

# CATCH DA FLAVA

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May/June 2006

Volume 12 Issue 1

## STOP THE STIGMA!

INCREASE YOUR AWARENESS OF MENTAL ILLNESS AND  
RECOGNIZE THE SIGNS OF DEPRESSION, PSYCHOSIS, BODY  
IMAGE AND EATING DISORDERS

ALSO IN THIS ISSUE:

- ASK DA SEXPERT: DOUBLE STANDARDS
- CULTURE CLASH: PARENT AND YOUTH RELATIONSHIPS  
AMONG NEW IMMIGRANTS
- REGENT PARK TELEVISION
- QUIZ: HOW MUCH DO YOU KNOW ABOUT MENTAL HEALTH?

A Youth Health and Culture Magazine Serving Regent Park and the Greater Toronto Area



LET *CATCH DA FLAVA*  
BE YOUR VOICE

*Catch da Flava* youth magazine is published by the Regent Park Focus Media Arts Centre. The magazine is distributed free to libraries, community groups, and selected schools across downtown Toronto.

Subscriptions are available outside our delivery area.

*Catch da Flava* welcomes letters and articles from young people (up to 24 years of age). Submissions should be no longer than 1000 words in length.

If you would like more information about how you can contribute to *Catch da Flava*, call us at (416) 863-1074 or submit directly to [catchmail@catchdaflava.com](mailto:catchmail@catchdaflava.com)

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# Editorial

## STOP THE STIGMA

**W**hen you hear the word "mental illness," what do you envision? It probably isn't something very pleasant. Maybe you picture a dirty, twitchy panhandler muttering obscenities or proclaiming grandiose prophecies on the street. Or you might think of a wraith-like, sullen teen dressed in black, ready to slit their wrist at any moment. At worst, you might recall those highly intelligent and conniving psycho killers from Hollywood horror films. At best, maybe you'll think of someone who is never focused, stays at home, doesn't get anything done, and will never get anywhere in life.

These visions of mental illness are symptoms of the lack of understanding--among both the public and mental health professionals--about what mental health and mental illness really are. There is no solid line between "crazy" and "not crazy," and the vague boundaries we use to define psychological disturbances shift every few years and differ from culture to culture. In the past, homosexuality was considered by Westerners to be a seri-

ous mental condition that needed to be treated with therapy, medication and whatever means necessary to "cure the disease," but nowadays being gay or lesbian is totally "normal." Today, many psychologists still argue over the definitions of some mental illnesses, how they are caused, and even if they are in fact mental illnesses and not the demonizing of perfectly normal behaviours. Nonetheless, a huge proportion of the population is diagnosed with mood and personality disorders every year, and most of these people can't be readily distinguished by either looking or talking to them. Other people have yet to be diagnosed, and don't even know that something may be "wrong" with their brains.

Given that mental illnesses affect so many people and don't have any clear definitions, it is time to stop the stigma. There is no question that psychological diseases are emotionally, socially and cognitively crippling, but this in no way implies that people with mental illnesses are inferior, less intelligent, or more deviant than any-

one else who has, say, cancer or diabetes or any other debilitating physical illness that requires long-term care.

The reason there is so much stigma surrounding mental illness compared to physical illness is because the sickness is in the mind, and people thus assume that the patient is at fault either because they do not have the "strength to fight it" or because they are too immoral, weak, or dumb to control their thoughts. I have heard uneducated people make such implications over and over again, even though it is clearly outrageous and ignorant, especially given the fact that almost all mental illnesses have some kind of biological roots. It is therefore the goal of this issue of *Catch da Flava* to educate the public about mental health, share the stories of people who have been through the psychiatric system, and promote greater understanding about what mental illness is and is not.

*By da Flava's Bo Wen Chan, 22,  
University of Toronto*

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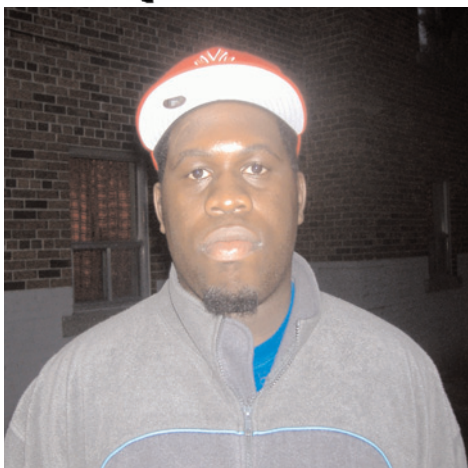
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Our website: [www.catchdaflava.com](http://www.catchdaflava.com)**



# What's Your Beef?



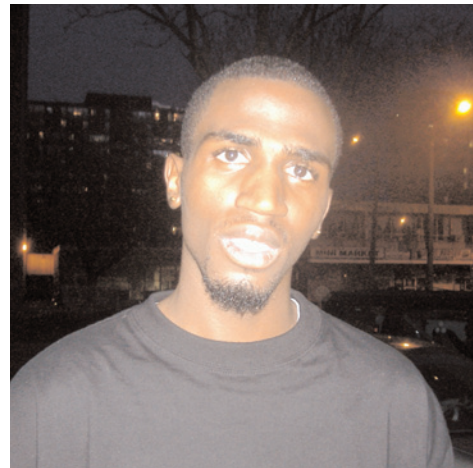
## The New Government



*Stephen Harper was a bad idea. He wants to screw the welfare thing. That's messed up. People need help and shit. It's helping people. I know some people fool with it but people need help man. A lot of youth communities help people and the government should endorse this.*



*I think the government is corrupt; it's keeping people in poverty. Nowadays the government is just totally messing around. The people are being suppressed, making them very angry. They need a new prime minister that will stick to his word.*



*The government is kinda doing its job, kinda not doing its job. They're raising the TTC fares. They're not democratic. Most people don't go out and vote. The people that really vote the most are the rich people. And what the rich people want they get....ah f\*\*k that!*

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# Men Fight, Women Cry: Are Mental Illnesses Sexist?

It is a well-known fact that women are significantly more likely than men to be diagnosed with depression and eating disorders, while men are more likely than women to be diagnosed with antisocial personality disorder and alcoholism. Are these sex differences due to actual differences in women's and men's psychological states, or do the discrepancies appear because the diagnostic criteria doctors use to identify these illnesses are themselves gender-biased?

Once upon a time, many women were diagnosed and treated for "hysteria," which was a disorder that caused them to be irrational, overly emotional and sometimes exhibit psychosomatic illnesses (i.e. believe they had health problems such as blindness or numbness when there was no physiological evidence for it). It was believed that the cause of hysteria was linked to the womb. Hysteria was later eliminated from diagnostic manuals given the lack of scientific ground for its cause and existence, not to mention the incredibly sexist connotations the disease implied (i.e. that women are biologically susceptible to hyperemotionality and irrationality).



Although the days of hysteria are gone, sexism isn't. And it's arguable that many of the criteria we use to diagnose mental illnesses today are

still gender-biased, thus partly explaining the sex gap that exists for some psychological diseases. Take for example the criteria used to diagnose major depression and antisocial personality disorder.

Society has convinced us that it is more acceptable for women to cry and express emotions than men. It is therefore not surprising that more women are diagnosed with depression, when some of the criteria for depression from the Diagnostic and Statistical Manual-IV (DSM-IV, which doctors use to make diagnoses) include: *depressed mood as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful)*; and *feelings of worthlessness or excessive or inappropriate guilt*. Does the stereotypical male often tearfully confide in their friends that they are sad? Not likely. Because of hormonal fluctuations, women are also more likely to experience fluctuations in weight, and another DSM-IV criteria for depression is: *significant weight loss when not dieting or weight gain, or decrease or increase in appetite*.

In a similar vein, men are supposed to be more aggressive, more rational, and less cooperative than women. These traits are reflected in some of the diagnostic criteria for antisocial personality disorder: *irritability and aggressiveness, as indicated by repeated physical fights or assaults*; *lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another*; and *failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest*. Does this sound more like an angry woman, or an angry man to



you?

With these considerations in mind, is it any wonder that women tend to show more depressive symptoms, while more men appear to be more antisocial?

Psychology and psychiatry still have a long way to go before they can filter out the sexist and cultural nuances that skew their diagnostic criteria. In the meantime we must be skeptical about who is really sick and why the doctors say so, because the problem may not really be in a person's mind, but in how society judges his or her actions.



By da Flava's Bo Wen Chan, 22,  
University of Toronto



# The Short Scoop On Psychosis



*The Scream* by Edvard Munch

*I woke up one morning feeling that the world had completely changed. Everything and everyone had come to a standstill. Devices had been implanted in my brain and in my family's brains. A big conspiracy was going on and I was constantly being filmed. When I watched TV, musicians like Simple Plan and Sum 41 were singing songs just for me. I was diagnosed with psychosis, a psychiatric disorder caused by a chemical imbalance in the brain. I was hospitalized at the Center for Addiction and Mental Health for about a month.*

Psychosis refers to a loss of contact with reality, in which people have trouble distinguishing between what is real and what is not. Psychosis usually first appears in a person's late teens or early twenties. Approximately 3 out of 100 people will experience a psy-

chotic episode in their lifetime. It occurs in men and women and across all cultural and socioeconomic groups. It hit me when I was in fourth year of engineering.

Some strange symptoms can be manifested by someone who suffers from a disorder of the central nervous system; reality is sometimes distorted because of impairment in one's sense of sight, hearing, touch, smell or taste. People experiencing a psychotic episode can often develop false beliefs called delusions. Examples of such beliefs include believing that one is being followed by others, being monitored by cameras, or believing that one's thoughts are being controlled by outside forces.

There are a number of mental illnesses that can include psychosis as a symptom. These include schizophrenia and bipolar disorder.

People who experience mental illness sometimes fear seeking medical help because of stigma. Stigma is in some ways even worse than the disorder. Stigma is discrimination that is based on fear, misunderstanding and just plain ignorance.

The following are common myths associated with mental illness from the Canadian Mental Health Association (visit [http://www.cmhask.com/mental\\_health/index.php#Resource](http://www.cmhask.com/mental_health/index.php#Resource)).

## **Myth #1: People with mental illness are violent and dangerous**

The truth is that, as a group, mentally ill people are no more violent than any other group. In fact, they are far more likely to be the victim themselves.

## **Myth #2: People with mental illness are poor and/or less intelligent**

Many studies show that most mentally ill people have average or above-average intelligence. Mental illness, like physical illness, can affect anyone regardless of intelligence, social class or income level.

## **Myth #3: Mental illness is caused by a personal weakness**

A mental illness is not a character flaw. It is an illness, and it has nothing to do with being weak or lacking will-power. Although people with mental illness can play a big part in their own recovery, they did not choose to become ill, and they are not lazy because they cannot just "snap out of it."

## **Myth #4: Mental illness is a single, rare disorder**

Mental illness is not a single disease but a broad classification for many disorders. Anxiety, depression, schizophrenia, personality disorders, eating disorders and organic brain disorders can cause misery, tears and missed opportunities for thousands of Canadians.

*By Preetha Marie-Ann Stephen, 23*

*If you think you or someone you know may need psychological or psychiatric help, contact the Centre For Addiction and Mental Health:*

### **General Mental Health Assessment**

**250 College Street:**

(416) 535-8501 ext. 6878

**1001 Queen Street West:**

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- Parents: You are doing an important job. Appreciate yourselves. It's tough at times, so take care of yourself.
- Recognize the good things you do! You deserve thanks.
  - Take time every day to do something nice for yourself.
  - Talk with people who care about you.
  - Get exercise, good food and enough sleep.
  - Acknowledge your strengths and skills as a parent.
  - Stay positive and patient.



**Communicating With Children**

- Listen to what children say and feel.
- Spend time together involved in fun activities.
- Talk to your children at their level.
- Speak in a calm and clear voice. Keep it short.
- Help your children learn the right words so they can express their feelings.
- Be patient. The BEST communication happens when both parent and child are calm.

**Why Children Misbehave**

**ARE THEY:**

- Tired or hungry?
- Anxious about tensions in the home?
- Overexcited or bored?
- Imitating someone else?
- Too young or physically unable to do what is expected of them?

**ARE THEY SEEKING:**

- Your attention?
- Independence?
- More space?

**ARE THEY REACTING TO:**

- Siblings or others?
- Violence, screaming or insults?
- A parent's mood?
- Separation?
- Other changes in their lives?



**When a Child Misbehaves**

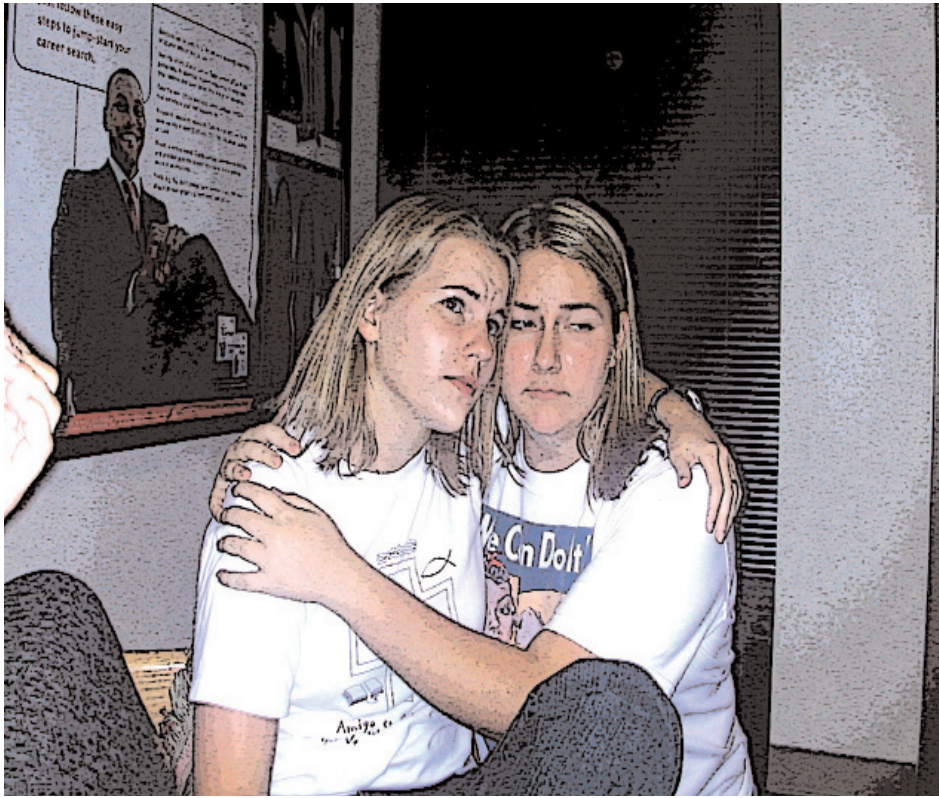
- When you see misbehaviour, respond to it. Stay calm.
- Ignore mildly irritating behaviour.
- Redirect your child to more appropriate activities. Offer choices.
- Try to understand why the child is misbehaving. State clearly what the problem is.
- Avoid attacking, shouting or getting into a power struggle.
- Disapprove of the behaviour, not the child!
- Each child is unique and responds to different approaches.
- Discipline means teaching.
- Remember! All children will sometimes misbehave. It is a natural part of growing up.

**Parents For Better Beginnings**

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# Lack of Discussion on Mental Health Issues For Teens



**A**t 18, Renae Simkin is far removed from the world of cutting, suicidal thoughts, and depression she once resided in. Now, she's excited about training to become a midwife, travelling around the world, and eventually starting her own family. But life wasn't always like this. For years she felt like she was spending life in a black hole that she's worked hard to escape from.

Her depression began when her parents separated when she was ten. As her mom was coping with the change, it fell upon Renae to look after her younger brother. While she was being strong for her family, there was no one she could talk to about how she was dealing with the stress of her father leaving. The loneliness she felt at home was only made worse at school. She was bullied and had few friends. By the time she was in high

school she was deeply depressed and had isolated herself from everyone.

"By 14 I was harming myself when I'd have bad days and felt I had no control or any other outlet for my emotions. Cutting became a way of letting that out and temporarily making me feel better," she says. "Throughout the first three years of high school, I contemplated suicide often. I always had pills stored somewhere, as a comfort in case I wanted to do it at any point.

"My friends and brother knew but they didn't know what to do. Once my friends told a teacher I was cutting and she tried to talk to me. But by that stage, I had grown good at lying and she left me alone. At the start of my fourth year at high school, I met someone and I told them about my problems. They offered to help and slowly things began to get better."

It has been two years since she started her recovery. Renae says, "Life after depression is good. I have my days where I feel like I'm back in that black hole, but I know it's just temporary. You carry on and the next day you find yourself in a good mood again. That's when you know you've really beaten it."

According to the World Health Organisation, 450 million people worldwide suffer from mental, neurological, or behavioural problems at any given time. In Canada, research conducted by the Department of Social and Preventive Medicine at the University of Montreal in September 2005, found that 10.2 % of Canadian youths had suffered from depressive disorders during their lifetime, while 12.1 % had suffered from anxiety disorders.

In Ontario, the Centre for Addiction and Mental Health produces the OSDUS Mental Health and Well-Being Report every two years. According to the 2003 results (the 2005 results were not available at the time of print), 55,200 students in Ontario were at an elevated risk for depression, 89,600 students suffered from low self-esteem, and 122,100 students had had serious thoughts about suicide.

Despite such high numbers of students suffering from mental health problems, mental health professionals are concerned that there is a lack of dialogue about the issue in the broader community.

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Tash Thompson, from the Mental Health and Justice Program at New Outlook, says, "In my experience people don't want to speak about it. They make light and mock mental illness. They believe that it could never happen to them or in their family. They talk about it like it's something on the outside."

Thompson believes that awareness of mental health issues should begin at school. "I think if it's rooted in the school system, it will probably help to really hit the public better."

But the first step to increasing discussion about mental health issues starts with eliminating the stereotypes associated with the term. Thompson says, "The people I work with look like me. This isn't the one who flew over the cuckoo's nest. People aren't lobotomised anymore and drooling. They're on the subway; they're at your job. They could be the person that calls to sell you a newspaper over the phone."

*If you would like to get help or find out more about mental health, contact the Canadian Mental Health Association ([www.cmha.ca](http://www.cmha.ca)) and the Centre for Addiction and Mental*

*Health ([www.camh.net](http://www.camh.net)). If you'd prefer to talk to other teens who have had similar experiences, check out [www.teensforteens.net](http://www.teensforteens.net).*



*By da Flava's Lizza Gebilagin, 24*

## STARVED SICK

### *Facts About Young Girls and Eating Disorders*



**A**re you a woman who is 5 foot 11 and wears size 4 clothes? If so, then YOU are the "IDEAL" super-model! You also might be starving to death! I'm 11 and I wear a size 6, so the "IDEAL" super-model is 11 inches taller than me and is 2 dress sizes smaller! This "IDEAL" promotes an unhealthy body image that can lead to eating disorders such as anorexia and bulimia.

#### *Did you know...*

- In Canada at least 1% of women have an eating disorder*
- up to 80,000 young women in Ontario alone have an eating disorder*

*-50% of Canadian high school girls are dieting because they think they are overweight*

*-37% of girls in Canada as young as 11 think they need to lose weight*

*-50% of grade 4 girls in the US are dieting*

*-Recently, popular teenage actresses like Lindsay Lohan and Mary-Kate Olsen have undergone treatment for eating disorders*

*...So you see it's not just models who are starving to death.*

The media should include healthier images of women, and that would be the first step towards eliminating eating disorders!



*By Molly*

# Does Consumerism Cause Depression?



*Some researchers believe that buying into consumer culture increases your risk of becoming depressed.*

**M**ental health entails more than just being free from any diagnosed psychological disorder. In fact, a significant aspect of mental health--for teens in particular--is the "self-concept," which is, according to Jungwee Park (a scientist with the Health Statistics Division at Statistics Canada) simply some sense of who you are. Two important elements of the self-concept are self-esteem (an assessment of one's worth) and mastery (the extent to which one feels in control of important aspects of one's life). Why is a positive self-concept so important? High self-esteem and mastery are key factors in preventing depression. And a positive self-concept can benefit both your mental and physical health.

It is troubling to learn then that

according to the 1994/95 National Population Health Survey (NHPS) and other research, adolescent females' self-concept tends to be weaker than that of their male counterparts. The NHPS found that in mid childhood both boys and girls seem to feel equally good about themselves. But with the onset of puberty, girls' self-concept suffer disproportionately relative to that of boys. Whereas for boys, puberty entails maturational changes that are generally regarded as positive, for girls it brings menstruation and associated symptoms such as a gain in body fat and possible dissatisfaction with body image. Thus, research has found that (statistically) girls' perception of their attractiveness tends to decline as they get older.

This is disconcerting for several rea-

sons. For one, Park found that people with "a strong self-concept are more likely to be active, and... to engage in self-care and avoid risky behaviour." In addition, NPHS data indicates that both boys and girls with strong self-concepts and who were not obese in 1994/95 had significantly lower odds of being obese six years later than did teens whose self-concept was weak.

Of greater concern, however, is that according to Park's analysis of the NPHS data, it has been found that "a weak self-concept was predictive of depression among girls." If a weak self-concept is related to negative perceptions of one's body image, then it is possible that our society's obsession with appearance, image, and perfection contributes to negative female mental health--depression in particular.

This conclusion is supported by the work of Professor Juliet Schor, a Boston College sociologist. One of her most recent studies showed that the more children were involved in consumer culture, the more depressed and anxious they became. For example, children very involved with consumer culture (e.g. those who have unusually high concern about appearance and clothes, an obsession with celebrity and wealth, and who spend long periods of time watching TV and playing computer games) reported more headaches and stomachaches, and they got bored more frequently. They also showed lower self-esteem and were more likely to be alienated or hostile towards parents and school.

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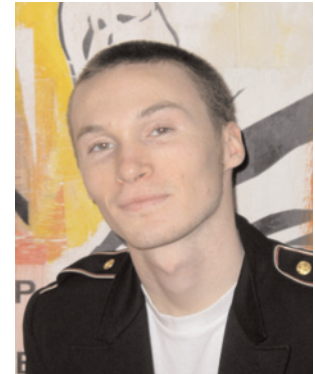


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For many of us, these findings may not be surprising. We already know that our society's attention to good looks and the right image can be depressing when we feel inadequate. Many women in particular are already acutely aware of this phenomenon. What many of us don't realize, however, is how significant the effects of this actually are. According to Schor, today's average young person aged 9 to 17 "scores as high on anxiety scales

as children who were admitted to clinics for psychiatric disorders in 1957." Now that's surprising.

While we all feel the stress of living in a consumer culture, being educated about the research above can help you to place social and media expectations in perspective, and to consider their effects on your mental state. The more you know, the greater your sense of mastery, the better your self-concept, and the better your mental health can be.



*By da Flava's James Sandham, 22,  
University of Guelph*

## Working Out Depression



flexible, and pleasurable program has the best chance for success. Walking-alone or in a group is often a good option."

While Artal and Sherman state that it is unclear how

These endorphins relieve pain and stress, anxiety, and also counteract symptoms of depression. CMHA argues that vigorous exercise isn't needed to release endorphins. Things like meditation, massage and acupuncture can also do the job.

Researchers at the Mood Disorders Research Program and Clinic at the University of Texas Southwestern Medical Center also recently released a report in 2006, linking physical inactivity and positive mental health in men and women. They found that, "relative increases in maximal relative cardiorespiratory fitness and habitual physical activity are [...] associated with lower depressive symptomatology and greater emotional well-being."

**T**here are a number of alternative treatments that can be used to compliment traditional treatments for depression, and to ensure that recovery from mental health problems is long lasting. The most notable is exercise.

Doctors believe that exercise is a useful tool for preventing and easing depressive symptoms. In an article printed in *The Physician and Sportsmedicine* (October 1998), Michal Artal, MD, with Carl Sherman, cautioned that, "Hopelessness and fatigue can make physical exertion difficult, and some patients are vulnerable to guilt and self-blame if they fail to carry out a regimen. A feasible,

exercise alleviates depression, many psychological reasons have been suggested. One reason has to do with the feeling of mastery a person acquires when they stick to their regimen. Another reason is that it releases negative feelings such as stress, anger and frustration, through muscle activity. Exercise also helps to increase the quality of sleep, which is particularly important since disturbed sleep can aggravate depression.

The Canadian Mental Health Association also advocates the benefits of exercise. They state that the euphoria that people who exercise experience has to do with the endorphins that are released by the body.

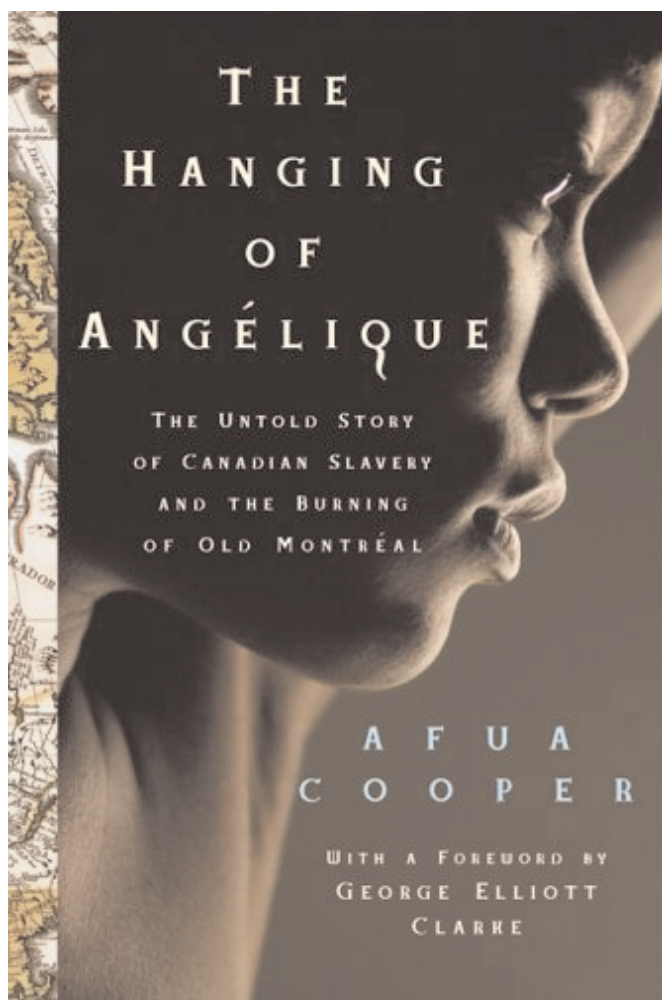


*By da Flava's Lizza Gebilagin, 24*



## In Conversation With...

Afua Cooper, author of "The Hanging of Marie-Joseph Angélique"



MARIE-JOSEPH ANGÉLIQUE was an enslaved black woman born in Portugal. In 1725, at the age of 20, she was brought to New England (New York) and sold to a wealthy Montreal fur trader, Francois Poulin de Francheville, and his wife Therese de Couagne. They brought Angélique to Montreal. Angélique had three children there, all of whom died in infancy.

When Francois de Francheville died suddenly in November 1733, Angélique befriended an embittered white servant named Claude Thibault

and began making aggressive demands for her freedom, including threatening to "roast" the new widow and her white servants. Therese responded to Angélique's acts of resistance by arranging to sell Angélique to a Quebec City acquaintance. However, before the transaction could be completed, Angélique and Thibault attempted a December escape to New England. They were caught after two weeks on the run, and returned to the mistress.

On April 10, 1734 a fire was seen coming from the Franchevilles' attic. Spread by the wind, the fire blazed

through the merchants' quarter; which was considered the economic heart-beat of the region and the densest and busiest part of Montreal. The fire engulfed 46 buildings, destroying the merchant sector including the city's convent and hospital.

Almost immediately, Angélique was accused of setting the fire and promptly arrested. Her suspected accomplice, Claude Thibault, fled and was never seen again. Despite protesting her and her lover's innocence, Angélique was tried and found guilty. It was only later under horrendous pain of torture

that Angélique confessed to setting the fire. On June 4, 1734 Angélique was paraded through the streets and publicly hanged. Afterwards her body was burned and the ashes scattered to the four winds.

"The Hanging of Angélique" by Afua Cooper is a book that details the life and death of Marie-Joseph Angélique and the brutality of slavery in Canada. The author is an established writer of non-fiction, history, and poetry. She holds a Ph.D. in African-Canadian history with specialties in Slavery and Abolition. Cooper currently teaches in the history department at the University of Toronto. Earlier this month, Catch da Flava had an opportunity to sit in on an interview between Afua Cooper and Jody Nyasha Warner, a black and Caribbean subject specialist at Toronto Public Library.

**What inspired you to write this particular story?**

**Cooper:** My background in terms of study is African people's history. I'm interested in the history of black people in North America, in the Caribbean and around the world. When I came across this story I felt I needed to do something about it. I wrote a long essay and later expanded it into this book.

**How do you think Angélique's story enriches and expands our understanding of Canadian history?**

*Continued on next page...*



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**Cooper:** Well it gives us a picture of early Canada. The fire takes place in 1734. This is before the time of British regime in the St. Lawrence colony. We are still in the time of the French regime. This tells us that the black presence was here from a very early time. We had enslaved Africans who came from different countries all over the world. In 1734 if you were to go to Montreal, Quebec city, Detroit or Louisiana you would see diverse cultures and races. It leads us to the knowledge of black people in Canada and gives us a multi-cultural picture.

**What kind of research did you do and how difficult was it?**

**Cooper:** Officials in those days kept meticulous records and often made multiple copies. So for the story of Angélique I consulted archived trial documents, court records and correspondence between officials of Canada and France. In telling her story I felt it was important to situate Angélique in the big picture of the institution of slavery around the world and in the Americas. So I consulted a lot of Dutch, Portuguese, French, Spanish and English colonial records documenting the slave trade in the New World and in Upper and Lower Canada. I also made use of colonial newspapers.

**How extensive was slavery in Canada?**

**Cooper** (Using excerpts from her book): Slavery is Canada's best-kept

secret, locked within the national closet. And because it is a secret it is written out of official history. Contrary to popular belief, slavery was common in Canada. In the earliest era of colonial rule in Canada, both Aboriginal peoples and Africans and their descendants were enslaved. In all European New World settlements, large percentages of the Native populations were exterminated through genocide, the harsh conditions of slavery, and the arrival of new diseases in their midst. As French and English colonists settled in Canada, it was clear that the available labour force could not meet the demands created by a burgeoning economy. In the belief that blacks were a sturdy people, Europeans began to bring African captives into the colonies to work as slaves. From 1628 to 1833, slavery was a legal and acceptable institution in both French and British Canada and was vigorously practiced.

The reluctance to discuss and accept Canada as a place where slavery was institutionalized for 206 years is understandable. In the story of North America slavery, we associate Canada with "freedom" and "refuge," because during the nineteenth century, especially between 1830 and 1860, the period known as the Underground Railway era, thousands of American runaway slaves escaped to and found refuge in the British territories to the north. Therefore, the image of Canada as "freedom's land" has lodged itself in the national psyche and become part of our national identity. One result is the assumption that Canada is different from and morally

superior to that "slave-holding" republic of United States. We read numerous accounts of pioneer life without learning that some of these pioneers were enslaved people who, like the free white pioneers, built roads and highways, constructed homesteads, fought off bears, caught beavers, established farms from forests, and helped in the defence of the young country. People of African descent, free and enslaved, have vanished from national narratives. Today it is possible to complete a graduate degree in Canadian studies and not know that slavery existed in Canada.

**Did Angélique set the fire?**

**Cooper:** Personally I think so, but no one knows for sure if she did or she didn't.



*Afua Cooper*

*By Adonis Huggins  
Research using "The Hanging of  
Angélique" by Afua Cooper*

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# Culture Clash: Parent and Youth Relationships Among New Immigrants



**A**s young people mature, their relationships with their parents change. It's natural for young people to want more independence, however some parents don't agree with this, which causes conflicts. In my opinion, this is most evident in the case of new Canadian immigrants.

Most recent immigrant children who come to Canada adapt to their new surroundings very quickly. They learn new ways of doing things from their peers and society. New immigrant parents, on the other hand, are used to the old ways of living and seem to take a long time to adjust. When kids want to do the things that other Canadian youth are doing, they run into conflicts with parents who want to maintain the old ways. As a result, youth

feel that their parents are stubborn and parents feel that their kids are disrespectful and disobedient.

North American culture is very different from the North African, Middle Eastern and South Asian cultures. For example, in some immigrant cultures it is customary for young women to be modest by covering their hair and wearing clothes that hide their arms and legs. This is different from North American society which, as demonstrated by the likes of Britney Spears and Christina Aguilera, encourages youth to let it all hang out! When newcomer youths want to wear the same revealing clothes as their peers, parents dis-

agree, and sometimes even insist that their children wear the traditional clothing.

In many immigrant cultures it is also expected that, with the exception of schooling, young people stay close to home under the watchful eyes of their parents, even on the weekends. But in North American society young people are encouraged to pursue interests and activities outside the immediate home including joining after-school clubs and going out with friends to movies and dances. When newcomer teens want to do these things, many parents object because that is not the way they grew up.

Parents need to be educated and come to terms with their new environment, and to remember how it felt to be

young. They need to adopt more Western ways in order to have better relationships with their kids. I am not saying that heritage doesn't matter or that parents should let us be 100% free, but they should keep an open mind rather than saying "No" all the time.

Of course, parents are not the only ones that need to change. A lot of immigrant parents cannot speak, read or write English and need their children to translate for them. Many immigrant youth take advantage of this by not communicating the right information to their caregivers. For example, when a youth has a problem at school or fails a course and the school tries to communicate these issues to the parents, a lot of youth mistranslate messages to their parents.

Youth have to respect their parents. They are acting in the best interest of their children. On the other hand, parents must allow their kids to express their opinions freely. Despite culture clashes, our parents are trying to help us become responsible adults. Our parents are giving us a lot of advice from their experiences and we as youth should appreciate this because it will help us become better human beings.



*By Khalsa Babrah, 19,  
Central Technical High School*

# How Much Do You Know About Mental Health?

*Read the following statements and circle TRUE or FALSE, then compare your answers to those below.*

1. Heavy exposure to popular media is correlated with eating disorders. TRUE/FALSE
2. Depressed women tend to have average or above-average intelligence. TRUE/FALSE
3. Depressed men tend to have average or above-average intelligence. TRUE/FALSE
4. Sociopaths (i.e. people who lie, charm, physically harm and/or extort others etc. without remorse to get what they want) are currently incurable, even with modern medication and therapy. TRUE/FALSE
5. There is a link between depression and creativity. TRUE/FALSE
6. Psychologists are able to prescribe medication as well as therapy, while psychiatrists can only provide therapy. TRUE/FALSE
7. In Ontario, going to see a therapist is expensive unless you are covered under a health insurance plan. TRUE/FALSE
8. Many medications for psychological disorders cause physical dependence. TRUE/FALSE
9. Exercising can preserve your intelligence. TRUE/FALSE
10. Bulimia causes people to rapidly lose weight, similar to anorexia. TRUE/FALSE

## ***??Did you know??***

***30% of high school students indicate elevated psychological distress. This percentage represents approximately 303,500 students across Ontario. (OSDUS 2005)***



## ***??Did you know??***

***Females are more likely to believe that they are too fat, compared to males. Males are more likely to believe that they are too thin compared to females. (OSDUS 2005)***

## ***Answers:***

1. TRUE. Heavy media exposure is linked with eating disorders and disordered eating habits, although the precise mechanism through which this occurs is still widely debated.
2. TRUE. But remember these are group averages; there are individual differences.
3. FALSE. Depressed men tend to have average or below-average intelligence (again, there are individual differences).
4. TRUE. There is currently no cure, pharmacological or otherwise, for sociopaths.
5. TRUE. There is a correlation between depression and creativity, although the explanation for this is as yet unclear.
6. FALSE. It's the other way around: psychologists and psychiatrists can both provide therapy, but only psychiatrists are medical doctors who can prescribe medication.
7. FALSE. Psychiatric and some psychological services are covered under OHIP (although they generally have long waiting lists), but there are a lot of private mental health services that you can pay for as well.
8. TRUE. This is especially true of anxiolytics (anti-anxiety drugs) and anti-depressants. This does not mean that they are addictive per se, but it does mean that they aim to consistently regulate your neurotransmitters, and most people suffer withdrawal when they abruptly stop using their medications because their body has adapted to them. This is why it is important that your medical regimen be closely monitored by your doctor.
9. TRUE. When you use your brain to do complex operations, it leaves behind neurochemical debris which can be eliminated through exercise. If this debris accumulates, it could render your brain less efficient when you get older.
10. FALSE. Some bulimics do lose a lot of weight, but a large proportion of them are average or above-average in weight. Binging (i.e. eating a lot of food at once) and purging (i.e. throwing up, exercising vigorously, using laxatives etc.) often only maintains their current weight or slows down weight gain.



Written by Meghan O'Keefe, who is a youth with a mood disorder. Meghan is on the recovery road and wants to share the importance of seeking help early.

It's when you don't enjoy something that usually makes you happy; it's when you can't genuinely smile; it's when you are angry and nothing makes sense. It's called depression and almost 3 million Canadians feel this way, myself included.

It seemed as though I was falling into a hole, a pit of self-anger, and a ditch of rage. I couldn't help but wonder why I hated myself. It is perplexingly ironic: I hated society and I wanted to die, yet I felt as though I was the only rational person in the world; I was both angry and numb.

Yet, while my feelings anger and numbness were overwhelming, they did not constrict me. It is something else that made me painfully isolated. I felt both shame and denial. On one end it seemed as though no one would ever understand, and on the other, teen angst seemed so normal to me that there was no reason to get help.

But, I learnt that the mind is like the body: if it hurts, you should get it checked out. Everyone knows that if you let an injury go untreated it can get worse. It is the same for your moods. There were people all around me who still to this day love me. No matter how terrible I felt, no matter how much hatred I had in my veins, there were people who cared for me. They didn't want to see my mind hurt, the same way they do not want to see me with a broken knee.

It hurts, I know. Those who have been there know the pain, and those who love you...they want to know how to help. Let them be there for you, step forward and shine, depression doesn't have to be felt alone in a hole; see the sun and tell a loved one that your mind hurts.

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# Ask da Sexpert

## Double Standards

**Playas** (def.): Men with multiple sexual partners. **Whores** (def.): Women with multiple sexual partners.

Why are promiscuous men considered cool, hip "playas," while women with multiple partners are considered dirty, and for lack of a better word, "whores"? The reason: Double standards.

What are double standards? According to Dictionary.com, double standards are "a set of principles permitting greater opportunity or liberty to one than to another, especially the granting of greater sexual freedom to men than to women." Double standards have existed for a long time, and none have been more influential and pervasive as those concerning sexual behaviour.

Because double standards are moral codes, they influence the way people behave and what they view as acceptable or unacceptable actions. As a result, biased views of male and female sexuality are formed. For example, women without defined romantic partners (but multiple sexual partners) are often labelled as "bad girls" and "whores," while males in the same boat are simply seen as "young studs" exercising their right to choose. Where did these moral codes originate? It's hard to pinpoint the exact origins of double standards, but they are probably a consequence of patriarchy, inequality between women and men, and sexism.

Maria G., a fifteen-year-old teen from Toronto believes that double standards exist because of the different roles, responsibilities and expectations of men and women. She says, "Women have babies and men don't. That is why women are expected to



keep their bodies pure and clean while men are allowed to roam free like animals, and do what they want without any limits or consequences."

The physical and biological differences between men and women are often used to justify the tolerance of

promiscuous male behaviour, and the intolerance of the female promiscuity. However, regardless of the indisputable differences in the biological functions of males and females, the consequences of promiscuity are the same for both men and women.

Sexually transmitted diseases (STDs) such as gonorrhea, chlamydia and HIV don't discriminate, and having multiple sexual partners can increase the chance of contracting these life-changing diseases for both sexes.

Additionally, pregnancy is a life-changing event and the consequences exist for both males and females, despite women's increased physical role and responsibilities in the initial stages of a child's life. For this reason, it is very important to make wise decisions about your sexual behaviour. Always exercise caution when engaging in sexual relations with new partners. It is a good habit to discuss your sexual histories with all new partners prior to engaging in intimate relations.

Also, always practice safe sex, once you have made the decision to have sex. Safe sex is crucial in decreasing one's probability of contracting an STD, but in the end, abstinence is the only 100% effective way to prevent unplanned pregnancies and STDs, some of which can be fatal, such as HIV and AIDS.

*Continued on next page...*



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It is also important to note to all men that despite social stereotypes that seem to suggest that males are invincible and buffered from the consequences of promiscuous sexual behaviour, they are just as likely as women to suffer from STDs. As well, women may be the ones to get pregnant, but parenthood is a reality for both men and women, and the law recognizes a father's responsibility, at least financially, in a child's life.

Double standards are obviously based on social perceptions, which may or may not be right. It's important for teens to set their own standards and entitle others to that same privilege. Double standards are unfair, they deny individuals the right to act as they see fit, they perpetuate sexism and discrimination, and can coerce unsure individuals into acting without considering the repercussions of what they do, just to fit in. The moral of this story? To each her/his own, so live and let live!



*da Flava's Sexpert*

**Do you have any questions or concerns for da Sexpert?  
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Catch da Flava.**

## **Regent Park TV is Coming to a Website Near You!**

The negative portrayal of Regent Park in the media has long been problematic for residents of the community. This stigmatization has especially caused hardship for young people in the neighbourhood.

With this in mind, Regent Park Focus Youth Media Arts Centre has announced the launch of a new series of community news and drama programs made for youths by youths. These 5-10 minute segments will be available on the Regent Park TV website (regentpark.tv), with a new episode produced every week.

Adonis Huggins, the Program Coordinator of Regent Park Focus, believes that the programs will help promote positive attitudes about the area. He says, "Regent Park TV will challenge stereotypes about area by showing what really goes on in the Regent Park neighbourhood. It will also feature all kinds of entertaining and thought provoking episodes. All of the youth at Focus are really excited about it."

RPTV will be an opportunity to showcase Regent Park and the talents and creativity of its youth. The shows will feature video episodes on issues that are important to young people and to residents of the area. Episodes on the redevelopment, tenant elections, rising TTC fares, student stress, and break-dancing are already in post-production.

As well as giving youths the opportunity to share their works locally and globally on the World Wide Web, one of the goals of RPTV is to provide teens with employable skills. With this in mind, Regent Park Focus is seeking funding support to offer paid training internships for unemployed youth hoping to get their first "break" in the cultural sector. The internships will help youth gain experience in the cultural film sector by partnering them with industry professionals who have agreed to mentor them and provide training in the skill-sets necessary for success. "These mentorships are incredibly important in giving youth the experience and confidence they need to pursue their ambitions in the film, television and media industries." Huggins says.

Regent Park TV will be officially launched in the fall. Those who are interested in learning more about RPTV should visit [www.catchdaflava.com](http://www.catchdaflava.com) or call Regent Park Focus at 416-863-1074.

Regent Park TV is funded by Toronto Community Housing.

*By Sammy Lao, 25*



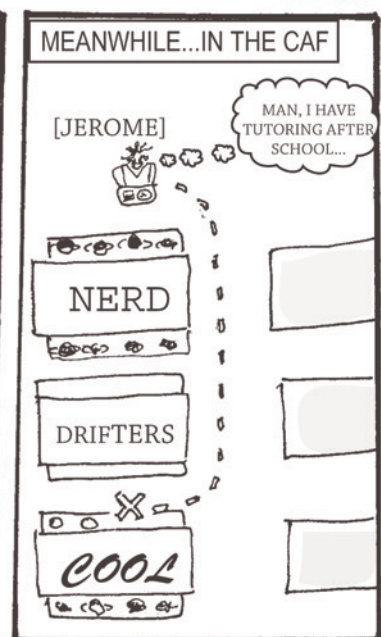
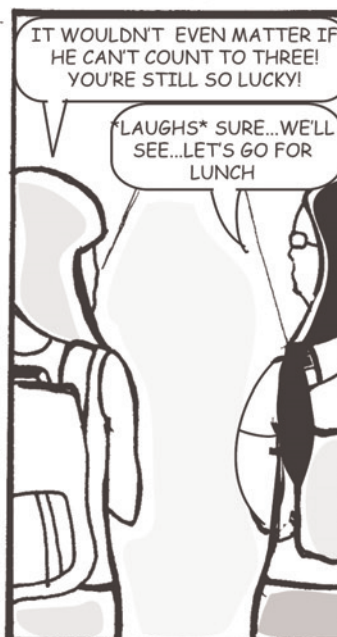
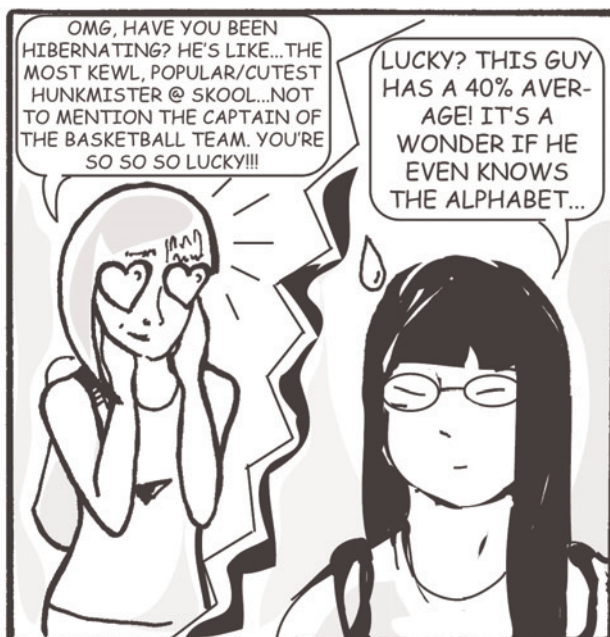
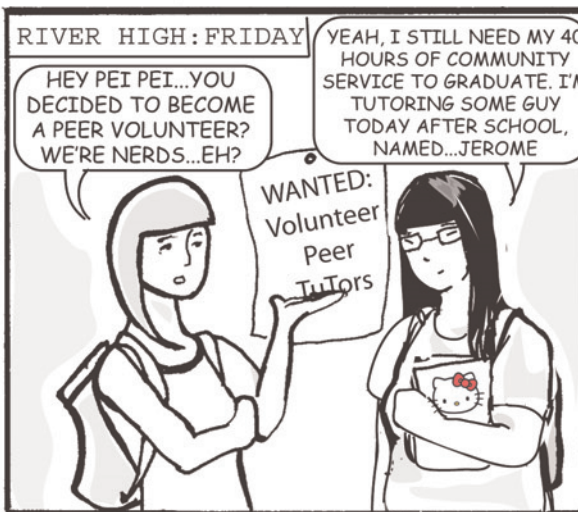
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# RIVER HIGH

IAIN LEW KEE

BY IAIN LEW KEE



# WHAT'S UP IN REGENT PARK

## Three Fond Farewells



*Norman Rowen*



*Albert Koke*



*Joe Liebovitch*

Unfortunately Regent Park won't have Norman Rowen, Albert Koke and Joe Liebovitch to kick around anymore. All three admired community leaders recently announced that they will be leaving Regent Park. Norman Rowen, the program director at Pathways to Education, has resigned from his position for personal reasons. Albert Koke, TCHC property manager for Regent Park /Oak Street took on a new job as the Project Manager for TCHC's Waste Diversion ("Recycling") Program on May 5th, 2006. Joe Liebovitch, teacher at Nelson Mandela Public School, will be leaving Regent Park at the end of the school year to take up a teaching position at Parkdale Collegiate. Norman, Albert and Joe have all made lasting contributions to the community. Regent Park bids goodbye and good luck to the three amigos. We will miss you!

## Local Entrepreneur



Located at the corner of Dundas E and Belshaw in the heart of Regent Park, Wally's discount fruit and vegetable market is a wonder-

ful example of local business that is also concerned for the community. Wally offers vegetables and fruits from a variety of cultures at half price, reflecting both the diversity of the local community and also its helpful spirit. A resident of Regent Park himself, he originally came up with the idea of starting this business as a means to help low-income families. The business has been running for three years now and Wally has no intention of leaving anytime soon. As he says grinning, "Now, the community won't let me go." Wally's hours are from 9am-8pm, April through December.

## Regent Park Tenant Election Results

Thanks to everyone who participated in the Regent Park Tenant Elections. The results are:

- 1 Nava Sellathurai
- 3 Mohammed Hoque
- 4 Alamgir Alam Mohammed
- 5 Azizur Rahman
- 6 Mohammed Asad Uddin
- 7 Deqo Garad
- 8 Mofazzal Howladar
- 9 Abdul Muttalib
- 10 Elias Kassahun
- 11 Dennis Black
- Youth Parvez Uddin
- Youth Fowsiya Farah



*Election Day*

To connect with the tenant reps, visit 19 Belshaw Place.



*Parvez Uddin*



*Fowsiya Farah*

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