



Rebellion Dogs Radio

Rendezvous with Madness Show

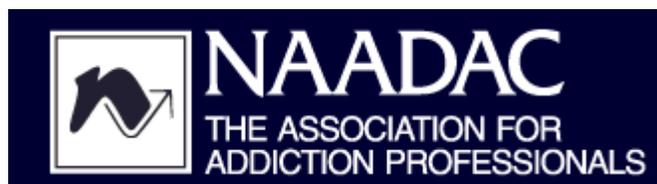
November 2016 Episode 27

Recently on Rebellion Dogs Radio (Episode 25) we looked at Identity politics, borrowing a little from LGBTQ pride, a little from Charlette Kasl, who writes about *Women, Sex and Addiction*, Buddhism and her look at the 12 Steps, *Many Roads, One Journey*, as well as writer, Andrew Solomon, who shared on a TED talk, “There is always someone there to take our humanity away and always someone to restore it. Oppression breeds the power to oppose it.” Last month on Rebellion Dogs Radio 26, Philip Zuckerman introduced the word secularphobia to describe hostility and ridicule that many who hold some supernatural worldview express towards humanist, reductionist, secular views of life. We looked at how “civil rights” became more than a race issue whereby segregation/racism was a threat to any minority and an affront to anyone with a pluralist view of democracy.

In this episode, we look at how stigma towards addicts and addiction treatment, like racism is a weight on pluralism and a barrier to better care for behavioral and mental health disorders. We visit *Rendezvous With Madness* in Toronto, the largest and longest running arts and film festival devoted to addiction and mental health, and we visit NAADAC’s annual conference for addiction professionals in Minneapolis. On each front artists and professionals explore stigma and how best to combat it.

“Joe,” you ask, “What’s a NAADAC?”

Founded in 1974 as the National Association of Alcoholism Counselors and Trainers (NAACT), the organization's



primary objective was to develop a field of professional counselors with professional qualifications and backgrounds. The organization evolved and became the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) in 1982, uniting professionals who worked for positive outcomes in alcohol and drug services. NAADAC's new name - NAADAC, the Association for Addiction Professionals - was adopted in 2001 and reflects the increasing variety of addiction services professionals: counselors, administrators, social workers and others, who are active in counseling, prevention, intervention, treatment, education and research.

Addiction is the number one public health issue in the United States today. According to the U.S. Department of Health and [Human Services Substance Abuse and Mental Health Services Administration](#) (SAMHSA), approximately 22.1 million people aged 12 or older needed treatment for a substance use disorder in 2010. Of those 22.1 million people - almost 10% of the US population - only 2.6 million (11.2 percent of those who needed treatment) received the care that they needed.

In NAADAC's official magazine, *Advances in Addiction & Recovery* (Fall 2016), under "Professional Ethics," Mita Johnson, NAADAC Ethics Committee Chair offered her perspective in an article called, "Cultural Humility and Sensitivity."

The word "discrimination", from an ethical multicultural perspective means "to recognize, appreciate, and value differences. From a positive counseling point of view, *to discriminate* is to engage in dialogue and provide prevention, assessment, treatment planning, treatment, and recovery services that embraces and incorporates cultural diversity. Clinicians, and other service providers intentionally recognize and incorporate areas of difference and need because that's what we do to help our clients engage, participate, succeed, thrive and grow."

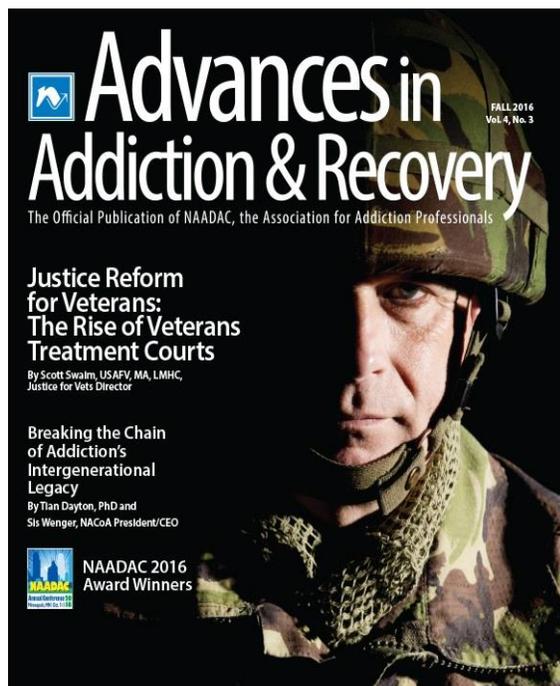
How refreshing; how civilized.

I'm always concerned when a word is taken hostage to mean one certain thing and have other definitions are ignored. For instance, AA has claimed the word *sober* to mean, "complete abstinence from alcohol"; that's what I mean when I say "sober". But pass through a road-side breathalyzer test after having one beer, you or I will be legally "sober". We just can't go to our AA home-group later that day and celebrate continued "sobriety" by AA definition.

As Mita Johnson points out, the same is true of the word, "discrimination". If you say to me, "Joe, how dare you discriminate?" you aren't using the word in a positive vein. But as Mita Johnson points out "to discriminate" can mean "to recognize differences" and accommodate instead of to build barriers. Mita Johnson reminds readers that counsellors and service providers have a duty to develop ethical multicultural skills and there are three stages to achieve this skill:

1. exploring
2. understanding and
3. acting.

Johnson explains, that the concept of "multicultural humility and sensitivity" has been attacked and put aside while one definition of "to discriminate" has been elevated... Cultural affiliation represents and celebrates "the beliefs, customs, practices, historical frames, experiences and ways of being that are unique and vital to a group's identity."



Mita Johnson explains in her article that putting the needs of the substance use disorder/mental health clients first means it's about their needs, not the counselor's. For professionals, it starts with understanding ones' own biases and perspective.

She writes, "Addiction Professionals shall develop an understanding of their own personal, professional and cultural values and believes. Providers shall recognize which personal, professional and cultural values may be in alignment with or conflict with the values and needs of the client. Providers shall not use cultural or value differences as a reason to engage in discrimination. Providers shall seek supervision and/or consultation to address areas of differences and to decrease bias, judgement and microaggressions."

It's easy to see professional sensitivity is essential to minority differences and accommodation is a matter of human rights. It's a good reminder to all of us that we have biases too, and these biases predispose you and I to judgements, dismissive or hostile behavior: "microaggression".

Humility is a good attribute to bring to cultural differences. I can't assume that I understand you or your experience because of a general, identifying label you use or I use. You say you are atheists, agnostic or theist and I immediately bring assumptions to these labels. You say your trans, lesbian, heterosexual, a visible minority or have a mental health disorder and don't I just think I know what that means. But I don't. I don't know what this experience means for you. I need the humility to ask more questions - at least if I want to understand.

In a future Rebellion Dogs Radio show we'll go into some of the details of the great presentations and workshops at NAADAC. Workshops for attendees were under tracks:

- Co-Occurring Disorder,
- Clinical Skills,
- Psychopharmacology,
- Recovery Support,
- Practice Management/Tech and
- Cultural Humility.

Under the track “Cultural Humility” there were presentations on Teens in the Digital Age, Intergenerational Trauma, Trauma Informed Addition Care for Men, Becoming Culturally Competent: Looking Within and the presentation that John McAndrew and I gave, called Beyond Belief: Sensible Spirituality in Treatment and Recovery, looked at creed, an update on how peer-to-peer organizations are adjusting to the varieties of the atheist or agnostic experience, as well as a growing tapestry of supernatural (religious) belief constructs.

So, let me share more of Mita Johnson of NAADAC with you. She was very gracious to share time out of her demanding schedule. The setting is the final hours of the final day of the conference. Around us, NAADAC and hotel staff are packing up. You’ll hear Mita and I talk about her article, the current professional landscape and—especially if you’ve ever wondered about a career in addiction/mental health—we’ll talk about the expansion and growing need for treatment care givers from varied backgrounds. Let’s go to Minneapolis, Monday October 10th in the Hyatt Regency Conference Center...

Mita: I’m Mita Johnson with NAADAC. This [article] came from another community that we serve. So we have a wide variety of treatment facilities that we serve that are primarily Caucasian or non-LGBT population and we recognize that there is a great difficulty. We realize that clients can do well with people of diverse cultures but sometimes they [clinets] do want to work with people who have ‘been there; done that’—someone with whom they can really relate. So, there is a movement within the entire counseling profession to encourage people of diverse cultures to get involved in our profession.

Joe: Right, just age alone, someone who’s coming into treatment for their first time in their late twenties and the average counselor is over sixty, saying, ‘I know how you feel,’ a client might prefer talking with a counselor with body ink and piercings who really looks like they can relate to their own experience(s).

Mita: Yes; thank goodness, our average age isn’t over sixty but yes, you’re absolutely correct.

Joe: The whole recovery community, it’s so easy for lay people to assume, ‘Oh you’re conservative so you think *this way*.’ Or, ‘You’re gay (or heterosexual) so your experience is *this*,’ or ‘You’re agnostic so your experience is *that*.’ But why not let them define what their experience is; and that’s where the humility comes in. We don’t assume even what the labels they use for themselves mean.

Mita: You know the frustration for me is that people don’t even appreciate what it is they are assuming. As a profession, we need to cut that out. We need to really look at the assumptions we make because our accuracy level is going to be less than 20%. So, 80% of the time, we’re wrong. Why are we making these kinds of assumptions? And my concern is that a lot of my clients started using when they were aged 12–24, when we’re doing identity formation. So, they don’t know who

they are. Then I am laying my labels or my assumptions on top of who or what they are, they don't know to say, 'No, that's not how I feel (or think),' because we haven't allowed them the time to fuss through that.

Joe: They may be in a process instead of having arrived at a firm self-identification.

Mita: I do truly believe—and I'm a great example of this—it's a life-long journey to really figure out who you are and at each chapter in your life, your identity is being shifted or reformed based on whatever's going on in that chapter.

Joe: And we have the right to change?

Mita: Yes

Joe: A believer can become an apostate; a skeptic can become a believer. We aren't stuck where we are at. The CEO of Hazelden [Mark Mishek, CEO of the Hazelden Betty Ford Foundation] admitted that they are now looking at the opioid epidemic as a medical problem, not a criminal problem. A lot of that is because now it's [opioid addiction] in the suburbs; it's the girl or boy next door. It's not purely an African American or Latino problem, anymore. For not the best of reasons, we can't be segregating, everyone should be treated equally here and maybe we shouldn't be criminalizing addiction.

Mita: That has always horrified me, I mean, who sets out to be an addict? Who woke up one day and said, "I want to be addicted to opioids"? Nobody did. And to criminalize that, to criminalize the fact that the biology of your brain gone amuck? It's doing the very thing that we're saying that we don't want to do to our clients which is to stigmatize them and criminalize them.

So yes, they engage in behaviors to feed their addiction, however they didn't set out to be addicted and typically, unfortunately, there is a lot of trauma going into their addiction. And so, unless we deal with the trauma, we keep adding to it. Now the medical model—and I do believe the medical model only because—it uses biology. And because it's the only model that recognized that brain chemistry has changed fundamentally in ways that are beyond our ability to control—without treatment. That's why I do like the medical model piece but unfortunately, it's more complex than that. You still have to deal with the PTSD [post-traumatic stress disorder] or, you have no family, you have no support system, your drugs are your best friend. You have all these other dynamics feeding into it.

Joe: Definitely true. Another theme that played out here was the need to—as Kirk [Bowden, PhD (outgoing) president of NAADAC] would say, to “perpetuate ourselves”—finding ways to draw young people especially into the business. What are the challenges for doing this?

Mita: Well, I just did a forum in Denver, reaching out to students. We have a problem right now in our profession. We were the last ones to the table; there were doctors, then social workers, counselors and then addiction counselors. We were the last to the [professional] table and there is this whole misunderstanding about what addiction counselors really do or don't do.

Young people have been told that we don't make any money so why would you go into a profession where you're not making any money? Young people are told you don't have to go through that; be a general practitioner and you can be hired anywhere. And what I do say to young people—our millennials—because they say, 'I want to make a difference in my community and in my world,' and if that truly is what you want to do, then addictions is where you need to look because you get to [make a difference]. What I hear millennials tell us in the workshops is, 'I only want to do mental health,' or 'I only want to do substance abuse.' But you can't cut the client in half—they only come as a whole package. So, you're either working on all of it or you're not working on any of it; you can't pick and choose what you want to work on.

We haven't been educating our young people well. We haven't changed our school systems to understand how they need to incorporate at the collegiate level. All the programs need to be revamped and looked at. We are just now understanding cooccurring disorders; we have primary care that didn't even believe in addiction—they're just believing in addiction for the first time. So, we have this issue. I think it's a whole bunch of layers. And we are—I know NAADAC has, I know SAMHSA [Substance Abuse and Mental Health Services Administration] has, all of us at our collegiate institutes are—really making a concerted effort to say, 'Hey, really look at addictions.'

Joe: On the up-side, it's going to be growing profession. There's no lack of opportunity.

Mita: We have a 37% shortage right now! Medicaid picked up all these people who didn't have insurance so we have this shortage. And another thing, we are recognizing for the first time now that gambling—I mean we've always known that gambling is an addiction—but we're making it formal now. Gambling is an addiction, sex is an addiction, internet-gaming can be an addiction. Anything can become an addictive behavior and that has to be intriguing for young people. It seems more balanced.

Joe: For sure; it's not a high paying profession but you're not in it for the money, right? One does it out of a sense of duty or gratitude. On the other hand, as we start to require higher and higher levels of education, this will up the minimum pay level which, on the other side, increases the cost of care, which is a concern for those for whom cost is a barrier to addiction professionals—affordability.

Mita: You know, I have a problem with this ‘You can’t make money’ [idea] in our profession. If you’re passionate about anything, you can make money at it. So, if you’re passionate about it, you’ll make money.

Joe: I like your style, I mean, I’m from the music business.

Mita: Right, you get it then; if you’re not passionate about it, if you’re only in it for the paycheck, you’re probably not going to make more than just what that one paycheck is. A wise bit of advice I got when I came into this profession was, ‘Don’t have just one income stream.’

Joe: That’s right. You can be a writer as well as having a private practice and/or working for a facility.

Mita: You can do a number of things but if you put all your eggs in one basket, all you have is that one basket. Now, I have a PhD; that’s my way of saying I have *Professional Hyperactivity Disorder*. And I have that, so I like the variety. I’m going to say to young people coming into our profession, “You really need to know a lot about yourself. Do you need structure? Do you need to work within an organization?”

I recommend to anyone coming into the profession to get to know your mental health centers and do all your internships and such. As you can, build your skill, build what you can provide and you’ll build new ways to make more money.

Joe: Good, because that’s almost an unrebutted turnoff isn’t it, “There’s no money in addiction counseling”? But, ‘Says who?’ right?

Mita: Well, I’m not going to hand you money; you have to work for it.



Joe: But there’s no glass ceiling if you’re creative, and skilled, if you think outside the box. Thanks for sharing and spending some time with us. Your ideas are refreshing. Your energy is contagious. The 2017 NAADAC Annual Conference is in Denver. Can you tell us what people can expect from NAADAC 2017 that we haven’t seen before; any hints?

Mita: I think we all needed to live through this first. We haven’t really formalized anything; it’s in the early planning stages yet. FIN

When I read Mita Johnson's article, I wanted to talk to her and I'm stoked to share her insights with you. Considering a career change? Well, working in treatment is a possibility. Just because you've had a heart attack doesn't qualify you to do heart surgery so, at the professional level anyway, being an addict doesn't qualify us to treat addicts. If you're thinking about a possible career in addiction and mental health, volunteer first. I volunteer at Bellwood Heath Services¹ in Toronto. For some of us in long-term recovery, being immersed in the mania and chaos of addicts hitting bottom might be rewarding and it might be unsettling. A year as a volunteer in a treatment center can go a long way to letting any of us know if we have a calling or if our recovery is better served by keeping our distance—giving back in some other way.

Setting professional help aside, there's still plenty more to learn about being more effective in peer-to-peer recovery, too. Cultural humility is good medicine for all of us. One of the presenters at NAADAC, Bridget Rivera, quotes activist, Peggy McIntosh: "(White) privilege is like an invisible, weightless knapsack of special provisions, maps, passports, codebooks, visas, clothes, tools, and blank checks."

The Art of Mindful Facilitation (2004) was written by Lee Mun Wah to share his experiences and expertise with students, other diversity trainers and anyone wishing to deepen their knowledge of race and group dynamics. For many, Lee Mun Wah came to prominence with his 1994 documentary, *The Color of Fear* whereby nine American men of various cultural/ethnic backgrounds discuss prejudice and what their experience is of being American. Understand that this is a moment of time that's over 20-years-old. David Christensen is one of two white Americans who has a hard time understanding either his privilege or the disadvantage of others. He doesn't feel power over others: he doesn't take ownership of or responsibility for white privilege or systemic discrimination. He wonders why anyone would hold the position that they don't have the same opportunity in America that he has. Even though all his presidents have always been white men, the board of directors of most of the businesses he has dealt with his whole life are predominantly white males, popular artistic depictions of God himself, are that of a white man who created "man" in his own image. David didn't understand his advantage the way others understood their disadvantage. It was an important documentary and director Lee Mun Wah went on to teach diversity training through his Berkley CA based company, [Stirfry Seminars and Consulting](#) and more recently, [Ted Talks](#).

Lee Mun Wah says:

"I think this country has a huge mythology and that mythology is that our differences are valued. I don't think so. I think they are celebrated. I think that if you really value somebody's culture, you integrate it into your workplaces, it becomes part of businesses and part of the culture... We are more multi-holiday than we are multi-cultural."ⁱⁱ



Lee Mun Wah would say that if America valued cultural differences, then Sunday wouldn't be the only day of worship; if AA valued atheists then non-theistic language would become part of the culture, inserted into our literature. In October, AA Grapevine celebrated atheists and agnostics. Our stories were shared in our own words. That's great; that's a celebration. But to be appreciated would be to be

accommodated and incorporate a secular language alongside our theistic AA understanding of addiction and recovery.

Lee Mun Wah teaches 13 diversity exercises. This is called sensitivity training. Tolerance requires training because we have natural biases and fears of the unfamiliar. Sensitivity training or "cultural humility" is a necessary continuing education credit that professionals need to keep their training current and up to code.

Even those of us in peer-to-peer recovery, we armatures, could we benefit from sensitivity training and could we do more broaden our empathy and thus, widen our fellowship's gateway?

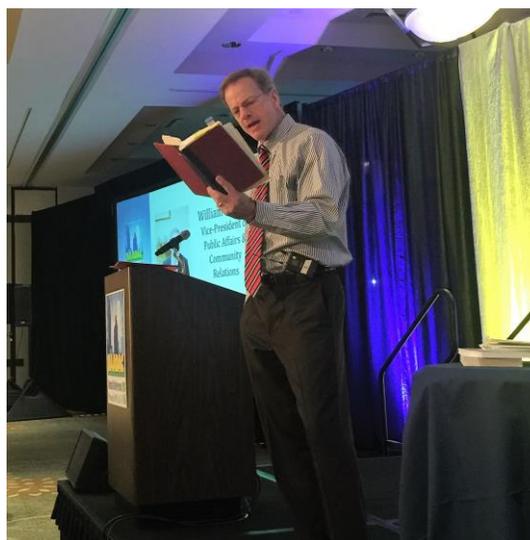
Lee Mun Wah practices and teaches the three principles that Mita Johnston espouses: exploring, understanding and acting. Getting to know someone who is sharing their experience as a minority or underrepresented population in our own homegroup, we can all encourage them to share their experience of our meeting. Here are some questions from Stir Fry Seminars that can be asked:

- Do you or have you ever felt like you needed permission to express yourself? Why or why not?
- In what instance have you felt you needed permission? How does that make you feel? Who gave the permission?
- What are the consequences of not expressing yourself? Of expressing yourself with permission? Without permission?
- As far as having to protect yourself or having someone else who had the power to grant permission in our meeting, how is this feeling familiar to you?

Now, these are questions taught to trained facilitators or counselors. If we ask such questions and if we express our empathy to hear her or him, s/he may get quite emotional. It wouldn't be unusual for unresolved issues to surface. I'm not saying that memorizing this line of questioning is "sensitivity training." Helping others is very complicated. The point I'm trying to make is that if you or I feel helpless, we can seek out training, we can, with humility, learn to be better listeners.

At NAADAC we were greeted by Minneapolis's mayor. What's unusual in terms of how the mayor welcomed us, compared to greeting other conventioners, she shared her sobriety date, some 27 years ago—only in *Minneapolis Minneso-ber*.

As our gathering was in Hazelden-Betty Ford's backyard, the home of the popularized Minnesota Model which incorporates the Twelve Steps—not as therapy—but as recovery management, it wasn't surprising that we accessed interesting speakers at just the right price. William C. Moyers, vice president of public affairs and community relations, shared with the NAADAC crowd. He told a little of his fourth time through treatment where he found and kept abstinence-based recovery in 1994. Moyers (pictured) shared from one of his two books, *Broken: My Story of Addiction and Redemption* (2007) and *Now What? An Insider's Guide to Addiction and Recovery* (2012). Moyers talked about his early days as a lobbyist when a seasoned member of congress shared what he thought was the Addiction/Treatment professions biggest problem. "He told me 'Your profession is better than any other at circling your wagons...'" Moyers told us, "but then shooting into the middle of the circle."



That imagery rings true for me. I can't speak with authority about the greater treatment industry but I have decades of experience with the recovery community. The narcissism of small differences is alive and well in our cul-de-sac of houses of last-resort. NAs badmouth AA for their seeming misunderstanding of "singleness of purpose." AAs badmouth treatment centers that advocate harm-reduction. Harm-reductionist badmouth faith-based abstinence advocates for their old-fashioned temperance mentality. Aren't we all on the same team? Are any these other modalities really "killing people?" Around 125 years ago, Nietzsche said, "There are no facts, only interpretations." This is probable more true than "My anecdotal evidence is more valid than your anecdotal evidence."

Also from Hazelden, Mark Mishek, president and CEO gave a Sunday Morning state of the union address called, "Thriving in a Future Full of Changes, Disruption and Challenges." In Q & A,

Mishek conceded that Hazelden Betty Ford was concerned that both staff and clients at City Centre are way more white upper-middle-class than the greater Minneapolis city. Solemnly, he



ON THE FRONTLINES SAVING OUR KIDS

Some of the *In Recovery* writers like angry-mom advocate Jodi Barber report, “Not only did I lose my child in 2010: three of Jarrod’s close friends also died of overdoses. They were friendly, respectful, polite and loving kids. I soon began hearing of more young lives lost in the same way. In Orange County California, 88 young lives were cut short by overdoses that year.” Jodi Barber has a website: <http://overtakenlives.org>

It’s not hard to hear the sentiment of this magazine article title: “Stop the Pill-Pushing” by Janet Colbert who’s writing a book called, *StoppNow* <http://www.stoppnow.com> and she’s now lobbying.

“When I met with Drug Enforcement Administration (DEA) representatives at their headquarters in Arlington, Virginia, I learned that the DEA monitors and approves the level of opiate production. According to the DEA, in 2012 there was an increase 1,747 percent in opioid production since 1996, the year Oxycontin first came to market.”

Wow, I wonder what powerful lobby groups help encourage the DEA to flood the market with lethal drugs. As this quota goes up and let’s be clear, this is government sanctioned increases in killer, addictive prescription drugs, the death toll goes up, too.

Since Oxycontin started producing easy money for everyone in the supply chain, Pain-Management Clinics—referred to as *Pill Mills* by *In Recovery Magazine* critics—have proliferated to, in the case of Florida alone, over one thousand outlets—more Pill Mills than Duncan Donuts.

Patricia Rosen, webmaster of www.thesoberworld.com writes about losing her son Steven: “Opiate and opioid addiction has become America’s quiet pandemic. The problem has grown much larger than one mother can solve... I am disheartened by the knowledge that today alone, 79 Americans will die a horrific, avoidable death at the hands of opiates and opioids.”

Back to Mark Mishek, JD of Hazelden Betty Ford who faced the NAADAC attendees in Q & A. Mishek conceded that while the initiative to treat the opiate/opioid epidemic now as a medical problem instead of as a criminal problem is the right move, it’s disheartening that what it took for this humane step was for the problem to spill into suburban America—white, privileged America. “These days, every cocktail party or gathering that Joan [wife] and I attend, practically everyone speaks of a loved one who’s suffered an opioid overdose.”

It was great fun to put on a workshop at NAADAC. It was a thrill to attend so many others put on by so many talented and learned presenters. I’ll do my best to share the wealth of insights and information I heard and saw. I will endeavor to devote a future Rebellion Dogs Radio to these topics of interest.



Rebellion Dogs Publishing is pleased to announce...

**Beyond Belief: Sensible Spirituality
in Treatment and Recovery**

SATURDAY OCT 8th @ 2:30 PM

Because of a growing demand for a secular voice added to the 12-Step discussion, you are invited to join a conversation with John P. McAndrew, MA, MDiv and Joe C, author of the first daily reflection book for humanists, freethinkers, atheists and everyone, *Beyond Belief: Agnostic Musings for 12 Step Life* (2013 Joe C., Foreword by Ernie Kurtz, PhD)

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Hey, **can art save your life?** I’ve been a bit of a downer counting how many heroin and prescription drug deaths there are every day, every hour, so here’s a feel-good story: Leonard was at NAADAC and he brought a movie for everyone to enjoy—or more accurately cry over—and it was called, [How I Got Over](#). Founder of both [Writers In Treatment](#) and the Reel Recovery Film Festival, Leonard Buschel shared this documentary with NAADAC attendees Saturday night. This film is about 15 formerly homeless and/or incarcerated women as they craft an original play, based on their harrowing true-life stories, to be performed one-night-only at The Kennedy Center. As observers of their creative process, we bear witness to their transformations from victim to artist, and to the

performing arts' capacity to heal trauma, create connection, and start a conversation. They are all from a temporary housing complex and the movie culminates with a date with destiny before a packed Kennedy Center tux-and-evening-gown crowd. What a tear-jerker.

Speaking of film and struggle and addiction, from Minnesota, I got back to Toronto in time for the—get this—24th annual [Rendezvous With Madness](#), a film and art festival devoted to addiction and mental health which runs from November 4th to 12th.

Rebellion Dogs Radio shares my own trailer/teaser/mashup of [Land of Not Knowing](#).

This film is an experimental documentary. Four artists talk about suicide contemplation and in one case, substance-use disorder. They discuss the impulse to off themselves and the struggle to understand and overcome the impulse. The film looks at the stigma of suicide—even among some mental-health caregivers. Filmmaker Steve Sanguedolce's subjects tell their stories, and the filmmaker responds with a striking visual scheme that I relate to with my baby boomer perspective as psychedelic.

In watching the art-film I found my rational mind wanting to line up the storylines. The way the story is told is we drift from story teller to story teller, never getting any visual cues to assign to the narrators. So instead of just letting the collective conversation flow as delivered I kept trying to keep the different narratives chronological, narrator by narrator instead of just enjoying the back and forth of the narrators as it is edited, like a collective, like people talking to each other.

I liked it, even though it wasn't a free-flowing viewing experience. So what; why should art be comfortable or comforting all of the time? Here's a few minutes of the 2016 [Land of Not Knowing...](#)

At the time of recording, we're not through *Rendezvous With Madness* so we'll be back at it next month. Although I regret missing the crescendo, as I'll be off to Austin [for We Agnostics, Atheists & Freethinkers International AA Conference](#). While it's a shame not being able to be in two places simultaneously, this is a dilemma of quality alternatives.

If you've been following Rebellion Dogs [Twitter](#) and [Facebook](#) you already know about some of the adventures in addiction/mental health and film that we've enjoyed at Rebellion Dogs. Next month, we'll be talking with the producer of [The Business of Recovery](#). It takes a critical look at the recovery biz, what it cost and who gets or doesn't get bang for their addiction/recovery buck. At this point I don't know if it's investigative journalism or sensationalist fault-finding and finger pointing. We'll get back to you with our interview with Greg Horvath, the movies producer.

Do any of you know of [Ken Foster](#)? The Gas Town (Vancouver neighborhood) street artist paints boldly and fast. Partly this is due to his technique: images spring from him like thoughts, the city



transfigured into stark visions. But it is also part of his survival strategy: Foster is a schizophrenic crack addict, and he has chosen to live with his demons as a condition of his art. Creator, Josh Laner doesn't moralize about either the creative relationship between being high and painting, nor does he push a view about the economics of talking a street artist down from his asking price for his original art, or for that matter, the act of contributing to addiction and ostensibly organized crime through paying for street art when you know that the artists next

stop is his dealer. If you have strong opinions about any of these polarizing issues, you may be left unsatisfied in as far as the story doesn't prove you right about your—be it liberal or conservative—view on the subject. This isn't a political movie. It's the story of a man and the people in his life, drugs and mental health, the community he lives in and the series of events and adventures captured for posterity. I loved it—not because it was enjoyable but because I feel enriched for knowing Ken Foster. I can tell you this: I think he's a great artist worthy of his critical acclaim. I don't know that his behavioral health issues are the story. I don't insist that they are not, either. I think you should see this film; a warning to clean and sober crack users: this movie may be triggering. If you do see it, tell us what you think.

There were movies from around the world and in several languages (subtitled to English). From Ireland, at odds with the world around her, sixteen-year-old Emily (Harry Potter movie alumna Evanna Lynch) decides to dig to the root of her eccentricity by crashing the psychiatric institution where her writer-father (Michael Smiley) has been living most of her life. Normal is relative and relatives are never normal. [My Name is Emily](#)

[Já, Olga Hepnarová](#) from the Czech Republic, from Germany, [Im Spinnwebhaus](#), a Persian film with English subtitles, [A Very Ordinary Citizen](#), [Liberation: The User's Guide](#) from France & Russia and [A Family Affair](#) from The Netherlands are some of the offerings taking on addiction, mental health and the human condition.

The opener was by Joey Klein, Montreal actor writing and directing [The Other Half](#) starring Tatiana Maslany and Tom Cullen. Filmed in Toronto, the drama is a realistic look at damage; one

whose trauma leaves him incomplete and another whose bipolar condition brings layers of chaos to their relationship. Surrounding an already challenged romantic relationship is family dysfunction of well-meaning but not very adept parents working out their own unresolved darma. It's a love story but with more of a stark reality than a Hollywood Philip-finish. Klein talked with Geoff Pevere (pictured on page 14), #RWM16's Program Director after the Toronto premier at Revue Cinema about how he discovered his own loss isn't something he gets over. He incorporates it and yes it did come into play with this story. However, once Cullen and Maslany walked into the roles he was not unhappy to see them take the storyline in their own direction.

That's a wrap for Episode 27 of Rebellion Dogs Radio. A lot happens from show to show so I hope to see you on Facebook, Twitter and other inter-web haunts. Remember that while we're broadcasters, we're always listening. Let us know what's on your mind. Check Rebellion Dogs Publishing.com for events, workshops and appearances upcoming. Maybe we'll get to meet again face to face.

Thanks to one of you—Joanne—I'm currently reading Nancy Ellen Abrams, *A God That Could Be Real*. Dancing between her love of science and the needed comfort of 12-Step relief from Food addiction, Abrams confronts that she still has unanswered questions.

“I felt committed to finding a higher power of my own understanding, but I had no idea how to do this. Neither, it seemed to me, did anyone else.” An emerging understanding of dark matter and dark energy offer all of us more of [A God That Could Be Real: Spirituality, Science, and the Future of our Planet](#) what we didn't know we didn't know about our universe. I haven't finished this book but is a search for Yahweh in what we see—not in what we imagine or hope for.



Rebellion Dogs Radio #27 wraps up with a new song by a Toronto band, A Primitive Evolution or APE to indie insiders on Toronto's Queen Street district. It explores these same angst-provoking questions. It's called, [“Who's Your Maker?”](#)

[LISTEN TO REBELLION DOGS RADIO #27](#)

ⁱ <http://edgewoodhealthnetwork.com/locations/bellwood/>

ⁱⁱ TED <https://www.youtube.com/watch?v=Hp5SNpCtiWk> and <https://www.youtube.com/watch?v=7DWI5KXvCGA>