

**THE**

# **NORTH RIVER**

**QUARTERLY**

*An Arts and Education Publication Vol. 1 Issue 2*

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R. de Lago

**Spring Edition 1994**

# THE NORTH RIVER QUARTERLY

## EDITORS NOTE

*For those of you who are familiar with the first issue of our eight-page newsletter entitled, "Expressions," you will notice some not-too-subtle changes in the overall design of our second issue. Most obvious is the new name, "The North River Quarterly."*

*Changes in the format include: the addition of eight pages, which allows us to expand the content of the publication - which still encompasses The Arts and Education format we began with.*

*The physical design is now tabloid-size and is printed by The Daily Mail newspaper in Catskill, NY. Unfortunately, the first issue proved to be very costly as all copies were printed on a photocopier. Our budget dictated that we find a less expensive method, and after considering various options, we settled on this one. We believe it gives our publication a higher quality look. We hope you agree.*

*For those of you who subscribed to our newsletter through a donation, you will receive the remaining quarterly issues in this new format.*

*It was our intention, when we began work on this issue, to bring you 24 pages of art, poetry, short fiction, and informational/educational articles relating to mental health. Sixty percent was to be concentrated in "The Arts," but we were not able to acquire enough of this material to fill the majority of the paper. Also, due to serious time constraints, we had to eliminate 8 pages.*

*The purpose of this publication is to provide a forum to voice one's opinion, highlight one's art, and inform the public. It is for everyone who is involved, or has an interest in mental health. We need your help to make it successful. Please contribute by calling or writing to us. If you wish to submit something, please enclose the loan agreement on page 10 (filled out and signed by artist). We would also appreciate any questions or comments you may have. Thank you.*



## "Quarterly" Staff

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AND EVERYONE WHO CONTRIBUTED!



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by Sally Clay

*This essay is adapted from a speech given at the 1992 annual conference of the Commission on Quality of Care in New York, a protection and advocacy Agency.*

I grew up with faith in the United States system of justice, a feeling of connection that was almost genetic. As a law student, my father worked at the Department of Justice in Washington. There he met my mother who was working as a secretary. After they married, they moved to Mt. Sterling, Kentucky, where my father set up his law practice, and I was born. As a child, I liked to hang out at his office, sitting for hours in his awesome library of books with black and red bindings in gold letters.

During my childhood, the legal system seemed remote, a tower of righteousness occupied by my father. But in junior high school, the law took on reality. In 1954 I was attending seventh grade in Houston and spending afternoons at a recreation camp. One of the counselors picked me up each afternoon and later drove me home. Ralph was a student of education, and he often asked me about the schools I attended in Kentucky and Ohio. He was interested to hear that there were a few black students at my school in Ohio, although none of us talked to them.

I told him about Mt. Sterling where African Americans lived on the other side of the railroad tracks—literally. This area was zoned so that the children had to attend an all-black school, and the adults were not eligible to vote in

town. I described the black people I had known—my grandfather's chauffeur and cook, and a "nanny" who had cared for me when I was small. When I was three years old, they were my best friends.

One day on our way to the camp, Ralph pulled over to the side of the road and turned the radio up. It was a solemn

***"As a white, middle-class person, I was already guaranteed the rights of life, liberty, and the pursuit of happiness. It never occurred to me that these rights could ever be taken away from me in my own country."***

announcement: The Supreme Court had just ruled that segregation in public schools was unconstitutional. "Wow!" said Ralph, grinning. "How about that!" I looked at him blankly. I did not know what to say, for news reports and government business still seemed far away and inaccessible. But a few hours later, when Ralph dropped me off at home, he said quietly, "I'm surprised at you, Sally. I thought you would be happy to hear that segregation is going to end."

I was embarrassed. Of course I wanted segregation to end. But what did it have to do with me? I felt terrible that I had betrayed my ignorance.

The following year, I returned to Mt. Sterling. The schools were

still segregated, of course. But one Sunday evening our Christian Youth Fellowship hosted a group of students from an African American church on the other side of town. After an awkward silence, somebody broke the ice with a joke, and pretty soon we were all just a bunch of junior high kids laughing and sharing stories. We closed the meeting by holding hands and singing the spirituals that we had grown up with. Many of us were crying. It was the best meeting we ever had.

The next week, the black kids invited our CYF to come visit their church. I was thrilled, and eager to go. But my father refused to let me. It would be too dangerous in that part of town, he said. I was stunned. For the first time I began to question how complete was his dedication to justice. After that, I began following the news for information on the progress of the Supreme Court's decision.

My father had attended undergraduate school at Dartmouth, which he often told me, was founded for Indians. Of his friends there, one was an Indian and another a native Hawaiian. He was very proud of this, and I am sure he would have been sympathetic to the development of rights for Native Americans that is now happening. But when I was growing up, we never, to my knowledge, saw any Indians at all, in fact, we did not even know where they were. In any case, my father never spoke to me about our government's betrayals of native peoples, in both present and past. When it

cont. on page 14

## UTOPIA

I'm returning to the powerful blue-green waters where I feel life had its beginning. I can see the glowing volcanic red sun as it slowly begins to set far away above the mountain's horizon.

I can hear the heartbeat of the crystal waves as they pound against the glacial remains. My essence begins to drift among this soothing feeling.



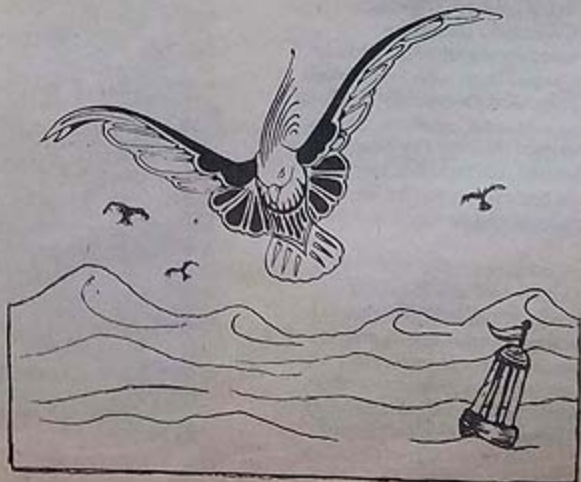
A seagull dives sharply towards me then glides over the ocean disappearing into infinity. I suddenly felt at peace. Was this an omen?

I face the ocean and feel a gentle warm breeze caress my face. As I walk along the wet sandy beach, tips of the ocean's tide massages my wailing feet. Suddenly, I'm face to face with my beginning.

Looking now at the fading sun as it sinks, I feel deep within my soul a power stronger than I, pulling. I now begin to taste and smell the sweet salty waters ever so good!

A mystic silence moves softly through the air, engulfing me as it grows. I am part of the universe, no worries, no cares, only tranquil dreams as I blend into life itself for eternity.

—Franklin A.J. Marquit



# Gail Francis: *A lifetime of struggles with mental illness yields stunning works of personal triumph*

by Steven Periard  
Editor-in-Chief

Although the term "gifted" is one that is used quite loosely in our culture, I'm going to throw caution to the wind and apply it to someone whom I believe is truly deserving of that abused adjective, her name is Gail Francis.

When I first saw her work, I was drawn to it, then into it. What this artwork elicited in me can only be described as a kind of dreaming/waking sensation. It was as if I was looking through a window into some kind of dreamscape, perhaps an alternate reality. Yet I remained semi-lucid, firmly planted in this reality, looking into a world that I could never have brought into existence with my own limited imagination...and I was in awe.

That was my first impression. Each Gail Francis print I viewed from that point on produced the same intense effect. To say that her work induces an "altered state of consciousness" in me is in no way hyperbolic. In fact, this sensation is valid when you consider that these works are products of the artist's most vivid hallucinations - a powerful side-effect of certain psychoses which fall under the category of mental illness.

Gail Francis lives with mental illness. But because psychology is such a speculative "science," she has been misdiagnosed several times. Manic-Depressive (Bi-Polar) Disorder, Obsessive-Compulsive Disorder, Undifferentiated Schizophrenia, Chronic Depression, and Multiple Personality Disorder have all been applied to her condition. She has adopted the latter two diagnoses because, she says, they provide the best explanation for her personal experiences.

Gail became interested in art at an early age. She remembers being a very young girl when her mother, an artist herself, first introduced her to what would later become a great source of comfort during her period of deep depression. In fact, Gail admits that there were times when her art was the only thing that gave her a



"The Winging"

will to live.

As a young adult, she enrolled in the Herron School of Art at Indiana University where she would perfect her craft and earn a Bachelor's of Fine Arts Degree. Her primary medium was Print Making, and this would become the platform from which to bring her visions to life. She supplemented her art courses with philosophy, but this attempt at understanding the world around her did not save her from the devastating bouts of depression and disorientation that plagued her throughout her college career. Fortunately for her, the University was very sympathetic and

cooperative, and despite repeated hospitalizations, she managed to graduate in 1975.

After college, the bulk of her time was spent on her passion for print making. In fact, her passion soon became an obsession, and it was not uncommon for her to work on a particular piece straight through from one morning to the next. The result is an enormous body of work, none of which quality or imagination was squandered.

It is important to mention her illness when speaking of her work because I believe it is her condition that fuels her creativity.

It was her depression that compelled her to intensely focus on something which gave her pleasure, and the hallucinations she experienced gave her the inspiration to create. Her illness, for all its torment, gave her a "second sight," and the determination to translate what she saw onto paper. By viewing this work, we have the distinct pleasure of sharing in her vision.

Unfortunately, Gail's story does not take an upturn. After all she has had to endure, life has seen fit to sabotage the one element that has helped her to endure all these years. She is now at the mercy of a degenerative arthritis which

severely limits her ability to work. She has had surgery on her hands but the arthritis is progressive, so there is very little that can be done to repair the damage.

So, with what is surely an accurate definition of "tragic irony," Gail now uses her great talent to create "landscape art," with all its commercial value, which she sells to supplement her income. With the limited motion in her hands, coupled with a great deal of physical pain, she cannot work in the great detail that was characteristic of her past work. Her "visions" must be put on hold indefinitely; they are now beyond her physical limitations.

Gail's current situation, however, is not drastic enough for her to give up hope. In my brief phone conversation with her, I found her to be of strong spirit, despite what fate has dealt her. She discussed ideas for future prints with great enthusiasm, as if her physical condition was of no consideration. But if her visions fail to make the transition from that alternate world to this one, I am sure she will ultimately persevere. Whether she realizes it or not, Gail Francis has set an example for all people living with mental illness. In her life, she has discovered the gift that lies within her illness, and through her magical creations, she has celebrated it.

## Your Opinion Matters!

"Mentally Ill," Mentally Disturbed," "inpatient," "outpatient," "ex-patient," "Client," "Recipient of Mental Health Services," etc., etc., etc.

For someone who has been "clinically diagnosed," any one of these terms can be acceptable, or insulting. What term should be used to describe someone who lives with "mental illness?" Let us know what you think. Write to us with your comments.



"Accusation"

# "Please Dr. Director, Tell Me...What Is My Motivation?"

## Drama As A Therapeutic Tool

by Lee Nelson  
Artistic Director  
AbReactive Theater  
Project (ARTPRo)

*"I wonder when, as a nation, we shall ever learn the difference between freedom and looseness, between restriction and destruction, so far we certainly have not. When people have the courage to think honestly, they will live honestly, and only through transparent honesty of life will a new civilization be born. The people who think and live sincerely will be unshakable who have a vision of the truth, children living freely and beautifully. We must have health everywhere if we are to overcome such civilizations as we see falling to pieces today; not only health of body, but health of mind. Humanity today is diseased, it is proving itself diseased in murder, fire, hideous atrocity."*

- Herbert Henri  
The 5th Street  
1817 A.D.

A few years back I was performing in a play called "Found Wanting", written by a woman who had valiantly, but sadly, struggled with her own daughter's paranoid schizophrenia throughout her life. This playwright had written the play as a form of expiation for herself and her own sense of guilt for her daughter's illness, but also as a way to educate and enlighten the public towards a better understanding of mental health issues. I played the part of a homeless man suffering from paranoid delusions, but who was also the zen glue of understanding the riddle of life. Somehow, in spite of his mad ravings, "Tim" personified the yang/yin duality of life and the endless circle of being. At one point in the play, "Tim" is in the throes of a delusional hallucination in which, leaping up on a park bench, he rails against the mother who abandoned him and the world which had effectively shut him out. Now this particular scene required a considerable amount of aggressive energy, and I would often see spittle flying out into the first three rows of the 99 seat theatre. Needless to say, word soon got out that it was probably unwise for an audience member to retain the best views in the house, so the first three rows in one-half of the theatre would invariably be empty. And I remember thinking to myself, that this was a true and yet, ironic

metaphor for how society as a whole, deals with mental illness - from a safe distance and out of "harm's" way.

But what was also very surprising to me, after the show when I was exhausted and emotionally drained, were the amount of people who lingered at the backstage door just so they could quietly grasp my hand and thank me for an honest portrayal of a much misunderstood and maligned population - the mentally ill. Some of these



people had diagnosed conditions, some were friends or family of someone who was suffering from a mental illness, and some were people who admitted that they were the type of person who veered across a street to avoid the "crazy" person looming on the sidewalk before them. All genuinely expressed to me that experiencing the production had helped them shift their perceptions and enlarge their understanding of mental illness. I thought, good. Then I have successfully discharged my crazies as an actor who lives to "tell the story".

And that is the crux of the theatre experience. In spite of all the Hollywood/Broadway hype, acting has always been about telling stories of the physical and emotive passage of the human race through time. Indeed, from the very first tribal story-teller, whose function was to pass on the oral history of his/her people for the generations to come; to the shaman-medicine man who employed sacred myth and history as a tool for healing and knowledge; to the movie stars of today, who reveal to us past and present angst through the auspices of an organic

imagination applied to an everchanging, yet seemingly static reality, mankind has evolved through a verbal passing on of the stories of our lives. And, in so doing, our lives and our understanding of ourselves, have been expanded and enriched beyond measure.

What is interesting to note here, as well, is that despite this precious and necessary role of storyteller that actors must take on as an integral component of their craft, the pursuit of acting is looked upon often as a craven and self-serving endeavor, populated with "prima donnas" and lazy, egotistical people who don't want to find "real" jobs. Yet, actors are the very artists who bring pictures and words to life, who bare their souls nightly on a darkened stage for strangers they may never see again, who portray the human conscience and unconscious so that our race may be edified, encouraged, and ultimately, enlightened as to the depths and heights of our "common" experience. They give you blood, sweat, and tears, so that you will know that you in every other you which exists and has existed since time immemorial

*"Experience is never limited, and it is never complete; it is an immense sensibility, a kind of huge spiderweb of the finest silken threads suspended in the chamber of consciousness, and catching every airborne part icle in its tissue."*

- Henry James  
Partial Portraits  
1968 A.D.

But what is unique to the actor's craft is what the actor brings with his/her self - the accumulation of an entire existence as something already experienced. As Charles McGaw says in his book *Acting Is Believing*, "His inner resources are everything that he has done, seen, thought, or imagined. His actions onstage are limited to these resources--to what he understands about life. As he is dependent upon his voice and body to carry out his actions, he is dependent upon his inner resources to tell him what actions to carry out. His life experience is not derived solely from what he has personally gone through; it also comes from reading, observation, seeing plays--from many other ways. And all experience may be deepened and extended in the imagination." Therefore, any "money" actor

must rely on the information which exists within themselves. They must explore their inner psyche for those kernels of understanding and commonality which do exist, if they are to approach a role with any honesty or forthrightness. It is not enough to depend on an intellectualization of where the character is coming from--one must root about the conscious and sub-conscious realms to find the validity of one's own experience if one is to bring any emotional integrity to the creation of a



character. Not to do so, the actor, (to paraphrase a noted playwright) becomes nothing more than a "poor player who struts and frets his hour upon the stage... full of sound and fury, signifying nothing." Without inner exploration to validate the understanding and sharing of emotional dynamics, the actor merely speaks the words without the vital integrity of the underlying emotion.

This process of inner exploration, the "fleshing out" of the why's, has served to provide myself and many other actors, our very own brand of therapy. Immersing oneself in the search for answers, with our without preconceptions, if done honestly and assiduously, opens a pathway into the inner landscape of our being and lends a keen insight into the understanding of our selves. If I am to be honest with the character I am creating for the stage, I must be honest with the character I am creating on a daily basis. I must "play back the tapes", if you will, of my experiences if I am to gain any benefit from their occurrence. I must continually examine and reexamine cause and effect, motivation, misconceptions,

ignorance, and the essential dynamics of all interaction and pursuits. And I must do this at peril to the very security I have constructed to justify my self-image and esteem. I must look my own inner ugliness (and beauty) square in the eye, accept it for what it is (and as a viable and inescapable component of my being), and then move on beyond the fear of the unknown and the miasma of doubt and insecurity, which rides along with those fears, to a larger, higher plateau of understanding and enlightenment. I must break the chains which I, knowingly and

## Flanders' Fields

Fifth grade class and teacher;  
Saratoga Battlefield of long be-fore.

One leg gone, the battle's won;  
Freedom for all future sons.

Stop this bus at Latham,  
please;  
Deliver these to parental re-trieve.  
Tomorrow we'll talk about yes-terday...  
and today.  
But who talked except Mr. Flanders.

Oh, Flanders gave us more.  
Vietnam had just been born;  
Mothers, Fathers, and nation torn.  
With these silver wings, go ex-plore!

Twenty-eight years and looking back;  
Words now that then I did not have.  
And those who didn't get the save;  
What was their yield?  
No good are silver wings with-out a shield.  
Weren't you aware of Arling-ton...  
or even Flanders' Fields?

by Roger Poole

## Mental Illness and My Family Tree

by Beverly Burgtorf

I realized that I looked at the world through a "different lens" at the age of five. I had a vivid imagination. My very senses seemed so acutely intense as to be often uncomfortable, and at times, painful. I learned to live within myself, a self modeled after the old adage "a child is to be seen and not heard." By the time I reached preadolescence, I was "heard." I would talk to my parents loudly, erratically and tearfully for hours while they stared at me in incomprehending silence. I recreated that scenario many times in the following years, a learned behavioral response to hypomania.

I had my first manic episode when I was 32, and a half dozen more followed until my diagnosis. I was 38 years old when it was determined that I suffered from Manic-Depression (Bi-Polar Disorder). This ray of enlightenment came after I had run the gauntlet of six years of undiagnosed mental illness. I have been in psychiatric wards of five different hospitals. I have been medicated on a dozen different drugs. I have been "escorted" to emergency rooms by policemen and placed in seclusion rooms. During my last hospitalization in my home state of Michigan, I was held in seclusion for days. When a lawyer and a minister finally bent over me and asked my name, I had to struggle to recall it.

During that period of hospitalization, I was shown a videotape of Patty Duke discussing her own Manic-Depressive illness. If she had not come out in the media with her illness, I wonder if I would be alive today. Before viewing that video, I saw "Manic-Depression" as just another illness, and "lithium," just another drug. That moment was the beginning of life for me. I feel that I was born there in 1988, not 1950.

I educated myself about Bi-Polar Disorder. I learned about the genetic factors involved and how lithium affects the brain cells. I also learned that there was more to my own family's medical history than my father's one "breakdown." I discovered

that two members of his father's generation died in a psychiatric hospital. I also learned that there were two others with untreated mental illness. I tried to educate my family about the strong disposition to mental disorder in our gene pool, but they remain in denial.

So, this would seem to be another case to support the theory of a genetic link in mental illness. But unfortunately, the "chain" does not end there.

My son served in the Persian Gulf War in the 101 Airborne Division - the first to see ground combat in Iraq. He saw much of the Hell that is war, some of which he told me about, some will always be unspoken. His military record is exemplary, and with three combat medals and a seven-year career behind him, he chose a discharge to attend college using the benefits he had earned. But within a year, he had an episode, found himself in a VA Hospital, and remained undiagnosed. A few weeks before Christmas, he tried to commit suicide. He told me he did it because he was afraid to go to another hospital. I find it distressing that a soldier who has faced death in the Gulf was so afraid of a stateside psychiatric hospital, that he chose death as an alternative.

My family is now comprised of four generations of mental disorder. The children in my family are extremely creative in the arts of music, dance and painting. I believe that these talents should be treasured and fostered into adulthood because they can help to develop the discipline and self-esteem so crucial for survival in a world where, with age, it becomes increasingly difficult to feel "different" from your peers. If we can learn as children and as adults to create a painting or a piece of music, or dance the intensity of the emotions within us, the world will be blessed with our gifts, and our own personal agony will be lessened. I still have hopes that my son will attend art school.

I came to the offices of National Artists for Mental Health after learning of my son's suicide attempt, and I have begun to heal. The people who are part of this organization have provided a safe

and nurturing environment for me to express my "agony" with my sketches - the first I've done in nearly 20 years. Through the art and poetry I have created here, I have begun to heal. But the stigma that is perpetuated, even by my own family, is incredible. When I told them about a letter I was writing to a local newspaper in support of the hospital where I was diagnosed - it was being closed down due to lack of funding - they begged me not to send it.

National Artists brought back some of my personal dignity, and I believe that it can do so for others. To see a painting, a sketch, or a piece of poetry created from pure pain as valued art is a rebirth for the sufferer, and a source of education and enlightenment for society.

Recently, I took my daughter to the North River Gallery, an integral part of National Artist's Recipient Art Program. She looked around in pleasure at the paintings, and I told her, "Many of these paintings were done by people with Bi-Polar Disorder, and as you know, Mommy is Bi-polar." She looked again at the art-lined walls and her small face lit up with a wondrous smile.

I think my daughter is learning to be proud of her mom and her heritage. She sees the world through the untainted eyes of a child, and it is my hope that one day the world can view mental illness in this light. Although it may be difficult for her simply being a part of a family with a history of mental illness, I don't want her to feel that she needs to hide it. Hiding implies shame, and I am not ashamed to admit that I am a unique individual who is strong and proud. I want her to see that, I want society to see that.

With the help of National Artists, all of us who are involved must take it upon ourselves to show society who we are and what we are about. For my own part, I must do this for myself and my family. But just as important, I hope to aid in reshaping society's views so that one day, our children's children can live contented knowing that it's o.k. to be "special."



Untitled - Martha Wheeler

*There's a person who asks your age and size.*  
*There's a person who feels you always have money.*  
*There's a person who believes you can fix anything.*  
*There's a person who can call you anytime, day or night.*  
*There's a person who accepts you, fat or small.*  
*There's a person who always wants to sleep over.*  
*There's a person who feels you'll always understand.*  
*There's a person who feels you can save them...from their parents.*  
*It's your Grandchild!*

Rebecca Shields



## North River Empowerment Center and Gallery CALENDAR for 1994

<b>January</b> A very chilly winter!  Snow...	<b>February</b> More chilly winter...  <i>More Snow!</i>	<b>March</b> 1st Issue of North River Quarterly!  More snow than we care for.	<b>April</b> April 4 - Clothesline Project Installation April 14 - Clothesline Reception North River Gallery 7pm to 9pm April 11, 12 - S.U.N.Y. Albany Show Opens 9am
<b>May</b> May 2 to 21 - CDPC Show Albany, NY  May 23 to 27 - The Plaza Legislative Office Building  Pillows of Unrest Project (TBA)	<b>June</b> June 11 - Middletown, NY Middletown Psychiatric Hospital	<b>July</b> TBA - Kingston, NY Hudson Valley Mall  TBA - Albany, NY Whitney Young Health Institute	<b>August</b> We're not sure yet, but you can bet we'll have something on tap for this, the "august" month.  Any suggestions?
<b>September</b> TBA - The AIDS Memorial Quilt  September 30 - Installation The Soho Manhattan Art Show	<b>October</b> October 1 to 20 - Soho, NY The Soho Manhattan Art Show  October 21 - Breakdown of Soho show.	<b>November</b> November 1 to 30 - CGCC Columbia-Greene Community College Hudson, NY	<b>December</b> TBA  Check for our: SOHO "Outsider" Art Show in January of 1995!

March 15, 1994.

*Fleed the Ralph Query,*  
 I saw you notice in a  
 Childs Chris my daughter goes too.  
 My eldest son was going to the  
 Cheide Mental Health Clinic last  
 year. He was a very talent artist  
 and always wanted his work  
 to be noticed by someone. My  
 son was 30 yrs old and took  
 his life on March's Day 1993. I  
 guess depression was really too  
 much for him to handle. I miss  
 him very much, but I would  
 like to display his work. I know  
 that his spirit would be happy  
 that the public would see what  
 a talented artist he was. So could  
 you please advise me on how I  
 can display his work in  
 his memory? Thanks.

*Sharon Heller  
 mother of the  
 Felony  
 Leonard Dignone of Paris  
 1/2/73 - 5/8/93*

For Information on  
 Suicide Prevention  
 See Centerfold

## DONATIONS

thankyouthankyouthankyouthankyouthank

With a small contribution to  
 National Artists for Mental Health  
 (North River Gallery) you can  
 help support our many programs  
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National Artists for Mental Health,  
 Inc.  
 Box 151, 371 Main St.  
 Catskill, NY 12414

Please include your proper  
 mailing address.

# Hope, not Suicide, Is Always the Answer

by Frank Marquit

In the last edition of *The River*, I discussed our organization, its programs, and plans for the future. Although we have much going on in terms of projects and new recipient-service programs, I feel that it is necessary for me to shift my focus from an organizational standpoint, to that of a more personal nature. I would like to talk about suicide.

Suicide is a topic that many people feel uncomfortable with and I think the reason behind this is that we don't want to believe it is possible for a human being to take his or her own life. More upsetting is the possibility that this potential for self-destruction lies in all of us. No one is immune to despair, or what it can bring a person to do.

As I look out the window of my office to the rain-soaked street below, I reflect back to a period in my own life when despair blurred one day into the next, and death seemed to be the only thing that held a promise of relief.

I confess this for two reasons. First, admitting my past problems to no less than 5,000 readers is oddly cathartic. It's a bit like "group therapy, albeit on a much larger scale. But much more important, I want to let it be known to those people, who have gone through similar or worse experiences, that hope is something that is always part of the equation, though sometimes it can be obscured by an overpowering sense of desperation.

I know these feelings of utter desperation quite well; in fact, I was taking slow, deliberate steps to end my suffering. From 1971 to late 1980, I encountered a number of near-death experiences which included accidental overdoses of drugs that were never meant to be combined, much less taken for "recreational"

purposes. That was more of an unconscious death wish, but there were other instances wherein my actions were consciously deliberate. I attempted suicide several times, including one instance in which I lied down in the middle of a road, waiting for a car to run over me. I was so close to death at one point, that I was in a coma-like state for days, as my respiratory system began to shut down.

Yes, I have been "there." As a mental health advocate, these experiences have allowed me to truly empathize with others who have come close to, or reached, that point. But before I realized the larger problem (I have been diagnosed with both Obsessive-Compulsive Personality Disorder and Panic-Anxiety Disorder), I had created my own system of self-medication. I was not willing to discuss my problems with anyone, and it wasn't until I finally realized that I needed to take the initiative to save my own life, I took the very first step necessary to get out of this psychological "black hole."

A very important part of any type of recovery is the willingness on the part of the individual to allow outside support. But, ultimately, no amount of outside help can be effective if that individual is not receptive to it. It then falls to the individual to take matters into his or her own hands, for better or for worse. For this reason I have included the following information which can empower people to help others who may be contemplating suicide, but can also be an effective tool for self-help and healing. It includes questions which can be asked of someone, or can be asked of oneself.

In either case, I believe the information is highly important and merits more than a passing glance. In the meantime, I would like to mention that we are implementing many support groups which can play a large role in self-initiated recovery. If you would like more information regarding these groups, please feel free to call or write.

The following information was excerpted from the NAMI ADVOCATE (National Alliance for the Mentally Ill). We thank them for allowing us to use it.

## SUICIDE: WHAT YOU CAN DO TO HELP

### 1. RECOGNIZE SIGNS OF DEPRESSION AND SUICIDE RISK

Change in personality--sad, withdrawn, irritable, anxious, tired, indecisive, apathetic  
Change in behavior--can't concentrate on school, work,

### routine task

Change in sleeping pattern--oversleeping or insomnia, sometimes with early waking  
Change in eating habits--loss or appetite and weight, or overeating  
Loss of interest in friends, sex, hobbies, activities previously enjoyed  
Worry about money, illness (either real or imaginary)  
Fear of losing control, going crazy, harming self or others

Feeling helpless, worthless, "nobody cares", "everyone would be better off without me"  
Feelings of overwhelming guilt, shame, self-hatred  
No hope for the future, "it will never get better, I will always feel this way"  
Drug or alcohol abuse  
Recent loss--through death, divorce, separation, broken relationship, or loss of job, money, status, self-confidence, self-esteem  
Loss of religious faith  
Suicidal impulses, statements, plans, giving away favorite things, previous suicide attempts or gesture  
Agitation, hyperactivity, restlessness may indicate masked depression

Raising the question of suicide shows you are taking the person seriously and responding to the potential of his or her distress.

### 3. IF THE ANSWER IS, "YES, I DO THINK OF SUICIDE" YOU MUST TAKE IT SERIOUSLY

Have you thought about how you'd do it? Do you have the means? Have you decided when you would do it? Have you ever tried suicide before? What happened then?

If the person has a definite plan, if the means are easily available, if the method is a lethal one, and the time is set, the risk of suicide is very high. Your response will be geared to the urgency of the situation as you see

# The River

### 2. DO NOT BE AFRAID TO ASK "DO YOU SOMETIMES FEEL SO BAD YOU THINK OF SUICIDE?"

Just about everyone has considered suicide, however fleetingly, at on time or another. There is no danger of "giving someone the idea." In fact, it can be a great relief if you bring the question of suicide into the open, and discuss it freely, without showing shock or disapproval.

it. Therefore it is vital not to underestimate the danger by not asking for details.

### PERSONS WHO MAY BE AT HIGH-RISK SUICIDE:

1. Persons who are severely depressed and feel hopeless.
2. Persons who have a past history of suicide attempts.
3. Persons who have made concrete plans or preparations for



First annual Statewide Art Show for Mental Health, May, 1993. From left: Frank Marquit, Margaret Moran, Carol Saginaw, Bruce Feig, Flora Ramonowski, Happy Woody. See back page for details on this year's show.

Photo by John Nemey  
NAMI





suicide

4. Persons who have no deterrents holding him/her back.

#### HOW CAN I KNOW IF SOMEONE IS SUICIDAL?

The best way to learn if someone is suicidal is to ask them—you will not be encouraging them or "putting the idea into their head" if you ask

Ask these questions—in the same order—to find out if the person is seriously considering suicide:

1. "Have you been feeling sad or unhappy?"

A "yes" will confirm that the person has been feeling some depression

is greatest when the plans are clear and specific, when they have made actual preparations, and when the method they have chosen is clearly lethal

6. "When do you plan to kill yourself?"

If the suicide attempt is a long way off—say in five years—the danger is clearly not imminent. If they say they plan to kill themselves soon, the danger is grave.

7. "Is there anything that would hold you back, such as your family or your religious convictions?"

If the person says that people would be better off without them and if they have no

Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out,"—No matter how caually or jokingly said may indicate serious suicidal feelings

"Anyone who tries to kill him/herself must be crazy."

**NOT TRUE** Most suicidal people are not psychotic or insane. They must be upset, grief-stricken, distress and emotional pain are not necessarily signs of mental illness.

"If a person is determined to kill him/herself, nothing is going to stop him/her."

**NOT TRUE** Even the most severely depressed person has mixed feelings about death.

## 'Now I Lay Me Down to Sleep' 'Pillows of Unrest' Project

Of course most of us recognize that simple little rhyme which most children have uttered at bedtime throughout the ages. That incantation was supposed to be the magic words spoken to protect us while we slept, and if we somehow died before we would wake, we "prayed the Lord our soul to take." And we'd lie back and bury our heads deeper into the pillow to hopefully drift off into dreamland without being attacked by the bogeyman in the closet or the monsters hiding beneath the bed.

And for some, those words acted as a reassuring balm, making sleep easy. For others, the intrusion of nightmare is an endless and exhausting reality.

For these individuals, saddled with the stigma of mental illness, the North River Gallery And Empowerment Center is offering the opportunity to share their emotional struggles with the world-at-large in a new project of their Education and Awareness Program, called "Pillows Of Unrest". This special exhibit is designed to represent the emotional struggles of people living with a diagnosis of mental illness, and the Gallery is currently seeking submissions for the project. Artists are being asked to submit created works using a pillowcase as the "canvas". The theme is to express how recipients, in sleep and in dreams, escape their feelings of desperation, turmoil, isolation, depression, and the effects of social stigma, or how their illness may effect the sleep and dream process. The idea is to further stimulate the healing process by promoting an activity of self-expression for the recipient, and to provide the general public with an atmosphere where they can witness the pain symbolized on the pillowcase.

Drawings and painting are ideal methods for the pillowcase art, but poetry, short stories, or photography may also be utilized as mediums of expression. North River Gallery does reserve the right to exclude any and all works deemed to be of an offensive

nature, such as gratuitous profanity or explicit sex. When North River receives approximately 200 submissions, an exhibit date will be set and the appropriate notification will go out to all participants, as well as the general public. The center is aiming for a Spring exhibit to be held in the Gallery, located at 340 Main St., in Catskill, NY. After the exhibit closes, some of the pillowcase artwork may be sent to Albany to join the center's Second Annual Statewide Art Show for Mental Health in May of this year.

Beyond that, North River would like to expand the exhibit county-by-county and state-by-state, adding to the inventory of artwork as it travels. Using as models its predecessors, the AIDS Memorial Quilt and the "The Clothesline Project" (that project uses artwork and poetry on t-shirts to represent violence against women and was done in conjunction with the Greene County Rape Crisis Center), the Gallery hopes that "Pillows Of Unrest" will take on greater and greater significance, eventually culminating in a national exhibit in Washington, D.C.

Says Executive Director Frank Marquit, "We want to use this exhibit for an anti-stigma publicity and educational campaign, and we want it to serve as a healing process for the people creating it as well."

Anyone interested in submitting a pillowcase work for the "Pillows Of Unrest" project, is invited to contact the North River Gallery and Empowerment Center at PO Box 151, 340 Main St., Catskill, NY 12414. Or call us at 518-943-1455.

# Flows...

2. "Do you ever feel hopeless? Does it seem as if things can never get better?"

Feelings of hopelessness are often associated with suicidal thoughts.

3. "Do you have thoughts of death? Do you ever think you'd be better off dead?"

A "yes" indicates suicidal wishes but not necessarily suicidal plans. Many depressed people say they think they'd be better off dead and wish they'd die in their sleep or get killed in an accident. However, most of them say they have no intention of actually killing themselves.

4. "Do you ever have any actual suicidal impulses? Do you have any urge to kill yourself?"

A "yes" indicates an active desire to die. This is a more serious situation.

5. "Do you have any actual plans to kill yourself?"

If the answer is "yes" ask about their specific plans. What method have they chosen? Hanging? Jumping? Pills? A gun? Have they actually obtained the rope?

Although these questions may sound grotesque, they may save a life. The danger

deterrents, suicide is much more likely.

8. "Have you ever made a suicide attempt in the past?"

Previous suicide attempts indicate that future attempts are more likely. Even if a previous attempt did not seem serious, the Next attempt may be fatal. All suicide attempts should be taken seriously. However, suicidal "gestures" can be more dangerous than they seem, since many of these persons ultimately do kill themselves.

9. "Would you be willing to talk to someone or seek help if you felt desperate? Whom would you talk to?"

If the person who feels suicidal is cooperative and has a clear plan to reach out for help, the danger is less than if they are stubborn, secretive, hostile, and unwilling to ask for help.

#### COMMON MISCONCEPTIONS ABOUT SUICIDE

"People who talk about suicide won't really do it"

**NOT TRUE** Almost everyone who commits or attempts suicide has given some clue or warning.

wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death, they want the pain to stop. The impulse to end it all, however overpowering does not last forever.

"People who commit suicide are people who were unwilling to seek help."

**NOT TRUE** Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.

"Talking about suicide may give someone the idea."

**NOT TRUE** You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true—bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.



**Policy for Submitting Artwork \***

Submissions will not exceed three pieces of artwork per person. Participants may use any medium (ie. two paintings and one piece of poetry) but the total collection being submitted must be three.

All paintings, drawings, and poetry must be framed or matted and affixed to a hard backing (ie. thick cardboard). This is necessary to prevent artwork from being damaged during transportation, handling, and exhibiting. Artwork encased in a frame with glass or clear plastic covering the surface of the work is desirable. However, if this is not possible, please contact the North River Gallery before sending artwork.

All participants are responsible for postage and handling costs, both sending and receiving. All artwork we send back will be C.O.D..

All pieces of artwork must have a tag stating the name of the artist, the title of the piece, the county the artist is from, and the price of the artwork (if it is not for sale, please write NFS). All stated information should be printed on a tag and affixed to the back of artwork. Please print clearly.

All framed or matted artwork must be prepared for hanging. Most artwork is hung from nails, so a type of hanger is needed on the back.

North River will receive a 35% commission on all artwork sold.

Also include the address and telephone number of the artist or the person representing the artist. This is very important as it will enable us to contact you regarding matters of your artwork and our art program.

North River Gallery will consider highlighting a series of works by one artist. In this case, more than three works are acceptable. However, you need to mail in slides or clear photos of the artwork and call us. Please do this before sending any artwork.

Please fill out and sign the enclosed Exhibition Contract and Loan Agreement and send it along with your artwork. North River cannot accept artwork without the signed agreement.

If you have any questions or need clarification regarding this policy, please call or write to us. The North River Gallery, 340 Main Street, Catskill, NY 12414. Ph. (518) 943-3529 Fax. (518) 943-1456

\*material may be used for publication

please return completed form to:

A Division of National Artists for Mental Health, Inc.  
North River Gallery  
340 Main Street, Catskill, NY 12414  
ph. (518) 943-3529 fax (518) 943-1456

I, \_\_\_\_\_ hereby agree to allow my artwork and/or poetry to be shown by the North River Gallery, a division of National Artists for Mental Health, Inc.

I understand that the North River Gallery Art Program shall have full discretion with respect to the selection of works for exhibitions around the State of New York.

I understand and accept that my submitted work will be publicly displayed for purposes of social education regarding mental disorders. I further understand that, by signing this contract, I am allowing my disorder to become public knowledge.

Insurance: The North River Gallery shall insure the artwork while it is on display. In case of damage or loss of artwork, verification of actual value will be the artist's responsibility based on previous sales or estimates from a qualified conservator or repair person. Any claims resulting from damage of artwork or poetry must be made in writing within 30 days after the artist receives his/her returned artwork or poetry. Claims of loss or theft will be made by North River Gallery upon notification of the incurred loss or theft.

In addition to the above stated, I authorize that, if my artwork is for sale, North River Gallery will sell my artwork and/or poetry with the understanding that I will receive 65% of the sale price. However, North River Gallery does not warrant or guarantee the cash value or sales price of any item submitted herein.

I hereby certify that I have read the above, and further that I understood the nature of my act in signing the consent and I am willing to sign and execute it of my free will and deed.

SIGNATURE OF ARTIST/PERSON(S) ACTING FOR ARTIST

PRINT NAME/RELATIONSHIP TO ARTIST      WITNESS      DATE

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

County \_\_\_\_\_

COMPLETE MAILING ADDRESS OF PROGRAM OR FACILITY (inc. zip code)

# Key to Empowerment

by Bill New

In the 1990's mental health jargon, a listener hears the term, "empowerment" For the consumer, empowerment is the key to the healing process and a giant step toward "wellness." This does not necessarily mean that a mental health consumer should stop taking his/her medication or not see a therapist or doctor.

Empowerment can take many different paths for the consumer. Naturally, the consumer must take part in his/her treatment plan by deciding with professional what realistic goals should be. There are also micro parts of empowerment, such as a client living in a community residence helping to keep the whole house in order, not just his own room. This may take the form of making sure ash trays are emptied, the grounds are picked up, as well as other cleaning chores in the household. Many consumers do not like these duties and have never done them because staff did it for them. This should no

longer happen.

Empowerment not only means consumer privileges, but also, consumer responsibility to himself and to the community in which he lives. Now a days, consumers should try to work (sheltered workshop or in the community) or take part in a day treatment plan. Hopefully, the day of mental health consumer sitting around smoking and drinking coffee is over. Today's consumer has empowerment and its vast array of choices and privileges; he/she also has responsibility. This may mean a client takes an apartment in the community and works on a budget to pay his bills on time. In other words, a consumer does not ignore a utility bill by crumpling it, then throwing the statement on the floor. This scenario should be eliminated by making a budget, with the help of a professional if necessary. The consumer must also learn cooking skills when living in the community. A steady diet of tv dinners and fast food hamburgers

is not empowerment; empowerment is shopping wisely for the right food and preparing it with patience and care. There are many other responsibilities a consumer must assume in the community such as registering to vote, taking responsibility for all his/her actions, cleaning chores, etc.

Certainly nothing is new in the idea that a privilege is matched with a corresponding obligation or responsibility. The mental health consumer should be happy the day of empowerment, freedom, and responsibility has arrived.



## Literary Arts Weekend

Columbia-Greene Community College  
Greenport campus

Fri., April 22

### ALLEN GINSBERG

Arts Center Theater, 7 p.m.

Admission: \$3.00 (General) \$2.00 (Student or Senior with I.D.)

This event is funded by the college Arts & Humanities Division, Community Services, Office of Public Information, and Poets & Writers, Inc. through a generous grant which it has received from the Lila Wallace-Reader's Digest Fund.

Sat., April 23, 1994

## 3rd Annual Antiquarian & Regional Press Book Fair

College Gym, 10 a.m. - 5 p.m.

OVER 25 BOOKSELLERS OFFERING NEW, USED AND RARE BOOKS AT REASONABLE PRICES - OR BETTER!

This event is co-sponsored by the college Arts & Humanities Division and Black Dome Press.

ASK ABOUT OUR NEW VOICE SERIES, FEATURING: DAVID MATLIN, EVI SEIDMAN, MICHAEL EPRIGON, JEANNE DEMERS, CAROLYN BENNETT & GRETA VON PEIN. THIS SERIES IS MADE POSSIBLE THROUGH A GENEROUS GRANT FROM THE HIGGINS FOUNDATION.

Special Thanks to the Heart of Catskill Association, Wild Horses Productions and the Northern Sentinel, which have recently joined us as new co-sponsors and members of the college's growing coalition of regional literary arts supporters.

FOR INFORMATION AND DIRECTIONS TO THE COLLEGE, PHONE 518-828-4181 EXT. 3410

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If you are interested in placing an advertisement with *The North River Quarterly*, please contact us by May 10, 1994 to insure its placement in our next issue. Please call or write.

The North River Quarterly  
Box 151, 371 Main St.  
Catskill, NY 12414  
ph. (518) 943-1455  
fax. (518) 943-1456



TRILLIUMS

MY POEMS USED TO BE LONG SLENDER LIMBS,  
SMOOTH AND SUPPLE AS AN ISADORA DUNCAN DANCER  
GLIDING THROUGH GREEN WOODS.  
WHITE TRILLIUMS, FIRST FLOWERS OF SPRING  
REPLACING WHITE SNOW.  
WHITE ON WHITE.  
OH, THE WOODS WERE WHITE IN SPRING.  
THE BROOK RAN ICY THROUGH THE TRILLIUMS  
WEEPING ITS WAY TO LAKE MICHIGAN  
CARRYING THE TEARS OF WINTER  
INTO A LARGER FLOOD.

MY POEMS USED TO ENCOMPASS MY WHOLE BEING  
SURROUNDING ME IN TERROR AND TRUTH  
AND PURGING MY MEMORY.  
POEMS...POEMS OF MEMORY, POEMS OF PAIN.  
ALWAYS, THE PAIN OF WHITE TRILLIUMS IN SPRING.

B. BURGTORF 1980  
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A CHILD'S CONCERN

A child stood upon the canyon floor.  
He looked skyward in awe.  
Then he asked this one question,  
"Why did that eagle soaring over us,  
dive, then glide so close to us?  
Then he tipped his wings  
As if to welcome us to his home."

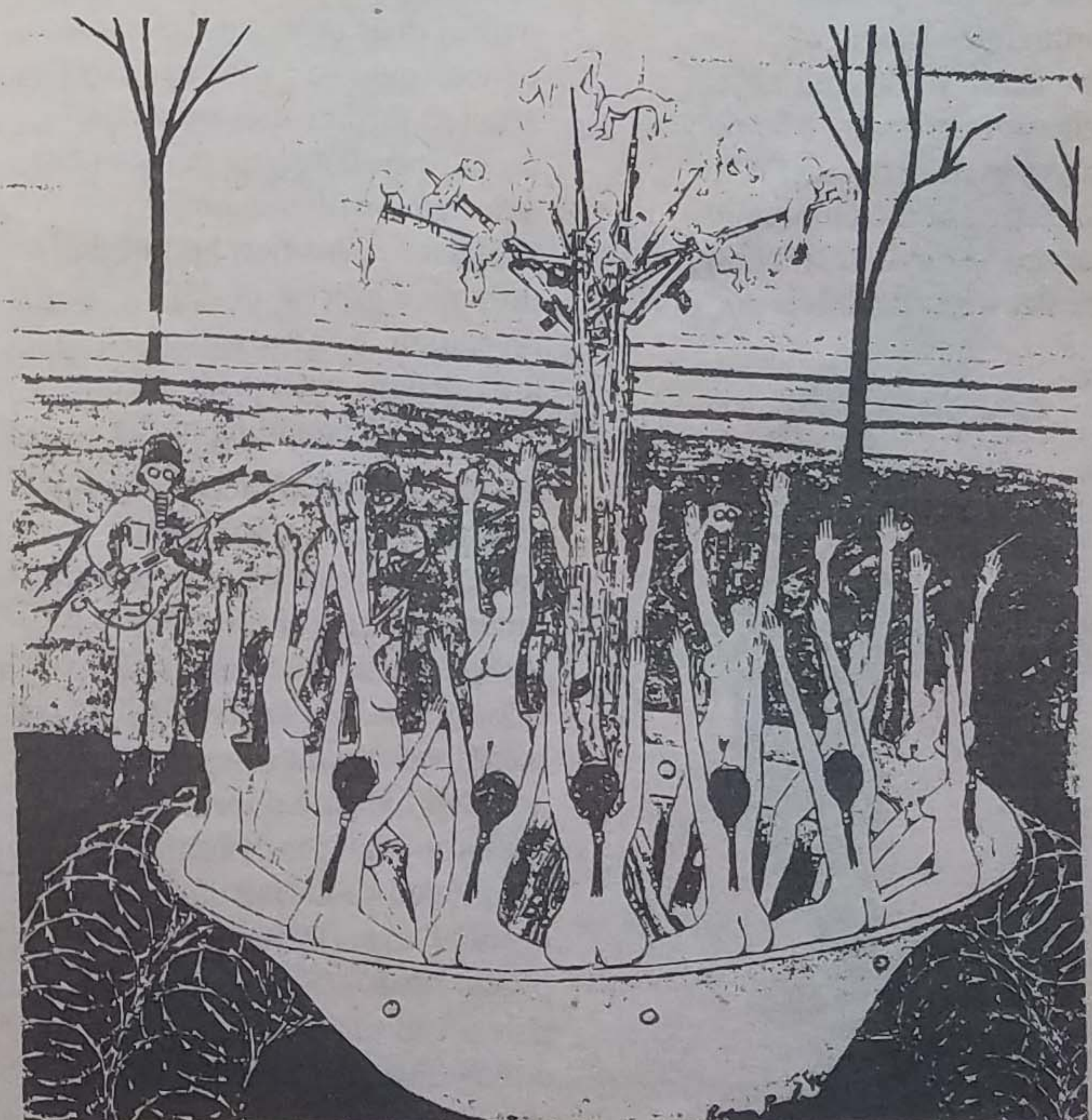


"Well, son, perhaps I'll reply to your question this way.

It all started years ago.  
Immigrants came from foreign countries,  
Like England, France, and Spain.  
They all helped forge this blessed nation.  
Missionaries, farmers, laborers,  
Construction workers, bridge builders,  
And teachers helped to build this  
Then small nation.  
So, remember, child, this one truth;  
Pray that God will heal the wounds  
Around the summit of these Rocky Mountains  
And that He will, once again, provide us  
The strength to face tomorrow together."



DONALD L. WILLIAMS



"Mothers" - Roger Poole

**Drama - Therapeutic Tool...cont. from page 5**

unknowingly have chosen to be the ones which bind me.

So drama becomes therapy. Not only for the practitioner, but for the observer as well, who, upon entering the darkened theater, enters into the realm of the unknown where the why's are "fleshed out", so that they may gain insight into the reasons for existence and all its accompanying complexities.

One of the cornerstones of psychoanalysis has been the process of abreaction. According to Webster, abreaction is "the discharge of the emotional energy supposed to be attached to a repressed idea, especially by the conscious verbalization of that idea in the presence of a therapist." It follows then that the theatre experience is also one of abreaction. The actor on stage is the "patient" who releases inner psychic tension through the conscious verbalization or acting out of repressed traumatic knowledge or an experience, in the presence of the "therapist", the audience. Note that the abreactive process does not take place without the presence of someone else as a listener, or in the case of theatre, the audience, who must absorb the resolution in the revelation. But here too, the roles become reversed, and soon the "patient", (the actor), becomes the "therapist", and the audience becomes the "patient", in that, through the magic of transference, the audience becomes the actor, who only serves as a surrogate for the discharge of the emotional energy. The actor, therefore, speaks with the universal "one"

voice, so that all mankind may "hear", look inward and find their own voice. After the curtain drops, the audience leaves with this information, having become a repository of insight and new understanding of not only themselves, but the world in general, eventually carrying that information forth, like ripples in a pond.

*"There is a popular notion today that if an individual can be free to laugh and cry, feel anger, rage, joy, pain, and pleasure, somehow she or he will have a totally fulfilling life. Unfortunately this is not completely true. Experiencing your deep feelings is no more the total solution to life than it is to acting. Feeling does not make a complete person-- the feelings have to be translated into actions. The feelings are only the material for life, they are the support, the fuel, the motivation for effective actions."*

- Warren Robertson  
Free To Act  
1978 A.D.

In the 1970's, many theatre artists were dissatisfied with what they perceived to be the narrow and limited cultural imprint of the "orthodox" theatre. These artists sought to expand the definition of theatre, so that theatre practice could be expanded, and conjunctively, vice-versa. Out of this movement arose the "guerrilla" or "street" theatre scene, in which new ground was being broken in the realm of the psychology of understanding and the exploration of the inner psyche. Adherents were discovering a wealth of repressed or subjugated personal material within their own consciousness, which could be called upon by the artist to further "flesh-out" the deeper psychological components associated with creating a character. This new approach, through a process of self-revelation or "owning up", provided the actor with not only a greater understanding of the intricacies and subtleties of a specific character and their particular world, but also of the inner workings of their own being. These two sources of information and knowledge, combined together, supplied the actor with a potent force for the exploration of the commonality of the human condition and its eventual expression into the public forum. Thus shared, the practice of theatre expanded, as did the theatre as a whole.

Intrigued by this new and evolving work, people in the fields of psychiatry and

counseling began to take note. They recognized the potential of combining this new acting paradigm with therapeutic technique as a completely fresh approach to counseling clients. If they could employ the actors' creative process of inner exploration, whereby they eliminated "blockages" trapped within the inner terrain in order to become clearer instruments of expression and image, then why not with clients, who would benefit from a more "holistic" or "artistic" form of therapy? Indeed, by utilizing dramatic acting techniques such as role-playing, improvisation and theatre games, therapists were creating a "softer" or "backdoor" approach to confronting deep-rooted repressions, while guiding the client through the process in a safe and supportive environment. Those therapists who began to make use of drama therapy were delighted in discovering that their clients now had a window whereby they might better peer into the depths of their own souls and, by so doing, begin to establish a path towards self-understanding and personal reconciliation.

Drama as a therapeutic tool is not really a new concept, however. Many of our ancestral cultures often employed role-playing and audience participation principles when someone in the community was stricken or taken ill. Frequently, other members of the tribe were called upon to become a character from mythology who would call upon the spirit world to come and ferret out whatever evil had fallen upon the "patient" or that existed somewhere in the inner recesses of their soul. The entire tribe was engaged in the process, as whatever ailed the individual was also an ailment hidden somewhere in the collective unconsciousness of the tribe.

In its present incarnation, drama therapy takes on a less "mystical" overtone, but nonetheless relies on the same inner terrain to assist in creating the "living" script. As actors, by rote of their professional needs, are required to explore the psychological make-up of a particular character as a way of honestly portraying the idea embodied in the character for an audience, so to, the client, through acting technique, is compelled to examine the human

condition as a way of honestly portraying themselves, as a character, to an audience (either their therapist and/or group). Working with the client/actor individually or in group sessions, the therapist/ director/audience is able to lead them through a process of self-exploration and revelation. This is done at a specific pace, level, and directional mode, all based upon the willingness of participants to immerse themselves in the work. Each client begins to create a character based upon their own inner resources.

To say that drama therapy can be a tricky bit of business is putting it mildly. It requires a firm grasp of the therapeutic process, mental illness, and the make-up of the human psyche. But it can be an immensely rewarding, thought-provoking, self-revelatory and, well, fun method of personal and group self-revelation and sharing. To be in a room with what you know and trust to be peers, one can begin to let the natural and self-imposed defenses drop, while recognizing the integral common thread of humanity which is woven into the tapestry of each soul.

*"Acting is the art of being and doing."*  
-An Actor

In another play I did a few years back, I found myself stepping out onto the stage and feeling somehow radically detached from the entire theatre. I was acutely conscious of the other actors on stage and of what I was supposed to be doing, but somehow I was experiencing it for the first time, *outside* of myself. And in that moment of sudden psychic duality - the inner and outer reality being consciously experienced at once and at the same time, a deep and instantaneous transformation

occurred, which created a tunnel of focus for my actions. It was as if the entire purpose of life had been idealized and affirmed for me *through the vehicle of what I was doing at that moment, in that theatre.* It was some time after, upon deep and darker rumination, that I came understood how my life had, somehow, been inextricably and inexplicably graced by the *divine* - and yes, my friends, *that* is truly the stuff dreams are made of. And so, we act on.

For more information on the Abreactive Theatre Project, call Lee Nelson at NAMH (518) 943-1455.

*Storm*

by Beverly Burgtorf

White heat rising  
White heat rising on desert sand  
Against a sky so blue it stings the eyes  
And light reflected on dunes  
Water, water everywhere beyond,  
But I can't touch it, can't get to it  
It is not really there at all,  
Or is it?

Waiting, on patrol in the night,  
I've never been in a desert before  
I wouldn't be as scared in the woods  
A shadow...crawling on my belly  
in the sand  
I brush it with my hands, the scorpion  
Wind, wind blowing, blowing sand  
Into every exposed crevice of my body  
And the unexposed ones too  
Sand, sand in all the equipment  
The guns, the vehicles  
Damn sand, lice everywhere and dysentery  
Clean the sand from the vehicles  
So they'll start when we need them  
Keep your gun clean of sand  
How?

Rations, Rations, Rations,  
Everything is in a can  
Hunger is a part of it all  
A package arrived from Germany,  
Canned meat, they wouldn't let  
me have it  
It contained pork  
They don't even want me to wear  
my cross

I wish I could have seen my baby  
born  
She looks beautiful in the pictures  
My wife sent me part of the dried  
umbilical chord  
I don't know what to do with it  
I hope she's alright in the states  
I hope the place I rented is o.k.  
for them

God, they've told us to pack our  
gear and move out  
Won't say where we are going  
Rumors are that it's Iraq  
Does this mean Declared War?

Don't know, they don't tell us  
anything  
It's good to be doing something  
besides waiting  
I'm ready after all the time in this  
stinking desert  
Let's beat their asses and go  
home...

B. Burgtorf  
January 16, 1994



"Actor As Storyteller"

## The Path to Wellness Is the Path to Growth

by Gertrude Bush

*"On the sides of The Mountain are many paths, but at the crest, all paths are seen to lead to the same goal."*

In 1948 I spent 10 months in a State Psychiatric Hospital. Now 45 years later I have reached, on my own Path Towards Growth, the internal comfort and desire to share some perceptions gleaned from that experience.

Yes, leaving the hospital is difficult! Difficult because you are entering into a "no man's land." The hospital and it's humiliating experience is difficult; but so is getting out. There is a strangeness because you have changed; and the "no man's land" feeling goes with you. Those whom you used to trust are now suspect. They may still love you, but there is some unknown, not yet analyzed factor, placing a wedge between you and the world of which you were once a part. You have not yet faced up to the STIGMA and the preconceived prejudices infecting the inner soul of that world. All tht you know is the pain and hurt which comes when brothers, sisters, and old classmates no longer include you in their activities.

Gradually, you incorporate into your sense of self, the strengths needed to face up to what has happened. You work through ways to integrate those experiences into a sense of your own integrity - your own unique identity!

When that happens, you are on the path to WELLNESS! Slowly you realize that WELLNESS is not a state of being fixed in time and space. It is a state of becoming. You are an ever moving continuum. It is like the flower unfolding into its own unique bloom. It is like the long awaited Spring which follows the dark, snowy-cold winter.

It is the time for consolidating all the experiences which are unique to yourself; however painful, humiliating, and confusing they may be; no matter how insurmountable they may

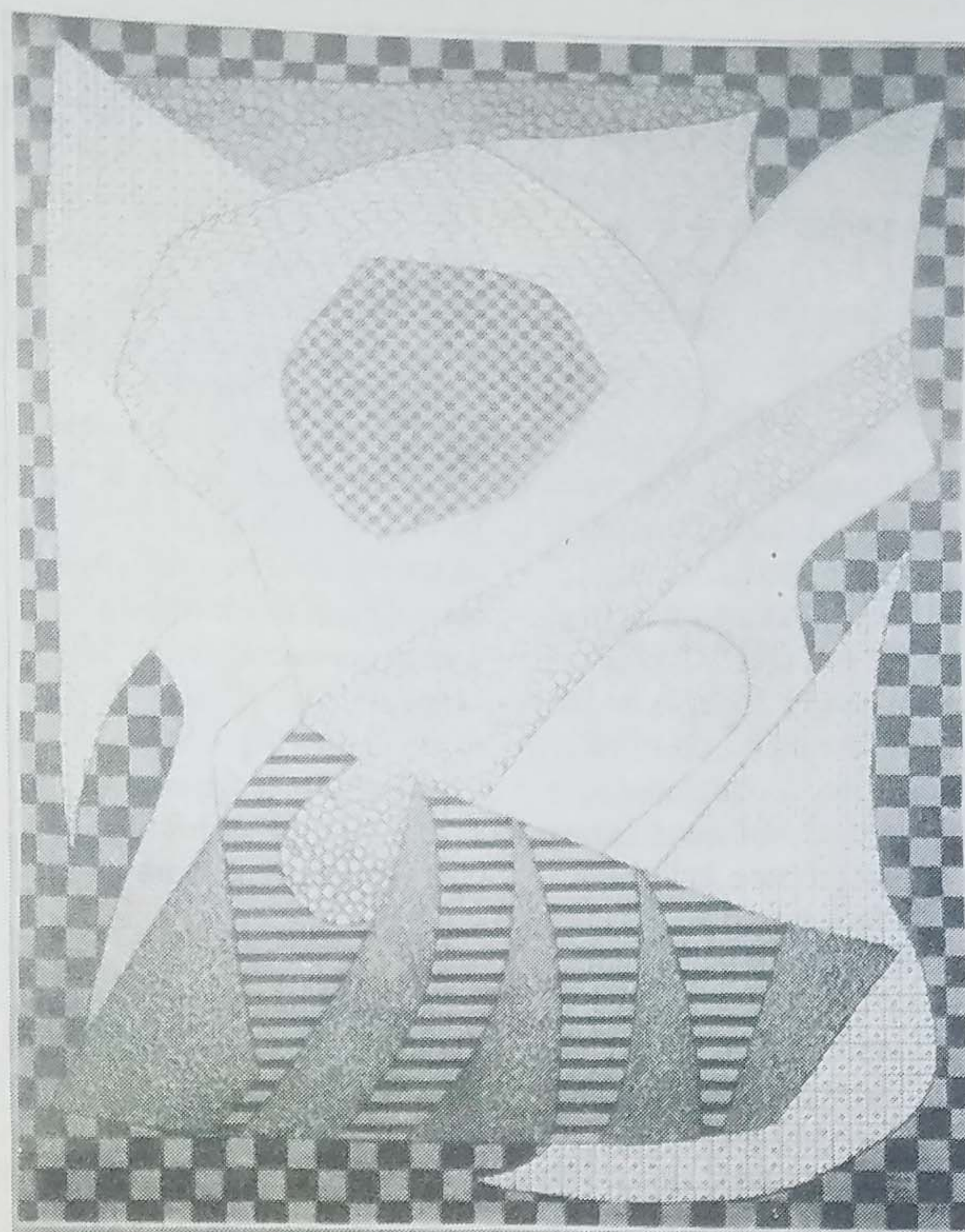
seem, you can attempt to put them into a unified sense of who you are - a sense of your own IDENTITY. Those experiences are the bricks and mortar of the roadway up the side of the mountain. This is the essence of the continuum; there are no fixed places. Yes, one can stop to rest; and one can slip back on that path realizing that those back slides are the "testing out" times wherein you can determine what is REAL for you. You are ready then to move on up the mountainside for the next stage of the unfolding of your own uniqueness.

It is my hunch that in this world, where we are spoonfed all our thoughts, ideas, and learnings, those who have had the deep intrinsic experiences of the inner workshop of the mind have much to contribute. We are on the verge of finding out much about the human spirit.

As we grow and search out the real from the imagination on fire, (the "defusions" as the professionals call it) we can appreciate ones own attempt, validate one's own experiences, and gain strength.

In the bodies of knowledge that attempt to understand the human species, there is much fragmentation. Just in the area of providing care for the so-called Mentally Ill, there is the medical modality, the psychosocial modality, and the psycho-rehabilitation means - each struggling to maintain and preserve its own turf. There is some indication that the helping professions are trying to "come together" in a more unified and wholistic way. This is a most welcome movement.

This is an open-ended path up that mountainside. It is part of life's creativity - the unfolding of the leaves of the blossom. It is the unknown becoming known. Only we who have had the experiences of struggling with the shadow pieces of our lives can help understand the importance of the path up the mountainside, and its relationship to the understanding of the human psyche and the human spirit. It is the Tao of life.



Untitled - by Kenneth Van Rensselaer

### Desert Fever by Marilyn Lavoie

As I wander along this seemingly endless journey, I feel so weak and tired, and I wonder how I arrived in this God-forsaken place. I don't believe I've ever been here before, but at the same time it seems strangely familiar.

The desert air is so lifeless, only a vulture or two circling around as if waiting for my legs to give out so it can have an afternoon meal. So hot and bright, is that great, big, red orange, ball of fire, that hangs in the heavens above me. As it sends down its tremendous, white rays of ghastly heat. I feel as though I could be consumed by it at any moment.

Ah, to feel the coolness of some rain, or perhaps a waterfall, or to step into a cold stream. I could try to imagine this, but will it come true? Do I hear the sound of water trickling down somewhere, off in the distance, or is it a mirage in my mind? Maybe it's just a dream.

On the dry, baked floor of this ghastly hot desert, a scorpion scurries along. Is it looking for a tasty morsel, or perhaps just heading home? As I travel on, ahead of me I see a sleek rattlesnake slithering along,

possibly seeking shade. For I have heard that the heat of this desert is one of his worst enemies. The spiny, green cactus that looms up before me, so tall and majestic, even tends to make me believe that I may need a drink.

Where is the shade? I need help. All I see for miles and miles around me are mountains and valleys of soft, white sand. It looks quite harmless but I know that I must leave this place soon. I cannot survive here any longer, for I need water and food and people too. My throat feels parched and dry...so tight. I don't want to die! Help me.

My eyes open, and I realize that I'm drenched in my own perspiration from my head to my toes. I feel dazed and confused until I see where I am. That familiar sound of water was not my imagination, but someone sitting here beside me, dipping a cloth in cool water and placing it on my feverish forehead. It was just a dream after all. I had been very ill, you see, and it seems that this festering fever finally broke. And now that I know that I am not crazy and that it was only the sickness trying to drain my body of its strength combined with this nightmare of a dream, I finally feel calmer. For now I know that I am in my own bed, in my own room, in my house in the country, at the end of a very long mountain road in the wilderness...or am I?

i do not plan  
to write poems  
that uplift.

i write to get it out.  
to make it dive,  
crash,  
swoop,  
swoon,  
swerve  
and puke,  
to split,  
to die.



i think it has to do  
with all this holding  
back  
we are forced,  
or choose,  
to do  
just to be civil.  
acceptable.  
normal.  
in control.

i confess,  
i like to lose control,  
to hang my head  
out over the heights  
and say "how far?" or  
"when the ground finally  
meets the air  
does the sky disappear?"

silly, i know.  
but so is this.

like i said  
i don't write  
the poems  
to uplift.



~mr. lee



My soul is like  
an unopened letter  
Lying in dust in some  
Forgotten cubbyhole,  
Or a diary written  
Painfully  
Then, put aside  
And never read.

B. Burgtorf

**Justice for All...cont. from page 3**

came to self-serving treaties, and to the destruction of whole cultures in the name of righteousness, he just did not get it.

Of course, I did not "get it," either. I did not understand justice. By the time I entered college, I cared passionately about civil rights for black people, and if I had known the truth about the Indians, I would have cared a great deal more than I did. But still, the idea of "justice for all" escaped me. It was merely a concept that applied to other people, but not to me. If some other person was denied the benefits enjoyed by people like my father and me, justice could be done simply by restoring their legal rights. If a crime was committed, justice meant only that the perpetrator was punished. As for myself, a white middle-class person, I was already guaranteed the rights of life, liberty, and the pursuit of happiness. It never occurred to me that these rights could ever be taken away from me in my own country.

**"The idea of 'Justice for All' escaped me. It was merely a concept that applied to other people, but not to me."**

Then in my junior year at Sarah Lawrence College, I "went off the deep end," as they say, and was dragged off to my first mental hospital. Although the first institution was expensive and private, it was there that I experienced for the first time what it means to be an oppressed minority. I was given huge and debilitating doses of psychiatric drugs against my will; I was locked up for the entire day into a small and dismal room, also against my will. I was treated with varying degrees of condescension and contempt by staff, and I was told by my psychiatrist, whom I saw rarely, that everything I believed and everything I had experienced was sick and worthless.

A few years later I spent nearly two years at another private hospital. While there, I was given 30 electroshock treatments that did not work. My husband sought

a divorce because I had been away for so long. When we went to court, the judge denied me custody of my five-year-old daughter because I had had the shock treatments.

Eventually, the insurance ran out, and I began to be committed to state mental institutions. Often this was precipitated because I played music too loud for my neighbors, and they called the police. When I refused to let the police into my home, they broke down my door. I remember with horror the shattered wood falling from my door frame, and the dead-bolt lock tossed across the floor. I asked the police whether they had a search warrant, but they did not bother to answer. In 1978, while committed to a state hospital, I asked how I could seek release and was told that I had no legal recourse. Today, at least, patients have a right to a court hearing. What they do not have are judges who understand their suffering.

Somehow I managed to pick up the pieces of my life after each involuntary commitment, and I am grateful for that. The majority of people who fall into the pit of the psychiatric system never recover from it. I have seen the glazed look of despair in more eyes than I want to count. I have seen people abused, dismissed, and ridiculed within mental institutions everywhere, both public and private. Again and again, I have seen the systematic destruction of the human spirit within dungeons euphemistically called hospitals or centers--all done in the name of medical treatment.

For psychiatric patients, this is just the first blow in a one-two punch. The second comes when a patient is released from the hospital, and finds that nothing will ever be the same again with friends and families, with dreams and plans once cherished. Hope becomes a distant memory, and eventually dies. Even out of the hospital, the person faces a lifetime of control by "caregivers" who believe in controlling behavior even if it means losing your soul. The "consumer" becomes dependent on a social welfare system that degrades and denigrates its beneficiaries. I have seen too many people brought to their knees by the injustice that we call mental

health. These people number in the millions in this country alone.

Yet nobody sees these millions, and nobody knows who they are. The only places legitimized for mad people are insane asylums and the street. Although invisible, mental patients are the scapegoat for every evil, from mass murder to homelessness. Governments are happy to pay for monuments of monstrosity known as state mental hospitals, and they are happy to pay for reams of paperwork documenting the behavior of people they do not really know. But when it comes to seeing people face to face, or caring for them in healthy environments, the money dries up.

Of all the noble causes, from muscular dystrophy to gay rights, mental illness is on the bottom of the heap. It has been on the bottom of the heap for centuries. Even AIDS, which for a time carried the greatest stigma--a dubious distinction--is now more acceptable than mental illness. Our neighbors will accept halfway houses for criminals before they will tolerate residences for mental health consumers.

**"Today, at least, patients have a right to a court hearing. What they do not have are judges who understand their suffering."**

Before I became a mental health consumer, I too, made jokes about mental illness. I used the word "crazy" to mean unworthy and incompetent. Before I myself went crazy, justice was an abstraction. It was something I took for granted, something I could even live without.

Now that I am psychiatrically labeled, I see things differently. Now I examine my faith in justice, and I grieve that the American legal system is not what I once thought it was. I remember my African American friends in Mt. Sterling, and the other minority people I have known, and I reflect on what has happened to them and to the millions of psychiatrically labelled persons in this country. It is the same injustice. Even when laws protect us, the injustice continues.

Today, and to most people, justice means little more than revenge. It means controlling an inferior class of persons so that they can be put out of the way of other persons. In the case of mental patients, the law itself is used as a reason to deny basic human rights. With the mind-twist called stigma, mental patients are regarded as criminals, and treated as such. They are denied more rights than are inmates in prisons.

Justice, as we all know, is represented as a wise woman, blindfolded and holding a set of scales. In our legal system, much attention has been paid to those scales of justice--to the balancing of pros and cons, true and false, as if they were commodities. But surely justice means more than just a listing of abstract principles. Justice means wisdom.

Webster's dictionary defines justice as "the principle or ideal of right action." And right action is more than a cynical manipulation of words or imaginary scales. It requires helping the victim as well as punishing the perpetrator, uplifting the outcast, as well as protecting the householder.

To an oppressed person, justice is the wise woman herself, a

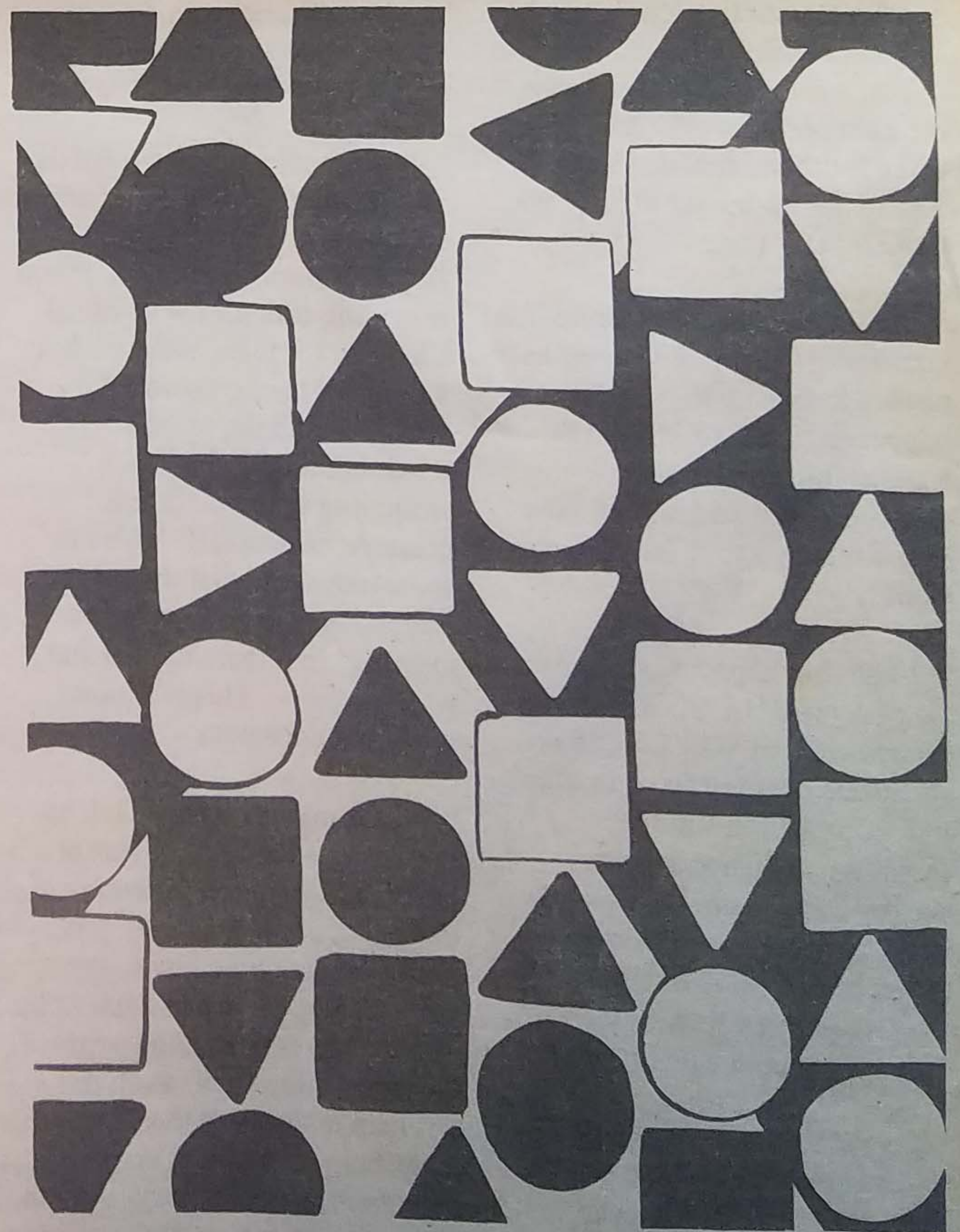
**Know Your Rights?**



woman who holds both sides in her hand, and regards them both. Justice is wise and compassionate as well as fair. She may close her eyes to race or handicap, but she always has a heart.

Last May, during a trip to Washington D.C., I passed by the Department of Justice and stopped to gaze at the elegant stone carvings around the roof. For a moment I again admired the majesty of our system of justice. Then I remembered all the mental patients locked up in institutions around the country and around the world. I remembered my neighbors, who wanted to get rid of me but never wanted to meet me. And I wondered how long it will take us to learn right action.

Justice also carries a sword.



Untitled - Pamela Cooper

"LOST CHILD"



Listened to the songs of sadness  
 In a world that was full  
 Of hate  
 Looked for all the answers  
 To help fulfill  
 Your fate  
 Dreamed with no visions  
 Just sounds that cause you fear  
 Tried to keep from falling  
 Off  
 The end that seemed so near  
 Riding on silk clouds  
 In a world that's lost in  
 Sin  
 Looking for a shelter  
 Or someone to take you in

Remember times when you were  
 Young, dreams were full of visions  
 People scared fear into you  
 And made for you  
 Decisions  
 Who you'll like  
 Who you'll hate  
 And where not to go  
 Where you'll live  
 To take not give  
 Things you shouldn't know

A Lost child, dreaming of  
 No future  
 Lost in empty  
 Loneliness  
 Hiding from their eyes  
 Lost child running from  
 The Madness  
 Lost and found  
 By Death's Angels  
 Took you to the sky

Your dreams all turned to  
 Nightmares  
 The streets turned you to  
 Stone  
 Hit you hard  
 Spun you 'round  
 Now your spinning  
 All alone.....  
 Lost Child

R.M. Fox

**Referral Network**

*When you're experiencing  
 emotional pain or moments  
 of difficulty, remember...you're  
 not alone. Here are some handy  
 numbers you can call. Just  
 pick up the phone. And don't be  
 alone....*

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 1-800-342-AIDS

**ALCOHOL:  
 NYS COUNCIL ON  
 ALCOHOLISM**  
 1-800-252-2557

**CHILD ABUSE**  
 1-800-842-3700

**CHILD FIND**  
 1-800-I AM LOST

**COCAINE HOTLINE**  
 1-800-COCAINE

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 VIOLENCE  
 HOTLINES**

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 INFORMATION LINE**  
 1-800-522-5353

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 NAT'L. INSTITUTE ON  
 DRUG ABUSE**  
 1-800-662-HELP

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 1-201-836-1800

**HEALTH INFORMATION  
 CLEARINGHOUSE**  
 1-800-336-4797

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 1-800-342-3661

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 1-800-342-9860

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 1-800-344-3226

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 1-800-621-400

**TEEN PREGNANCY/WELL  
 BABY HOTLINE**  
 1-800-522-5006

**HOSPITAL PATIENTS  
 RIGHTS**  
 1-800-333-4374  
 OR IN NYC  
 1-212-316-9393

**COLUMBIA/GREENE  
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**MENTAL HEALTH  
 CENTER, HUDSON, NY**  
 (518)-828-9446

**COLUMBIA-GREENE  
 ALCOHOL SERVICES**  
 (518)-943-2036  
 828-9300

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 HEALTH CLINIC**  
 (518)-622-9163

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 MENTALLY DISABLED**  
 (518) 473-7378  
 1-800-624-4143

**NYS COMMISSION ON  
 QUALITY CARE**  
 (518) 473-7378 (COLLECT CALLS  
 ACCEPTED)

**STATE OF NY COMMISSION  
 ON QUALITY OF CARE FOR  
 THE MENTALLY DISABLED**  
 (518) 473-4090  
 1-800-624-4143

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 THE PUBLIC INTEREST,  
 INC.**  
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 SERVICES, INC.**  
 (716) 847-0650

**LEGAL SERVICES OF  
 CENTRAL NEW YORK, INC.**  
 (315) 475-3127

**NORTH COUNTRY LEGAL  
 SERVICES**  
 (518) 563-4022 OR 1-800-722-7380  
 (315) 386-4586 OF 1-800-822-8283

**DISABILITY ADVOCATES,  
 INC.**  
 (518) 432-7861

**ALLIANCE FOR THE  
 MENTALLY ILL OF NEW  
 YORK STATE**  
 (518) 462-2000  
 HOTLINE 1-800-950-3228

*Loving Myself*

Life so endless, so free  
 The life for me.  
 Accepting things hour to hour,  
 Not worrying what will flower.  
 Spontaneous and unknown,  
 Life, a dove with wings flown.  
 Ordeals are a thing of the past,  
 Loving seems a blast.  
 Bored not, but active  
 Makes it more attractive.  
 Living is not a sin,  
 What I do is in.  
 Believing in God above,  
 And when it comes push to shove,  
 No one is the winner but He.  
 Belief in trials unseen,  
 Is not the mean.  
 Positive space and tongue,  
 No cow dung.  
 All is right and true,  
 If it is according to the real you.  
 Honestly, the best in taste,  
 Not a second to waste.  
 Walking the Walk  
 And Talking the Talk.  
 Easy does it now,  
 I know how.



*By Veronica Newberry*

# The Second Annual Statewide Art Show for Mental Health

## WHAT

*Statewide Recipient Art Exhibit highlighting the talents and abilities of people living with mental illness.*

## WHERE

*"The Well" in the Legislative Office Building, Empire State Plaza, Albany, NY.*

## WHEN

*From May 23rd to the 27th. Reception will take place at 3pm on May 24.*

## WHO

*Presented by the North River Gallery, a division of National Artists for Mental Health, Inc.*

Like our first Statewide Art Show, this exhibit will highlight artwork and poetry created by recipients of mental health services. Its purpose is to make the public aware of the vast amount of talent and ability that exists in the mental health community, and as a result, eliminate the stigma placed on mental illness.

The reception on May 24th will include a light buffet and a guest speaker segment. All artwork in the exhibit will be judged, and ribbons with cash prizes will be awarded in each of six categories - watercolor, oil, poetry, mixed media, acrylic, sculpture (categories are subject to change in relation to participation.)

**First Prize - \$50 Second Prize - \$25**

*The deadline for entries for this show is May 6th. Please call or write to us before sending material. Ph. (518) 943-1455*

*North River Gallery, Box 151, Catskill, NY 12414*

