering with people's functionality, or personalities that lead to erratic relationships. I don't want to pathologize people who are comfortable being alone or unusual in their way of presenting themselves.

*Are there certain conditions that are more suited to existential therapy? Or certain people who are more suited to it?*

There are two distinct ways of understanding existential therapy. First of all, there are the themes that often inform the content of the dialogue and the exchange. The themes are things that I've mentioned: 1) understanding meaning and meaningless, 2) isolation, 3) free will and responsibility, 4) mortality.

And then there is the question of how existential therapy views the process of therapy. And that's really more important, because the existential therapist views therapy as an encounter between two people. And, as much as possible, it's not hierarchical. The therapist isn't there to interpret, or to diagnose or to classify. The therapist is there to be with another human being. We are all human; the therapist doesn't view him/herself as having any particular advantage in terms

of their humanity. They may have some knowledge based on reading, training, etc, but they and the patient are fellow travellers. We all experience the struggles of what it means to be human.

So, if we look at that kind of encounter as being fundamental, then we can say that a therapist is being existentially involved whether they are doing inpatient work and giving medication, whether it's an emergency encounter, whether it's working with a couple or family, or whether it's working with a high-functioning philosophy professor in therapy. What is transacted may be quite different, but the attitude needs to maintain that sense of wanting to encounter the other, to use Martin Buber's phrase, "the bold swinging into the other," or Heinz Kohut's term, trying to experience "vicarious introspection." Vicarious introspection, attempting to understand what another person is experiencing by really taking it into oneself and then introspecting and trying to understand it more fully. That attitude I think travels well in a variety of encounters in different settings.

*Regardless of diagnosis...*

Yes. I may be trying to be existentially involved in deciding whether the medication I'm giving someone is appropriate, or listening to their concerns about side effects. Sure. The content of the dialogue is about medication, but understanding it is from the point of view of how is this affecting this particular person.

*Are there people for whom existential therapy would not be helpful?*

Every therapist has a particular approach to therapy. The patient needs to feel that the fit is good. If I'm seeing somebody and I'm being my usual existential self and the patient says, "Well, tell me, Dr, what should I do?" I'll say, "I don't live in your skin. I can't tell you what you should do. I can help you look at options. Tell me what options you see." I don't want to take away their autonomy.

But some people want to be told what to do. And for them, a different approach might be better, say, a behavioural approach that says, "Here's what you should do, you should expose yourself to that stimulus that makes you upset. If you're afraid of spiders you should go to an insectarium and look at spiders in a cage, imagine there's a spider in the room..." And that works! Cognitive Behaviour Therapy, where's there's homework, aimed at understanding which distorted thoughts are impeding somebody's progress, and working on those

thoughts—that works. But it's not something that I personally feel comfortable doing. But if people want that, I can refer them.

*Is existential therapy practised in various different psychiatric units?*

One of my more enjoyable responsibilities here is to be the psychiatric consultant to the couples and sex therapy unit. And that's a really well-functioning unit. They get a lot of referrals. Sometimes referrals are individuals who have a sexual problem. And sometimes the referral is for a couple, but then the question is "what's a couple?" And it's a bit of a joke, but it's quite serious—if two people don't have a mortgage or kids or a pet, they're not a couple that is likely to benefit from couples therapy. There needs to be something that binds people together.

If people think they're a couple because they've known each other for six months or are living together but aren't sure what they want to do next, they're not going to get anything from couples therapy. The advantage of couples therapy is helping people negotiate the inevitable, often existential, difficulties of a relationship because there's something worth fighting for. And something worth fighting for can't just be love. Because that becomes less important as time goes by.

*So love isn't enough? But it doesn't hurt?*

No, love doesn't hurt. But it really isn't enough. Because people confuse love with infatuation, love with lust. And those things are lovely, but they don't provide the sustenance that a long-term relationship needs. You know what there needs to be? Respect. Respect is really important. If people disagree, but respect each other, that's a good thing. I can deal with disagreement. But if there's devaluation, and if there's ridicule, and if there's a sense of resentment...not good.

*What are your success rates with existential therapy?*

I don't know. When I do therapy, I'm working with an individual. I'm not interested in having them fill out scales of how depressed they are. I'm not interested in videotaping my sessions. I don't want anything to interrupt my only focus, which is trying to be there for the person.

## *How do you know when therapy is working?*

When I supervise people, they often have questions about whether therapy is going well, and I say, “if your patient is coming back, they must be getting something from it.” None of the people I supervise use the cudgel of saying to somebody who expresses discontent, “you’re resisting therapy,” making the patient’s frustration with therapy a sign of their psychological state, as opposed to saying, “Therapy’s not going well; let’s do something about it.” I’d never tell a patient the fact that they’re not sure whether they want to come back is because they don’t want to deal with the issues we’re talking about. I don’t buy that. I don’t think any existential therapist buys that kind of stuff.

## *But some therapists do?*

Some therapists do, and it comes from a much more classical psychoanalytic model, in which the therapist has an idea of what’s going on, and because they want the patient to have insight, they try to impress the patient with their knowledge of what’s going on in the patient, and if the patient is resisting it (that’s the word, *resisting*), it’s because of some need to defend against thinking of those things.

I’ll go back to something we talked about before--how does an existential therapist understand what is happening in the therapy. The easy answer is that what is experienced is real. It’s real; real feelings that both the therapist and the patient have. Real feelings. Not transference. Not feelings that emanated from a childhood experience. There is something going on in the therapy that evokes those kinds of feelings and the therapist needs to take responsibility for recognizing why these feelings are emerging, both in himself/herself, or in the patient. Because they’re real. I always feel when therapists talk about the power of transference, they’re getting away from something vital. Irvin Yalom talks about that, and he has had great influence on many therapists.

There’s another writer, Stephen Mitchell, who wrote a book called *Hope and Dread in Psychoanalysis*. It’s a particular branch of psychoanalysis called self-psychology, but it is very like existential therapy because he talks about the realness of the encounter; he calls it a co-created relationship. A therapist is involved in the interaction and has an influence on what the patient is experiencing. Just as the patient has an influence on what the therapist is experiencing.

Understanding that dynamic is essential in this kind of therapy, existential therapy.

*How widely practised is existential therapy?*

We at McGill are still trying to promote psychotherapy as a legitimate treatment modality that should be practised by psychiatrists. But it's not always the case in medical schools. Short-term treatments, manualized treatments, and pharmacology are the major treatments. And of those schools that emphasize psychotherapy, most of them emphasize time-limited psychotherapy. Existential or humanistic psychotherapy tends not to be as rigid about time limits.

There is a book called *Of Two Minds: The Growing Split in American Psychiatry*. It examines the shift in a US training program towards a heavily bio-medical bias. Between 1995 and 2005 the emphasis on bio-sciences (psychopharmacology, neuroscience, brain imaging...) went from 80% to 95%. So now, only 5% of psychiatric training is psycho-social; that is teaching people about relationships and about the impact of social phenomena on mental illness and mental health. That training program, which is probably representative, emphasized treating disease and giving medication, and not on looking at, as the existentialists would say, the person.

There are not many people in Montreal, on the English side (there are more on the French side) who call themselves existential therapists. But, in the States, I know when Yalom speaks at APA conferences and mega psychotherapy conferences, the talks are to overflow audiences. So I know there is an interest.

Le huis clos est une entité  
Dont on se cale à regarder les murs  
(Dont-on se confond à en regarder les murs)  
Je ne sais pas si je suis dehors ou dedans  
Je suis un huis clos  
Et je me cogne au clos (clôt) juxtaposé  
Est-ce le tien? Est-ce le mien?  
Les pentes hexagonales  
Plongent en moi  
Elles me confondent et me tendent

Je sors, je reste  
Je monte, je presse

La barrière derrière elle est ferrière;  
Son or me reflète l'alliage,  
L'Éther est son mariage,  
Souffrance au stylo.  
Les murs et leur chaos  
La barrière est prisonnière  
Juste à côté de ses pieds.  
Je la distancie et la nargue  
Son plan est linéaire  
Elle me salue au passage.

Le huis clos est une entité.  
Je façonne. Je sonne  
Mes mouvements l'échappent de justesse.

Les synapses le cernent et le projettent  
Le huis clos est une entité du cerveau.





Poème et Peinture par Rafael Charky

# Le huis clos

**Trigger warning:** This piece addresses attempted suicide. Nothing is described graphically but please be mindful of your state if you choose to read it.

# What Love Is

By Gorette de Melo

Over the years, I have had a lot of suicidal thoughts and attempts. I would purposefully overdose on my pills. To this day, I regret all the pain that I put my family through, and every moment that they were hurt by my illness. But at the time, I couldn't figure out who I was, and what my life was about.

I blame myself for my mother's death. I hurt my parents so deeply and I hope that they forgave me for what I'd done. My parents had been the only people who'd shown me what love is. I missed my parents so much that I wanted to die, to be with them again.

On April 15<sup>th</sup>, 2010, I started to talk to myself, and to God. I asked God to take me out of my misery...

There were a lot of witnesses who saw me jump. They told me that they could help me, that they would call for help. Someone grabbed my hand, but it was too late. I went down 40 feet. The paramedics rushed to me. I heard a man's voice saying "Please do not move. Everything is going to be okay, and we're going to send you to the hospital." As they called the ambulance, I heard my phone ring. My purse had survived the fall as well. I asked my sister to meet me at the hospital. I couldn't move; I had trouble breathing. When the ambulance arrived, they cut my clothes up, they cut my boots up, they removed all of my clothes before wrapping me in a blanket. They hooked me up to an oxygen tank and I blacked out.

When I woke up at the hospital, my friend was there with me. They told me that I had broken my back, and that I would need an operation. They called my sister to inform her, but had to rush me to the operating room before she arrived. The operation lasted four hours. They inserted a metal support in my spine.

When I woke up after my operation, my entire family was there with me. My sister screamed when she saw me; she had tears in her eyes. I will never forget the look she had on her face, more proof of how much my mental illness had damaged my family's heart.

I stayed at the General Hospital for almost a year, recuperating. For many months, I had to lie on my back. I could not move by myself, so the nurses moved me. I had to learn everything over again, like a child – walking, talking, eating. All I could think about was my parents. My siblings couldn't understand why I jumped, why I wanted to hurt myself. I had a very hard time after my parents' death. I was angry and bitter towards myself and didn't know what to expect.

Since then, I made a commitment to never attempt suicide again.

In February 2017 I moved into a group home. I am happy there, but I would like to have my own home. I am doing well with my medications. Aside from getting my own place, stopping smoking, and having my tracheotomy removed, I would like to help other people. I would like to help those who live with mental health problems, and sick children as well. I would like to give back to my community in any way I can.

I have good times and more difficult times. I get frustrated with my siblings sometimes. I feel all alone. I don't understand my mental illness. I talk to myself when I'm alone. I talk to God. I love my family very much, but they don't understand my demons. And yet, I'm grateful for them. Maybe that's what love is.

In general, I'm happy right now. I am alive. I am a miracle person. I'm a survivor. I am so grateful to everyone who has been part of my journey. I try to stay positive, and I am hopeful for the future.

# My Shattered Mind

an excerpt from the novel *The Pot of Jasmine*

By Katayoun Zarrinkoub

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I used to go to bed around 1 am, sleep for an hour, and wake up around 2 am. From 2 to 7, I was living and breathing the news of Iran online. I read their leftist newspapers, their rightist newspapers, their centrist newspapers, official government websites, NGOs, opposition weblogs, and whatever I could find. One of the more interesting blogs I had found while reading articles about the reformists, was one written by a former member of President Khatami's cabinet. I was impressed to learn that she was the very first female vice-president in the Islamic Republic. Her weblog was called Iranian Enigma. To say that I became obsessed with that blog is a gross understatement. I spent almost all of my waking hours writing comments on it. My comments were longer than her own entries. I overdid it on this blog page, and that was what led to my mental breakdown.

I think it was sometime in February of 2009, I was a constant presence on the former vice-president's blog. I was leaving my electronic imprint all over Iranian websites and weblogs by leaving controversial comments. All of a sudden, I scared myself., I scared myself to death. What if Iran's secret service was looking into me? That was the first thought that worried me, but then, once I realized I didn't have to be afraid of that because I was a Canadian citizen and they couldn't do anything to me, the second maddening thought occupied my mind: "What if the CIA is looking into me?" That thought terrified me to death. I was constantly shaking and shivering. The term CIA has a very frightening weight to it for an Iranian. I would go for long walks in the cold air of February, listening to music on my iPod. Every song had an effect on me, more than just an effect. It talked to me., I literally believed that somehow I was receiving messages through these songs. I was filled with strange, irrational thoughts, but at the time, in that state of mind, they seemed quite rational and sane to me. I thought the CIA was sending me messages to convey to the reformists in Iran. I was sure I had a mission. I was constantly looking for the signs.

Life had become unbearable. Everything was a sign, everyone was a CIA agent, and at every moment I was being watched. One morning, my mom suggested that we go to McDonalds for breakfast. All of a sudden, something in my brain convinced me that there was a limousine right outside the McDonalds and the vice-president of the United States was in it, waiting for me to join him. I told my mom that I needed to dress up and put on my thousand-dollar designer winter coat. She couldn't understand why going to McDonalds required dressing up, but then she wouldn't understand. She couldn't in a hundred years imagine that her daughter's brain had broken like that. I cannot remember how

many days or weeks I was living in this state, but I remember trying incredibly hard to overcome the constant fear.

While I was wrestling with all these insane thoughts, I got an email from Brown University in Providence, Rhode Island. That was one of the universities to which I had sent my CV a few weeks prior. They wanted to set up an interview with me in the following week. The assistant to the dean emailed me saying, "Since we would like the vice -president to be able to meet you at the end of the interview, we are setting it onto Thursday." What I couldn't perceive, however, was that vice -president meant the university's vice -president of academics, and not the vice -president of the United States. I was sure Vice -President Joe Biden wanted to meet me.

A week before my interview at Brown's, I noticed a woman leaving comments on the Iranian Enigma weblog. Her name was Molly. She started by leaving comments about the blog topics, but then soon it became about commenting on my comments. It was a war of comments. We were getting into arguments so much that when she asked me to leave my email address in my comment, and that way we would be able to continue our discussions privately, I agreed. How I regret that. I don't think I had ever done anything more reckless than that in my life. For a few days straight, my life was about writing to this Molly character whom I did not know, and could be a man for all I knew. She was asking me so many questions and was writing to me so constantly at all hours of the day or night that I became convinced she was definitely CIA. I felt like I had to answer her, I had no choice, I would get in trouble if I didn't.

It was Thursday, Feb.25, the day of my interview at Brown's. I got on the road. There had been a blizzard that night, but I was not of this world, I was not aware of my surroundings, I wouldn't know if schools and universities were going to be closed, I was living in my own world. I had a hard time driving in the snow with zero visibility, but I made it. I had printed out the coordinates of that assistant, in case I needed to contact her once I got to the campus. It was a good thing that I did, because the university was closed, and I didn't know what to do. I called her. She told me she was going to reschedule the interview for tomorrow, and the university would pay for my hotel room an extra night. What happened to me that night in that hotel, was an example of what happens to someone having a complete nervous breakdown, or what doctors call a psychosis or a psychotic episode.

I checked into the hotel. I had not had any sleep for thirty-six hours, but I was not tired. I just needed a computer. I was all fired up and ready to go to the hotel's business center to resume my communications with Molly. The afternoon turned into the evening, and I was still emailing Molly back and forth. Somehow my spirituality kicked in. Right there, in the middle of the hotel's business center, while still wearing my long black winter coat and my leather boots, again not having washed up, I stood facing Mecca and doing my prayers, bending and kneeling and touching my forehead on the floor. Then, I scared myself even more by thinking that the hotel management must think I'm

a terrorist. So, I went up to my room and started to watch TV.

That night, everything was a sign, even what was on TV. I watched a few programs that spoke directly to me, and the one I remember vividly was the first episode of Jimmy Fallon's own show after he left SNL. In my mind, everything Jimmy Fallon said was a direct message from Lorne Michaels to me, who had been Jimmy's boss at SNL for years. I thought Michaels being Canadian, has directives from CSIS to convey a message to me through Fallon's jokes. I also thought that Lorne Michaels must have been chosen because he was a Freemason. As soon as my thoughts were occupied by Freemasonry, I started thinking about who else is a Freemason: the Kennedys for sure, Vice-President Joe Biden, who else? I don't know why my mind was going to these places, but I know at that point, I was stark raving mad.

I tried to sleep, but I couldn't. I was too hyper. I went to the front desk of the hotel to ask if they had any sedatives. On the way to the hotel lobby I passed by a room marked "Restricted Area". The sedative was no longer what I needed, I had to get inside that room. It was CIA's control room. I asked the hotel clerk if she could move my room to the room marked "Restricted Area". She called her manager, and that's when they called the police on me. The only thing I remember after that point, is being in an ambulance and hearing the policemen and the medics argue about whether I should be taken to the police station or the emergency room. As I was saying incoherent and unbelievably irrational things, I heard the policeman say "Okay, you can take her to the hospital, but we will be present in the emergency room." What I remember from that emergency room was that they were trying to put a needle in my arm, and I thought they wanted to kill me. As soon as I mumbled the names of Jimmy Fallon, Lorne Micheals, and Joe Biden, the policemen realized they were not dealing with a criminal or a terrorist, and they left as they were laughing. Once the police left, the hospital staff finally succeeded in sedating me, and all the screaming stopped as I lost consciousness.

I don't know how many hours later I woke up, but when I did, I saw Arshia there sitting next to my bed. They must have looked at my phone's call history and figured out that the person I called last must be a close relation. My condition had not suddenly been cured, I had just been sedated. So, I wanted to tell my brother about Molly, CSIS and CIA, but he didn't let me. He told me to just clear my mind and not think about anything, and he held my hand, reassuring me that everything was going to be okay. With that sentence, and the warm touch of my brother's hand, I finally felt peaceful, as I hadn't felt for a long time. Tears started running down my cheeks. This heart-wrenching scene of his once strong and capable sister who had now fallen from grace and was as vulnerable and fragile as a person can possibly be, made him cry too. He kissed my forehead, and my weeping turned into uncontrollable sobbing. The medics came again and put me in an ambulance, taking me to another branch of the hospital.

A week later, my mom, my brother Bardia and his wife Fariba drove all the

way down from Montreal to take custody of me. This was because the psychiatrist in the psych ward had told Arshia that he would only release me if there is someone who can promise and commit to having me followed by a psychiatrist once I get back home to Montreal. Bardia signed the paper, I was discharged, and we left that godforsaken place. I got behind the wheel of my car, with Fariba next to me, and mom in the back seat. Bardia had to drive his own car. As I drove through the hills and valleys of I-93, images of me turning the wheel toward the cliff and driving us all down the valley kept coming to my head. I kept shaking my head forcefully as if I could erase those images like the Etch-a-Sketch magic screen, but I couldn't. I was feeling a strong urge to cause a deadly crash. I stopped the car. I looked at Fariba and said, "Please take the wheel from me." She drove for a few more hours, while I fell deep into sleep. They did not even wake me up when we were going through the border. I woke up just when we were passing by the sign that said "Bienvenue au Quebec". When I saw that sign, it was as if I could taste the feeling of "Relief" and "Peace of Mind". As I felt the wetness of a dancing teardrop on my face, making its way down my cheek, I murmured, "Home, Sweet Home."

I was home, but it was just my location that had changed. Mentally I was still in the same place. I still saw CIA, CSIS, and freemasons, but I had totally stopped communicating with Molly. In fact, I had stopped touching the computer altogether. My brother, Bardia, found out about a program at the Montreal General Hospital called the Transitional Day Program. He had a friend who was an occupational therapist there. With her help, after making her understand the gravity of my situation and the acuteness of my troubled state of mind, he was able to get an appointment for me with Dr. Monica Walsh, who was the head of that program.

My first visit with Dr. Walsh, I was waiting outside her office for my turn, looking at all the other people who were there. I noticed a white guy with a big afro who was speaking Persian on his cell phone. He looked suspicious to me. He could be an agent of CSIS or the CIA. I didn't know which one, but one thing I was sure of, he was there to gather information about me. They had chosen an Iranian, Persian-speaking agent so that they could even figure out what I was saying when I was talking to myself. He was called in. I thought to myself, "I bet he is going to bug the doctor's room so that, when I go in, whatever I say will be recorded, and then he will pick up the listening device again the next time he goes in the room." I became sure of my suspicions when they called me in right after him. The whole time that Dr. Walsh was talking to me I was trying to look at the bottom of her desk drawer. I was looking for the microphone. I wasn't going to tell her what I was going through, not as long as the room was bugged. I tried to make her understand what I was looking for using facial gestures and hand movements, but she became impatient and told me to start talking. I decided to tell her about the bug. Once she understood what I was saying, she took out her prescription pad and wrote "risperidone" at a much higher dosage than the Rhode Island Hospital had started me on. She

then told me to come back tomorrow with my family members. It was important that all of my family could hear her, she told me.

The next day my mom, Bardia, and Fariba made the time in their busy day to come with me to the hospital. After waiting for half an hour, we entered Dr. Walsh's office. She got to the point very quickly and said, "You are here today because I find it necessary for all of you to understand exactly how severe Anahita's condition is. Let me describe it for you in terms that are tangible and easy to comprehend. Imagine she had been in a car accident and you had come to the hospital to visit her, only to find her in a full-body cast from head to toe, a broken body. Now, think of her brain that way, as if it is so damaged that it is entirely broken and in a cast. Mental injuries are not possible to see, which is why you cannot quite understand how much she is suffering, but with this example I hope you have an image in your head of what it is she is going through." My family, especially my mom, completely changed after that visit. She was more patient, more forgiving, less critical, and more sympathetic. But none of them realized that what I needed was empathy and not just sympathy. They wanted me to forget everything and pretend those last few weeks never happened. They expected me to deny what I had gone through and hide it from the rest of the world. But I needed to talk. I needed to be understood, and I had to do it on my own terms, in my own words. Dr. Walsh accepted me into the day program, and, for the next three months, I spent every day among other mentally ill individuals from schizophrenic to depressed, to borderline, to OCD, to others with bipolar disorder like me. It was not easy to be bunched together with people who were much worse off than me. It was very humbling. My brother's friend, who was the OT, ran the entire program by organizing activities that would keep us occupied. With the strong medications I was being given and the help of all that occupational therapy, I no longer thought about the CIA or any other irrational things. Nobody was after me or sending me messages. Nobody wanted to kill or kidnap me. And the world no longer revolved around me. I didn't even have racing thoughts anymore. In fact, I didn't have any thoughts. My brain had become completely quiet. However, I did let art help me. I had taken up drawing again, which is





Painting by Katayoun Zarrinkoub

what I used to be very good at when I was a teenager. Drawing abstract was what I loved, and I went right back to that after more than 20 years. I called one of my drawings “Living Thoughts”. At the end of the three months, Dr. Walsh finally made a definite diagnosis and told me I had bipolar disorder. She decided to continue seeing me once a week even after the program was finished, and she stressed that I had to keep busy. What I needed more than anything else was occupational therapy.

Look for the book, *The Pot of Jasmine* by Katayoun Zarrinkoub on Amazon and Chapters Indigo.





Snapshot of Earth taken from Pluto on April 1st during a discovery mission in 1966. Photograph taken by occupant aboard the interplanetary craft Zulu-97 — Part of the Lima Oscar Echo space program. Pluto lies 4.67 billion miles (7.5 billion kilometres) from Earth.

By Massimo



**MONTREAL WALKS  
FOR MENTAL HEALTH**



## THE RTP

### at Montreal Walks for Mental Health

On October 14, 2018 the RTP once again walked for mental health!

We got to hear Ian Kelly sing, met some horses named Wifi and Chief, strolled through the Gay Village in solidarity, and got to experience a drumline and afterparty! The walk has been a chance for the RTP to unite with others and call for an end to the stigma that often surrounds mental health. It has allowed the Recovery Transition Program to raise more than social awareness. Over the last couple of years, it has helped us raise about \$6000 to benefit our program. If you would like to support the RTP, consider donating to the link below:



[MGHFOUNDATION.COM/EN/DONATE-NOW/GIVE-TODAY/?BBFUND=993](http://MGHFOUNDATION.COM/EN/DONATE-NOW/GIVE-TODAY/?BBFUND=993)

For more photos, visit our Facebook at  
[FACEBOOK.COM/RTPROGRAM](https://FACEBOOK.COM/RTPROGRAM)



Photos by Michael Lubow

# Forward Motion IV

By Gregory

The night is in a race with Toronto. Our shadow stretches farther and farther off to the left. The train's slender silhouette becomes wide and ungainly as we close in on the city. The air brakes creak in our oblique descent. With no more stops and no possibility to get off before the end, there's nothing left to do but discuss the reality of just how late we will arrive. The private anxiousness that's been building up since Sudbury is transformed into a social event. Rumours pass through the train like an electric current. Before long even the most reserved of us can't resist offering their own predictions. The last train for Montreal leaves at 6:00. If we don't hit any more delays, there should be just enough time to run from one platform to the next. No one asks how long it will take to transfer our checked luggage or if the young couple from Saskatoon would be able to make it with their baby and stroller.

One of the train attendants leans against the wall of the vestibule at the end of the car. Her bright blue blazer is folded over one arm. A pastel-coloured floral scarf is neatly tied around her neck, but the wrinkles in her white blouse and around her mouth serve as a reminder that she's as behind schedule as the rest of us. If we miss the last train they may put us up in a hotel, she says, but we might still make it too. We just have to get lucky and not run into any other trains on our track. Here it's the city's public transportation, rather than the freight companies, that owns the railroad right of way.

It begins to rain. The blackberry bushes entangling a chain-link fence, the concrete barriers along the elevated highway, the viscous rush-hour traffic, all turn a shade darker as their dust coating is washed away in the shower.

We pull over to let a commuter train go by.

The rain intensifies. By the time I step off the train in Toronto it has turned into a downpour. The station is under renovation, and water seeps through the temporary roof that covers the platforms, turning the continuous torrent into a regular pat-pat rhythm. The train yard is covered in the rough texture of painted plywood panels that have begun to disintegrate from the wear of water and shoes. The air smells of damp, a mix of hidden rot and a train-full of bags, coats, and bodies exposed to water for the first time in days.

Once inside, Jehanne from NDG and I wander the station looking for the information desk where we've been told someone will know what to do with us. The construction interrupts the sight lines across the larger rooms. It's hard to tell which are the side corridors and which are the main ones—they've all been reduced to more or less equal widths by the same grey plywood panels. It's disorienting, after passively following a single line for so long, to be deposited in this soggy warren, scanning the walls for a sign. Finally the floor starts to rise. Just ahead a high arch comes into view and beyond it the station's main hall. There's no more plywood. The walls shine with smooth blue ceramic tiles. About halfway up the right side of the arch is a sign that, in black sans-serif lettering on translucent yellow plastic, reads, INFORMATION.

There's already a crowd at the desk by the time we get there. I recognize a couple of faces, but I'm surprised by how many people there are making the connection to Montreal who I never saw en route. It's clear that the woman at the desk wasn't told we were coming. She's stalling until her manager arrives, while at the same time trying to appear to have everything under control so that the more anxious and impatient among us don't start to truly flip their shit. She exchanges a brief look of sympathy with a woman sitting on a suitcase next to a man who has started swearing at no one in particular in slavic-accented French.

They're not going to put us up in a hotel. I'm disappointed. I was looking forward to delaying things one more night and arriving clean with a new morning. One more chance to pause and collect myself, each extra hour or minute promising to be exactly the time I need to prepare for the uncertainty of occupying the space waiting for me at the other end of the delay. Instead they've hired a van service to take us the rest of the way. The drive should take about five hours, they say, putting our arrival somewhere in the indistinct bottom of the night towards two in the morning.

Leaving Toronto is a blur of lights. No matter the city, leaving by car is always the same—a sequence of spiralling turns that aren't meant to bring you any closer to your destination so much as move you to larger and larger roads until the final onramp to a highway with enough mass to break free of the city's anastomotic surface streets.

The rest of Ontario is a wide separated highway punctuated by neon lights and colourful plastic signs for gas stations and fast-food restaurants. From time to time we pass a

sign that gives the distance to upcoming exits, and from the seat next to mine Jehanne from NDG asks, “How far are we from Montreal?” I read out the number, but it's meaningless to me beyond the fact that each one is smaller than the last. I've been in Canada barely a week, and I'm not used to the metric system yet. I can't remember if it's .62 miles per kilometre or .62 kilometres per mile. I know miles is the smaller number of the two, but I'm too tired to do the simple math in my head.

When we get to Montreal, the van leaves the highway in a mirror image of its labyrinthine path out of Toronto—a ritual to untie the knot that has held us together until the very end. We then continue to turn around construction barricades and one-way streets going the wrong way. The driver is relying on a GPS navigation system that has clearly not been updated with the latest street closures. We pass glass-and-concrete skyscrapers, nineteenth-century domes, modernist public sculptures, and a century or so's worth of variations on the row house. Our erratic route sows the city with buried memories that I'll unearth in the following weeks and months when I pass these hidden caches again during my search for a job and a place to live. They will take me by surprise when suddenly I recognize the façade of a building in an unfamiliar neighbourhood far from the highway. Discovering this network of orphaned reference points will give the city the feel of an old memory retreating into its last strongholds against the advance of forgetfulness rather than a new one growing out around me. It will be disconcerting, as though I'm remembering that I am something I could never have been.

We're dropped off in a nondescript parking garage where a representative from the train company is waiting to meet us. The space is tinted orange from the dirty plastic that covers the lights. The scene is fixed in a static blur. All motion has stopped. My last movements to pull my bags from the back of the van are only the final unfolding of a gesture made days ago. We gather around the train company representative who gives us each a taxi voucher and directs us to one of the drivers standing by. While I'm not looking, Jehanne from NDG slips away to meet her ride without saying goodbye.

I follow the chemin Olmsted in its gentle climb through Mount Royal Park. I've been on my feet all morning looking at apartments. As the path curves along the hill's erratic relief, I realize that I have nowhere near the energy left to complete the loop. The sudden exhaustion arouses an instinct to retreat into

the familiarity of home, but the word only hangs there flapping in the wind with no object at the end of its reach. All that's left is the soreness in my muscles, my feet's flexing arches, and the creaking joints down the left side of my body that never got all their range of motion back after the accident. At some point just ahead I'll have to turn around and go back the way I came.

Standing still in a moment of indecision, I see the train for the first time as a recollection of the past. Then, and each time thereafter, when I retrace the route, the memories add up to just a little more than expected, spilling over the sharp edges provisionally laid at either end. Each time there's a new surplus of understanding that extends out in the tantalizing suggestion of a path towards a final coherence. Each time there's the flickering trace of that first moment of afterwards—the smell of the fallen leaves that haven't yet had time to decompose, the sound of the wind rustling through the dusty canopy that slowly collapses down in pine needles and whirligig maple seeds across the crushed gravel path that leaves white chalk marks around my boots' black heels. I can see myself in stereoscope stepping forward—onto the train and through the park. Each step is a turning point, no thicker than the ash trees' borer beetle—eaten leaves, fragile and just about to fall, waiting for the last fissure between branch and stem. Pulled tight. At ease. Nothing left to outpace. Quivering with the pain of anticipation for the right moment to break.

This space that we opened up—me on my end, you on yours—heals much faster for you who are content to run your fingertips lightly over the rough fibres knitting together across the gap. As for me, I can't help but pick at the wound. I take too much comfort in the stinging pain around its reddened edges. Even when I close my eyes I can feel the outline. I forget whether the emptiness it contains is supposed to represent you or me. It never was a particularly effective symbol. But through it I can reach back and hold you tighter than I ever would have dared, tighter than your body could stand, well beyond any force my muscles could exert. As long as I keep at it the healing is never cumulative, the wound never closes, one corner always open to the wind.

Artwork by Sonia Delaunay-Terk from *La prose du Transsibérien et de la Petite Jehanne de France*, courtesy of the Fine Arts Museums of San Francisco (famsf.org)



**By Veronica Slavedra - Waking Up from the Nightmare**



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# Rafael Charky: "Accept in the journey"

By Katharine

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I was glad when he unlocked the door. Waiting outside on a patch of ice in 20-below weather, standing stock still so I wouldn't slip (again!), his warm smile was just what I hoped to see. I followed him up the stairs, through a dark and near-empty room ("We just moved into a new place," he explained), and into a space brimming with food and laughter. I chose a turquoise cupcake from a tray of rainbow treats and settled in. We spent the evening talking: about our jobs, the cold, punk bands, top surgery. We talked about knowing yourself. This was Action Santé Travesties et Transsexuelles du Québec, ASST(e)Q, where Montreal's trans, gender non-binary, and questioning meet to catch up, commune, and discuss the needs of their community.

This is not, however, where our story begins. Our story begins with Rafa. He met with us at the RTP on another cold winter day to talk about his experiences with resources like ASST(e)Q and Aide aux Trans du Québec, ATQ, which played a pivotal role in his journey. The sun warmed the room as Rafa spoke, and I listened closely with eyes half-closed in the morning light.

"My name is Rafael now, but it was Maryann when I was young. I grew up as a girl. When I was 26, I saw an interview on TV of a trans boy, and it really caught my eye; it spoke to me deeply. From then, I started researching and being attracted to the idea of transitioning. I was taking information off the internet, and I called the ATQ."

The ATQ would be central to Rafa's story. They directed him to doctors and other resources, recommended that he try dressing as a boy. "For the transition, there's a lot of referral to medical workers like doctors, endocrinologists, surgeons, a big bank of people. They also have a meeting every Tuesday, like a round table, where people talk about all or nothing, subjects they want to share. They were great—it was men and women, and you get to hear everyone's concerns about transitioning. Everyone's in different stages, so you can get answers to little concerns and bigger concerns."

The ATQ does more than support transitions. They also have a phone line, a crisis centre, and a psychosocial worker. Rafa spoke of group dinners, movie nights, Halloween and Christmas gatherings, and emphasized that the organization is not only for people who are transitioning or transitioned but for those who are questioning too. "That's what's cool!" he exclaimed. "In the community meetings, in the meals, it's open to all. You can bring your friends and family. I brought my parents once!"

Then, at 27, he began his transition.

"My story is intertwined with some mental health issues. Around that time, I started having bipolar symptoms, but at that time I didn't know it was that. I went through a bit of depression and some hypomania that resolved into psychotic manic attacks.... At the beginning they thought the testosterone I started to take might have

triggered the psychosis, but we'll never know because there are some people who are bipolar who aren't trans, and there's some trans that aren't bipolar, and some are both as well—we don't know what came first. We don't know much about the human spirit.”

We don't know much about the human spirit, but I suspect Rafa knows more than most. Four years ago, on a trip to France, Rafa found meditation and “started reading some Buddhist philosophy—Matthieu Ricard and the Dalai Lama and stuff like that. It caught my soul. Something was talking to me. I needed this.” Upon returning to Montreal, Rafa says, “I was really depressed, and [my therapist] asked me, ‘What is one thing you like to do?’ I couldn't find anything, you know, when you're really down. I said I wanted to find the Buddhist centre in Montreal, if there was one.”

He found Centre Paramita of Montreal, open to all. “It's amazing. They have closed courses when you have to register, but they also have workshops for everyone where you don't have to register, but you can go to meditate a little. They teach you how to meditate, and they have a theme like 'cultivate tolerance,' 'stay positive in all situations,' 'how to release stress' — on all subjects.... Believe it or not, since I've been practicing meditation and studying philosophy I've reduced my medication from four things I used to take to one. I really stabilized myself. I mean, it's possible to work on yourself.”

Rafa left us that day with a piece of advice: “Accept, as soon as possible, in the journey. It's hard to accept in the beginning—you're shattered, it hurts your ego, it's hard to accept—but if you don't you might have relapses or not take your medication, and it makes a heavy burden. But if you accept, then you can start recovering and building all the help you need. There are many things out there you can do; it doesn't have to be just medical or medication.

“For the trans, you need to know yourself, observe yourself. And this is my advice, which won't work for everyone, I think that if you can be gender-fluid without having to take hormones or having to do surgery, it's even better. Because it isn't only physical, it isn't only material. You must be well within yourself, so why not be androgynous? You don't necessarily need an external support or to play around with your psyche, with the different hormones and the surgery. But for some people, they have no choice; they really need these things. It's knowing yourself.” This is a sentiment I heard echoed throughout the ASST(e)Q that winter evening: gender is elusive. To have some masculine traits, some feminine, not fitting into the binary (trans or cis) is valid all the same.

“It's crazy though, hey? We all need to find peace. We all need to find stability. We all need to find self-acceptance.”

“I have played many roles in my life: son, brother, husband, physiotherapist, music performer, labour worker, and finally RTP peer mentor and facilitator. They have all taught me many things. I am very proud to have reached a mentor status in my recovery. Having suffered bipolarity, it is by far my biggest achievement and my greatest joy to now share with others. Peacefully yours,

Rafael Charky”

# Ode to the Moon

Creeping through the silver folds  
Comforting me as I lie in bed with colds  
Fluorescent beams of silver  
Smooth out my bedspread with  
rays of symmetrical arrows in a quiver

Brightening the somber darkness,  
guiding me through  
Unlike any other dreary, spherical object, it is true  
Sacred orbiter of the night,  
you keep me from fright

Your early stages of pregnancy  
Leave me in a state of despondency

The magnetic attraction I feel  
is nothing compared to the waves of teal  
Reaching through the pitch-black to feel your ardour  
Instead, I end up with nothing,  
as if you are blocked by way  
of a car door.

Poem by Chan Phuong Nguyen

Photo by Victoria Vanier

# Les saisons

By Danielle Ndeze

Avec à ses pieds un petit chiot  
Elle pense que le printemps reviendra bientôt  
Parfois le soleil s'aventure chez elle, quand  
Elle ouvre les persiennes en grand

Dans la nature tout est bon bien fait  
Et l'hiver a aussi ses bienfaits  
Le cortège des autres saisons  
Nous enrichira aussi à sa façon

Quel que soit le temps, elle est en paix  
Heureuse, comme pacifiée  
La paix est venue en s'attardant  
Sur le silence, ses possibilités et le passage du temps

## Stephanie Tremblay — MUHC SIM Team Leader Cecelia Vanier



I first met Stephanie Tremblay at the Griffith Edwards Centre (GEC) Addictions Unit, where she was working as an occupational therapist (OT) for four years. She had helped the RTP organize a garden tea party on the grounds there. With staff and patients mingling together in such an informal, relaxing environment, the event was a tremendous success.

Since January 2018, Stephanie has been OT/Team Leader on the new SIM (Suivi Intensif dans le Milieu) team at the MUHC's Allan Memorial Institute. The SIM team offers a recovery-focused, individually-tailored approach designed to provide comprehensive, community-based psychiatric treatment, psychosocial rehabilitation, and support to persons with serious and

persistent mental illness such as schizophrenia. I met with her in her office, where we chatted. The room has two enormous windows that flood it with natural light, making it cozy and providing nourishment for her very happy plants.

*I ask, “Do you have a favourite season?”*

After quick deliberation and visualizing, she answers with a big smile “Summer! The outdoors, yes, but especially the gardening. So actually, that starts now in the spring, but you really get to see all the results in the summer. I love when everything comes to fruition.”

*The tulips are starting to come up over at Griffith Edwards, where Stephanie put in a lovely garden two years ago. So I ask her “What inspired the garden project that you started there and who helped with it?”*

“What happened was that my grandmother, who lives in Ontario, gave me some tulip bulbs as a gift. However, I lived in an apartment so I brought them to GEC and decided to plant them there, in front of the main entrance. I thought it would be a nice experience for the Addictions Day Program if those that were interested got involved too. So we started a lot of plants from seed and then transplanted them outdoors. We had veggies, herbs and flowers. It was amazing how engaged people were — so much creativity, so many ideas about how we could improve the outdoor space! And it all started with those bulbs. I guess you could say that my grandmother started the garden.”

*“What exactly does the SIM team do, Stephanie?” I ask.*

“We are among the three Montreal SIM teams that operate in the downtown area. The other two are based at the Jewish General Hospital and at the CLSC Metro (Guy). I work closely with a multidisciplinary team currently including three nurses, three social workers and two part-time psychiatrists, Drs Low and Faridi. The

people we serve have functional impairments resulting in difficulty stabilizing, maintaining independence and reconnecting with the community (often after multiple hospitalizations) and have not benefited from traditional out-patient follow-up. We are all familiar with each of those individuals. Any one of us can step in to be of help.”

“We meet with clients twice a week, on average, but sometimes every day. We can follow them for a period of four to five years or so, until they no longer need the level of intensity that we provide. Sometimes they come to the Allan for an appointment, but we usually visit with them in the community and in their homes — whatever makes the most sense for that day’s meeting. Our goal is to help them with what they need to do to live independently. This can include helping manage their medication, budgeting, understanding better nutrition or solving housing needs. Basic organizing is often what’s needed. The approach emphasizes relationship-building and active involvement in assisting people to make improvements in overall functioning, to better manage symptoms and achieve their individual goals.”

*“How is it different seeing clients in their own homes rather than in an institution?” I ask.*

“It’s wonderful!” replies Stephanie. “We get to more fully understand the whole picture. If someone tells their team that they can’t cope with the noise at home because the neighbours are too loud, that can easily be understood if the therapist visits the dwelling and hears for him/herself that the noise level is disruptive. Also, being with them in their homes or in a coffee shop are very normalizing experiences. There is less stigmatization surrounding how we connect.”

“Rather than talking about plans of what needs to be done, we can accompany people through the steps. We often go with them to appointments, like to the welfare office or to places like UpHouse. We can go grocery shopping, take walks in the park — one of us even went to the cinema with a client. Going to the movies was something that this person really wanted to do, and he hadn’t gone in years. Some of our clients have trouble leaving their homes so the psychiatrists on our team make house calls as well.”

“Working on the SIM team, every day on the job is different, challenging and exciting. We work collaboratively, season to season, helping people achieve their self-determined goals. It’s amazing what people can accomplish with a little support. Just amazing.”

*“It must be very rewarding following an individual over time and seeing someone grow beyond the struggle, to a point where they begin to bloom?” I inquire.*

“Absolutely. A couple of our clients have even begun contributing to the RTP zine and I believe that expressing themselves will be very empowering. I see the RTP as a great role model. It’s filled with such wonderful, resilient people. They have a lot to give. I believe that every person you cross paths with in life has something valuable to share.”

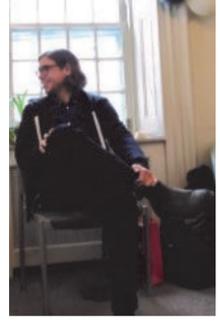
*“One last question,” I ask. “Do you have a green thumb?”*

“Yes” answers Stephanie. “I got it from my grandmother.”





**Painting by Jeff Miles - Wonderful rainy day in the woods**



### THIRD COHORT CERTIFICATE CEREMONY

On Thursday February 21, we held a special ceremony to give out certificates to our third cohort of trained Peer Mentors. The celebration ended with Bernie and Patricia awarding training certificates to the new Peer Mentors in recognition of their completing a 30-hour training course followed by a 20-hour practicum. Their commitment is essential to the continued growth of the RTP.



We enjoyed lots of delicious pizza from Amelia's and had a chance to catch up with one another.

Congrats to the third cohort again!





By Massimo

Hickory Dickory Dock, the mouse ran  
straight past the  
clock, yelling,...



"Look at me everyone,  
I'm going faster than  
the speed of time!"

GeCe

By Cecelia Vanier

# More mindfulness

By Danielle Ndeze

Unending possibilities

And a thousand wishes

To you

As you continue upon the journey

Where each step may have been difficult

But you are here

Speaking

Surround yourself with people who reaffirm your value

On this road less travelled

May your heart open up as you do so

A thousand wishes be with you every step of the way

Photo by Cecelia Vanier

The RTPublication team wishes to acknowledge the generosity of Les impressions et graphiques BiMax in providing us with professional support in the production of the zine.



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Lundi au vendredi  
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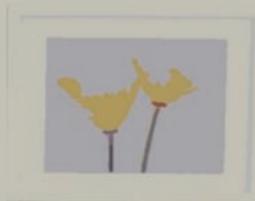
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**We would like to hear from you!**

**If you are interested in joining the team or submitting work (photos, articles, poems, information on resources, original artwork, etc...), please contact Massimo at [rtpzinesubmission@gmail.com](mailto:rtpzinesubmission@gmail.com)**





To submit work, please contact Massimo at  
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