Can't you give me some more of those homeopathic pills?"

"To add to the Lachesis?"

"Yes, something. It got better for a while, but now it's worse." The patient's forced cheerfulness vanished. A short, crying waver mingled into the staccato of his voice. Leigh put away the ophthalmoscope. His soul was crying for help she could not offer. She would see tears if she looked into his eyes again.

"Classical homeopathy requires that only one remedy be given at a time. But we could try another one."

"Yes, please do."

Leigh's mind went blank for a minute. She could not remember the name of the remedy she had at the edge of her mind. I really should take another course before I get this deep into it. It was Sharon Bridges, wasn't it? Gentle, sympathetic, sentimental. A vegetarian. She said the Pulsatilla strengthened her. Her colour improved. Is this patient soft and dependent, like Sharon? Well, anyone with MS would tend to become dependent over time.

"Pulsatilla, let's try that. It's a versatile remedy. But you'll have to stop the Lachesis."

"It's harmless, right?"

"Certainly. Today is July second. What about August for your next appointment?"

Mr. Archambeault grimaced. "My grandson is coming to visit. He only tolerates me because I take him fishing."

"The fish in Lake McPhee never bite before noon. What about 9:30?"

Mr. Archambeault choked out a staccato laugh. "Okay, but you won't get any of the day's catch from me."

Leigh rose instinctively to help her patient, then held back. Mr. Archambeault made his way carefully to the open door.

He turned in the doorway, as he always did, and said what he always said, but in many different ways. "You are giving me this homeopathy because you can't help me, aren't you?"

Peter Morgan Lanark, Ont.

Dr. Morgan is a former scientific editor of *CMAJ*.

Lifeworks

Unravelling the threads of prejudice

Western society tends to either romanticize or demonize mental illness. At the Madness and Arts 2003 World Festival, held at Toronto's Harbourfront Centre from Mar. 21 to 30, disparate views of mental illness were woven together in a lively tapestry of art, science and opinion.

A lecture by Otto Wahl of George Mason University in Fairfax, Va., focused on the role of the media in creating and reinforcing negative conceptions of mental illness. According to Wahl, the average North American learns about "madness" from dehumanizing depictions in movies, television and advertising. Using examples gathered from popular media, he argued that a pervasive and insidious layering of negative images results in a tangled ball of prejudice against the mentally ill that is almost impossible to unravel.



Issa Ibrahim, 2000. *Time Piece Head.* Mixed media, $11'' \times 6'' \times 4''$. This work was part of an exhibition entitled *in Sanity* at the Madness and Arts 2003 World Festival.

A passionate debate arose in one of the panel discussions as to whether mental illness gives artists greater insight, thus enabling them to produce superior work. Connie Strong of Stanford University's School of Medicine presented findings that certain types of mental illness are more frequent among artists than the general population. Poets, for example, have the highest rate of depression among both artists and non-artists. She commented that bipolar disorder results in an "emotional broadband" that can be to the patient's advantage. Psychiatric patients often complain, she noted, that drug therapy blunts their creativity, damaging their sense of identity and self-worth.

One of the strengths of the festival was its ability to weave together differing perspectives from health care professionals, patients and artists, thus tying science to real-life experience. Additionally, it provided a community-oriented atmosphere conducive to the exchange of ideas. Unfortunately, few members of the general public attended the symposia. I spoke with Dr. Ted Lo, a Toronto psychiatrist who specializes in crosscultural psychiatry, as to why he was attending the festival. He felt that art might be the medium through which psychiatrists and institutions can connect with patients on a "level playing field." He was disappointed, as were others, that non-Western perspectives were not represented on the panels. Kirsty Johnston, the festival's research and educational director, noted that funding was a factor. In time, perhaps, an increased willingness from the public to attend the festival along with increased funding will bring more diversity to the festival's panels and audience.

The Madness and Arts festival succeeded in creating stronger ties among artists and mental health professionals. The performances, visual arts and intellectual debates worked at loosening the tight threads of prejudice. I have no doubt that future festivals will help to put a more positive spin on mental illness.

J. Lynn Fraser

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