



VINTAGE

VOLUNTARY
MADNESS

NORAH VINCENT

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Acknowledgments

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About the Book

In Norah Vincent's acclaimed first book she described how she spent eighteen months disguised as a man, an experience that ended in a locked ward in a psychiatric hospital. She left determined to learn more about the world of psychiatry and to examine whether different mental institutions would offer different solutions to their patients, but rather than researching it as a journalist she chose to experience it as a patient.

Her journey begins in a huge innercity hospital, before moving to the calming green carpet of St Luke's, where patients are offered a room of their own and a regular jog in the park. From there she moves to Mobius, and a Buddhist-inspired brand of healing where she is forced to swim through West Coast psychobabble to some unexpected conclusions. The result is a fearless and unprecedented view of mental health care - from the inside out.

About the Author

Norah Vincent's first book, *Self-Made Man* (2006), was an international media sensation and a *New York Times* bestseller. Previously, she wrote a nationally syndicated op-ed column for the *Los Angeles Times*. Her work has also appeared in the *New York Times*, *New Republic*, *Village Voice* and the *Washington Post*. She lives in New York City.

ALSO BY NORAH VINCENT

Self-Made Man

TO TEDDY

Voluntary Madness

My Year Lost and Found in the Loony Bin

Norah Vincent

VINTAGE BOOKS
London

CURRICULUM

IN NOVEMBER 2004, just as I was finishing the research for my book *Self-Made Man*, I checked myself into a locked psychiatric ward in the hospital.

I never finished that research. Instead it was cut short by a depressive breakdown that scared me enough to convince me that it would be better both for me and for those around me if I didn't go on walking the streets looking for someone to hurt me.

It may sound unduly dramatic to suggest that writing a book would drive a person into the bin (though I'm sure there are at least a few hundred thousand Ph.D. candidates and other wee-hour scribblers out there who would beg to differ on this score), but in my case, it was quite literally true. I lost it, in medias research, so to speak, and for good reason.

The research for *Self-Made Man* had been unorthodox, to say the least, since it had entailed disguising myself and then living, dating, working, and recreating as a man. I became a man, at least as far as the people around me knew, but I remained a woman, and that psycho-emotional contradiction in terms pulled me apart at the seams slowly and insidiously for eighteen months, leaving me limp and in tatters, sitting semicatatonic in my pajamas outside a nurse's station in the hospital, torporously signing away my freedom and giving my consent to be forcibly restrained if necessary.

Real lives and lived experience are the laboratory of the immersion journalist, and the journalist herself is the guinea pig. Consequently, a lot can change between the proposal and the finished book, and always does.

That is the whole purpose, after all. If you knew what was going to happen in the end, there would be no point in

starting. Setting out to prove a point only colors the experience and then skews the results more than your inescapable subjectivity and prejudices already do. You have to leap. You have to be a bit reckless. Maybe more than a bit. Maybe a lot.

This is at once the adventure and the peril of what I do, and, for better or worse, it means I follow where the rabbit hole leads.

Last time around it landed me in the bin. But once I got there, I realized that bins are pretty fertile ground for writers of my stripe, and not altogether uninteresting places to be locked away for a few days with a notebook and a crayon (or whatever other nubby stylus they'll let you get your certifiable fist around).

As I sat there in the ward that November, wondering how the hell I was going to talk my way out of that zombie parlor, I said to myself, "Jesus, what a freak show. All I have to do is sit here and take notes, and I'm Balzac."

And that was it. Bam. That was how the idea for this book came to me, and I to it. Of course, "idea" is the operative word here, since the book I set out to write and the book you are holding in your hands are two quite different things. But then, as I've said, being an immersion journalist, I expected that.

I started in that ward with the theatricality of it all, distanced from my own condition, contemptuous, trapped, yet interested. But interested the way a field entomologist is interested, stooping to see, a deigning species apart, marveling at the hive or the colony and poking it with her pencil to get a better view.

Somerset Maugham once wrote that quotation is a passable substitute for wit, and so for me, prurience was a passable substitute for something better. Imagination? Diligence? Insight? I don't know. I thought I was in a foreign country, and so, like every frisky tourist, whose intrusiveness is pure entitlement, I was curious about the

customs—and possessive, too. I wanted these people to myself, to make them mine in word and sentence.

These were living dolls, characters ready-made for me, shuffling by in all their goggle-eyed magnitude and efflorescent distress. I liked them that way, and I watched.

I did not accept, then, that I was one of them, and that the foreign country, the theater, the rabbit hole, was not out there but in my head.

I spent four lost, interminable days in lockup that first time in the bin, getting worse, weeping at the sealed windows, yelping for rescue through the pay phone in the soul-destroying dayroom, wrapping into my roommate's seamless paranoia, and, finally, out of sheer rage, altogether losing what was left of my tenuous grip.

Then, scared Soviet of being stuck in there for months, I resolved to slip the trap and ingratiate myself to the pen pushers and paper pilers of the system. I put up a front of cool argument and reasoned my way out.

I got home a wreck, and swore that, no matter how bad I felt, I would never willingly go into such a place again. Never.

And yet, there was the lure, the powerful lure of the spectacle, and the human drama, and what I saw as the outright wrongs of the insanitarium, wrongs that I so longed to expose and ridicule, and hold up to public scrutiny. I felt centripetally attracted to the subject matter, to what I couldn't help seeing as the thematic cornucopia of the bin.

I wanted to immerse myself in that. Be the patient once more. It wasn't a stretch, obviously, but it was daunting nonetheless. I knew that in order to write a book about madhouses, I'd have to spend much more time locked away, and in several different types of institutions.

Wouldn't that drive me mad again, madder than being a man had ever done? Or would it only reveal a madness already there, entwined. Was / the reason to do it? Mad me turning to face me in the mirror of other warped faces?

After all, there was far more to my backstory, more to my personal investment in the topic, than that first trip to the bin.

It began more than ten years ago when I first went to a psychiatrist complaining of persistently gloomy and vaguely suicidal thoughts. I was in my late twenties, still working as a glorified secretary in a job that I was overqualified for and understimulated by. I had gotten to that age when all well-loved children of the upper middle class begin to discover that the world is not made for them, that all meaningful questions are rhetorical, and that the term “soul mate” is, at best, a figure of speech.

I had had too many ill-conceived relationships defiantly not rise phoenixlike from the flames. I couldn't see spending the rest of my working life wearing pantsuits, but I didn't know how to convert my expensive education into the bohemian Kulturkampf I was dreaming about. I did not relish what I saw as my prospects for love or money. I was sorely disappointed by my oyster, and so I despaired, flagrantly, aromatically, in purple poetry and reefer.

What can I tell you? It was the 1990s. The *épatant* was the bourgeois, and Kurt Cobain was dead. Despair was an icon, and I was in my Saturn return. I was stuck at an age when a lot of people are stuck. I was morose at an age when a lot of people are morose. I was spoiled. I thought life was supposed to make you happy, and I wasn't going to drudge for a living.

Did I need medication? Or did I need someone to talk to? Someone, that is, who would do more than charge the going rate for nodding and whip out a prescription pad before the first fifty minutes were up. Was I physiologically depressed? At an innate biochemical disadvantage? Or was reaching for the pad just the way things were done because the doc had been well patronized by the drug reps and had plenty of samples in her file cabinet?

I don't know, and I never will know. I took my first Prozac and took flight.

I went out like a turbocharged dorm geek after the last exam, a recluse set loose on the world with the sudden hubris of ten presidents and all the pent-up primal urges I'd been sublimating since the onset of puberty. I was a stalled career flounderer set going again by a little green-and-cream-colored Pulvule that made me feel so good I called it vitamin P.

In fact, my brain was never quite the same after I zapped it with that first course of SSRIs. Those initial months on Prozac when I was thinthin and wildly productive and fascinated by everything and feeling every minute like I'd just been fucked—they didn't last and they never came again.

Pretty soon my brain adjusted, and pretty soon I got puffy and lethargic, taking four-hour death naps in the afternoon, gaining weight, and guzzling coffee just to keep my head up, and maybe, if I drank enough, get some fleeting glimpse of the former glory.

My doc upped my dose to the max, and then we added other antidepressants to amplify the effect, until I was a bug-eyed, constipated, jangle-nerved sloth writing rants in the closet at 4:00 a.m. because I'd slept all afternoon and a soft cell was the only place I felt safe. I got kinda twitchy and geriatric when I ate, my fork shaking wildly all the way from the plate to my mouth.

My doc and I tried a lot of other medications along the way, and I had all the classic side effects. I went hypomanic on the Prozac, so we added mood stabilizers to even me out. I lost interest in sex, so we tried another antidepressant, Wellbutrin, to bring me back. We switched, jiggered, and recombined, looking for that perfect pickle. But if one thing didn't give me a rash or panic attacks, then it made me gobble salty junk food in the middle of the night. I tried most of the majors, and burned through their effects.

I got scrawny, then fat, petrified, then out of control, sexless, then sex-obsessed.

Finally, beset by attacks of crippling anxiety, I got a scrip for Klonopin. The velvet hammer. A relative of Valium and Xanax, and the best drug I know for what ails you, if you've given up on all the rest. Just pop it and bonk—you're out. Sweet dreamless sleep.

But even this didn't last.

Eventually the dope just doesn't work the way it used to. Even Klonny needs a boost to keep hammering you. And that's when they start referring to you in whispered tones as "medication-resistant."

So I ended up in the bin that first time, to do some serious recalibration. I was all used up. In the space of a few years, I went from being just another twenty-something having a good old-fashioned life crisis to being a psychotropic junky.

And that, crowded and distraught, is the short version of my history with what we might broadly call mental illness. I qualify the term "mental illness" here not so much because I am in denial anymore about my challenges, but more because I don't accept the terms by which mental illness is currently defined.

That is part of the point. I am asking the question of myself, and perhaps of you, as well as the culture at large. Am I mentally ill? Or have I been diagnosed as such because it means that the insurance companies will pony up for my meds and my stays in the hospital only if I am placed in a category in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, whether I truly belong there or not?

And what is "mentally ill," anyway? What can it mean to say that someone is mentally ill when the DSM, the psycho-bible, is, in my and many other far more qualified people's estimation, not a scientific document, but rather an entirely subjective and seemingly infinitely amendable and expandable laundry list of catchall terms for collections of symptoms.

There is, at least in the quantifiable sense, no such thing as schizophrenia, bipolar disorder, major depressive disorder, social anxiety disorder, and a whole host of other accepted diseases listed in the *DSM*. There is no real test for any of them (only questionnaires and symptomatic observation). They are unduly subject to political and professional fashion, and even lobbying by special-interest groups. Hence the successive redefining of homosexuality in 1973 and 1980, and, finally, its excision from the *DSM* in 1987.

We are nowhere near understanding the causes and mechanisms of mental illness well enough to develop reliable diagnostic criteria for any of them. We infer backward from the symptoms to the disease, which is why, when it came to doing the research for this book, it was so easy for me to gain admission to various hospitals on the pretext of undergoing a major depressive episode, even though in at least one case I was feeling quite well.

People have often asked me how I was able to do this so easily, and I always shock them when I say, "Anyone could do it."

Getting yourself committed is very easy. Easier than it should be.

This has been true for a long time. In 1972, psychologist David Rosenhan and a group of his colleagues and graduate students conducted an experiment in which eight participants, or "pseudopatients," none of whom had histories of mental illness or institutionalization, set out to see how difficult it would be to get themselves committed.

They presented themselves at various hospitals across the United States, saying that they were hearing voices. They said that the voices were repeating the words "empty," "hollow," and "thud." They claimed to be suffering from no other symptoms and otherwise behaved normally. All eight were admitted, seven with diagnoses of schizophrenia, and one with a diagnosis of bipolar disorder. None of the staff

was able to identify the pseudopatients as imposters during their stays, though a number of patients were reported to have done so.

The pseudopatients were all discharged after an average stay of nineteen days, at which time their schizophrenia was diagnosed as being “in remission.”

The results of the experiment were published in the journal *Science*, and the authors concluded ominously, “It is clear that we cannot distinguish the sane from the insane in psychiatric hospitals.”

I am sure that another Rosenhan experiment, if conducted today, would yield equally worrying results.

But this book is not another Rosenhan experiment. Though it does cast an unabashedly critical eye on the system, the practice of psychiatry, and the prevailing view of mental illness, it does so solely through the lens of my experience.

If you are looking for evidence, you will not find it here, except in the notoriously unreliable form of eyewitness testimony. My own.

The formal case against the leviathan has been made already, and is still being made in the courts and the newspapers. A number of people, several of them professionals in the field, have written extremely well-documented exposés of psychiatry, psychiatric medications, the pharmaceutical companies, and the *DSM*. These books are far too seldom read, in my opinion.

I admire and support what these writers, dissenting doctors, and journalists have accomplished. Initially, I sought to follow their lead. I saw probing the phenomenon of mental illness today as an effective and provocative way to take the measure of my culture. But as I plunged myself deeper in the project, I, and it, took a sharp turn inward, becoming somewhat less about what I saw around me and more about my private struggle to find a way out of chronic mental distress, a distress that the system not only seemed

unable to heal but, more often than not, had only made worse.

As you read, you will see that what begins as the mostly detached report of the proverbial journalist at large, first in a big-city public hospital, then in a private rural hospital, and finally, in an alternative treatment program, soon dovetails and then merges indistinguishably with the very personal account of a bona fide patient's search for rescue and, if possible, a touch of lasting self-awareness along the way. The journalist and the patient are both me: one doing a job, or trying to; the other slouching, in her own time, toward bedlam; and each, by turns, pushing the other up and along or dragging her down.

What follows is the record of that dual journey, shot through with observational inexactitude. This is what I saw and what I thought. It is what happened to me, inside and out. That's all. It is not, nor was it intended to be, an argument, a polemic, or an investigative report, though it is, at times argumentative, conjectural, and raw. It draws no hard-and-fast conclusions. It asks. It surmises. It prods. It also wanders, meanders, spirals, and circles back. But in the end, it does no more and no less than take you with me. And that, after all, is really what you're here for, isn't it? To come along for the ride.

That much I know I can promise you. A bumpy, loopy, sideways, up-and-down ride.

A journalist I once knew had a saying about our profession: The most you can hope to do is inform and entertain.

As an invitation to these pages, that sounds about right.

BEDLAM

Meriwether

PSEUDONYMS. IT BEGAN with pseudonyms. Hastily scrawled on the dog-eared pages of a paperback book. Words circled, underlined, then crossed out by the exuberant young man who sat next to me that first long night in the ward.

His given name was Kristos, or so he said, but his pseudonym was Nil. Nil, as in nothing, nullity, none. It signified the end point of his quest, the resignation of his ego, and, as he said, “A far, far better name for a Buddhist, wouldn’t you agree?”

We could not hit on a name for me. Or he could not sit still long enough to do so, and I didn’t feel quite comfortable with the exercise. I was undercover, after all, but using my own name.

I still have the sheet of paper. “Possible pseudonyms,” it says, written large and slantingly in Nil’s hand, leaning sideways across the orderly printed text beneath. I am looking at it now, and in the light of day, or perhaps, healthful dissociation, the two *p*’s seem too large, the sibilant *s*’s too small, yet so inspirationally precise, and, of course, so blatantly—well—insane.

Written so imposingly, as they are, in that distinctive fecal brown Crayola marker—the only pen psych patients at Meriwether hospital are allowed—these are unforgettable words to me, words as indicative, damning, and, admittedly, histrionic as “Abandon all hope.” They are the words above the doorway, the words of my descent and of Nil’s. They say everything and mean nothing.

You could make a diagnosis on that basis alone, I suppose, if you were so inclined. As an artifact, Exhibit A, this page would not work much in Nil’s favor in court, or in a doctor’s hands. Nor does it pasted in my notebook.

It is the thing I turn to when I want to go back to my first night in Meriwether. Immediately back, as if transported to the all-night fluorescent lights of the hospital ward shining down on the off-white page, Nil scribbling and cocking his head interestedly at his own wild script, all the while explaining dharma, string theory, and the four noble truths.

Nil couldn't sleep and neither could I. He, because he was manic. I, because I was terrified, though trying hard not to show it. And because I was bedding down for the night in a foldout chair. All the gurneys in the hallway were taken, and the hallways were all that we had: U-shaped and lined with gurneys, with small alcoves on each end. One side for the women, one side for the men, the nurse's station in the middle, and alcoves at either end. The alcoves were filled with the chair beds, and each had a small picnic table with a TV mounted above it.

My chair was commodious as chairs go, like the contraptions you see in business class on a plane. It probably wouldn't have precluded sleep had it not been for the loud talk and laughter going on just feet away at the picnic table, which the night staff had colonized. They were flipping through tabloid newspapers, trading jokes and insults.

Their noise resounded in my head, the noise of a public place.

And that is very much how a big-city public hospital feels. Like an ugly big-city public place, a bus station, say, or a restroom in a vagabond park where everything is a bilious green or degraded shade of gray and nothing quite works the way it's supposed to, or is ever really clean, except in the strictly antimicrobial sense, as when you scorch cement and porcelain with bleach.

The noise wasn't the only barrier to sleep. It was freezing in there, too, and all we had to cover us were sheets and paper-thin sky blue pajamas. Hospital issue, all of it, including the Acti-Tred socks with stickum on the soles. I was

wearing two pairs of those, and I had layered on a few extra johnnies for warmth.

Seven hours before, all of my possessions had been taken at the door, put in a gray metal locker, and tagged. I had been sitting in my chair ever since, pretending that I was on a flight to Australia instead of locked by my own doing in the holding pen of emergency psych.

I had been working my way up to this for weeks. I hadn't wanted to go. Who wants to go to a psych ward, much less one of the grungiest, scariest ones you can think of?

Dumb-ass journalists doing experiments, that's who.

Despite having been to the bin before, I hadn't been at all sure how to commit myself to Meriwether. That first time around, at the end of *Self-Made Man*, I had arranged it through my doctor, and I had only agreed to go because she knew the place—had trained there, actually—and because, according to *U.S. News and World Report*, it had been rated one of the best facilities in the country. I had been given the admitting nurse's number, had called, and had been told where and when to present myself for treatment. And, of course, I had needed/wanted their treatment. This, on the other hand, was self-inflicted and clinically unnecessary.

It was altogether different. I knew no one. I had no connection with the place, and, understandably, I was intimidated by its size and what I expected would be its desperate, unclean, cavernous recesses where the unwanted were lost and forgotten. Though I had put myself there purposely, and purposefully, the urge to flee set in immediately, nonetheless. I didn't want to get lost there, or even unduly detained for however long it might take, once I'd gotten my story, to convince the doctors that I didn't really need to be there.

That was the trick. Convince them that I did need to be there. Stay for at least ten days. Then convince them that I didn't need to be there anymore. And do all of that without seeming crazier than anyone.

I had a history of depression with occasional mild hypomanic episodes, or so the diagnosis of my former private psychiatrist had indicated, but when I checked myself into Meriwether I was feeling good. Quite good, especially when you consider how scary it is to throw yourself anonymously into what you can't help thinking of—per the liberties of one too many Hollywood movies—as the darkest heart of darkness in the concrete jungle.

I was not actually depressed, but I had to pretend that I was. A strange exercise for anyone, but especially for a depressive who has spent the bulk of her adult life trying to escape bleak moods, not court them. I wondered: Could I talk myself into a trough, when I had never been able to talk myself out of one? Would faking the mood bring it on for real? Was my “disorder” that suggestible? And, more to the point, were the doctors?

Certainly, I knew what to say, and how slowly and disconsolately to say it. Whether I was really well or ill, no one but I could really know. How would the docs tell the difference? As in all psych wards, when you check yourself in with only a backpack to your name, saying you are suicidally depressed, they take you at your word. There is nothing else to go on. Diagnoses are made on hearsay. What you say is what you are, even if you are not a reliable narrator. There is no test, nothing independently verifiable. Just the swordplay of soft interrogation.

I might have told them I was hearing voices, but then they might have given me Seroquel—which is what Nil was taking—or Haldol, or Thorazine, or some other heavyweight antipsychotic that makes you drool and twitch and doze off at the dinner table. But I didn't want to put myself in for that.

I could have told them that I had slept with five people in the past day, heard the birds speaking Greek, sold my mother into white slavery and spent the money on dinner. Then they might have opted for Depakote, the big gun of

mood stabilizers. But again, I wasn't ripe for that. I'd been on Depakote before. I had gained way too much weight, for one, and didn't trust what it would do to me. That wasn't the way.

But the things you say in psych wards can become a menu for drugs. You have to be careful. I wanted to keep drugs to a minimum, so I reported the virtual truth of my history. Depression, possibly bipolar. I was on 20 milligrams of Prozac, and hoping to get away with nothing more than a dose boost on that—the devil I knew—and maybe a sedative for the p.m.

As it turned out, the medication question was going to have to wait for “upstairs,” the ward itself, spookily referred to, where a team of pros could look me over and make the chin-stroking, wisely nodding call.

Down there in emergency that first night, I had managed to get some Klonopin by request, but I still hadn't managed to fall asleep.

Nil had migrated to the picnic table, and so was contributing to the noise. He was playing a highly unorthodox game of chess with one of the orderlies, who was complaining loudly and incessantly about Nil's strategy, which apparently entailed moving more than one piece per turn. His amped-up brain was skipping ahead three moves and making them all at once.

“You can't do that,” the orderly kept saying, his voice rising in irritation.

The bright lights were kept on all night, so it was like trying to sleep in an interrogation room. The staff, too, went on all night, gabbing and laughing as if there weren't stranded sick people lying all around them trying to rest. We were invisible, discounted, like baggage or the dead, stowed and impervious. We could tell no stories, the assumption being, I expect, that we were all too drugged or nuts to notice or lodge a complaint.

There were four rooms in there, actually, with beds even, two of which were empty. Who qualified for them or why I wasn't sure. Perhaps the violent. After I'd been there for a few hours, I would have killed for a bed, or even just a closable door. I asked, at one point, if I could crawl away to one of the vacants for some privacy and quiet, but was told in typical bureaucratic futility-speak that it was impossible. I was, they said, not being formally admitted there, but only being held until a bed opened upstairs.

Somewhere around 3:00 a.m., however, one of the loud gaggle on duty announced that he could use a nap, and crawled off into one of these rooms for a snooze, pulling the curtains and all. Three hours later, just in time for shift change, he emerged, sighing and stretching satisfiedly.

I had managed to drop off somewhere around one o'clock, but had been woken at two for a chest x-ray.

"Why do I need a chest x-ray?" I asked the man who wheeled me in a seat-belted, wooden-backed wheelchair through a maze of green hallways and mauve doors.

"To check for TB," he said.

Oh, right. As you do.

In the middle of the night?

Passing back through the locked door that said Patient Elopement Risk and Triage in big white letters, I knew that I would not do well if I had to stay in the psych ER for another night. But I had no choice. It would all depend on when a bed became available on one of the main wards upstairs. This special, sequestered, locked ER was where they held you until then, where they processed your insurance or lack thereof, where they kenneled you, like it or not, because you were a risk either to yourself or others. It would take as long as it took.

We were in the bowels of the hospital. There were no windows. No air but the recycled variety, wheezing through vents. No light but bright fluorescents, unforgiving and somehow worse than shadows. Had they not secured my

valuables, I might well have made a run for it from radiology. But then, of course, they knew where I lived, and I felt sure they would have followed up if I had made for home in my mad rags.

“Eloped” was priceless, though I suppose only we loons were inclined to do it alone and from a wheelchair, streaking through the streets in our blue issue, like B movie extras run amok.

But, God, it was a strong urge—run!

I thought—and I had this thought many times in the coming days—who wouldn’t look crazy doing that? Yet who, under the circumstances, wouldn’t do it, or at least want to?

I had given them urine at ten, films at two, and blood at six. I was, it seemed, contagion-free, excretion-wise anyway. And the lungs, I was told after breakfast, were clear.

Some time in the night, the cops had brought in a shirtless man in handcuffs. He had, apparently, threatened his family. I saw him come in, but since we were separated by sex, I did not see him again.

Somehow, though, perhaps because of his long hair and Zen demeanor, Nil had managed to stay on the women’s side with me for much of the night. He told me he had been to the bin many times before. Since adolescence, he said, he had been in and out of places like Meriwether. He knew the routine well, which was a great help to me, who didn’t.

I had managed to smuggle in a pen but had forgotten that I should not be seen with it, and so it was promptly taken by a nurse, officious and smug.

“You can’t have that,” she sighed, flicking her fingers to her palm impatiently. “Give it here.”

I was a kid to her, cheating at school. And that is how it felt. I was not yet practiced at subterfuge, and surrendered the pen with a shrug. This was a false position, though, since I was not indifferent. Losing the thing made me panic. It was not a small loss to me, though, a petty one on her part, and she knew it, took pleasure in it.

Or was that the beginning of paranoia?

I didn't know what I was going to do if I couldn't write. Nil knew this feeling, and reached into the paper bag he had found to house his few pilferings from around the ward. They included, aside from the brown marker, the dog-eared paperback book that he was using as a notebook, some rolls and milk kept from dinner, and a small square blanket someone had snatched from the maternity ward, which he was using as a meditation mat. This was when I saw and used my first Crayola, the blunt tip acceptable in a place where a ballpoint was a weapon, or could be.

"You can do a lot of damage with one of these," a nurse had said to me, holding up her pen. As soon as she said it I had visions of stabbing a person in the neck, maybe myself. The jugular is pokeable and fatal, and what's more, neatly self-inflicting if you're so inclined. Just then, I was not. But too long in that place and you might be—probably would be. That was clear.

They had a metal detector at the door, though they did not put me through it. Maybe this was a perk of being white, or of being thought too thin to hide weapons in my flesh. Or maybe the guards were too busy with the fat Muslim woman in *hijab* to bother with me. They put her through twice. They didn't even pat me down. But as I told the admitting nurse, I've never been violent, so who's counting?

"Have you ever lost your temper?" she asked.

Was that a test? A bout of cognitive lock-picking? A measure of my faculties? Later, in this vein, they would ask me: Who is the president? What day is it?

Don't get smart, I decided. Be as honest as you can.

"Um . . . yes."

From where I was sitting, I could see another sign I enjoyed. "Please do not walk through triage area while triage in progress."

Was this triage in progress, or was that when you lost your temper?

“Do you have a psychiatric history? Do you know your clinical diagnosis?”

“Yes and yes,” I said, looking away.

A man in the hallway had crapped himself, a brown seep the shape of Lake Michigan hanging low in his bottoms. He was shouting into the nurse’s station, which was a fort of Plexiglas from which the RNs rarely emerged unbidden. Patients tended to loiter there and stare, ignored. If you needed something, you had to knock. Or shout. Or crap your pants, I guess.

I had gawped there, too, earlier, just for something to do, mesmerized by a computer whose crawling screen saver said—ungrammatically—“Always borrow money from a pessimist. They never expect it back.” I spliced it like a chant in my head, coding it for meaning. “Always borrow . . . never expect . . . money, money . . . a pessimist’s back.”

This was one of those nutty hallmarks that began to make sense to me in there. Babbling. Boredom was a scourge and the enemy. You fended it off with anything, the brain leaping on word games for food: scrambles, iterations, puns. It was, oddly enough, a defense. Not so much the evidence of a mind gone awry, as the ditch of a mind trying not to, like a verbal rocking that puts confusion to sleep, the language center calming itself, whistling a tune in the dark.

No one moved to help the befouled man, so Nil, ever eager to be of service, offered shampoo.

“I need a towel,” the man grumbled ungratefully.

“Sorry. Just shampoo.”

“Can’t you get me a towel?”

“I’m a patient, too.”

The nurse put a statement in front of me. It said that I would not harm myself or others while being evaluated. I signed it—smiling—with her ballpoint pen.

Time had passed slowly after that. Sitting. Staring. And then more questions. The questions were much the same. Condition. History. Temper. First the nurse, then the doctor.

The doctor explained what voluntary meant: (a) you can be discharged if and when the doctors agree; (b) if the doctors disagree, you can be discharged against medical advice—though how or if this ever happens is unclear, given that (c) if you insist on being discharged and the doctors still disagree, you must write a three-day letter expressing your wishes, in which case, you will be brought before a judge within seventy-two hours. In theory, at least, this is the law, but I made no use of it.

In short, voluntary did not mean free. It meant I had not come there in cuffs, but I could not leave when I chose.

“Do you understand?”

“Yes.”

“Sign here.”

Voluntary means will. An act of will. Free will. I will this and it is so. Or so it is in the free world. But there, in Meriwether, it meant a resignation of will, the last free act until they discharged you. And this, to my mind, was the worst part about being there, the worst part about being mad, or deemed mad.

Madness is a disease of the will, of judgment. That is what is impaired. And so, in there, along with so much else, your will was taken away, like a pen, because you could not be trusted with it. Yet your will is the thing that makes you feel human. Without it you cannot be well, which is why no one in there really got well, or, arguably, much better.

This is the paradox of asylums, and their fatal flaw. Put a person in a cage and you cannot help him. But leave him to his devices and he cannot help himself, or will not. Freedom is a prerequisite for healing a broken mind. It cannot be fixed against its will. Yet a broken mind is a broken will, a freedom that does harm, even potentially serious physical harm to itself and possibly others, a freedom that can attack or maim. So, how else to heal but by force?

I looked at my wristband. White, with my name, date of birth, my age, too (for the lazy), and a code I couldn't