

Loss: On Sadness & Story Telling

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—Ian Kamau

“My feeling is that the concept of creativeness and the concept of the healthy, self-actualizing, fully-human person seem to be coming closer and closer together, and may perhaps turn out to be the same thing.”

—Abraham Maslow

(1963)

ABSTRACT

Psychological distress and difference negatively impact one in five people in Canada every year. By age forty 50% of the population will have experienced some issue with their psychological wellness. Globally what is most often described as ‘mental illness’ is the primary cause of suicide, the world’s number one cause of violent death, topping both war and murder. Every year 800,000 people around the world die by suicide, four thousand in Canada alone. In addition to the personal cost the financial cost of major psychological issues in Canada is over \$50Billion annually.

What is typically called depression is the one of the most prevalent forms of psychological distress, affecting more than 300million people worldwide; it is the primary cause of disability. There are many established systems for dealing with depression in Canada however an estimated 90% of people who experience it do not seek help despite the reality that 80% of those who live with depression respond well to treatment; this problem is particularly pronounced in the Black, Indigenous, and immigrant populations. There are many theories as to why marginalized people either avoid or reject the mental healthcare system but there is evidence that storytelling practices similar to narrative therapy, narrative communication, and talk therapy can help improve depression and psychological distress. This project approaches the assumptions of professionalized and institutionalized psychological care and suggests that the analysis and redesign of individual, communal, and societal stories partnered with informal support systems might offer practical tools to improve the lives of people in psychological distress on their own terms.

Keywords: *Actualization, Mental Health, Depression, Foresight, Human Centered Design*

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For Dad and Mom

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0.1 Prelude | Why am I doing this?

A winter of grief engulfed me in my early thirties. I had experienced only short periods of sadness before then. For all intents and purposes, I had a great life. I was raised in a loving home environment, had close friends, and was well-liked throughout my time in school. By my late twenties I was employed in a field that I felt capable and fulfilled in. I was a part of a community that uplifted me and made me feel valuable for who I was and the work I did. I was also an artist who regularly put work into the world and was celebrated for it. I was well taken care of.

For all the above reasons the grief was unexpected, it swept me away from family and friends, and anchored me to my apartment. I had lived in that apartment since I was four years old, grew up there with my parents, it was still full of books, records, wooden furniture, and green plants; some of which were left there from when my mother and I still lived together about five-years prior to that dark winter. This project and much of my focus on psychological wellbeing was inspired by that cold season.

Each day of that winter I felt colder as I floundered and drifted further; I didn't understand why. Loved ones seemed not to notice or were unsure how to respond. I'm not sure who even knew. For the remainder of that year my parents paid my rent as my bank account emptied. The inability to snap out of it was especially dangerous because I did not have much of a financial safety net. I was thirty-one; submerged; and sinking.

The problem was unclear; I didn't have the tools to speak of or confront it. Negativity flowed over my tongue and down into my lungs; I spit it back out. I assumed silence and isolation kept me safe, but my thoughts grew narrow and inertia set in. Anxiety washed over me. At the time I didn't know that I might be experiencing what Erik Erikson, German-American developmental psychoanalyst, might have called an "identity crisis." An identity crisis is where the wants and needs of a person conflict with the expectations of their society (Erikson in Indick, 2004, p. 79). William Indick, Professor of Psychology at Dowling College in New York explains further: "an identity crisis is a period of extreme change and transition in one's sense of self, a time of metamorphosis for the ego"

(2004, p. 79). An identity crisis is a transformative process where the old self is destroyed, and there is the potential for a new self to be built. Rollo May, American existential psychologist expands on this idea: "...actualizing one's possibilities, always involves destructive as well as constructive aspects. It always involves destroying the status quo, destroying old patterns within oneself, progressively destroying what one has clung to from childhood on, and creating new and original forms and ways of living" (May, 1950, p. 55).

I never seriously sought support for how I felt, everything in my life told me I should be able to handle it on my own. I don't think my assumptions about what it meant to be a man helped at all. When I did think about professional help, I assumed I couldn't afford it, so I floated through the winter neck-deep in isolation and self-loathing, barely treading water.

In the early spring the opportunity to travel broke me out of the rut and I was lifted back to the light of relative health. I resurfaced; reconnected; planted my feet again... I could breathe. I began to speak about how I felt, first in a whisper, then in writing, soon in a roar. I improved enough to refocus my thoughts. I began to see myself from another vantage point. Questions surfaced at the same time. Why did this happen? Who else dealt with issues like mine? Were there practical tools to keep this kind of grief at bay? Are there alternative tools to keep grief at bay?

The questions that I asked lead me to look at my family. I never knew my grandmother, she died twenty-five years before I was born when my father was only ten. I knew she died under mysterious circumstances and that it might have something to do with her own mental health, but I didn't know how exactly. I also knew that my father lived with a kind of sadness that he would only sometimes articulate clearly, and that my youngest aunt had been severely schizophrenic.

In response to that winter, and newly interested in questions around my family's history of psychological distress, I became fixated on ways to understand and challenge my unhealthy thoughts and emotions. I should say that I am not a pursuit of happiness kind of person, I don't believe all negative thoughts are strictly unhealthy, so I'll refer to unhealthy thoughts as just that; unhealthy or harmful; self-destructive or sabotaging. I'll also refer to what is most often called 'mental illness' as psychological distress or difference for reasons that will become clear later. What became clear to me was that the unhealthy thoughts and emotions I'd prefer not to experience may have been signs with

the potential to help me navigate myself and my environment better. Any response to shift my mood was productive.

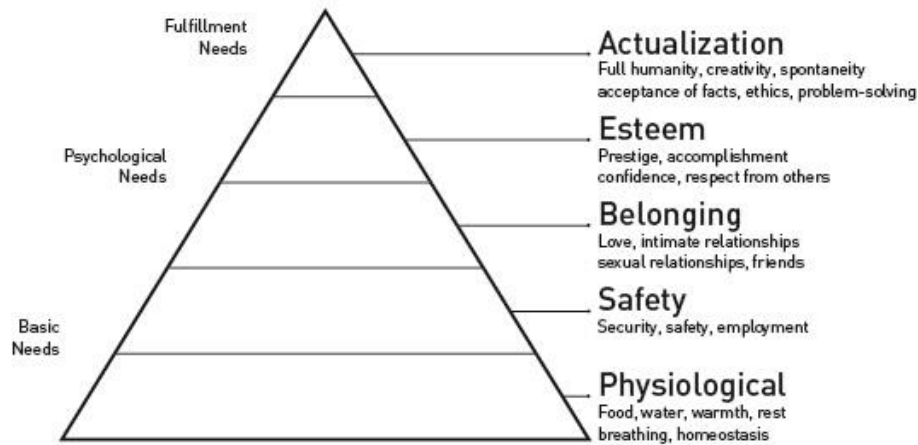
In the fall of 2014, just before my thirty-fifth birthday, I began a master's in environmental studies at York University. In my first semester I took a course called Health and Environment with a professor named S. Harris Ali who presented the idea of health as a platform. Health was not the rocket, but the launchpad. In my studies I ran into the popular work of the Russian-American psychologist Abraham Maslow, a believer in "self-actualization," who studied pathways to fulfillment as opposed to the traditional focus on illness and crisis brought about by Sigmund Freud (Maslow, 1954). Positive psychology as it was called placed an emphasis on health and thriving not just sickness or sadness (Rutter, 2012). Maslow's *Theory of Human Motivation* (1943) made popular the idea of "full humanity," not a new idea, but an important one and one that I immediately connected to. Full humanity was the practical expression of potential, it meant to not only survive but to actualize, thrive, and live with purpose. Maslow described this purpose as: "an ongoing actualization of potentials, capacities and talents, as fulfillment of mission, as fuller knowledge of, and acceptance of, the person's own intrinsic nature, as an unceasing trend toward unity, integration, or synergy within the person" (Maslow, *Toward a Psychology of Being*, 1968). Carl Jung, the influential Swiss psychoanalyst, described a similar process as 'individuation,' to become a whole and authentic individual, not strictly subject to the pressures of a dominant society where one has to precisely fit (1921). Carl Rogers, European-American Psychologist, described this as the "fully functioning person" (Rogers, *On Becoming a Person*, 1961, p. 191). Friedrich Nietzsche, the nineteenth century German philosopher, conceptualized a parallel process as 'the will to power' (1968). Each of these men had slightly different ideas about what this drive was and how it expressed itself. The basic concept is that any organism, whether a plant or a human, will tend towards full expression of their highest potential if given the opportunity. In a plant actualization may look like bright red open petals, in an individual it may look like an active and ongoing expression of purpose. That purpose does not need to appear as anything to the outside world as long as it is happening. I saw actualization like leaping on the peaceful surface of a distant moon; the will to be an artist in the

world without barriers because I have always seen creativity as fused to my purpose. I'm not interested in worshipping art; I've just never felt fully well when not creating it.

According to Maslow the actualizing person was described as an individual that expresses ethics, spontaneity, acceptance of reality, creativity, and problem solving. This is what great artists, designers, and lateral thinkers do (De Bono, 2014) However, the actualized person is not static, nor are their actions, they are forward moving. That forward orientation might be expressed in achievement or goal-orientation but is more truly expressed in process and fulfilment. Every major human need, from food to prestige, provides support to this process of actualization. Every barrier impedes it.

Maslow's theory focused a great deal on the individual or true self, as the Western viewpoint often assumes. I'm going to challenge the idea of the individual self here since the needs of love, belonging, and esteem are all intrinsically expressed in connection between people. Humans are hyper social animals we do not function by ourselves historically or contemporarily. Because of this I'm going to refer only to "actualization" as opposed to "self-actualization" because I believe that actualization cannot be solely individual. Frequently simplified into the well-known Hierarchy of Needs, Maslow's theory is my starting point for this project.

MASLOW'S HEIRARCHY OF NEEDS



Maslow, A. H., (1943). A Theory of Human Motivation.
Psychological Review, 50 (4), 370-396.

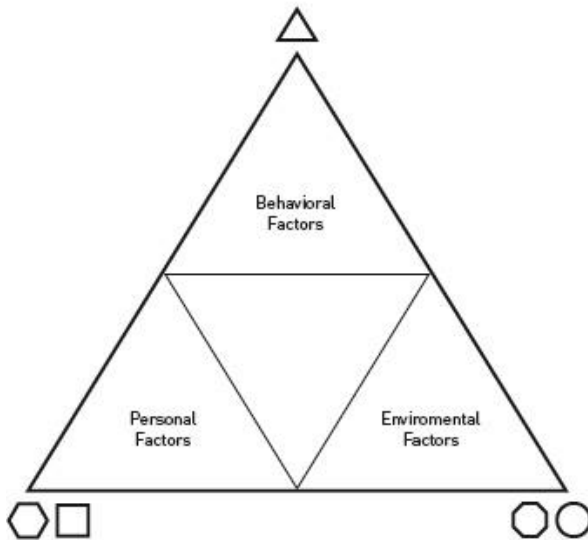
Figure 1.

Because purpose is important to me I decided that the work I was doing couldn't only be centered on the management of unhealthy thoughts and emotions, it should set the stage to consistently act on a sense of purpose, toward the ongoing development of selfhood, however that may be defined by the person. I chose to explore selfhood and the barriers to actualization through the eyes of second-generation Black (African-Caribbean-Canadian) residents of Toronto; essentially, I studied myself. This project is my process.

My idea is simple; Depression, as it is commonly described, is not an individual problem. This dull and silent distress threatens individuals and by extension affects partners, families, friends, communities, employees, employers, healthcare systems, and economies alike. It emerges from trauma, unhealthy relationships, stressful environments, and systems of power that both create and

are threatened by its existence. It emerges from everyday life even as it erodes the quality of that same life. Its presence affects the bonds between people and the cohesion of the societies that produce it. It reinforces the unhealthy thoughts, emotions, and behaviors that sustain it (Bandura, 1978, Beck, 1987, Hollon, Beck, 2013). Thoughts, emotions, and behaviors also reinforce unhealthy relationships, systems, and environments. This is one of the reasons that so-called depression is rising, specifically in Canada and the United States especially among young people (WHO, 2017); it is a social issue as much as any individual one as illustrated by Albert Bandura's Theory of Reciprocal Determinism; the idea that thoughts (personal), actions (behaviours), and situations (environments) reinforce each other in either progressive or regressive ways. Depression is a social and systemic problem that is treated almost exclusively individually.

BANDURA'S RECIPROCAL DETERMINISM



Bandura, A., (1978).
The Self Theory of Reciprocal Determinism.

Hollon, S.D., Beck, A.T. (2013). "Chapter 11 Cognitive and Cognitive-Behavioral Therapies". In MJ Lambert, Bergin and Garfield's Handbook of Psychotherapy and Behavior Change (6th ed.). Hoboken, NJ: John Wiley & Sons. pp. 393-394.

Figure 2.

I am not a psychiatrist, psychologist, or psychoanalyst. I did not study psychology in a classroom. I embrace the statement: "No textbook can teach psychology; one learns from actual experience" (Jung, 1964, p. 83). My personal experience and witnessing the experiences of others around me lead me to become interested in understanding psychology in more depth. Like philosophy, psychology is at its core the attempt to study of how to live better. The unarticulated influence of psychological processes sits in my art, my work, and my relationships; it sat there before I had words for it; it is not isolated from my everyday life or anyone else's for that matter.

We live with our psychology, in our psychology, and the psychology of others. It informs our perceptions which inform our beliefs and our actions. It becomes our lives. That being said I have never taken a psychology course and with the exception of eight free sessions in a counselor's office while I completed my first graduate degree, I have never seen a mental health professional or used the services of a mental health institution. I'm an artist, writer, and designer and like an estimated 322 Million others around the world I have experienced what many of us now call depression (WHO, 2017).

It should be said, that like all other human temperaments, depression is not fixed, it morphs and moves on a spectrum. It can be fed, it can be maintained, and it can be starved. It can be confined, and it can be freed. It however has no clearly identifiable place in the body or mind though it may have influences that fan its flames or douse its fires. Although it can feel as constant as the weight of gravity it is possible to manage and lighten its pull. Most people however do not get consistent support to lift that weight, some don't even believe it's possible to do so; so why would they try? What has helped me is perceiving, identifying, interpreting, and responding to those things that make it worse and those things that make it better. This project is an attempt to both demonstrate and analyse the process in narrative form while exploring the social and systemic context of psychological distress and difference. This way is not the only way, it is the way that made the most sense to me given my particular situation.

This project is imperfect, subjective, written by an artist, and told through personal experience. I don't consider myself an expert. I am however interested and invested in the subject. The stories that follow are intended for those like me, people who carry a similar weight occasionally or consistently, and who may not be interested in conventional mental health interventions; who want to try creative ways to manage the weight they carry. My intent is to share tools, context, information, and ideas with others who live with moods they would rather move through they may not seek or receive professionalized institutional services for any one of a thousand valid reasons. The statistics seem to show that most people do not want to interact with the mental healthcare system. My interest is not

to assume they should but to offer some alternative tools and information that are more oriented toward the desires of people and might be more culturally appropriate in some cases.

I should say that I've made several sharp assumptions about who this project is for. I've assumed that most so-called depression is treatable because statistically most depression is less of a problem of the mind and more a problem of our lives; though neither minds nor lives are easy to change. I've also assumed that people with more severe trauma (particularly in childhood and/or experience with violence) might need more support than a project like this can provide (this includes people with physical brain injuries). I assume that for those like me who do not have severe trauma but live with depression, managing, improving, and even eliminating so-called depression is possible. I'll also assume that to step out of one's comfort zone and get institutional help is hard but might be necessary. This project is for people who feel that they can manage and need some scaffolding to do so; people who might be high-functioning, and who are determined. The paradox is that this can be very difficult for people who are experiencing the typical mindsets and symptoms that come with what is most often described as depression; lack of motivation, numbness, and hopelessness. Psychological distress is complex, I don't have solution for this, just a potentially novel approach.

This project is a story. I wrote it within the confines of a major research paper and under the primary supervision of Dr. Elizabeth Tunstall, Dean of Design at OCAD University in Toronto. I didn't however only write it simply to hand to a professor. Because of the communities that I am a part of I've decided to write in story-form, and I'll try to balance my experience with the formal structure of a traditional academic design-research paper.

The stories are personal. I believe that to hear, tell, and reframe stories is a way to improve our overall wellbeing regardless of our level of engagement with systems and institutions of so-called mental health. I say "so-called" mental health because I'd like to debate some of the assumptions of what 'mental illness' is. I think that repression is unhealthy whether it is systemic or individual. The more honest a process like this is the better because the integration of our psyche requires us to be openly ourselves. This project is intended to reframe the question that I've had in my mind for quite some time. That question is relatively simple; can the analysis and redesign of stories combined with

informal support systems supplement or even replace professionalized mental health care practices and systems? My interest is whether our psychological wellness can come from intentional work on ourselves within our communities as opposed to strictly in institutions and systems because most people who experience psychological distress are not engaging with those systems, especially people of colour. In other words; can understanding our stories help us actualize?

0.2 Position | Where do I stand?

For fifteen years I worked in the non-profit sector, predominantly in Toronto's low-income neighborhoods. I developed, coordinated, and facilitated arts-based programs for young people; since I was a young person myself. There was an "X Factor" present in the work I did; a heaviness that held many young people back. I watched some of them stumble through the same persistent and inarticulate sadness that I later experienced, unable to step forward, not fully aware of what held them in place. Since then some of those young people have thrived while others have not done so well, the differences where many, but their home life, social life, and environment where always influences on their minds and motivations.

I was not unlike many of the young people I worked with. I grew up in downtown Toronto in co-operative housing in a mixed-income community officially called The St. Lawrence neighborhood but known as Esplanade to most of us.

In 1970, fourteen years before our move to the neighborhood, and nine years before I was born, my parents, Claire and Roger, arrived in Canada from Trinidad and attended school at Ryerson University. Throughout my childhood I had no extended family in Toronto, everyone was "home," or somewhere else in the world. My mother and father formed relationships with people who had similar backgrounds; Caribbean people mainly, young, newly immigrated, mostly Black and Brown. This is where the similarity between me and many of the young people I worked with ends.

My parents came to Canada educated and English-speaking. They came to further their education; they were not forced to leave Trinidad per se; they were not fleeing war or environmental degradation as many people are today. My mom and dad chose to move from a kind of systemic

limitation; they came to Canada to become filmmakers; at the time not a career path possible on the island they were from, and not an established path for others who migrated from the Caribbean.

From senior kindergarten to grade six, despite my mother and father being low-income, independent artists, I went to private school. The Mabin School was located in South Hill, what I considered north Toronto at the time. I travelled back and forth between Esplanade and South Hill every day from the age of five to eleven.

South Hill was a much wealthier neighborhood than mine. I grew up among people and in places that most of the young people in my programs and most of the people who lived in my neighborhood never saw up-close. I had relationships, experiences, and advantages that they did not. I saw a different world in the same city.

I would later go to Winona Drive Public School and on to Oakwood Collegiate before being accepted into the fine arts and design program at York University as an undergrad.

I now hold two post-secondary degrees; this project that you are engaging with completes my third. In a few significant ways I had, and have, privilege.

In addition to the parts of my story that I've mentioned I am a cis gendered heterosexual person who identifies as a man. This feels uncomfortable for me to say because I rarely need to declare my gender, sexuality, or manhood explicitly. The way I identify myself for the most part matches the way others see me; another privilege. I am non-religious, with non-religious parents who left the church before they were adults. My parents and I have always been close. I am formally educated and able-bodied. I am a child of the hip hop generation, born in 1979, the year Rappers Delight came out. I write and produce hip hop music; it has taken me around the world. Also, I grew up in a safe and happy home. This is not the case for everyone.

Holding this project is the concept of intersectionality, a feminist theory developed by Kimberlé Crenshaw (Stanford Law Review, 1993). Intersectionality points out the different overlapping dimensions of identity that we move through. It is in opposition to the frame employed by the Western scientific method that separates things for the purpose of study. Living systems cannot be truly understood if fragmented, taken out of context, or separated from interdependent relationships. I believe the scientific method has its place, but it becomes preventative when studying

complex psychology, social systems, or environmental problems that are all interdependent. The human mind is essentially a wicked problem (Rittel, Webber, 1973), it is inherently tied to social systems, economics, issues of environment, and technology. Topics like race, gender, and class, as well as individual psychology, family, and society are fragmented when studied in isolation from each other. Intersectionality proposes that our identities are not divided, that the different social classifications we sit in intersect, compound, and overlap. The theory of intersectionality also applies to the way our individual, family, community, and social reality influence and are informed by our behaviours, emotions, and environments (Bandura, 1978). Imagine each individual constantly walking around with a constellation of family, community, society, and environment surrounding them, with each constellation overlapping with as many constellations as there are individuals and environments on the planet. The overlap of my identities and experiences inform my worldview. My worldview and experience then intersect and overlap with all of those around me, motivating almost infinite implications. This is where I stand at any given moment.

I've tried to write from a holistic viewpoint. Although I try my best not to be locked to a "single story" (Adiche, TED Conference, 2009). I write from the above standpoint. The diagram below is a way of visualizing the concept of this project, it attempts to show that our individuality is not separate from the systems and social realities that we find ourselves in.

**UNTITLED
VISUALIZATION**

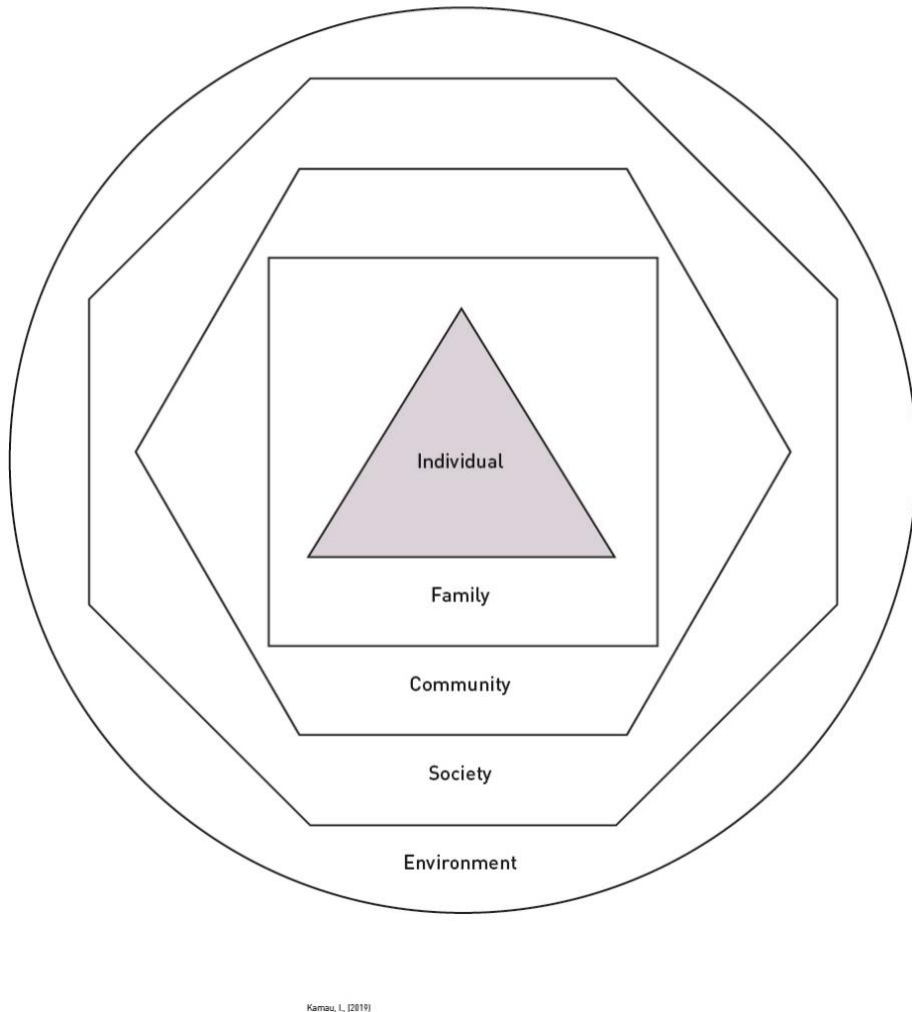


Figure 3.

This project is a critical autoethnography (Reed-Danashay, D., 2017). Deborah Reed-Danashay defines critical autoethnography as: “writing that places the self of the researcher and/or narrator within a social context (Reed-Danashay, 1997a, 2017). It provokes questions about the nature of ethnographic knowledge by troubling the persistent dichotomies of insider versus outsider, distance versus familiarity, objective observer versus participant, and individual versus culture” (2017, p. 145). She goes on to say: “critical autoethnography likewise entails a blend of distance and

familiarity, analysis and testimony” (p. 148) and that it “takes into account the positions and positionings of the narrator within systems of inequality” (p. 149). This piece is as much a testimony as it is an analysis.

I’ve fought with the idea that to use myself as the primary focus of my work is an exercise in ego, at least partly so, however I’ve decided that my story is the only story I can ethically tell in this way, in this detail, and with this depth. It may not sit well with an academic reading of this project, however as my classmate Pupul Bisht states in her project *Decolonizing Futures: Exploring Storytelling as a Tool for Inclusion in Foresight*: “no single perspective can offer complete or absolute truth” (2017, p. 65).

The stories that follow are tinted and twisted by time; this is how I remember them. Like all storytellers I share these stories with others who were present with me as they unfolded. Not all are identified by name though all are possible to identify. I’ve been in conversation with many of them throughout this process, I ask for forgiveness from those who I didn’t involve directly. Although names and identifying characteristics are not present in this project, I’ve done one-on-one semi-structured interviews with several people who identify as having experienced depression and/or who have experienced relationships with close relatives with severe psychological distress. I spoke with six people, formally and informally, some undiagnosed, some diagnosed and in long-term treatment, some who have themselves been associated with the mental health institution. I hope that despite the stories coming from me others might relate to them or see themselves reflected in some way. Maybe in telling this story it’s possible for less people to have to stumble through the persistent and inarticulate sadness that I did, and many others still do.

METHODS

PRIMARY METHOD

1 Critical Autoethnography

(Burdell & Swadener, 1999, Reed-Danahay, 2017, Wall 2008, Reed-Danashay, D., 2017)

Critical autoethnography is subjective and transparent about its subjectivity; it does not pretend to be objective. This research method places the researcher/narrator at the centre of the research and in a social context while exploring power and power relationships (Burdell, Swadener, 1999). I've used this major research project as a means to explore my own mind, my own narrative, and focus on my experience with so-called depression. I employed critical autoethnography (Reed-Danashay, D., 2017) as the primary way to link my story to wider social, economic, and cultural issues that cause and exacerbate so-called depression in the Afro-Caribbean and wider Black communities; as well as many other communities that share similar realities. I made this decision because I am most comfortable in my own shoes and I didn't want to create a false distance between this project and my actual life experience as many academic projects do. The narrative moves back and forth between telling a personal story and a research-based argument that focuses on the social, economic, and political reality that emerges from each section of the story. Critical autoethnography examines its own position in the academic context as a way to situate the issue in the authors lived reality. I employed the design tool of STEEPV to explore the ideas; to look at the issue through the lens of the social, technological, environmental, economic, and value, and use the frame of intersectionality in order to do so (Crenshaw, 1991). In analyzing my experiences in story-form I am attempting to make connections to the experiences of other individuals and communities that may share similar stories; hence the somewhat frightening lack of distance from my personal life. My story is analyzed and designed using the classic five-act dramatic structure (Freytag, 1863, Aristotle 335BC). I used this structure because it is the foundation of most contemporary storytelling in the Western world, so it is most familiar to me. I referenced other ways of structuring stories such as the three-act structure,

and The Hero's Journey (Campbell, 1949, 1968, 2008) but found the five-act structure was most suitable for the kind of story design I am most comfortable with. The project is an exercise in direct self-analysis (Horney, K., 1968, 1994), and is the most in-depth and practical analysis I have ever done.

SECONDARY METHODS

2 Secondary Research

(Stewart, Kamins, 1993)

Much of this project is based on the interweaving of different forms of secondary research in the fields of psychology, social science, critical race theory, feminist theory, design, storytelling, narrative therapy, and narratology. I analyze the secondary sources in comparison with each other while conducting my own primary research and deciding what parts of which stories are most significant to investigate. My critique of secondary research is that although it is valuable to understand the dominant knowledge of a field, much of it is based in a model of knowledge that does not speak to the lived experience of either the subjects of that research or the researchers themselves (Summerfield, 2012, Kanani, 2011, Foucault in Weir, 2008). It can be generalizing and impersonal. As mentioned above I see this project as intersectional by nature (Crenshaw, 1991), it moves from the details of my personal life out to the clinical distance of Western psychological thinking and back again. It is a collage of various forms of research and ways of expressing story and rhetoric. I use secondary research as a tool to balance my individual lived experience with established norms and assumptions in the field of psychology as well as information about the social world. Secondary research is meant as a bridge to validate the ideas by reinforcing their foundation.

3 Narrative Research, Primary Research One on One Semi Structured Interviews

(Clandinin, Connelly, 2004, Edwards, Holland, 2013)

In order to compare and contrast my own experience I have interwoven primary narrative research with individual participants, listening to their stories for similarities and differences to mine and to the secondary research. I have not named any of them here as I agreed, due to the sensitive and personal nature of their stories, that all of their information and identifying features would remain anonymous. My intention was to document, compare, and analyze the stories of people who have experienced issues of psychological distress as defined by them combined in some cases with their involvement with mental health institutions. If names and identifiers were known this might have put some people at risk and compromise their ability to be candid. Trust was important to establish and maintain in these conversations, so I only spoke to people who I already have long-standing relationships with about their experience with psychological distress either within themselves or in their families. I have asked them to tell me their stories from their perspective or their experiences navigating and receiving services from the mental health system in Toronto. I have compared their experiences and perspective with the narrative and perspective expressed by the mental health institutions themselves to find inconsistencies. The conversations took the form of one-on-one semi-structured interviews, allowing me to ask specific questions about their experiences and knowledge of navigating the system as well as stories that reflect their experiences.

4 Design Research

During the one-on-one semi-structured interviews, I asked each interview participant to fill out design research tools. I spoke to several people with different experiences of psychological distress and the mental health system. Most participants identified as African-Caribbean with one identifying as African and one person of colour. I also had several undocumented and informal conversations with others who were not comfortable with having their information, voice, or experiences officially documented. Design thinking tools were re-purposed to describe the participants self-defined

identity (persona's), issues, goals, and needs (value propositions) in order to reflect their own thinking about their psychological wellness as opposed to the clinical perspective. This was inspired by Carl Rogers' client centered therapy (Rogers, 1959) and the principles of human centered design (Cooley, 1989). The idea of client centered therapy and human centered design are similar in many ways, they both center the individual or community as the guiding force for a system of support; the system should not impose itself but flow out of the needs or wants of the person who will ultimately use the system. Of course, all processes that are facilitated are influenced by the facilitator, but I have tried to reduce my influence as much as possible by giving distance and clarifying only when needed as opposed to fully driving the conversation. Tools included Persona's, Value Proposition Design, and Empathy Maps (Osterwalder, Pigneur, 2010) as well as Systems maps (Meadows, 2008) and critical incident analysis (Tripp, 1993). Simple frames such as STEEPV were used to understand the problems as these frames are thinking tools that support the theory of intersectionality.

5 Data Analysis

I have analyzed the data I collected using both narrative inquiry (Howie, 2010, Connelly and Clandinin, 1990) and systems analysis (Meadows, 2008) in order to interweave the perspectives, needs, and realities of those experiencing psychological distress and the challenges with the mental health systems that intend to support them. I've paid particular attention to the gaps in understanding, cultural perspectives, differing experiences, and assumptions about what "wellness," "diagnosis," "treatment," and "care" look like from person to person, culture to culture.

***Data Representation**

Moving beyond the submission of the MRP itself, my intention is to both publish a work that will be able to be read by the public in book form as well as the creation of a live arts, multi-media project for audiences that is currently being developed with The Theatre Centre in downtown Toronto. My idea is to make the information accessible to people in story form, in visual form, and in an arts-based expression in order to have people reflect on their experiences through my own.

Unused Methods

I have employed both primary qualitative and secondary quantitative forms of research in an attempt to achieve some balance though I have avoided strictly quantitative methods such as surveys because much of that information already exists. Specific to the Afro-Caribbean population of Canada quantitative methods may be helpful given the lack of research around psychological wellness in these communities but I assumed the sample size I would need to make this information valuable was not attainable by me at this point. Theory of Change, Implications Wheels, and Journey Maps were avoided due to time and resource constraints.

Intent

My intention is to study so-called depression, psychological distress, and difference in the Afro-Caribbean community in Toronto for the purpose of presenting an alternative to the current mental health institution for people who do not want to engage with it. Since a large proportion of people who experience psychological distress do not seek help from the system, I believe it is important for alternatives to be created and built upon. This project is not a replacement for professionalized mental health care, it is an alternative for those who are avoiding going, are not receiving services, and/or feel alienated or fearful of those systems. I very much want this project to be an example of the process itself, so I've employed the method in the structure of the project itself using myself as the subject. It uses the form of narrative non-fiction (sometimes called creative non-fiction) to tell the story, a form of storytelling that takes real-life events and writes them expressively so as to make the information more compelling for a general audience. I think that it's important to say that people should get the help they need in whatever form that help takes. Psychological distress is not only difficult but potentially dangerous, so if you need support find it wherever you can.

Relevant Concepts

Psychology: The study of the human mind and human behaviour

Psychoanalysis: First developed by Sigmund Freud psychoanalysis is system for analysing and treating psychological disorders by making conscious the unconscious thoughts, beliefs, and motivations of the human being (Freud, 1963, Jung, 1964).

Actualization: Based in Abraham Maslow's Theory of Human Motivation, actualization is the process of realizing one's full potential (Maslow, 1943).

Self-Analysis: Researched and conceptualized by Karen Horney, self-analysis is the process of analysing one's own psychology (Horney, 1942).

Client-Centered Therapy: An idea put forward by humanist psychologist Carl Rogers, client-centered therapy is a therapeutic process that centers the individual being treated and their desires for themselves as opposed to the process being driven by an external yardstick (Rogers, 1957, Rogers 1959, Rogers, 1961)

Anti-Blackness: A hostile and harmful system of racism directed towards those who are identified as Black.

Intersectionality (intersectional feminism): Theorized by Kimberle Crenshaw, intersectionality is a concept that describes how social, political, and identity discrimination overlaps with gender and is cumulative in nature (Crenshaw, 1991)

Act One: Perceiving

“The greatest hazard of all, losing one’s self, can occur very quietly in the world, as if it were nothing at all. No other loss can occur so quietly”

—Soren Kierkegaard
(*The Sickness Unto Death*, 1849)

I’ve been lying in bed for days staring at the row of books on the shelf next to the window. Through the wooden slats in the blinds slivers of silver light slice the dark shadows behind me. The translucent glow of an overcast sky leaks through the double-paned glass accompanied by the muffled moans of accelerating motors and a draft of cold air. Every moment is an eternity; it’s early afternoon.

With a crack my jaw unlocks and a chalky taste slithers over my tongue. A sour odor hovers in the air in front of my nostrils. My lips closed; my throat dry. My stomach groans; goes quiet; then groans again. The flat pillow grips the side of my face and blocks the lid of my right eye. My hipbone presses down on the taut mattress and burns beneath the weight of my body. There is a muted voice in the hallway in front of the door to my apartment, it’s a woman’s voice, but I can’t make out the words. The sharp squeals of children in the playground of the catholic school next door shoot up like starter pistols; my mind races; stumbles over every hurdle. My spirit sinks, drifts below the bed, a cell phone lays pulsing beside it. My stomach groans again; I should get up.

I shook when she told me; held my breath. The air was pulled from the windowless room where we sat across from each other in formal confrontation. My fist tightened and filled with a thin layer sweat; I pushed my thumbnail across a hairline crack in the smooth table and shrank as the room ballooned outward. Those responsible were absent.

She was well-rehearsed, a steady voice, a slight Caribbean accent I couldn’t place. Her complexion was about the same as mine; smooth dark skin, deep brown eyes set forward in her skull.

She stared down from behind a pair of thick-rimmed glasses, below a crop of straight black hair pulled back as tight as violin strings. Her body was still, her posture upright, her eyelids calmly half-closed. Her hands relaxed, folded neatly on the table between us.

During the year we spent in that Borg-like building I had not seen the girl who sat nervously beside this machine with the thick-rims. She was younger than me, wore business casual attire in contrast to the blue jeans and oversized grey hoodie I had thrown on that morning. She fidgeted with her notebook, grasped her pen tightly, pulled her hair behind her ears more than once in the short time it took for her colleague to say my services were no longer required.

They walked me back to the office; hovered at the door. I walked between my two co-workers who sat frozen, one in shock, one in shame. A third staff-member had the day off.

I rushed to pack the contents of my desk. At my back a floor to ceiling window that revealed a nine-story drop to the parking lot below.

The girl hugged her notebook, avoided eye-contact, and stole looks at my busy hands. The machine stared down the hall through her thick-rims, occasionally glanced at me, but stood as still as a statue. I always prided myself on my independence, this made me feel as if I was being bullied. I clenched my teeth, bit my tongue, and stuffed everything deep down into my backpack. Those responsible were absent.

One colleague gawked in disbelief; the other fixed his eyes to the ground as I was marched out with the two women from H.R. in orbit. Maybe I shouldn't have pushed about the financial statements being public, or maybe it was because I tried to gather the other funded projects to force the funder into the training that they had promised a year before. Maybe it was the conversation with the woman at City Hall who thought we should dissolve the board, or my attempts to reach the decision makers who funded our funder. Who knows? What I knew was that I wanted to build something; to help others make more and better art; to develop successful exceptional Black artists in the city of Toronto. Oh well.

The elevator dropped through its dark shaft until it hit the ground floor, a cheerful bell sounded just before the door opened. My hands were wet as I stumbled to the drab parking lot. They watched as I pushed my hands into my pockets and shuffled into the cold; I stopped to zip up my

jacket and properly close my half-open bag; tried not to look back. Those responsible were absent, they didn't have to see.

You sat on the couch with your laptop as I climbed the steps in the apartment. After an hour on the train I was still in shock. I sat beside you, wanted to lay my head on your shoulder, but I just stared at the television. I wasn't sure what to do, so I did nothing.

You were shocked when I told you about the women in the windowless room, the looks of my now former co-workers, and the awkward elevator ride; I had founded the organization after all, but you didn't dwell on it, you weren't the dwelling type. It might be fuel at some point I thought; or some other cliché about hardship and art. I watered the plants, dusted the countertops, and threw out the trash that sat next to the white porcelain toilet. The day planted its roots in my head and danced in in my mind like a desperate fly against a clear pane of glass.

We stayed up late, learned chords on my mothers' old guitar, the flamenco my father gave her for her birthday one spring. I had vivid dreams but only remembered fragments. I burned sandalwood; sang melodies that cluttered my thoughts; asked for coco butter massages. We slept in most days, filled the kitchen with the simmer of stewed vegetables, sesame oil, and garlic. We ate at the table occasionally; stood at the sink. You washed, I dried. You kept a red toothbrush in the bathroom even before you lived with me, showered with the door open, some days we sang together in the steam.

It wasn't really our intention that you live with me for that long; it just kind of happened. We started seeing each other, you left the city for the summer, when you came back you needed a place to stay just long enough for you to find a place of your own. You had cut the straightening out of your hair before you left, had a little afro, by the time you returned your hair had grown into little black twists. You liked to dance, loved music, played the piano and about as much guitar as me. You were quick to smile, enjoyed the company of others, but could also sit on the couch in silence without feeling uncomfortable. When you cared you really cared, if you disagreed you would say so clearly, you were not shy.

You edited photos on your computer as I tinkered with synth sounds in the sunroom. I built four-bar loops, constructed them sound by sound, added programmed drums and Moogy basslines. You played me *Nostalgia Ultra* for the first time; *Strawberry Swing*, *There Will be Tears*; got us James Blake tickets for my birthday. You gave your opinion on the songs I made as I polished them; I got defensive, but you were right... mostly.

We treated that year like a vacation. That fall you suggested Montreal. We took the train and watched the country-side speed by, drifted through the Musée d'art Contemporain, played the pianos on the floor of Nantel Musique, climbed the steep steps to the lookout at Mount Royal, slept in your friend's extra room in the Plateau. We hibernated in the winter, took the camera out in the snowstorm, watched foreign films from Queen Video.

By summer we pedaled on Ward's Island, slouched on the swings by Hanlan's Point, then sat silently on the slow ferry as the sun skipped on the surface of the lake and the city inched closer. I was determined to finish the album; employment insurance paved the way.

One morning my father called from a payphone in the market, asked if I was home. You jumped out of bed, threw on your clothes, and ran out the door with your jacket half on; your boots untied. Dad showed up with sliced salmon wrapped in white paper, a roll of French bread, and a bottle of extra virgin olive oil. I imagine he saw your back from the elevator as you rushed to the side entrance. It felt strange but I kept distance too.

You were wildfire, always on the run, consumed by all the life in your path. I tended to plant my feet in the earth, chip away at an idea until its form was revealed. You said I walked too slow, sometimes paced far out in front of me impatiently. You danced to Fela in the living room as I lay on the couch, you loved to go to parties and be seen, I stayed home most weekends.

I thought I wanted a relationship; you made all the moves; I wanted to remain autonomous. The first time you called it was one in the morning, I assumed it was a mistake, you were a little buzzed and wanted to talk. When you were upset you would lock the door to the bathroom and play *What You Need*, *House of Balloons* in the shower. I had finished recording the album by then; spent my days on the cover design and finishing the mixes with a patient sound engineer. You would sooner be silent than say what bothered you; you simmered; I was supposed to know. I said what

was on my mind, tried to talk; you said I was too critical, too serious, too judgmental; I had heard this before. We held our distance but slept in a single bed, played this scene out on repeat. I threw it all in the growing mess that twirled in my head.

Three hundred people came to the album launch. By then you had sent the email ending our relationship. I barely responded. I packed a bag for you, one of those gift bags meant to be stuffed with pastel tissue paper. I placed your CDs on top of a few of your books; *Black Feminist Thought* (Collins, 1999), *All About Love* (Hooks, 2000), I hadn't read either at the time. It's as if you expected to come back, you left some t-shirts and a pair of silver hoops on the dresser; I threw them in too. I found two pairs of panties in the hamper, washed them with a load of laundry, and took everything out of the bag to push them to the bottom where they couldn't be seen.

You send a friend to pick up your stuff. She smiled awkwardly, spoke in her false little voice, I handed her the bag and was alone again. I was self-sufficient, I'd be fine. I watered the plants, dusted the countertops, and dropped your fire red toothbrush in the trash next to the porcelain toilet.

On the day of the launch you stood in the crowd a few rows from the stage as people cheered. I ran through the routine, was unprepared, felt nothing despite the accomplishment. I shook hands, signed copies, and went home to the silence of an empty apartment. We didn't speak. The previous year spun frantically in my mind as the cold dried the leaves on the trees, turned them orange and yellow, then forced them to ground.

WHY DID THIS HAPPEN?

At the time I didn't know how to describe my mood other than "down." I didn't know what I was experiencing or why. I responded badly; or rather I didn't know how to respond at all. What I felt was that I had failed at the job that connected me to some status and sustainability; I was unemployed. I had failed at yet another relationship that connected me to an intimate partner; I was alone. I had failed at a major project that connected me to my creative self; I had lost a sense of purpose. I had failed at too many things that I desired. I internalized the anger and disconnection that came from my

failures. I was angry. I was scared. I was lonely. My mindset became unhealthily negative, influencing my actions and emotions. As I saw it, I hadn't only failed, *I was* a failure. Failure became my identity not merely a string of unfortunate events. I was watching myself though, perceiving my circumstances, and feeling what I could feel. Above all, in the midst of all of this, I was silent. I disconnected myself from the community I was a part of and the people who loved me; I became isolated. I had felt abandoned by my community. I had asked for support and mentorship and at least in some sense felt rejected. I felt that the Black community was risk adverse, selfish, and short sighted. My expectation was that if you put your energy into a community, that community would return that same energy. My mood fell, I cycled into what might have been called Melancholia at one point in the past.

Melancholia and the Mind

The term Melancholia is an outdated term. It was once seen as an overpowering sadness that came from 'nowhere.' Thinkers described it as a kind of existential disease of the emotions. It caused the person who experienced it great and ongoing distress. They isolated themselves, drowned in self-pity, and had difficulty even moving. In *A Mind Spread Out on the Ground* (2016), Tuscarora author and essayist Alicia Elliot describes the social origins of the ailment:

Initially, depression was known as "melancholia," a word that first brought to my mind a field of blue cornflower and golden hay. Its trochaic meter gave it an inherent poeticism, an ingrained elegance. It was delicate, feminine. Hamlet's doomed lover Ophelia definitely did not suffer from depression... The term [Melancholia] first appeared in Mesopotamian texts in the second century B.C.E. At the time, they considered melancholia a form of demonic possession. (Elliot, 2016, p. 48-49)

Sin and Possession

The word demon is directly related to the Proto-Indo-European "daimōn," meaning provider or divider. The root "da" means "to divide." Daimōns were believed to be natural spirits or deities that

could influence human beings. Socrates was said to have a kind of daimōn; a spirit of inspiration, what was also called 'a genius,' he was put to death for this inspiration.

The long history of associating spirits with psychological distress and difference is partially what underpins the shame that people experience in relation to unwanted shifts in their psychological state. This shame is one reason for the isolation that comes with psychological distress and difference; though most of us may not know its origins. Psychological distress and difference are not celebrated they are hidden.

In many cultures what we most often call mental illness was deeply associated with demonic possession. Michael Parlin, in his article *On Sanism*, describes the prevalence of conflating 'mental illness' with supernatural forms of evil: "From the beginning of recorded history, mental illness has been inextricably linked to sin, evil, God's punishment, crime, and demons. Evil spirits were commonly relied upon to explain abnormal behavior" (p. 388).

A prime example of the spiritual associations with psychological distress and difference is the contemporary idea of Mania. The psychological term mania is inspired by the Greek goddess of the same name. Mania, or Mana, was a Greek deity, the ruler of the underworld. She was the queen of the heavens symbolized by the moon, a spirit that was associated with darkness, death, and madness. Some saw her "moon-madness" or "lunacy" as a revelation of the divine, for others it was pure evil.

Psyche

The cultural associations with psychological distress and spiritual possession have evolved from the ancient world and its myths. The word psychology itself stems from the Latin psyche, a word derived from the Greek psukhē meaning breath, life, or soul. Breath was thought to be the soul or life-force of the human being; an animating spirit. In Greek mythology Psyche was a mortal who through the mythological union she shared with Eros, the God of love and sex also known as Cupid, became an immortal herself. It is psyche that gives us the word psychology; originally described as the study of the soul.

Myth and Madness

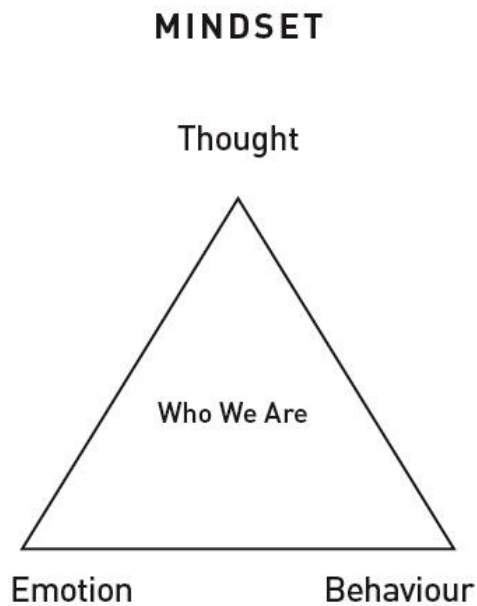
Myths connecting psychological distress and evil are prevalent in societies around the globe, largely constructed as something to be ashamed of, a mark of disgrace; a stigma. Shame makes people hide. This shame and disgrace can be projected onto bodies that the mainstream deems as shameful, provoking even more social exclusion and isolation. Perlin responds to this idea in *On Sanism*, connecting it to more contemporary anxieties: “We respond to these images by perpetuating reductionist symbolic stereotypes of mental illness that reify social, cultural, medical, behavioural and political myths... Stereotypes of mental illness are frequently conflated with stereotypes of race, sex, and ethnicity... structural relationship between madness and blackness” (1993, p. 389-390). Ideas of madness in popular thought tend to reinforce harmful stereotypical viewpoints and promote violence toward, confinement of, or the control of people who live with psychology or identity that does not fit the socially accepted norm. However, there should be a clear distinction between psychological difference, psychological distress, and psychological unwellness.

Though the idea of demonic possession may be at the root of our mistrust of psychological distress and difference, as the study of Melancholia continued it took on a new form and a new meaning; that of illness.

Art and Illness

According to the Greek physician Hippocrates’ theory of the four humors Melancholia was an artist’s disease (Sontag, 1978, p. 32), a harmful kind of sensitivity attached to the spirit of creativeness that should be viewed with suspicion. Melancholics were assumed to be thoughtful, organized, self-reliant, and creative. Some of the traits that make for the great artists, introspection and self-consciousness also were said to increase the likelihood of the melancholic form of psychological distress Michel Foucault, French philosopher, social theorist, and critic elaborates on this idea in *Madness and Civilization*: “The mind of the melancholic is entirely occupied by reflection, so that his imagination remains at leisure and in repose” (1965, p. 125). Traits such as introspection

and self-consciousness are often viewed with skepticism in contemporary society, though particularly in creative, spiritual, and academic pursuits, and when associated with commerce, that negative perception may be reversed as there is an associated practical value. The individual who thinks like an artist but does not produce for the market is simply viewed as mad for their difference. Regardless of the social view of introspection, when not balanced alongside interaction with the world at large (i.e. society) and connection to people (i.e. family and community) these traits can lead to an imbalance in mindset, moving us toward negative health.



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Figure 4.

Extreme Inwardness

Melancholia was later understood as a kind of cycle of negative influence, each influencing the other. Extreme inwardness and introspection, especially the unhealthy, imbalanced, and repetitive kind, is what contemporary psychologists call rumination, a cognitive process that reinforces unhealthy emotions, thoughts, and behaviours; this can lead to what is clinically termed cognitive depression; a form of psychological distress that is made and/or reinforced by a cycle of negative perception in the individuals mind.

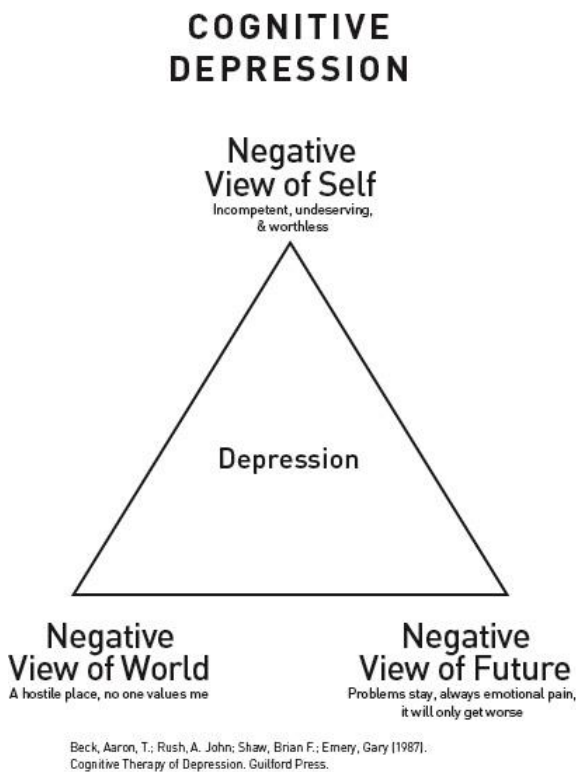


Figure 5.

This project might very well be an example of a kind of creative rumination, but for people who are naturally thoughtful, creative, and introspective I believe it's possible to use these traits for benefit as opposed to detriment.

I struggled with my mood, began to experience an unhealthy cycle in my mind, and all the negative connotations that I had about so-called mental illness influenced me to avoid the support I

needed though I quietly pined for it. I struggled with my ability to communicate what was happening, my assumption was that as an adult, a man, and a Black man, I was supposed to be able to deal with it all on my own. I think many people feel this way and although we are encouraged to be vulnerable, there are consequences to that vulnerability that are firmly reinforced by all aspects of society. Isolating oneself is after all a kind of defence mechanism, an attempt at re-establishing a sense of safety and equilibrium, so it is actually quite irresponsible to encourage someone in psychological distress to talk to someone without understanding just who they are talking to. Of course, it didn't help that I had lost trust in my community, but I needed to be able to distinguish between the trustworthy and the untrustworthy before I could open myself up again.

Loss of a Love Object

Melancholia was a word used to describe an earlier and simpler understanding of what is now defined in the American Psychiatric Association's DSM-5 (fifth edition of the Diagnostic and Statistical Manual of Mental Disorders) as depression. What was known as Melancholia morphed into the more clinical term endogenous depression, depression that emerged from the individual, in opposition to exogenous depression, depression that emerged from the external world. Sigmund Freud, the influential Austrian neurologist and founder of psychoanalysis described the trigger for this exogenous depression as "loss of a loved object" (1917, p. 244). Freud believed that all significant loss, not only death, inspired grief; the "love object" could be anything of worth to the person (Hari, 2018, p. 44). The consistent pain that emerges from loss has also been referred to as: "pathological mourning" (Bowlby, 1980, p. 23); pathology is the study of disease and injury; depression became a sick kind of mourning. Depression was pathologized. This pathologized and protracted grief was meant to be cured within the individual. The initial grief could come from the loss of valuable stabilizers in our lives; safety, strong relationships, good health, employment, and a sense of acceptance, worth, and purpose. All these things also are reflected in Maslow's *Theory of Human Motivation* (1943). In her book *Death and Dying* (1969) Elisabeth Kübler-Ross describes five stages of grief; denial, anger, bargaining, depression, and acceptance; these stages do not necessarily emerge in a linear fashion,

but she observed that they all presented themselves at some point in the natural grieving process associated with loss. Clinical depression is not just the grief that occurs after the loss of the “loved object,” that naturally subsides in most people, it is like getting stuck in Kübler-Ross’ stage of the same name for months and even years, sometimes not even being able to clearly identify the cause. This idea of protracted grief though assumes an event, not necessarily larger systems that may force the feeling of loss beyond a singular event. What if loss was constant and unavoidable?

Freud writes of melancholia: “the occasions which give rise to the illness extend for the most part beyond the clear case of a loss by death, and include all those situations of being slighted, neglected or disappointed, which can import opposed feelings of love and hate into the relationship or reinforce an already existing ambivalence” (1917, p. 251). If the event is recurring, like an illness that returns, or the explosions of a family member in severe psychological distress, grief can be ongoing.

Although I was unsure how to describe my feeling (or lack of feeling) at the time I knew I was having difficulty. I did not feel sick. What I didn’t understand at the time was that the very way I saw myself might have been warped by what has been defined by a form of reactive depression called stress response syndrome.

Stress Response Syndrome

Stress response syndrome is classified as a kind of exogenous or reactive depression (Elliot, 2016, p 52). It is a reaction to a stressful event in the external world (Watts, 1968, p. 251). The idea that depression has a binary expression; is either external (nature), or internal (nurture); seems to not fit the intersectional nature of human experience, so, for the purpose of this project I’m going to suggest that so-called depression is a natural human response to environment, society, and power dynamics, not necessarily a syndrome.

So, why did the distress I experienced happen? My depression like most depression emerged from the world. Most depression is the result of the environment we find ourselves in, who is there with us, and the way we think of ourselves in response. Stressful events that upset our patterns, disorient us, and force us into the unknown and unfamiliar cause depression and its partner anxiety.

The unfamiliar is by nature unsafe, at least according to our brains. Jordan Peterson, European Canadian clinical psychologist and professor elaborates:

We strive to bring novel occurrences back into the realm of predictability or to exploit them for previously unconsidered potential by altering our behavior or our patterns of representation. We conceive of a path connecting present to future. This path is “composed” of the behaviors required to produce the transformations we desire—required to turn the (eternally) insufficient present into the (ever-receding) paradisaal future. (1999, p. 28-29)

The Unknown

Unexpected or novel events stress us out. Though 70% of psychological imbalances originate in childhood or adolescence (CAMH, 2019), reactive depression can show up at any time, though its prevalence is highest in young people and the elderly (Mood Disorder Society of Canada, p. 7., 2007), most likely because of the instability of these stages in life. When the mind is disoriented psychological disorganization happens (Rogers, 1959, p. 204), a state that can cause overreaction of the stress axis (Swaab, 2014, p. 114-115), the result is depression and anxiety.

In *Madness & Civilization* Michel Foucault muses that Melancholia “is always accompanied by sadness and fear” (1964, p.125); depression and anxiety. The stressed body prepares itself for the potential danger of the unknown with an increase of alertness and readiness in an attempt to find safety or fight back a threat. The body wants to make what is unknown known and what is unstable stable. This heightened readiness creates stress in the body (Peterson, 1999, p. 21, Swaab, 2014, p. 114). The body is not meant to stay in this heightened state though, consistent stress is toxic to the body in a variety of ways, depression is one result. Dutch Physician and Neurobiologist D.F. Swaab explains the science:

There are different forms and sub-forms of depression, but they all have a common feature: overreaction of the stress axis. We respond to stress by activating nerve cells in the hypothalamus, which send a substance called Corticotropin Releasing Hormone (CRH) to the pituitary gland and the brain. The pituitary gland in turn stimulates the adrenal gland to produce the stress hormone cortisol. CRH and cortisol equip our brains and bodies to cope with stressful situations. But if the stress axis becomes overactive, a stressful event can lead to the

overproduction of both CRH and cortisol, and these substances can affect the brain so strongly that depression results. (We Are Our Brains: A Neurobiography of the brain from the Womb to Alzheimer's, 2014, p. 115)

The loss of employment, the end of a significant relationship, and the perceived failure of my album project all shook my foundation. The world appeared fragmented and unsafe to me. These kinds of events are the little deaths that Freud described, the end of established patterns of action, exaggerated by how we perceive and respond to them (T.H. Holmes, T.H. Rahe, 1967). I responded unhealthily; I'm not going to diagnose myself, but I'll say that that time period had all the hallmarks of a stress response.

Definitions of Depression

Medically depression is defined in different ways. The mental health establishment defines expressions of depression as seasonal affective disorder, peripartum (postpartum) depression, major depression, bipolar disorder, psychotic depression, and atypical depression (CAMH, Bartha et al., 2013). Depressive symptoms include sad and irritable mood, loss of interest in and lack of pleasure from normally joyful activities such as sex, consistent feelings of sadness, emotional numbness, anxiety, fearfulness, withdrawal from social life, hopelessness, worthlessness, guilt, shifts in appetite, fluctuations in weight, changes in motor function, lack of energy, fatigue, issues with sleep (over or under-sleeping), loss of concentration, forgetfulness, indecisiveness, complaints of bad health, falling self-esteem, rising self-critical thoughts, thoughts of death and suicide (Depression and Bipolar Disorder—Canadian Mental Health Association, 2019, Freud, 1917, p. 244, Swaab, 2014, Elliot, p. 53, 2016). These manifestations of depression can incapacitate those who experience them and lead to other issues that have implications in all parts of a person's life.

One of the issues with the defined expressions of so-called depression is that our brains are much more complicated than simple cause and effect. To add to the complexity much of our psychological life sits below the surface of our awareness. Our mind is not as easily divided as a pizza.

WHO ELSE DEALT WITH ISSUES LIKE MINE?

Depression Statistics

What we call depression is the one of the most prevalent forms of psychological distress globally, it is said to affect more than 300million people and is a predominant cause of disability worldwide (WHO, 2019). The World Health Organization estimates that the America's have 15% of the worlds depressed population, 48Million people in total. In Canada, a nation of 37million (StatsCan, 2019), depression impacts one in four people at some point in their lives (Ontario Ministry of Health, 2015); it is the fourth leading cause of disability worldwide (WHO, 2001). The Ontario Ministry of Health reports that 15% of depressed people eventually die by suicide (2015). Depression is a problem, and more of a problem for some than others.

Women are twice as likely to experience depression and anxiety (Mood Disorders Society of Canada, 2009, p. 15) and those women with low self-esteem specifically are almost twice as likely to develop depressive symptoms when they experience stressful life events. Women also tend to stay depressed for longer periods of time (Brown, 1998). Of course, low self-esteem affects men too, but men are less likely to experience depression and anxiety while more likely to exhibit long periods of anger and irritability when we feel down (Depression and Bipolar Disorder—Canadian Mental health Association, 2019). Bell Hooks theorizes: “the grief men feel about the failure of love, often goes unnoticed in our society precisely because the patriarchal culture really does not care if men are unhappy... Patriarchal mores teach a form of emotional stoicism to men that says they are more manly if they do not feel, but if by change they should feel and the feelings hurt, the manly response is to stuff them down, to forget about them, to hope they go away” (2004, p. 5-6); this doesn't work. Hooks continues: “There is only one emotion that patriarchy values when expressed by men; that emotion is anger... anger is the best hiding place for anybody seeing to conceal pain or anguish of spirit” (2004, p. 7). Women have significantly higher rates of depression than, 5.1% as compared to 3.6% (WHO, 2017), however men in Canada are four times more likely to commit suicide (Mood Disorders Society of Canada, 2009).

The issue is compounded by the way that people treat their depression. Most people with depression in Canada, an estimated 90%, will never seek diagnosis or treatment (Mood Disorders Society of Canada, 2009, p. 7); the vast majority of people are avoiding the mental health system. However, 80% of people who are depressed respond well to treatment when it is received (Mood Disorders Society of Canada, 2009, p. 7). That depression reacts well to treatment and only 10% of those who live with it get any kind of support is a clear failure of the system. Though depression is the most prevalent form of psychological distress, it is part of a wider issue.

Psychological Distress

Psychological distress and unwellness such as depression affects approximately one in five people in Canada annually. By the age of forty, the age I am approaching as I write this, 50% of Canadians have experienced some distressing or unwanted psychological state. These unwanted and often uncontrolled states affect quality of life, mindset, relationships, productivity, and can affect the quality of life of a person's social support networks (CAMH, 2017) increasing isolation, alienation, conflict, and further exacerbating the initial issue.

Globally, what is typically described as 'mental illness' is the lead cause of suicide, the world's foremost cause of violent death at 49%, topping both war and murder; 90% of people who commit suicide have a clinically diagnosable psychological issue (Kirby, M. & Keon, W, 2004, McKenzie et al, 2003, p. 100, WHO, 2017). As many as twenty-five attempts are made for every death by suicide. Every year around the world approximately 800,000 people die by suicide (World Health Organization, 2017); four thousand in Canada alone (Family Mental Health Alliance, 2006). The World Health Organization reports that worldwide suicide rates have increased by 60% over the last fifty years, this growth is mostly due to suicides by men especially those who are separated, unemployed, socially isolated, or working class (WHO, 2002, McKenzie et al, 2003, p. 100). To give those statistics some perspective, interpersonal violence such as individual or small group violence, and collective violence such as the state sanctioned violence of war, kills approximately 500,000 people each year (Rosenberg et al., 2006, Centre for Systemic Peace, 2014). Self-inflicted violence is

incredibly prevalent and entirely preventable. Though the majority of people who attempt suicide experience some unwanted psychological state, the vast majority of those who live with these states do not.

It is estimated that the cost of psychological issues in Canada is over \$50Billion annually (Smetanin et al., 2011, Lim et al., 2008 in CAMH, 2019). On average the cost of supporting a person with a major psychological issue within their community is \$34,000 per year; it costs an average of \$170,000 per year to accommodate those same individuals in hospital (Mood Disorders Society of Canada, p. 4, 2007). There is a problem, and much of it is preventable, but it appears that the systems we use to deal with it are not working.

Levels of Consciousness

Freud split the consciousness into the physical, conscious, preconscious, subconscious, and unconscious (Freud, 1915). These divisions have no hard barrier between them, they were meant to articulate levels of consciousness not floors in an apartment complex. Simply put, the conscious is what we perceive through our senses and in our thoughts, the preconscious contains our emotions and memories, things not often in our control, the subconscious holds our basic drives such as love and belonging, essentially our motivations, and our unconscious are the archetypal drives such as purpose, gender, actualization, pleasure, control, knowledge, and power. The unconscious is what Carl Jung expanded into his theory of the collective unconscious (1964). Jung believed that dreams were the unconscious talking with the conscious mind, and myths are like the dreams of the collective unconscious, a glimpse into a kind of awareness that swam underneath all of humanity. The archetypal drives and symbols that exist throughout all human cultures and seem fundamental to human psychology are expressed in dreams, mythology, and also in the stories we tell each other (i.e. literature, film, branding). The archetypes seem to exist in all cultures and follow particular symbolic patterns wherever they appear. Consciously or unconsciously they are a yardstick that we use to measure ourselves against, what Plato might have called a form; an ideal; a full distillation of a fundamental character.

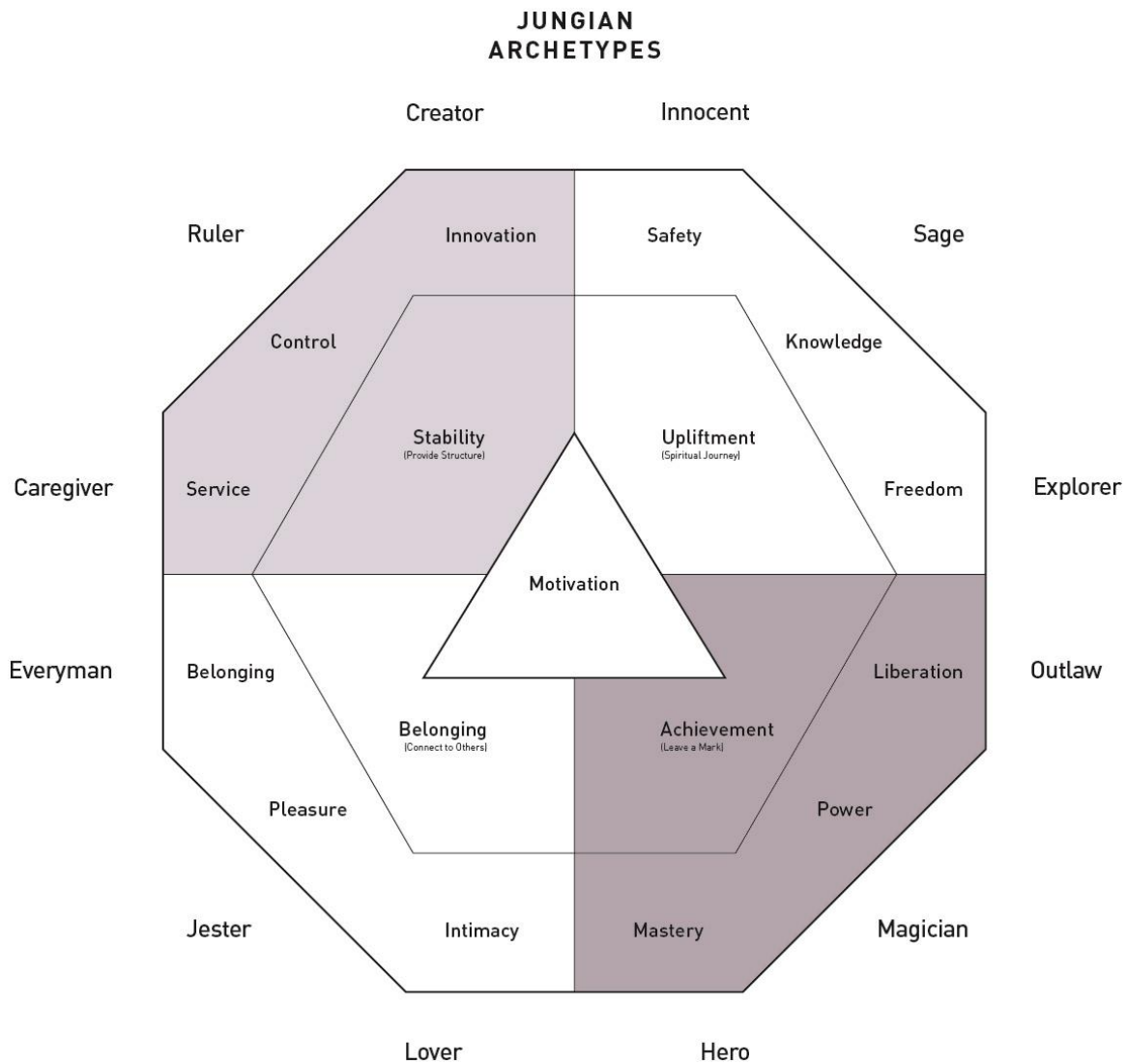


Figure 6.

The majority of the symbols and drives in our mind, approximately 90%, are not conscious to us, they sit in us largely unperceived and not in our full control. In order to function the mind moves most of what we experience, our thoughts, memories, and many of our base motivations below the threshold of awareness and into the unconscious. This is why the psychoanalysts believe that to become psychologically healthy one has to integrate the unconscious, particularly what Jung described as the shadow, into the light of consciousness in a healthy and productive way. A person pursuing psychological health pursues the healthy integration of the personality, conscious, and

unconscious, through aligning contradictory conscious ideas, and pulling unconscious drives, fears, and repressed ideas out of the unconscious and into the light. That might have seemed like a tangent. I say all this to say that that depression and anxiety do not simply come out of the blue, or at least that 'the blue' can be identified. It might take some thoughtful and intentional work to discover what is inside that unknown place inside of us. That is the work that I've been pursuing while creating this project.

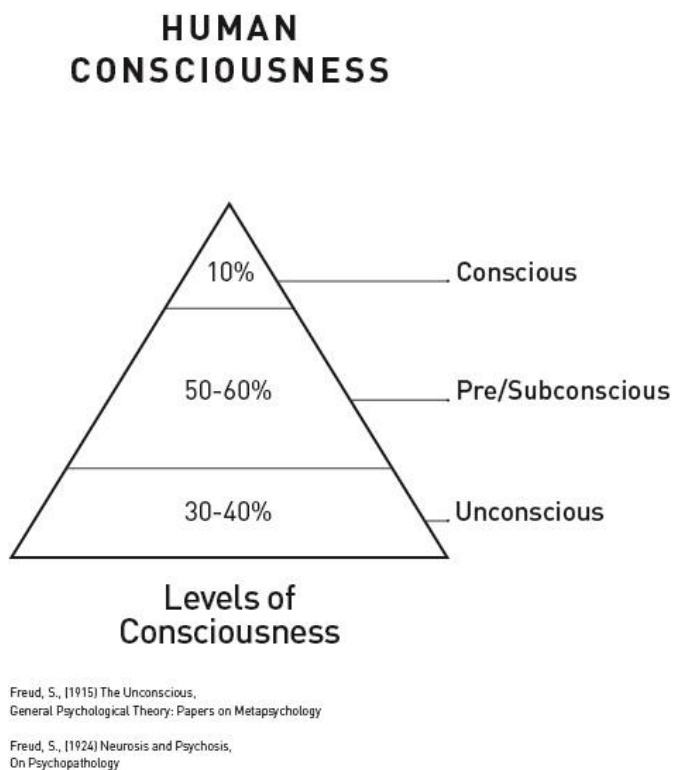
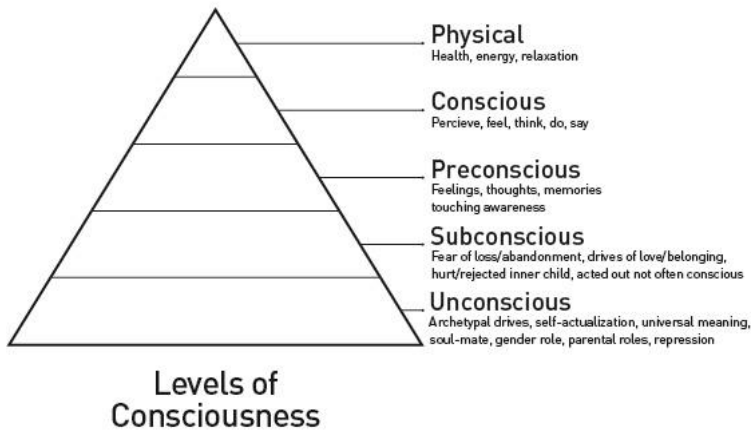


Figure 7.

HUMAN CONSCIOUSNESS EXPANDED



Freud, S., [1915] The Unconscious,
General Psychological Theory: Papers on Metapsychology

Freud, S., [1924] Neurosis and Psychosis,
On Psychopathology

Figure 8.

The Self

Carl Jung theorized that the psyche was made up of different parts; the self, the persona, and the shadow. The self was said to be the core of who we are, what was described earlier as the “true self.” The persona is essentially the mask that we show to the world, comprised of all the parts of ourselves we deem suitable to show to the world. The shadow is all those repressed aspects of our personality that we both consciously hide and unconsciously repress, at times even from ourselves. A dense shadow and large persona can deeply affect the day to day life of the person by inhibiting authenticity and causing great inner conflict. The goal of the actualizing person is to explore the shadow, integrating its aspects in a healthy way into the self, and reduce the persona by aligning it more closely with the self. A conflicted inner life can be harmful not only to the individual but also to the people around us, causing a great deal of unnecessary psychological distress.

Act Two: Identifying

The chair in the kitchen sits in the dull light of the open refrigerator. A half-empty carton of eggs, a box of two-percent milk, and an unopened can of tomato sauce are perched on the shelf inside. I shut the door with a thud and the dry smell of baking soda and wilted vegetables pushes out in a burst of cool air. From the chair I can see grey snow drift through a white sky in the window of the dining room. Condensation builds on the glass. I pull myself up to open the cupboard above the sink piled high with dishes and pluck a box of cereal. I clean a bowl and place it, wet, with a knock, on the counter. The yellow flakes fall out as I shake the box side to side, each one chimes like a tiny bell as it hits the blue and white ceramic. I pour the milk, crunch down, and begin to read through an application for grad school.

“Would you come to Capetown?” the message read. I had given up on leaving Toronto. Unsuccessful grant applications, failed attempts to book shows, emails around the world; all fruitless. Odd jobs kept me afloat. Through the winter I tried to escape the blanket of white cloud suspended above my window. I was done with music; I declined all performances; exposure didn’t pay rent, neither did promoters.

I rarely went out, spent more time inside, more time online. I watched porn on my laptop in the middle of the afternoon. Fleshy bodies wet with sex, loveless grunts in brightly lit hotel rooms. Sterile squeals performed half-heartedly for the dead gaze of the eye of the camera; a little red light. An abattoir of the soul, a pleasure-less performance, they hardly look each other. I’d throw the tissues in the garbage, lay back in bed, then open the laptop again. Nobody came to visit.

I watched Deniro in *Taxi Driver*, Charlie Parker in the *Risk* episode of the Ken Burns *Jazz* series, and Omar in the *The Wire*; Over and over again. The dust piled up; as did the dishes, the plants slouched with thirst. From the apartment I stared blankly as people slid over the ice on the ground outside. I’d go out if I needed, if I ran out of food, if the laundry detergent was done. I’d slide along the side-streets, mostly after dark, hid my face from the cold, covered my head in a hood, stared at my trudging feet.

Invitations slowed then stopped. Isolation increased, anxiety followed, agitation gave way to anger. All the embarrassment; a termination, a dud of a relationship, a failed album; all replaying like a rerun.

“Would you come to Capetown?” the short email read; I hurled questions across the ocean from behind my laptop. My responses were staccato. Is the ticket paid for? Are accommodations covered? What about meals? I didn’t need another disappointment, or another volunteer gig. A young woman in Kigali responded; a conference in Capetown, an invitation to artists, five days fully paid. Visa? No visa, three-months, no barriers, “you’re Canadian” she said, “no visa required.”

“Would you come to Capetown?” Are you talking to me? I asked myself why I would I go through the trouble? Who was I meeting there? I reached out to a handful of those I had met online, some from a place called Gauteng: “can you help me book shows?” “Yes” they said, “Yes.” A week later I sent confirmation, an e-ticket followed shortly after.

The day before the flight my father bought me lunch. It was almost spring; just warm enough to leave the winter jacket at home, snow still dusted on ground in places, tiny buds appeared on the barren tree outside my window. Birds began to sing their songs; or maybe it was because I had opened the windows in the apartment again. After our lunch my father and I ran into a friend and former co-worker; the same one whose desk sat empty on the day I met the women in the windowless room; she had quit soon after, also planned to leave the city, accepted an invite to a master’s program in Chicago. I asked about her choice to go to grad school, she asked why I was leaving Toronto. “Nothing holds me here” I said, “there’s nothing here for me.” My father, a grey beard, roasted almond complexion, twinkling eyes behind a pair of square bifocals, sprang forward. He puffed his chest, brought his face close to mine and exclaimed: “what about your father?!” He extended the vowel sounds in the word ‘father’ to accentuate the subject of the sentence. I looked at him annoyed: “are you saying I should stay here and just look at you?” His shoulders fell; I glanced at my hands.

I posted two photos before I left: one of the CN Tower shot through the back window of the orange and turquoise taxi, another of my boarding-pass from the seat on the plane; then turned my phone off.

When I arrived in South Africa it was cold; winter. Five days in Capetown blossomed into five months in four African countries. Two cities grew to fifteen, ten shows bloomed to more than thirty-five. Everywhere I went strangers greeted me with excitement, walked with me through the streets, opened their homes. There was no time to feel alone, nowhere to be alone, everything was new. I tossed emails home to my parents periodically, told them the stories as they unfolded, chatted with a young woman back in Toronto about African-ness, hyphenated identity, and the diaspora. I travelled through Capetown, Port Elizabeth, Grahamstown, East London, Durban, Bloemfontein, and Pietermaritzburg. After a couple months I needed a place to stay somewhere close to Johannesburg.

You drove a small charcoal-grey car, met me at dawn at the bus station in Pretoria; brought a friend who sat restlessly in the passenger seat, nervous about parking and shooin the car guards who lingered in the lot. You were cautious and curious. A mutual friend had asked if I could stay with you and your roommates, you agreed; we were strangers.

I was exhausted. I threw my bags in the backseat and slammed the door behind me. You went to work; I slept until afternoon.

Unexpected performances in Kigali, Nairobi, and Addis Ababa followed. I returned to Pretoria after every flight. My passport was re-stamped every time; another ninety days, then another ninety-days. I was still in Pretoria when the uniformed school-children, with their deep brown faces, walked to class for their fourth semester.

We drove through Joburg in your little grey car, you called the car guards “bhuti,” gave them the coins you kept in the tray between the seats. We saw the work of Mohau Modisakeng, Malick Sidibé, and Cyrus Kabiru at the Joburg Art Fair, watched *Restless City* at the underground cinema club, sat in what seemed like a thousand restaurants. We shopped for textiles, then drove under the lavender petals of the jacaranda trees as we got back to Pretoria, went to the grocery store, cooked

dinner together. We watched *Generations* on a black and white television, sometimes I left you on the couch, sometimes you left me.

You made things, designed contemporary clothes with traditional textiles, had a master's in film. You introduced me to your friends and co-workers. I was never sure if we were flirting, but I didn't take any chances. I complained that the barbers in Sunnyside never got my bald fade right, never got the lines right; you teased about it as you peered at the crown of my head. You put *Hide and Seek* by Imogen Heap on my laptop, told me about Thandi Ntuli, played Tumi loud in the car. A friend of yours gave me *Channel Orange* on a USB the week it came out. We missed the Little Dragon show; sold out, much to our disappointment. You explained Gauteng was the province Pretoria and Joburg were in. In the almost six months I spent in South Africa we became close friends.

When it was time to return to Canada you drove me under the violet petals that lined the streets to the Gautrain station and explained the route to O.R. Tambo. I took a picture of my all black Chucks, now slightly dusted with auburn South African soil, on the platform with my duffle bag next to them; I got lost but still managed to catch my flight. I sent a text from the plane to say I'd miss you, posted the picture of my Chucks, then turned my phone off. I wasn't sure if I would see you again, but I was back the next year watching *Generations* on the couch.

I landed in Toronto on a cold dull day for the second time in those two years, no blooming jacaranda trees, no car guards, no one to pick me up at the airport; barely a smile as I walked out of the terminal. Grey faces seemed to always be looking away. I watched the city get closer through the windshield of the bus. I had missed the entire summer and returned to a morbid winter; a flat white sky. Mandela died the following week. I stared silently at the coverage of the funeral ceremonies from a basement barbershop on Yonge Street as the loud voices argued and cracked jokes around me. The television showed the Union Buildings, where I had been only days before, now on the opposite side of the world. My sleep was shallow; I had no dreams.

Again, I began to avoid the people and places associated with the job, the relationship, and the music scene. Every street, every building, and every event was cluttered with memory and

stained with meaning. The anger I had felt stirred again. My heart sank, I slept later, began to search for porn again, started to watch psychology lectures on YouTube, I felt the pain pushing down.

A few months later a friend called. He asked if I would apply for a writer's residency at a local theatre; I was still unsure if I would be an artist again, but I took the opportunity. I had been thinking about my family, my parents, my father in particular, his mother, her life. I wrote a short proposal. I wanted to expand what I had done creatively, this seemed like the opportunity to be another kind of artist; to tell a more in-depth story; to look at an intergenerational narrative of Afro-Caribbean people in Canada in a personal way. The central question was simple, how did my paternal grandmother die? My father never talked about it; my mother had a hunch. What did the way in which she died mean for me? The project deepened my interest in psychology and the things that heal or hinder it. The residency started and all I had was a question and fragments of a story. Within a year I was at my kitchen table with a half-eaten bowl of cereal writing an application to grad school and watching the snow fall from the grey sky that hovered above my dining room window.

Looking back South Africa was an escape. I lived in a fantasy world for a while, a place where I was a new and unfamiliar person, I was unknown, it was unknown. I was not in Toronto, but I was also not in the reality of South Africa. I was in between. I was celebrated in a way that I might not have been if I lived there permanently. I experienced the joy of every relationship being new and uncomplicated. I could be anyone I wanted, a new person. Returning to Toronto was like walking backwards into my old self; but I wasn't that person either. In addition to the sense of community I felt while in South Africa, and the disconnection of Toronto, I also experienced a shifting perception of race.

I had been in majority Black countries before; arriving was never difficult, returning to Canada was the hard part. Canada's polite racism rarely screams and mostly whispers. When in South Africa I described to friends the feeling of being in Nairobi, my first trip to Africa in 2006. It was like the part of my brain that negotiates my Blackness became quiet. I don't intend to exotify or idealize my time in Africa; I think many Black people who dream of Africa participate in that idealization; the reality is I was removed from a more complicated relationship with the city I grew up in and dropped into a situation that was free of the weight of personal history. I experienced something similar the

first few times I travelled to Trinidad in the mid-90's. It was as if the space in my mind dedicated to managing anti-Blackness in all its forms had been emptied to such an extent that I could commit it to more productive tasks. My experience in South Africa in 2012 was similar to Kenya in 2006. This is all despite South Africa's continuing and obvious racial separations and class dynamics; apartheid, a word that just means separation, presents itself as economic and geographic now. Returning to Canada was a shock despite the clear racism in cities like Capetown. As I returned to Toronto that space in my head was quickly cluttered again. I began to identify some of the issues that I had previously experienced as I felt them return upon my return to Toronto. But I stayed.

AREAS OF INQUIRY

Anti-Blackness and Marginalization

Just under 1.2 Million people in Canada self-identify as Black. Blackness is a socially constructed identity, with real-world consequences. A social construct involves many assumptions and societally created perspectives to function, some that are quite problematic (i.e. the 'one drop rule' or the possibility of 'acting Black'), but for the sake of simplicity I'm going to refer to people that fall into this category, people of African descent, as Black people. That being said; those who identify as Black are 3.5% of Canada's population and 15% of the population defined as so-called 'visible minority.' Our largest concentration is in Toronto at 7.5% which represents 36.9% of the total Black population of Canada. Just over a third of Canada's Black population lives in Toronto. Statistics Canada reports that Black people who have immigrated to Canada have more than one-hundred and seventy distinct places of birth with the majority, 65%, now coming from some of the fifty-four countries on the African continent. In the province of Ontario alone Black people report more than two-hundred different ethnic and cultural origins (StatsCan, 2019). Black people are not a homogenous group, not in Canada, and not anywhere else in the world. We have different origins, cultures, religions, mindsets, and myths. We are different. We are not the same people individually, socially, or culturally therefore the approaches to our wellness cannot be assumed to be the same. However, because of the

world in which we live, Black people as a generalized group do share some generalizable experiences that have similar effects.

Black people experience anti-Black racism in all of the societies we find ourselves in. We experience this racism in individual, social, and systemic ways because of the attitudes and power-dynamics associated with race in most if not all cultures around the world. It is not hard to imagine Black people in the lower levels of most if not all social hierarchies. Marginalization, when a particular ideology or group is centered, and another is made peripheral, is one result of the anti-Black perspective.

In *Black Skin White Masks*, Martiniquais psychiatrist and political philosopher Franz Fanon writes: “The negro enslaved by his [perceived] inferiority the white man enslaved by his [perceived] superiority, alike behave in accordance with a neurotic alienation” (1967, p. 60). In more contemporary terms what Fanon describes is a reaction to the injuries of racism, colonialism, and anti-Blackness experienced by Black and non-Black people alike, specifically the system of domination (power) that authors such as Bell Hooks typically describe as white supremacy and Fanon makes reference to as: “the un-reflected imposition of culture” (1967, p. 191). White supremacy is what is more politely translated as eurocentrism; the centering of Europe, European values, and European power, not only by Europeans but by many groups who ascribe to what Fanon identifies as a “horizontal hierarchy” explicitly or implicitly (1967, p. 103). White supremacy is both a conscious and unconscious mindset, it is one of the most powerful influencers of the anti-Black mindset, though there are others. Bell Hooks, African American writer, professor, and theorist elaborates:

“...‘white supremacy’ is a... useful term for understanding the complicity of people of color in upholding and maintaining racial hierarchies that do not involve force (i.e. slavery, apartheid) than the term ‘internalized racism’—a term most often used to suggest that Black people have absorbed negative feelings and attitudes about blackness. The term ‘white supremacy’ enables us to recognize not only that black people are socialized to embody the values and attitudes of white supremacy, but we can exercise ‘white supremacist control’ over other black people” (Talking Back: Thinking Feminist, Thinking Black, 1999, p. 113).

This control is both external and internal, explicit and implicit, it results in an alienation from the society at large. It's true that many groups of people experience different forms of marginalization. Women, people of colour, religious minorities, the working class, the LGBTQ community, those who have immigrated from other countries, non-English speakers, the young, the old, and those who are differently-abled all experience forms of alienation due to marginalizing mindsets and actions. Of course, most people on the planet fall into many of the above categories at once. The alienation that Fanon describes is isolation from an activity or group; intentionally or unintentionally. All centralized power produces a periphery, if there was no margin there would be no way to define a mainstream and vice versa. All mainstreams produce a margin, and all marginalization produces some sense of alienation in those who are marginalized, so all mainstreams produce alienation.

Though some form of marginalization seems to be inevitable, more equitable societies produce healthier people. Healthier societies produce healthier people, and healthier people produce healthier societies. It stands to reason then that more unhealthy societies produce more unhealthy people and vice versa. This is as true in Capetown as it is in Calgary. When Fanon writes of neurotic alienation, he is describing a kind of alienation that creates gaps in individual health and also distorted compulsions and mindsets in the alienated individual or group (Horney, 1968, 1994, p. 38) as well as the dominant culture in that society. These compulsions in the mind are a skewed means of protection; ego defence mechanisms, complexes, and neurosis (Freud, 1926). Fanon describes one compulsion as: "not to love to avoid being abandoned" (1967, p. 76), a form of alienation based in fear of rejection; the keeping distance; what John Bowlby might have called an avoidant attachment style. This creates a great deal of stress in the body and mind. In *The Souls of Black Folks*, W.E.B. Du Bois contemplates:

...the Negro is a sort of seventh son, born with a veil, and gifted with second-sight* in this American world, —a world which yields him no true self-consciousness, but only lets him see himself through the revelation of the other world. It is a peculiar sensation, this double—consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. One ever feels his two-ness, —an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder.

The history of the American Negro is a history of strife, —this longing to attain self-conscious manhood, to merge his double self into a better and truer self. (Du Bois, 1903, 2008, p. 8-9)

Carl Jung described individuation as the drive towards psychological integration or unity, it is the union of what Carl Rogers called the “fully functioning person” (1961, p. 191); wholeness. An unwell person has been influenced to split as an ego defense mechanism (Freud in Indick, 2004, p. 47). This idea is not unlike the idea of the daimōn I explored earlier; the idea that a daimōn is a divider; a separated entity or set of entities within one person. Some common ego defense mechanisms include repression, denial, rationalization, projection, and isolation. Defense mechanisms are a way of protecting the ego from injury, an unconscious desire to defend a person’s self-concept, a separation from the parts of oneself that that we might not want to see. William Indick describes isolation as: “running away and hiding from troublesome issues” (2004, p. 65). These conscious and unconscious defense mechanisms create disintegration and fragmentation in a person’s personality. Parts of the self are repressed. In his work *Pedagogy of the Oppressed*, Brazilian author, educator, and philosopher Paulo Freire theorizes: “The oppressed suffer from the duality which has established itself in their innermost being. They discover that without freedom they cannot exist authentically. Yet, although they desire authentic existence, they fear it” (1970, p. 48). This is a kind of neurosis, a subtle psychological issue often caused by stress and threat. In a system where you are seen as an outsider an individual pushes parts of themselves down in order to feel safe. Psychologically this is what marginalization does to the marginalized; it forces disintegration; it depresses parts of them. Double consciousness is the opposite of integrity, the opposite of psychological integration; the antithesis of the fully functioning and integrated self.

The claims of Black people are often dismissed by referring to what is sometimes called the victim mentality. I don’t doubt the victim mentality exists. However, a person who takes responsibility for themselves and their actions while they are being affected by a stressor is hardly the projection of victimhood. Articulating a harm that is enacted and perceived is a healthy way of opposing that harm. The idea that all claims of racism are the result of victim mentality presupposes that there is little or no validity to race-based forms of social marginalization and the stress that

emanates from it. This argument is mostly put forth by members of the dominant culture and/or the politically conservative who have achieved some proximity to privilege.

Dismissing the health effects of anti-Blackness and the broader implications of other forms of inequity is short-sighted. To discount the impact of poverty, violence, stress, and social status is to ignore some of the basic tenants of psychology itself; that what happens to us has an impact on us. Inequity has a negative effect on societies. In his book, *The Impact of Inequality*, Richard Wilkinson, discusses the issue of health in inequitable societies: “the quality of social relations and low social status are among the most powerful influences on health. This means that health is likely to be worse in more unequal societies: it will be compromised not only by the bigger burden of low social status and relative deprivation that goes with greater inequality, but also by the poorer quality of social relations in more unequal societies” (2005, p. 125). What Wilkinson is referring to is that both physical and psychological health is influenced by the level of social cohesion in a society. Social cohesion is made up of three parts; social mobility, social inclusion, and social capital (Centre for Opportunity and Equality, 2018, p. 102) it requires healthy individual, family, community, and social systems. Anti-Blackness works against social cohesion, marginalizing large parts of the society while affecting their overall wellbeing.

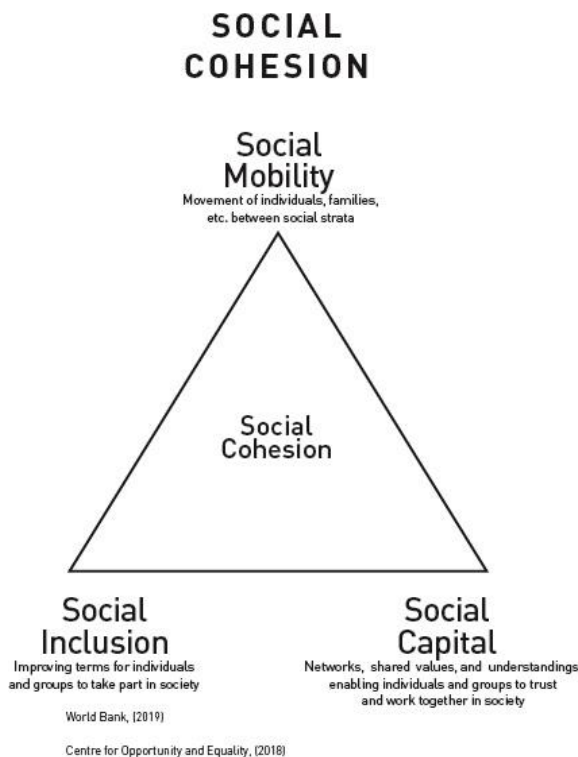


Figure 9.

A 2013 study by Toronto Public Health found that: “Experiencing racial discrimination was associated with poorer health outcomes for self-rated health and depressive symptoms... The analyses demonstrated that racialized group members have worse outcomes than members of non-racialized groups on a number of factors known to contribute to poorer health outcomes, specifically racial discrimination and other stressors, and socioeconomic status” (Racialization and Health Inequities in Toronto, 2013, p. 4). However, the same study noted that there is a severe lack of research on racialized groups and “depressive symptoms” in Canada (p. 12). A 2005 study of racial difference in health outcomes in the US and UK found that Blacks did not have higher rates of depression or other psychiatric disorders than whites in those countries, but their health outcomes are still worse for reasons I’ll explain below:

African Americans tend to have higher levels of ill health than whites for most indicators of physical health. At the same time, Blacks tend to have comparable or better mental health than whites (as measured by rates of clinical depression and other commonly occurring psychiatric disorders). The Epidemiologic Catchment Area Study (ECA), the largest study of psychiatric disorders ever conducted in the US, found very few differences between Blacks and whites in the rates of both current and lifetime psychiatric disorders (Robins and Regier 1991). Especially striking was the absence of a racial difference in drug use history and the prevalence of alcohol and drug abuse dependence. Similarly, the National Comorbidity Survey (NCS), the first study to use a national probability sample to assess psychiatric disorders in the US, found that Blacks did not have higher rates of disorder than whites for any of the major classes of disorders (Kessler et al. 1994). Instead, lower rates of disorders for Blacks than whites are especially pronounced for the affective disorders (depression) and the substance abuse disorders (alcohol and drug abuse). Consistent with these mental health data, Blacks have markedly lower rates of suicide than whites. (Nazaroo, 2005, p. 258).

There is a contradiction here. The study states that Blacks have higher rates of “ill health,” but “comparable or better mental health,” and “lower rates of suicide.” By “ill health” I imagine they mean physical as opposed to psychological health, at the same time a 2003 study in the British Journal of Psychiatry found that: “African-Caribbean people appear much less likely to receive a diagnosis of anxiety or depression from their general practitioner than non-Black attenders (Gillam et al, 1989). It could be that background levels of morbidity in these populations differ; other suggestions include the possibility that African-Caribbeans seek professional help less often (Rathwell, 1984; Gillam, 1990), and/or general practitioners fail to notice their psychiatric morbidity (Burke, 1984; Nazroo, 1998)... psychological distress (s64)” (Sharpley, M., Hutchinson, G., McKenzie, K., & Murray, R.M., 2001, p. s64). Black people are statistically less likely to report the symptoms of psychological distress and trauma and are less likely to seek professional help or receive the appropriate treatment. In the UK it was also found that African-Caribbean and Black Africans are more likely to receive psychological health services by way of the justice system than from their doctor (Morgan et al., 2005, p. 290); we are more often forced into medical interventions. Yet another study states that: “African-Caribbean people may not frame their distress in psychological terms because of the accompanying stigma (Rack, 1982)” (Sharpley, M., Hutchinson, G., McKenzie, K., & Murray, R.M., 2001, p. s64). This could mean that African-Caribbean and Black African people see what is happening in

their minds in a way that is not framed as “mental illness” according to the mental health establishment. It’s possible the social construction of “mental illness” is culturally fluid; a matter of perception. It is also possible that there is a problem with the diagnosis of “mental disorders” as perceived by the mental health institutions and an issue with the way diagnosis actually happens. Either way the impact of race and what race means for social location is documented individually and generationally.

Stigma

Stigma, like so-called depression, also does come from out of the blue. In much of the more traditional reading I’ve done I found that two assumptions come up constantly. First, it is assumed that the shame and fear associated with being diagnosed as ‘clinically depressed’ or ‘mentally ill’ is related to individual, familial, and social misconceptions as opposed to valid fears of systemic, institutional, and social realities for Black people; Black peoples apprehension is often invalidated. Second, there is an assumption that there is actually nothing to be apprehensive about when approaching the mental health system. These are major assumptions and dangerous blind-spots that are likely related to the reason why in Canada most people experiencing psychological distress never get diagnosis or treatment (Mood Disorders Society of Canada, 2009, p. 7).

The Church

In c. 1400 Old French the term depression was an astronomical expression that was meant to describe the distance of a star below the horizon. In medieval Latin the word *deprimere* meant “to press down” as in physical force, or a weight. Most terms that lead to our contemporary understanding of depression had connotations of evil, diseased, and offense as I mentioned earlier while describing Melancholia and the idea of demonic possession. But there is more, these ideas often emerged from religious and spiritual traditions. In Christian theology despair, unlike the other sins, was the only unforgivable sin (Oates, New York Times, July 1993). The idea that self-imposed

damnation and especially the act of suicide was seen as a rejection of the Christian Savior and a direct challenge to God's power to forgive; a total rejection of Christian belief and because of that unredeemable. Despair was a "a state of intense inwardness, thus independence," (Oates, New York Times, July 1993), despair was rebellion against the Church and independence from the Churches conception of God. The Church reinforced the idea that inwardness and an intense introspection was a disgrace. Well known sins like greed, lust, or gluttony could be redeemed because they didn't speak to the person's lack of faith, only their natural and accepted human weakness. The distain for despair did not stop if a person acted out their pain either. Joyce Carol Oates continues to explain the Churches response to the most extreme act of despair; suicide:

...suicide, the consequence of extreme despair, has long been a moral sin in Catholic Church theology, for it is equivalent to murder. Suicide, the most willful and the most defiantly antisocial of human acts, has an element of the forbidden, the obscene, the taboo about it... the church vigorously punished suicides in ways calculated to warn others and to confirm, posthumously, their despair. Stakes were driven through hearts, bodies were mutilated, and the dead were denied burial in consecrated soil. Ever purposeful, the Catholic Church could confiscate goods and lands belonging to suicides. (Oates, New York Times, July 1993)

The Church once rejected all people who committed suicide, even after their death, they would not forgive them. The consequences for despair and suicide rippled out way beyond the boundaries of an individuals life on earth. The Christian Church was not the only tradition that deeply stigmatized depression and other forms of psychological distress. Alicia Elliot describes the legacy of other cultural understandings of psychological distress and despair:

...ancient Babylonian, Chinese, and Egyptian civilizations all attributed mental illness to demons overpowering the spiritually weak. Exorcism—which often entailed beatings, restraint, and starvation—was the only known "cure." Even during the Renaissance, when thinking about depression began to reflect the more progressive views of early Greek physician Hippocrates, a heavily Christian Europe had another way to describe those with mental illness: witches. They were "cured" by burning at the stake. Sometimes, as part of their trial, suspected witches underwent an ordeal by water. They were tied to a rope and thrown over a boat. If they sank they'd be pulled back to safety of sorts; their innocence proven, but their illness unchecked. If they floated, like Ophelia, they were considered a witch and summarily executed. (Elliot, 2016, p. 48-49)

Gender, Blackness, and Moral Regulation

Of course, much of this torture and death was heavily gendered and racialized. The Salem witch trials overwhelmingly convicted women, 78%. It was an enslaved woman from Barbados, Tituba, who was bought in Barbados and brought to Salem by Samuel Parris Salem's Puritan minister, who was the first to be put on trial for witchcraft sparking the witch trials. She told an elaborate story about a devil's book and evil spirits that got her thrown in prison. It's no wonder that there is intense stigma around disclosing psychological distress and difference. In many of our traditions the social, cultural, and mythological view of minds that function differently from the socially accepted ways of being was not only passively marginalizing but actively violent.

In addition to, or maybe following religious dogma and mythological ideology was the enforcing of what author and activist Sharene Razack calls "moral regulation" (2002, p. 11). Razack writes of space segregated by race and respectability, she explains: "space was fundamental in any exercise of power," and that people were "segregated, not for the purpose of punishment, but for moral regulation" (2002, p. 11). She continues: "asylums set themselves the task of producing moral subjects cleansed of everything that opposed the essential virtues of the society; prisons revolved around a political technology of the body, morally reforming inmates" (2002, p. 11). Prisons and "Asylums" function on a narrative of what is right and wrong, The Centre for Addiction and Mental Health in Toronto estimates that the rate of "mental illness" is four to seven times higher in prisons than in the general population (2019). In her article *Race and Madness*, Nadia Kanani goes further in discussing the practice of psychiatry itself:

The history of psychiatry in Canada and the United States is a history rife with oppression, racism, violence, and inhumane treatment. Yet, there is limited amount of literature that considers this history, or that explores the lived experiences of racialized people who have been labelled as "mentally ill"... Psychiatric labelling, treatment, institutionalization, and the lived experiences of racialized psychiatric survivors have been significantly shaped by the political project of colonization; political institutions such as slavery, scientific racism, and eugenicist discourses;

and exclusionary immigration policies. Furthermore, these socio-political contexts have shaped the social construction of the racialized “Other”. As a result, madness and race cannot be considered separately from these factors... Racism, or the oppression of people based on the negative social constructions of the racialized Other, has also be identified by racialized people as causing experiences of mental illness, or madness (Danuah, 1998; Fanon 1967; Waldron, 2002) (2) (Kanani, 2011, p. 2)

For Black people experiencing psychological distress or difference and Black people in general there is a long and violent history of forced confinement, punishment, family separation, and even forced sterilization as a result of eugenics (Hidden Brain, 2018). Kanani reflects that both psychiatry and social work emerged from a kind “moral ordering” that allowed Black people, Indigenous people, and essentially anyone who didn’t appear to fall into the defined or perceived norms of society to be abused, confined, or worse (Kanani, 2011, p. 8-10). Due to widespread fears that Black people, Indigenous people, and people experiencing psychological distress were dangerous and/or violent, there are very real risks to these groups from authorities representing systems of power. One need only look at the populations of correctional facilities and psychiatric institutions in Canada and the United States to see this pattern.

Then there are the police. In 2018 Ontario Human Rights Commission reported that although Black people were less than 10% of the population of Toronto, we made up 70% of fatal police shootings, and 61% of cases where use of force resulted in death. The report found that Black people were twenty times more likely to be killed by the police. Again, Black people are just 3.5% of Canada’s population and 10% of the Canadian prison population (Annual Report of the Correctional Investigator, 2014-2015). In Toronto where our population is 7.5%, we are 27% of police carding cases (Toronto Star, July 26, 2014). At the same time The Mental Health Commission of Canada reported that one in twenty dispatches or encounters with police involved people who are experiencing psychological distress, two in five people who deal with psychological unwellness have been arrested in their life (Coleman & Cotton, 2014), and the CBC reports that 42% of deaths due to police interaction were associated with psychological unwellness and distress (CBC, 2019). Well-known cases like the case of forty-five-year-old Andrew Loku, a refugee from South Sudan who was shot twice in his apartment, and eighteen-year-old Sammy Yatim, an immigrant from Syria shot eight

times on a streetcar both where in psychological distress and both were killed by Toronto police. Though these two cases involved people in crisis who had weapons, people who deal with psychological distress are statistically no more likely to commit violence than any other member of the population (Moutier, American Foundation for Suicide Prevention, 2018). The framing of police interactions by police forces however are almost exclusively focused on enforcing control over the subject of the interaction. A person who is experiencing psychological distress may not have the capacity to see a police officer as a helper. For marginalized people and those experiencing issues with their mental state, particularly who have experienced past trauma who may already be anxious, distressed, or paranoid, police do not just represent a threat, they are literally and statistically more of a threat.



Figure 10.

Silence as Safety

Given all this information it's not surprising then that people avoid disclosure of psychological distress and difference to avoid the intense social stigma, forced confinement, and violence that seems to come with disclosure. It should also be said that historically Black people have needed to hide and be silent in order to survive in Western societies. During the period of African enslavement African religions once practiced in Nigeria, Ghana, and Benin were hidden in the spiritual practices of Santaria (Cuba), Vodou (Haiti), and Candomblé (Brazil) as practicing traditional African religions was a punishable offence. Religious beliefs such as the Yoruba religion was hidden in a veil of Catholicism. During the period of enslavement, the ability to read had to be kept silent as well as the practice of marital arts such as capoeira which was disguised as a dance to escape detection. Silence was a means of protection for an oppressed and controlled people. It is no wonder then that many Black people who experience issues of psychological distress, compounded by the marginalizing effects of anti-Blackness, and the prevalent threat of violence both in the past and the present, stay silent and avoid interaction with the institutions and systems of mental health.

Act Three: Interpreting

The sun falls below the horizon. The sky is a blueberry hue. A cool breeze whips north from the lake, shoving at my back as I walk north on Yonge Street. I've already walked for half-an-hour and still have another half-an-hour before I reach my father's apartment.

My phone buzzes. A deep voice on the other end extends the vowels in my name. "One sec" I say. I push my ear-buds in, lift my shoulders, and bury my hands in my pockets again; "what's up?"

The conversation bobs and weaves; the last time I was in Trinidad, my trip to South Africa, the new Toronto. I mention my sister Roxanne, him like most other people in Toronto didn't know I have a sister, ten years older in Trinidad. We speak about what distance does to family, about music, the residency I had started, the question about my grandmother still unanswered, my father's strained relationship with my sister Roxanne. We share ideas, talk about The Theatre Workshop our fathers were both a part of and his idea for a documentary about them. I go down the list of reasons why being an artist in Toronto is next to impossible. "We have to keep going," he says in his distinctive growl of a voice. I can hear his wide smile burst distinctly through the phone.

A few months earlier he had helped to carry the casket of a mutual friend; a suicide, went off his medication, jumped to his death on the subway tracks at Islington Station. I didn't even know he unwell until he was gone. There was an incident on a plane, a constant quiet struggle. We, both in black, embraced outside the funeral home but didn't really talk until his phone call that blueberry evening. After two hours of circles around my father's apartment we end the conversation with a promise to stay in better touch. I promise to help with the film if he's serious, then press thirteen in the elevator and head upstairs to see my dad.

A year or so earlier I had asked for my father's permission to tell a story. I was on my phone in the entrance to an echoing subway station. It was the day before I submitted the proposal for the residency, it was about us, inspired by his mother, my grandmother, and my distant relationship with my sister. He said it would be difficult, but he agreed, said I should send it to my aunt in Trinidad. I grew up in Toronto, away from most of my father's side of the family, my aunts, my cousin, my great aunt, and my half-sister where all in Trinidad; I had some distance. At the end of the conversation I

worked up the courage to ask how my grandmother died. I wasn't sure if he knew. Without hesitation he blurted out "she stopped eating." I stood silent listening the screech of a subway train in the station.

After South Africa I was confused. I continued to isolate myself with the exception of a flirtatious friendship with a young woman that had become a casual affair. Random meet-ups and late-night texts from the dark of my bedroom. I enjoyed the non-commitment of it, established a safe distance, or so I thought.

I stopped posting on Instagram, didn't bother with Facebook much. Some of those I drifted from got louder in the world; I unfollowed them; sometimes I still searched their names and scrolled their profiles when I felt weak. Compared myself. Resentment bubbled. Routine set in. I wandered the city at night, but slept early, pulled myself out of bed in the morning. I'd water the plants, dust the countertops, and empty the trash can that sat next to the toilet. I stood behind the door to my apartment and listened to the old women talk in the hallway while they pruned the plants by the windows that looked down on David Crombie Park. The events of the preceding years spun into a hurricane; job, break up, album; failure, failure, failure. I vanished from the minds of many, so absent that some thought I was still abroad. I felt at moments that I had vanished from myself.

My ex DM'd me a song by Nick Hakim—*I Don't Know*. Just the song, not a word. Maybe she was worried. I sent her Donny Hathaway—*We're Still Friends*. We hadn't spoken for at least a year. I smiled, it seemed she was still concerned with how I was doing, I wondered she felt at the time, what she was afraid of, who was supporting her. She had contacted me during that winter too, during the Christmas break, I was short with her; cold. I regretted it soon after but didn't say a thing. She was just trying to make sure I was okay.

My attempts to work on two album projects, both collaborations, were also failures. This time at least the failure was quiet. Bad business, poor planning, irresponsible, immature partnerships; and ego, always ego. My relationship with music had grown as distant as my relationship with human beings. No new music. No performances.

I focused on school. A new group of people. A new identity.

I scheduled visits with my father every Sunday, called my mother in Philadelphia on the walk home. My father's health forced his retirement; weekly visits and regular phone calls helped us stay connected. In the early evening, if the weather was good, I walked north from my apartment in Esplanade to his building on the street by the library.

I would find you sitting at the computer when I arrived, your glasses at rest on the bridge of your nose as you peered downward at the screen. We had the same long conversations we always did; philosophy, music, race. You were proud I was back in school. You always wanted to get more education after your time in film school. I pushed at you to finish your stories, you pushed back.

You gave me stacks of books I rarely had time to read, told stories of your childhood in the Caribbean, the house on Saddle Road, and your aunt who raised you after your mother died. You played music from your youth on *YouTube*; *James Brown—Please Please Please*, *John Coltrane—Giant Steps*, *The Temptations—Just My Imagination*. I bought groceries with the hand-written lists you scratched on the back of loose pieces of paper, did small chores around the apartment, and threw out the garbage.

You said you would clean; insisted the clutter was due to size of your apartment, you just needed a bigger space, but you discouraged visitors. There were extra six chairs but still nowhere to sit.

You'd read the newspaper and drop each section on the floor beside the desk. The piles constantly expanded. I listened when you said things were fine, encouraged you to reduce the stacks, you said it was just how your mind worked, that you could find what you needed when you needed it. Sometimes you would say that you had lost control.

I gathered some friends to get the place in order, threw out as much as possible; eight garbage bags of paper, those dusty old chairs, an unused fax machine, clusters of pens in coffee cups and plastic bags stuffed under the sink. The dust settled everywhere. I challenged you to donate five-hundred books to the library; more than seven-hundred made little difference. I filled the grocery cart with volumes and made three trips to the donation box at the Reference library on the corner. It was hard for you to let them go.

You started to fall. You tripped down the steps in the apartment, stumbled in the street in the snow; even tumbled so hard once that you broke two front teeth on a trip to visit me at the radio station. You showed me your smile when you arrived, pointed to the black space where your two middle incisors should be. I bought you a cane, you were surprised; you didn't understand why.

We argued about your health, and your space, and your work on the book; you mostly laughed it all off, accustomed to charming your way out of tight corners. I denied my way through some things too, but decided to find a doctor for myself, cleaned my apartment more regularly, dusted, watered, through-out trash.

One evening I sat on the bus after a long day of classes. I was exhausted. You called. It was the first time you fell and couldn't get back up. When I arrived, you were sitting upright on the floor, your back pushed against a low bookshelf, your legs splayed in front of you, a child-like stare on your face; confused. It was the first time I helped you up and felt your full weight. I strained to lift you to your feet. The next fall was even worse.

It was months before I understood it was a stroke. It's not that you didn't know. It slipped out in the middle of a conversation. Like that time you said: "I retired today." You spoke like you had lost your balance again; you didn't want me to worry but seemed anxious. I could see it was more than a fall in your mind. I wasn't going to your doctor appointments then. You seemed to be losing your independence, and in turn I felt like I might be losing mine.

Your mood was shaky; you spoke of death and dying even more than usual. Seemed to revel in saying "pull the plug." You were losing friends, too many to name; prostate cancer, heart attack, stroke. Black people's diseases. Stress settled in my shoulders. There was a buzz in my head that began to keep me up at night. Around your birthday you began to mention that you were the age your father was when he died; seventy-three. You spoke about this far beyond your next birthday.

You asked if I would call you more often, didn't like being home alone. I worried too. It became obvious you couldn't continue to live on your own, but migration had widened the distance between you and the rest of our family. It was just you and me. My mood began to sink; through it all I kept writing; as did you.

I pulled the titles of your stories out of you, made a list, then a workplan, taped it to the wall between your kitchen and living room at the bottom of the steps. I taped one to the closet in my bedroom as well. Your stories, and my stories, gave us the space to talk.

You said you buried it. Your eyes shifted slightly when you said it, then you went back to sifting through the papers on your desk. I gazed at you as you moved on. You pulled a pen out of one of the coffee mugs on the table and began to write. A small black bag with a zipper containing your blood sugar tester sat on top of a blister pack of your medication over a pile of newspapers next to the chair. "Nobody spoke to children then," you said, "she died, we kept going."

A friend of mine died the following year. I'd call him 'The Mayor;' an older man in the community, not much older than me, but in hip hop years a different generation. When he laughed his eyes would squint and his shoulders would lift in an exaggerated bounce. He'd place his hand on my shoulder and grin. I cried openly at the funeral surrounded by a few hundred people. Another loss, closer this time. I mentioned my sinking mood to the doctor that a friend helped me find. The test he gave me had statements with numbers from one to five beneath them, most of my answers sat between two and three. He suggested exercise. Exercise was more effective than anti-depressants he said, as he encouraged me to go to the gym, it reduces stress. The counselor at school did the same. She was nice but not so helpful. It took five of the eight free sessions just to get to know her. Forty-five-minute sessions with a stranger and the ticking clock once a week. She spoke to me about time management and the pressure in my life. She gave me a stress test; the number was higher than the test could measure; I was a little surprised. I didn't feel the stress outside of the pain in my body, at least not more than usual, but everything was changing fast. I began to go to my father's place more often; two times a week, three times a week, four. There was never enough time. Those whirlwind thoughts kept me up at night; now I began to spiral.

I bought a mouth guard to help with the headaches that came from the nightly grind of my teeth. I had accepted a part-time job now that my coursework was finished at school. The job became torture; I couldn't keep up; but I needed the money. Music was never far from my mind; but I couldn't

justify it; it didn't help pay the rent. The casual affair with young woman became more of a stress than a relief; she was deeply depressed; I stopped it, though we stayed in touch. Sometimes I walked all the way to my father's place from Esplanade, three or four times a week; and always on Sunday.

Generational Trauma

My father and his three sisters lost their mother when they were still small children; my dad was just ten years old. The stories I've heard about my grandfather describe him as being barely present; only recently did I understand what his presence often meant; violence or vindictiveness directed toward my grandmother, his wife. Of course, Trinidad itself is a product of an abusive relationship with the Spanish, the French, and the British. Before the Trinidad and Tobago Independence act of 1962 that granted sovereignty to Trinidad the island was a colony of the United Kingdom; a product of imperialism. My father was a teenager in 1962.

Enslaved African people were forcibly brought from West Africa to Trinidad predominantly to labour on the sugar cane plantations. The economic system in place was called triangle trade, named for the routes the ships took in delivering goods, and enslaved people, to the nations involved in trade with each other.

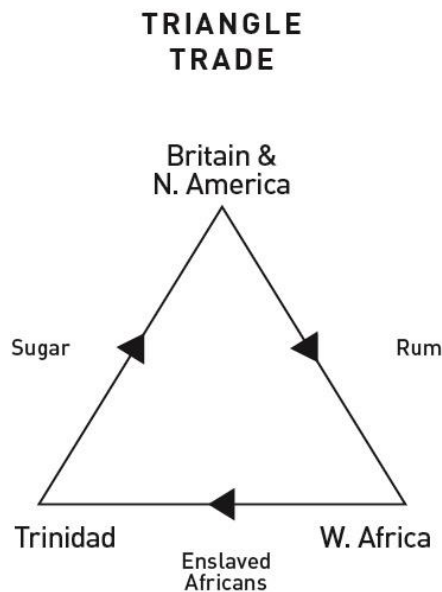


Figure 11.

Slavery was abolished in Trinidad in 1833 and by 1844 Indian people working as indentured servants were brought from Calcutta and Madras to work in those same cane fields. Both Afro and Indo Trinidadians were treated as second class citizens under British rule until the mid 20th century. My father and my grandmother grew in this social and political climate.

There have been many studies on the effects of the intergenerational transmission of trauma. The theory is that trauma can be passed down through generations through both social and biological means (Sherwood, *Journal of Ethics and Mental Health*, 2015, p. 3, Bombay et al, *Journal of Aboriginal Health*, 2009, p. 15). The trauma of natural disasters, childhood abuse, marginalization, warfare, genocide, slavery, and extreme marginalization can enter the body. Generational interchange of trauma from parent to child have been documented in the children of Holocaust and Residential School Survivors. Scientists have documented non-genetic influences on genes emerging from chronic and/or toxic stress that can be transmitted across generations (Jackson et al, *Journal of Clinical Epigenetics*, 2019, p. 2). Basically, it's possible that major stressors in previous generations can impact people's bodies so much that they can pass on acquired traits biologically and psychologically to their children and their children's children. This kind of stress makes people more susceptible to different kinds of physical and psychological ailments. Children of Holocaust Survivors for instance have been shown to be more prone to develop Post Traumatic Stress Disorder and depression when their stress axis is activated (Baider et al., 2000 IN Bombay et al, 2009). Toxic stress can also impact the development of parts of the brain associated with mood, stress management, and impulse control (Centre on the Developing Child, Harvard University, 2014, p. 2). Groups of people that have experienced historical trauma are more likely to develop associated problems in the present, even if they haven't experienced the specific trauma themselves.

My father watched his mother waste away and die. Him and his three sisters were in the house where she was abused by my grandfather. When his mother decided to make a statement, my father was there to see the result. While pregnant with my youngest aunt Annemarie, my grandmother lay in bed and began to starve herself.

Society

Depression is a social issue. While conducting the research for this project I noticed a trend, especially in the older literature. There is a tendency to hand the responsibility for psychological wellness over to the distressed and depressed person. In some peripheral way family issues, social issues, and environmental issues are seen as important but rarely at the center of the conversation; at the center is the individual.

In some sense individualizing the problem of so-called depression makes sense, the actions of people help to create their reality so changing their actions can help shift that reality. However, we are not solely responsible for the reality we live in or the environment that effects our health. We exist inside family structures, communal groups, and social systems. All these realities sit inside of an environment as well. Human beings are social animals. This is not just an idea; it is a practical reality. So why would our individual health not encompass all that is in the environment that shapes us? Brian Boyd, professor of Literature at the University of Auckland in New Zealand writes: "All social species prosper more together than alone, or they would not remain social, but humans take this to another level, ultra-sociality, the most intense cooperativeness of all individualized animal societies." (Boyd, 2010, p. 101). We do not develop and cannot survive on our own. When we are sick that sickness emerges from our environment even if our choices have affected the environment that we are in. Susan Sontag explains further using cancer as an example:

Punitive notions of disease have a long history, and such notions are particularly active with cancer. There is the "fight" or "crusade" against cancer; cancer is the "killer" disease; people who have cancer are "cancer victims." Ostensibly, the illness is the culprit. But it is also the cancer patient who is made culpable. Widely believed psychological theories of disease assign to the luckless ill the ultimate responsibility both for falling ill and for getting well. (1978, p. 57)

The burden of psychological wellness seems to sit squarely on the shoulders of the individual despite it being shown that the social and psychological determinants of health have a much greater influence on health and wellness than "biomedical and behavioural risk factors" (Raphael, 2004, p. 2). This means that overall health is determined more strongly by income and social status, employment

and working conditions, education and literacy, childhood experiences, physical environment, social supports, access to health services, culture, race, and gender than individual behaviour. The social determinants of health include coping skills, healthy behaviours, biology and genetic endowment; but Dennis Raphael professor of health policy at York University argues that most of our physical and psychological wellness is actually determined socially not individually; a product of the societies and communities in which we live. This theory is reinforced by the World Health Organizations report on the Social Determinants of Mental Health: "Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environment in which people live... Social inequalities are associated with increased risk of many common mental disorders" (2014, p. 8). Depression, being one of the most prevalent forms of psychological distress (WHO, 2019), is predominantly an issue of social systems and environment rather than a problem of brain chemistry, individual mindset, or behaviour. Melancholia might have never been an "artists disease," though artists might have been more sensitive to their environment due to their introspection and attentiveness to their surroundings.

Inequalities in a social setting don't simply exist, they are created by people who shape systems of power within social structures; they are socially produced and reproduced (Williams, 2013). Our unhealthy psychology and the unhealthy systems we create produce unhealthy societies and in turn affect us. As Richard Wilkinson writes: "...individual psychology interacts with the wider sociological processes responsible for damaging our humanity and producing dysfunctional societies" (2005, p. 33). We are collectively responsible for the societies that make us unwell. Most of us however do not have the power to change the social structures or systems we live in.

The common perspective is to look at depression as an individual illness, the condition of being individually physically or psychologically distressed. However, there is evidence to suggest that many forms of depression are a protective response to a psychological, social, or biological injury; a scab, a protective cover, not necessarily a disease or disorder in the traditional sense. Depression in many cases is adaptive, a coping mechanism for a novel situation. D.F. Swaab explains a theory of so-called depression:

...depression might confer an evolutionary advantage. The theory goes that when you are depressed, you withdraw, you eat less, you lose interest in everything, and you avoid activity so that all your energy can be devoted to physical recovery. Depression is thought to have another possible evolutionary advantage, being a potentially beneficial response when someone with a dominant status is forced to occupy a lower place in the pecking order. Behavior such as avoiding eye contact would reduce the likelihood of attack by more dominant individuals. (Swaab, 2014, p. 113)

Reactive depression seems to be a rational response to stressful social situations and a lower place on the dominance hierarchy; what may be experienced by marginalized people. Although the feelings associated with depression are unpleasant, depression and its close relative anxiety are trying to protect us from a reality that seems to be in opposition to good health. If so-called depression is as prevalent as it is in society, we should ask why so many people are reacting this way to the societies in which we live?

WERE THERE PRACTICAL TOOLS TO KEEP GRIEF AT BAY?

Anti-Depressants

If depression is largely a social problem, and social problems emanate from the structures of society, then why are social problems being prescribed chemical solutions. Anti-depressants have been found not to work in the majority of people who are given them despite their prevalence in contemporary medical practice. Anti-depressants such as SSRI's (Selective Serotonin Reuptake Inhibitors), that include recognizable brand names like Prozac, Paxil, Luvox, and Zoloft, cannot address the social and environmental issues that cause the majority of depressive symptoms. Dutch physician and neurobiologist D. F. Swaab explains this idea further:

SSRI's (Selective Serotonin Reuptake Inhibitors—i.e. a form of anti-depressant) aren't very effective at all. They start to work only after a couple of weeks, during which period there's a real risk of suicide... Moreover, these drugs have a placebo effect of 50 percent. Indeed, it's not so strange that the placebo effect is so marked in the case of depression. The expectation that a

placebo will alleviate one's pain is linked to increased activity in the prefrontal cortex. This inhibits the hypothalamus thus normalizing the activity of the stress axis. (2014, p. 121)

In his book *Lost Connections* Johann Hari found that: "...the proportion of people on antidepressants who continue to be depressed is found to be between 65 and 80 percent" (2018, p. 37). This statistic is astounding given that the American Psychiatric Association have reported that anti-depressant use in America rose 64% between 1999 and 2014 (Winerman, 2017, p. 120). Hari contends that: "The numbers showed that 25 percent of the effects of antidepressants were due to natural recovery, 50 percent were due to the story you had been told about them, and only 25 percent to the actual chemicals." It has been estimated that 5.5% of Canadians— 2Million (Patten et al, 2014), and almost 13% of Americans—36Million (Winerman, 2017) currently take or have taken antidepressants.

Systems

Mental health institutions are complex to understand and hard to navigate. Waiting lists are long and the appropriate entry point is often hard to find. Canada gives only 7.2% of its budget for healthcare to mental health. The Canadian Institute of Health Research reports that it spends just 4.3% of its annual research budget on mental health (National Mental Health Association, 2019). It is not surprising then that mental health services are often underfunded even based on the current demand which as I've said earlier is only a small fraction of the actual problem. 80% of Canadians rely on their family doctor for their mental health needs, these services are most often limited to short appointments, referrals with extended wait times, and prescription medication such as anti-depressants. In addition, the professionalization of mental health care means that many people do not feel connected to the people who are there to support them. Due to the strain of limited time and resources, as well as the distance of professionalism, most mental health systems are framed around crisis as opposed to prevention or ongoing care. If individuals with preconceived stigmas and fears have to think about navigating this system, especially while experiencing crisis, it doesn't seem feasible that long-term supports that can improve psychological issues can occur.

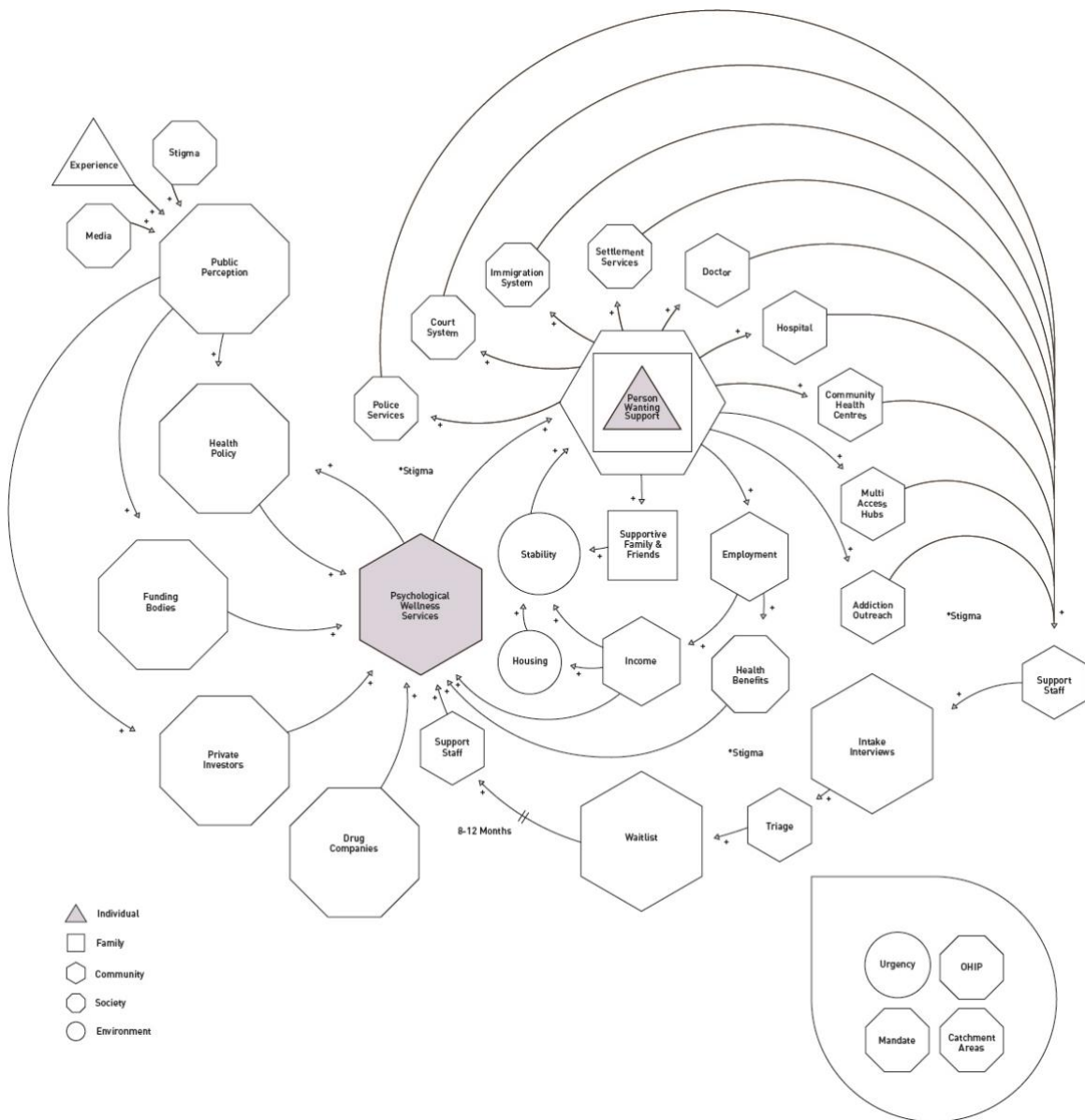


Figure 12.

“Every moment happens twice: inside and outside, and they are two different histories”

—Zadie Smith

(The Sickness Unto Death, 1849)

Act Four: Responding

It's mid-morning, just after ten o'clock. The cinder blocks that form the room are painted white and baby blue. There are floor to ceiling mirrors in the corner and racks black of free weights. My heart thumps against my chest, I breathe heavy, my arms sway at my side. I feel the sweat drip down my forehead and crawl like tiny insects until they darken the grey of my T-shirt by a shade. The sweat forms a wet heart-shaped stain on the fabric, I can smell it when my arms raise. The weight of my body chips away at my drive, it tries to drag me to a standstill. My mind tells me to stop; assumes I can't go on. I breathe deeply; my chest burns. I don't want to continue. I concentrate to limit the upward jump of my torso; I shift that weight forward. My elbows get closer to my ribs; their momentum lifts me. I get ahead of my breath, pulling myself along. Air fills my lungs, quickly exits, then enters again. I place the weight on the ball of my feet, let my heels fall in front of me, lift my toes behind. I try my best not to pound the treadmill for the sake of my knees. I maintain some sense of order and continue.

The burn in my chest calms. My legs lift me forward. I increase the speed on the machine; my heart slows slightly; I take breath after breath.

It had been years since I was let go; the feeling was not as heavy. I asked a few women out to no avail; they would say yes, drift away, never confirm a time. Very Toronto. I left them alone. I applied for a second master's; this one in design; I was still working through my first. Dad was still sick, time was still tight, money was still scarce. I had visited the foodbank at school on more than one occasion. Packaged pasta, preserved beans in yellow tin cans, white rice in bags of thick clear plastic. The job

ripped three long days out of my week; but it paid well. I sat at a desk with the other staff, working towards the goals of the organization. At least it got me up in the morning.

My doctor's recommendation lead to a membership at the St. Lawrence Rec Centre. I started running. I found myself in a white and baby blue cinder block room three times a week at least. I visited to the optometrist, followed by a trip to the dentist. I wouldn't let the dust build in my apartment, I washed the dishes as soon as I finished with them, I kept the soil in the planters moist.

I followed a schedule; did my best to stay in touch with the friends I kept, focused on work. I slept earlier, got out of bed earlier, made my bed every morning. My mind slowed; drifted over most hurdles. I did my best to keep my routine.

A glass of water sat on the side-table each night to be gulped down as I woke up. I showered right after I pulled the blinds open, changed out of the clothes I slept in. I wrote task-lists and made sure to take a walk at least once a day. All of these things had become signs; signs of wellness. If I was consistent, I felt better.

Sundays at my father's place I began to ask direct questions. What was his relationship to my grandfather? Why the distance between him and my sister? Did he think his mother dying affected him in anyway? My father respects art more than therapy; I suppose I do too. Stories were the way we communicated; particular stories, others we didn't approach. We had a reason to speak about what was painful. The residency gave me an excuse to dig. I dug, then dug deeper. I slowly put the pieces together.

My father spoke little about losing his mother; she lay down one day and didn't get up, my aunt was born malnourished. My dad and his three sisters grew up with their aunt Naomi who raised them after her sister passed. Dad was the oldest; the only boy; his father was barely present, even when he was around.

The opportunities for Black people were few in my father's childhood, particularly dark-skinned Black people, especially dark-skinned Black women like my grandmother. Limited by class, limited by race, limited by economics and geography. If Black people were stifled, Black women were

confined. You could be a secretary, a seamstress, a teacher. My grandmother was a teacher, so was her sister.

My father rarely spoke about my grandfather. When he chose to speak about him it was laced with anger, mockery, or resentment. I don't know exactly what he saw, but he saw a lot.

I didn't know much about my grandmother, just that she died, but my father knew her the best due to his age. He had clearest memories of her.

By the time my dad was in his mid-twenties his desire to write and direct films drove him to find a way to leave the island; my mother had a similar plan. In her parent's generation Trinidadians were focused on London; her generation looked to New York.

There were pictures of a younger you in the photo album under the television. In one photograph you stood on a street corner in Brooklyn with pleated slacks and a perfectly shaped afro in a black halo over your stern face. The photograph was taken when you first left Trinidad, before dad landed in Toronto. You looked down at the camera, still, straight-faced, piercing the lens with your eyes. That photograph was not the mother I knew. You were not stern with me. It was odd to imagine your life before me; but there you were.

In the morning I would open the door of my bedroom and see you running in place in front of the television in the living room; Billy Blanks cheering you on. You played Anita Baker in the apartment, *Sweet Love*, Ella Fitzgerald—*Fascinating Rhythm*, Lord Kitchener on occasion if you were in a particularly Trinidadian mood. You scheduled your time precisely; wrote task-lists; kept meticulously organized binders with business contacts; first A.D.s, key grips, editors, lighting people.

Your locks stayed freshly twisted, you swore you'd never dye them, even after you began to get some grey. When you got tired of your hair you would cut it all off without much more than a thought. You cooked healthy meals, had a yellow pillbox with supplements inside, woke up and gulped down a glass of water as you leaned on the counter in front of the kitchen sink. You rushed, bit your nails, did three things at once. The apartment was kept pristinely clean; barely a speck of dust, plants freshly watered, trash taken out. Objects were placed parallel, or at right angles, all perfectly aligned.

You and dad were not as well aligned, neither were you and your family. They didn't always understand. You were too particular, too political, too impatient. They didn't always understand why you cared about Black people as you did, why you made films about them with dad, why you chose my father in the first place. He was dark, wore dashikis and sandals, had a long beard. You could have found yourself a banker, a businessman, a lawyer; you were your own person sure, but a writer?

If some women did in fact try to cram themselves into the narrow stereotype of what a woman was supposed to be, you were not one, at least it never seemed that way to me. You were wildfire, always running, always working, consumed by all the life in your path.

You were mostly bored at parties, disliked small talk, didn't play the game. You were painfully direct; it didn't win you companions or compliments. But you had a handful of good friends, held them close; Lynn, Adjao, Linda, Katy with the cats, Pauline, Nicole. They were family when your family wasn't present; other women like you who did not fit; who made a way.

It was early September. You travelled from Philadelphia to attend the listening party; my thirty-first birthday, two months before the launch, a year after I was let go. The morning after we sat on my couch and spoke about the previous night, the music, those who attended. You commented that there were a lot of beautiful women there, I smiled, neglected to tell you I was dating one of them at the time, or that we had lived together around the time I lost my job. There were sheets of paper with the cover artwork posted on the walls that evening, that morning they lay on the floor in the living room. I explained the symbolism on the cover; a circle for wholeness, old pictures of you and dad for legacy, sketches of children from a photo taken by dad on Tyndall Avenue sometime in the 80's, the first street I lived on in Parkdale, the children represented the future. There was a pressed hibiscus flower too, wrapped around all the other imagery. You asked about the flowers first.

I reminded you of the blooming bright red hibiscus flowers you placed around the apartment when I was a child. Just as the petals began to close you would pluck the flowers and placed them between two pieces of white paper, then put them under heavy books until the flower was flat and dry. You arranged them in small frames and hung them on the walls around the apartment. As I explained you held your hand to your face and started to cry. You were not the crying type.

You and dad settled in Toronto in 1970. I was born in 1979. By 1987 your eighteen-year relationship was over. I was seven years old. I remember you shuffled around anxiously in the kitchen as you struggled with how to tell me that dad wouldn't be coming home. I sat quietly and watched. He had left once before, moved to a bachelor apartment above a corner store in North York, we called it "Ellerslie" for the avenue I would visit him on in those few months. I made a big deal out of his return, drew a big bright picture that said: "welcome home daddy," and hung it on the wall. You would argue often. You tried your best to keep it from me. I didn't understand how two people who loved each other could not figure out how to make it work. That feeling stayed. A difference meant an argument, an argument meant the kind of pain I saw you both go through. I saw the flowers explode around the house without knowing why. It wasn't until that second day of my thirty-first year, on a quiet morning in September that you explained the relationship between your separation and those blooming bright red hibiscus flowers.

After the separation all you wanted to do was go home. Money was scarce. When you were a child in Trinidad your mother grew flowers in the yard around the small house on Luis Street in Woodbrook. Blooming bright red hibiscus flowers that reached outward into the world with their delicate petals. The island was small, the neighborhood even smaller; everyone knew everyone else. You grew up with four siblings, three bothers and an older sister. There was little space in the house you lived in with your mother and father. Everyone knew everyone else's business, it could be overwhelming, but you could count on others being there. By the time you were ten years old your parents had separated; it stayed with you; you could always see your father when you wanted to though; that stayed with you too. When my father asked if you wanted to get married; you told him you were together already; what's the difference? That distance grew as you grew. When the gulf grew too wide; you separated. Without the ability to go home and feeling isolated in Toronto you kept hibiscus flowers around our apartment to remind you of the home you left in Trinidad; a sense of comfort, a way to keep going. As the red petals reminded you of your mother, your childhood, so too did they remind me of mine.

I remember you falling asleep on the couch; I was in my undergrad by then. You watched foreign films in the evening; The Three Colours Trilogy—Blue, Amélie, *Maria Full of Grace*. You spoke to Adjao on the phone with a glass of red wine in your hand, ate expensive cheese with Christie's saltine crackers or salty sardines. You started to see a therapist.

You hated the anti-depressants, said they made you feel dull; you just wanted to work. Your reputation for hiring Black filmmakers preceded you in an industry where people preferred to work with their friends. It was hard for a while. I'm not sure how you survived. You decided to stop taking the pills, started working out, made more of an effort to see friends and family. When you found work the drive returned to your eyes. You pushed all of your energy into what you did.

I would sit on the floor next to your bed and rattle off all my thoughts. Every idea for every song, my experiences at school, and censored versions of situations with friends. You enjoyed talking to my friends, at least it seemed that way. You sat and spoke with them when they came to visit, you let one of them sleep on the couch after his mother kicked him out for stealing bikes and selling marijuana, asked the girls who came over if their parents knew where they were. Two cousins of mine lived with us for a while too; you always took care.

You mentored everyone who crossed your path, supported many young artists and filmmakers, especially the young women. I grew up watching you teach, dad taught too, but somehow you seemed like you were still always on your own.

All the work wore me down. I worked Monday to Wednesday at the foundation. Thursday, I spent at the theatre moving the residency project forward; writing. Friday, I sat at the library across the street from my father's place writing for my research paper with my supervisor. Saturday was for groceries, cleaning, doing laundry, and errands, and Sunday was for dad as always. Monday I would begin again. I was tired.

It was strange to get a call from an eight-six-eight number that early on a weekday. I was at work in a staff meeting. I excused myself, my manager scowled at me. It was my cousin in Trinidad. My sister had been admitted to the hospital the night before, her illness escalating enormously in a

single day. She was hooked up to machines, organs shutting down rapidly. The doctors did tests but didn't know what the problem was. My cousin sounded worried, he said he would keep me informed, asked if I would call my father to let him know. I asked if I could speak to her; she was unresponsive. That evening as I was walking home, another phone call. I don't remember much, or even who was on the other line, but they said my sister was gone. I walked home by myself in the dark.

In a few days I was in Trinidad at a funeral watching my nephews stare at the coffin as it was lowered into ground. Their father held them, my cousin wept, my great aunt sat in the car as people approached the window to greet her. It was hot; I wore all black. I was asked by her mother to carry the casket with my cousin, her husband, and a group of men I didn't know. Her aunt shook violently as I greeted her, unable to speak, trembled like a leaf in a storm, embraced me slightly.

I didn't cry for the entire trip. No tears fell until I returned to Toronto; and then only for a moment as I wrote a song. I was at work the next week sitting at my desk behind my computer. My co-workers only knew I took Friday off. I was back at the desk Monday morning. It wasn't the only death that year.

I called you crying when I found out my friend had died. I barely made it out the door when the tears streamed from my eyes. Who else could I call but my mother? Only a few weeks before he had greeted me with that growling deep voice, extended vowels in my name, told me he had to get back to his children; we'd catch up later. We embraced and I watched him walk away. A sudden heart attack while drumming in a rehearsal for his daughter's dance recital; then he was gone. I thought about our last phone call on that blueberry evening when I circled my father's apartment. "We have to keep going" he said, I heard him smile through the phone. I was just months from graduating.

I knew I wouldn't return if I took a leave of absence; I didn't have the money, I didn't have the time, and what if I sank again? I continued stumbling through the work in order to complete my masters on time. I continued to write with my supervisor on Fridays, struggled through; through the job I grew to dislike; through the grief that I mostly pushed down.

Stress piled up. I mourned my sister, mourned my friend, took care of my father, but couldn't stop. I kept going, pushed to finish my paper, kept my distance from the feeling. Writing allowed me to look at what still hung in my mind, and all that continued to gather on top. I found myself going to the gym four times a week, running on the treadmill for as long as I could. There had to be some way to deal with the stress. I didn't want to end up lying in bed staring at the row of books on the shelf next to the window.

ARE THERE ALTERNATIVE TOOLS TO KEEP GRIEF AT BAY?

Storytelling

Storytelling is sense-making; perhaps the oldest form. Storytellers design experiences for their audiences and in the process pick through the details and connections in the stories that they tell. If the story being told is theirs, an autobiographical work, they will be tasked with picking through the details and connections present in the narrative of their own life. From a psychological point of view the storytelling process is an opportunity to reframe and reorganize the inferences a person has made about their lives. This project has used the tools of structured storytelling combined with design thinking tools in the context of a personal story to build towards a form of personal sense-making. I've unpacked some of the significant experiences that led to my depression in order to re-frame, re-contextualize, and respond to them. I wanted to know what I might have been doing wrong and to understand more about the context I was in.

I divided my narrative into five parts and made each an act in the traditional five-act structure. The number of acts is not as important of the elements that are inside of them. Each act took on one of the four major elements of perception; perceiving, identifying, interpreting, and responding. Each section follows a particular structure that corresponds to the basic elements of the act-structure and also a reflective narrative structure within each section. Each act first begins with a few paragraphs written in first-person present-tense outlining an event or stage in time. The second part delivers context in past tense outlining how I got to the present that was just outlined while addressing the

reader. The third part addresses a significant person directly with the word “you.” The final part is reflective, closing that act as it enters the moment that began the act in present tense and forming a bridge to a research part that helps to answer questions and explore the themes of that act with research on the important ideas that came up in that section. I wrote the narrative in this way because psychology like sensemaking is a reflective process that takes significant events and issues of the past and present and breaks them down in a process of mapping.

This process is not unlike therapy. Therapists create trust while they establish an objective distance. Trust should create the environment for honesty and vulnerability. Distance creates the space to identify inconsistencies and influencing factors help in the patient becoming more conscious of their issues. The therapist asked questions and listens to the patient’s stories. Talk therapy, such as cognitive behavioural therapy and interpersonal therapy, is a narrative and analytical process. The problem is that the majority of people do not have the time, the trust, the money, or even the desire to explore therapy as demonstrated by the low self-motivated interaction with the system.

This project was created from a process involving a lot of self-reflection, the making of connections, and conversations with the significant people in my life. I imagine it will generate even more conversation between myself and the people in my life. Writing has enabled me to externalize thoughts, memories, and ideas in a way that has given me space to re-evaluate my initial views on the events of the last phase of my life. Writing helps organize thoughts by making them tangible; your ideas get out of your head and sit on a page in front of you. The structure of storytelling has provided me a platform for what Karen Horney calls “self-analysis” (1968, 1994). Through gathering information and structuring the events of these stories I’ve begun to see a clearer picture of my life and its events, my choices and their results, my thoughts and the emotions that informed them. In some cases, understanding has helped me understand what I am responsible for, in others it has shown me more clearly how the actions of others affected me. Either way knowing has given more opportunity for a healthier or more desired outcome. To me structured storytelling is sensemaking; a design process, an organizing force. Weick and Sutcliffe breaks down the components of sensemaking:

First, sensemaking occurs when a flow of organizational circumstances is turned into words and salient categories, Second organizing itself is embodied in written and spoken texts. Third, reading, writing, conversing, and editing are crucial actions that serve as the media through which the invisible hand of institutions shapes context (Gioia et al. 1994, p. 365)... Explicit efforts at sensemaking tend to occur when the current state of the world is perceived to be different from the expected state of the world, or when there is no obvious way to engage the world... To work with the idea of sensemaking is to appreciate that smallness does not equate to insignificance. Small structures and short moments can have large consequences. (2005, p. 409)

Sensemaking is mostly applied to external problems but as a process I believe it can be turned inward through a structured process of critical auto-ethnography and self-analysis. The stigma surrounding the mental health system keeps the majority of people away but most people have the tools to tell a story in some form using their memories and a form of sensemaking (writing, building, talking, singing, poetry, dance, visual art, film, photography, theatre, music, sculpture, multi-media, anything that can express an idea) that suits them. The main tool is the basic structure of storytelling found in all cultures around the world as documented by scholars such as Joseph Campbell (1949) and expressed in many artforms. In his book, *On The Origin of Stories: Evolution, Cognition, and Fiction*, Brian Boyd asserts: “art as a behavior exists in all known human cultures” (2010, p. 70). Boyd asserts that art is a form of “cognitive play” that helps us to process the environment around us, that it is a process of “social learning” that provides us with strategies to live life more fully and successfully based on the failures and successes of our personal and collective past (2010, p. 104-105). Of course, stories expressed in their various forms are fundamental to the human experience in all cultures and throughout history. There is a reason why human beings continue to tell stories; they help us survive and build on what came before; they keep culture alive, society functioning, and generations building on what came before. Stories ensure we don’t have to start over but can build on the collective wisdom of the past.

Constructing, deconstructing, and reconstruction narrative is the basis for cognitive behavioural therapy and social emotional learning. In addition to the foundational role story plays in culture it is well-known that storytelling, specifically honest, reflective, personal storytelling in the form of “self-disclosure” is helpful to both physical and psychological health. James Pennebaker, American social psychologist and professor writes:

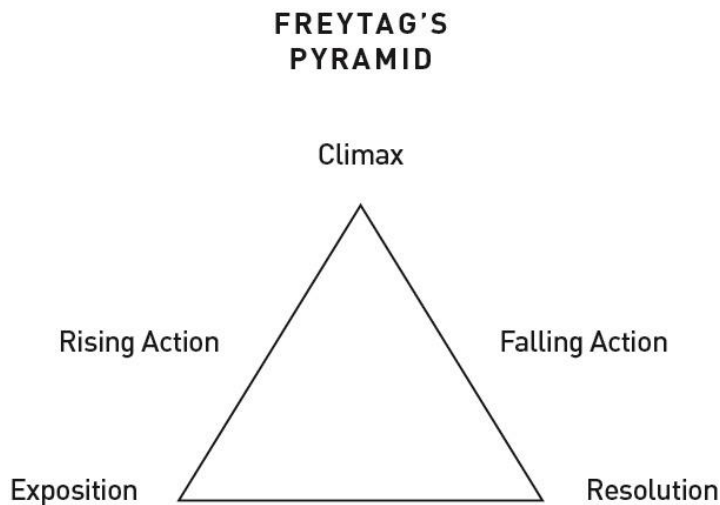
Confession and self-disclosure are basic processes that occur in psychotherapy, religion, and naturally occurring social interaction. All things being equal, confiding significant experiences is considered psychologically and, perhaps, physically beneficial... According to our developing inhibition-disease framework, the act of inhibiting or otherwise restraining ongoing behavior, thoughts, and feelings requires psychological work. Whereas short-term inhibition is associated with brief increases in specific autonomic activity, long-term inhibition places additional stress on the body, resulting in increased rates of illness and symptom reports. (p. 781)

The opposite of confession is repression; what is described by Pennebaker as “active inhibition” (p. 164). Repressed stories, memories, life events, emotions, and behaviours all cause stress in the body, damaging us by way of the consistent activation of the stress-axis. Disclosure helps to relieve that stress by releasing the need for such repression. This is why close friends, talk-therapy, religious confession, and creative expression are so important in the lives of people around the world.

Pennebaker continues:

When individuals write or talk about personally upsetting experiences in the laboratory, consistent and significant health improvements are found. The effects are found in both subjective and objective markers of health and well-being. The disclosure phenomenon appears to generalize across settings, most individual differences, and many Western cultures, and is independent of social feedback. (1997, 164)

The goal of this project is to put memories, life events, emotions, and behaviours into a structure that allowed me to analyse and re-frame them, to see them almost as separate to myself to avoid my natural defenses against this kind of disclosure. The five-act structure originally developed by Gustav Freytag enabled me to structure the stories that were in no way linear or well-defined in my mind. Giving them form, understanding my motivations, and breaking down the plot of the events allowed me to see my life and myself with more clarity.



Freytag, G., [1863]. Die Technik des Dramas (The Technique of the Drama)

Figure 13.

In the process of developing and understanding my story I've used several tools that I've adapted to suit the work I'm doing. The first is an outline of the five-act structure with the various elements of conventional storytelling integrated within. The five acts are not as important as the elements a structured story. The act structure, the linear nature of story, and the order of events can all be mixed up as long as you understand the role of the different elements involved. Outlining an incident (event), defining a desire, setting a goal, establishing obstacles, and figuring out responses and resolutions all supported my telling of this story. I also explored my major weaknesses and the main wounds they emerged from, the things within myself that I would need to take responsibility for overcoming in order to move forward. An understanding of my situation, the environment that I am in and how it influences me both negatively and positively also contributed to me understanding my narrative and gave me a jumping off point to learn more by asking the write questions of myself and those around me. I also overlaid the five-act-structure on a design tool called a causal layer analysis so as to understand the archetypal forces that might sit under not only my actions but the forces that sit underneath the events of the story. This helped in my understanding of not only the events but the causes of those events, the systems at play, the worldviews that are present, and the archetypal myths underneath my every-day reality. Below is an example.

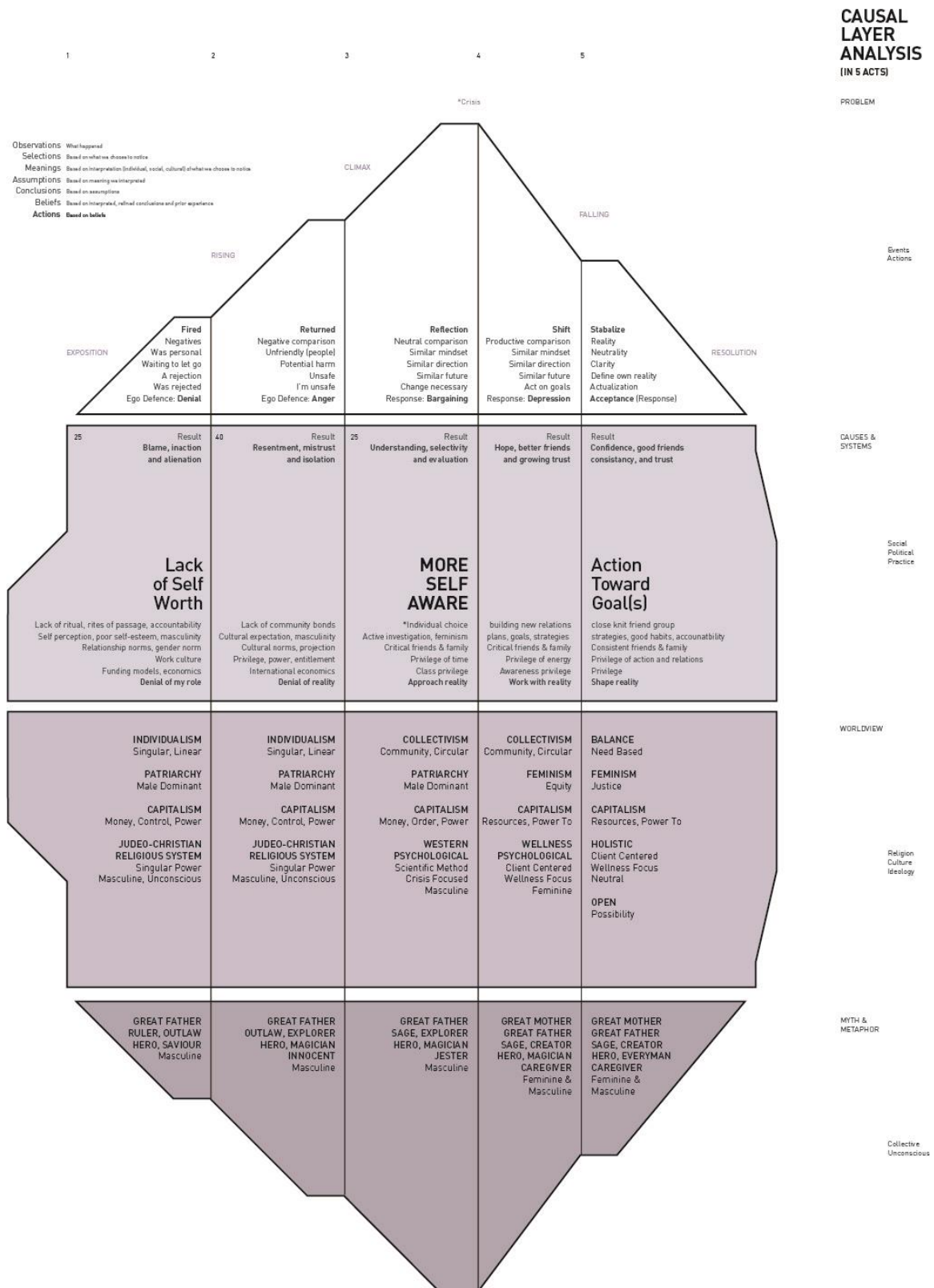


Figure 14.

Despite the complexity of this process and the time it has taken, my idea is pretty simple. The process of analysing and redesigning significant stories partnered with informal support systems can supplement or even replace professionalized mental health care practices and systems for those experiencing moderate depressive symptoms because the systems do not appear to be working for the majority of people who need support. Instead of comparing ourselves to an external standard of health determined by psychologists, we can decide who we would like to be, understand the context we are in, and reflect on the experiences and behaviors that we might want to reframe using the resources we have. A good look at our stories can help us cope and navigate the world and our lives better. I see this process playing out in three ways:

1. **Story:** Using the structural elements of story development individuals can evaluate their past, present, and goals for the future. They can find the major events in their lives that influence(d) their emotions, thoughts, and behaviours and have the subconscious information to adapt and/or seek support in shifting on their own terms toward who they decide they want to be. This is an intentional process of self-analysis.
2. **Share:** Working with a trusted friend who knows us and can look critically at the story being told to offer perspectives and give the individual an opportunity to talk through the events, motivations, experiences, conflicts, and desires in their story and in their lives. If both people are interested in going through their stories, then they can be each-others sounding board. This is a process of sharing and critique.
3. **Community:** Gathering intimate groups of people in private spaces where any person can present different phases of the story and what actualization might look like to them in practical ways. This process is meant to create a pathway for a person's goals in a group of people that are doing the same. This is a process of confession.

I've outlined in point form the basic processes below for the purpose.

Story (story-based self-analysis / individual)

**Note: This process for the development and understanding of your story; where you are, where you want to be, and how you're going to get there. Your story can be in any form, it can be written, spoken, sung, created in movement, told in images, etc. If you have the resources it can be shot on video, painted or illustrated, or acted in some way. It can be expressed on music, motion, images, or words. It can be anything you feel most comfortable with as long as it makes sense to you and covers the aspects laid out here. It is your story.*

STORY PREPARATION

Pre

- Pick an important event in your past, present, or a goal for your future
- Describe your life
- What is impacting the event of your past/present of goal for your future?

Start

- Describe regular life before the event

Setting

- When and where does the event happen? How are you involved? What are you up against?

Character

- Who are you? Describe your personality briefly
- What kind of person are you, describe this by your actions, what do you do or care about?
- What are you up against? Describe the obstacle

Object of Desire

- What do you want? (a person? a place? a thing? a job? a practice?)

Desire

- What bigger motivation does this desire represent? (see Jungian Surface Motivation)

Unconscious Drive

- What core motivation does this desire represent? (see Jungian Core Motivation)

Weakness

- What major trait(s) in yourself stops you from getting to your goal? (be honest)
- This may be a major fear, a conflict, or doubt (i.e. think of what you avoid, what you resent in others, what you think you 'can't' do—avoid all external obstacles—this is in you)

Wound

- Where did the major trait(s) come from? (be as honest as possible)
- Think back to what might have motivated the trait(s) that stop you from achieving your desire and why? (again... be as honest as possible)
- This should be related to the weakness section

Lesson

- What would you need to learn or overcome in order to get to reach your desire? (think of the opposite trait of the trait(s) that stops you and how to reframe the wound in your mind.

Theme

- What is the general subject matter described above?

STORY BEGINS HERE

Event (chose past present or future event, you can do one or all three)

- **Past:** Describe a sudden event and its effect, how did you deal with it? How could you have dealt with it in such a way that made the result more desirable based on the previous page?
- **Present:** Describe a sudden event and its effect? How will you deal with it in such a way that improves the opportunity to achieving your desired result based on the previous page?
- **Future:** Describe a major goal. What do you need to do to achieve it? How will you go about it in such a way that improves the opportunity to achieving your desired result based on the previous page?

Rising 1: obstacles/tension/consequence

- What are the obstacles you are facing? (3)
- What are the consequences of failure? (3)
- What do you need to do to get over these obstacles? (3)

Rising 2: increasing obstacles/tension/consequence

- What are the obstacles that follow the first set of obstacles? (3)
- What are the consequences of failure for these obstacles? (3)
- What do you need to do to get over these new obstacles? (3)

Climax

- How do you achieve the final goal?
- What are the consequences of failure?
- What do you need to do to get over the final barriers?

New World

- Are things different than when you started?
- How did/will you incorporate the lessons you learned and the growth you achieved?
- What did you achieve?

Resolution: new status quo - consistent in new world

- What consistent changes will you make in order to continue and grow?
- Explain how or if the world looks any different based on your actions/experiences?
- How can you navigate this world in a different way?

Use this structure to create a fully realized story that is expressed in a way that it most comfortable or most interesting to you.

Share (informal support networks, friend or family)

**Note: If you choose you can present your story to a person in your life that you trust. If you feel comfortable or want to challenge yourself, you can later find the time to have a one on one conversation about it with this person. This person should be: Honest, thoughtful, trusted and trustworthy, and able to tell you the truth. This person should know you pretty well so they have the opportunity to say things that may be missing or point out things that you may not see yourself.*

To the supporter: Consider asking all or any of the following questions. Ask your own questions as the conversation evolves.

- How do you feel about your story? What did you learn?
- What was your role in this event?
- Do you resent anyone in relations to the event and if so why?
- What scared you most about this event?
- What was at stake for you?
- How do you usually deal with conflict and what was the outcome?
- Can you imagine the perspective of the other people involved?
- What was at stake for the others involved?
- Can you recognize any blind spots in your story or your perspective?
- How would you have dealt with it differently for a better result?
- If there is anything you would change about your actions or thoughts what would it be and how would you do it?
- What support do you need?

Gather (intentional community building / group)

**Note: It is important that the individuals who bring this group together communicate about safety before this process begins. Because this gathering is intended to be in a personal home everyone involved should feel comfortable with the individuals who are invited.*

Idea

- Lightly organized casual gatherings

Space

- A non-commercial informal space of any kind (personal home is preferred)

Needs

- One space (a home, a park, a room, etc.)
- Two people (one host, one keeper)
- Three contributors (artists, educators, entrepreneurs, etc.)
- Three or more guests (comfortable for host, keeper, and space)

Roles

- **Host** receives and takes care of guests, communication, and time (individual)
- **Keeper** provides and takes care of space and food (environment)
- **Contributor** presents stories and ideas (community)
- **Guests** contribute to wider discussion (society)

Rules

- **Host** will manage contacts and deal with pre and post communication
- **Keeper** must give enthusiastic consent before guests are invited and time set
- No more than three **contributors** per event (host or keeper can take one spot)
- Only as many **guests** as is comfortable for keeper and space

Responsibilities

- **Host** is responsible for **a thought, a question, and an intention**. Through the thought, question, and intention Host will frame the gathering around a single idea.
 - Define thought, question, and intention
 - Short personal story explaining why thought, question, intention (in invite and on day)
 - Send invites to contributors and guests with place and timespan

- Welcomes people, hosts presentation/performances and response section
- The Host will choose the next keeper(s) from the interested guests and help set a time
- **Keeper** is responsible for providing **space**. They will take the thought, question, and intention and frame space and food choices and food story.
 - Interpret thought, question, and intention
 - Short personal story explaining significance of space and food choices (in invite and on day)
 - Sends directions and list of ingredients with invite in order to make food for/with guests
 - Organizes selected guests to help with making food and clean up afterwards
 - The Keeper will be the next host at following events and help set a time
- **Contributor** is responsible for presenting something that reflects **the thought, the question, and the intention**. It can be an idea, interest, proposal, or project.
 - Interpret thought, question, and intention in a personal way
 - Short personal story explaining why this idea, interest, proposal, project, or problem
 - It should be connected to your personal life and/or experience
 - Participate in discussion about your idea, interest, proposal, project, or problem
- **Guest** is responsible for attending and thinking about **the thought, question, and intention** of the day. Guests engage with what is being presented by contributors.
 - Interpret thought, question, and intention in a personal way
 - Give constructive criticism to contributors
 - Participate in discussion
 - Help make food and clean

Actions (for host, keeper, and contributors)

- Choose thought, question, and intention
- Explain personal connection to thought, question, and intention (story)
- Choose date, timespan, place, and foods
- Choose guestlist based on thought, question, intention
- Choose potential contributors based on thought, question, and intention
- Send invites including stories, thought, question, intention, and ingredients
- Support contributors in contributions (5-10min presentat/perform, 5-10 talk)
- Prepare space and food
- Host presentation/performance and food preparation with contributors
- Host discussion after each presentation/performance
- Host needs, offerings, and opportunities list with guests
- Facilitate clean up
- Send thank you message
- Include list of needs, offerings, and opportunities with contact information
- Post photos, video, writing online if desired and consent is given

**Inspired by Weyni Mengesha, Nehal Al Hadi, Simpiwe Mabuya, Sara Chitambo*

"If you have nothing at all to create, perhaps you create yourself"

—Carl Jung

Act Five: Systems

I've been awake for an hour, peering at the titles of the books on the shelf next to the window; *All About Love, Lost Connections, The God of Small Things*. I shift my body and stare at the sunlight splashed over the white wall behind me. The glow of a pale blue-sky beams through the glass combined with the joyous shouts of the children in the schoolyard next door. Abruptly the alarm on my phone sounds; it's eight o'clock.

I get out of bed, drink the glass of water on my side table, and open the blinds. Grabbing fresh clothes from the dresser in one hand I pull the door open with the other. I brush my teeth over the sink, lift the toilet seat, and turn on the shower. I look at myself in the mirror.

You have been writing about yourself for years now; why? It took a few years to write about the women in the windowless room, your co-workers, and the systems that swirled around you. You weren't prepared, but nobody seemed to be, it wasn't personal, or maybe it was, but either way, why does it matter anymore? It's true it was more than a job to you, but it was still just a job. You didn't need to be as devastated as you were; you were still who you are. Those responsible couldn't have known what it meant. But if you held them responsible for their decisions then you needed to be responsible for yours. At least you weren't alone when it happened; you were never really alone.

Instead of coming home to an empty apartment she was there. Maybe it was just for the time being, but she was there. Sure, she kept her distance, she was scared, so were you; and why not? Your parents couldn't make it work, neither could hers. You watched as the relationship ended. The break you saw as a child rang in your head even before you recognized the sound; it probably rang in hers too. But you had someone to stay up late with, to learn chords with on your mothers' guitar; the one your father gave her for her birthday. You had someone to sleep-in with most days, who filled the

kitchen with the simmer of stewed vegetables, sesame oil, and garlic. Someone to eat with at the table; to dry as you washed. Would you have slouched on the swings or sat quietly on the ferry as the city inched closer otherwise? Would you have gone to Montreal, taken the train to watch the countryside fly by? Would you have played the pianos on the floor of Nantel Musique, climbed the steep steps to the lookout at Mount Royal, or slept in that spare room in the Plateau? Do you regret those moments? No. How determined would you have been to finish the album without her support? On the day of the launch she stood in the crowd a few rows from the stage; she was supporting you even then, even after she seemed to run from you. How many partners will you pursue with commitment issues before you see it is you; it is you who is avoidant; and why? You are not your mom and dad; you are you. Maybe it wasn't as clear as your own reflection. How much support did you give to her?

Three hundred people came to the album launch. You shook hands, signed copies, and went home to a few hundred orders from around the world. But you weren't happy. That album pulled you around the world when you needed a change. Unexpected trips to Capetown, Kigali, Nairobi, Addis Ababa, Harare, Windhoek, Durban. You drove through Joburg in a little grey car, saw Mohau Modisakeng, Malick Sidibé, and Cyrus Kabiru at the Joburg Art Fair, watched *Restless City* at the underground cinema club, sat in what seemed like a thousand restaurants; you made a close friend. Look where it led you. How would you have met her otherwise? It brought you just what you needed at the time; a friend. That record opened the door to tell this story, in your way, to go to grad school, opened the door to another way of being an artist; that's what you were looking for wasn't it? True, you didn't plan the path, but it was yours.

Of course, you have lost some important people along the way, but where you grateful for them? What would they have wanted for you? More trips to South Africa? More music? More stories exploring the hidden places. Your sister would have encouraged you even if she didn't fully understand; the Mayor, he would have put his hand on your shoulder and smiled; your boy would extend the vowels in your name in his distinctive growl as he always did and say: "we have to keep going." And you would keep going because of them. Wouldn't you?

I water the plants, dust the countertops, and walk into the hall to throw out the trash in the basket next to the toilet. My neighbor pours water on the plants that line the hallway. Before my mother moved to Philadelphia, before she married her now husband, she filled the hall with green plants that hung in the windows of the corridor overlooking the neighborhood. The old women who now tend to them call those plants “the garden.” They water them, pull off the wilting leaves, and care for the flowers that reach outward into the world with their delicate petals.

My neighbor and I stand next to each other in the hall looking out those windows and chat. She asks about school, “one step at a time” I say; it’s taking longer than expected. I tell her a little about the difficulty of finishing school, the money issues, and the time rushing at me; she asks about my father’s health. “He’s getting better” I respond, “slowly, steadily. “If you need anything let me know” she says, “thank you” I respond. Thank you.

I went to Montreal. Read for an hour in front of a hundred people. I stood in front of the projections; exposed both memories and dreams; light on white screens. Montreal reminded me of the extra room in the Plateau; the train station, the steep steps that lead to the lookout at Mount Royal. It was the first time I read those stories in public. It felt strange. I contacted my ex when I got back to Toronto to let her know. We spoke about how different we were, how we felt then, who we are now. She was moving forward in her way, me in mine. She tried to light a fire in me; I planted my feet in the ground; maybe somewhere in between would have been better; but she smiled when we said good by this time; face to face.

As I walk from my building the joyous shouts of the kids in the playground shoot into the air like roman candles; they are oblivious to the lives of those in the red brick buildings that surround them; some of them live in these same buildings. They will grow up here as I did, some will move away, become adults, be shaped by their experiences. I push my hands into my pockets and walk into the

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