

Other Works by Leif Gregersen:

Memoirs:

Through the Withering Storm

Inching Back to Sane

Short Stories:

Green Mountain Road (Novella and Four Short Stories)

The Base Jumpers

Mustang Summer

Young Adult Novels:

Those Who Dare to Dream (Historical Fiction)

In the Blink of an Eye (Fantasy)

Poetry:

Poems from Inside Me

First White of Winter Poems

Stargazer: My Life in Constellations

Poetry of Love, Life, and Hope

**Alert and Oriented
X3**

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The following foreword is an introduction my Dad wrote for a book I never was able to use, but I thought it would help introduce this series of poetry, fiction, commentary, and facts about a hospital admission I went through in February of 2019

At a very early stage in Leif's childhood we detected something not quite right, without being able to name it, and I suppose not willing to accept that our youngest son had shortcomings that very much appeared to be beyond our ability to do much to heal.

As Leif advanced to school age, the expected improvements did not take place and he now began showing signs of depression that began devastating our family. Coping with an immature child having episodes of an illness that belongs to an adult was at best extremely difficult and often demanded time Leif's brother and sister did not get. Still, Leif displayed an intelligence far beyond expectations and then again, he really did not have the knowledge or methods of application that could have given direction, teachers at school tried time and again to give leads and directions which eventually failed. He simply did not have the fertile grounds to allow for growth.

Throughout elementary school Leif did well as far as classroom work was concerned, he maintained reasonable grades, but was not able to create bonds with the children in his grades. During these years we were continually faced with withdrawals and isolations that at times appeared to be endless and also impossible to penetrate. When we caught these early enough, it was possible to take him out for long drives, during those trips he would sleep a great deal and gradually come out of depression, and again take part in activities going on around him. This too was time consuming and not always possible, being self-employed at the time. His mother staying home was a huge help.

Junior High—now there is an example why children of that age should not be separated into their own group, the maturity is simply not present, Leif is still as smart as he was then, and yet the aggression needed to deal with individuals in groups was just not there, the on-upmanship is often a very cruel instrument in those who have already been turned in that direction. Patience and consideration were not a part of that setting, and teachers were not always trained in dealing with challenged children. Those were difficult times for Leif and entering

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into high school was not really an improvement, although he appeared to be dealing with friends better.

Then came the big breakdown that removed every hope we ever had, the realization that Leif was now beyond any hope. That there was no help that would ever come was finalized. The devastation was impossible to comprehend!

During a ski trip to Jasper, Leif became increasingly incomprehensible, he was in a group along with his sister, the reports we received were mixed and differed in what happened, we gathered that the group had eventually left Leif to his own devices apparently feeling stretched out, not alone, just off by himself.

Within a day of returning home Leif was admitted to the U of A hospital and remained there for a short period. He was later sent to Alberta Hospital. From there it became a treadmill in and out of hospitals, experimentally discharged only to become violent and be forced back into a setting he had become very fed up with.

Having alienated himself, it was impossible to live with him. Violence, destruction, were repeated again and again. The next years passed with Leif living more like a derelict than anyone deserves. Ultimately, he was given decent living quarters in a group home. The beginning of a return to normalcy began. The progress did not stop and is still going. Today Leif can boast of the accomplishment of writing ten volumes of books. Unable to find a publisher, he has singlehandedly conducted a sales campaign that has yielded great results and kept him fairly affluent also in part due to support received from people who became his friends.

This is a statement from my older sister, who, at times growing up, was my only friend. Due to my Mother's own mental illness, and often prolonged hospital stays, my sister often took on the role of a parent.

As the oldest of three children living with a mother who struggled with bipolar disorder, my experiences deeply shaped who I am, how I interact with others, choices I make in my relationships with friends and partners and how I respond to my students as a teacher. Growing up with my brother Leif we all were keenly aware of some aspects of his personality which prompted us to call him intelligent but eccentric at times. As a young child he was bright, he was quick to understand things and in elementary school was placed into an enrichment program to help address some of the needs he was displaying that were not being addressed in the regular classroom. This status of being intelligent followed him throughout his childhood. As his sister, I could see that he had brains and I had charm, so I often included him in my outings with friends, would treat him to things he liked, and be there for him emotionally. Too often I could see that his intelligence and that persistence would get in the way of him having meaningful, close friendships with his peers. After I left home at the age of 18, and learned that my youngest brother was diagnosed with bipolar disorder, I could only observe from a distance how it impacted my parents and younger brother, as well as Leif.

Leif's key personality trait which may also be a feature of bipolar disorder, has always included a focussed intent in the way he pursues his interests. This focus sometimes comes across as assertive even aggressive and he has always found it nearly impossible to accept no as an answer from others; often completely negating information the other person is trying to communicate to him. This specific behaviour is not intentionally hurtful or meant to harm, but it usually results in pushing others away. Therefore, any friends of Leif must have a deep reservoir of patience.

On the other hand, his persistence in attaining what he sees as his goal and his passion has also enabled him to rise above his illness and the challenges it presents to him. My youngest brother has a personality that is influenced by mental illness, mental illness does not define him.

The following words come from a close friend who has been a source of inspiration, as well as an encouraging, kind and dear friend. When I was in the hospital and very ill, I had delusions and hallucinations that harm had come to her. Mental illness is a dark demon that has and it often takes away everything a person cherishes.

My years knowing Leif have been so rewarding. If I were to add ‘challenging’ to this initial description, that might mean something different from what I want to express.

Our friendship began about five years ago and we have gone through numerous growing facets together. Being an accepting and rather relaxed person - always ready to see past societal norms, trusting first and deciding after – I give everyone the benefit of the doubt. Leif and I first met while at a fundraiser; he was selling his books at the event. My former partner introduced us, and we quickly connected over our shared love of comic books. I was immediately struck with his bravery in writing books based on his struggles with mental illness. We spoke about potentially completing a comic book about his personal story. Truth be told, I don’t currently remember how we became the close friends we are today. It was seamless from introduction to friendship. I just recall reading his books, and started to understand more about the person I’ve since invited into my life.

The challenges were not originally centered around his illness. They were instead due to knowing so much about an individual with which a friendship was developing. His openness exposed his numerous thoughts, habits, biases, hopes, and insecurities. At times, this has caused trepidations in getting to know Leif further. I have often thought about whether or not he has considered me an object of affection, has misunderstood my kindness – and genuine companionship – as a romantic gesture. This behavior has been previously problematic with other women he wrote about in his books. Regardless, I still felt that the person I know in Leif is kind, funny, intelligent, and interesting. I was going to ‘take the meat and spit out the bones’ (an expression from my mother) regarding his struggles. He has been an amazing and supportive friend. In that, he says I do the same for him. We understand one another’s personal boundaries and how best to prop-up each other with challenging daily activities.

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It would be a fallacy to say his illness has not affected me. It has been challenging - not because it has caused me personal-life duress - but rather it's hard to witness the degradation of someone you care about and know they are acting outside of their norm. This has only happened once since I've known Leif, and it was worrisome. I've so often wished his talents, gentle, and giving nature would be encouraged and facilitated, however it has been deeply affecting to see how mental illness can stripe someone away from their shining future.

Despite his difficulties, he constantly pushes through challenges. I am proud to be his friend – through thick and thin – as we both grow within our obstacles.

CAUTION: For phone numbers and other information about mental illness and places to find the best care and assistance during a crisis, please flip ahead to Appendix A which is at the end of this book. The following information is intended to give a rough guide and not to be a substitute for professional consultation.

PLEASE NOTE: If you or any person in your family or among your friends, neighbours and acquaintances are experiencing a mental health crisis, it is essential that treatment begin as soon as possible.

If the person is in immediate danger, call 911. If possible, and if it isn't a life-threatening situation, the optimal thing is to get the person to see a psychiatrist as soon as you can. In Edmonton, Alberta where I wrote this book, there are numerous resources to get this essential help, though every Medical Doctor is trained to an extent in psychiatric treatments. If you are able to recognize some of the early warning signs I will discuss in this book, and can intervene while the person's illness is in an early stage, there is an organization called "Early Psychosis Intervention Clinic," which is an organization set up both locally and nationally, which is mandated to treat people in the early stages of their illness, usually youth. In Edmonton their phone number is (780)429-7890. The Edmonton office of EPIC is located on the fifth floor of 9942 108 Avenue NW in downtown Edmonton, just three blocks North of the Legislature building. Their parent organization can be contacted through email at mhccinfo@mentalhealthcommission.ca or by phone in Ottawa at 1(613)683-3755. It is intended that this organization be contacted when early warning signs are noticed, in advance of serious mental health issues that may require inpatient hospital treatment. Some of the early warning signs of mental illness can include:

- Confused thinking. I can recall having trouble at times making sense of the simplest of things during psychosis. I would get into an argument because I set the washing machine in the hospital to a 12-minute cycle and couldn't understand why it took more than 12 minutes. Another time, an extremely patient ward aide took me to an appointment with the hospital MD and he had to explain three times how the sign on the door indicated the doctor was with a patient.

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- Prolonged depression (sadness or irritability). This is often one of the first symptoms to occur, when I look back at junior high and beyond, I almost never smiled, I would even cover my mouth if I found something funny. I wanted in no way to be considered a happy person. There was this very beautiful young woman I was friends with who worked at a grocery store where I cleaned the bakery and her smile could light up a warehouse. She would see me and smile and all I could do was look away.
- Feelings of extreme highs and lows. The lows came fairly often, the highs seemed to be alcohol-induced. I went to one party put on by another teen who was at the time my best friend and I made such a jerk of myself I was never invited out with those people again.
- Excessive fears, worries and anxieties. My mom had a mental health condition and she would worry a lot, I figured that it was something inherent in motherhood. But after I was first admitted to the psychiatric hospital I started to understand that I had been doing it too. Even to this day I will often write out a list of my finances coming in and going out, and if something needs to be done there is no way I will sleep. I often find myself worrying about upcoming work, I exaggerate the difficulty and pressure I am under when working. During the end of the seven years I spent setting up stages, I would often worry so much I would have to cancel a shift. What I found most helpful in this situation was to simply meditate. Some of my other coping mechanisms at the time was also to simply sleep ridiculous amounts of time away.
- Social withdrawal. When I had my first apartment I was very angry, edgy, and perhaps even paranoid of other people. I got so sick of the judgement and stress of dealing with people that I purposely broke my intercom system. There was a time I not only had done this but had shut off my phone service. I remember the rock bottom of it was one day when I was so under stimulated, so alone and isolated and depressed that I laid down on the floor in my kitchen touching wires on the back of my stove to get a shock, anything to just try and get myself out of my head for even a moment.

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- Dramatic changes in eating or sleeping habits. The sleeping was there definitely for me. The first few years I was on my own I slept a great deal, sometimes 10 to 16 hours at a stretch. When I was very depressed, the eating habits would come in where I would either fast for as many days as I could, or do something extremely odd like buying a two-litre box of ice cream and eating all of it at once.
- Strong feelings of anger. I was always on edge before I found medications that could help me. Inside my head a storm was raging and I felt it was so unfair that I had been taken from people I cared about and a place that I loved to be in and forced to live the barest minimum of existences in what was basically a skid-row apartment. I often felt I should be having the best years of my life, playing sports, going to parties, taking trips all over. Instead I sat hour after hour, day after day with nothing more than a 3-channel black and white TV. After a few years of that my anger control and impulse control were severely changed.
- Strange thoughts (delusions). I can't even begin to describe some of my strange thoughts and delusions. One thing did happen though that can describe this symptom. I was staying at my parents' house for a short-term visit and I met two girls at the mall while waiting for the bus. We really hit it off, and they both gave me their phone numbers and the next day I hallucinated that they had asked to meet my younger friend Steve. So, I called him up and gave him their number. I was a little confused, but everyone else was extremely confused. Fortunately, for all the bad it may seem to have done, the hospital is one of the very few safe places to be when this sort of thing happens.
- Seeing or hearing things that aren't there (hallucinations). I have rarely, if ever had visual hallucinations, though I have some pretty odd dreams. I have mostly experienced auditory hallucinations, and it is incredible how convincing they can be. The radio, the TV, people on the street talking, all kinds of sounds and sensory inputs can confuse you, confound you, and support your delusional thoughts.
- Growing inability to cope with daily problems and activities. This was something that happened with me years ago. I remember that

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there were resources to do everything in the hospital. Wash clothes, brush teeth, have shower, eat, work simple jobs, have visitors. But to me it all seemed so impossibly difficult to do these things as often as I was expected. Fortunately, I had a lot of support when I got out of the hospital in 2001.

- Suicidal thoughts. It can be hard to understand when a person's suicidal thoughts are serious enough to need hospitalization, but I do feel any suicidal thoughts at all require at least the intervention of a medical professional, be it a nurse or doctor. A psychologist is also a good option, though often expensive. I wanted to attempt suicide for years and was vocal about it, but until I went off my anti-depressant and had a very upsetting break-up with a former friend, I was only really doing it to try and get better treatment for all the problems I was having. On the serious attempt, I took 100 extra-strength Tylenol and spent five days in intensive care.
- Numerous unexplained physical ailments. This was something I saw in my mom, and perhaps because of it, I rarely went to doctors for anything. I would have problems, and they would seem severe, but the times I was sick I was almost completely ignored. There was even a case where I had been severely injured and could barely walk because of a problem with both of my knees, and the nurses would play games where they would put me in rooms further down the halls to limit my ability to smoke. They refused me a wheelchair a number of times, then finally I got an appointment with an orthopaedic surgeon and after waiting months they simply cancelled the appointment without asking me. That may be why I leave physical complaints a long time before seeking help. My dental health is extremely poor (which is also a result of the dry mouth that psychiatric medications cause), and other parts of me are starting to go. I think I have been conditioned in a way so that my own physical health just doesn't matter.
- Substance use. As a teen, I mostly abused alcohol, though I tried pot and hashish. I soon made some bad mental connections between my ability to socialize and use of alcohol. In my middle teen years, I often felt that if I didn't go out, and didn't drink on a Saturday night, it was a wasted one.

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(These warning signs were taken from the “Mental Health America” Website, www.mentalhealthamerica.net)

If a person is in crisis, seems to be a suicide risk or a danger at all to themselves or others, I must repeat myself and stress that it is critical to get them to the nearest emergency room for immediate help or call 911. When uncertain, and in need of advice, in Edmonton, there is a service that can be reached by dialing 811 through which you can discuss a medical condition with a registered nurse. Most major cities will also have a poison control centre. If you are unsure what the person may have taken in an attempt to take their own life, call 911 and then call the poison control centre. Once you have dealt with any emergency, APPENDIX A at the end of this book can give some phone numbers and resources to contact to learn how to take the next steps.

Introductory Note:

My name is Leif Gregersen. I am an author, a brother, a son, a psychiatric survivor, and I like to think I am also an advocate for the mentally ill. We live in a difficult world, and it sometimes seems to me that nothing has ever been certain. As a young boy I lived in terror of nuclear war and the destruction of my world and all those I knew and loved. When the nuclear threat seemed to subside in our society, horror stories began to be told as to what would happen to our planet regardless of whether it was destroyed or not as the atmosphere was eroding and global warming would soon rob us of the beauty of nature that I had so deeply cherished growing up something of an outdoors person. Before any part of that issue was settled, I began to realize how many of the choices I had made would affect the rest of my life, from my love of cheeseburgers to my choice to smoke cigarettes. And yet, none of those problems could even be considered until I had found peace within myself, more specifically, medications that would deal with my mental illness and methods of dealing with my fractured personality. In all of the years of these difficulties, I never seemed to find the peace that I did from religious practise, from learning more about how to make sense of the world by believing in and having a relationship with a creative and loving force in this universe. Even that though, came sometimes with solid promises of an apocalyptic time and events that seemed to mirror so well what was going on in our troubled world. I remember feeling as though I was watching a perfectly cut piece fit into a jigsaw puzzle when I learned that the Russian word for wormwood (a word used in the final book of the bible to describe the degradation of air and water in the end times) was translated as Chernobyl. At a fairly difficult stage in my life, I feel I experienced a personal crisis spending time in a psychiatric hospital, experiencing delusions of persecution, of delusions of grandeur, and of painful, piercing bouts of sadness. What I learned from it was that it was me that had to change, not the world, not the environment, it couldn't be done by saving souls or self-harm or any of the things that the world had taught me that supposedly had to be done. The true path to peace was to a peace within myself.

I have taken the time to write this book, focusing on a recent hospital stay on a psychiatric ward, in hopes that somehow others can read about what I went through as my conception of reality strayed

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further from the norm, as I acted out and even tried to hide myself. These things happened as I reacted to a change in medications. What the mental health system, my family, friends and I did about this was deceptively simple but unendingly difficult and painful to have done. Without wanting to play the role of a victim, I wrote this volume so that those who don't understand mental illness but are afflicted with it and their loved ones can experience less grief and hardship than I went through. This is what a lot of my friends from my teenage years saw as the true goal of parenting, to teach one's children not to make as many mistakes as they have, to let the next generation do one better than they did as our parents had done for us.

If one were to look at this book through that perspective, in a way this book, and some of the others I have written, are as close as an aging bachelor like myself will get to having children. If I can keep a healthy outlook on some of the difficulties I have been through, instead of laying any blame, I can do something that will have a great positive impact on this world. I hope to take the things I have learned and share it with others who can benefit from my experience, if that is possible. I honestly hope and pray that I can effect change on a much broader scale than just within one friend, one interaction in a class I teach or gesture I make. If the message of this book carries as far and wide as a book could possibly go, there is no reason to say that it can't, at least in a small, tiny way, change the world for the better for the millions if not billion people who continue to experience mental health difficulties in our modern society and others where perhaps treatment of psychiatric ailments lags behind what we are able to do here, which, sadly, I think is still not nearly enough.

Mental illness is a devastating opponent. The fight doesn't just go on inside 'the ring' which I consider to be the hospital. The hospital could be a regular hospital psychiatric ward where one often gets treated with much more care and dignity, compared to some of the more infamous mental hospitals such as Alberta Hospital in Edmonton where I was, Ponoka Hospital where my mom was sent as a teen in Southern Alberta, or Selkirk Hospital in Manitoba which has a cemetery with a large number of unmarked graves, graves of people the world has forgotten and no one ever came to see. Fortunately, things are changing, and it is less likely now that someone will be kept their entire lives in a psychiatric hospital, at least in Canada.

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When the fight, namely the hospital stay, is over, and the great pugilist known as psychiatric medication is done with the ‘patient,’ a person with an illness has a whole new battle to fight with the community outside the hospital, and even within their homes or with their families. Some of the battles are with stigma in its many forms, but also in experiencing depression, isolation, bullying, along with the possibility of going into denial of their illness, going off medications, and starting everything right over at the beginning again.

When I got out of the Alberta Hospital, (a huge psychiatric hospital with thousands of staff, seventeen buildings, workshops, greenhouses, their own fire department and many more resources that could almost classify it as a small city) seventeen years ago, determined to recover from what felt like the worst experience of my life, I did everything I could to attend groups for life skills, recovery, addictions, as well as professional development courses and high school courses to help me in my writing efforts, all while working part-time or casual jobs anywhere I could find them. One of the most useful of all of these was something called the Wellness Recovery Action Plan, where a client plans out such things as coping skills, signs of stress, signs of relapse, and sets up a plan in hopes of being able to recognize and prevent crises. They go very deep with this planning to the point where you decide in advance what hospital to be taken to when there is a crisis, which psychiatrist you want to see, and even which treatments you want or don’t want if you are taken into inpatient care. Of course, these wishes are not always respected, but with a plan you are a long way towards getting the treatment you feel is best for you.

I studied these lessons hard, even added their app to my phone and wrote out my plan with it so I could access it at any time. I came close to being employed as a WRAP facilitator but other things conflicted. I really thought with all this knowledge and hard work and success in treatment that if I kept taking my medications, kept watching for warning signs and used coping skills such as making sure to get enough sleep, reaching out to friends and other supports when needed, exercising and eating well, I could bypass any further problems. I couldn’t have been further from the truth.

August of 2018 was when it all began; my long slide down into the pit I thought I had permanently climbed out of. At the bottom of the pit was the mire of poor mental health, and at the surface I was in bright,

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sunny, warm territory, with all of the sadness, delusions, hallucinations, paranoia, and other symptoms far below. At the time of my mental breakdown, I was functioning well in many endeavors, earning a good part-time income and progressing with my writing career, having self-published eleven books and dozens of articles, stories, and poems in newspapers and magazines. As the descent down into the mire continued, it was as though the sides of the hole had been turned to slick mud and my downward slide kept going faster and faster until I hit rock bottom and was confined to a secure ward of a psychiatric hospital so deluded that it seemed everyone, including the staff and patients around me were plotting to kill me.

During this time from August when I was on top of my game to February when I was admitted as a formal patient (certified) there were a lot of things going on. In the previous months I had been diagnosed with diabetes. Unable previously to lose weight, I doubled my exercise and halved my meals and lost almost 40 pounds. Everyone said I looked great; everyone thought all was well. When my medication was changed, inside my head things were very far from well.

I have always struggled to find out what my actual diagnosis is. I had an excellent psychiatrist, who I trusted completely, tell me I had just bipolar, and he even said I was the type of bipolar with a good chance of recovery. Some years later, I was given the file kept on me at the group home I lived in and under 'diagnosis' it read "schizoaffective disorder and anxiety." I had no clue that I had been diagnosed with anxiety, and I didn't fully understand the whole 'schizo' part of my diagnosis. The 'affective' part I understood to mean bipolar disorder. It was confusing though, because the only time I had ever experienced symptoms of schizophrenia was when I had severe bipolar symptoms, so I never understood with any knowledge the illness of schizophrenia. Different people explained 'schizo' to me in different ways. Some would say it was a genetic illness, that I have my mom to blame (most of my family members on my mother's side have had some form of mental illness). Others would say life events caused it, and that I should see things as being my father's fault for being too harsh of a disciplinarian. The reality of my own situation as it applied to something as complex as a mind/brain, with three major diagnoses, was that it was far more complicated than any simple laying of blame or single sentence answer.

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From early on, I was a shy kid, often afraid to approach others, prone to worrying, and when I was a teen, I was almost totally unable to form any romantic bonds with females without the aid of alcohol. Paralysed by anxiety and self-loathing, possibly due to my severe depression, the diagnosis of anxiety made sense, it just kind of felt weird, scary, that all the people who worked at the group home were looking at me as an illness, a diagnosis, someone who could easily be predicted to foul up his life, not a hardworking and sociable human being with unlimited potential like I always thought I was.

I have often wondered why I hadn't been diagnosed with obsessive compulsive disorder as well. I don't fully understand the diagnosis, so I don't even want to push the point, but there are many flaws in my personality that I wish I could work on. At the time of me going into the Grey Nuns Hospital Psychiatric ward, I had thousands and thousands of comic books choking up even my huge two-bedroom apartment. I had no desire to read them all. I simply had nothing to spend my money on and I would take just about any offer to buy someone's collection of comics simply because it seemed like a good bargain. I didn't just confine myself to that obsession. I had bought some 45 video games for my new game console and all but two of them did nothing but collect dust.

One of those two games was a sniper simulation that I found so addictive, and in many ways, when I started playing it, disturbing. Later, on the psychiatric ward in the hospital, I wondered if even just playing that game aided the degeneration of my mental state. In full 3D on a large screen, your character would go through hours of terrain in an open world, sometimes having to find ways to boost yourself up onto a rock face and search for hand and foot holds to climb the rocks for hundreds of feet, falling time and again until you could do it perfectly, then at the top, you were thrust into the middle of a viscous battle. The rifle had a telescopic sight and you could zero in on an enemy from far off. If your aim was true and you could get the enemy in the head, time would slow down, you would watch the spinning bullet leave your gun and go on its direct path to literally split open the unsuspecting enemy's head apart like a watermelon. I seemed to be the kind of thing that only a sociopath could really enjoy, and I couldn't stop playing it. It scared me more that it all felt so satisfying, being as close to being a real killer as I would ever get.

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My obsessions came from far back into my childhood, from simple collecting, to collecting beyond my means by stealing (many times I stole books. I didn't read them and often didn't keep them. I just liked the idea that this powerful knowledge belonged to me whether I used it or not). But the worst of all of the obsessions had to do with two young women I went to school with. The sad truth was that I never knew them, never knew the first thing about either of them aside from perhaps the sound of their voices and a few things learned in class with them or through rumours. One thing I do remember is that when I was seventeen I was a heavy smoker and wanted to stop. I accomplished my goal simply by changing my thoughts from fixating on cigarettes to thinking about one of these women (who was strikingly beautiful). I was able to overcome that insidious addiction with romantic ideas. The fact remained though that not far into the future, it was hard for my subconscious mind to draw the distinction between a simple crush and a real relationship. Consciously I understood, the true fact is that neither of these women would cross the room to spit on my shoes.

Deep down inside there were a lot of other things that became incredibly convincing when I was sick. The second person I hurt when I was sick was in reality most likely afraid of me, but my obsession and psychosis kept trying to convince me that she in fact had previously done and wanted to further do things to help me. It didn't make things any easier for me to not be able to see that the things she was supposedly doing were preposterous. Things like buying me a house and putting a computer chip in my brain and a tracking device in one of my fillings. These delusions only happened when I was in the hospital and under lock and key and heavy medication. Psychosis is so mind altering because a strong delusion manifests itself in your conscious mind, then all of your senses deliver false input to your brain that seemingly support your delusion. You can see, hear, taste, touch, or smell even complex and incredibly convincing evidence, added to a general paranoia, and you are at the mercy of the slightest memory or suggestion. I am sure the pain, anguish and stress of being locked in a hospital doesn't help.

So where does that leave me? If you looked at my apartment at the time when I was taken to the hospital in January of 2019, you would see boxes and boxes of comics, hundreds and hundreds of hardcover and paperback books stacked on any flat area and on every shelf, papers

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strewn, little cleaning done anywhere, dishes piled up and smelling, infested with fruit flies. In short, though I often try and deny it, I was and am a hoarder.

Things got better this Spring when I was out of the hospital, I sold my comic collection, for the princely sum of \$2,500.00. The sad thing was that the comic transaction didn't solve my hoarding completely and it didn't solve my money problems either. Sometime before I was in the hospital, I had around \$5,000.00 saved and a few credit cards with no balance on them. That was six months ago, and with a lot of effort and work, I am now back to \$700 to the good with no credit card debt by working and scheming and watching every penny. It was just so very hard to keep control of spending when I was ill, and so hard to rein in spending when you have credit.

Before going into the hospital, I had a job instructing Creative Writing at Alberta Hospital, I was also working doing a different type of course in the same hospital except at that time I was employed by an organization called The Learning Centre. I also worked for the Schizophrenia Society (SSA) as both a presenter of lived experience about mental illness, and also as a phone peer support person. This is not to mention my efforts to coach aspiring writers and also work towards developing a career of my own as a writer. I worked on a regular basis and had other work coming up. But most of those undertakings ended the night I was admitted first to the University Hospital and then the Grey Nuns Psychiatric ward in the secure unit. The only job I ended up keeping was the job I had with the Schizophrenia Society, a job I loved, but a job that paid only minimum wage and only offered a few hours a week. It was waiting for me, but the shock of having so little to do, and so little I was able to do inside the hospital because of illness, confinement, and heavy medications, was hard to take.

At one point, my dad came to visit me in the lockdown ward of the Grey Nuns hospital and had brought my paycheque from Alberta Hospital. I took it, signed it and asked him to give it to my brother who has been having all kinds of physical and financial problems and was unable to work. Since I was young, I have always seen myself as owing others a good portion of what I get, maybe because I have been so blessed with many abilities and relatively good health. In reality though, I honestly don't know how much of it is guilt and how much of it is

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compassion. What I do know is that I love to work, especially teaching and giving talks, and that it seems that money comes easy to me. I also have the ability, when I discipline myself, to live on practically nothing. Some have called my desire to live on less a result of poor self-image. I see it more as just basic survival skills. As well, I have been greatly influenced by a dear friend who is also an author who has taught me a lot about generosity, and earlier in life I saw the old Jimmy Stewart/Frank Capra movie “It’s a Wonderful Life” so many times that it made a life-altering impression on me, the way Jimmy Stewart’s character George Bailey would use his last \$10 to help a friend and never ask anything in return.

Later in my teen years, I read the book “Les Misérables” and it inspired me to sacrifice and to work as hard and as efficiently as I could, while taking good care of my health so I can keep earning money to use to benefit others, especially family. Being on disability and unable to work for most of my 20s taught me the skills I needed to live for next to nothing. There is one more thing though that I feel is perhaps the most important one. Giving to my family can also be attributed to the work ethic my dad instilled in me, and his generosity when he was raising me and my brother and sister.

This past February, I didn’t stay in the hospital for as long as some of the periods I have before, but when I got out, I was pretty much destitute. Part of the reason was giving away money, but also part of it had to do with buying clothes and a new phone at premium prices in the mall near the hospital, the only place I could access from the hospital. I got better quickly, but getting back on my feet in a depressed economy wasn’t easy at all. No matter how much my employers believed that my illness wasn’t my fault and shouldn’t be penalized, I missed out on a lot of work and that in itself nearly destroyed me. Writing this book is what kept me going, and I hope it brings some solace to you and yours that no matter how bad things can get, hope is always waiting for us. As a spiritual person, sometimes I ask myself the question, what is the worst that can happen? Well, the worst really is that you will die, and then either your problems are over for good and you rest, or maybe by some divine spirit you do go to heaven. If that is the worst thing that can happen, a person needs to put love, family, honesty, integrity, and caring right at the forefront of their lives because if you truly are a good person, there is nothing that can ever really harm you.

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A Sample of my Clinical Records

I would like at this point to give a snapshot of what I was like before a change in medication seemed to cancel my membership in the human race. Note the date on the following report. It is August, I am healthy and happy, working hard and having fun with my life. Totally unknowingly, with all the right intentions, my psychiatrist told me he had some good news for me, that a new drug had been developed that would work better for me and have less side effects, that this new medication would last four weeks instead of the two weeks the one I was currently on lasted for. You will come to understand the significance of all of this in the following pages, please read carefully and note each point made.

Summary: Leif in today August 7 for scheduled injection.

Groomed and dressed for the weather.

Talkative. States he is doing well. Not voicing any concerns to me.

Presents as stable.

Keeping busy with his writing. States his sister is here from Toronto for a visit.

Is pleased he continues to lose weight. Says is exercising and watching his diet.

Reports his blood sugars are good. C/S today is 5.2.

Wgt 237 lbs.

Cooperative to injection and aware of next injection in 2 weeks.

Next injection August 21, 2018

Everything seems to be going well. I have no paranoid thoughts, very little anxiety. I even have a sun tan and some money in the bank. I found it beneficial to come in every two weeks to touch base with my nurse. It had literally been over seventeen years since I had been sick, I had no clue that I could even get sick again—as long as I stayed on the medications that had been found through years of trial and error to work for me.

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This next excerpt from my clinical notes begins to tell the story of what Abilify, the medication that just didn't sit right with me was starting to do.

Progress Notes

I saw Leif on October 2nd. He remains well and stable with no relapse of his illness.

He has tolerated the Abilify pills. He feels a little jumpy and more medicated, but he was not sedated. There was no slurring. There was no akathisia and no tremour. His mood is balanced. No irritability. He is sleeping and eating well. He tells me that his weight is down 30 pounds from his highest, but he still aims to lose further weight because of his diabetes.

As discussed, we are starting him on Abilify injectable and discontinuing the fluvoxol as well as the oral Abilify. I will maintain him on the Cogentin for now, along with divalproex and fluoxetine and shall see him again in a month to reassess. He knows to contact should there be problems with the new medication. His oral medication is okay until the end of the year.

October 2nd. The day after my brother's birthday. Everything seemed to be fine, but what I didn't know was that I still had a high concentration of my old medication in my system. Things were soon going to all go to shit like they never had before. I can't begin to describe the guilt and pain a person feels when their mind rebels against them. People lose respect, people get angry, people make jokes and laugh at you and never forget your two days of craziness despite years of hard work and stability. Sometimes people will even take out their frustrations on you in the form of a violent assault, whether they be hospital staff or people on the street you just rubbed the wrong way. Seventeen years without a serious problem like this. Seventeen years.

A Little About the Hospital Stay I'm Writing This Book About:

The day was January 29, 2019. Over the past years, I had been doing well despite having symptoms of three major mental illnesses. The last time I was in the hospital was in September of 2001 (yes, the 9/11 September), and I hadn't experienced extreme symptoms since 2002. I was developing and teaching my own courses focused on Wellness and Recovery from Mental Illness, teaching writing, selling my books, lecturing. I like to think I looked good and felt good. But unbeknownst to anyone, especially me, there was tragedy looming around the corner. Out of nowhere, for want of a better term, I basically 'sprung a leak' in my conscious or subconscious mind due to a bad reaction to a medication. As it came about, I could feel things slipping, I knew what was happening, I was just powerless to do anything about it. My brain was so scrambled, it was difficult for me to tell anyone what was going on and find out a way to fix it, especially since a huge part of my illness is paranoia. This new drug, Abilify, given in the form of a time-released injection, wasn't helping to manage my symptoms of psychosis, the 'schizophrenia' part of my illness. What made it harder to cope with was that my other symptoms such as my mood swings were well controlled and so this was a completely new situation for me. On one particular day, everything came to a head.

On that critical morning, I went to the local psychiatric hospital and was teaching mentally ill patients wellness through creative writing. By the time that day ended, I was confined in a secure unit of a psychiatric ward, though thankfully not in the psychiatric hospital where I worked (Alberta Hospital, Edmonton). If I had been taken there, there is every chance that I would still be a patient now months later, the difference between the two places is that significant. In 2001, when I had last been in AHE as a patient, I was pushed to my limits and beyond, possibly because my medication was mis-managed by my treatment team. At the very least it wasn't helping me, and the strict method of confining patients in seclusion rooms in that hospital caused me to act out. These seclusion rooms were set up so each time anyone among the staff, (including ward aides with limited education and bad attitudes) felt I needed some of their own personal brand of discipline, they would toss me in and lock the door from the outside. I would be put into the room for as long as they wanted to keep me there, no two

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witnesses needed, no means of appeal. It was cruel, horrible and likely against the international declaration of human rights. Each time I was put into the room I screamed, shouted and kicked to let out my frustration. Each time I did this I drifted further away from release. They had predicted I would be there for two years.

The hospital admission this book is concerned with was just a five-week stay, in a far more caring and well-equipped place called the Grey Nuns Hospital, which was actually built with a good deal of effort from a religious order of the same name that had been founded by a Catholic Nun who lived many years ago in my home town of St. Albert, who was completely dedicated to serving God and the sick. I had come in very ill and agitated, suffering from hallucinations, delusions, and of course, paranoia, the typical symptoms of schizophrenia. Having worked previously for four years educating members of the public about the same illness, and educating myself with extensive reading and mental health courses, along with passing this knowledge on to my fellow sufferers, I came into the hospital supposedly armed with knowledge of how to comply with treatment and recover with the least amount of grief possible. Still, the pain and difficulty I went through was unimaginable. After my initial behaviors were dealt with, medications were soon found that slowly started to take effect.

What the kernel of what I want to get across to readers of this book is, is recorded in the poems, stories, and essays you will read, along with running commentaries I have added to try and shed light onto my state of mind. In the month I was in the hospital, my only outlet was to write poems. I had little intention of ever publishing them, or even transcribing them for a collection. I simply saw this as a way to express myself, a way to take all my troubled emotions and scrambled thoughts and get rid of them. Poetry has always been my salvation. I was using the one medicine I best knew how to dispense, self-expression, and I think it may have saved my life. After deciding to write this book, I realized that these poems give a very interesting window that can allow a reader to peer into the mind of someone who is in the midst of losing control of his or her own actions, thoughts, communications, and beliefs. I wanted to show that those of us you see walking down the street talking to no one (and not using a cell phone) are people who society failed to help despite the fact that our society has more than enough means to do so. It all comes down to a very dirty little five letter

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word that I have fought since my teen years when at fourteen I was sent to a psychiatric ward while still in junior high. That word is ‘stigma’, and it is deadly when you combine it with a mental illness. Thank you for opening this book. I strongly hope that when you read it you will come to understand and feel closer to possibly the most misunderstood and vulnerable segment of our population.

Leif Gregersen, July 2, 2019

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In my years as a presenter of information regarding mental illness for the Schizophrenia

Society, I have come across some incredible and interesting questions. Here are some of the

questions, and answers, when I was able to answer them:

- “When you say chronic marijuana use can trigger schizophrenia, how much pot are you talking about?”

-Female High School Student

This question was answered by an incredible resource we once had with the Schizophrenia Society, a student psychiatrist. He said that if you use THC every day and you are unsure about your own mental health in any way, you really should do your best to quit, and there is a great deal of help out there to do so and resources to contact. In the province where I live, addiction and mental health are both a part of Alberta Health Services.

- “If you see things and hear things, does that mean you have schizophrenia?”

-Male High School Student

After some conversation and exchanging of phone numbers, it was learned this young student most likely had been experiencing Schizophrenia himself and we were able to direct him to resources that could help, such as the Early Psychosis Intervention Clinic.

- “Of all the times you were in hospital, what was the best thing you had seen a nurse do?”

-Psychiatric Nursing Student, in University

“There was one nurse who made the effort to sit me down and talk to me at the start of every shift. She did this with all of her patients, for at least a full 15 minutes. Often this was the only conversation I had with anyone while in the hospital outside of occasional visits from my family, and it gave me so much more faith in the mental health system that, though it seemed cruel and punishing, was meant to help me as much as it possibly could.

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- “If someone is experiencing a psychotic episode in the middle of the mall, how do you approach them?”

-Female Mall Guard

- “Try to bring them to a quiet place where they feel safe, for example inside the double doors by an exit and speak slowly and plainly to them, repeating yourself when needed.” (Another hand goes up)

- “We have a very busy job here. We don’t have the time to deal with one person having problems.” (This person made it clear he felt we were wasting his time. To this day I almost wish that person one day experiences what it is like to have an illness and be treated like that).

-Male Mall Guard

- “Is it possible to love someone who has schizophrenia?”

-Female College Student

“There is no reason at all that a person with schizophrenia can’t form romantic relationships like any normal person. It is extremely important the person complies with treatment, but from that point on, outside of a bad day or a bad crisis, someone with a mental health problem can be considered as normal as anyone. All of us need love, friendship, companionship and compassion, regardless of diagnosis or non-diagnosis.

- “I have a friend and I think my friend has schizophrenia. What can I do to help him?”

-Young Person Later Diagnosed with Schizophrenia

“The best place to start is with a family Doctor. Try to get this person to go to one, and be honest with him or her and tell the physician what the sufferer is seeing and hearing or otherwise experiencing that is out of touch with reality. They should be able to refer you to a psychiatrist, which may take six months to two years waiting time. If this person is in crisis, and needs the safety of a psychiatric ward, get them to a hospital emergency room, preferably at the special mental health unit at the Royal Alexandra Hospital on Kingsway, that way, they will be seen as soon as possible by trained staff.”

- “How many people with schizophrenia commit suicide?”

-Female University Nursing Student

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- “The current estimate is that due to isolation and stigma, as many as forty percent of people with schizophrenia attempt suicide. Ten percent of people with the illness will eventually succeed. We prefer to use the term ‘die by suicide’ though, because we feel it is not the same as breaking the law or committing a sin, it is something that happens when a person is so sick they see no other way of coping. Considering one percent of the population develops schizophrenia, 36,000 people in Canada alone will lose their lives to the illness.”

- “When you came back to Edmonton and had to live in a shelter while waiting for a hospital bed, why didn’t your parents help you?”

-Female High School Student

- “The illness of schizophrenia destroys families. Over time my dad and I had done many things to each other that were cruel or spiteful and we hadn’t worked them out. The good thing is that seventeen years ago, he fought hard to help me recover. He would visit me every day in the hospital, and, when I got out, he would come and get me and take me for long walks in the river valley in Edmonton. He also made sure that I had a steady supply of very good books to read. That small bit of exercise, fatherly love and advice, and fresh air did me a world of good, and I am proud to say my dad and I are very close now, just like we once were in my childhood.”

I think the best way to begin my story would be to start at the end of it, showing the notes made by my psychiatrist as I was leaving the hospital. Then I will jump back in time and chronicle my long road away from mental health that just about ruined me.

DISCHARGE SUMMARY

ADMIT DATE: 30-Jan-2019

DISCHARGE DATE: 04-Mar-2019

CLINICAL HISTORY:

Mr Gregersen is a 47-year-old male who is single with no children and supported by AISH. He has an established diagnosis of schizoaffective disorder and is followed at the 108 Street Building by Dr [redacted] (Psychiatry) and currently has a mental health therapist named [redacted] who administers his long-acting injectable medications. This patient has several prior admissions to hospital but only remotely so. In my records I can see that he was admitted twice in 1997 and then once more in 2001 for what sounds to be a manic episode with psychosis. The patient was then well maintained as an outpatient for the intervening period until decompensating late in 2018 leading up to this hospitalization in late January 2019.

Over the past several years, the patient has been maintained on a combination of Epival, fluoxetine, and long-acting injectable Fluvoxol. For some concern about metabolic side effects and tremor, he attempted to switch his long-acting injectable medication to Abilify Maintena in late 2018. The patient received about 3 doses of Maintena in an attempt to crossover from Fluvoxol but unfortunately demonstrated a decompensation of his illness in that context. As the month of January went on, the patient became increasingly paranoid and distressed. This culminated in the week prior to admission with restarting of his Fluvoxol and staying at father's place. However, on the night before admission, the patient was up overnight and very paranoid and worried that there were people with guns outside the door and so on, and he and yelling down the hallway. Father called emergency medical services, and the patient was brought to the University of Alberta Hospital for assessment. He received medical clearance and then was seen by Psychiatry and admitted to secure unit, because in the emergency department at the University of Alberta Hospital, he charged at a security attendant and was demonstrating quite a bit of disorganized and disregulated affect and behavior.

Five long weeks, stolen from my life. At first, I was worried about looking at these, a funny thing happens when you get sick enough to be admitted to a hospital, you may do bad things, but for some reason

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a lot of it gets blanked out. What I can recall about being at the U of A Hospital was that while I was waiting, someone came in and described a brutal murder to the person at the front desk (this was either unrelated, or something my psychosis had completely made up through delusional thinking and hallucinating the conversation). I honestly thought I was the number one suspect. I believed this murder had happened to a young woman that lived in my building. Even getting a text from her while in the emergency left me suspicious, wondering if I was being faked out. When I was in the secure part of the U of A hospital, there were two young security guards outside my door and be it delusional or real, they kept talking about a person having to come and do a body cavity search on a prisoner, and all I could think about was spending the rest of my life in jail, and being on the verge of being violated, so I don't wonder why I may have challenged a security guard, I just wish I truly knew how or why it had happened. As it stands, I have no recollection of it at all.

As far as being at my Dad's place, while I was there, for whatever bizarre reason my psychosis bombarded me with false sensory input. I believed two men from my building were there at my dad's place to kill me and had a gun I could hear what they were saying (even though there was no one there) sort of coming from inside my head, but convincingly seeming to come through the door. But at the time I couldn't make that distinction. Soon they were joined by my best friend and a woman that manages my building who tried to talk them out of it. All seemed okay but then one of them changed his mind and said he wanted me out of Alberta forever and that the outlaw biker gang he belonged to would make sure I did so. For some time to follow I had made plans to go to Vancouver when my hospital stay was over, if I survived it.

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TREATMENT AND COURSE IN HOSPITAL:

Abilify Maintena was discontinued, and as I say about 2 days prior to admission, the patient had resumed his Fluanxol long-acting injectable. Given the long half-life of Abilify Maintena, though, one would expect it to take several weeks for that to clear from his system, and with the Abilify's higher affinity for dopamine receptors, the Fluanxol was unlikely to be effective for some time, and this proved to be the case. For about the first 2 to 3 weeks of his time here at the Grey Nuns Community Hospital, the patient did require the secure unit. His affect actually was settled, and there was no more violent or particularly disorganized behavior, but the patient continued to complain of "hearing voices" and overhearing people saying very negative things about him or his family. An example would be people would be talking on the phone, and the patient when hear them saying something along the lines of, "We are going

I was so lucky to have a doctor who was incredibly intelligent and really knew his anatomy and body chemistry, and to be such a nice guy as well. Previously, when I would go in the hospital I would try and keep my delusional thoughts secret. It was really hard, but I even told this doctor about my paranoid fears and things I thought other people were saying. In the last visit I had made to a hospital 17 years ago I had no desire to share anything with my Doctor.

All this hospital visit seemed to be about was one medication fighting with another for influence over my thoughts and actions, but the hospital had a lot more resources and policies that helped me work on the other parts of my life. Still, right up until my discharge, many of the things the voices were saying were extremely disturbing. I didn't just imagine my dad would be killed by people from my building, I thought people from my past and present and even people I had just met in the hospital were plotting against me.

Perhaps the worst of all of my delusions was regarding an ex-friend who used to be a DJ, and it seemed like he could speak to me and only me through the public address system and that he could control phone calls and people's actions, even make toilets flush without anyone being in the bathroom. At the time I had friendship with a fellow writer who was like a brother to me and another friendship with a young woman who worked at the university. The voices sometimes told me that the woman was being raped, and that my other friend had his child kidnapped by people who were trying to get to me. It was utterly devastating, but equally miraculous that I could come back from the brink in such a short

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time. Within a week of leaving the hospital, I returned to my job with the Schizophrenia Society, and gave a speech to a lecture hall full of university students. I had two other jobs that I had lost because of my incapacity, but, with diligence and effort.

Discharge Summary

to kill his father", and then he would feel the need to contact his father to assure himself that he was still alive. The patient also had a sort of a somatic delusion or notion that he "smelled bad" and that people were saying things about that and avoiding his physical proximity for that reason. In fact, the patient's hygiene was quite good objectively. Early in his stay, the patient was additionally supported with olanzapine 10 mg total daily dose, and Seroquel proved to be effective in helping relieve some of his anxiety, probably due more to their antihistamine effects insofar as, as above, the Abilify was most likely preferentially occupying dopamine receptors for the first while.

About 2 weeks into his stay, the patient was still fairly ill with paranoia and hearing voices, and so in discussion with other psychiatrists, I saw 2 options for this patient. The first would be to add lower dose clozapine. The reason for clozapine would be to work around the D2 receptor activity of Abilify Maintena because clozapine exerts its effect in other unknown ways and does remain our best antipsychotic. An additional reason for the use of clozapine is that the patient had some extrapyramidal symptoms from his longterm use of the first generation antipsychotic, and clozapine can be either replacement or treatment for that. The second option was to add additional oral Fluanxol in an attempt to at a higher dose hopefully gain access to the dopamine receptors that we think underlies this patient's psychotic illness when he is unwell. The patient was very hesitant to start clozapine and had the capacity to make this choice and opted instead for supplementary oral Fluanxol. I added 1 mg of Fluanxol p.o. b.i.d., and he remained on that dose through the duration of his stay.

At around week 3, the patient was transferred to the open unit having demonstrated increasing insight and much less paranoia and anxiety. He was on the open unit for about the final 2 weeks of his stay. Passes and privileges well. I had a family meeting with his father who at the time of discharge was in agreement that the patient was pretty much back to his usual self. The patient denied the experience of auditory hallucinations for the final week of his stay. He did sometimes still a little bit misinterpret other people's social cues and thought perhaps people were avoiding him because he still smelled and that sort of a thing, but it was not causing any distress, and the patient was able to express ambivalence over the matters wondering if it was just "my illness" instead. I discontinued the adjunctive olanzapine and Seroquel during the final week of his stay without issue. About midway through his stay, I should say that I increased his dose of fluoxetine just slightly sensing a bit of a depressive component to his illness. The patient went on a successful unaccompanied weekend pass prior to discharge. This was a good barometer of his wellness insofar as early in his stay, he was insistent that he needed to move out of the place where he lived and that he did not trust the people there and outside the building. By the end of his stay, the patient was much more relaxed about that and really wanted to go back to stay where he lives at the McCauley mental health building. He said he enjoys the sense the community he has there and likes the neighborhood.

MENTAL STATUS EXAMINATION AT TIME OF DISCHARGE:

At the time of discharge, the patient was a 47-year-old man who looked his stated age. He was clean-cut with a recent haircut and clean-shaven. He did have a slightly increased BMI, but not markedly so, and average height.

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I was soon able to build my life back up, but as I look back now and understand more of what I went through, I know that I will never be 100% again, and I sometimes suspect that I have gone through brain damage from that horrible experience.

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The whole problem with wondering if I smelled bad started when I worked one morning at the Psychiatric Hospital as a creative writing teacher, and then rode the bus home and was in constant fear that I was the target of insults and threats of violence from the other passengers. All I can recall about later being on the secure unit in the hospital was two things: I kept to myself and there was a guy there who seemed to have a strong desire to mess with people. For whatever reason, he truly had it in for me. I could go up and talk to him and he would be nice, would tell jokes and talk openly, then he would pull some stunt later or turn his back and insult me. One time he even knocked on my window and gave me the finger.

A lot of my time was spent lying in bed, staring at the walls, just trying to deal with depression, paranoia, and boredom. There is always so little to do in those places, especially if you don't watch much TV. I also didn't like interacting with people largely because when you are experiencing a psychosis like that, your mind is all over the place and you tend to be very hyper-sensitive to things going on around you. At one point, I called up a social worker in my apartment building and some news he told me about a fellow tenant's health sent my mind spiralling into fear because this was the same person I had believed was murdered. The facts didn't all add up, but in my suggestible state, it still was extremely disturbing.

COMPLICATIONS:

None.

CONSULTANTS:

Social Work.

MOST RESPONSIBLE DIAGNOSIS:

Schizoaffective disorder, bipolar subtype, most recent episode mania with psychosis, possibly with mixed features.

SECONDARY DIAGNOSES:

Noninsulin dependent diabetes.

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One of the things that amazed me about the hospital is that one tends to feel a bit like you are inside a fishbowl looking out. You take the pills you are given. You give your complaints to the doctor and your nurses try and motivate you to join groups, take on activities, but a great deal more than that goes on. You are in full view at all times from people who have spent their lives getting into people's heads. These people are highly trained and will analyse and discuss every part of your treatment. It is almost baffling to think of what these people know about you. How they were able to combine so many resources to give so many the help they require is a testament to the progression of humankind and science.

After my discharge, I was back in my apartment. It was an odd experience because suddenly I had to shop and cook and go about my daily business and I had a hard time adjusting to the fact that I had very little money left and was extremely embarrassed about having a breakdown for all to see. As I write this now, I have rekindled nearly all the friendships I thought I had lost. Each time you go into a hospital though, you sort of come home different. I have been getting a lot of headaches, I get tired a lot easier, and once again my weight is beginning to become a problem. But I wouldn't trade a year with these problems for a day in a hospital.

One of the things that a person has to watch out for is thinking you have enough knowledge to take the place of a trained worker in psychiatry. That sometimes happens when I walk through downtown Edmonton. I see people and I sort of think I can diagnose them. I think to myself: that person suffers from bipolar; this person has schizophrenia. I even think sometimes that I can help them, but sadly, these people have exhausted just about every channel of support in their addictions or mental health issues. I did have a chance though to work at a number of charity agencies through the Schizophrenia Society and another job teaching, and I honestly feel the best thing for these people is to not judge their addictions or situation, but to make sure they have what they need to get through each day and each frozen winter night and leave it up to them if they decide to get treatment for their problems, and also to leave their treatment up to the professionals.

One of the main things about seeing these people who are mentally ill and homeless is that few of these people loved and supported by family members. Mental illness destroys families. I can honestly say, though, that the bulk of the books I sell about mental

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health disorders and my own experiences living with them, are to people who have family members who suffer. People really care and really want to help each other. It may seem almost odd that a single 47-year-old man would need a sister, brother, father, and cousin so much, but, in all honesty, they make all the difference in the world. I've seen people sleeping out all night in bus shelters, having messed themselves, ragged and dirty, then when awake, walk down the street as they shout at mailboxes or strangers, tormented by their voices. When that stage arrives, the worst imaginable part of it is that they basically have to get arrested and put in jail to get any help, and in that situation, you are really given second rate care, possibly because you are considered a criminal first, and a person second.

One of the things I do with the Schizophrenia Society is give talks to the Police Recruit Class about how to deal with people with mental disorders, how to better understand them and not make them uncomfortable or unnecessarily humiliated. We also try and teach the recruits how to not escalate a situation that doesn't have to escalate. I would love it if one day they would have us go to jails and talk to the guards and staff in these places, it was my dad that told me so many of these penal institutions are full of people who desperately need proper treatment for a mental illness.

I met with the Chief of Police of Edmonton recently, and talked with him about the importance of bringing knowledge of mental health not just to recruits, but to all the Edmonton Police. He agreed with me when I said that this is a dire need in this case. With police officers, they don't just have to worry about dealing with mental health issues in the public, they have to deal with mental health issues coming from the person next to them in the patrol car, or even themselves. Mental illness takes many forms and shouldn't be faced in isolation. I think realizing that fact is something we all have to understand, no matter where we come from or what job we do.

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What follows from here onwards is poetry, essays, and clinical reports with commentary about the time before, during and after my experience as a patient in a psychiatric ward after being given time-released medication by injection that didn't work for some of my mental health symptoms.

Canada Day in Lion's Park, St. Albert, Alberta

The looming, fearful sun had risen some hours before I did
When I made my way to the park
Already the dew was evaporating and the warming yellow rays of light
Warmed each person's exposed flesh

There was much to be celebrated
The end of a school year
The beginning of a summer
Two months of freedom

It was the first of July
The birthday of our Country
As the grass dried and more people gathered
The cooling breeze of morning
Was replaced with the sound
Of sausages sizzling, the sight and smell, and the anticipation of nirvana
Manifested as pancakes which would soon be drenched in syrup

These celebrations had not always gone so well
One year we were rained out
And since my Dad organized these events
Our family got a crate of frozen hot dogs
To blacken and devour around our backyard fire pit
As we counted the stars, and the days until school would start
And uselessly waved away mosquitos
Knowing these happy times were numbered

As you waited in line for your meal, anyone who knew
The Lions members knew
Not just from how they rubbed their eyes

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And forced their smiles
Some of the celebrating had gone on the night before

But they were men, family men, hard working men
And braved the sounds and smells of the greasy pork sausages
And the demands of the boisterous kids
After all this was for charity
And they knew every kid thought it was the ultimate treat
To get pancakes soaked in that pleasing elixir in the big no-name bottles
Without mom around to make them moderate or put halt to second helpings

All day long
As the sun went high in the sky and burned the skin of so many
Ruby red and dotted with the occasional insect bite
There was joy, fun, smiles and screams of pure bliss
Catching the greased pig
Three legged-races run as the runners who fell
Seemed just as happy as those who won
Joy permeated every heart, every soul
Every corner of Lion's Park

We ate and played, screeched and ran
While ice cream sold by juvenile delinquents
Stained our shirts space-sickle blue

We made ourselves just tired enough
So that as the great and loving sun
Dipped down below the brilliant
Reds and oranges of the clouds
And the calm blue sky around it turned
Black and filled with stars
We were ready for the fireworks
To begin

And as the sky exploded with flames in varying colours
I saw her, my childhood crush

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What a sweet girl she was
Now just a memory
But then decked out in skimpy summer gear
More beautiful than a bough of lilacs in summer glory
The day was perfection
And when I went home to where my mom and dad
Fed me and clothed me and cared for me all I needed
Things made sense and stayed that way
For at least another six summers.

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Beverly

I sleep in the living room now
Spend most of my time here
I do have a bedroom
With a comfortable bed
Softer and larger than my futon
Made for guests that you don't want
To stay on longer than needed

I don't know if I ever explained
The bedroom is where she passed;
Where once was a full human being with a mind
Eyes and ears that worked, hair that was going grey

And now is but a memory
And a ghost

Her last word was my name
What was I supposed to do?
I went in to see her
I saw the life drain from her
Called the paramedics to save her
But they couldn't do it
So why should I have been any different

I know, I'm a sap. But I like camping out
In my living room eat watch think sleep plan mope
I own this space I own the bedroom too
But possession is 9/10 of the law

Beverly. She is like a roommate
One you like but who isn't that so close as
Two friends could have been

As I sit here reading; now ten years hence
In the back of my mind

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In my most meagre of thoughts
I have an awareness she is on my bed
Which has two soft pillows
And the duvet of my dreams

Even now, ten years hence,
When I hear that word
My name; my name
Whisper in the winter wind
Or the midsummer rain

I hear it.

When a harbinger comes like a crow
From a crow, or in mornings
When the TV makes a similar sound
When I'm reminded she's there
And that she is gone

One word one name so little time
I went in to see her; saw that she wasn't breathing.

I called for medical help, they did not understand
Why I was indifferent as my mother lay without breathing

She had only been with all of us for 63 years
That sadly seemed to have become many years of suffering, pain.

So now for my penance I let her keep the bedroom
I would never be able to get up from that bed
On cold winter mornings wrapped up from the cold
Sleeping the sleep of the holy or that of the dead

It has to be better
Than the senior's home where she was destined
Just before she went somewhere else.

63 years, a blip soon forgotten

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But I know; I remember
As I sit with my book
Knowing the word
That brings her through heaven
Slides her through time
To live in our hearts
But be gone in our minds
For a moment she's back
For a moment I am
No longer alone
And my family is all fine

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Travel Down into the Valley

January 12, 2019

The voices somehow know it when I close my eyes I lose it
And as my head rests upon the pillow friends arrive not kind or mellow
Some are taunting, some are hateful, yet still I must stay faithful
It's a sharp and sloping downward road when you lose your mind

In the first steps down the drain into the realm of the insane
You're rested and sure-footed, it seems everything will be easy
But the further you go forward the harder it becomes you all know it
And you soon realize all those who care about you were left behind

Upon arrival in the alley everything seems good but no golden valley
Treasure chests of recycled items, every kind of food just don't smell
them
Soon you will expose the fruits have long since turned filthier than your
clothes
And when you made this deal for your soul you got burned

A part of you, perhaps just your heart will stay in the sinner's dart
In truth and in reality, your real life will not be quite a person's cup of
tea
Rooting through the bins, of waste praying forgiveness from the saints
And what you need for salvation is harder to come by than cash

Simple things like clean clothes, a shower, and a doctor
Could solve so many homeless wanderers from a life of loss and pain
But nowhere in this world of vagrant homeless do those in power know
this
You need to solve deep-rooted problems, not just the present situation

While a never seen grandfather former iron worker

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Tries to numb the pain with liquor
With a sign for collecting change from strangers
As he navigates ten million hidden dangers

One day his loved ones may end up seeing
He was just a flawed and broken human being
A vessel with all the same feelings
A homeless person loved by God but no one else

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Recovery Poem

Ofentimes I will forget
The things that brought me here
To the place where I have no more feelings
I've been hurt just far too much

I don't want to sound like I'm complaining
There were so many awesome times
And love that still lives on in me
Will never go away

A few years ago, I lost my mother
But still have my loving dad
And a wonderful amazing brother
Who is like a mirror twin

I have to say I've lost some friends
For reasons that seem so trivial
Maybe they feared my mental illness catching
Or that I was making an excuse

My illness is a real thing
That kicks the crap right out of me
And it takes every bit of courage
To keep on walking mental hospital free

And then there are those who understand me
Those who care and those who help
It's just a few disturbing incidents
That torment me endlessly

Summer, 2018

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Harm Reduction

A street performer I passed a thousand times
His red guitar, accented by sparkling grey-green eyes
Always he had a smile and nod for me
But for most of his years he wasn't free

This man I knew as Jerry wasn't tall or short
His face just another one among the city centre tumult
If you stopped to talk and shared a word or two
You could see the pain he tried to hide from you

He was paranoid, afraid of what others feel are tiny things,
A bed bug, a spider, a horn, a child who screams.
Jerry was forever looking ahead and above for any danger
From the biting cold or an unknown desperate stranger

No one understood why he went to bars at all
He would sit with his cheap draft, back to the wall
I knew with his thick arms he would never hurt another soul
Though hurting those who cared for him seemed his goal

He lacked possessions but his guitar, slept outside
And his age was a secret he held with pride
He looked fifty at least, but was really thirty-five
Though it seemed to him a hundred times
He had lived his life, been reborn and died

Once in November, he was on my mind a lot
As the cold of winter began an early onslaught
All too many homeless people would lose limbs or die
I had to help him in some way that poor lonely guy

I found him, but somehow his situation lost its charm

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When I saw him guide a hypodermic needle into his arm

When he pushed the solution into his vein
I could tell at once he felt no more pain
It seemed for a few short moments, gone was the past
But with the memories that made him sick it didn't last

I stood and watched him, as he overdosed
His saliva coming out his mouth and nose
He went into a seizure,
I had no idea what to do or who to blame
I screamed and ran for help, but no one came

So, my friend with the twinkle in his eyes
Because of society's daily ignorance met his demise
I went to his family, and was allowed
To plan his service, and I soon found

He had struggled many things since his early years
As I read and talked about him I cried real tears
There had been so much abuse done to him
I no longer saw his death as an unforgiveable sin

If there had only been some possible way
To help, to care, to shelter, feed, and pray
I might have felt so much more of a victory
And I could go on seeing my friend smile at me

Glossary of psychiatric and medication terms:

These definitions may help you understand the recovery process and a small part of how medication works. In almost every case of mental illness I have heard of, medication is the essential key to managing a severe mental illness. This list was formed from rough experience rather than from any actual academic or professional training.

PRN: Patient Requested Narcotic. This refers to pills that a doctor allows you to take, up to a certain amount specified per day or week. At the time of my hospital admission in February, I was allowed up to four PRN doses of 0.5mg of rivotril, also known as clonazepam, a drug in the same family as Valium but newer. Mine was intended (and worked very well) as a sleep aid but limited to only 4 per week to avoid addiction. When I had a lot of commitments, like the classes I was teaching, I would take my maximum PRN clonazepam to get some sleep before work, and on other days toy around with things such as a liquid antihistamine, which has been known to have the positive side effect of reducing nightmares (at least in the case of me and my mom). I was also taking medications like anti-nausea travel tabs, but not all of these pills at once in hopes that I wouldn't get dependent or develop a tolerance. I would avoid taking them as much as possible, but I have some suspicions that these medications could have made my psychosis worse. There certainly is evidence that using sleep aids contributes to memory loss and results in less "Rapid Eye Movement" or REM sleep which can make someone not feel rested even after a long sleep.

Fluoxetine: This was my anti-depressant, which, due to cost cutting in medical services coverage allowed people on my disability pension, was a least-cost alternative to Prozac. In my opinion, there was no difference between the two, this was a very effective medication for both depression and anxiety. I believe I was taking a 40 mg dose every morning of this drug. I would take it early in the morning, then, if I could, I would go back to sleep. I am not sure why, and this hasn't been the case for everyone, but the medication seemed to give me the effect of having incredibly pleasant dreams, and though popular culture may say otherwise, didn't leave me a grinning idiot. It did keep me from some of the more severe symptoms of depression and I suspect was a help with my anxiety. All of my Doctors had to be extremely cautious

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with this drug as I suffer also from symptoms of bipolar disorder, and anti-depressants can shoot a person into a manic state. Being in a manic state is like being a high-speed train off the rails. You lose your grip on reality and your mind and your senses are all going a hundred miles an hour. In the hospital, I had such severe depression that my Doctor raised my dose to 60 mg per day. My mom had severe depressive symptoms when I was younger, before miracle drugs like Prozac were invented. I will never forget the pain I felt watching my beautiful, strong, caring mother kicked to the curb in her prime because of a small chemical imbalance in her brain causing her to experience debilitating depression. This would have been me without the fluoxetine/Prozac.

Epival: This is a mood stabilizer that comes in many forms and has many names. I always knew it as Depekane. I have heard it called Valproate, Valproic acid, Depakote, and other names. Some of the symptoms can include hair loss and cataracts. The drug was originally used on patients who had epileptic seizures, and was later found to work well as a mood stabilizer. Though this drug doped my senses up, it allowed me a greatly improved quality of life. All of the other options of mood stabilizer had been tried and were unacceptable. It is interesting to note that a good deal about mental illness was learned from people with epilepsy. In the early 20th century, a group of people with epilepsy and also a diagnosis of a mental illness were studied and it was found that after they had a grand mal seizure, their mental state seemed to improve. This sparked further scientific investigation into how induced seizures would help non-epileptic people with mental health issues. Many methods were tried, some of the more barbaric being induced insulin shock and electro-convulsive therapy, or ECT. ECT is still used to this day, and it is one of the faster, more effective treatments for severe depression. It is also known to play havoc with memory.

Fluanxol: This was the antipsychotic medication I was taking every two weeks before I was switched to the new medication that caused me to experience a relapse of my symptoms of schizophrenia. Antipsychotic medications effect the process of nerve to nerve communication, (nerves shoot chemical information from one to another at lightning speeds using something called ‘neurotransmitters’) which becomes abnormal during psychosis. My Fluanxol, (which I am back on now)

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seems to work perfectly for me. I suspect it has a side effect of making me crave food which is possibly why I went as high as 262 pounds (now 230). My other medications could also have been a factor, or even possibly the combinations of other medications along with this one causing unexpected side effects. I do experience shaking hands which may again be due to this medication, others, or a combination. I hate having the shakes, but it is better than insanity.

Paxil: This was the anti-depressant I was on prior to Fluoxetine. It was effective, but there were negative side effects I didn't realize I had until I switched to another medication. This is one reason why I feel every person with a mental illness should keep a journal, so that they can track their symptoms and moods, not just to predict relapse, but to monitor how their medications are working. This can later be shared (or at least a summary of it) with your treatment team. All but the most severe side effects should never be taken as a reason to stop a medication. The most serious of the problems with stopping Paxil for me was withdrawal. When you take a medication for a long while, you can literally get addicted to it and you can experience severe symptoms when you stop it. I went from Paxil to Fluoxetine without tapering off the Paxil first and I felt so ill, I tried to have myself admitted to Alberta Hospital as a voluntary patient. One symptom that went away when I switched to Fluoxetine was impotency. It seems there is really nothing that mental illness can't take from you, including your life. But the good thing is that new medications come out all the time, and, as a rule, seem to work on the more troublesome symptoms better, with less side effects.

Metformin: This is my newest pill, and I am not 100% sure how it works. For now, it seems to help stabilize my blood sugar levels, and manage my diabetes. It is scary to think sometimes that diabetes takes on average 12 years off a person's life expectancy. My diabetes is most likely in part due to my extreme hunger cravings (a side effect of my other medications) that caused me to gain so much weight.

Abilify: Abilify was the new medication I was on, which, after being mixed in powder form with a liquid, was injected into a muscle in my shoulder. It had a reputation of being more effective and having less side effects than the Fluanxol, but sadly in my case it didn't deliver.

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There are so many ways of trying to figure out why it didn't work. Every person has different body chemistry, and then when you combine that with other medications there are thousands of possible combinations, of which perhaps only 2 or 3 will have undesirable combinations, I just seemed to have had bad luck.

Nicotine: This is one of the more favoured drugs of choice for people with schizophrenia. I am not sure about now, but not long ago, it was discovered that half of all cigarettes are sold to people with mental illnesses. This is not surprising when you learn that nicotine is known to react with some of the same neuro-transmitters that many psychiatric medications do. During an earlier hospital stay, I was a smoker, and first thing in the morning I would watch TV, waiting for the time that smoking was allowed. Before my first cigarette, the TV would be talking to me, I would be totally on edge and near to freaking out. After two or three cigarettes, I calmed, the voices calmed, and all I can really say is that I felt more human. This of course made it ten times harder to quit smoking, but still, I was able to and now have been smoke-free for 15 years. I accomplished this worthwhile goal by seeing a psychiatrist who specialized in addictions, joining two support groups, visiting a counsellor, and I even met with a pharmacist who showed me how to properly use the gum and patches. Without all of this help, offered free from the clinic I went to, I would likely have died of some tobacco related illness by now.

THC: This is the active ingredient in popular so-called 'soft' drugs like cannabis and hashish. It is mostly smoked, but can be taken in pill form or baked into brownies or through many methods of delivery. Many people consider it to be a harmless drug, while others believe it is a gateway drug to worse recreational pharmaceuticals. All that I really know is that if you have a family history of mental illness and you use THC on a regular basis, you increase your chances of having an illness with psychosis by as much as forty percent. There are no hard and fast ways to determine if you will have the illness, even genetics. For example, if you have an identical twin with schizophrenia, your chance of developing the illness is only fifty percent. At this time, cannabis use and cultivation is legal in Canada within very strict guidelines.

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Caffeine: This is a very popular drug, often used to keep people awake and alert. It has such a potent effect on those with a mental illness that nearly every psychiatric ward distributes only decaffeinated coffee. Some time ago, I was addicted to coffee and cigarettes while unemployed and living in a group home. I would wake up and crave both so badly that I couldn't get back to sleep without consuming some. Fortunately, I have been able to kick the habits of coffee and cigarettes. Coffee did another number on me, it would give me extreme diarrhoea which, when added to my Depakote, caused a great deal of shame, guilt and embarrassment.

Lithium: Lithium is an interesting drug. It is known to be a type of salt, I am not sure what that means in geological terms, but taking it has been known to miraculously end people's bipolar symptoms. In the early stages of my illness, I was put on Lithium, and it worked well. The main problem was that when taking it, my hands shook so badly that I couldn't keep up with my school work. Shortly after being released from the hospital on my return to Edmonton from Vancouver at age twenty, I was in a physical relationship with a young woman and as a result, in hopes of being able to perform better, went off both the Lithium and another drug that was supposed to help with my psychosis. It took a while, I was, for a time able to lie to myself and others and deny I had an illness, but within a year I was full-on delusional and hallucinating again, and hallucinating most of the same things. Before that hospitalization, which occurred after breaking up with my girlfriend, I went into an extreme depression. All I really remember about that spring when I was off those medications was getting a job at a carwash to save up for a computer. I did this successfully and the rest of the money I made went to cigarettes and alcohol.

Tegratol: This, medication, like Depakote, was a drug used for epileptic seizures. I was put on it the summer after being admitted to the hospital when I went off Lithium. Tegratol caused me to become extremely restless, unable to sit still comfortably for any length of time. I had a book of short stories, and I would pace around until I was exhausted, then read the shortest of the stories I hadn't read yet, then go back to pacing. I had the idea in my head that no matter what the state I was in, I had to advance my knowledge and analytical ability in some way, and

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to force myself to concentrate no matter how difficult it was. I am very glad I did this, because if I hadn't spent all the time I lived alone and was dealing with mental illness reading all the words I could, I never would have become a writer. I do remember trying to explain to a doctor that the Tegretol was causing me to feel restless and pace, and that I had a knee injury made worse by this symptom. He acted surprised and told me there was no way a psychiatric medication had ever harmed anyone's knees. It was so hard to feel good about myself back then when all I knew was the isolation of my apartment and the confinement of a hospital.

Imovane: This pill is often called the 'little blue football.' I have heard it called a 'hypnotic' and a 'blue angel' as well. It is an extremely addictive sleeping pill. I try not to take sleeping pills, because they wreak havoc on your short-term memory, but I was on this one for a while. It took a lot of effort and determination to quit this pill, I would try going without it for a while, I would try breaking it in half. It was even recommended that I take an emery board and shave it down a little each day to wean myself off of it. I did manage to stop taking it, but I still sometimes use over the counter sleeping medications. I can get more effective sleep-inducing pills for free through my disability drug plan, I just somehow feel more safe buying OTC medications. When a doctor, especially a psychiatrist, prescribes a pill, it is important to remember that he or she has a great deal of knowledge. I know for a fact they don't always give you pills that are good for you. They give you what has the most chance of helping, balanced against a number of factors that they don't always discuss with the patient. For example, a medication for heart disease could destroy a person's liver in three to five years, but the heart disease may kill the person in six months. In my case, a sleeping pill may end up being addictive and ruin my memory, but without sleep my quality of life would end up being very poor.

Haldol: This is a medication known as a major tranquilizer. On my early visits to the psychiatric hospital, there was a reward and punishment model developed. Among the most common punishments was to beat up a patient, slam them face first on the ground, hold them down and administer Haldol or whatever major tranquilizer they have handy

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through forced injection, usually in your bare ass. Then they would often throw you violently into a seclusion room. When I was 18, I don't know what they were giving me, but the shots often caused me to be completely immobilized, paralysed, and caused some of my muscles to clench up. It was absolutely barbaric. I recall one time right after one of these injections my neck got some kind of kink in it that caused my head to be pulled down to one side as I sat on a bed in a dark room where I had been left alone to ponder the incredible pain of being ripped out of the community, school, and home I had grown up in, away from anyone I knew, without even use of a phone, and for the most part never to return to anything like the life I had before. I have been given injections for such offenses as: tapping keys on a piano, asking a staff member to not play the guitar because I was upset even though he was supposed to be working, not playing guitar. One time I was given an injection because a female nurse slammed a door in my face and ignored me after I tried to patiently wait to ask a question. It often seemed they wanted me to be there until they were able to break me, but there was no reward when I ended up broken aside from having to spend the next years desperately trying to rebuild my damaged outlook and emotions and desperately trying to find ways to keep from wanting to die.

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In this next section, I want to share with you the time before my ‘breakdown’ when I was being seen at a psychiatric clinic by a nurse and psychiatrist

| Progress Notes | | Leif Norgaard Scott Gregersen | |
|--|-------------|-------------------------------|-----------------------|
| Progress Notes Info | | | |
| Author | Note Status | Last Update User | Last Update Date/Time |
| | Signed | | 9/8/2018 10:23 AM |
| Patient IDs | | | |
| ID Type | | | ID # |
| ENTERPRISE ID NUMBER | | | |
| PHN/ULI | | | |
| Progress Notes | | | |
| I saw Leif on August 7th. He is stable. There has no been no relapse of his bipolar disorder. He is balanced, coherent, busy teaching at Alberta Hospital Edmonton, and continues his writing. He asked some details as to why I went into psychiatry, which I helped him with in relation to his writing. | | | |
| His diabetes is controlled on Metformin, and he is due to see a dietician. He is agreeable to trying Abilify, and I started him on 5 mg today. I will see him in October with a view to ensuring that it agrees with him. If that is the case, I will put him on a depot and discontinue his fluaxol. | | | |

August. What an amazing time of year that was for me. I had gotten a fantastic job in June and was very content with my subsidized apartment. The writing and public speaking work I was doing, and my exercising made me feel on top of the world. My Doctor was a good one, among the best. I had been his patient off and on over the course of 28 years. When my previous Doctor retired, he told me that this doctor was the one he would want to take care of a family member if they had a mental illness. He was kind, supportive. He would even buy a book off of me when I came out with a new one. Little did I know a living hell waited for me just around the corner.

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Summary: Leif in today (Sept 4) for scheduled injection.
Groomed. Open to conversation.
Not voicing any concerns to me. Presents as stable.
States he is going to do more talking/teaching about his writing at various places.
He is very pleased as really enjoys doing it.
Briefly discussed with him about going on another med for monthly injections.
Is still a little unsure if he wants to change but will be discussing same with Dr. at appt in
October.
Cooperative to injection and aware of next injection in 2 weeks.

Next injection September 18, 2018

So many things were going well. I was spending a lot more time with a very special friend, and I was also doing many things with one of my dearest friends and his son. I had a lot of time on my hands and I was able to do the things I liked, reading, taking pictures, and writing stories. Work was slow with the Schizophrenia Society, but I knew things would soon improve. At this time, I was curious and somewhat reluctant about why they wanted me on this new medication. It seemed to help with some of my thoughts, and lower my anger levels a bit. Still, it was an unknown factor. I wonder now if my Doctor had known the possibility that it might not be as good as the previous medication, but that would be extremely out of character for him. It almost seemed sometimes being in and out of the mental health system over the years that I was sometimes treated like an animal who has to take what was good for him with no arguments. As I look back, I suppose I didn't leave my psychiatric caregivers well enough to expect any better. Still, I tried to stretch out the date for the new medication, mostly because I was still in an adjustment period with my Metformin. It was making me weak and have poor balance, and also made me very jumpy. I have wondered a few times one medication may have messed around with the other, causing the psychosis.

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Summary: Leif in for injection as scheduled. I had phoned to remind him a he did not come in early as he usually does.

He thanked me and stated that he doesn't know why he is forgetting to come in. "I usually remember."

States he is feeling well. Had a very good visit with his sister and niece who were here for a week visiting from Toronto.

Says he enjoyed talking to his niece who is now 14 years old. Last saw her a number of years ago.

Is working on his writing. States he is going to work on his first 2 books to "fill them out" and do some editing and then

wants to look at getting them published. Not sure how to do this but has a friend he can ask,

Telling me he had some of his books displayed at Audrey's Books. They had called him after a few months to pick up the ones

that had not sold. When he got there they had a cheque for him of over \$200 from the books that were sold. He was very pleased with that.

I was feeling on top of the world at this time, but also many stressors were coming my way. I have been told that a writer must develop a thick skin. I did, and I needed it because the only independent bookstore in town that sold new books called me up and said I had to come get my books, that they weren't selling, not to mention the fact that my short stories and poems were bringing me a long list of rejection emails nearly every day. I was fortunate to have my best friend who is a multiple book bestselling author and film maker show me many ways in which a writer supplements his income with things like teaching and giving speeches, which I was able to do. The problem was that I was beginning to save up quite a bit of money and went into the beginnings of spending all of it and much more that ended up as credit card balances. Having my sister come from Toronto was wonderful, though her and I argue, she has been a huge role model and inspiration to me since I was a child. Having my niece here was even more amazing because she is to me the child I never got to love, to spoil, to care about. The notes continue:

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Discussed with him starting on another injection that would be monthly. Stated he would be discussing this with Dr. [REDACTED] in October.
States he has been taking the oral Abilify to see how he reacts.
He has felt a little different. Doesn't feel as edgy, he is sleeping better and his concentration is a little better.
Sometimes he is a little unsteady but doesn't know if it is from the Abilify or from the Metformin he has also been started on.
It is not a real issue but will discuss same with Dr. [REDACTED] and decide if he will go on another injection. "This one has worked for me for a long time."
Cooperative to injection and aware of next injection in 2 weeks.
Spoke to his father on the phone while in the treatment room and planning to met him for coffee at Bonnie Doon.

Next injection September 4, 2018

Summary: Leif in for scheduled injection. Groomed and dressed for the weather.
Polite. Open to conversation. States he walked here today.
Has been doing a lot of walking and swimming.
Is feeling motivated to do same.
States is feeling good. Not voicing any concerns to me.
Busy with his writing. Is starting another book.
Is now more seriously thinking about changing his injection to a monthly one and will discuss same with [REDACTED]
Dr. [REDACTED] at his next appt.
Admits that the oral Abilify does seem to help him as he is not as irritable and "I don't snap at others like I use to."
Cooperative to injection and aware of next injection in 2 weeks.
Is aware I am retiring and that he will be seeing another nurse.

I can't really explain fully why I had a change of heart about going on the new medication at this point. It seemed I was well enough to see my nurse every month instead of two weeks. I had become accustomed to the Metformin and was losing a fair bit of weight. I liked

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the idea of my metabolism going back to the earlier days when I could eat all I wanted and exercise little. These two fallacies nearly ended my life.

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Summary:

MSE: Life arrived early for his appointment with writer and his appointment with Dr. [redacted]. Dressed appropriately for the weather with no apparent hygiene deficits. Leif was polite and cooperative, easy to engage. Speech volume and rate was appropriate. Leif was alert and oriented x3. Affect was euthymic and reactive, he reported feeling "good" when asked by writer. Leif denied any concerns with symptoms at present and was not voicing any delusional thoughts or responding to unseen stimuli.

Writer offered to see Leif before his appointment with Dr. [redacted] as he arrived early. Leif politely asked to see his doctor first, as he was hoping to discuss medication changes with him. Writer spoke with Dr. [redacted] after Leif's appointment and confirmed that his injectable medication was changed to Abilify Maimena 300 mg every 4 weeks. [redacted] also printed off requisition for blood work, which writer passed on to Leif. Writer confirmed that Leif was agreeable to same. First dose was wasted, aspiration revealed that writer had injected into a vein. Second dose to right deltoid was tolerated well.

I wish I knew what "alert and oriented times three" means. It seems to me it was as if I was being reported as going a mile a minute or something. This note was from my new nurse, as the previous one had retired. She is a younger woman who is very friendly and fun to talk with. I didn't want to admit it, but the injection she gave me was excruciatingly painful. It was odd to watch. She had to mix up some white powder with water or some fluid, fill the needle and then try and get it into the muscle on my shoulder. I had noticed that, when my arms were in good shape and muscular, the pain was greatly reduced.

Regardless, by this time, I was just starting to go into a psychosis and getting extremely paranoid. I don't know if this had happened yet, but one of the things that did was that I seemed to be able to hear my neighbors through the wall and I thought they hated

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me and wanted to kill me because I was too noisy, even though I had never gotten a single noise complaint. I started moving my TV, crackers, and tins of meat into my bedroom and left only when I had to. People knew something was wrong, but none of them really knew what to do. It is a regular occurrence in my building, which is mainly meant for people with psychiatric disabilities.

and Leif denied any discomfort with same. Writer and Leif discussed Leif's the books that he had written and a mutual appreciation for comic books. Leif reported that he hasn't been concerned with symptoms as of late, stated that he has had some feelings of dizziness and restlessness. Writer discussed side effects with Leif and encouraged him to call should he have any questions or concerns.

Recovery Plan Goals Addressed:
Mediation management.

Next Appointment Date: 30-Oct-2018

Time: 0945h

Alert and Oriented X3

Summary:

MSE: Leif arrived late for his appointment, having called writer to notify of same. Dressed appropriately for the weather, and with no apparent hygiene deficits. Polite and cooperative, easy to engage. Speech volume and rate was appropriate. Alert and oriented x3. Affect was euthymic and reactive, reported feeling "good" when asked by writer. denied any symptoms when asked by writer, was not responding to unseen stimuli, and was not voicing delusional thoughts.

Leif received his depot from writer, denied discomfort with same. denied concerns when asked by writer, stated that things are going well. Reports no concerns with his medication change, stated that he feels a bit more tired as he has difficulty staying asleep through the night, but reported that taking the clonazepam PRN has been effective for staying asleep when needed. He also reported that he has started a new job at AHE teaching creative writing at the library and that he is enjoying same. Leif also excitedly told writer about an instructor at the U of A who gave Leif his comic book collection in the hopes that "someone would enjoy it".

I don't know for sure, but there are two possible explanations to this record. One is that my old medication was still working on my symptoms, and the other is that it wasn't well at all, and I feared the stigma and incredible privations of being sent to the local psychiatric hospital just after getting a job there.

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Progress Notes

I saw Leif on December 18th. He called saying that things were not going well. He had missed an appointment last month because of his busy volunteering schedule but tells me that he is noticing that he is somewhat more paranoid over the past couple of weeks and is perceiving things, thinking that people are talking about him. His mood is bright but somewhat anxious and he feels that he might be slipping.

He is now on an Abilify injection, and I suggested going back on 5 mg daily orally to supplement this. I have asked him to have a serum Epival and shall see him again in the new year when I will look at his need for clonazepam and benztropine.

This all seems so wrong. The saddest part is that, during Christmas, which is the time when a great deal of suicides and other problems regarding mental health occur, the mental health profession does its best to take a break (which is understandable). It needs to be emphasized that my doctor did nothing wrong, has been (and continues to be) an excellent psychiatrist, but I was simply not functioning well enough to get done the things I should have. If I hadn't missed my appointment, if I hadn't later gotten my injection before discussing it with him, I may have avoided much pain and suffering. It scares me to look at this and think that a medication was practically killing me, and the only way it could be treated was by giving me more of it. Of course, I have never been to medical school, but I often wonder if my previous doctor would have changed a medication so key to my mental health while it was working extremely well. I also wish all this had happened in a better time than December. I am reminded of a cartoon I saw once that showed a sign that read, "1 day since a work-related fatality". Seventeen years, ten books, and most of my adult life, couldn't arm me with the knowledge to stay mentally well.

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Summary:

Leif came in to the clinic and asked to speak with writer regarding his medication. Stated that he is still feeling more paranoia since the switch to the Abilify, says that he feels that people are talking about him when he overhears conversations. Discussed reframing and plausible vs possible with relation to his concerns. Discussed distraction techniques and breathing techniques to lessen anxiety. Writer mentioned CBT information group and Leif expressed an interest in same, writer sent in referral for same. Writer encouraged Leif to continue to express his concerns to his doctor, Leif agreed to do same.

Leif thanked writer for discussing his concerns.

Recovery Plan Goals Addressed:

Medication management.

This new nurse was cool. She had a great deal of knowledge of psychiatry, and was helping me immensely, but it just wasn't in her job description to converse with me for the hour a day that I may have needed to get through my crisis. My brain was off the rails and headed down a mountain. In the end, in her opinion, as is my opinion, was that everything rested on the medication. I just didn't know what to do or how these things worked.

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Progress Notes

Adult Community Care program
108 ST Nursing Assessment

Date: January 22/19
Time: 1140

Height: 5' 10"
Weight: 234 lbs
BP: 147/104
Waist circumference: 44"

ABSCATT

Appearance: Good, hygiene intact
Behavior: pleasant and cooperative
Speech: clear and coherent
Cognition: intact
Affect and Mood: stable
Thought Processes: ongoing paranoia
Thought Content: ongoing paranoia, thinks that people are staring at him, asked me if he looked like a mental patient

Psychiatric Risk Assessment

(History of risk, objectivity, perceptual disturbances, protective factors, future orientation, destabilizing factors, drugs/ETOH intoxication/withdrawal, suicide, homicide, impaired judgement, impulsivity, thought content/disorder)

Suicide: denies
Homicide: denies
Impaired judgment: no
Thought content: as above

Other: reports he attended RAH ER on January 18/19 due to paranoia.

This was it: everything was down to the wire. I had sprung a leak. My thoughts and ideas were delusional and increasingly paranoid. I was insane, and everywhere I went I kept hearing voices of extreme criticism while delusions were running wild in my head. I was still working, but just barely coping. Even when I answered the phone, I feared people next door could hear me and I would hide under blankets and a sleeping bag. I don't honestly know how I made it through. Maybe the worst of it was meeting a very special friend at a restaurant and

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getting so paranoid and defensive I had to leave before we finished. This was hell.

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Progress Notes

I saw Leif on January 22nd. He has had a rough month. The paranoia has persisted. He ended up going to the emergency department on Friday and spent a couple of days with his 81-year-old father, where he felt calmer and was able to sleep.

He has been feeling anxious, stressed, and paranoid; although, he has partial insight into this, but there is no suicidality. His mood is low as a result of this. He has been taking the aripiprazole oral supplement. He had his aripiprazole needle today. I have increased his oral to 15 mg daily. I will review him again in the next couple of weeks. He may need to go back on fluvox. It has been 17 years since he had a relapse prior to this. I gave him a prescription for prn clonazepam.

What happened next was to say the least excruciatingly disturbing. That night, January 22nd, I was bound for disaster practically before the sun even set. I got a ride to the clinic and the above was the result. I went to stay with my dad and had strange ideas in my head that had convinced me two men from my building had a gun and were outside my dad's door wanting to kill us. I thought they had a person there who was able to hack into computers and could see everything on my phone, so I thought I couldn't even call for help. I was in the most frightened, desperate situation of my life. When my Dad put his foot down and said he was calling the police, I was relieved. I felt my life had been saved, and that I wasn't going to die that night. The voices from through the door stopped, but I remembered the threat I heard so clearly. "I want him out of Alberta."

Two police came and it turned out I had given a presentation to one of them at the recruit college through the Schizophrenia Society. Both of the officers were friendly and understanding, and I was very glad to see them and felt talkative and not paranoid in the least. Still, I insisted they escort my dad back to his suite, and then, fully cooperating, I got in the ambulance and the paramedic was extremely kind as well. He talked to me about his time in the military and the life of an EMT. Then when I got to the hospital, my paranoia and delusional thinking went out of control. I honestly believed I smelled so bad people thought I had crapped myself and begged a desk clerk for a gown and tried to

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clean myself and change in the washroom of the emergency department. There was just one small piece of good news: they sent me to the almost new, very nice, very well staffed and well kept up Grey Nuns Hospital instead of the full-on psychiatric hospital; Alberta Hospital Edmonton.

What follows is one of the first poems I composed in the hospital. I was full of fear and confusion. One of my worst delusions was that I was a suspect in a murder so vile and unforgiveable that I would spend the rest of my life in jail as soon as I left the hospital.

I couldn't get in touch with my best friend. In fact, I had delusional thoughts that he no longer wanted anything to do with me. All I seemed to have was one friend who I really cared about. It was a young woman who was incredibly kind, sweet, and charming. I had known her about three years and cared for her a lot, but I understood her and I would likely never be compatible romantically. This girl was everything. She was fun, intelligent, and often sang my praises and got me fun jobs at a music festival she worked for. One time the subject of Archie comics came up and she told me she always liked Midge because she was the only girl in the comic series with short hair. In a state of severe psychosis, I felt compelled to write, but all I seemed to be able to write was short poems on some pretty simple themes like love and travel and such. It cost me \$9 for a small pad of paper that I filled with poems like this by the end of my hospital stay.

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She became the Midge
of childhood dreams
even more and more
than at first she seemed
I knew at once

Time and caring
could bridge between us
something worth striving
be it friendship
or ties that bind closer
yet never knowing
How she saw me
was I the old man
encased in fat cells
was she also
just half well

I hadn't been severely delusional and paranoid for years. I had accomplished a great deal. One of my accomplishments was to work and save and work and save and to finally go to Hawaii, which was a dream come true. One of the most magical things about being in the Hawaiian Islands is the color of aquamarine blue water surrounding them that looks so pristine

and clear you feel no fear in entering it-sharks or jellyfish be damned.

With regards to my desperation, paranoia, and loneliness, I don't know if I was in love with anyone at this point. I certainly still felt a lot of love for a young woman who was my first girlfriend and still one of

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my best friends who was now married. It was a bit inspiring that she called me a number of times and lied, saying she was my sister so she would be allowed to speak to me. I had another pretty cool female friend, but she was taken and likely not interested anyway. When I first met her, I thought to myself that if I wasn't careful, I could easily fall in love with her. It had really surprised me that initially she had called me before I ever called her. We had a lot of fun times, meeting for lunch, touring the University, participating in the music festival she ran. And she read my books. She was a very special, I feel a bit ashamed to think that when I was ill there were times I assumed she felt those things for me. But I feel it's important to document even the things I don't like saying about this hospital stay.

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aqua blue eyes

I could swim in for hours

I imagine us in an embrace

in one of Hawaii's soft showers

alone on the beach

waiting for the tropical sun

just being in love with you

inspires new worlds

of orgasmic fun

just the touch of those ruby-red lips

to mine cracked and peeling

is like well aged rye whiskey sips

whose taste lingers, ^{on} opens up new feelings

A toast to my love

and hope of oblivion. "just knowing

"puts me on a new ~~side~~ mission ^{my}"

love's a couple
one and another
two souls united
beloved to each other

Join to form
a newer whole
In each one
a God-shaped hole

Soon they discover
They have formed another
One inside one
New creation
Child from their loving

Whenever I feel depressed, distressed, worried or jealous, I try to look at life as a personal journey we all take that has so much beauty in it. We start as innocent children, not even understanding the point of having an opposite sex. Later, we begin to awaken to the powerful drive to get closer to the objects of our desire. Then sex takes over, and in many cases, it leads to exclusive relationship, possible marriage, and children (even if adopted), and we find we have natural instincts to protect and provide for the young ones. Time passes, we teach our children all we can, then they leave us, and we hope follow a better path that leads back to us. As we age, we naturally take comfort in little things like a warm sweater to wear while listening to music. Our greatest

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joy seems to come when, if lucky, we have grandchildren. I like the line, “God-shaped hole in my heart.” I have seen the phrase used in many films and in sermons, even an incredible movie made from the first novel one of my best friends wrote. When you go to a church, it is very common to see mostly older people, perhaps lonely, perhaps near their end, come to find that faith and innocence they lost as children, and find fulfillment and comfort in a creative and loving power above us.

fascinated blind
by things uncertain
tracks trains motors
toys of children
foster a seed
of adult passion
one is blessed
by sure vocation

This poem makes me think about a lot of things, but in the forefront is my relationship with my dad, who is now 81. I grew up something of a gifted child, perhaps because my parents exposed me to great literature, classical music, along with other things like chess and trips too numerous to mention. Seventeen years ago, my dad saved my sanity by coming to see me in Alberta Hospital every day. My dad, Leif senior, was a sign painter and loved machines, big and small. He took pride in his cars, and in his driving skills. He once had a complete machine and woodworking shop, commercial darkroom, screen printing set-up, engraver, and many other such toys to go with his massive V-8 tradesman van. I was destined to love these types of things too, and

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likely ruined my grades in high school working for pay rather than on my homework so I could afford cars and motorcycles, gas, repairs, and junk food. A hospital admission at eighteen assured me I would never achieve a university degree which had been my dream. Maybe that was the worst part of it, not having any more ambition, any more belief in my abilities when I left the hospital. There was a war brewing in the Persian Gulf at the time and I will never forget the moment I told my Dad I wanted to join and stay in the army my whole life. He nearly flipped. I still wonder if it was a curse or a blessing they couldn't take me.

inner longing
desperate hunger
light in her eyes
my ~~own~~ soul ~~burning~~
torn asunder
barely covered
form-fitting sweater
wall between us
never forget her

In this poem I touch on the topic of 'light in her eyes.' This was something that was an incredibly convincing delusion I had at eighteen. I had known the eyes were described as a 'windows to the soul,' but when I slipped away from reality I would look into people's eyes and they would either glow or form a barrier. The eyes that glowed filled me with energy of some type, it was like I was joining souls with the person. I could feel their thoughts, I felt like I was a part of them, like when a forest of ancient trees is found to be all part of the root system of one tree. People whose eyes didn't glow were almost non-human and existed only to further the needs of those who had eyes that did. What really struck me is that once while in this extreme state of psychosis, I

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saw a young woman I once cared a great deal for and for the first time in my life as I looked at her and ‘joined souls’ I finally felt worthy of her. I walked off and when I spoke to her some time later she had no recollection of this, but simply the idea of a false but believable reality coming out of me like that made me spend a lot of time thinking about spirituality and religion. This is now something that I find great solace and happiness through. Being in the hospital this past February, one of my only times of peace was when I went and sat in the chapel and just enjoyed the silence and reverence to a loving creator and orchestrator of the universe.

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hidden in a corner
secret poems
dreams of ~~glances~~ love
glances stolen

of the lover
still unknown
to myself
or to her wholeness

she's my secret
unknown mistress
unknown to me
or my witness

One of the things I find most troubling about being in active psychosis is what it does to others in my life. The person who caught the worst of it had actually been one of the most kind, sweet, caring, and fun people I had ever known. The thing is that somehow, perhaps because of tendencies towards obsessive-compulsive disorder (OCD), I have had a very hard time forgetting about her. A million times I have gone over things said to me and depending on the day they could be pleasant or horrible memories.

The worst thing is that when I get sick, with her kind words and pleasing image ingrained in my mind, my psychosis makes me think she is communicating with me. (It is no secret to anyone who has known me since junior high that for many years I considered her the most attractive woman I had ever known) This past hospital visit was no

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exception, despite that I have a good friend who knows her well and that she is happily married with a few children to boot and has no desire to even contact me. It wasn't as bad this time because I now do have a much less lonely existence, and I also have a close friend who I spend a fair bit of time with, who is also in the top ten of the most attractive women I have known. In the hospital, I thought I was not only going to screw up my relationship with this woman, but also that I was going to spend a long time in jail or be transferred to the forensics pavilion of the psychiatric hospital and never get out for a heinous murder. I had actually at one point been threatened with jail just for calling the father of the first young woman mentioned in this note, which is perhaps what kept me from trying to contact her in this hospital visit.

As I vegetated on the secure psychiatric ward for a couple of weeks, my only hopes were that dashed off text messages could somehow save me from a fate worse than death. I even believed that somehow others could read the poems in my book as I wrote them through cameras above or in my own eyes as though I were a robot of some type. It led me to agree to a ridiculously unfair contract on a new phone that I will be paying off for a long time, which I got in hopes that I could make the voices stop taunting me and being able to see and hear everything I did or said through cameras, microphones, and the phone's internet connection.

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As an adult
still so youthful
joy in my heart
promised future
all this way
and no diploma
Spent Saturdays
half in a coma
Beer and whiskey
my own soma
Stakes next morning
End up homeless
Thought by staying
standing my ground
My will would create
a phibum sound
Rolled over me
lik a sange

My supposed promised future. Perhaps that was the worst. Once I entered the hospital as a youth, all promises were off. I was no longer loved unconditionally, I was no longer assured to have the choice to live at home as long as I wanted. University was out of the question. The next year, when I was nineteen years old, I was in a hospital facing the greatest struggle I would ever face and my dad had the nursing staff come and take my keys away. He didn't even come in person, he just dropped off a duffle bag with some clothes and told the nurses to tell me to move back to Vancouver. That hurt so much. How could it be that

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I had only ever known one home and then all of a sudden, I wasn't welcome there ever again? I loved that house. I had all the books I could ever read, there were walking trails and basketball courts across the alley, friends on my block who threw intimate private parties where there were no parents and always girls. Losing my home and my family seemed so very unfair.

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deep inside
a mind enslaved
and yet I'm free
until the grave

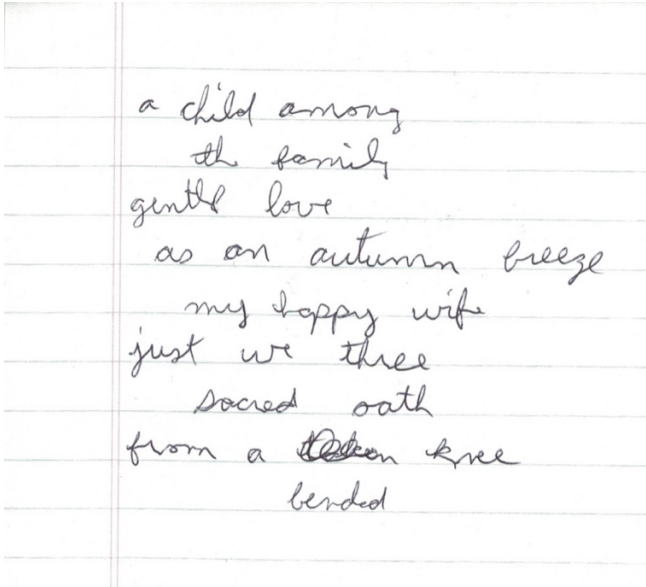
Waits the reaper
birth to death
A gasp, a scream
then the final breath

Something I noticed that often happens to me when I am a patient in the hospital is that I often arrive aggressive, mean, and verbally abusive. There is a Clint Eastwood movie called "Heartbreak Ridge" I have seen many times where Clint plays someone who is quite plainly a bully, but in the end of the movie everyone loves and respects him for being tough enough to train his men properly for combat, and he even rekindles his relationship with his ex-wife as a result of finding his more feminine or sensitive side but still being tough as nails. Often when I am delusional I try to act like his character, a mean gunnery sergeant with every insult or karate move always at the ready. After my aggressive stage, I go through a phase where I feel horrible, but have plenty of reserve energy. The worst phase to go through is the next stage when I have been through so much I am ready to give up and kill myself. What is worst about being sick enough to be admitted to the hospital may be the psychosis I experience, but a close second is the constant

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worry that I will never get out. Now I understand (though evidence from delusions and hallucinations made things pretty convincing) that all the disturbing, delusional things weren't true, but I really went through hell as these things were happening.

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It's odd to think of myself as a poet even though I live and breathe poetry and have been making a name for myself in the city I live in, not to mention having four books in print, being a key person and a contributor in a project to engrave poetry on the sidewalk in my neighborhood, being asked to write poems for large scale gatherings and commanding a good wage as a teacher of poetry classes and workshops. In high school we would take five days of an English course and skim over a few poems and be expected to converse on them. I still recall people I considered not as intelligent as I was, being able to give all kinds of feedback about a poem that left me totally at a loss. It was when I read my third Shakespearean play that all that began to change. Something clicked, and all of a sudden, the words became electric to me. I soon began to love philosophy and I honestly consider Shakespeare to be my first taste of it.

As a young kid of around 11 or 12 our class went to see a play called "Billy Bishop Goes to War" which is a single person 2-hour narrative, and when I got home I tried to act out the whole play for my brother after we were supposed to be asleep. Some of my greatest regrets are that I never even took a drama course. My whole life was about weighing and counting the amount of effort it took to make money faster one way over another. In high school I abandoned any 'fun'

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courses, even gym class and mechanics in favour of what I thought would get me into University to study Law.

In one year, as I suffered from horrible depression and insomnia, I quit cadets, met the young woman of my dreams and I became totally enamoured with poetry. I even remember dragging my parent's five-pound volume of Edgar Allen Poe to work just to read his incredibly structured and rhyming poetry. Last summer, I edited and instructed disadvantaged people in a drop-in centre and safe injection site called the Bissell how to write poetry. What they wrote was put into a book about the opioid crisis called "Cycles and Circles" and is something I feel very proud of. I feel it touches the heart of the vulnerable and addicted, and that it helps save lives by getting the problem of addiction out in the open and even giving maps to drug overdose kits and how to use them. Writing is magic. I never did marry or have any kids, but now that I have established myself as a poet I'm no longer the monster I was growing up, obsessed with war and rank and power. Obsessed with money. Poetry can be so very powerful. I honestly feel writing these poems gave me a rope to hang onto as I was drowning.

Creative Intermission

As I've been putting this book together, often I discover poetry I wrote that I just about completely forgot about which fits the theme of this collection. I got my start publicly performing poetry in a bar that served the best pizza in town where a lot of young people went to watch or to perform mostly slam poetry. I've never won a poetry slam but I did write a five-minute story for a story slam and performed it like a slam poem full of rhythm and rhyme and won a nice cash prize for it. I wrote the below poem for a couple of reasons, the main one being to emphasize how language can cause stigma, and I hope everyone knows that stigma, though rampant, is toxic, sometimes even fatal to people who have mental illnesses. Please note the date is just weeks before my hospital admission.

I Am Not a Schizophrenic

Slam Poem

Jan. 6, 2019

Some people call me schizophrenic
But the fact is I'm not simply some disease
I'm a kid who has seen more crap in 14 years
Than most people even can believe

Some people think they understand my problem
Truth is I just got off the wrong stop
On the bus route to growing up and freedom
I met a nasty dude who won't let up

I won't speak too much of my new buddy
He got me started smoking heavy weed
Even when my mom told me that I shouldn't
I figured there was no reason to believe

The dude I met was three different voices
They talked me into doing all these things
Like smoking heaps of pot and drinking

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It seemed to be the only way to make him leave

The first time my parents saw me bring my friend home
When I was high and they were watching TV
They figured they would do the right thing
But the last thing they did was talk to me

I ended up being locked inside a psych ward
And something I swore that I will never tell
Was when I told my doctor I liked dope smoking
He told me he smoked the stuff as well

This hospital was a stupid place to send an adolescent
They thought it could help me fix my head and rest
But when they let me out with a bag of medication
Back at school I never had presence of mind to pass a test

Those so-called experts who I saw there
Never figured they should talk to me
But all too easily they told my parents
How this illness would never let me be

I was put on so many pills I was a zombie
Drooling, and glassy-eyed as one can be
Add that to a month inside the psych ward
All my classmates laughed and picked on me

As time went by I seemed to get a little better
Then new voices told me I no longer needed meds
So, I took my pills and flushed them down the toilet
And in just hours I wished that I were dead

Some people call me schizophrenic
Person with schizophrenia is what you should call me
Take all your stigma now and shove it
I'm a human being, not some disease

END

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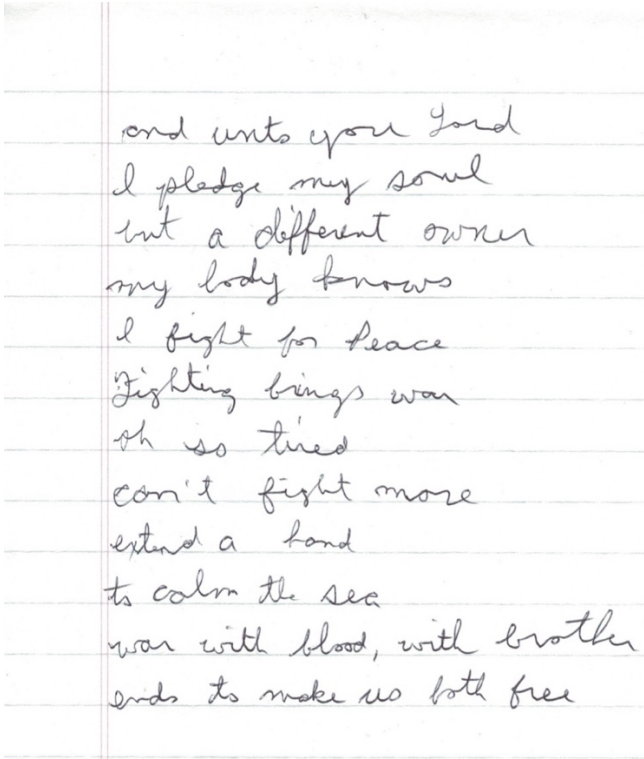
time slips past
as we lose many things
lessened senses
as such age brings
harder to hear
harder to see
harder to know
who surrounds me
those that care
know I also do
the final door
I exit through
the final step
brings a life anew

I remember watching an interview on TV where a popular director said that his films were mainly about sex and death because that was all people were focused on underneath the surface. Without a doubt, this poem is about dying, and my faith that there is something beyond death of brain and body. I think for a person who has grounding in most major faiths, I must seem a little strange. I don't have any clear idea of what heaven will be like, to me I feel focusing on the reward makes you focus less on the job that has to get done right here. The poem also speaks of some of the unbearable paranoia I was going through. Often at night in the secure ward, I would imagine someone outside my door had a gun and was going to kill me and the night nurse would come around and find me laying on the floor behind my bed. It took a while to shake this feeling, too. When I was eventually allowed to go to the mall, I imagined everyone knew me and was talking about me. This would not be such a bad thing seeing as how every writer opens his deepest innermost thoughts for the public to dive into. When you are

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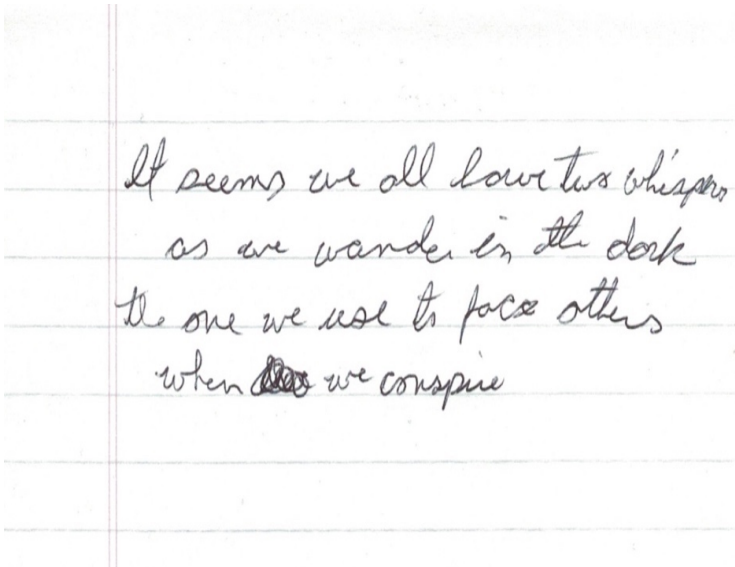
experiencing schizophrenia though, it is almost impossible to function, you can often be paralysed with a relentless bombardment of sensory information. One in one hundred people in Canada have schizophrenia and so many of them are alone and untreated. This speaks to isolation, a loss of hope, and especially stigma brought on through ignorance and fear. My greatest hope, and I do see it happening every day, is that we put as much into supporting and accepting people with mental illnesses as pharmaceutical companies put into researching for-profit medications that most of the people on the planet with an illness will never afford. I don't have anything against medications, and would never stop taking mine, I just think that there is so much more room to help those with an illness by accepting them, counselling them, encouraging them to live their lives as fully as they can, rather than just focusing on a pill that basically tries to help them hide the illnesses they deal with.

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I normally don't like to write much about religion. I write poems, stories, novels for a living and consider myself in the business of educating and entertaining. Good businessmen don't offend any of their customers and religion in any form is a delicate subject. As I have lived and experienced many things, it seems there is a universal need in everyone's hearts and that there is no way to fill it in with money or possessions or any physical or social thing. This need, if fulfilled, can ease so many worries and burdens, even the guilt of harming or frightening people due to having an illness. I have spent time studying aspects of many religions, even Islam and Zen Buddhism. All of them are so incredibly beautiful to me because they connect a person with an entity above themselves, they submit to the concept that love, family, peace, and the future of our children are more important than ego, status, and bank balances. I don't think I have ever encountered a reasonable religion that doesn't recognize these simple truths.

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It was really hard to go through the symptoms of my illness when I was in and out of the hospital many years back. Most of the time, not only was I paranoid and experiencing a lot of anxiety, I could barely function. During the time around when I wrote this poem, just days or even hours before I was admitted, I was doing ridiculous things. I did some things so severe like calling security and the police on other people in my building that caused many problems. I wish I could describe what the extremely sensitive state an ill person is in can be like. One of the things that was happening in the hospital was that I was hearing a narrative just like it was coming from the intercom system. In ways it kept me going, the voice would sometimes crack jokes and make silly things seem funny. But for the most part, the voice was all about something supposedly, seemingly 'outside' of my head having total control over me.

The voice slowly went away as my medications started working for me but there were times when the voice made me think awful, frightening, horrible things I was powerless to control or stop. So many things that led to my almost total withdrawal from any contact with others until my head cleared up. As one can see in many of these poems, I was pretty far gone at times.

In my head there are
two worlds

In my chest there are two
hearts

One mind around my
neck tightens a rope
as the demonic battle starts

Each day we beat him
back a little

And then ~~he~~ he draws
closer to our will
once the evil one has
gained enough ground
we're at the high rise
window sill

Always when I become severely mentally ill, a battle gets waged between a part of me that understands my delusions and hallucinations are false and the part of me that hopes that by some far-fetched idea that comes from some dark region of my mind that the delusions are real and even sometimes acts on them. I have had delusional thoughts reinforced by sensory hallucinations many times, and I have been told one of the best ways of dealing with such things is to go through Cognitive Behavioral Therapy (CBT), which re-wires the connections in your mind. For example, a person can get ill as I did and think they are worth millions of dollars and spend on credit until they drop into an inescapable hole. CBT can train a person to instead seek out help, find a hospital or a doctor, get onto medications or report their delusional

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thoughts and have medications increased. Somewhere even when I was on medications and stabilized, in the back of my head I secretly hoped that the grandiose ideas that I was a Hollywood director by proxy or that I had millions or billions of dollars and that a young woman I once had been friends with in my formative years still has a strong desire to marry me. What I have more recently tried to anchor myself to is the fact that I only think these things when I am ill, and often only when I am in a hospital. It doesn't make everything go away, but it helps guide me on the path to wellness. It helps me win some of the small battles with delusional thinking. Some of the small battles can be as simple as the decision to phone these people or write letters if I have no phone privileges. This too has gotten me into trouble, I wonder if writing a letter but mailing it to myself would work better, which is something my mom used to do.

There is more to be said about how mental illness with psychosis makes a person feel. It is akin to descriptions of demons and evil spirits from the Bible and popular literature. Basically, the concept that anything hidden in the recesses of your brain can manifest itself in your delusions and hallucinations just to mess with you is very close to biblical descriptions of demons. I have often thought to myself that calling something a delusional ideation and defining it as possession or an evil spirit are not as far different explanations as we may think. We just have new names and new ways of dealing with these manifestations, fortunately most of them not as harsh as trial by fire or the use of a dunking stool.

confusion boils
within my mind
I fear my actions
have been unkind
free me from
this grip of death
I swear to draw
a sober breath
I swear to ~~live~~ live
so as not to harm
To stop the flow
of bullshit charm
These poems are
my one escape from hell
I pray that soon
I can break my self-caused spell
of love to many
promise to none

This poem brings up sparks of a debate that has been going on in my head over many years. I was friends with a young woman I sat next to in French class in my second year of grade twelve, and liked her a lot more than I ever let on. Having severe depression and anxiety at the time, I never acted on any feelings I had—until after I was kicked out of school. It is a recurring theme in my life, especially when I am in psychosis that I have less fear of trying to charm and flirt with females, even ones that by all rights should be off limits, but somehow, I get a lot of positive response, or at least I did when I was younger. It amazes me sometimes that I worry more about women finding me attractive and

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desirable than I worry about feeling whole and mentally and physically healthy, or finding a healthy relationship.

One of my biggest blockades to better mental health is a poor self-image. I think it spurs me on to try and prove I can charm females, get them to like me and then simply move on. Thankfully, this is something that lessens over time along with the massive ego that comes along as baggage with just about any young person. It also helps that most young and attractive young women aren't interested in fifty-year-old men unless they are fabulously rich.

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What Follows are a few articles, mostly taken from my blog that I hoped would help further explain some of the things I have been through:

Each day I try to do the following things to maintain my mental health and physical wellness:

1. Stop caffeine intake 5 hours before sleep
2. Take medications at doses directed, at times directed
3. Chat on Facetime with my cousin or regular phone with my ex-girlfriend. This is an essential time to decompress and let off steam where we are always joking around and trying to make each other laugh
4. Express my creative side by writing (ideal time seems to centre around 1:00am) at least a poem or a short story/essay, or making a new entry on my blog
5. Find a way to increase my general knowledge, by reading, watching a documentary on YouTube, or TV.
6. Try to avoid use of sleep aids and using mild, over-the counter ones only when needed
7. Wake up around 4:00 to 5:00am, take morning medications and go back to sleep.
8. Depending on the day either walk to the discount grocery store for food or walk to the pool 5km away and swim 10 laps then walk back home
9. For energy, adding protein powder, make a fruit smoothie in my blender
10. Look for reasons to get out of the house. Often during the week, I will have a class that I need to prepare for or a presentation with the schizophrenia society.
11. Try to cook a low-fat meal with vegetables; take my supper medications. Two hours after eating, I will take my blood glucose level to see how my medication is working

On a Weekly Basis I try to:

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1. Shower at home at least two times, and swim at least two other days showering at the pool.
2. Twice a week try to tidy up as best I can, sweeping, mopping, organizing. It is a losing battle.
3. Write at least two short stories and send them off to a magazine or to someone to proof read.
4. Talking to my brother, best friend, ex-girlfriend, father, and cousin as many times as possible.
5. Go hunting for photo opportunities, often with just my cell phone camera and then if I find a shot I really like, I will go back in the same weather at the same time of day and take the high resolution, high quality shot with my professional camera. These go on Facebook and my blog. The best ones go on my wall.

Personal Essay Regarding Psychosis

One of the hardest things to accept no matter how odd or preposterous your visions or voices may seem is that when you are experiencing hallucinations and delusions during a period of active psychosis, they are just as real and twice as scary as anything else in the world and almost completely false every time you have them. When I was in the hospital this past Spring, I had delusions, which were ideas that would just pop up in my head. I was also experiencing hallucinations, which was false sensory input that supported the delusions. One of the most vivid of them was the voice of a former friend who had taken advantage of me as a person with a mental illness more than once. One of the things him and I liked to do best was to play music as loud as possible while driving around doing stunts or driving dangerously in our cars. I even once offered him the suggestion that he find out how to make an unlicensed radio station that he could operate while driving, telling his jokes, pulling pranks at drive-through windows or on other drivers, and playing music. He had a unique voice and often would step way over boundaries to make a funny joke. I will never forget a time when he was giving me a ride home from work and tossed a half a cup of pop into an open convertible. It must have caused hundreds if not thousands of dollars of damage all so he could laugh for a minute or two.

Regardless, when I was in the hospital I hallucinated his voice, his jokes. Through my psychosis, he told some incredibly funny though cruel jokes about staff members and patients. Even when I was writing my poems, I could hear him saying things to me. I don't know if it survived the hospital stay, but there was one time I got sick of the harassment my very own mind was 'causing' and I sat down and insulted and belittled the voice I was hearing. I wrote a poem saying everything rotten about that person and the whole while I was doing it the voice was taunting me and threatening me. It was so real I tore the poem out of my notebook and hid it for fear of reprisals.

One of the worst delusions I had was a belief that my next-door neighbour in my apartment building wanted to kill me. It was so extreme and I was so concerned that I tried to record the threats and such things I could hear him saying through the wall. Later, I took this recording to the building manager and there was not a sound on it, even though it

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had seemed like they were talking loud and clear when I made the recording.

One of the things that I always saw as pretty ironic was how well I was doing despite the large number of mental health issues I was dealing with. Before this last hospital admission, I didn't think that I in fact did have schizophrenia. At a certain point before I left the hospital this March, I tried to explain some of my delusions to my psychiatrist and he came right out and said that I was hearing and thinking these things because of my schizophrenia. That seemed to be the first time I had a doctor tell me some straight and helpful truth about my condition.

What I am learning is that somehow, I have a large number of symptoms of different illnesses. A clutter builds up in my apartment and I feel so overwhelmed that I don't even try to clean things. I am very fortunate now to have a person come and help me with cleaning once a month, but still things can begin to pile up. I love books. I have a compulsion to keep on buying books, comics, everything, to the very limits of my income no matter how high or low it may be. The solution I have found to this problem is to try and become a minimalist, something I became fascinated with early in 2018. What the real underlying problem is I think, is that I have a lot of tendencies to become easily addicted to things. In my life I have been addicted to cigarettes, alcohol, collecting comics, collecting stamps, gambling and likely a few others. There were times when I would go insane from withdrawal needing to make another bet, smoke another cigarette, drink my sixth beer. The path of destruction, the depression, and the poverty that these things left me with were incomprehensible. I like to think that I have conquered these things, but in fact I have only stemmed the tide. To stop using alcohol, I went to 12 step meetings for a solid year, nearly every day until I was blue in the face. Then I suddenly realized that the people I was meeting weren't always the best people. They were dealing with severe addictions and had a lot of tendencies to go back to their old lifestyle. This was not a good place to meet friends.

One person I met was a used car salesman. He made out like he was helping me and that he was my boss though it was harder than hell to get any money or even food from him. I will never forget a mutual friend telling us we should start a business putting up and taking down Christmas lights, and he not only forced me to sign my life away on a document stating that, even though he had no workmen's compensation

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coverage, I couldn't sue him for any reason if I were injured on the job, and the job included climbing around on icy roofs with rickety ladders. I worked for him one day and he decided he didn't like doing it and never paid me, but kept on practically forcing me to be his friend and joe boy. There were many such cases of people taking advantage me in similar ways. Sadly, with this guy, not only did he beat me up bad enough for me to have to charge him with assault, he ripped me off for everything I owned of value so he could buy crack and then went off to a detox centre along with the keys to my apartment.

For some time, I have put a lot of thought into why people want to take advantage of me. I am sure some of the places I end up, such as bars, cheap traveller's hostels, and 12-step meetings are a factor. But often, I can be very naive, and one of the best ways people can use and manipulate a person is if they are naive, and greedy. Promises of huge incomes, profits with little work, all for a small investment, after telling story after story of incredible business acumen and personal fortune just tied up for a short time by some odd point of law. There was a US Marine who got me to pay for a free trip to his home town in California then left me for dead. There was a guy who supposedly knew a lot of people I did from my home town who had millions of dollars of this and that, but, because someone kept stealing his Internet, he needed to come over and use mine to download his porn that was a sideline that also supposedly made him even more money and got him all kinds of attention from women. He, like many who used, abused, and plain out stole from me, was a pathological liar and most likely a sociopath/psychopath.

The list goes on and on. Someone lies to me and I allow them to feel okay about it. They see me as a friend or an ally and they try to form a bond of friendship. Then they take me for all they can and move on to the next gullible victim, actually feeling justified in what they are doing because they only exploited a person's ego or their greed, and I'm sure some of them actually feel they are helping me by making me less trusting. A prime example was a man living in a house I stayed at who took me for \$300 saying he just needed a small loan to buy supplies for a profitable contract building a fence for a woman down the street. These types of things would happen to me again and again. My brother once coined an interesting phrase for it. He called me a shithead magnet. I just find it so hard to use discretion when choosing friends. My illness

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has made me ashamed, afraid, reclusive, lonely. These are the kinds of things social predators seek out. Over the years, until recently, I had very little money though I still have had the ability to discipline myself enough to have a few creature comforts. It seemed though anything of value I have ever had has been taken from me at one point or another.

It is hard for me to say if I have a weak personality or if I am too eager to believe in fairy tales. I would like to say it is other people's fault, but when I think of how I have been seriously ripped off by so many so-called friends, I can recognize a pattern. At last count there were at least ten incidents like this. I do have to say now though that I have some incredible friends and family members, not the least of which have been helping with this very book project, Charity Slobod, a dear friend who works in professional development and Richard Van Camp, the most amazing writer and true friend, incredible father and husband to his wife, and who is more genuine than anyone I have ever met.

Some people wonder about what causes illnesses like schizophrenia. I know only smatterings of information I have learned from working for the schizophrenia society over the years. Genetics do play a factor, and I hate to admit it, but my mom had shown signs of delusions, hallucinations and paranoia near her passing. One of the things I think is one of the more accepted theories is that you can have tendencies in your family but you may never get the illness, but have an increased chance of getting it, and then there are triggers that can set off an underlying tendency. These can be a lot of things like abuse of psychotropic drugs (such as mescaline, mushrooms, THC, LSD) and other things such as head trauma. Still, the illness affects about one in one hundred people, and is considered more of a physical ailment now rather than a 'disease of the soul or mind' as it once was. In my own case, I have been diagnosed with schizoaffective disorder and anxiety, which can be extremely difficult to treat but there is hope. There is always hope. I feel that if we can take mental illness out of the shadows, if our society can learn to accept those who are disabled due to psychiatric disorders, we could lessen the suicide rate and actually start seeing more people fully recover, find employment, and lead genuinely happy lives. They may seem a bit odd or eccentric, but so many of them really are wonderful people. I can be blamed for being too focused on mental illness, but to me it almost seems that when a person is missing, millions of dollars are spent to try and find them, there are police

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investigations and such. It pains me sometimes, because when a person dies for a bad reason such as murder or a car accident it seems like such a tragedy. But all around us, hidden behind closed doors and in cheap, filthy little isolation holes known as welfare hotels and housekeeping rooms, so many people continue to suffer when all it would take was less stigma, more awareness and acceptance of their malady. So many lives could be changed.

The Following Essays are Taken from My Blog at www.edmontonwriter.com, Written During My Hospital Stay

Fatherly Love, Caring and Support Will Make a Difference

In my mental health recovery, my dad has played a very key role. Years ago, when I was last hospitalized, he traveled in from out of town and sacrificed the tiny extra amount of money he had to bring me comforts such as cigarettes and such. No matter how angry or ill I became, he would visit every day--and I was in the hospital on that occasion for six months. When I finally did get discharged, I was far from a whole person. I needed the support of a group home to exist and get my medications, and I needed the support of my family, especially my dad. He came through in spades, driving to my place, taking me to our beautiful river valley and talking with me and walking with me month after month. This was the only exercise and the only outside contact I could handle. One of my warmest memories of that time is a habit I used to use to kill time when I walked long distances. I would pick out a rock, then kick it and keep a close eye on where it went, then when I got up to where it was, I would kick it again and see how far I could keep this game going with the same rock. One day on a walk with my dad, I kicked a rock for a while, then it went out of my path so I thought I would find another, but my dad, to my surprise had figured out my game and kicked the right rock and in that moment I felt as though my dad and I both had a child-like concept of fun that helped form a new and strong bond between us.

Psychosis is a condition that can drive a person with an illness to take their own life. Paranoia, hallucinations, severe depression, religious persecutory delusions. It is like all of your subconscious mind is rebelling against you, putting things into your conscious mind that you wanted to keep hidden. Added to that is the fact that mentally ill people, while experiencing psychosis are in an extremely vulnerable state. When I was very sick and in the secure ward, I didn't know what to do. Then my dad gave me a simple solution: put on some earphones and play some soothing music. The amazing thing is, even though it seems so simple, it worked really well. I had a hard time at first discounting all the voices I was hearing as false and untrue, but after

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laying down and listening to music for a while, it was so much easier to realize that all of this was going on in my head. How the illness could trick a person is just insidious. Once while in the hospital I could see a clock ticking and hear it but instead of ticks, the clock spoke a swear word each second it went by. At earlier times isolated in a small apartment, I was actually interacting with delusions, I would have the radio on, then type things into my typewriter (not computer) and the singers or announcers on the radio would react to them. Even after I got better these things had seemed so very real that I somehow thought I was being treated in a special manner for whatever divine reason.

One of the hard things about delusions/hallucinations/psychosis is that often a person is convinced that they are some type of God or wealthy/powerful person. I will never forget a roommate who became a good friend who once declared to me, "I don't care what anyone says--my delusions are real!" I totally understood what he was talking about. When I first became ill, my delusional thoughts (they weren't like the paranoid delusions I more recently experienced) told me I had untold amounts of money, female admirers, intelligence, accolades and awards, and my choice of Hollywood Starlets to marry. To most it would be preposterous to think such things, but to my fragile mind it was an extremely appealing alternate reality to my own life situation at the time. This made medication compliance very difficult for me, so I went through cycles of lucidity, even normalcy, then went off medications and took off as far away as the west coast in Canada and as far south as California in search of falsehood dream. Not long after my return I was so far off the deep end that I had to be forcibly hospitalized.

I really thought I had broken that cycle, so my recent foray into the world of paranoid schizophrenia caught me off guard. But one thing I do know is that my dad, my rock, has rescued my messed-up life numerous times now and I have been able to mature and learn to handle my own problems as his age advances. That's about it. Not much practical advice really other than that an iPod can be your best friend though a 'father figure' can be an even better one. The iPod is a tool that an occupational therapist should utilize. Music is almost as powerful as the force that drives it, which I think in the end is love.

A Little About Stress and mental illness

In grade 12 I took a course in Law and I got a lot out of it. One of the things that stands out for me is a legal case the textbook quoted a case where a woman was of a fragile mental state, witnessed a violent car accident, and sued--and won--a case for having a nervous breakdown as a direct result of the negligence of a driver. I looked on stories like this about people who had poor mental health as an outsider, as a judgemental young person thinking that person was simply weak. I was well protected I thought from anything like that. I had every possession a kid could want, and the ability to keep on making more and more money. But sadly, one of the first things that happens when someone gets sick like I did is that fairly rapidly they lose any material wealth they have and it takes a very long time to get any of it back. But what severely bothered me was that when I finally moved out on my own, it seemed people judged me because I was from a nice suburban city. I think a lot of people believed I had clothes and money solely because my parents provided them. All of my teen years were spent working after school or being paid for doing housework and I was proud of what I had accomplished. Within a year of my first mental collapse, every bit of it was gone. What I had left was a comic collection which by today's standards wouldn't have been worth much--and they all eventually got stolen anyway.

To get back to the main topic though, when I first returned to Edmonton from living (treatment non-compliant) in Vancouver, I managed to get a job at Safeway. Those were dark days, being deep in depression and never really feeling like myself with the medications I was taking. I had no understanding of how to deal with the stress of working and one paycheque I simply walked into a bar and didn't leave until my money was gone and I was drunk out of my mind. I had no concept of drinking socially. After my pills (which the alcohol worked against) and my loss of faith in myself, I was a sad sight to behold and never really made any close friends or began any healthy relationships, and I might as well have looked for a penguin at the North Pole as to find a healthy relationship of any kind in a skid row bar.

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What did happen years ago was that one day my dad started going out of his way to reach out to me and help me. Going for walks, spending time together, literally saved me. I already had a fascination with swimming, and as I built up my stamina going for walks with my dad after being released from the hospital in 2001, and as I found medications that worked better for me, all of my issues seemed to lessen. What I really think had the hugest effect over the long period of recovery I went through, was exercise, or sports for want of a better term. I haven't competed in any way since my early 20s, but there were times in my recovery period when I had to pull off incredible feats of endurance just to get a little extra money to see me through the month. With a lunch of a spoon, a can opener and a can of beans, more than once I would ride my bike as much as two hours across the city, then work a twelve-hour shift and ride two hours back. Often, I would come home and be unable to work for a week with the pain in my muscles and back.

I hated the fact that I had never been able to hold down a job. I hated more that I had never had a job that required the skills I had built up over a lifetime but instead got labour jobs anyone could do or delivery jobs or security guard jobs. One day, working security at an old school for a movie shoot, I made a connection that got me into movie security. I worked my way up to being a stage hand for major concerts and the money was phenomenal. I also soon learned things about diet and working out with weights, and that swimming, as well as cycling could make me a harder working and more efficient employee. I managed to last about 7 years at that job and it was a bridge to what I do now, which is to write and to teach. Without those big bucks I never would have been able to complete my first memoir, "Through the Withering Storm."

Doing what I do now, teaching, feels so amazing, and I know my family is very proud and happy that my life has transformed so much. I really have the satisfaction of knowing I am making a difference with the patients I work with and that when I go to give presentations about mental illness I feel that I am helping at least some people view mental illness differently. There have even been cases where we have helped people to self-identify as having a mental illness and got them

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the help they needed. I am no longer young though, and I have to admit somewhat damaged goods. I need to set limits, but still I'm able to get by.

My rules are very simple. I don't work much more than 2-4 hours a day at most 4 times a week. I do what I can to promote my writing but I also try very hard to live below my means so that I can survive on limited working hours. When I have a day with nothing to do, I make up an excuse to exercise, like taking a two-hour walk to a store that has better prices than the stores where I live. I have built myself up, and after a workout, I end up having the most peaceful sleeps that I have ever experienced. A young woman who used to lifeguard at the pool I once went to told me that with any illness at all, exercise is the best medicine. I don't know if this is one hundred percent true, but I do know that feeling fit feels really good, is a great outlet for anger and stress, and that people notice when you not only feel good but look good. I seem to get more smiles and winks from single females than when I was young, skinny and 19 years old, even though I was full of confidence back then from being a student pilot. One of the great things about swimming is that you don't have to do all that much to have great positive effects on weight/fat loss, and muscle tone. You can start out just going to the deep end and treading water for a few minutes. You can work your way up to doing one gentle lap on your back. If you have joint issues or any kind of pain, swimming is as low-impact as you can get. Sadly, not everyone has the privilege to be able to do as I do, which is have access to city pools and weight rooms, but there are options, some are even better than the one I have chosen. The YMCA will often have a program for low-income individuals to use their pool, their weights, and gymnasium for a greatly reduced fee. One trick I have learned is to buy very low-cost vegetarian protein powder and have a scoop in a fruit smoothie when I finish a workout. Taking protein helps rebuild muscles after a workout and prevents, in many cases, any sore muscles you may experience.

Try it. Try just a short walk. Bring your dog or your neighbour's dog to have company. Buddy up with a friend and walk a little each day, build yourself up to maybe an in-pool aerobics class. As you work your way up, focus on bad habits such as too much coffee, too much sugar

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or smoking. When you start to feel more comfortable, look at getting a part-time job to help fill in the gaps of time in your day and give you a little grocery money. While you are doing this, I not only strongly recommend that all psychiatric patients are med-compliant, that they refrain from any alcohol or drug intake and see their psychiatrist, but also do their best to join a support group or two for their illness or even one that uses Cognitive Behavioural Therapy. Time will slide by and your health, mental health, and financial health will all improve. That's my promise to you if you take the time to care. As you develop healthy physical habits, do all you can to learn about adult relationships, friendships and romantic relationships. These too will be easier to form if you care more about yourself and your health. And remember, you are a human being and that means you will make mistakes, or have them in your past, even big ones. But you have full right to live as healthy and as happy as you can make yourself, regardless of any kind of malady or mental illness, past or present situation.

Obsessive and Addictive Behaviors Along with Mental Illness

So, I can't really tell you if I have an obsessive-compulsive disorder. I do know that I often feel compelled to do funny things. As a child it may be walking down a street and touching every light pole as I walked past it. Then the odd habits festered and grew to not stepping on cracks in the sidewalk. Soon I began to do increasingly odd things. Comic books seemed harmless until I hoarded and amassed thousands and protected them as though my life depended on them. Before that it was stamps, after that it was military clothing. At fourteen I ended up in psychiatric care and was given medication but no diagnosis. Before being admitted, I would often dress up in camouflage or even military work uniforms around the house. Eventually, I stopped doing it when I went to school. That was the age of alcohol and arcades, cigarettes and all-night sessions in front of the TV on school nights. Quitting any of these habits was hard, and took years, but I showed little foresight, seemingly not knowing or not caring things like booze and smokes would ruin my life years before the proper time. The best explanation I have received for these things is that I have an addictive personality and also have poor impulse control. If you add that to the fact that just about every teenager seems to think they will magically quit smoking before cancer sets in and that they themselves had discovered things like sex, drugs, and alcohol, it becomes a little easier to understand.

At nineteen, I made a vow to quit drinking. I went to support groups, tried to stay away from bars and managed to get six months of clean time in. Unfortunately, I became more addicted to cigarettes and had a wicked addiction to coffee, which would hit me all hours of the night and day. It all finally came to a point where I was ready to do something when I was in my 30s and I made some coffee one morning and lit up a cigarette, finished it and had another. Then I threw up on the kitchen floor. Something had to be done.

Persons with schizophrenia can have a very hard time quitting tobacco. It actually soothes extreme psychosis, which in my opinion is a condition far worse than torture. Quitting smoking was the hardest and best thing I ever did, but it was almost too late. My breathing was

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seriously affected by eighteen years of smoking and even now, fifteen years later I am not fully recovered and don't expect to ever be.

Coffee was difficult as well. It tasted good, it kept me alert, it seemed to stem the tide of urges to smoke even just temporarily. But perhaps worse than coffee I was addicted to overeating. This was not an easy thing to deal with in a group home where you pay one price for food and eat all you like. I ballooned from 170 pounds to 260. Even just looking at that number, 260 is staggering to me. I stayed in shape, I had a very physical job. Most of that weight was muscle, but a lot was fat as well. It took being diagnosed with diabetes to get me to cut down on my food. I have lost a fair bit now but have a long way to go.

One of the funny things about addictions is that there are twelve-step meetings for just about all of them, along with incredible facilities run by the Canadian health system. I don't want to comment on any except to say they help, but one should be extremely mindful that there are many sick people in these places. At the end of my six-month dry spell, it was a so-called friend who dragged me into a bar and bought me a drink, sending me spiralling on a binge that nearly killed me. There are also groups dominated by people who can be extremely sensitive and other times dominated by members that are not only abusive, but domineering.

In conclusion, I guess I would most like to quote a film by Frank Capra, "The Snows of Kilimanjaro" where a man spoke of preaching only "Moderation in everything, including moderation."

Final Note

In this book, I have tried as best I could, to express what it is like to suffer from a mental illness, to open up people's view of those who suffer from illnesses like bipolar and schizophrenia. I recently read a statistic that said in the US, fifty-four Million people each year are treated for some type of mental disorder. My strongest wish is that even a tiny percentage of those people can read this book, perhaps read my blog, and find some degree of solace and respite from the difficulties they are experiencing. I can't begin to describe what it is like to try and hold in a thunderstorm going on inside your head, to try to deny it to people who will never understand but express what is going on to those who can help. I think the best possible advice I could give is just to hang on, to hang in there. Things may be excruciatingly difficult at first, but these times pass. There are people that can help you reach deep within your thoughts and feelings and find ways to empower you to face the world again. Most people even with the most severe symptoms get better. It may take years, it may take setbacks, but it can be done in so many cases.

If you haven't started yet, please begin to keep a journal, it can be your best friend and a valuable partner in your journey to better mental health. Take care of yourself, take your psychiatrist's advice, listen carefully to him or her, these are people that make intensive studies into the workings of the brain. Go and see your MD regularly, make sure your physical health is good, that you are strong and able to live the life you want. Find work, fritter away what you can and spend it on experiences that make life worth living. A trip to the coast, a boat rental, a bed in a traveller's hostel in a city you always wanted to see. Do your best to find a psychologist and put in the effort to go through Cognitive Behavioral Therapy, it is proven to work wonders. Eat well. Keep fats to a minimum, read the nutritional labels, get fruits and vegetables and grains in your diet. Exercise. You're a human being and you're worth it, and if you have read this far, you have a strong desire to make a positive change in your life. Finally? Set goals. Goals give you direction. Make sure you can measure progress in your journal, that you can quantify and take steps towards your goals. A new car. A better job. School. Volunteer hours. You make your life, you decide what the future holds for you, big or small. Now go out and get it.

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Appendix A

When uncertain, in some areas, there is a service that can be reached by dialing 811 through which you can discuss a medical condition of any kind with a registered nurse. Most major cities will also have a poison control centre. If you are unsure what the person may have taken in an attempt to take their own life, call 911 and then call the poison control centre. For those who live in Alberta, especially Edmonton, the below phone list should prove helpful:

Alberta Hospital Information Line: (780)342-5555

This is the main hospital for psychiatric treatment located near the outskirts of North East Edmonton. They do not accept walk-ins and they do not have an emergency department. You need to be referred here from another hospital. This hospital serves the needs of a large area of patients, including forensic patients, from as far away as Saskatchewan and the Northwest Territories.

Grey Nuns Hospital Information Line: (780)735-7000

This hospital has a large psychiatric unit and is the main back-up hospital for psychiatric treatment. This almost new, well-kept and very well staffed hospital is my own first option to send a patient to for treatment after Alberta Hospital.

U of A Hospital Information Line: (780)407-8822

This hospital has a Psychiatry walk-in clinic that follows standard business hours, and also a renowned treatment staff and large psychiatric ward. The U of A hospital is also a teaching hospital.

Misericordia Hospital Information Line: (780)735-2881

This hospital serves the West End of Edmonton and comes highly recommended by people I know who have been on the psychiatric ward. As an irony, I worked in both the emergency department and psychiatry department of this hospital as a security guard.

Royal Alexandra Hospital Information Line: (780)735-4510

This hospital is located in a 'rough' neighborhood of Edmonton, but is my personal choice of hospitals in the case of an emergency. They

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have built an innovative new fast track service for people with mental health issues which makes any situation where of a person with a mental health crisis much easier to deal with.

Health Link Phone Number: 811

This is worth stating twice: if you call this number, you can speak to a registered nurse directly and they can give advice as to what to do in the case of nearly any mental or physical health difficulties.

Alberta Hospital Crisis Team Phone Number: (780)342-5555

This is the switchboard for Alberta Hospital, but it can be used to contact the crisis response team in Edmonton and area. These are psychiatric professionals who will do the best they can to help anyone with a mental illness to get needed treatment, even if they are reluctant to receive it.

Kid's Help Phone: (800)668-6868

If you have children who are at risk, make sure they are aware of and able to use this number in the case of mental health or other problems. This is a Canada-wide number.

Crisis Services Canada Suicide Hotline: 1(833)456-4566

This service can also be accessed by texting 45645 or by online chat at the Crisis Services Canada Website, <http://www.crisisservicescanada.ca>

Canadian Mental Health Association: 1(780)482-6576

This national agency can also be accessed online at <https://www.cmha.ca/>

Alberta Mental Health and Addictions:

1(780)342-7700

A wealth of information and services can also be found at Alberta Health Services' Website:

<https://www.albertahealthservices.ca>

as with EPIC mentioned above, the Edmonton offices for the listed agency is: 5th floor, 9942-108 Street, NW

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Alcoholics Anonymous: (780)424-5900
Narcotics Anonymous: (National) 1(855)421-4429
(Edmonton) (780)421-4429
Gambler's Anonymous: (780)463-0892
Alanon Family and Friend Support: (780)443-6000
Momentum Walk-In Counselling: (780)757-0900

This agency offers free counselling and support groups in Edmonton