FILM REVIEWS

Building Understanding of Schizophrenia: An Extended Commentary on The Soloist

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ABSTRACT

In the previous issue of this journal I detailed a programme for building mental health ethics literacy with a regular column dedicated to critical discussions of mental health ethics issues in film. The first section of this commentary provides background on the problems of stigma attached to schizophrenia and how film can be used to fight stigma by providing a point of para-personal contact between the general public and narrative accounts of persons living with schizophrenia. The next section provides a critical review of The Soloist, a recent feature film that tells the true story (based on a book of the same title (Lopez, 2008)) of how journalist Steve Lopez befriended and wrote a series of columns in the Los Angeles Times about Nathaniel Ayers, a talented musician living with schizophrenia on the streets of Skid Row. The last section explains some of the prevalent socio-economic disadvantages faced by persons living with schizophrenia and concludes with the hope that this movie will be taken up critically to build a greater sense of social responsibility for those in our society living with schizophrenia.

Key words: Ethics; film; homeless persons; mental health; schizophrenia; stigma; treatment refusal.

Mental health and stigma—the case of schizophrenia

Persons living with mental illness face a double challenge. They must live with the symptoms of the disease(s) and the attendant effects this has on their ability to work, live independently, or achieve a satisfactory quality of life. Additionally, they must live with common negative stereotypes of their condition—often based on ignorance, misunderstanding, and misinformation (Schizophrenia Society of Canada, 2009) —in the form of public stigmas (Rüsch et al., 2005). The National Institutes of Mental Health (1986) has even gone so far as to say that stigma is the most debilitating aspect of mental illness.

On a widespread level, for persons with mental health conditions stigma has been linked to decreased self-esteem, loss of social and employment opportunities, distorted experiences in the workplace and criminal justice system, as well as disparities in access to health care and social services (Esterberg et al., 2008; Compton & Kotwicki, 2007). Indeed, stigma is like an oppressive web that feeds discrimination. One relatively recent study (Corrigan et al., 2004b) even found a "significant association between stigmatizing attitudes about mental illness and allocation of resources to mental health services" (reported in Ritterfeld & Jin, 2006:248).

Schizophrenia is one of the most stigmatized mental health conditions (Thornicroft et al., 2009; Harrison et al., 1994:815; Griffiths et al., 2006; Mann & Himelein, 2004). Research investigating the relationship between socioeconomic factors and community integration of persons with schizophrenia reports that this population claims to face a number of impediments resulting in increased social marginalization that are not due to the disorder itself; these include social rejection, poverty, unemployment, and a lack of financial resources and employment supports (Davidson & Stayner, 1997; Chernomas et al., 2000; Mallik et al., 1998; El-Mallakh, 2007:56). The forces of exclusion that work to disallow persons with this condition from being "let in" to full participation in civic and social life call for redress that is both forceful and tactful, pragmatic and imaginative. As B.D. Kelly notes: "The lessons of history are not promising (Shorter, 1997), but the constant search for ways to improve the lives of society's disadvantaged is a fundamental characteristic of civilized society—and the process can usefully start by recognizing the adverse effects of society itself" (Kelly, 2005:727).

Lack of understanding is a common source of stigma for schizophrenia. A dearth of information or misinformation amongst the general public leaves little to guard against misrepresentations and stereotypes fostered in various media portrayals of schizophrenia (Ritterfeld & Jin, 2006). A 1999 study showed that 61% of a representative sample of Americans believe persons living with schizophrenia to be predisposed to violence (Link et al., 1999; cf. Schizophrenia Society of Canada, 2009).[i] As to beliefs concerning the causes of the disorder, 91% of this sample attributed it to stress, 45% to the educational style of the family of origin, 33% to "bad character", and 17% to divine retribution. In this regard, relevant content analyses of media portrayals have shown mental illness being attributed to immoral character or traumatic experiences in early childhood (Hyler, 1988). As Ritterfeld and Jen (2006) note, none of these attributions are true.[ii]

Society's negative reactions as well as common prejudices about schizophrenia are accepted and then internalized by many persons living with schizophrenia, eroding their self-confidence and thus adding a layer of self-stigma (Link et al., 2001). The literature

has shown a resultant tendency, amongst those affected, to social isolation and concealment of their illness, perhaps as defence measures against rejection in the social sphere (González-Torres et al., 2007:20). In turn, social distancing from others—often grounded in a combination of misunderstanding and fear—feeds the cycle of isolation (Lauber et al., 2004). As González-Torres et al. observe: "[t]he ensuing reactions of isolation and concealment and the loss of self-esteem may contribute to reduce these patients' opportunities in all areas of life" (2007:20; see Corrigan et al., 2004a). Sometimes these lost opportunities also include a chance for recovery as part of treatment. After all, "people [for the most part] will not receive care if they do not seek it" (Schizophrenia Society of Canada, 2009:13).[iii]

Fighting stigma through film as a means of para-personal contact

In general, studies have shown that familiarity with mental illness significantly influences others' attitudes towards people with mental illness. The more experience and the more knowledge people have of mental illness, the less likely they are to: i) be influenced by forces that stigmatize mental health conditions (Link & Cullen, 1983), and ii) desire social distance from persons with said conditions (Angermeyer et al., 2004; Corrigan et al., 2001; Esterberg et al., 2008:91). Recent work by Corrigan and others indicates that protest, education, and contact are prevalent methods of combating the stigma of schizophrenia (Corrigan et al., 2004a) with contact being the most effective (Schulze et al., 2003; cf. Reinke et al., 2004; cf. Holmes et al., 1999).

Direct, personal contact between members of the general public and persons living with schizophrenia is not readily feasible as a common stigma-fighting strategy (Gaertner et al., 1996), especially given the lines of distrust and fear that foster social distance and isolationism (as mentioned above). However, films have the capacity to put viewers in contact with "a surrogate reality without having to take part in it" (Horsley, 2009:2). Indeed, contact through narrative media can provide the opportunity for para-personal[iv] experiences, and like actual contact, be instrumental for reducing misinformed prejudice and stereotypes of mental illnesses, including schizophrenia (Ritterfeld & Jin, 2006:249).

The Soloist

A story about building contact and a relationship with one person living with schizophrenia

Enlisting the interest of the broader community to build understanding, compassion and empathetic response—in other words, addressing the issue of moral motivation that might overcome stigmas—is always a challenge. According to Mary Alberti, Executive Director of the Schizophrenia Society of Ontario, "*The Soloist* demonstrates how empathy and understanding can impact the lives of those with schizophrenia and how this relationship can change the way we understand, relate to and support individuals living with this illness"(Anonymous, 2009b). Based on a true story, the film explores the growth of a relationship between Los Angeles Times reporter Steve Lopez and Nathaniel

Anthony Ayers, a one-time Juilliard student who, owing (at least *in part*) to the effects of having schizophrenia, ends up a homeless street musician. Lopez writes regular human-interest columns that weave together the arc of Ayers' biography, introducing his readers to some of the realities of living with schizophrenia and living on Skid Row, the largest homeless district in the United States.[v]

What begins as a column turns into an attempted rescue mission (Johnson, 2009). Portrayed as a pretty "decent" albeit somewhat selfish person, Lopez definitely knows his own interest is motivated by the potential of Ayers' story. Even so, he also wants what he thinks is good for Ayers: to come in off the streets, live in an apartment, connect with the professional classical music scene in L.A., and accept medical treatment (Ogle, 2009). But as Levitin notes, "Ayers's own suspicions (some of them well-justified) and fierce independence thwart attempts to 'mainstream' him" (Levitin, 2008). Ayers refuses to accept psychiatric treatment and remains schizophrenic as well as homeless since he is loathe to live in the confines of LAMP, a Los Angeles mental health housing agency and shelter that provides him with a space to practice on a donated cello (Khankhoje, 2009). Through a masterful performance by Jamie Foxx, sometimes with nothing more than a glancing frown, we see in the character of Nathaniel Ayers a person with schizophrenia who in spite of his various challenges has a strong sense of self-possession and is deeply resistant to having his life usurped (Zacharek, 2009). Lopez plays a mentor figure, but he is reticent to accept Ayers' regard for him as something of a saviour. Lopez knows that this sort of dependence is risky: pursuing a closer relationship with Ayers could compromise his professional objectivity as a journalist (Rainer, 2009). What is more, Lopez is conflicted: though he feels compelled to invest more and more in Ayers as a friend, he also holds to the view that what Ayers "really needs" is medication and psychiatric treatment. Lopez is also just plain afraid of assuming more responsibility than he is prepared to take on. A large part of the drama of the film is generated by this tension within Lopez as he struggles with Ayers and his role in Ayers' life (Vineberg, 2009).

"Actually, 'The Soloist' is a triumphant movie about failure", writes Zacharek. "But the redemption that director Joe Wright and his actors go for … is the thorny kind, the sort that means acknowledging limitations instead of blithely believing you can break through them" (Zacharek, 2009). Accordingly, one of the messages of the film—and especially the book (Lopez, 2008)—is that working with persons with schizophrenia is involving and requires the emotional investment and commitment needed to build trust. Presciently, at the outset of the book, Lopez writes: "I know if this one [i.e. "story"] ever pans out, it's going to take time" (Lopez, 2008:5). This statement could be read as indicative not only of the process of "pulling out" and writing up Ayers' story—it also reads as a statement about what will be required of Lopez to achieve a relationship with Ayers. Again, the Lopez of the movie feels much of the force of the Lopez of the book who writes of his relationship with Ayers as follows:

> I feel jerked around, I feel sympathetic, I feel abused. It's almost harder to see Ayers on the good days than the bad, because you let yourself be deceived into thinking he's going to stay that way. And then the switch goes off and he's fighting himself and blaming it on everyone around him. I see now how someone really sick can burn through your patience, if not your sense of compassion. (Lopez, 2008:110)

The movie, though realistic, is not cynical about the possibilities of reaching through the divide between the world of Ayers and the world of Lopez. Indeed, the masterful acting of both Robert Downey Jr. and Jamie Foxx make those scenes of shared joy through music (as the point of contact for these two) as equally believable as the scenes that detail the personal struggles and pain of these two characters. Relating to someone with schizophrenia in this case is seen as involving, sometimes exasperating, but genuinely rewarding too.

Questions of treatment

The film is also to be applauded for problematizing the acute-care model approach to mental healthcare—a model of mental healthcare that emphasizes intervention at the point of crisis with the goal of returning the patient to "normal" functioning (Sharfstein, 2005). This model has been shown to undervalue the importance of psychotherapy and sustaining relationships for meeting the health needs of persons with schizophrenia (Beal, 1999; Sharfstein, 2005). Through the perspective of Lopez, the movie provokes us to consider: i) why we might feel the need to see medication as a shortcut answer to treatment for persons living with schizophrenia; and ii) why we might feel the need to compel persons to accept medical treatment supposedly "for their own good". Lopez learns over the course of the film that even just to start recovery—to get Ayers "in the door" to treatment services—requires time, a trusting relationship with the patient/consumer, and a will on the consumer's part to accept treatment. Otherwise the road to recovery is impossible.

In the end, Ayers' mental state and how to treat it is not resolved (Anonymous, 2009a). As such, Lopez is challenged to let go of his desire to have Ayers go on medication and be cured (Shaffer, 2009). Instead, he learns that "[t]he first order of business is to establish the makings of a relationship that extends beyond the illness" (Lopez, 2008:55). As such, *The Soloist* shows some personal gains for Ayers that are life-oriented rather than medically-calibrated. These gains are mostly tied to his developing friendship with Lopez. Relating to Lopez affords Ayers opportunities to reconnect with his passion for classical music in ways that had not been possible for him since the onset of the illness that forced him to abandon his professional training at Juilliard. As André Picard aptly points out, the movie shows that "recovery from schizophrenia involves much more than recovery from the illness itself. For many of those who have experienced this serious illness, it also means 'recovery' from discrimination, missed opportunities and lost dreams" (Picard, 2009).

Some criticisms of the narrative

The Soloist is not without its limitations and faults. For instance, it enlists a problematic though common trope linking genius to madness. In this regard, Rainer points to the fact that the movie would appear to "want it both ways": there is a realism in portraying Ayers as delusional, but it would also seem that the "source" of this delusional quality is also what "fuses him with a higher level of feeling than the mundane sanity of scribblers like Lopez"

(Rainer, 2009). Resembling the movie *Shine*, Ayers is touted as a prodigy, waylaid by schizophrenia, but able to achieve heightened musical appreciation through his special, almost heavenly gift, making it seem as if mental illness is both the cruel price and yet also the "key" to artistic insight and understanding. This risks romanticizing mental illness. As Rainer explains: "Ayers is served up to us as a man whose musical passion is inseparable from his schizophrenia. This is why the film is so curiously downbeat about treatments that might have helped Ayers. He may be in pain, the film appears to be saying, but at least he owns his pain" (Rainer, 2009). Very obviously this is a problematic message if it validates a reticence to seek treatment on these grounds, abetting false beliefs that treatment is likely to compromise one's chances for greater artistic insight and emotional capacity (Marano, 2008).

The Soloist also utilizes a problematic Hollywood narrative structure (e.g. *Rain Man*) in which a person with a mental disability is the redemption of an "outwardly successful but incomplete hero" (Gritten, 2009). Most obviously, it is condescending to trade the common stereotype of persons with mental health conditions as burdens on society for this view of them as a gift that alerts us to values unseen or unappreciated in the former perspective. Doing so, in effect, qualifies the worth of persons with mental health conditions according to their use to us as a means of redemption for our lives; it falls short of due regard for them as equals deserving of respect like any other persons. In taking up Nathaniel Ayers as a subject for the film (and book), Lopez admits there's something interesting about a "Juilliard alum'" who ended up not only playing but living on the streets. This should give us pause to analyze the character of our curiosity in, and amazement at, Ayers' story.

Morgenstern asks why Ayers needs to be touted as a musical genius "right up there with Rostropovich" rather than a merely notable talent[vi] (Morgenstern, 2009). Why is it that there seems to be so much more public interest in a movie like *A Beautiful Mind* than for other movies about schizophrenia like *Canvas, Clean, Shaven and Keane*? The latter films feature protagonists who are schizophrenic but who are not set up as extraordinary achievers. Comparatively, in *The Soloist* or *A Beautiful Mind* we are given examples of protagonists who, though living with schizophrenia, succeed at pursuits (classical music and math, respectively) that are already valued very highly in our culture. In viewing their victories either because of or in spite of—I would rather say—their mental health conditions, we (as the general audience) are really only finding a point of contact in their lives which safely maps onto points of similarity to our own "esteemed"—or at least aspirational—values.[vii] Finding similarities to provide points of contact between members of different groups in and of itself is not wrong, and in fact is a common mechanism for building empathy. But often this move in popular film involves the concomitant tendency to look past important differences of marginalized persons like those with mental health conditions (or disabilities). For these persons to be seen, to be heard, and to be generally acknowledged, requires of those who make up the status quo to extend themselves a lot more than an empathetic response based on what amounts substantively to just a reaffirmation of our own neurotypical, conventionally-abled selves. Para-personal contact with persons with mental health conditions may be genuinely possible through film, but what is being described here is a process that fails to provide genuine contact, and might even fuel the illusion of it. By repeatedly showing persons with mental health

conditions (or disabilities) as aspiring to paths that closely align with conventional values in our culture, audiences can take away from their theatre experience a self-satisfied or unchallenged sense that being or becoming tolerant of persons with mental illness (or disabilities) in our society really doesn't require much substantial change on our part (i.e., as members of the general audience).

In *The Soloist* we mostly experience Ayers' story through the perspective of Lopez as narrator (Murray, 2009). Lopez is a novice with persons with mental health issues. The result is that we get an outside perspective on Ayers and a lot of attention to the inside of Lopez's life who, not surprisingly, occupies centre stage — as the white, neurotypical, middle-to-upper class male — most of the time.[viii] As Matt Pais asks, "Why is 'The Soloist' so centered on Steve's ambivalence about being the only person looking after Nathaniel, rather than about Nathaniel's alienation and the social function of Steve's stories?" (Pais, 2009).

Important attention to context and setting

Fortunately, director Joe Wright's agenda for the film is broader than the dramatic narrative of the Lopez-Ayers friendship (Gritten, 2009). Wright presents the movie in a way that makes plain that Ayers' story as a homeless person with a mental health condition is the story of just one individual in a context where there are many other individuals who share his plight (Johnson, 2009; Dargis, 2009). Though the narrator, Lopez, gives us an outsider's perspective, the film itself was shot on location in Skid Row and Wright employed several hundred extras from the local population that appear pretty much unadorned in the movie. Time and again the film cuts away from Lopez's interior musings to drift amid the anonymous and largely invisible individuals who *live* without any home other than the bleak streets of Skid Row. With refreshing deference, Wright halts the dramatic friendship storyline to make space for speaking parts from clients of LAMP—a Los Angeles mental health housing agency and shelter—to tell their stories themselves[ix] (Denby, 2009; Gritten, 2009). As Johnson notes: "They can be fascinating and fantastically engaging people, and the film accepts them 'as-is' without any obvious effort to exploit them or turn their eccentricities into feel-good quirkiness" (Johnson, 2009).

What is more, the film is a study in the practice of listening.[x] As Atkinson notes, "sometimes the soundtrack just falls away as Jamie Foxx's Ayers tries to hear only the music, and even Robert Downey Jr.'s Lopez has instances, as when he locks himself in his car at night, away from the din of the crack-cranked homeless outside, where silence is revelatory" (Atkinson, 2009). Downey Jr. as Lopez is a fast talker, but his experience with Ayers is an education in listening to much more than just the music of this talented musician and seeing much more than just a "good story" in this homeless person. "The real strength of *The Soloist*", as Johnson explains, "is not its soft heartedness but its hard eye, and the willingness to look and not look away from the unfortunate, however uncomfortable, unpleasant, and uneasy looking might make us feel" (Johnson, 2009).

Some common disadvantaging conditions of living with schizophrenia

Part of the "hard eye" of this movie is its ambition to press its viewers to look at some of the social and environmental determinants of mental health. In this regard, Ayers' plight does track certain representative elements of persons living with schizophrenia, even though it must be stressed that homelessness is not an invariable accompaniment of schizophrenia[xi] (Kelly, 2005; Hankonen et al., 1999; Anonymous, 2009b) Despite evidence of significant biological underpinnings to schizophrenia, there is also growing evidence that socio-economic factors "play a large role in shaping the presentation, management and outcome of the illness" (Kelly, 2005:726). El-Mallakh notes that persons with schizophrenia are at risk for health disparities linked to economic factors (El-Mallakh, 2007:50). According to Eaton and Muntaner (1999), being diagnosed with schizophrenia is "strongly associated" with low socioeconomic status given the challenges it poses for both obtaining employment and advanced levels of education and training that are important for securing employment. Corrigan and colleagues also found that stigma of serious mental illnesses, including schizophrenia, "interferes with the ability to find employment" (Corrigan et al., 2006). Horsfall has linked the experience of marginalization, diminished standard of living, and social exclusion to lack of education and/or employment (Horsfall, 2003). Material deprivation and diminished financial resources often lead to homelessness or residence in deteriorating, polluted, high-crime neighbourhoods (Hofrichter, 2003; El-Mallakh, 2007:50) that make for additional risks for poor health (Hofrichter, 2003; El-Mallakh, 2007:50). As Kelly notes, the adverse effects of these socio-economic determinants, along with enduring stigma about mental illness (Byrne, 1999), constitute a form of structural violence that acts to impair access to psychiatric care and social services and to amplify the effects of schizophrenia in the lives of sufferers. As a result of these over-arching social and economic circumstances, individuals with schizophrenia are systematically excluded from full participation in civic and social life, and are constrained to live lives that are shaped, in large part, by stigma, isolation, homelessness and the denial of basic human rights. (Kelly, 2005:726)

Being more socially responsible towards persons living with schizophrenia

In trying to bring in Ayers off the streets with the hopes that doing so will give Nathaniel a chance to better pursue his interests in music, secure a home, and eventually get treatment for his schizophrenia, Lopez encounters a common truth about homelessness and schizophrenia: namely, "there are no quick fixes or simple solutions. Good intentions are not good enough" (Johnson, 2009). Presumably, the forces of exclusion that work to disallow persons with schizophrenia from being "let in" and then accepting full participation in civic and social life call forth redress that will require widespread social change. Part of exercising the public's imagination and creating a stronger sense of social responsibility means building structures for hope that are still realistic. The all-too-common extreme public pressure

to succeed at overcoming mental illness—often fuelled by forces of stigma and discrimination—can itself be very defeating for those with mental illnesses, especially those with serious mental illnesses like schizophrenia (Davidson et al., 2001). *The Soloist*, despite its imperfections and weaknesses, is to be respected for its imaginative attempt to re-direct public focus and concern for: i) the person over and above his or her condition of schizophrenia; and ii) the context of challenges that can make living with this illness all the more difficult. It is also a movie that when taken up critically can perhaps work to lessen some of the pernicious public pressures owing to stigmas of schizophrenia. Finally, by grinding a bit of a political axe concerning the realities of homelessness, *The Soloist* may again, when taken up critically, also serve to put public pressure for change on fronts that call forth not just personal but also collective response.

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Endnotes

i   Lack of understanding and negative attitudes towards persons with schizophrenia are also a Canadian problem. A 2008 Leger Marketing Survey of adult Canadians showed that 32% of those polled thought that people with schizophrenia tend to be violent, 16% said they were not comfortable talking about schizophrenia, and 32% felt uncomfortable being in the presence of someone with schizophrenia (Schizophrenia Society of Canada, 2009).

ii   According to PsychiatricDisorders.com: "The causes of schizophrenia are unknown: while several possible causes exist, no single cause explains all cases of schizophrenia. Genetics, birth defects, environmental triggers, and imbalances of the neurotransmitter dopamine are all considered possible causes of schizophrenia" (Anonymous, 2009c).

iii   "Recent American studies report that approximately half of all individuals with severe mental illnesses have received no treatment for their illnesses in the previous 12 months" (Anonymous, 2009d). See also Vonkorff et al., 1985.

iv   According to Merriam-Webster Dictionary (online), the prefix "para" can mean "1. beside: alongside of; 2 a. Closely related to; b. Involving substitution" (Anonymous, 2009e). The Oxford English Dictionary (online), defines the prefix "para" as that which is "analogous or parallel to, but separate from or going beyond, what is denoted by the root word", in this case, the "personal" (Anonymous, 2009f).

v   "Close to 74,000 people are homeless in Los Angeles–more than in New York, Chicago, and San Francisco combined. Los Angeles' Skid Row, a 52-block area east of the downtown business district, has the highest concentration of homelessness in the United States. More than half of the homeless men and women in this area are chronically homeless, meaning they struggle with a mental or physical disability and have been living on the street for years" (Lamp Community, 2009).

vi   Another worry is that *The Soloist* simply rehearses a convention in popular film by which persons with mental health conditions (or disabilities) become noteworthy either because of their fall from "greatness" (gauged according to conventional standards) or because of their achievement of "greatness" (gauged by conventional standards). Either way, the stories are unlikely to be representative of what most persons living with the condition in question are like or are able to reasonably aspire to. The sense of appreciation for persons with mental health conditions (or disabilities) engendered by this common approach in popular film risks being built on empathy for the "greatness" (gauged by conventional standards) from which these characters may have fallen, or the "greatness" (gauged by conventional standards) these characters manage to achieve notwithstanding their condition. What is lacking here is an attempt to take on the challenge of trying to build an empathy that transcends to those who might not care to pursue "greatness" gauged by conventional standards, or for whom the pursuit of such would be impracticable or senseless to attempt.

vii   Explaining audience appeal of movies about extraordinary persons with mental health conditions (or disabilities) is obviously multi-factorial and subject to various interpretations. Another (more sanguine) view would have it that we admire what is extraordinary about these individuals and in doing so this gives us a way to look past the illness and stereotype – the collective "other", so to speak – and to see an exceptional individual there. In a culture that—oftentimes, only ostensibly—prizes individualism, this could count as a way to acknowledge the person instead of just seeing the disease or disability. I thank L. Syd Johnson for bringing this point to my attention.

viii   Dana Stevens holds that when Ayers' worship turns into resentment, "questions about racial and class guilt are raised, then left unexplored" (Stevens, 2009). For a critique of the film's handling of issues of race and class see "The Soloist Movie Review" by Prairie Miller (2009).

ix   Moe Armstrong, an advocate living with schizophrenia and director of consumer and family affairs for the Vinfen Corporation (an organization that provides consumer services through the Massachusetts Department of Mental Health) said in an interview that "mental health is an expert-driven field, and that experts are the ones who talk about the mentally ill. Ultimately, individuals with mental illnesses must speak out and have a greater impact on the way they are depicted to the public. He added that at times he resents efforts to use celebrity spokespeople as examples of mental health success stories. 'Everyone's pain is real,' he said" (Grinfield, 1998:2).

x   See *Radio La Colifata* FM 100.1 (online) which broadcasts commentary by consumers from within Jose Borda Neuropsychiatric Hospital in Buenos Aires. It began over fifteen years ago "to help patients communicate with their peers, to carry their voices beyond the hospital walls and to break down public misconceptions and prejudices ..." (Cormier, 2007).

xi   Approximately 6% of persons with schizophrenia in the US are homeless or live in shelters and another 6% live in jails or prisons (Torrey, 2006). A Canadian study found a 6% lifetime prevalence of schizophrenia among Toronto's homeless population (Mental Health Policy Research Group, 1998).

Competing Interests: *None.*

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