

RTP publication

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

FAMILY

FIFTH EDITION, 2020

Allan Memorial Institute and Griffith Edwards Centre

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I and You

I used to believe you were part of me,
I listened to you and followed your advice.

I took the blame for the guilt and regret that you caused in my life.

I took responsibility for all the pain and I thought I was to blame.

Now I know that you and I are not the same.

You can be conniving, misleading and deceitful,
In the guise of being understanding and helpful.

You know me inside out and use it against me every single day.

Recently I found I don't have to listen to what you say.

Now that I know who you are,
It seems that I can hear your voice so clear.
It was disguised as my own, whispering in my ear.
Now I know your tricks, your ruses and your lies.
Now I have my own that will lead to your demise.

— Adam Robinson



Image by A. Spence

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Welcome to the Fifth Edition

Just like the program that we represent, the zine team itself involves many transitions. We alternate our roles: taking minutes, contributing content, co-facilitating the meetings, etc. Over the last two years, we've said good-bye to some zine team members and welcomed new ones.

Family is the underlying theme in this edition, and asking the question, "What is Family?" inspired a great diversity of definitions to fill our chalkboard. For many of us, the zine team itself is like a family. We laugh, we disagree, we negotiate, we evolve, we hold on and we let go.

Last summer, we lost a very talented member of the zine family. Greg Lipscombe was one of our first members and although his health often prevented him from participating, it never diminished his enthusiasm for what we were trying to create. He was especially excited about edition five because he was finally able to attend meetings and contribute some poetry and artwork. Greg was a special guy. Sensitive, insightful, irrepressible and endearing, he left an impression on all who knew him. This sudden and tragic loss should remind us all to appreciate the time spent with those whom we consider family.

The RTPublication Editors

If you are a present or former patient of the Allan Memorial Hospital or the Griffith Edwards Centre and would like to submit material to the RTPublication, please contact us by e-mail at rtpzinesubmission@gmail.com

The RTPublication is also available on our website to read or to download and print recoverytransitionprogram.com/RTPublication

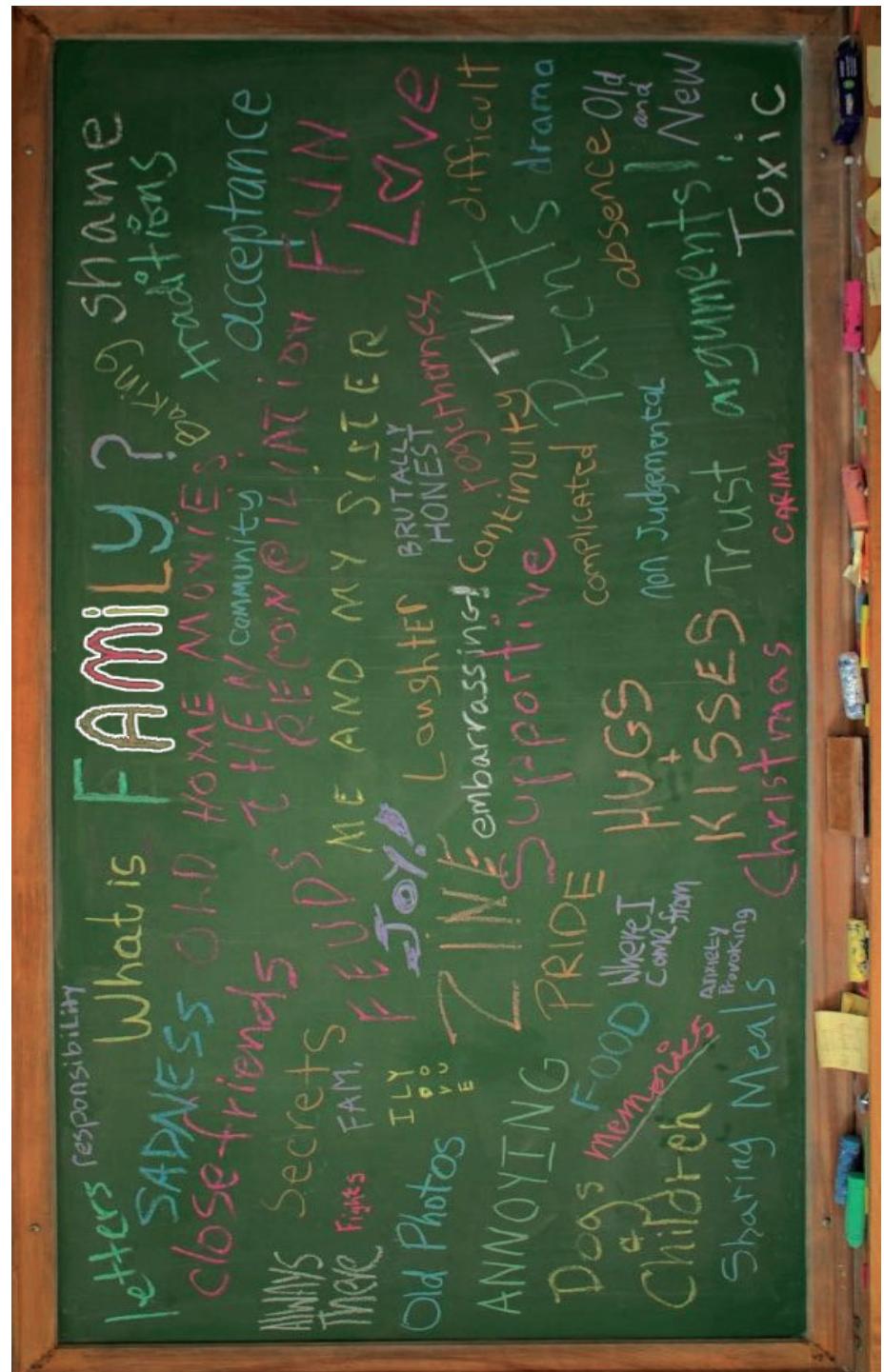
All submissions used by RTPublication will appear in our paper zine as well as in the electronic version on our website.

RTPublication Team:

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Benoit Bolduc
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Raquel Hoekman
Samuel Schmidt





Griffith Edwards Centre on Pine Avenue



RTP office in the Griffith Edwards Centre



Allan Memorial Institute



RTP office in the Allan Memorial Institute

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 and/or contact the RTP Coordinator at: Patricia.Lucas@muhc.mcgill.ca.

RTP Group Activities

In addition to one-on-one mentoring, the RTP organizes group activities to help mentors and mentees alike connect with each other and the greater community. Activities include:

- RTP Reads (a monthly book club)
- Group visits to outside resources such as the MMFA Art Hive
- The RTPublication workshop (the making of this zine)
- The RTP Talent Show
- The staff & volunteer Garden Parties
- RAP, DIALOG, and SMART workshops
- Public awareness events (Pharmaprix Run, Montreal Walks, Mend Our Mind)
- Outreach & Dissemination (inviting other institutions to start their own RTP)
- RTPerformance! (musical and spoken-word performances for the community) eg. recording music in the MGH music therapy studio, performing for the Alzheimer Society of Montreal

See photos on our website (Past Events) or visit www.facebook.com/RTProgram

How I see the RTP

I see the RTP as a community where stigma doesn't have its place, where I am celebrated for who I am, where I feel I belong, and where, by reaching out to others who have lived similar experiences, I can give back some of the hope that was given to me. This gives purpose to some of the challenges I have overcome, like some sort of a calling if you will, and so the puzzle begins to unfold. —Theresa Nachaty

Every time I walk through the door of the zine's meeting space, I feel as though I am transported into a magical world filled with gentle, compassionate, intelligent and highly creative beings. Not only do they inspire me to keep going, they inspire me to dream again! It is a privilege to be part of such a unique group of people. —bess

Knowing full well my mental diagnoses, I found safety in not being alone. I found hearing and sharing my own story was helpful. RTP means to me that everyone around me is empathetic when I am down and in a strange sense, that feeling of togetherness is like the common bond of family. —François

Impressions Santé Mental

Samuel Schmidt

"You shall no longer take things at second or third hand, nor look through the eyes of the dead, nor feed on the spectres in books, You shall not look through my eyes either, nor take things from me, You shall listen to all sides and filter them for your self"

— *Song of Myself* by Walt Whitman

I have always been attracted to Modernist art, more precisely the Impressionist movement, a movement fueled by rejection and unrecognition. Here is a brief history of the Impressionists for those of you who are unfamiliar with their work: Artists such as Monet, Renoir, Degas, and Pissarro worked and lived together in the late 19th century; they suffered collectively during the years their art was ignored. Excluded from the annual exhibition held by the French Academy of Art, they decided to organize their own exhibition. They were profoundly convinced that their images were worth exhibiting; however, at the time, the Impressionists were not recognized as serious artists by any museum. Rather than painting what was deemed as art at the time, such as portraits of the nobility or fanciful Greek gods, the Impressionists were the first to regard workers, prostitutes, passers-by in the street, or clients in cafés as art worthy. They were tomorrow's official painters; but this tomorrow seemed a long way off to them, if not unattainable. Through their solidarity and hard work, and ultimate acceptance by the general population, Impressionism is now recognized as one of the great Western art movements; every important museum now has an Impressionist section. My personal take on Impressionism is to emphasize the inclusion and friendship of the artists.

What brings me here to write today is friendship and the action to be part of another community that society has historically disenfranchised—people with mental health issues. While there are many examples of our

marginalization, one situation stands out for me—the right to vote. Prior to the federal election of 1988, mental patients in institutions could not vote. The Canada Elections Act excluded “every person who is restrained of his liberty of movement or deprived of the management of his property by reason of mental disease.” This legislation was only changed in 1993.

While the change in access to voting is positive, it would be idealistic to think that in 26 years the stigmatization of mental illness has been resolved with legislation. On some level, just as the Impressionists were outcasts desiring a place within the artistic community, people living their daily lives with different degrees of illness have a consciousness to break through and obtain a voice of their own, whether it be politically, economically, socially, or technologically. We can take inspiration from the early Impressionists for their refusal to be marginalized and excluded and their support for each other.

When I think of family and close friends, I think of members of a community coming together in order to build a better life for each individual. For me, this would be the RTP Zine who, like the Grandfathers of Impressionism, joined forces and organized to produce their own voice to express themselves. Whether ready to voice individual discontent or not, it provides an outlet that gives the possibility to be heard; at the root of it, families and friends provide opportunities to prosper by trying new things in a safe environment.

In my experience, I could not have been rehabilitated without my family and the resources available to me. Although I was not conscious of the fact that I was suffering, and my reality was not what I believed it to be, without family and friends it would be impossible for my voice to be heard, to help pick myself up and support myself during the hard time of recovery. Without friends and family, we would all suffer as our grandfathers and grandmothers suffered in silence with our rights to democracy taken from us.

I wish to voice myself as someone who has been hospitalized and supported by friends and family. I don't expect fame and fortune; I do desire a life

filled with laughter and love; I hope that children with mental health issues may live a life without stigmatization—be given opportunities to prosper with the right resources and help. Rome was not built in a day; however, I am hopeful because we are fighting, as the Impressionists fought to get their voices heard, to break away from worshiping kings, queens, or gods, and to celebrate the passers-by. As the Impressionists were a community of outcasts, we too are a community of outcasts fighting to be included in the conversation - a conversation that must include policy makers, artists, architects, engineers, medical specialists, and all others.

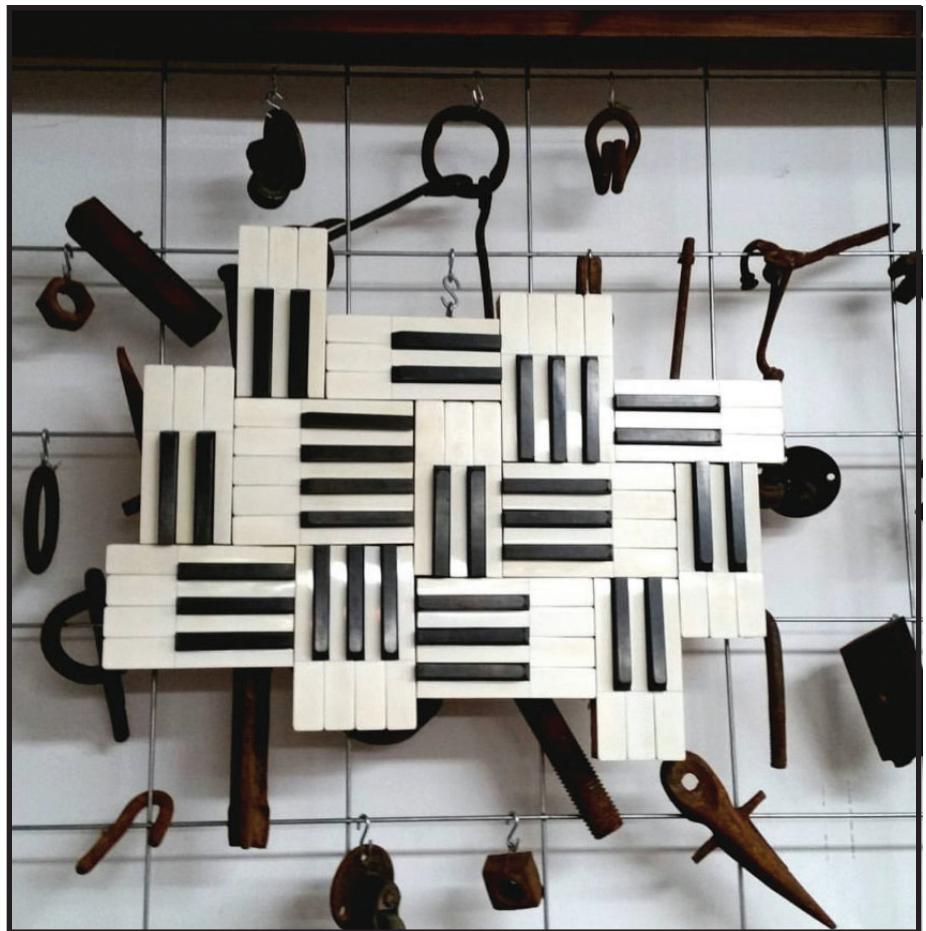
I am not a painter, but I do enjoy taking analog photographs; my topic interests lie in the same vein as the Impressionists, to capture everyday moments. The image you see attached is one that I am quite fond of and would like to share, in the hope that in reading this, you are inspired to pick up a paint brush, camera, pencil, or hammer and chisel to try to capture a moment that brings empowerment to you, with a desire to share the therapeutic moment and let your voice be heard.



Image by Samuel Schmidt

P.S. For those of you who may be interested, here are a couple of links to Impressionism:

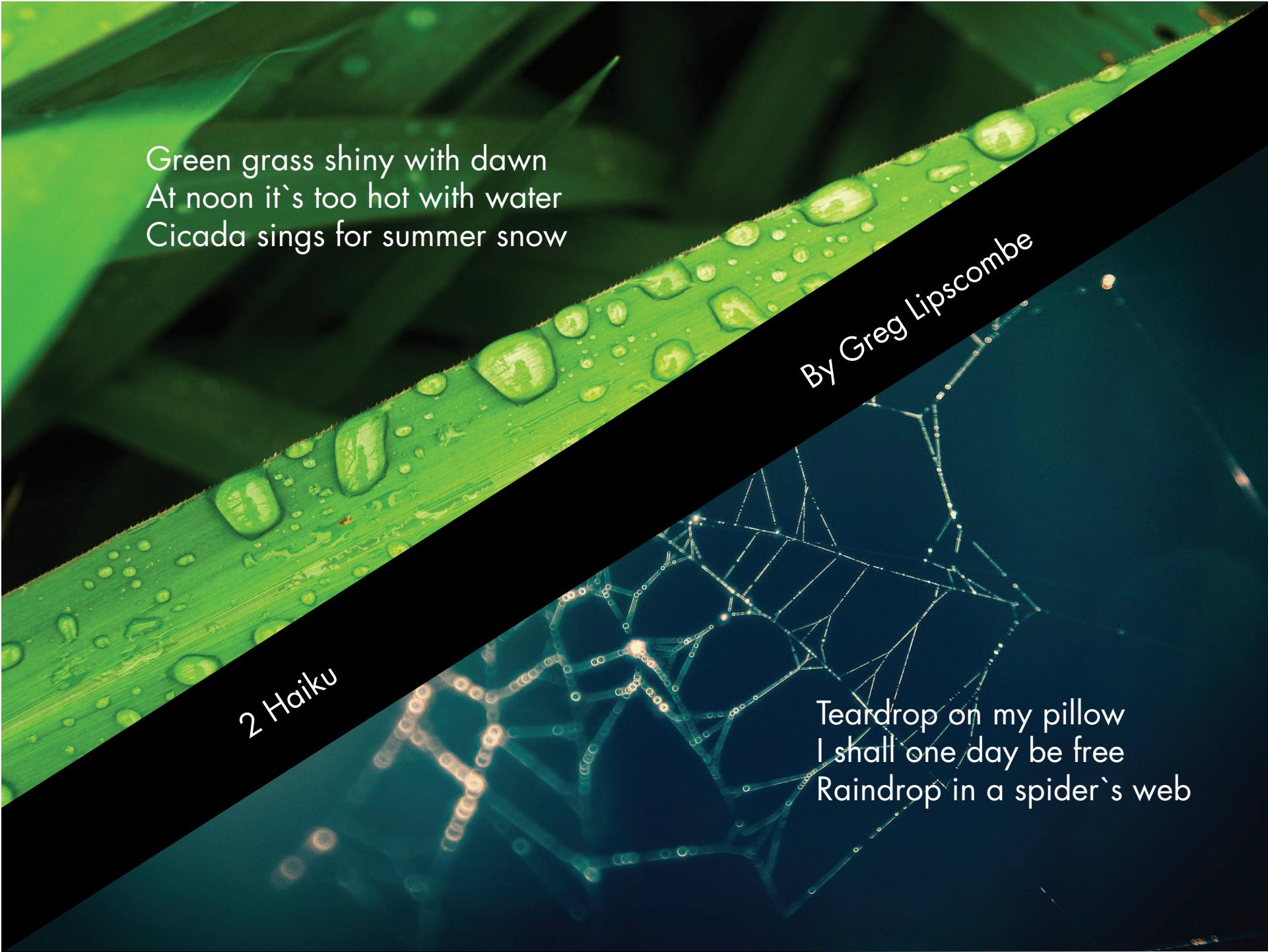
- <https://www.history.com/topics/art-history/impressionism>
- <https://www.theartstory.org/movement/impressionism/>



Piano Key Mosaic by Mike Payette

On display at La Ruche d'Art St-Henri,
4525 rue St-Jacques, Montreal, QC

This photo captures only a portion of Mike's art piece. He took apart an abandoned piano, repurposed wood from the body to make a frame and cut keys into sections to create the black and white mosaic. There is also an interactive part of the installation where the strings can produce sound. He built Piano Key Mosaic at the art hive in St-Henri, where it is permanently mounted and on display.



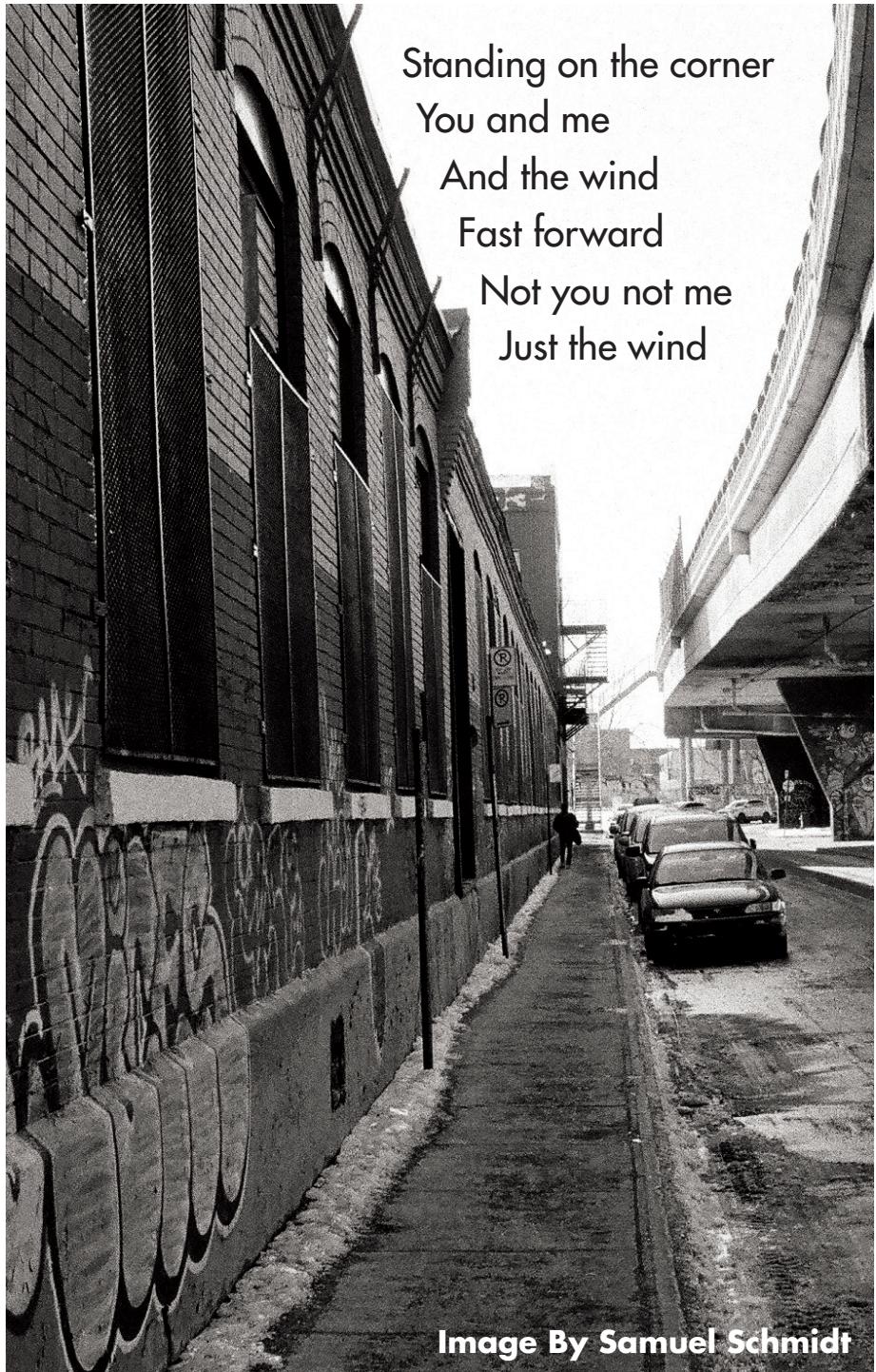
Green grass shiny with dawn
At noon it's too hot with water
Cicada sings for summer snow

2 Haiku

By Greg Lipscombe



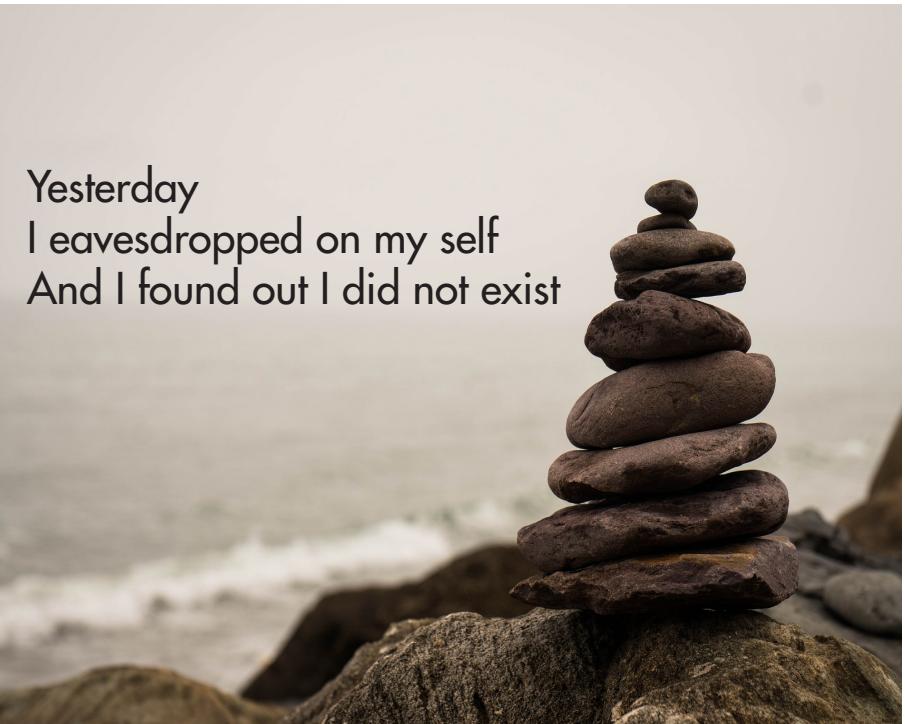
Tear drop on my pillow
I shall one day be free
Rain drop in a spider's web



Standing on the corner
You and me
And the wind
Fast forward
Not you not me
Just the wind

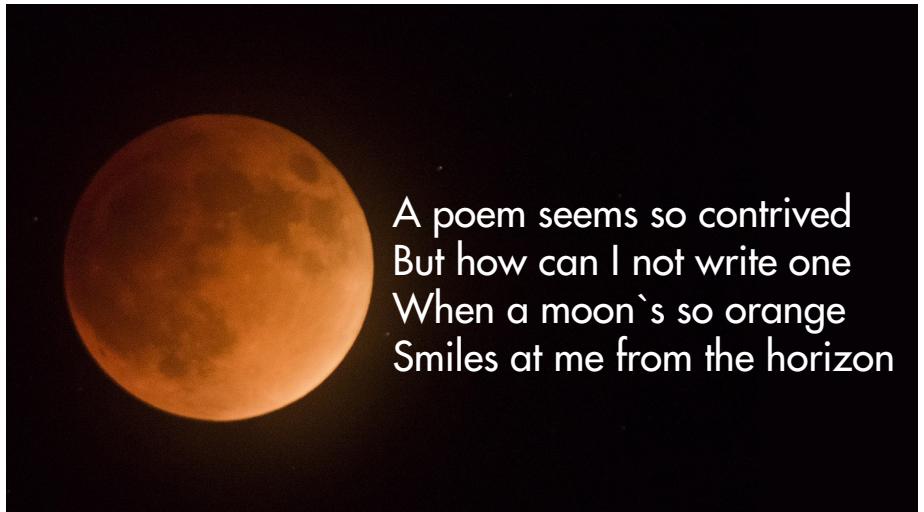
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Image By Samuel Schmidt



Yesterday
I eavesdropped on my self
And I found out I did not exist

3 Poems By Greg Lipscombe



A poem seems so contrived
But how can I not write one
When a moon's so orange
Smiles at me from the horizon

14



Note to the reader: I wrote this poem in a state of severe depression and I was in transition from moving from one place to another. The painter, a friend of mine, wanted to paint how things looked back then. This is not how I am today.

A Mask

By: François Collins

Beneath the surface of smiles and sparkles where everything was fine.
Beneath the appearance that I told everyone I was ok.
It was a lie. Frustration and Guilt was my true face.
Family noticed it and were worried.
I was believing my own delusion that everything was great
A small dip turned into a flood.
I wore the mask tightly for fear of rejection.
If I showed my true self no one would care about me.
I cried myself to sleep.
I was carrying my weight in chains.
I knew that if I continued wearing this mask that no one would notice.
So everyday I rip the mask off and show my true self or try to.

In Transition

By Bloom

The past several years have been more unkind to me than usual. Long story short, I lost my career/passion in the music field (which was my *raison d'être*); in addition to living with mental illness, I contracted a virus which left me with permanent physical pain and loss of movement; I lost my mom; I lost my dad; I lost my beloved dog "little brother" Lexi and I lost my home. Life has stripped me of everything in life and the painful and steady decline continues. For the first time in almost 52 years I have no choice but to survive on my own and there are days when I believe that I will not be able to make it.

The few blood relations who promised to support

me during this most horrific and heart-wrenching time are nowhere to be found. I am drowning and instead of receiving love and support, I am surrounded by vultures who in my vulnerable state have not only abandoned me but who continue to abuse and harass me for their own gain.

Barely functional and suffering from years of caregiver's burnout, anxiety, depression, fibromyalgia and post neuralgic pain, I could not take care of Lexi. The family member who vowed to house and take care of him until my father was transferred to a more permanent residential facility returned him to me. This

same person owns numerous homes; their main home has over five bedrooms — lots of room for their own pets, usual guests and support staff. For my own security and protection, I was forced to leave my home and sought refuge in my friend's small 3 ½ apartment where I slept on a mattress with Lexi on the floor while taking care of my ill father.

My best friend and I frantically started to make countless phone calls to anyone who could help me to train Lexi in his temporary home (my best friend's 3 ½). He had become increasingly anxious and the building manager where she lives warned us that if he were to receive any complaints of Lexi's barking he would evict my friend within 10 days. Desperate for help, I made calls to dog trainers, kennel clubs and adoption agencies for tips on how to keep Lexi calm, but it became apparent that I could not keep him. I was now

faced with the possibility of finding him a new family who could provide a better life for him than I could.

After numerous emails and phone calls to all on-line dog associations that I could find, I stumbled upon an organization called Sophie's Dog Adoption. Unlike everyone else I had contacted, Sophie responded to my call almost immediately. Not only did she inform me of options to try and retrain Lexi in his new environment, Sophie managed to calm me down in my frantic and depressed state. She actually took the time to come over to visit me and Lexi and brought many items to help me retrain him. As Sophie, Lexi and I sat on the floor discussing dog tricks, I immediately recognized that her help was unconditional. She took time out of her very busy schedule to educate me, support me and eventually mentor me (without her realizing it).

The thought of not having Lexi in my life was too much to bear. My life's circumstances began to surpass the complexities of any Greek mythology or tragedy. Sophie offered to take Lexi to her home so that she could try to train and calm him herself. She managed to work with Lexi and help me to come to terms with the fact that we could not remain together. Sophie eventually adopted Lexi out to a new family where he now has a sister beagle.

I will never forgive myself for not being able to provide for my "little brother". Sophie sends me photos of Lexi in his new life and as I am writing I cannot help but cry because I miss him so very much. Life can be very cruel and unfair yet the universe has blessed me with an unexpected and true family member who has shown me more love than my own blood relations. In my continuing state of perpetual transition, I know I can count on Sophie. I consider her a

warrior, sister, friend and mentor. I have never met a more selfless person

who does so much to help humanity and animals. I have great admiration for her.

In my weakened state I felt compelled to confess to Sophie that I struggle with anxiety and depression and that I am presently at my worst. She in turn confessed to me that she too had struggled with this beast herself. I found that hard to believe since she seemed so very much in control. I am not certain why but I mentioned to her that I am treated by Dr. X at the Allan Memorial Institute. When she in turn revealed to me that Dr. X treated her many years ago and that he had saved her life, I thought that I was having an out of body experience, to say the least. Not only did we connect through Lexi but we had already been connected through Dr. X and the Allan Memorial!

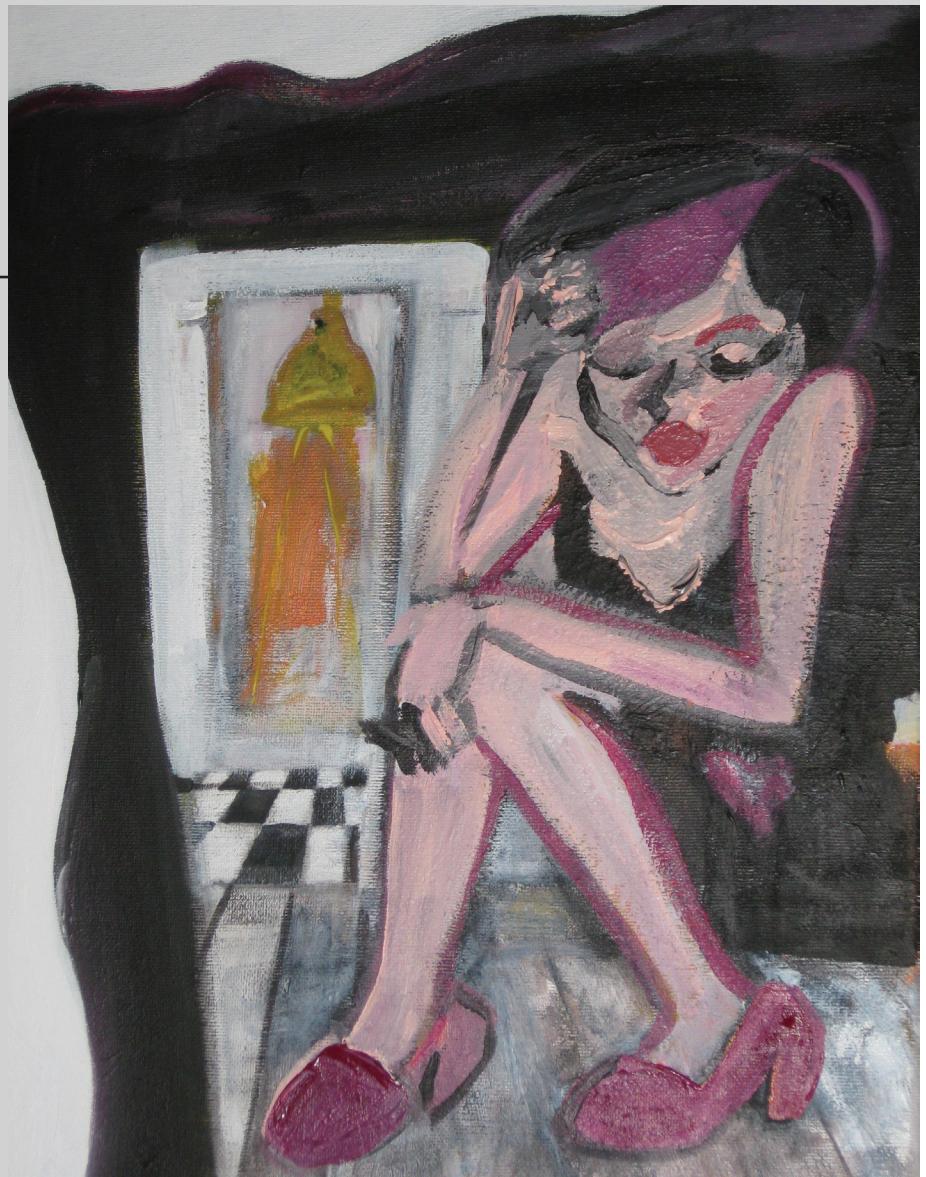


Sophie saved my dog's time of transition to reveal to me what true family is. Another exceptional doctor who treats me at the Allan Memorial is teaching me that I can choose my family members — and choose I shall!

Aspiration

by Fay

Somewhere beyond the desert land
I search for a flower
Somewhere beyond the reality
I search for mystics
Somewhere beyond the ordinary
I search for extraordinary
Somewhere beyond the lost dreams
I seek for hopes
And somewhere beyond my lost soul
I seek finding my inner home
And above all these beyonds
My soul will be at peace



Painting By Dimitra Petropoulos - *Daydreaming*

The voice of family: a unique perspective

By Susan Mintzberg

When I heard that RTPublication was doing an issue with a focus on families, I knew it was time to make my contribution to the zine. The role of families in psychiatry is a subject that has touched me and impacted my life in numerous ways over the years. In sharing some of these experiences, I hope that I can encourage questions and discussion about a topic that deserves more attention. Families have so much to contribute and we need to ensure that their voices are heard.

From the inside out—personal/clinical perspective: My relationship with psychiatry began when I was 14 years old, the first time my mother was hospitalized with a psychotic break. I knew nothing about mental illness and was terrified watching the doors of the ambulance slam shut as she was taken away in restraints. In the years that followed, which would include numerous relapses and hospitalizations, I gained an intimate understanding of mental illness and experienced firsthand the challenges that families face in being heard and acknowledged. Learning to navigate a mental health care system with multiple barriers adds to the complexities that families cope with when trying to access help for a family member who they know is suffering. It is difficult to describe the empty feeling that comes from recognizing the subtle signs of an imminent relapse in a system that often provides little opportunity to share that information; it is hard to express the sinking impression that sets in when you have finally found a way to bring your family member to psychiatric help, only to be told that no one can talk with you; and it is painful to recount the dreaded sensation in receiving a call that your family member is being discharged into your care when you know so clearly that they are not yet well enough to return home.

The experience of supporting my mother through many years of ups and downs as we navigated the mental health care system eventually led to a clinical role, where, for over a decade, I worked in community mental health, counselling families and helping them to understand mental illness and the psychiatric system. Working with families during this time highlighted the struggles they often face and reinforced my own experiences. Troubled by the lack of collaboration between families and professionals, I decided to take on doctoral studies where I have researched the role of families in psychiatry, exploring how they can be better integrated in care. Doing research that touches so close to home can have its challenges but understanding the experience of families from these three perspectives (personal, clinical, and research) has provided a unique and broad lens through which to explore this important subject. This has also allowed me the privilege of becoming a family representative on the Continuous Quality Improvement committee in the MUHC's Mental Health Mission. There, together with patient representatives and professionals, we have the opportunity to address families' involvement in improving patient care.

From the outside in—research perspective: Historically, families have had a delicate relationship with the field of mental health. Once thought to be the cause of mental illness, families later became the invisible casualty of deinstitutionalization. With the discovery, in the 1950s, of chlorpromazine used as an antipsychotic medication, the cause of mental illness shifted from family to biology. As institutionalized patients were freed from psychotic symptoms, asylums began shutting their doors with the expectation that patients would be better off living and receiving treatment in the community. However, community care quickly became family care as ill relatives often had nowhere else to go but home. With little help, support, or acknowledgment, families found themselves scrambling to pick up the pieces due to a lack of funding, housing, and availability of mental health

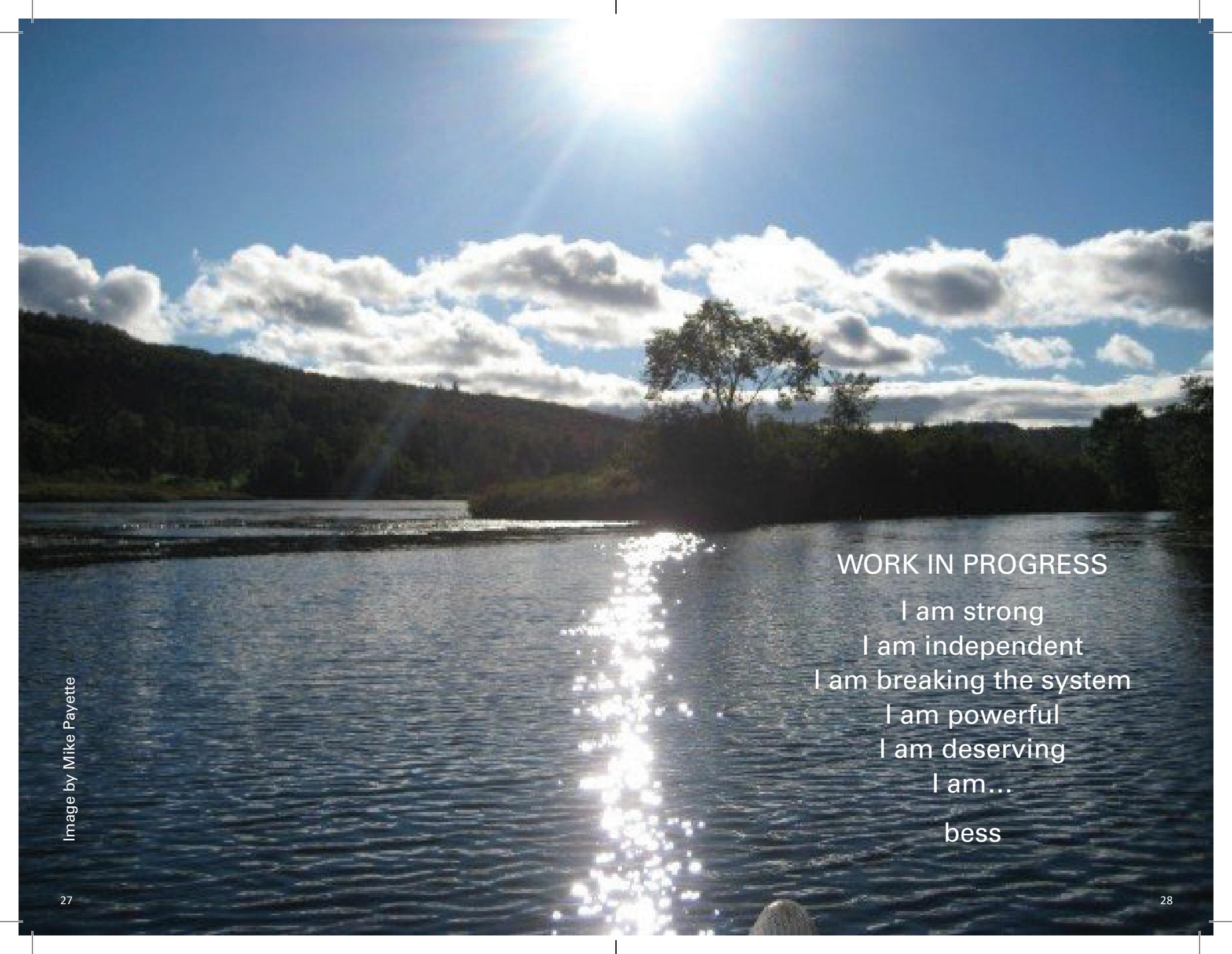
professionals in the community. This unintended consequence of deinstitutionalization led to a shift in the role of families, and subsequently, the emergence of support systems for them. Eventually collaboration with families became recognized as an essential part of mental health care, yet today many families still find themselves struggling to be heard and acknowledged. How is it that despite such progress this situation persists?

My research examines that question by asking families how they perceive their role in the mental health care system and what they might like to see done differently. In clinical training, I was taught that understanding the past and its impact on the present helps facilitate change in the future. I am thus particularly interested in exploring why, despite so much change historically, families continue to be regularly disregarded. Interviewing family members for this research highlighted the remarkable insight and understanding they have about the development of symptoms, the history of behaviours, the course of illness, and the interventions that have or have not been effective, particularly during crisis situations and relapse. Families described how their heightened awareness of symptoms and behaviours allows them to perceive small changes that professionals might not detect. The family members I spoke with unanimously expressed their ongoing struggle to share this information with mental health care professionals. They expressed their frustration and devastation in trying relentlessly to help, yet consistently hitting barriers which left them feeling helpless and hopeless. These included navigating a system that was unclear and confusing, having no direct access of communication with mental health professionals, and being told they could not share information (confidentiality). Given the importance that mental health care currently places on collaboration with families, it is unfortunate that details which might provide helpful insight are often overlooked. This is all the more regrettable when we recognize the dedication of many families in supporting their ill relative through difficult times and in helping them to move towards recovery.

In listening to the research participants' experiences, it was clear that families have a unique perspective which can provide an important piece of the puzzle and allow for a more complete telling of the story. But herein lies the challenge: psychiatric history has led us to believe that families need fixing. So long as the thinking remains that families are in need of help, can true collaboration between families and professionals ever be achieved? Perhaps it is time to shift this perspective to consider instead how might families help professionals? Changing the lens through which this relationship is seen and acknowledging that everyone brings a unique understanding and expertise to the table may provide more opportunities for families to contribute, thereby improving their integration and allowing for greater collaboration.

If you would like to know more about this research, I can be contacted at susan.mintzberg@mail.mcgill.ca



A scenic landscape featuring a calm lake in the foreground, a dense forested shoreline, and a sky filled with large, white, fluffy clouds. The sun is positioned in the upper right corner, casting bright rays of light across the scene.

WORK IN PROGRESS

I am strong
I am independent
I am breaking the system
I am powerful
I am deserving
I am...
bess

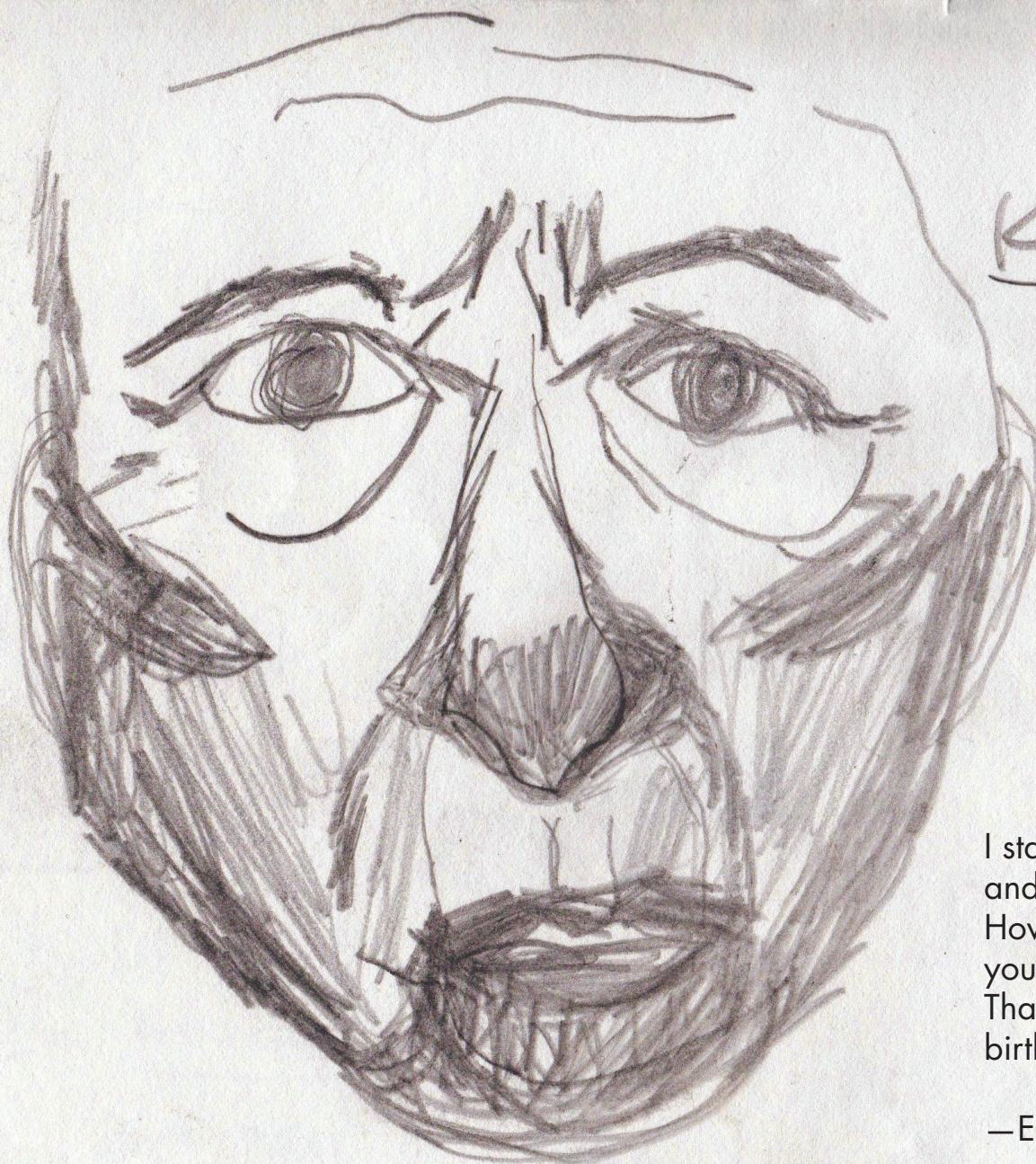
Escape

Watch your fire burn me
Cut me with your blade
Cherish all the blood you see
As my soul begins to fade

Don't console my aching body
Then break my heart in two
I can't grant you forgiveness
There's nothing left for you

Forgetting fact and incident
Can't somehow make it right
Thank you for the favor
As I vanish from your sight.

—Deborah R



Kimo
neanderthal
man
Get in touch!
soul mate

I started out doing a self portrait
and it ended up being my soulmate.
How life surprises you and
you surprise yourself.
That's the process that's known to me as
birth and rebirth.

—Efi

Je sais ce que tu ressens

—Benoit Bolduc

Je sais que tu n'es pas bien

Tu n'as pas besoin de dire quoi que ce soit, pas un seul mot.

Tu n'as pas à me convaincre de quoi que ce soit, car je vois, je te vois comme on me voit quand je souffre, sans qu'un seul mot ne puisse sortir de ma bouche tellement je suis apathique, ou que je crains le rejet, ou l'indifférence.

Je voudrais que ces mots ne soient pas seulement des mots, des signes sans voix sur du papier froid et terne. Je voudrais que ces mots puissent te guérir, qu'ils fondent sur ton cœur et l'enrobent de bonté, de tendresse et de joie. Je voudrais que ces mots te donnent la paix comme la brise au soleil couchant un soir d'automne quand tout se calme autour de nous. Je voudrais voir dans tes yeux les reflets d'un lac cristallin au petit matin.

Le tumulte dans ton ventre, la tempête dans ta tête, l'ouragan qui bouleverse tes jours, la peur qui étrangle ton cœur, cet enfer de feu que tu ressens ce n'est pas toi. C'est une image de toi défigurée que tu n'es pas, jetée en plein visage par un miroir déformant. Ce que tu es vraiment se loge dans un repli secret de ton cœur auquel tu n'as pas accès tant la douleur te rend aveugle. Et si je te disais que ton vrai toi est bon et beau, plus beau qu'un coucher de soleil sous un ciel bleu orangé, tu ne me croirais pas. Aussi je ne te le dirai pas.

Tu comprends, n'est-ce pas ?

Tu me crois ?

Je sais que tu comprends, je sais que tu as besoin d'entendre ces mots qui, sache le, ne sont pas de moi. Ils ne peuvent pas être de moi, car comme toi, je souffre du même mal que toi. C'est d'ailleurs pourquoi je sais que tu les comprends. Ces mots, ce sont ceux de gens comme nous, qui m'ont parlé, et qui me parlent encore aujourd'hui quand j'ai le plus mal. Ils croient en moi, Ils voient la vie en moi que souvent je ne vois pas. Ils me voient renaître de mes cendres car eux aussi ont souffert, plus que moi encore et en sont revenus. Dans un jour, une semaine, un mois, un an, qu'importe, Ils affirment que le bonheur va revenir, et rire, et jouer avec nous. Ils sont certains que le bonheur revient, toujours. Ils savent cela parce qu'ils l'ont vécu et, moi, je les ai entendus, comme toi maintenant qui m'écoute.

TALKING ABOUT THOSE SECRETS PLACES
IN OUR HEART, PLACES IN OTHER PEOPLE'S
HEART.^{CO} ONLY I HAVE THE KEYS FOR THOSE
BEAUTIFUL PLACES IN BEAUTIFUL PEOPLE'S
HEART. AND MY EYES. ANONY EARS AND ALL
MY SENSES ARE WIDE OPEN WATCHING, ALERT
AND HOPING TO FIND SOME OF THOSE SECRET
PLACES I HAVE THE KEYS FOR. AND I'M SURE
I CAN FIND SOME AND I'M SURE
THEY CAN FIND SOME IN ME. AND LIKE
BLOOMS, YOUNG SHOOTS SPRING FROM DORMANCY.
THE VERY MOMENT A SECRET KEY PENETRATES
A SPECIAL LOCK, LIFE THEN BECOMES WHAT
IT HAS TO BE, IT SPEAKS TO YOU IN POEMS
AND FLOWERY WORDS OF TENDERNESS AND
COMPASSION. THAT'S WHAT WE ARE.^{IS} WE'RE
BORN FOR. WHEN OUR FIRST CRY SHOT OUT OF
OUR MOUTH, WE WERE CALLING FOR LOVE. WE
WERE TELLING THE WORLD THAT PEACE IN
OUR HEART IS THE WAY, NOTHING ELSE.

~~APPARES TO IT.~~
AND THEN HARSHIPS CAME DOWN ON US
AND FOR A MOMENT WE COULDN'T FIND THE
SECRET KEYS FOR THE SECRET PLACES. WE THOUGHT
WE HAD LOST THEM FOR GOOD. THEN NOONE COULD
HEAR OUR CRY AS IF WE HAD ~~LOST~~ FORGOTTEN
THE WORDS TO REVEAL THE SECRETS OF OUR
SOUL. PARALYSED WE WERE, SAD WITH NO WAY
BACK, WILL IT EVER COME BACK THE SOOTHING
WORDS, THE POETRY FROM OUR HEART, WORDS
TO HANG ON TO, TO BELIEVE, THE EYES WITH
A PEASING BLUE. YES IT WILL. I WANT IT
TO COME BACK SO IT WILL SOON.

Those Secret Places—Benoit Bolduc

Tea Time

Kitty, Kitty, come to me
Sit with me to have some tea.
'What are you thinking?' You ask,
With your yellow, piercing eyes.

I reminisce on the adventures that we've had

Remember—you, the Mushroom King?

How sweet and generous he was,
And how many gifts he'd bring!
Remember also the Grey Man?

How his gaze gave us the goosebumps.

He had become our boogeyman.
Let's not forget, the Dame in Red.
She wore such a beautiful dress
And thought two steps ahead.

My tea is cold
So is my world
Save for the moment
When I begin to dream.

Why do I rave like this?
A madman!
Yet you sit still and stare
And to me answer in a whisper:

'Meow'

—Andrey Klyatskiy



When Someone You Love Drinks Too Much!

By Anonymous

I met Rick when I was at a very vulnerable point in my life. I had just ended a long-term relationship and Rick seemed to magically appear and immediately say all the things I wanted to hear. After one date, we started spending all of our free time together and within a month we moved in together. Rick had been very upfront about having a drinking problem. However, he assured me that he had it under control and that he attended AA meetings regularly.

Early on, I thought I smelled booze on his breath but dismissed it because I had fallen in love. Then friends began to ask me if he was drinking. They thought he often acted and smelled drunk. But I maintained the charade that he was sober and going to his AA meetings. I was in a lot of denial. I was in love with him and wanted the relationship to work.

Then there was a Christmas party where there was no denying that he was over the top drunk. I confronted him that night and he confessed that he had been drinking the whole time we were together. He said he loved me and would do anything to save our relationship. And so began the roller-coaster of my trying to get Rick "sober."

I made a schedule of meetings and appointments and I often went with him to make sure that he went to the meetings and not to the SAQ. I often checked his breath for the smell of booze and searched the apartment and his things for full or empty bottles. All my energies were focussed on Rick and his drinking. I became convinced that if I got him sober, we would live happily ever after. But despite all my efforts, Rick continued to come home drunk. We argued constantly, and both resented that our entire relationship now revolved around Rick's drinking.

I began to fall apart emotionally—feeling like I wasn't trying hard enough to get Rick sober, but also doubting that he loved me enough to get sober for me. It was around this time that some good friends suggested I get help for myself, separate from Rick, at Al-Anon. At first I was insulted by the suggestion. Rick was the one with the drinking problem, not me. Rick needed love, understanding, compassion and support. Not me. But I was miserable and felt crazy, so I agreed to go.

The meeting was held in a church basement, just like many AA meetings. They had coffee and snacks and a lot of warmth and welcoming smiles. When the meeting began, it seemed very similar to the AA meetings that I'd attended with Rick. But the differences hit me like a ton of bricks. It was explained to me that I was just as powerless over Rick's drinking as he was, and that the belief that I could "get him sober" was making my life unmanageable. I learned that alcoholism is a disease and that my efforts to cure Rick were just as futile as my trying to cure cancer.

A concept that helped me enormously was the three C's of Al-Anon:

- I didn't Cause Rick's problem.
- I can't Control Rick's drinking.
- I can't Cure Rick's alcoholism.

Al-Anon helped me break through my denial and isolation. Other people at the meetings talked about the lengths they went to in order to "help", "protect" and "control" their alcoholic loved one. Husbands, wives, parents, children, friends and co-workers all told the same story. After several meetings, I began to feel hope! I could see a future where my life might not revolve around Rick's drinking, and maybe I could be free of the obsession to "fix him."

Al-Anon gave me the tools and support I needed to first take responsibility for my part in the alcoholic relationship, and eventually to separate from Rick when it became clear that the relationship had run its course. In the years since Rick has left my life, I have continued to learn and grow in Al-Anon. I have learned better ways to detach from problems that aren't mine to solve, and thrive as an individual in

all my relationships, whether they be with friends, family, co-workers or romantic interests. I am so grateful to the friends who lovingly urged me to get help for myself through Al-Anon.

If you or someone you care about thinks that a meeting with Al-Anon may be beneficial, here are some questions that might help you determine whether or not Al-Anon is for you:

- Do you worry about how much someone else drinks?
- Do you have many problems because of someone else's drinking?
- Do you tell lies to cover up for someone else's drinking?
- Do you feel that if the drinker cared about you, he or she would stop drinking to please you?
- Are plans frequently upset or cancelled because of the drinking?
- Do you make threats, such as, "If you don't stop drinking, I'll leave you..."?
- Are you afraid to upset someone for fear it will set off a drinking bout?
- Have you been hurt or embarrassed by a drinker's behaviour?
- Do you search for hidden alcohol?
- Have you refused social invitations out of fear or anxiety?
- Do you feel like a failure because you can't control someone else's drinking?
- Do you think that if the drinker stopped drinking, your other problems would be solved?

If you answered "yes" to one or more of these questions, Al-Anon may be helpful.

Mother's Hand

The World is under attack!

But can't you see?

A great worm swallowed the sea!

Armies I have to hold back!

And tendrils from the dark sky

Come to crush everything nigh!

Someone help me, please, I beg you.

Mother! Mother! Is that you?

'Child dear, stay by me

All your demons I will hew

And all evils I shall bend

All this I will do for you, just hold onto my hand.'

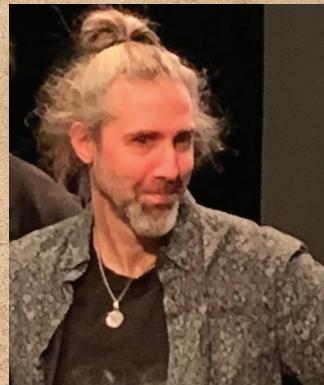
— Andrey Klyatskiy



"Do you find this scary?" — Greg Lipscombe
Acrylic paint on cotton t-shirt

DANY BOUCHARD: THE GUY WHO BRINGS THE MUSIC

INTERVIEW BY CECELIA VANIER



I first met Dany at the 2017 RTP Talent Show Fundraiser. He gave us incredible support—lending us equipment and engineering the PA system himself. He even included a showstopping performance by his choir, MusiArt. Since then, I've seen him in action often and have become a huge fan of his projects. Most recently, he has helped us record the music for the RTP documentary being created by Jesse Freeston. In January, I sat down with Dany in the Montreal General Hospital music studio to talk about what makes him tick.

Dany Bouchard, Music Therapist, MUHC Department of Psychiatry

—photo by Cecelia Vanier

Cecelia: I read somewhere that you're originally from Sept-Iles.

Dany: Yes, I was born on the seventh day of the seventh month in 1970 and grew up in Seven Islands. It's all sevens (laughing).

Cecelia: Lucky seven! Sept-Iles is very different from Montreal. How do you think growing up there shaped you, if it did?

Dany: It did in the sense that I grew up with a forest in my backyard that went all the way to the sea, and there was also a Native American reserve right there. I just love tranquility and that's why I guess I'm drawn to countryside places. When I bought my first land in Guatemala at 21, same thing. It was in the countryside, with the forest and with the native people. When I came back from Guatemala, I bought in Sutton. It's 23 acres with forest, and behind my forest is just woods until the Vermont border.

So that's the kind of environment I love. Because it's all or nothing with me. I'm a workaholic but when I need my space I really need my bubble. I like to be alone to just walk in the forest, no neighbours. I love the sound of the wind through the branches, that kind of thing. For me, it's my regrounding time. I also enjoy working with my hands. I build houses. I've built four houses so far. So that's the way I am, that's the way I vent, that's the way I ground myself. Working in mental health, I really need that kind of space.

Whether I'm working on houses or building stuff or I'm here (at the MGH) or even when I'm in silence, I'm the same person, I'm intense in all cases. Since the age of 17 or 18, I always took life like it was the last year to live. I remember in my twenties, I always asked "If I had one year left to live, what would I do?" and then I would try to do it. That's why I travelled so much and made CDs on my own. Now I try to be more relaxed with that. I have four kids, although I never thought I would have such a big family. Until I was 30 years old I didn't want any kids at all.

Cecelia: Really? You didn't want kids?

Dany: No, because I didn't have a very pleasant childhood, so I had to deal with that in my twenties with therapy and become at peace with that. When that was done I said "Okay, why not?" and I finally met the right person.

Cecelia: Has music helped you get through anything difficult?

Dany: Yes, of course. As a teenager, affected by childhood problems and divorce, I don't know what I would have done without music. In psychology there are two kinds of passion, healthy and unhealthy, and for me it was a mix of both. When I started high school, I didn't have many friends. The guitar was a way to relate to people, start a band, attract attention. So I started to play for those reasons and I liked it. My identity went through that. I practiced six hours a day for two years and became a good guitarist. It was a self-esteem boost. But eventually I had to rebalance things and ask myself why I was playing music. I repositioned myself to be less interested in the performance and more interested in feeling, creativity and what music can give you the most. It became a healthy passion. That's why I'm really into composition. In MusiArt, I saw that many people had compositions and I thought, why not do a CD? Now 80% of our concert content is original compositions.

"While the world was crumbling around me I had the privilege of participating in a couple of Dany's Music Therapy sessions. His authenticity, charisma; natural empathy and drive in using music to soothe people's pain were unforgettable. He is a true champion with a rare gift and we are very lucky to have him. Every time I hear Bob Marley's Three Little Birds I think of him."

—bess

Cecelia: So musically, I know you're gifted. I've seen what you do.

Dany: Well, I'm not a virtuoso. I don't read music that well, to be honest. I can read it but I don't like it. I'm more of an intuitive, you know? And it's the same thing with everything I do. I've always said to myself "If it's doable, then it's doable—just learn it." That's why I can build houses and do whatever. I learn and then do. With sound engineering it was the same thing.

Cecelia: Figure it out and do it.

Dany: I always wanted to become a psychologist but when I came back to university I was 31 or 32, so I didn't want to do the ten years and the PHD stuff. Someone told me about the Music Therapy Program and I said "That's cool. Let's try and do that and work in mental health." So that's what happened. I was so lucky and now here I am, with a full time job in mental health. It's very cool.

Cecelia: Yeah, it is very cool! And it goes to my next question, "Many people benefit from what you offer as a music therapist. How do you benefit?"

Dany: Since the age of maybe seven or eight, I always wondered "what are we doing here?" Ha ha, kind of a very existential question..."

Cecelia: Wow, that is existential for a seven year old!

Dany: I was very existential, I always will be, but now I'm more at peace with it. Mental health and reality, perception are fascinating to me. That's why I've travelled a lot in India to see how people live, how they behave, what they believe in and how their beliefs make them behave. I found India very fascinating, especially when I went to Kumbh Mela (a major pilgrimage and festival in Hinduism). For me mental health is a place where, first, it's never boring, it's intense like I am, but more than anything it's authentic in a way. I like it for that. I'm nobody to tell anybody "you should do this or that" or "this is the truth" because personally, I don't know where we are going. The only thing that I can try to explore is "How can we have a good ride?" you know? Let's try not to be too sick on the boat. Try to enjoy the ride with what comes, the rain, the sun and the storms. I think the purpose of life is very personal and

it's up to everybody to find their own path. Like Ghandi said, "There's no path to peace. Peace is the path." You just have to find a way where you ground yourself enough to realize that, being authentic with who you are and how you feel... which is difficult because the body never lies but your head does...and can play tricks on you and this is how you suffer. Because I found for myself that suffering is not such a big deal when you accept things as they are, but that is another thing compared to the real mental health issue. Sometimes it's genetic, sometimes it's a chemical imbalance that really makes you suffer, so that's another story. Me, I have a humanist approach so I always try to see what's good in the person. Because all the team is working on what's going wrong, and I really try to focus on the strength. From there, when we have a good alliance and we get a good relationship, then we can go to the more difficult issues that person may have. With music, I'm just opening doors, it's just a tool for me. I chose music therapy, but in fact, whatever you give me I'll find a way to work with it.



The Big Bang Band launching its 2nd CD «All Together» at the Foundation Les Impatients in January.

—photo by Cecelia Vanier

Cecelia: You'll find a way in.

Dany: That's it. But music, as we know, is universal, it brings a lot of emotion right away. What I like is that it bypasses a lot—the intellect, the defence mechanism that the head will sometimes have. Music will bring you down to your body and how it feels. Music is a safe container, it has a time limit, so a lot of people will let themselves cry or vent for that moment, the length of a song.

Cecelia: It's a capsule.

Dany: It's a capsule and it lets people open up some valves which they won't be able to do just through their head. That's what I observe.

Cecelia: How does music help people with their mental health problems?

Dany: It depends. Not everyone is open to music but those who are, are very sensitive to it so it can serve as a tool for relaxation, sedation, sleeping, venting, pleasure. One of my first goals for group sessions is having fun, which is an emotion that people sometimes rarely feel because with depression you don't feel pleasure and with anxiety, it's hard to feel it. So it's something I try to bring back in group sessions because the group dynamic becomes everything. With individual sessions, I'll try to target that person's needs, but with the group I try to find out what the group needs. Is it an uplifting session or a soothing session? You always try to bring the social skills up front. There's communication going on even if they don't talk. Everyone's paying attention, they're in the moment and following the beat. They're having a good time. That's my focus. It's a mindfulness approach with music, being here and now.

If it's a group that you see in the long run, like at the Day Hospital, you can build things, whereas on the ward, every time you do a group session it can be different people, so you have to deal with that. I'm on the ward twice a week and in TDP once a week. I also meet with MusiArt once a week. The criteria for MusiArt is that you must be an MUHC patient and have a mental health issue. The person who is interested makes a commitment to meet every Tuesday for two hours.

Cecelia: What drives you?

Dany: The mystery! Mystery is beautiful and that's what drives me. It's worth it. I don't try to understand the apple anymore. I just try to eat it and taste it. When I was too existential before, I tried to know why we're here and that's why I have all those books on religion, psychology and philosophy and I finally realized, we don't know, nobody knows. Our heads are just too small to understand this big thing. I had a few very specific, strong, spiritual experiences in my life, enough to say, "Okay relax, enjoy the trip. Take whatever you can take and give whatever you can give."

Cecelia: That's such a healthy outlook. So simple.

Dany: It's simple to say but sometimes it's difficult to integrate, because everything is relative. I have a lot of perspective, from living in Guatemala and travelling in difficult countries, often called "third world countries" ... so when

people complain, I say "You can't control the things that are happening to you but you can control how you react. That's it, that's all." From that point, you stop wasting time complaining and being a victim. You know what? "Assume how you feel." I see some patients who don't want to pay the bills, they just want the magic pills. When I see patients like that I am always respectful but I say "You know what? It's not going to get better if you keep that attitude. Medication is just the floatation device to keep your head above water but you still need to swim. If you don't want to do that, you're going to stay in the middle of the ocean. Up to a point, it's a question of attitude. However you are suffering, once you find the insight to start looking at your attitude and how you react, you can stop worrying about "What have I done wrong?" You can go back to the essential of "How do I really feel? What can I do now?"

The discomfort of silence in doing this is what many have a problem with.

Cecelia: Yes, holding onto a feeling is the hardest thing for many people to do.

Dany: That's it, but music helps you to do it. Music will help you to hold this feeling and sustain it for a minute or two. Usually, a feeling will come and your head will snap it and protect yourself, pretending that everything is alright. Sometimes you have a fear of going into an emotion and losing yourself there. Music itself creates the boundaries and can make you feel safe. You can open up but you don't feel you will lose yourself. There is a resonance in the song that will let you connect with an emotion that you need to be in touch with. It's no coincidence that one song will resonate differently with different people at different times.

"Quand je pense à Dany Bouchard, trois choses me viennent à l'esprit : dévouement, énergie et intelligence. Et je suis certain que de nouvelles qualités vont se rajouter à celles-ci à mesure que je vais le connaître davantage."

—Benoit:

Cecelia: I'd like to touch on self-care briefly. What do you do to stay well?

Dany: So many things... composing music, I like to sometimes just get lost on the piano and improvise...being in nature...being with my kids and my wife. I love being in the moment with them, it's very concrete. That's a very healthy thing for me. I like to work with my hands, it's grounding, it's also concrete.



Cecelia, Massimo, Jesse and Robin recording music and film for the RTP Documentary.

—photo by Dany Bouchard

"What I felt when working with Dany was, it was like working with a friend—a friend you have known for years, one that supports you unconditionally and accepts who you are. The type of friend who's generous and kind regardless of any situation."

—Massimo

It's a balance to my job which is very ethereal—I play music. If you don't record it, it's lost. That's why it's important to record it and make it concrete. That's why we make CDs. When I finish a therapy with a person, it also has a concreteness. It's finishing a cycle.

Cecelia: You seem to be working on so much. How many things are you working on at the same time?

Dany: You should see my list! (laughing) I always have a building project and always one or two CDs in development at the same time. Like I just finished one with Les Impatients but the one with the choir is going on as well. A CD is a huge, major thing. People don't realize the work involved. For building the house that my family and I live in, I'm the contractor so I have to think of every detail right down to the screws. I've been building the house with wood from my property. My neighbour has a portable mill. So that means cutting and milling

the lumber. I've built the furniture, using cherrywood, maple, ash, butternut... all my moldings, that's why it takes forever. I've been to Japan and I like their architecture, so I'm building that way. Every board—I plane it, cut it, sand it and oil it—every f-ing board. Sometimes I feel guilty because I'm so busy. I'm aware of it. At home, I try to find the balance between working and spending quality time with my family.

Cecelia: When it comes to your work at the hospital, do you see any "family" type of feelings generated there?

Dany: Of course, with the choir... and the Big Bang Band, we've been together more than ten years, so it's a big family. When I die, one of my very good memories will be with them. It's the same for MusiArt. It's more than just people meeting and doing music. It's having strong human relationships. For me, that's what makes sense in my job. It's that kind of family link with people. I won't see them outside as friends, that's not what I mean. It isn't like that. However, when I'm with them, we are on the same page. I am very close and friendly with the patients. Again, we are all human beings in a boat, we don't know where we're going. We're all in the same boat. Even with some patients on the ward, where many of the same people come back from time to time. They like me because I'm not telling them what to do or what to take. I don't oblige them to come to my sessions. I have to be honest, I have a good role on the unit. I'm the guy coming with the music! It's that kind of human quality relationship that I want and people want. It just makes sense. Why? Because that's how humans are built. We aren't built to be isolated.



Dany, with Massimo during the sound check for the RTP Talent Show



Dany, conducting MusiArt, during the final performance.

—photos by Michael Lubow



FOURTH COHORT CERTIFICATE CEREMONY

On Tuesday October 15, we held a special ceremony to give out certificates to our fourth cohort of trained Peer Mentors. The celebration ended with Imogen 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.





Illustration By Cecelia Vanier

The RTPublication team wishes to acknowledge the generosity of Imprimerie Primex Printing Inc. in providing us with professional support in the production of the zine.

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We would like to hear from you!

If you are or were a patient at the Allan Memorial Institute or the Griffith Edwards Centre, and 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

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