



triguing concepts are those of counter-will and ahistorical memory. In the former, an automatic resistance is put up to the will of another, a resistance that is an unthinking opposition largely at an unwilling and obsessional level. It reflects a poorly developed knowledge of oneself and one's true desires. Ahistorical memory allows the person to behave as though previous events, even the most recent ones, had never taken place. Last night's quarrel has nothing to do with expectations of a warm embrace this morning. Families who live with ADD will find their own experience illuminated in the case

descriptions. Maté takes them a step further as he illustrates how to give the attention *needed* rather than the attention *demanded*. A spiral down into low self-esteem or depression can be avoided as the family learns how to avoid both confrontation and denial and instead to acknowledge the person's real needs, abilities and accomplishments.

What we can learn from this book is that people with ADD live with a monkey on their backs. They know it is there, but others have to discover it. Having ADD still leaves all the variety of intelligence and creativity, all the

usual joys and sorrows and all the struggles to live a good life. Living successfully with a person who has ADD requires that the monkey be known, too. For it will continue to demand its place, at least until we learn more about how to avoid, cure and accommodate ADD. Those with ADD, their loved ones and their physicians will profit from reading this book. People who do not yet know they have it will have their lives transformed.

Kenneth M. Flegel, MD, MSc

Dr. Flegel is an Associate Editor of CMAJ.

Lifeworks

M-words

Barbara McGill Balfour's installation and accompanying artist's book, *m melancholia & melanomata*, explore connotations shared by the words "melancholy" and "melanoma," both of which derive from the Greek root *melas*, black. As melanoma arises from pigment-producing cells, melancholy was once believed to arise from a surfeit of black bile; juxtaposing these two phenomena, Balfour's work demonstrates that humoral conceptions of illness still have a considerable hold on our imaginations.

In the text of *m melancholia & melanomata*,¹ Balfour represents states of mind in which feelings of loss, alienation, inadequacy and, occasionally, exhilaration come into play. The ambiguity that characterizes Balfour's exposition of the psychology of depression is amplified by her visual exploration of the somatic phenomenon of melanoma. Intimate detail converges strangely with clinical observation in 90 unique lithographs raised two inches from the floor. These prints represent,

She thought she must be very self-centered. When she was depressed, it encased her and she became very small, like a speck of dust. Or like space garbage. She often imagined herself that way. A helpless particle carried despite herself in an endless orbit around a distant globe.

But in those lovely moments, increasingly present, when she actually felt happy to be alive, she felt full. Her heart leapt within her ribcage, throwing itself about. She was in rapture, an exalted state. An outside observer might consider her to be ill, but she knew that this is what she had been waiting for. And even if it didn't last, she was on the other side.

From Barbara McGill Balfour, *m melancholia & melanomata*, artist's book.



Barbara McGill Balfour, *m melancholia & melanomata*, print installation (detail).

Paul Litherland

as the artist states, "the physical manifestation of melanoma on the surface of the skin, based on maps of my moles and freckles, as well as its subcutaneous presence, in cellular structures . . . Over the different prints, the forms can be seen to develop, accumulate, overlap, and spread, although not in a logical manner." Each print, measuring 20.5 by 30.0 inches, is covered with a

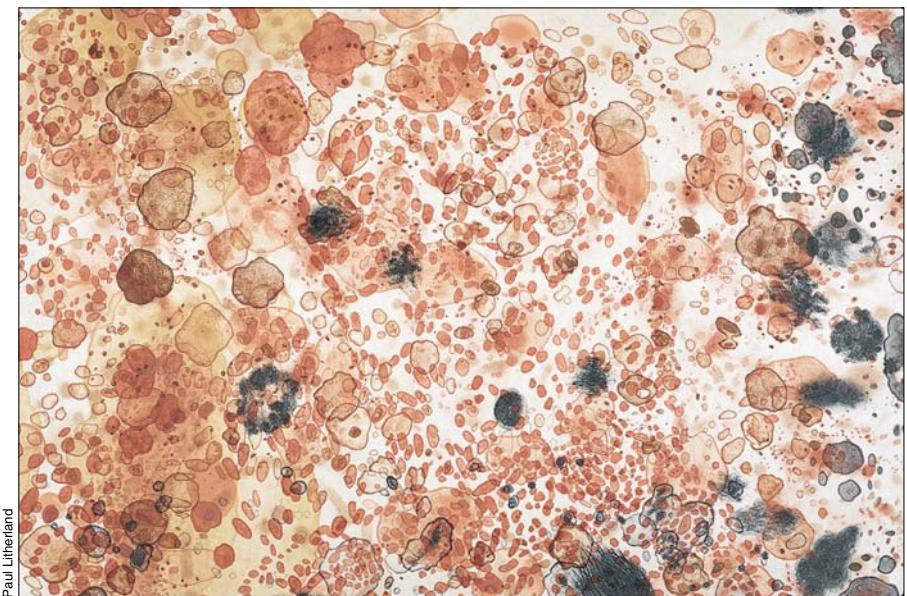


Elle revenait en de grandes vagues de panique et d'anxiété et semblait exacerbée par la découverte que je n'arrivais pas à en identifier la cause. L'analyse étiologique me fascinait; la rationalisation me calmait. Je ne savais trop comment faire pour composer avec cette dépression sur laquelle je n'exerçais aucun contrôle, qui venait de nulle part, déraisonnable.

From Barbara McGill Balfour, *m melancholia & melanomata*, artist's book.
Translation by Francine Dagenais.

sheet of glass, as if ready for examination under a giant microscope. This exaggeration of scale reveals a paradoxical beauty at the same time as the near-repetition of patterns conveys a sense of monotony, formlessness and incoherence. The viewer thus experiences one of the difficulties faced by the person with cancer or depression: that of making intelligible an encounter with an amorphous and insidious enemy.

Barbara McGill Balfour teaches print media and interdisciplinary courses in the Department of Studio



Barbara McGill Balfour, *m melancholia & melanomata*, lithograph (detail).

Arts at Concordia University. *m melancholia & melanomata* was first shown in 1996 at the Optica centre for contemporary art in Montreal. Most recently, it appeared at the Southern Alberta Art Gallery, Lethbridge, in 1998.

Anne Marie Todkill
Editor, The Left Atrium

Reference

1. Balfour BM. *m melancholia & melanomata • mélancolie et mélanome*. Montreal: The author; 1996. [Available at bbalfour17@hotmail.com]

Point de vue

Dans la prison de mon âme

Lors d'un suicide, divers sentiments surgissent chez les proches. Lorsque nous apprenons le décès d'un être cher, nous sommes envahis par des sentiments de tristesse, d'incrédulité et aussi des sentiments d'échec et de culpabilité. Chez mon épouse et moi-même, il y avait aussi un sentiment de soulagement.

C'est ce sentiment de soulagement, difficile à avouer, qui nous a le plus poussés à tenter de comprendre le suicide de Michel, notre garçon de vingt-sept ans. En fin de compte, c'est la compréhension qui nous a guidés vers l'acceptation durant les seize mois écoulés depuis son décès.

Nous étions soulagés car nous avions compris que le geste final de Michel était un aboutissement compréhensible de sa vie. Il ne s'agissait pas d'accepter le

désespoir, car il y avait beaucoup d'espoirs et de rêves dans la vie de Michel. La difficulté était que son comportement et ses valeurs se butaient trop souvent à ceux de ses parents et de la société. Ses rêves s'effritaient, et donc la frustration et la souffrance s'installaient.

Contrairement à ses deux sœurs et trois frères, il éprouvait la frustration de ne pas pouvoir vivre les conventions et règlements de la famille et de la société. Cette incapacité fut une constante durant toute sa vie. Comme bambin, il est incapable de rester aux alentours de la maison. Comme gamin, il n'arrive pas à respecter les règlements de la maison, et ce sont les petits vols et les retards pour les repas. Comme étudiant, ce sont l'indiscipline et les difficultés scolaires. Comme adolescent, c'est l'incapacité de s'astreindre à respecter le code de la

route. Comme jeune homme, il n'arrive pas à payer ses emprunts, il change souvent d'emploi et il roule son auto sur des pneus «usés à la corde». Il n'arrive pas à payer ses nombreuses contraventions et son assurance automobile est impayée.

Nous comprenons qu'il lui est impossible d'intérioriser les consignes et que pour lui, l'apprentissage se fait par essai et erreur. Nous tentons de le discipliner en le responsabilisant dans ce sens. Nous essayons de ne pas être trop exigeants en lui recommandant de réaliser ce qu'il désire dans la vie en autant qu'il soit heureux et honnête.

Dès son jeune âge, nous sentons souvent ses frustrations et sa souffrance. Lorsque parfois il a des succès et que nous le félicitons, c'est comme s'il était incapable d'accepter le succès et son