Voices

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Voices

by

Jacqueline L. Jensen

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This is to certify that the master's thesis of  
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has met the thesis requirements of Iowa State University

Signature have been redacted for privacy
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I've known three murderers in my lifetime. And any number of suicides. You work in psych, you know troubled souls.

Mental illness touches nearly everyone in some way sooner or later. I grew up in a small Midwestern town, where nobody seemed entirely convinced that mental illness wasn't "catching." While those with "troubles" may have been spoken of in hushed tones, they were spoken to as though they were slightly stupid children. And then nearly killed with kindness. How does it feel to be mentally ill? Maybe like spending your whole life as the duck in the swan pond, always the different one, like wandering in a foreign country with no idea of the language, always the outsider, like finding yourself in your worst nightmare--and never being able to wake up.

Almost my entire working life has been spent in psychiatric nursing. And, while I'm a pretty average individual, that one fact seems to interest people, to capture their imagination. People want to hear more about it. Well, I have the stories to share. The poems and fiction stories herein are patient-based only in that something overheard or observed brought the idea to life. The phone calls ("Dial M for Mayhem") are real, although not verbatim. The Bradley year is taken from my first year as a psych nurse. Obviously, confidentiality is of supreme importance. I've changed all names and places and turned patients into composites. While everything is grounded in reality, nothing is reported exactly as it was. I included Nurses' Notes on the chronic patients, those who were there before I came and after I left, for the flavor of the time.

The structure of this may seem rather chaotic. Well, that's the way it is.
The one thing you learn about predictability in psych is that it doesn’t exist. . . . You will find lots of story fragments inside, illustrating one of the most frustrating things about working with psychiatric patients: what you get is only part of the story. You may be there for the beginning but never know the ending. Or you may make your entrance in the middle and not know how the tale begins or ends. This can make writing problematic, since I’m aware that you as a reader may say, “There are too many loose ends. I want more closure. I want to know the end of the story.” Well, so do I. I cannot tell you how many times I myself have wondered how things turned out with so-and-so. Where they are, if they’re safe, how life is going. But neither of us is going to know.

Another hard part of the writing was being told to put more of me in it, more of my feelings, reactions. Boy, that’s a tough order. I’m not sure what is taught today, but in the Olden Days when I was getting started, psych nurses stayed out of things. We listened, we empathized, we tried to help, but we stood outside. Dispassionate, nonjudgmental, outside. I remember we even had a little saying to reel off if a patient asked anything personal. “Talking about me won’t help you. We need to concentrate on getting you better. Let’s talk about how things are going for you.” So having to try to be in the work instead of just standing outside talking about it has simply been a foreign experience.

At the same time, it has been a pleasure, for the most part, revisiting these memories. While I may find it hard today to remember patients I admitted more than a month (week?) ago, the patients here have remained with me for over 30 years. They made a huge impression on me in my youth, I have always wanted to write about them, and, while many of them couldn’t speak for themselves, it has made me happy to give them voice.
THE SUICIDOLOGIST

What do I do?

I talk them off ledges,
I talk them off bridges,
I talk the guns out of their mouths.

Not true.
I listen them off ledges, off bridges, away from guns.

*What's your story?* I say.
*I understand,* I say--and I usually do.
*I'll help,* I say--and I will.
If they give me a chance.

The dramatic grab?
Doesn't work nearly as well as in the movies.
Sometimes nothing works.
But we won't talk about those times.

I don't see them again. That's my rule.
Only broke it once.
A lady insisted she had to thank me.
Spit in my face.

Why do I do it?
Because I'm good at it.
And someone's waiting for me.
DIALOGUE AT THE MALL

Lenny, I think those girls are laughing at me! Is anything hanging out that shouldn’t be? Is my hair funny? Oh well, it’s probably just the extreme difference in style. I don’t dress like Morticia, I’m not wearing combat boots, and you can’t see my belly-button. I’d have liked to have seen the look on my mother’s face if I’d tried to go out the door with my dress taped on! Life’s certainly strange these days, isn’t it? Yes, I’m well aware I have safety pins in place of buttons on my sweater. I’ll have you know safety pins have become a fashion statement!

I think I like this mall best. How’s your baked potato? Mine too. Of course, yours might be healthier without ten pounds of melted cheese. Actually, what would really make lunch better is people minding their own business more and ours less. Oh, well, I suppose we should be used to it by now. Hurry up, though, we have a lot of ground to cover. How many times around do you think we should walk? And then you’d like to go to a movie? Surprise, surprise. You always want to reward yourself with a movie. Oh, we’ll see... But you’ll want to see the latest action flick and I’ll want to see the latest love story and then we’ll end up flipping a coin. Which makes me mighty suspicious, ‘cs I swear we’ve seen every adventure movie made in years. Besides, those theater people give us such dirty looks. Because you can’t keep your mouth shut, that’s why! I absolutely do not know why you can’t learn to whisper. And, then they always come in and tell me to be quiet when all I’m doing is shushing you! You’d think they’d be nicer to one of their own.

Well, come on, let’s get started. I’m missing this one shoelace and have to go slow ’til we get to that shoe repair place. If the guy’s not looking, maybe I
can kip a shoelace off the end row. Otherwise I'll just have to tape this shoe like I did before. You might keep your eye out for some buttons too. And you never know how many times we'll have to duck the security guard. I wonder which one's on today—the nice one or the mean one? Of course I won't get much walking done anyway if that life-sized figure of you is still in the video store window. I'll just have to stop and drool 'cs you're so bee-yoo-tiful. Remember how funny it was when that kid asked me to leave, little knowing that I have the real thing to look at any time I want?

Oh look, Len. Yes, I know we're not going to stop and look in every store window. But check out this incredible suit. You would be absolutely gorgeous in that. And I love the tie with it. I know you don't like "baby-puke yellow," but that particular shade looks perfect with the charcoal blue of the suit. Well, there certainly is too such a color as charcoal blue—it's like a real dark grayish-blue. Don't be trying to tell me about colors, Mr. Smarty Pants. I don't care how many fancy parties you've dressed up for, you can't kid me that you can pick out what goes with what. No, don't think for one minute that I'm taking you in there to look at that suit. Remember what a disaster it was last time? They looked at us like we were crazy. I suppose they were kind of blown away, expecting you to be shopping for an Armani tux rather than a suit from the mall, but I still couldn't get us out of there fast enough.

Whew, I'm perspiring already. But if you don't pump your arms and count, you don't get nearly as much exercise! Good thing we're dressed nice and cool. Aren't you glad you listened to me? Your legs certainly do too look nice in shorts—I've always admired your legs. Oh, stop that now! It's way too hot a day for racy thoughts and we won't get much done if we have to go home for a cold shower.
Ice cream! You think stopping for ice cream would do in place of a cold shower? Honestly, taking you to the mall is just like taking a kid. Keep in mind, the point here is to get fit, not fat . . .

I swear if that demonstrator guy down this way with the perfume mist comes at me today, I’ll be forced to put his sprayer where the sun doesn’t shine. One spray might be nice, but he acts like he wants to give me a shower with the stuff.

Come on, Lenny, pick up the pace a bit. Strolling, after all, is not exercise. Riding the escalator doesn’t count either! Yes, I know that couple is totally staring at us. That’s hardly surprising. We should be happy more people don’t stare, but look away politely. I guess you could try “Take a picture; it lasts longer,” but if you say anything, they’ll probably have you signing something next. Completely ignore them. Well, I guess making a face with your mouth squirreled up and your eyes all googly did the trick too! They couldn’t have gotten away from us faster. And you gave me a great laugh. But then, you always do. Quick, turn this other direction! Here comes the guard and, of course, it is the mean one. If he sees us, he’ll follow us all over and watch our every move, and we won’t have a moment’s privacy. Sometimes I think he’s looking for a chance to strong-arm us out of the mall, just to look like a real policeman. Especially if he could get it on video. He could take it home and show his buddies that he does more than walk around eating free pretzels and trying to catch glimpses of girls trying on bikinis.

Look at the picture of that beach in the window. Doesn’t that look inviting? We could be taking our hike on the sand if we were there, being hypnotized by the rhythm of the surf, energized by the bracing salt air, and delighted by the splendid tropical breeze. Well, of course I sound like a travel ad,
since I'm reading it right off that travel ad, you dummy. Oh sure, we'll go some
day. No, you can't be using your savings for something so frivolous; maybe we'll
go the day we hit the lottery. Is that the first thing you'd do if you hit the lottery--go
someplace wonderful? Oh, Len, you are so funny. The first thing you'd do is hire
somebody to exercise for you? I can just see me doing laps around the mall with
your stand-in while you sit on one of the benches and supervise. At least make
him look like Tom Cruise and not Richard Simmons, okay?

Wait. I want to duck in here and fill out an entry form; maybe I can win us
that vacation on the beach. Sure, I used to agree with you that I'm not the luckiest
person in the world, but here we are--together! I'll never forget the first time I saw
you. Well, actually, I guess the first time I saw you, I laughed! I swear if anybody
had told me then that I'd end up married to you, well.... Give me just a minute.
No, you wait out here. This is the store, remember, where I introduced you to the
lady behind the counter. The one who looked like she was going to swallow her
dentures, then scurried away. Obviously not used to the big time. I don't think
we'll do that again. And no winking at the pretty girls while I'm gone. Just because
everybody recognizes you, you've been lucky so far, but one of these days you're
likely to get slapped silly.

Okay, that lap went pretty well. We may have a good day. Yes, yes, go
ahead and check out the movies as we go by. You can start planning your
strategy for winning the toss. But you have to promise me that you'll be quiet
today. And we're not going to buy a box of popcorn as big as the bus, because I
end up eating it all!

Time to switch directions again. Here come those nasty little boys who
like to get right behind us and make smart remarks. Yes, I know they're only kids,
and I suppose that's an excuse of sorts, but you'd think they'd be nicer to one of their heroes. Oh, you and your damned logic. I wish you'd turn around just once and go booga-booga and scare the bejesus out of them. Okay, okay, I know you're a pushover when it comes to kids.

Stop a sec. Do you see that wonderful book of poetry? It's not fair they should be tempting me like that. You know my very, very favorite thing to do in the evenings is curl up and have you read poetry to me. Let us go then, you and I/While the evening is spread out against the sky... Ooh, your voice gives me the shivers! The only thing missing is a fireplace. Oh no, I wouldn't dream of complaining. I have a warm blanket to put on my bed at night, and there have been lots of times I haven't had a warm blanket--or, for that matter, a bed! No, you're most certainly not going to buy a book for me. If I get as much change out of the fountain as last time, I'll buy it for you.

Look out. Here comes that security guard--again. Yes, it is tiresome! You'd think he'd have better things to do, like chase shoplifters or gangs or, better yet, crude little boys! But never mind--as long as we keep walking and minding our own business, there's not much he can do except follow us. He surely can't throw us out of the mall just for talking, can he? Don't look at him, Len, you'll only provoke him. Oh, I'm sorry, I didn't mean to sound cross. Don't be mad! You know I'd never get through the days without you. I think I might have been the most lonely person on the face of the earth before you came along. No, I'm not going to get all mushy, but I mean it, and I just have to say it once in a while. Besides, I've been thinking about why that security guard seems to pay so much more attention to us than to other people, and I think I've figured it out--the guy has the hots for your ears! Ha-ha!
Yes, I do enjoy my own jokes, thank you very much. Mrs Leonard Nimoy may not be as famous as her illustrious hubby, but if I do say so myself, I'm lots funnier. Well, let's pick it up, Sweetie; we're a long way from finished. I want to pick some of those leaves by the fountain to make a bouquet for the table, and I know you don't want to miss a minute of your blasted car chase!
HOW LONG HAVE I BEEN ON THE PSYCH WARD ANYWAY?

“I don’t need to be here. I’m not crazy,” she says, peering out from Medusa’s hair. “I’m not like these other people.”
She slits her eyes, looking around our patient lounge as though it were a sewer. 
Honey, if I had a quarter for every time I’ve heard this, I think, I wouldn’t need to be working for a living anymore.

You’re not crazy?
We’re all crazy, more or less.

The 12-year-old watches coldly as her mother weeps into a tissue. “I don’t want my little girl in some place like this. A place like that Cuckoo’s Nest. She’s just mixed up.”
The angel-faced dolly gives me the finger from behind Mom’s back. 
Lady, I think, if you knew all the rules and regs
We have for taking care of kids these days, she’s safer here Than in her own bed.

Besides, she’s just mixed up. Right.

“This is a mistake,” he claims, clutching the chair as though on board ship, Back for the second time this week. “Sure, I had a beer or two. But I don’t have a problem.”
I try to stay out of the range of his breath. 
Buddy, you’ve got one foot in the grave
And you’re trying to climb in with the other.

You don’t have a problem?
You, my friend, HAVE a PROBLEM.

She’s maybe five feet tall. Looks perplexed. “I need my car keys,” she says. “I have to get home to fix Herbert’s dinner.”
I put my arm around her shoulders. 
Sweetie, Herbert’s been gone for twenty years,
And you haven’t been behind the wheel for ten.
You’ve lost some time?
Well, haven’t we all.

“Trust me,” I say, “Climb aboard.”
*The boat’s a bit leaky, but we’re rowing as fast as we can.*
Past Time

I call--expecting, dreading, no answer.
I hear the ringing, your room empty and still.
Like my cold hands. Like my cold heart.
Your familiar voice left on the machine.
But not the words I need to hear: "It's okay.
You know I'll always be here for you."

Even as a child I would turn only to you.
In the worst of times, you were my answer.
Only you could comfort me, make it okay.
"Be still," you would say quietly, "Be still.
Turn yourself into a robot, a machine;
pretend you're not bleeding in your heart."

Is there a greater liability than a heart?
I had no idea what your words cost you.
Much better to be an unfeeling machine,
much wiser not to search for an answer,
much safer to simply "take it" and be still.
Hanging on for your words to make it okay.

His touching was screamingly never okay.
The blows, no matter where, hit the heart.
"Be still," you'd say, "It's quicker if you're still."
"How do you know?" I should have asked you.
I closed my mind to the "why," to the answer.
Successful at becoming ever more the machine.

But I became too good at being a machine.
I missed seeing that you were no longer okay.
Wanting to kill him, I hunted an answer.
Never noticing you bleeding in your heart!
While I cried for me, who cried for you?
I looked away while you became too still.
I hear the ringing, your room empty and still.  
Your familiar voice left on the machine.  
Didn't you know I would be there for you?  
Now it's too late to make things okay,  
Too late to offer what I have--my heart.  
Past time to try to save you with an answer.

Because--at last--I have the answer. *Don't* be still!  
*Don't* sacrifice your heart and play the machine.  
It's *not* okay. We were both wrong. I miss you.
June 1, 1970--The First Day

I expect any number of things when I ring the bell. Not one of them is a woman with frizzy curls exploding from her head in all directions, horse teeth, wild black eyes. She says something. I don't understand a word. Omigod, they let the patients have keys! I think. Welcome to the first day of the rest of your career.

There I stand, in my virginal white uniform, white stockings, shoes, cap. Wondering whether to go forward--or just get while the gettin's good. Okay, she smiles, beckons. At least they don't give the keys to hostile patients.

"Ja, I'm Magda, I'm a PCT."

Pardon me?

"I'm a passion cart ignition."

Yikes!

In we go. Magda is talking and gesturing with her hands. I think she is talking about the porch we are standing in, although she could be saying, "Follow me and I'll turn you into a perch." I will soon find out that Magda is a Patient Care Technician. A tech speaking with a heavy foreign accent. Since we are near an army post, many of the techs (known as aides and orderlies in some areas) are from different countries, either retired servicemen or married to servicemen. I am relieved to hear this, although still could do with a decoder ring.

We enter East Hall through a pretty porch with windows all around and comfortable-looking white wicker furniture with puffy flowered cushions in bright
colors. This is where family and friends visit patients, which I will come to learn is a rare occurrence, and it is far and away the nicest spot in the whole building. Magda may very well have been telling me all of this. Or maybe not.

So begins the first day of my first "real" job. I am just out of nursing school and am not sure what to think. Have I made a mistake? I had actually wanted to go into surgery but, I guess, wanted more to be where my boyfriend was going to school. Which turned out to be a location that had no jobs in surgery open right then. Psychiatric nursing was my second choice, which is odd, as surgery is a no-talking-to-patients specialty, while psych is all talk. Surgery is a cure-'em-now specialty, psych is a one-step-at-a-time kind of thing. Surgery is very precise and technical, psych couldn't require less dexterity. Having said that, I admit to being a teeny-tiny bit obsessive-compulsive, so am more suited to surgery by temperament. Although definitely not physically suited, being klutzy.

Perhaps I could have done worse with procedures in school? Perhaps not. One of my first nursing teachers let me search frantically for what seemed like hours trying to locate a patient's heartbeat with a stethoscope before gently reminding me that it works better if the ear-thingies are actually in one's ears. When I was a senior, a teacher, thoroughly exasperated after I'd wasted about half-a-dozen sterile urinary catheters trying to find the right hole on a super-sized lady, said I would do well to find something to do in nursing that required as little mechanical ability as possible. I did.

Luckily, I have always found psych interesting. Aren't we all endlessly fascinated by what's going on inside other people's heads and, maybe even more, inside our own? I was young and idealistic and, like all young idealists, was out to fix whatever was wrong with the mental health profession. As I write
this, I'm old and cynical, but since I'm still in psych thirty-and-counting years later, I guess maybe I'm still hoping to make things better, one person's head at a time. Everything in life was new that year. New state, new job, new apartment. Okay, so it was essentially one room with a Murphy bed that folded up into the wall, but it was mine and it was an adventure. I walked about a mile, a little more, to and from work, which doesn't sound like a big deal, but it was all uphill (going) and my body didn't take well to the altitude. In fact, the first week or so, I spent the uphill part of the walk trying to keep my nose from bleeding all over my white uniform. The walk home, tho, was super. Having come from the flatness of the Midwest, the view of those Utah mountains was a treat every single day, bleeding or not.

The Place

Bradley Hospital, a private psychiatric facility established in 1920, consisted of three main buildings in a U-shape around a driveway. There was only one approach road, and as you drove (or walked) up, the right arm of the U was the Administration Building, which was classy. Very classy. Lots of dark, rich wood, art, Oriental rugs. You walked in the door and knew money had been spent. This was the part of the hospital that most “civilians” saw, the place where the doctors had their offices, and, thus, where they met with families. The place where most people came to grips with the whole idea of having to have somebody “put away.” Not surprisingly, the place where bills were paid. One end of the first floor of this building was a sunny cafeteria. The second floor of this building housed the men’s open ward, the third floor was the women’s, both also
quite nice, with good carpeting and paintings on the walls. Although the rooms were all doubles, they were airy with big windows. Each floor had a large sun porch where patients could get together to play cards, watch TV, whatever.

According to the patient brochure, printed around 1920 and still in use in 1970: One of the most disturbing experiences in life is to have emotional or nervous disorders strike a friend or relative. It is necessary to realize that the person is sick. Changed thinking and behavior are the symptoms of his sickness. As there are treatments which are successful in fighting physical disturbances, so are there treatments which promise good results in fighting mental disturbances. Bradley Hospital exists to care for and treat people who have mental and nervous ailments, just as other good hospitals treat people who have physical disorders. In addition to accepted forms of medical and psychiatric treatment, this hospital gives the patient the ‘extras’ that are important to his progress—individual attention, sympathy, understanding, and kindness.

The left arm of the U was a smaller building. It housed Occupational Therapy on one end and a cottage on the other that accommodated four to six patients who lived semi-independently. They could take a bus to work in the city, but still needed a degree of supervision, especially with medications. The back of the U was East Hall, a long, ramshackle two-story building. Not “very classy.” Think old, think gray, think depressing—think “home” for a lot of people. I admit to being startled at how the place looked, because my interview had occurred in the “nice” building, so that’s what I was expecting. Although, to be honest, having had psych training at the State Hospital made East Hall less of a surprise.

The patient brochure stated: Bradley Hospital gives the impression of a college campus rather than a hospital. An atmosphere of quiet privacy and
cheerful surroundings play their part in speeding recovery. Right. The hospital must have been much more extensive at one time, as the brochure pictured a nurses' residence, which no longer existed, and separate mens' and womens' buildings, rather than just floors as they were now. This brochure also mentioned a 2-lane bowling alley (where could that have been lurking while I was there?) and classes in such diverse arts as sculpture, drama, metalwork, and dress designing. Right!

Magda took me in to meet my new boss, who immediately made me think of a peppermint. (It's some weird personal thing. A friend of my mother's always made me think of butterscotch.) I was to become a huge fan of my boss, Lil, who was unflappable and unfailingly positive, despite the chaos that could reign in East Hall. Also, like all good supervisors, she could act the Little General when she had to. At one point during the year Lil took me to an art movie, the meaning of which probably entirely escaped me. But it had a scene in which one of the characters had a huge light bulb for a head, which burst, and something like dandelion fluff came out. Lil pointed out to me that something very much like that could be the way a psychotic patient sees us, as their perceptions are so distorted. I have never forgotten that. When a patient looks at me with fear or disgust or both, I try to keep in mind that what he might actually be seeing could be a far piece down the road from reality.

There's often no rhyme nor reason to it either. I have seen a big, beefy guy, who looked as though he couldn't jump six inches, clear the half-door to the Nurses' Station, which is a good three-and-a-half feet high. He was in a rage, trying to get at one of the nurses, who was maybe 5'3" and one of the gentlest souls you'd ever find. Who did he think he was after?
East Hall was shaped like a big T, with the Nurses' Station right in the middle of the top. As Magda took me from the porch to the Nurses' Station, we walked along the left side of the top of the T and passed rooms that were to become as familiar to me as my own apartment. The first few of these were occupied by older ladies who, if you propped every door in the place wide open, would no more think of leaving than of flying to the moon.

**Hall of Little Old Ladies**

Nurses’ Notes (Hannah E.): Keeps to self in room, but cheerful when approached. Exhibits occasional paranoid ideation regarding other patients taking her things. No requests of staff, no c/o [complaints of] discomfort. Eats poorly, remains thin--see weight on graphic sheet. Takes extra shakes only occasionally [with] much encouragement. Expressed pleasure this day when donated books were brought to the unit.

First on the left was Miss Erickson, looking exactly like the English teacher she was. A tall, bony woman who peered at you over the top of her wire-rimmed glasses, she liked nothing better than to catch you in one of those "I believe you used 'who' when it should have been 'whom'" perplexities. I liked her a lot, even though I'll probably never get who/whom right. Unfortunately, she had one of those moles with a long hair growing out of it that made you think of Margaret Hamilton in *The Wizard of Oz* and was hard to look away from. Mis
Erickson's room was one of the few that had a very homey feel, with her own little lamp and pictures and quilt on the bed. She'd been at Bradley for close to 30 years. I was surprised by that, although, again courtesy of the State Hospital, it wasn't a complete shock.

Nurses' Notes (Cora L.): This was patient's bath and laundry day and she reacted as per usual by attempting to strike out, kick, bite. Yells "Why are you doing this to me?" and "Don't kill me, you bitches!" It required several staff to remove clothing and get pt. into bath. It is difficult to prepare for this due to pt's hearing handicap. Once bath was completed, pt. would not speak the rest of the shift, glared at staff, and refused to eat lunch.

In the room across the hall was Miss Lund, the perfect movie grandma, with a gorgeous head of snow-white hair, which she always wore piled up on top of her head in some Victorian-looking arrangement. And she had, no kidding, blue eyes that looked like they had stars in them. She dressed, every day, in expensive-looking navy or black dresses with matching shoes--to go, every day, nowhere. She was hard of hearing, one of those people that you had to literally shout right into her ear and you could tell by her blank look that she still only got the occasional word. But she was sweet as could be--until bath and laundry day, when she would become a raging nightmare. It would take all hands on deck to even get her into the tub and we'd all have had a bath by the time we were done. Even Lil, who could get almost all of the Little Old Ladies to do nearly anything.
Nurses' Notes (Maria B.): Continues to suffer from chronic constipation, despite stool softeners and laxatives. Enema was necessary this day. Other than complaining loudly in Italian during this procedure, pt. sits quietly and mumbles to self. Was ambulated x2 to day area. Eats well when fed, takes fluids when offered. Incontinent of urine x2.

Next up the hall was Mamma Bragga. Mamma was a bewhiskered little doll of an Italian lady who neither spoke nor understood a word of English. Or if she once did, she didn’t anymore. Mamma looked ancient and required total care. She could walk to the day area a couple times a day with help, but that’s about it. She would sit wherever she was put, mumble a lot, occasionally wet herself, and do a lot of chuckling, although I can’t say I know whether the latter two were connected. She was the most constipated person I have ever come across, despite all our efforts. No matter what you put into this woman, it did not want to come out! So dealing with this issue (or, more correctly, non-issue) seemed to occupy a disproportionate amount of time. Mamma, poor soul, did not make me think of lilacs.

I was never too excited about having total-care patients on psych, as they’re not able to benefit from any programs, but it seemed less annoying at Bradley. Maybe because I was just starting out and was a nicer person? Maybe because these folks had been there long before I appeared on the scene. It seemed more like their place than mine.
One Little Old Man Amid the Little Old Ladies

Nurses’ Notes (Glenn M.): Remains isolated in his room. O2 [oxygen] on continuously per nasal cannula @ 2L [liters]. No respiratory distress noted. Smiles when approached, makes no verbal responses. Initiates no interactions, makes no eye contact. Takes diet only fairly. Lies quietly on top of bed & [with] eyes open most of shift.

The next room up the hall belonged to Glenn, a tiny, stooped fellow with thick glasses that made him look like a praying mantis. Glenn was perfectly capable of speaking, but chose not to. I had no idea how he had behaved when he had first come to the hospital and it was difficult to ascertain the level of his psychosis now since he didn’t speak. He appeared quite jolly, though; nearly anything the staff would say to him caused him to fairly shake with glee. Believe me, “Did you have a bowel movement today?” was never such a laugh riot. Glenn was hooked up to an oxygen tank continuously and never left his room, although he certainly could have. He was extremely shy and preferred not to leave the room for any reason.

Glenn’s world consisted entirely of a space perhaps a bit larger than a cell, and I have no idea when he had last stepped outside of it. Many, many years, I’m guessing. He was quite a pet, though, because he was just such a sweetie (or maybe because he never complained?). His family was rich. Actually, all the families who were able to keep family members there for years upon years
were wealthy. But, unlike others, Glenn's family gave every single staff member a X-mas card every year with a nice check in it. Which is my idea of how rich people ought to spend their money.

The Occasional Kid

Across from Mamma was a four-bed ward that wasn't used often. The great majority of our rooms were occupied by people who had lived in this building for most, if not all, of their adult lives. When we admitted new patients, they were usually in the kind of shape to need Seclusion Rooms, of which East Hall had four. So this ward, along with one other three-bed room, was for short-term patients who were (1) able to bunk safely in a room with others, and (2) "well" enough not to need to have the room door locked. That wasn't a description that covered many of the people who ended up in East Hall.

The person I remember best in this room was a freckled blond kid, about 8 years old (who made me think of the one in the movie who was going to shoot his eye out with the BB gun), who ended up with us because he was pulling his fingernails and toenails out by the roots. Okay, now I was shocked. In psych, one comes to see many ways that people inflict pain on themselves, but how anybody could manage that one is beyond me. You try not to think about the patients after you leave work (if you want to keep your own sanity), but this was one that was hard to shake. There was no children's program at Bradley, so this little guy was with us just long enough to get placed somewhere else, where, I like to think, they cured him and he is living happily ever after.
Common Areas

The Nurses' Station and the Day Room were right in the middle of the top of the East Hall T. The place was kept clean by the techs, but it was an old building and, let's face it, only so much could be done. The Nurses' Station wasn't a whole lot bigger than the patient rooms, with a desk, sink, chart rack, and med shelves. The basics. But, then again, there wasn't much time to be in there—we were mostly running around putting out fires (usually not literally). Likewise, the Day Area was just a big room with chairs around the walls, wasted space in the middle, and a moderate-sized TV at one end. Everybody had to agree on one program, which sounds like a nightmare, except most of the patients in East Hall never even glanced at the TV. They stayed in their rooms, away from everybody else. It was impossible not to wonder what they did with their time. Miss Erickson read whatever she could get her hands on; some watched the clock, waiting for cigarette time; most—I don't know—thought? It seems to me if you weren't mentally off-kilter in the first place but you spent every waking moment in a tiny room thinking about yourself for days, weeks, years!—well, you get the idea.

What did bring me up short, though, was one of the nurses being hospitalized for depression not long after I'd started. I mean, I was old enough to realize that "things happen" in life (rumor had it that her husband was becoming Alzheimerish and hard to handle), but I guess I'd thought psych people could somehow ride it all out. Not necessarily! Before the year was over, another nurse had bit the dust, and the older nurses used to joke that if you worked in psych long enough, you'd just transition over to in-patient status. Not funny! Not that I thought anything might be "catching," as another student and I had once debated
while we were changing a bed soaked with bodily fluids on a cancer floor.

But it made me think about what kind of person goes into psych. About why I had gone into psych, other than being a mechanical blockhead. Do people choose psych looking for answers to problems they may not even know they have? Or to experience "the dark side" vicariously, hoping never to have to face it in themselves? Psychiatrists undergo analysis while in training, or at least they used to, in order to know themselves inside and out, but nurses just jump right in with both feet. It's not something I would even think about in these more enlightened times, but back then it gave me pause. I even expect there has been a study somewhere on the subject, but I have a feeling I'm happier not reading it.

Then again, sometimes you don't wonder. I worked on a unit at one point that had a tech, a little guy with big hair, who did an act as a female impersonator on his nights off. People who saw him said he was a great dancer. However, he and a female nurse were on the unit alone one evening when a big guy started to go off, yelling and stomping around. This tech ran into the Nurses' Station and locked the door behind him, leaving the nurse out on the unit alone. Well? And what did they expect when they hired him? For a tech, give me a good wrestler or a football player any day. If I want a great dancer, I'll go to a musical.

There was a nurse who started shortly after I did who decided to improve the place. She brought her own paint brush and bucket of paint and started in on the Nurses' Station one day. I don't know whether she intended to paint the entire building, room by room, but she was unfortunately taken ill and had to quit her job—and that was the end of the painting. I plead guilty of not taking up the cause, but I figured the place had to be making pots of money and I wasn't. Maybe The Guys Who Make All The Money were making all the money because they weren't
spending it on incidentals like paint? Looking back on it, though, I think I’d feel better if I’d taken up the brush. After all, as the hospital brochure advocated: 
*Serenity . . . quiet restfulness . . . beautiful surroundings . . . all play their part in clarification of emotions, in the healing of mind and body.*

Bradley had that kind of smell that older buildings get when you can’t fling open all the windows and let summer in, kind of like a museum full of old musty papers. Maybe it was more. There are some psychiatrists who claim there is a schizophrenic smell, having nothing to do with hygiene, and that they can pick it out of an ordinary crowd of people. I don’t know about that, but if any place would be likely to have such a scent . . . . There was a unique quality to the volume as well. A lot of the patients never uttered a word, so the place could be deathly quiet. Then again, there were times the very walls would vibrate.

_Smoke Gets in Your Brain_

Nurses’ Notes (Beryl B.): Keeps to self in room as per usual except for meals and cigarettes. Continues to have hacking, nonproductive cough. Refused to take prescribed cough medication as “it makes my cigarettes taste bad.”

I’ve forgotten to introduce one of the residents in the Hall of Little Old Ladies leading up to the Nurses’ Station. Although it is unimaginable that anybody could forget Beryl for long. Beryl had been a published poet in her Real Life. The woman didn’t come up to my shoulder and was one of several who
never wear anything but those little old lady cloth slippers with no back, which give them a perpetual shuffle. Come to think of it, though, these folks could have been doing the Thorazine shuffle, which was a particular gait common to those on that potent medication over a long period of time. She had dull brown hair going to gray and a long lower jaw. And her own voice. Ah, the voice. It could etch glass. You could scarcely believe a voice that irritating could come out of such a little body. Actually, she was pretty quiet until she felt herself crossed. Unfortunately, she felt herself crossed fairly frequently. And always over the issue of cigarettes.

Smoking has perpetually been a real thorn in the side of the psychiatric profession. As in, what to do about it. Today, the psych units of general hospitals do not allow smoking, any more than does the rest of the hospital. So the patient may have nicotine patches or nicotine gum, although it is a private theory of mine that the endless longing for, thinking about, and trying to talk the staff out of cigarettes interferes with the therapy that's supposed to be going on. During the time I was at Bradley, however, patients were allowed to smoke, but not allowed to have lighters and matches, so they had to come up to the Nurses' Station and get lit every half hour on the half hour. This was the most important thing in life. Seriously. For most of these folks, smoking was the one and only thing they had to look forward to--so nothing was to interfere with it. We all understood this, but once in a while...

One particular day we had a big Texas-sized guy on the unit for detox. He came up to the window at the Nurses' Station and said, "I'm feeling kind of funny." At which time he crashed to the floor like a felled oak. A grand mal seizure. Literally shook the whole building. The staff leaped into action--trying to
get injectable medication drawn up, trying to keep him from biting his tongue (it used to be accepted practice to try to get a "bite stick" between somebody's teeth, whereas now that's considered more injurious), trying to keep him from smashing his head on the furniture. The place was a maelstrom of activity when, unmistakably, over and above all the hubbub, rose this nasal whine, "But it's time for my cigarette. Somebody has to give me a light." Not once, but over and over like a drill applied directly to the brain. And Beryl was not the only one, although her voice was the most penetrating. There was a whole knot of people practically standing on those of us down on the floor, crowding in front of the window like cattle in a storm, lowing in protest. The staff laughed about it later, but it was really tempting at the time to go around emptying the tobacco out of every cigarette in the place, then have a bonfire in the Day Area.

Believe Me

Most of these Little Old Ladies took their medications without any problems, and one would hope that they were calmer and more comfortable than when they had been admitted many years previously. Their thought patterns, however, weren't necessarily altered. I was sitting with Miss Erickson one day when she clutched my arm and said:

*I know you don't believe me. Nobody here believes me. But my family is trying to do away with me.*

*They want my house.*

*They want my jewelry.*
They're dividing up my money even as we speak.

Shhh. Talk quietly. They control the media. If you listen closely, they're talking about me on the news. Sometimes it's in code. See, he was just talking about a lady named Anna, but that's just a code name for Hannah. Did you see that TV program last night where the lady was killed? They're just trying to scare me. Well, it's not working.

Look at today's paper and you'll see I'm not kidding. Look at the front page. If you take all the words that begin with "h" and put them together, there's a message for me: "The highway leads to the hospital. You won't get hired—you'll feel homeless. You can hope for a hand, but the way will be high and hard. You will need a helmet for your head. How this happened is habitual. Help!

I know it's hard to believe. It's taken me a long time to believe it myself.

But, you know, I figured it out when things started disappearing. Something would be gone and then show up in a completely different place, someplace where it never goes, and they'd say, 'Oh, you just moved it and forgot.' Well, somebody moved it all right, but it by gosh wasn't me.

If you need more proof, they put me in this awful place when there's not a thing wrong with me.

She lowered her voice, looked over her shoulder in both directions, and leaned in right up next to my ear.

At least they won't try to kill me while you're watching.

Well, whatever family Miss Erickson may have had at one time, she hadn't laid eyes on them for years. She'd probably outlived them. Maybe this
woman did have scheming family members at one point, who knows, but she'd been in a private hospital for something like thirty years and somebody had been paying to keep her there, rather than have her placed in a state hospital. Her bill probably equalled the National Debt. Yet she was still paranoid. It could be discouraging.

But here I came fresh from school, full of book larnin' and ready to take on all the neuroses and psychoses the mental universe had in its bag of tricks. Theories up the wazoo. So things weren't entirely what I expected? So the theories weren't exactly fitting the reality? Well, hubris aside, I'd just have to fix that, wouldn't I?
WHY AM I HERE?

Tell me again, honey. Why am I here?
My brain stopped and I can't get it going again.
Do they think the old me will reappear?

Perhaps there's some message I have to hear--
some new-fangled notion, some weird kind of Zen.
Tell me again, honey. Why am I here?

Something's gone wrong and I sense with fear
that someone's here now that wasn't there then.
Do they think the old me will reappear?

The demons around us gather ever more near,
and I feel that I need to keep shouting "Amen!"
Tell me again, honey. Why am I here?

Life has become so alarming, my dear;
I look all around for the person I've been.
Do they think the old me will reappear?

Or do you give me a pill to disappear
And awake shouting out my "Amen" in Heaven.
Tell me again, honey. Why am I here?
Do they think the old me will reappear?
BRADLEY FALL

It was a beautiful spot. There was an abundance of trees around the Bradley grounds, and every day there were more colors. I mean, we had gorgeous leaves at home, but it got cold so quickly, they didn’t last nearly long enough. It was still warm here, compared to the Midwest, but at least the natives seemed to have quit watering everything. I had gotten a huge kick out of the whole watering thing all summer. It was much drier here and it appeared that sprinklers were left on 24/7. Except that all the water evaporated in the hot, dry air before it ever had a chance to fall on the ground. I swear! It always seemed to be raining from the ground up! Here in Utah fall seemed to come on much more gradually and stay a soul-satisfying length of time. The contrast, though, was undeniable. Life was changing every day outside the hospital, while so little changed on the inside. For instance. . . .

Tawny and the Bachelor

Nurses’ Notes (Tawny M.): Continues to require close observation around males. Came out of her room a [before] fully dressed this a. m. and had to be sent back. Laughed about this. States she is going to “lure” a new male patient into her room when the staff is busy. Also requires re-direction at times when loud and disruptive. When behaviors are addressed, patient goes to room and slams the door, but her anger appears to last only briefly.
Directly across from the Nurses' Station—for a reason—was Tawny's room. Tawny was a flouncy, sarcastic woman, with a big laugh you couldn't miss and a love of bright colors, although that often meant a hot pink top with a neon orange skirt—both with ruffles. Her family. . . Well, I'll put it in her words:

Whatever you'd say about my family couldn't be bad enough. They put me in this hellhole because they claim they fear for my 'moral turpitude.' They think I'm a 'loose woman' who will 'come to no good end.' My God, those hypocritical bastards. I was happy, I was enjoying my life, I was free. I like men—so what? There's no law against that. I think they just slapped me in here because they were jealous that I was having so much fun. I'll get out of here one of these days and then I'll show them what fun's all about. I'm going to go make plans with Oliver right now.

Tawny's diagnosis was "Simple Schizophrenia," which is not a diagnosis you will find anymore. It didn't mean a whole lot more specific than that you weren't able to do a very good job of taking care of yourself. Tawny, still flirtatious, had been in the hospital for nigh upon 20 years and had a "boyfriend," Oliver. Oliver had a like diagnosis but, in this humble opinion, could as well have been diagnosed "Lazy." Today these two might be part of the homeless mentally ill population living on the street or might be in some sort of group facility, but we're speaking of different times. Today, being a "danger to yourself or others" is de rigueur for admission. At any rate, Oliver's bedroom was w-a-a-y down at the other end of the building, for obvious reasons.
Lobotomies and Other Medical Stuff

Nurses’ Notes (Linda D.): Quiet this day. Glared at another pt. who got too close, but did not strike out. Ate soft diet well--took crushed medications s [without] difficulty. Moves about on own c [with] shuffling gait.

As I mentioned, the day room and Nurses’ Station were right in the middle of the top of the East Hall T. Along the right side of the top, there were only three patient rooms. One was occupied by Miss Linda, who was a pistol. She had had a stroke many years ago and could make sounds, although not intelligible words, and she could get around on her own, although with small steps and a pronounced limp. Miss Linda was not someone on whom (who?) you wished to turn your back as, for reasons known only to her, she would clobber you whenever she got a chance. One tended to learn this after the first clobber. The only thing that could save you was that she would make this “yi-yi-yi-yi” noise, but not always far enough in advance to be useful.

Then there were lobotomies, especially popular in the 1940’s. They involved either inserting a pointed instrument, such as a long needle, through the eye socket into the frontal lobe of the brain and rotating it, destroying a considerable amount of brain tissue (familiar to anyone who ever pithed a frog in Biology class). Or else surgically cutting the connections between the frontal cortex and other sections of the brain. These procedures, no longer performed, were meant to control violent, acting-out behavior and/or “cure” schizophrenia before today’s miracle medications made their appearance.
Nurses’ Notes (Jan L.): Continues to remain in rm. unless she has a request. Yelled at another patient today who got in her way, raised her hand, but did not strike out. Hoards food in room—weight gain is to be addressed by dietician. Naps frequently, altho noc [night] staff reports pt. sleeps well.

One of the rooms down this short hall was Jan’s. Jan was one of several patients at Brady who had undergone prefrontal lobotomies in the past. She had been at Bradley many years and must have arrived when she was just a teenager, as her hair was still coal black. And her dark eyes appeared a matching black. The expression on her face was nothing less than furious at all times. She could not speak understandable words, although I’m not sure whether this was an aftereffect of the lobotomy, or whether it predated the surgery. At any rate, she could make sounds—loud, hostile sounds. The combination of the thundercloud face and voice to match made one tend to give Jan a wide berth; she was definitely not above having a temper tantrum and throwing whatever was at hand. I hadn’t the slightest doubt that she would throw me if given half a chance. You did have to wonder what her temper was like before the lobotomy!

A male patient, Howard, was Jan’s counterpart. In fact, they looked so much alike I asked somebody if they were related. Howard, another post-lobotomy patient, also related to the world with a big-time sneer. He could speak, though, as I occasionally heard him snarl at somebody—okay, me—who wasn’t moving fast enough for him. Actually, everything he said he snarled through clenched teeth. A textbook may tell you that post-lobotomy patients are
superficial, cheerful, and complacently indifferent to others. While I have no doubt lobotomies patients came in all shapes and sizes, to me they will always have dark hair, angry faces, and an "Are you talkin' to me?" attitude. I don't remember being actually afraid of these patients, although I probably was at times, but I do recall learning lessons that would stand me in good stead about having a healthy respect for others' personal space.

Frank-ly, My Dear, I Do Give a Damn

Across the hall from Jan and Miss Linda lived Frank, who apparently had been a fun guy "in the old days," but was now bedridden. Frank, for many years, had been the beneficiary of his own private sitter, who did everything for him except give his medications (and who must have cost an astronomical amount of money over all those years). He was not able to do anything for himself--didn't speak, didn't, in fact, move--had to be fed, bathed, turned, cleaned. When his family finally made the decision to stop the private sitter, this routine obviously became much more time-consuming for the staff, who had only been giving his meds. He was of a good enough size to require the assistance of at least three people to get him in and out of the tub, since we didn't have a chair-shower at that time. Then a staff member had to stay right there with him.

One particular Sunday I was the only nurse in East, the way it always was on week-ends, and Frank was being cared for by a tech, Mr. Lomond. Now I know this is uncharitable and I hasten to add that most of our techs were pure gold, but this happened to be a worthless tech. Lomond was an older guy who didn't put in one ounce more effort than was absolutely required of him, but
the administration loved him because he never called in sick. Never. Not once in over 25 years. Those of us who had to work with him found this a dubious virtue since the guy would not hesitate to show up for work with plague or pox, but admin loved him. He stood out because most of our techs were excellent and treated the patients with great care. One of the male techs even had the German nickname for Sweetheart!

Anyway, we got Frank in the tub and left him with Mr. Lomond. Shortly, Lomond came rushing up to the nurses' station, pale and bug-eyed, pointing to the tub room and stuttering. I ran to the tub--Omigod, Frank was bobbing around under water. I pulled the plug, grabbed his head, and planted a couple of rescue breaths on his blue lips. We hauled him out of the tub and I started CPR. To my great surprise, since I'd never done this before except on a dummy, Frank came back to us. "Get the oxygen tank," I yelled at Lomond. "Where is it?" he said, blinking stupidly, which made me want to jump right up and slap him. By the time we got oxygen on Frank, somebody had called the supervisor, she called an ambulance, and they hauled him off to an emergency room in town. I sat at the desk, in shock. Lomond, meanwhile, made the great mistake of trying to excuse himself: "I just left him for a minute. I didn't... I just... I wasn't..." This time I literally had to hold one hand with the other to keep from slapping him. The supervisor, Thank God, called the family and then, when we got the word that Frank was dead, she had to call them again.

I was a mess. I was soaked with dirty bath water, my legs were shaking, I felt like a murderess. I called Lil, my Head Nurse, at home to tell her and, instead, bawled like a baby. At least, Thank God, I managed not to blubber all over the doctor on call. Now I'd like to tell you I was feeling something for Frank in all of
this, but nothing could be further from the truth. The person I was so busy feeling sorry for was me. The family, however, was more than kind—in other words, they didn’t sue. And Frank’s psychiatrist made me feel ever so much better by saying, “You shouldn’t have done CPR in the first place.” Gee, thanks, Doc.

This was terrifically shocking for me, as I’d thought one of the good things about psych was that the patients didn’t die on you! I’d had little experience with death. When I was a junior student, a substitute teacher had assigned me to a three-year-old in pediatrics who was dying of cancer. He was very grotesque, as the cancer had spread throughout his head and made his face horribly misshapen, except he had these soft golden curls and an ever-present suffering mother to remind you that he had been an ordinary little boy not so long ago. We students were scared of the situation—a dying child—and had done our best to avoid the room until that day. Anyway, I hadn’t had much to do for the child that morning, as his mother did most of his care. But I turned him on his side, gave him a shot of morphine, which he got every few hours when he started to moan and become restless, and he died. To my credit, I guess. I didn’t run out of the room screaming, but this poor woman tried to comfort me, so I must have looked pretty stricken. My regular teacher later said she would never have assigned one of us to this child, as we weren’t ready. No kidding!

On top of this, the sub let me go down and watch the autopsy, to serve as a learning experience. (What was I thinking!) Since I was weepy and feeling guilty, I expected this very dignified, funereal atmosphere. Well, there was jazz on the radio, and the pathologist, who likely did a dozen of these every day—just another day at the office—was whistling and chatting with somebody while he cut off the top of the skull. It was an experience.
At any rate, Frank’s death was traumatic indeed. I thought about chucking the whole business. But, while I struggled with life and death and did I want to be in this profession at all, the days at Bradley went along as though nothing had happened. I guess I was still young enough to expect the world to stop when I had demons to wrestle.

The only other room down at Frank’s end of the hall (what used to be Frank’s end of the hall) was the dining room where most of the patients took their meals—in silence. I believe if they could have, they would each have come at a separate time so as not to have anything to do with the others. I don’t doubt that some of these folks had lived in rooms side by side for over twenty-five years and had not spoken a word to each other.

Of course the State Hospital was the same way. Some of those folks lived in the same room with three, four, or five other people and never exchanged so much as a “Good Morning.” And the accommodations at Bradley were vastly preferable to State, which was a sprawling complex of buildings, connected by tunnels. Tunnels as dark as night, with only the occasional dim, cobwebby bulb to light the way, the ever-present sound of dripping water, creatures shuffling along with claws clicking on the floor—oh, wait, that was the horror movie we student nurses always thought about when we were in those blasted tunnels. If we had to go into them at night, from the nurses’ dorm to the library or over to the ward, we would promise a fellow student anything—food, the writing of a paper, a date with a boyfriend (none of us had any money, so that wasn’t an option)—to come with us. We were sure unspeakable terror lurked around every corner of those tunnels, although I doubt anybody ever really paid the slightest attention to us.
Smoke in the Brain, Part II

Nurses’ Notes (Ellen H.): No outbursts this shift. Came out for cigarettes x2 with supervision. No verbalization. Refused to eat solid food, but did take protein shakes. Cream applied to self-inflicted scratches and small lesions on skin. Refused to have clothes put on, remained in hospital pajamas all day. Took medications s [without] difficulty. Noc [night] staff reports that pt. sleeps very restlessly.

On the wall opposite the Nurses’ Station sat a couch and a couple of chairs, none of which appeared the slightest bit comfortable, where smokers could sit, although they could also smoke in the day room across the hall. A couple of smokers HAD to sit right where the nurses could see them. Ellen Harvey, for instance. Ellen, unlike most of the populace, was younger. Mid-30’s, but she had already been here over 10 years. You could tell she’d been pretty, with very fair skin and raven black hair, but she was deeply psychotic; her hair was dull now, plus she picked at her skin.

It was impossible to tell what was going on with Ellen; she was quiet as the tomb and only left her room once in a while to smoke. Even then, she would not ask, but simply stand at the window and stare into the Nurses’ Station with eyes that looked like a corpse, not speaking, until you noticed her and asked if she wanted a cigarette, when she’d nod. The only thing Ellen ever said was “What Ellen knows. Oh, what Ellen knows.” Sometimes she’d say this quietly and bitterly, in a tortured Lady Macbeth kind of a way; other times she would literally
scream it in terror. The other patients didn't pay any attention anymore, but the
effect on the staff every time looked as though lightning had just struck.

There was nothing in her history concerning what Ellen may, in fact, have
known, so it's one of those things you just had to wonder about. I couldn't help but
feel deeply sorry for the woman. A couple years ago, Ellen was smoking and
nobody was watching her closely, and she put the cigarette up to her cheek and
literally burned right on through until the thing went out, without making a sound.
So after that Ellen had to sit right under our noses.

Bad Things vs. Good People

Nurses' Notes (Marty B.): Pt. bathed and
shampooed this day, ointment applied to
healing burn areas. Tolerated well ċ [with] no
resistance to procedures. Talked quietly to self
throughout, occasional chuckling. Refused to
take hi-protein shakes.

Another person watched with great care was Marty. Standing 5' 6'', Marty
weighed only about as much as a large first-grader, in spite of the staff plying her
with malts and snacks at every opportunity. She also was severely schizophrenic.
A few years ago, some kid on the unit had managed to get hold of some
smuggled matches and set Marty on fire up on the second floor. She did nothing
to help herself--not cry out, not come down the stairs--just stayed where she was
and burned. By the time she was found, she was very nearly dead and spent
months on the burn unit of a local hospital. It's hard to imagine doing something
like that to anybody, but maybe especially to Marty, as she was in her own world, where she twirled around in little impromptu dance moves, chortled at private jokes, and would put her hands over her eyes like a coy maiden when spoken to. I mean, she was possibly the most unthreatening individual on earth. We all treated Marty extra specially from that time on, as a survivor of something so horrible who was without voice for her suffering. It was hard not to be horrified at some of the things these folks had been through, especially when most of them seemed as innocent as babes.

**Trick or Trick**

Making rounds on a psychiatric unit on a stormy Halloween night is a singular experience. It was mighty dark by the time you reached the long end of the hall in the middle of the night. Dark hall, dark rooms, dark dreams--interrupted only by the intrepid beam of my little flashlight and the occasional flash of lightning jagging across the hall window. I open the door of a patient’s room and a grotesque, bloody head falls into my arms. The neurons in my brain go off like a cheap alarm clock. However, I quietly close the door, giving the young guy who had propped up his Halloween mask no satisfaction at all. Then I stand, waiting for my heart to come to a decision about whether to beat again.

Similarly, I once opened the door of a dark room at night to see the bottom part of a dress waving gently in front of my face in the gloom. The lady had simply managed to hang her dress--not the rest of her--from something set high in the wall, but it was as effective for a moment as a mini-electroshock treatment.
ECTs

Speaking of which, electroconvulsive therapy, or "shock" therapy, is practically as old as psych itself. It came into use in the 1930's when some doctor decided that epilepsy either cured or prevented psychosis, but it can be found in medical books all the way back to 1785 when a physician discovered that an accidental seizure (from too much medication!) relieved a patient's psychiatric problems. The procedure involves a machine that sends electric current into the brain, inducing a seizure. ECTs weren't being used as much in the 70's as earlier, in the 40's and 50's, but they were definitely still in use. The procedure was done in the exam room with the doctor and one nurse--that's it. No general anesthesia, no OR, no emergency set-up in case of problems.. And the idea was to shock people darn near back into infancy and start them over from there. It would seem that some concern may have been legitimate; I can remember having to feed and change otherwise perfectly healthy adults.

Now, some thirty years later, ECTs are still used for recalcitrant depression, the kind that simply does not respond to anything else. They're given three times a week and in a series of 10 treatments or less--in the OR with an anesthesiologist and OR staff. The patient is pre-medicated before the procedure, the same as in surgery, and is given a muscle relaxant drug before, so that there is little or no noticeable bodily seizure activity. All very safe and modern. Now, though, it's used much less, as antidepressant medications are so effective.

Let's face it, the thing has always sounded a lot like witchcraft--shooting an electrical impulse into the brain to cure depression? C'mon! When I was in school, I remember hearing one of the theories of why ECT worked was that
those patients felt "bad" and in need of discipline. ECT presumably acted as a form of punishment, kind of, I guess, like a spanking. Now that so much more is known about the brain, the latest theory appears to be that ECTs increase neurotransmitter activity. However it works, I have to tell you, it does. Not every time, but a lot of times. The only side-effect I've seen was short-term memory loss. And, truly, there were times when it really did seem like "magic dust."

Fritz, an older depressed patient, turned into quite the picture of cheer post-ECTs--joking and smiling, but with that short-term memory thing. When a set of unit keys came up missing, it was--and is--always cause for great to-do, because there are many court-ordered patients on a locked unit who would give a lot to have the keys to the door. After we'd searched everywhere and called anybody who might have had access to them, the boss was about to have all the locks changed, always an expensive proposition and a big pain. When out of his room came Fritz, jingling the keys and saying, "Say, Lassie, would anybody have any idea what these open up?" None of us would have been surprised to learn he had picked one of our pockets. He also managed to leave the unit one day by tucking himself so quietly behind a housekeeper that he slipped out of the door with her, and she didn't even realize she had him until they got to the elevator. Happily, he was perfectly willing to come back with her.

But Fritz saved his best trick for nights. We were doing our paperwork thing in the nurses' station one night when one tech said to me, "Where's Don?" (the other tech). We both realized we hadn't seen him for a bit, so we set out looking. Couldn't find Don anywhere. Fritz, however, was sitting on the floor up against his bathroom door. We asked him "what's up?" and heard knock-knock-knock, "I'm in here, you guys" from the bathroom. Sure enough, Fritz had asked
Don to get something out of his bathroom and then trapped him inside. Fritz is no little fellow, so Don couldn't push him out of the way and, talk about finding out the hard way, the bathroom call light wasn't working. Not to say that Don was naive, but he would surely have gone to the storage room for a box of Fallopian Tubes if he'd been sent.

**The Day I Wore Thanksgiving Dinner**

The words bounced off the concrete walls and echoed down to the bare floor. They sounded like nonsense but were, in fact, what was known as a "word salad" (which, if you could tease out and tie together all the loose ends, would make sense but, instead, consists of pieces all chopped up and tossed together).

It was Thanksgiving but, for the first time in my life, I was not at the table with my family, stomach crazed from the smell of turkey roasting and my mother's perfect pumpkin pie. Instead, I was sitting on the side of a small metal bed in the bleakest of bleak rooms. A young woman, Lorna, lay beside me on the bed, her arms and legs in leather restraints, her eyes venomous. The room was barely bigger than the bed, with bile-green, poked walls and a barred window admitting the faintest bit of chilly sunshine. Plus an obviously much-kicked, much pummeled yellow door with a window, but no doorknob. Perhaps I should have been giving thanks that I was the one with keys to the door.

Lorna was psychotic, kept trying to hurt herself and all of us, and we were sincerely hoping her meds would kick in soon. In the meantime, though, she was convinced that we were trying to poison her and had quit eating and drinking. If the situation continued long enough, tube-feeding would have to follow. You can
perhaps imagine how inserting a tube into the nose and pumping in formula might be construed by someone who already believed people were out to do her in. So my mission this Thanksgiving day--whether or not I really wanted to accept it--was to try to get some food down Lorna.

I had beside me a tray of softish things that smelled good, since I'd had no dinner myself. Doing that crooning kind of thing that one does with babies who are balky about eating, I said "Come on, honey, just a little bite. It smells so good, and it's going to taste so good. And you'll feel so much better. If you don't eat, you're going to get sick" (you're going to get sick--talk about understatement). Through this, Lorna continued to yell at the top of her lungs, coming up with a pretty amazing number of variations on the word "whore". So, since she had her mouth open anyway, I slipped in a half-spoonful of sweet potatoes. Quicker than I could blink, I was wearing a half-spoonful of sweet potatoes. I had tied a towel around my neck, like a giant bib, but she cleverly managed to cover a huge area with a tiny amount of food and I was thinking a rain poncho would have been a better idea. Not easily deterred, I tried just the barest touch of cranberries, and was amazed at how quickly I resembled modern art. "Now, Lorna, we need a little more effort here. My baby niece could do a better job of this, although she might agree with your opinion of the cranberries. Okay, let's try something really good--yum, pumpkin pie!" In it went, out it came. You know somebody who spits out dessert isn't thinking clearly.

By the time we tried a little diced turkey, Lorna was as close to smiling as I believe I'd ever seen her. I, on the other hand, was speaking through gritted teeth, but I kept at it until a milk bath did nothing for my complexion. I detected a look of triumph in Lorna's eyes as I left with the tray. Unfortunately, she'd won the
battle while losing the war, as her next meal came down a tube from a bag. You
don't go into this job for the money, so, when you can't even do your job, it's
about as frustrating as it gets.

I wasn't often frustrated, though. Okay, let me think if that's true. Maybe
disillusioned would be more the word. There's no question that I felt needed, but
it felt like being needed for little things. I think I'd expected to have more of an
influence on patients' lives, maybe more of a positive impact on their illnesses.
Just the same, I think the reason I wasn't feeling more thwarted is that it seemed a
lot of the time like I'd walked into the middle of a big dysfunctional family, and you
know how hard it is to give up on your family.
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It seemed like I'd always been here, yet like I'd just come. Every season was an entirely new adventure. The mile walk to work was traitorous some mornings. I didn't have nosebleeds anymore, and I was hoping not to have a broken leg either. It snowed a dozen inches one day and was running in rivers by afternoon. At home, that would have stuck around until April. And, man, was it gorgeous. The sky was this blinding blue riding along on top of jagged mountain teeth. And the pine trees smelled enticingly like X-mas every day. Inside the hospital, however, was that same timeless feel. Except I'd had my first encounter with a patient with Mormon underwear. We usually make patients take everything off and put on hospital gowns for at least the first night, but we were told by the higher-ups to make an exception in this case. Who would have thought a religion would have its own underwear.

Be Quiet, Ready or Not

We had four Seclusion Rooms, euphemistically called "Quiet Rooms," in East Hall. These rooms were forbidding and bare, for the safety of agitated individuals who required as little outside stimulation as possible. They had big, heavy doors that locked, with a little window in them, just like in the movies. At their barest, each had only a mattress on the floor and a throwaway waxed-cardboard waste bucket. The light bulb was recessed in the ceiling with a grid over it, much too high to be reached. A small window also had metal grill-work over it. Very grim. But very necessary. These rooms were for those patients who
needed the most secure situations, the sickest patients as it were. One patient who springs immediately to mind is a guy who owned a hamburger joint in town and came in with DTs. He wrapped a sheet around his waist like a giant apron and paced the room shouting out hamburger orders non-stop: "Hold the pickles! Make it rare with onions on the side! No mayo!" This went on for hours until the staff was about ready to start gnawing on each other.

Nurses' Notes (Alice A.): No outbursts this shift. Moves restlessly about room on own ō [with] pronounced limp. Stands in doorway at times and tries to grab people passing by her room. Takes crushed meds in pudding.

The Seclusion Rooms, two on first floor, two directly above on second, were on the long part of the T-shaped East Hall. This hall could get loud, since patients in the Quiet Rooms were, usually, not. So we tried to have long-term patients down this hall who either wouldn't care or wouldn't notice. Actually, that could describe nearly everybody. Including Alice Addams, one of the saddest patients. Alice was another little old lady who had had a stroke and was left with one leg drawn up several inches shorter than the other, so she had a horrible limp that appeared painful. She didn't speak in words and ordinarily made no sound at all, until she would have one of her "attacks," apparently panic attacks, when she would grab at people and make these loud, raucous cries, like some kind of wounded animal. It was awful to hear. These attacks came out of nowhere and it took quite a while to get her settled down, although Lil had the touch. You also had to keep an eye on Alice during these times so she didn't grab the wrong
person and get herself clobbered! Alice had been some high muckety-muck general’s wife and used to dress beautifully and do all this fancy entertaining; when she was composed and sitting quietly, you could picture her pouring tea, wearing a big hat with flowers on it. I never saw Alice, or any of the long-term folks I’ve mentioned so far, have a visitor, but, after twenty-five or thirty-five years, it’s hard to say who among their families would be left to visit.

I have been asked, more than once, how one keeps from getting depressed in this line of work. To be honest, most of the patients at Bradley, at least most of the Little Old Ladies, did not seem that unhappy. This was home! But the more tortured patients, like Alice or like Ellen, were tougher. Of course you ask yourself at some point why people have to keep living like they do, but it’s one of those cosmic unanswerables. And I think every psych nurse who has ever lived believes he or she is making a difference somewhere along the line, making life better for somebody, even if in a small way. It’s all about helping, although today’s help is a quantum leap from what we could offer in the Bradley days.

One of the rooms at the end of this hall held two elderly ladies who required total care. They didn’t, or couldn’t, give any indication of still having coherent thought processes and, thus, were no longer able to benefit from any kind of psychiatric care. But, once again, they had spent the bulk of their adult lives at Bradley, and their families had the means to keep them there as long as they lived. Most staff members today are less than pleased to have nursing home patients on the psych floor, because, well, if we wanted to work in a nursing home (and it is work), we would! Besides which, these folks almost never fit in well with a psychiatric population. But I completely own up to the fact that this may be my own discomfort at facing getting old. Or of having to consider how well we as a
society deal with our older folks. But it seemed a whole different issue at Bradley, because, as odd as it sounds, it was more like we were keeping these old folks at "home" until they died.

The other end room was a three-bed ward. The most interesting patient who occupied this room was a woman with catatonia, who did not move and, except for breathing, gave little sign of still being in the world. I had seen this described only in textbooks, and it was true—you could raise her hand straight up in the air, go away and come back, and it would still be right there where you put it. Were it not totally unprofessional, not to mention cruel, one might have been tempted to see what would happen if you left her arm up in the air overnight. For whatever reason, in her case, medication was pure magic—a couple of doses and she came bopping down the hall one morning asking "What's for breakfast?" (Like the children on soap operas who go upstairs to bed and come down the next morning as adults.) For sure, we all stared at her open-mouthed!

Also down this hall were the stairs going up to second floor and those going down to the basement. Once when I was working a rare evening shift, the male techs tricked me into going down into the basement to search for a possible missing patient. Of course they all sneaked back upstairs and turned off the basement lights, so I was down there with just a flashlight. The place was full of extra stuff and boxes and useless junk, all casting weird shadows, so it was spooky as heck. I kept thinking about a book I read when I was a kid about a mental patient who became homicidal when she saw a blinking red light, which climaxed with the heroine and the patient running around in a totally dark mental ward with a blinking red light over the door. The techs were all laughing when I came back upstairs. They tried to pull something like it another time, but I didn't
bite. I like to think I can only be fooled once, although that's far from true. I never
did fall for that rookie trick of looking for the Fallopian Tubes, but only because
nobody ever sent me.

Mr. Bojangles is at the Back Door

Nurses’ Notes (Hank B.): Outside as per
usual this day. Returns rosy-cheeked §
[without] incident. No verbal interaction.

At the end of this hall were two locked doors, enclosing a dingy little
porch used by no one. Two stories revolve around this back door. One is about a
hunched-over, rumpled little fellow that I always thought of as Mr. Bojangles. Not,
Lord knows, because he danced, maybe because of the dog? The baggy pants?
At any rate, Mr. Bojangles, who looked about 105 although he was in his 60’s,
used to have his breakfast as early as he could in the morning, put on his stained,
shapeless old green hat, and stand at the back door with his sack lunch in his
hand. One of us would unlock the door and say “Have a nice day,” he’d pick up
the stout stick that stood just outside the door, pat the little brown dog that about
wagged its rear end off, and head into the brush and fields out back of the
hospital, for all the world like the farmer he used to be.

He was supposed to stay somewhere within sight, but nobody really
made any sincere effort to keep track of him unless the weather got bad. At
suppertime he would ring the bell by the back door, his little dog-buddy would
settle down to wait through the night, and one of us would let him in with a “Did
you have a nice day?" I never heard the man utter a word, but I'm guessing he was happier than most anybody else in the place, including at least some of the staff. Although, from today's perspective, thinking about the liability of that whole arrangement gives me such a headache my teeth hurt. And how in the heck the custom got started in the first place is another one of those mysteries; it had been going on as long as anybody there could remember.

It still cheers me up to think of such a human solution to the inhumaness of mental illness and old age. I wish we could have turned the whole bunch out in the pasture, although, of course, the Little Old Ladies wouldn't have gone!

**Katey, Bar the Door**

The other back door story has to be prefaced by a front door story. We had few teen-agers at Bradley, just as we had few children, because we didn't have an adolescent program per se. We got some kids now and then because we were the only game in town. Most of these were behavior problems, rather than psychiatric patients. Katey was just such a girl, daughter of very rich parents. She'd act out repeatedly, come to Bradley, get transferred to some sort of adolescent facility, run away, act out, come to Bradley... One of Katey's favorite tricks was to run away in the company of black men, as this particularly tripped the trigger of her hopelessly white parents. This time she was with us because she and a young black male were posing nude in a second-story apartment window facing a downtown street.

As I mentioned before, visitors were supposed to visit in the flowery wickered porch, not on the unit, which was nothing to write home about. A front
door off the Day Room was rarely used, maybe once a day in nice weather when one of the staff took patients out for a walk, meaning several bracing laps of the driveway. (Brochure: “Trees and lawns, sunlight and shade, the simple majesty of mountains create the tranquil atmosphere so helpful to recovery.”) So one Sunday afternoon Katey came back from a week-end pass with her parents. It may seem odd for someone on a locked unit to go out on pass, but sometimes our kids would take the bus and go off to school all day and then come back to a locked unit, which made even less sense. But each doctor had his own way of looking at things.

This day Katey rang the bell outside the front door off the Day Room. “My parents just brought me back” and “They bought me a bunch of new clothes and stuff” and “I know you have to look at everything” and “Can we just bring them in this door since it’s closer?” Young and stupid, I said “sure.” Gotcha! She well and truly did “get” me. Because the very next day her parents grabbed the head of the hospital and gave him an earful about their daughter being in such a horrible place, and they jerked her out right on the spot. Which resulted, not surprisingly, in my getting an earful! But, other than feeling stupid, I couldn’t feel too bad about it. Let’s face it, it was a terrible place for a kid, unless the kid was sick enough to need it. And what this little episode did not do was keep Katey out for good.

The other back door story also involves Katey. She was with us again, same song, second verse. However, in the middle of the night, it was discovered that Katey was not in her bed. Rather, just like in the movies, she had rolled up blankets to make it look like she was. And the hunt was on! All the doors were locked. Where had Katey gone? Staff turned the place upside down--the girl had vanished into thin air! I would really like to have heard the head of the hospital
making *that* call to Katey's parents. It was a huge mystery. Had anybody lost their keys? No. Was there a loose window somewhere? No. Did the girl have some strange supernatural powers? Probably not. It was weeks before the mystery was solved, or at least until the word filtered down to those of us in the trenches. A young female tech, an Army wife whose husband was overseas, had gotten close to Katey, felt sorry for her, unlocked the back door so Katey could slip out, then locked it back up. Katey hid in the bushes back there until the tech got off work, then the tech took her home and hid her. Once the excitement had died down, the tech quit. I don’t know what, if anything, happened to this tech, as she had left Bradley before the truth came out, but I’m thinking those parents probably got their pound of flesh somewhere along the line.

Lines between patient and staff blur like this occasionally. We all watched in horror when a nurse got into a relationship with a sociopathic patient. This is the kind of guy who can be so charming, but is a user. We figured she was signing, not a death warrant, but for sure a warrant to live the rest of her life in misery. No matter how you may be regarded in society, you’re accepted as part of the group on a psych unit. And it’s easy for an emotionally disturbed person, feeling that no one cares about him or her, to mistake the compassionate acceptance of a staff member for something more. While we never use last names on nametags and try not to reveal any personal information, a female patient who had become enamored with a female nurse kept leaving love notes on her windshield in the parking lot at work, and a male tech who’d had a patient swear to “get him” later found all four tires slashed on his car sitting in his driveway. One of our nurses came home one evening to find a patient sitting in her living room watching TV with her teen-aged daughter!
The Bad Seed

Johnnie was another little blond guy, pre-teen with a bad case of acne, and just not very likeable (can you call a little kid nasty?). This kid swished onto the unit, which was not a term I would have understood until I saw Johnnie walk. Warning bells went off in my head when I saw an adult male patient snap to attention and look at the kid as though lunch had arrived. Right from Minute One we kept our eyeballs on them both, although, happily, the adult was just a short-timer. There is a triad of symptoms said to foretell a possible serial killer--cruelty to animals, fire-setting, and enuresis (night bed wetting)--and Johnnie, unfortunately, had been displaying them all. His parents and siblings were terrified of him.

The big moment, though, when he was admitted, came when I opened a shoebox and found a whole tangle of dismembered Barbie dolls. Little staring Barbie heads, waving Barbie arms, a chorus line of Barbie legs. It gave me a shiver, but even more so the question of why he would choose to bring them to the hospital with him? Johnnie ended up being with us way too long, as he'd already had several placements and nobody wanted him back. He was a big problem on the unit, because there was no structured program to keep him busy, and kids didn’t have to be separated from adults (as in the present day--by law--which is an entirely good thing). Whenever the staff was otherwise occupied, he’d pester the older patients, who, for the most part, did not suffer him gladly.

Johnnie earned himself a lot of time-outs in the seclusion room. We even had to restrain him once, for hurting one of the little old ladies, probably setting her back ten years. He was so wild that the supervisor called in a sheriff’s deputy
to help, which hadn't happened since I'd been there. Kids are often harder to restrain than adults, because they wage an all-out, take-no-prisoners kind of war and don't seem to have any built-in controls like most adults. It's also hard to put the restraints on tight enough to do any good—I mean, they're kids—so the tendency is to restrain them more loosely. Then, since they're more agile in the first place, they soon wiggle out and you have to do it all over again. Besides, the more strong people you have helping to apply restraints, the less possibility of anybody getting injured. So we were standing out in the hall afterwards, just kind of catching our breath, when Johnnie started yelling furiously what was apparently the ultimate in insults, “Jackie wears Kotex.” It was probably not very satisfying for him to hear us laughing. I have no more idea of what happened to Johnnie when he left us than I do the little boy who pulled out his fingernails, but I'd be mighty surprised to hear that Johnnie is living happily ever after.

**Violence, Restrained or Otherwise**

Interestingly, we used to use restraints a lot back in the Bradley days, supposedly to improve patient safety, and now, some 30 years later, we use them as little as possible, supposedly to improve patient safety. Restraints are heavy leather wrist and ankle cuffs that have straps you loop through them to lock to the bed, thereby rendering the individual as nearly immobile as possible. When a patient is attempting to injure himself or someone else, restraints are a form of external control applied until the patient is able to once again exert internal control, often aided by medication.

An older tech told me the story of helping to restrain a really big, strong
guy, who somehow managed to tip the bed on end and come baby-stepping out into the hall with the bed still attached to his back. The most bizarre one I ever saw was a teen-aged boy who managed to cut through a restraint strap, which is a thick, hefty piece of leather. He did it with a razor-sharp piece of wire, but where in the heck he had that piece of wire while we were restraining him, and how he managed not to slice himself up in the process, is a mystery to this day. He wasn't willing to satisfy our curiosity.

Jack, a patient in his mid-30's, was as nice as he was nice-looking, quiet and polite. Addicted to gambling and alcohol for years, he didn't ever seem to benefit from treatment. He'd check himself into the hospital, then ask to be put into restraints. He'd lie there quietly, although very anxious and shaky, while we put them on. Then, when we were out of the room, he'd start in. Yelling, cursing, fighting the restraints, thrashing around. He'd continue that until he was completely exhausted. When he was quiet, we'd take the restraints off and he'd sleep. He knew himself well enough to know when he was getting to the point where he was going to explode, so he chose this rather than explode on somebody else. A lot of people with anger issues should be so wise.

More Unquiet Rooms

On the second floor were two more Seclusion Rooms, directly above the two on first floor, a situation which was the last word in unhandy and unsafe, as you always want to keep an eye on what's going on in a locked room. We only put people up there if the bottom two were full. A schizophrenic named Ron, who thought he was a female named Ronnie and who believed he received radio
signals through his teeth, managed, while in one of these second-floor rooms, to
scratch himself with his fingernails and try to write on the wall with blood. We
usually cut long fingernails short, but we must have been busy that day and it
didn't happen right at admission. (Due to patient's rights, we can't cut fingernails
these days, which is why I bear a couple inches of souvenir scar on my left hand
from, unhappily, a psychotic nurse.) As you may imagine, Ron/Ronnie couldn't
draw much blood with his nails, so it wasn't as eerie as it might have been,
although any time there's blood on the walls it's eerie enough. Patients are
always trying to leave a message to the world on the walls—in blood, markers,
food, or even excrement. Almost never, though, do the messages make any
sense. A girl on the open unit broke a compact mirror and wrote "Help" in blood.
Now that was spooky.

Miss Stock and the Horrid Men

Nurses' Notes (Mabel S.): Continues to push
notes in spidery handwriting (see included in chart) under the door of her room. "Nurse, you
have let horrid men into my room—again! I have told you and told you how they hide
under the bed and come out to take advantage of me during the night. Please take care of this
matter." Patient is unable to be reassured.
Takes meds only ☑ (after) lecturing RN, as per usual, concerning "lackadaisical" safety
precautions. Only female staff are allowed in patient's room.
One of the patients on the second floor was Miss Stock, who spent all her time sitting in her crowded little room in a rocking chair, looking like Norman Bates' mother in Psycho. She had rimless glasses and thin white hair, always skinned back into a tight bun, and I never saw her with a relaxed expression. She looked perpetually pinched and suspicious. Miss Stock's room was always locked per her request, and no one other than a few of the female staff ever set foot in there. She herself never set foot outside of those four walls. Yet she had an unrelenting horror of men. To the best of our knowledge, Miss Stock had never had congress with a male at any point in her life, and she certainly had not set eyes on one for probably the last 35 years. Made you wonder.

Nurses' Notes (Betty M.): No change noted.. Continues to bark in response to questions rather than speak. Requires assistance with cleanliness issues--demonstrates hostility by scratching, pinching, cursing at these times.

Another patient on the second floor was Betty. Betty had watery blue eyes that had to have been gorgeous when she was younger, little red cheeks, and very white teeth, but her "thing" was barking like a dog. Her arf, arfing and grrrrrowling could be heard any time, night or day. She would never answer any questions about this, so no one really knew whether Betty thought she was a dog, or was just having us on. She certainly could talk, in a voice like an emery board, and did, but only if her demand for a light wasn't being met or on wash days when the staff had to ferret her dirty underwear out of all her hiding places to throw them in the wash. You could definitely hear Betty's voice then! Although that might be a
time you'd just as soon have a good bark.

Marty, the burn patient, also had a room upstairs, on the end, and it was locked at night, which seemed rather like locking the barn door after the horse was stolen. These doors didn’t have windows in them. Did the night staff unlock Marty’s and Miss Stock’s doors many times during the night to check if they were okay? Did I really want to know?

**Joby**

Joby was another second-floor resident. Joby was probably the perfect patient. Young, good-looking, charming, rich, smart. Also extremely psychotic. Put some guy’s eye out in a fight before he came to us. Joby made a small fortune on the stock market when he was just out of his teens, then wrote a book about it. I tried to read the thing, but was in over my head from Page One. Anyway, Joby did well in the hospital, on a high dose of medication, and was a pleasure to have around. Very helpful, always with a big smile and something cheerful to say. For instance, “Oh, don’t you look cute. You look just like a potholder.” Okay, maybe that was more tactless than cheerful, since I had on a new quilted jacket, but I’m sure he meant to be complimentary.

However, Joby had done so well in the hospital that his lawyers had gotten him a new hearing, attempting to get him released and out on his own. There was no way Joby was going to take his medications on his own! So the doctors stopped his meds in order for the judge to see the “real” Joby. Every single day you could see changes. He still smiled, sort of, but his teeth were more clenched every time. He paced, paced, paced. His posture was rigid, hands often
balled up in fists at his side. The laughing brown eyes now were often narrowed in an I-know-what-you’re-trying-to-pull look. We held our collective breaths, counting the days until the hearing, hoping to keep a lid on things until then. And made it, although by the time of the hearing, Joby was not someone you’d want to meet in the dark. Of course, he did not get released, but he did get transferred to another hospital, one closer to his family. We missed the old Joby. It might have been very useful if we could have recorded his metamorphosis in pictures to show to patients who think they know better than the doctor whether they should take their medications or not.

It is one of the great frustrations in the psychiatric life: patients who do not or will not take their medications (called med non-compliance), then call or show up at the hospital in bad shape looking for some quick, easy solution. Looking, as one psychiatrist wrote to another in a referral note, for some “magic dust” to be sprinkled on them. Thankfully, this is less of a problem all the time, as newer meds are so much freer of side-effects, patients are less hesitant to take them. I think.

**Dressed for, er, Something**

A friend was sitting in his car in front of the hospital one day, waiting for me to get off work, while two patients were taking laps around the driveway. One had on a weird jacket, waist-length, fake fur with big black-and-white polka-dots. Jacket Guy said to the other one, “Yeah, I’m in here ‘cs of this jacket. I was just minding my own business and the cops spotted my jacket, didn’t like it, and hauled me right in here.” When I came out, my friend pointed to Jacket Guy and
said, “What’s the deal there?” I laughed: “It’s all true. The cops did take one look at the jacket and bring him right to the hospital.” The little detail that had been omitted was that he was wandering around downtown in the winter and the jacket was all he had on.

Christmas

A universal truth: holidays are not a cheerful time to be in the hospital. However, after being off for a couple days in mid-December, I recall coming onto the unit to find a Wonderland. When I opened the front door, a virtual hanging forest of tinsel twinkled and danced in the breeze. It was lovely! Turns out we had an obsessive-compulsive young man on the unit who had spent days putting up tinsel on the ceiling, one piece at a time. He counted out an even number of pieces for each ceiling tile and carefully taped them up in an exact pattern. I guess he enjoyed doing it, and if we’d dared to ask him if he hired out, he could have made a tidy sum as a decorator.

Some well-meaning soul had given the unit a bunch of Christmas-themed puzzles, not the kind with a hundred-or-so pieces, but the kind with a thousand-or-so pieces. These were sitting in a stack in the day area when a guy went off and, grabbing the first thing at hand, started slinging puzzle boxes up in the air and across the room. One right after another--zoom, zoom--like frisbies. No exaggeration--it was a cardboard blizzard. After we got him out of there, we shoveled up the pieces into a big garbage bag. We kept it around for a while, kidding each other about which patient we should ask to sort out the puzzles. Talk about creating a psychosis. But we eventually just threw it away. Truly, though,
when I was a student at the state hospital, they used to make older depressed
ladies do horribly repetitive, boring, useless manual tasks, like pounding pegs in
a board for hours, the theory being that they were depressed because they were
turning their anger inward, so these tasks would get them to turn it outward. And
to think they never thought of the sort-out-a-million-odd-puzzle-pieces therapy.

Then there was Christmas Eve when I was working with only one male
tech (on the holidays staffing tends to be like the turkey carcass, down to the bare
bones). We didn't have a lot of patients, but those that we had were keeping us
moving. One in particular was an older gentleman with dementia. He was a big,
strong guy who didn't know where in the heck he was, but knew darn well he
didn't want to be there. We couldn't keep him in his room and he kept going into
other people's rooms and scaring them, so we finally decided to put him in a geri-
chair (a cross between a wheelchair and an adult high-chair) and sit him in the
office with us so we could keep an eye on him. He wasn't happy about it. We'd
had the radio on to try to divert him so, while he was grabbing my hand and
pinching the dickens out of it, I said, "Roy, listen to the music--it's Christmas!" He
snarled without words, and I should have quit while I was ahead. "You remember
the story of Jesus, Mary, and Joseph? You don't want to be mean on Christmas,
do you?" Roy gave us his opinion of Christmas in several unChristmaslike words
in the key of F. And I have an indelible memory of grappling with this old man,
carols wafting peacefully in the background, while he described what Jesus,
Mary, Joseph--and I--could do that would surely surprise all of them and possibly
be regarded as yet another form of Christmas miracle.
Did I say I wasn't frustrated? I take it back. Had I really expected to come charging in on my white horse (in my white hat) and fix everything for everybody? A typical day: Mamma peed, Beryl whined, Ellen shrieked, Miss Linda clobbered somebody, and Lil, the Head Nurse, was everywhere at once going "There, there." I tried to "there, there" too, but it didn't seem to have the same effect. More and more, I was getting sick of feeling like the ineffectual "baby" of this dysfunctional family! To make matters worse, I'd go home and eat comfort foods, like mashed potatoes and chocolate pudding, and I was rapidly growing out of my uniforms! If I didn't put a stop to this, my white horse would refuse to let me even get near him....
SURROUNDED

Who should I call when I feel threatened?
Who should I call for when I feel scared?
Who can I reach when I'm at my wit's end?
It would be a surprise to find anybody cared.

There's somebody hiding up there in my tree.
Should I climb up after? Should I go get my gun?
Footprints in the garden--maybe two, maybe three.
Should I follow them? Or grab my babies and run?

There's someone mysterious outside my window.
I'm not sure who. And there's no reason why.
Should I go out and look; do I hunt high and low?
Or wake up the children in case it's goodbye.

Who should I call? My shaking hand's on the phone.
Is there anyone out there? I've never been so alone.
BRADLEY SPRING

I'd gotten so used to the spanking clean air here. And the inspiring sight of the mountains every morning, so impervious to us mere mortals. How I would miss that view! I wouldn't miss, though, the fact that everybody in the state looked like an Olympic athlete. I suppose it was all the winter sports. I had tried skiing but that particular mountain toyed with this mere mortal. You've heard of those people who can't get off the ski lift and go around--and around--and around?

Suddenly here I was, with only a few short months left. I thought about it every day when I walked to work. It was impossible to imagine the place would go on just the same without me--although, of course, it managed quite well before I arrived on the scene. My Little Old Ladies drove me half-nuts sometimes, but, boy, the days were not going to seem right without them.

Patients on the Move

Nurses’ Notes (Gary C.): Remains hyper-vigilant. When not pacing, he is writing furiously. Writes on whatever is at hand, napkins, envelopes, etc. Sleeps poorly, even with medication, looks fatigued. Responds to staffō [with] one- or two-word answers, but must be redirected from ranting at other patients. Expresses belief the government has put him in the hosp. to "shut me up." Refuses to speak with his doctor at this time because "that f______ put me in East Hall."
There were not many patients who traveled between the locked East Hall and the open wards in the Admin building. Gary Casey was one. Gary had been a writer(printer before he became ill and, when he was doing well, he would put out a little Bradley newspaper, *The Bradley Bugle*. He even talked Beryl, the former poet, into writing some poetry. (Did I mention before that Beryl made me think of sandpaper?)

AUGUSTN (by Beryl)
Autumn wearily lets fall her dull brown hair,
cold gray the sky.
And on the landscape here and there,
a leaf of brightest gold.
As if forgotten summer left a parting smile,
to comfort her as she grew old,
and in her heart to stay awhile.
Now one by one the beckoning homelights burn,
as slowly weary toilers of the day return,
and shut away the gloom.
Then by sunfire with some woman's care,
find comfort in a simple, homely room,
as autumn wearily lets fall her dull brown hair.

Gary also tried his hand at poetry (bear in mind that he was not a published poet):
THE STUDENT NURSE (by Gary)

A student nurse is a girl who has a yearning,
to help those in need,
Which is a mighty fine deed.
She doesn't get a price,
because she knows this isn't nice.
She has a reason called compassion,
which is never out of fashion.
Her reward is a smile,
and for this she need not dial.
She steers her course,
to outfox remorse.
For fame she has no care,
nor for steaks so tender and rare.
Her care is for the sick;
this is how she gets her kick.

Gary interviewed patients and staff for his paper and wrote little "what's happening" type of articles, as well as editorials. The paper was quite entertaining, if often unintentionally. Turtle Spotted on Hospital Grounds, Nurse Caroline Makes Soup in Spare Time, So You Think You Know the Democrats? Periodically, though, Gary would take a nosedive into paranoia and have to come over and join us in East for a time. There he would pace, smoke, and look at us as though we might at any moment steal his undershorts (come to think of it, underwear played a big part in our daily lives). Gary loved to talk and would go
on at length about whatever he was thinking to anybody who wasn’t moving. But, when he was not doing well, he was that guy who stands on a box on the corner, ranting about the end of the world—except more threatening, which is why he would come to visit us. Gary was another patient you couldn’t help but empathize with, because he tried so hard to keep moving forward. All the while being terribly aware that chances were good his last “free” days outside of a hospital were already long gone.

Yet another paranoid patient, who didn’t have to leave the open ward, was Mr. Ajax. Ajax was a cute roly-poly little bald man who—beginning to sound familiar?—had lived at Bradley most of his adult life. He didn’t talk much, but seemed perfectly fine, until something would set him off and then he’d tell you all about how the Black Hand was after him and how there were microphones hidden all over the place and secret cameras and how “You are not safe even talking to me.” Although he’d been telling this tale for so long, he didn’t even bother to get very worked up anymore, just told it matter-of-factly. Mr. Ajax wore a suit whenever he stepped outside his room and, every month, a couple of nice white shirts from Lord & Taylor arrived, ordered by his family. Since Ajax spent nearly every hour of every day lying on his bed, probably thinking of ways to evade the Black Hand, a lot of expensive, little-worn white shirts went to charity. The clothes hanging in his closet were easily worth more than my year’s salary.

**Scary Guy**

I seldom worked on the open units, only if someone called in sick, but a few patients made an impression nonetheless. One was Reggie, who was one of
those Missing Link kind of guys, with no neck and a huge upper torso dwindling down to a disproportionately small lower body. I never heard him say one nice thing to anyone and he sported a perpetual sneer. The guy appeared to be a loose cannon, although he was probably all talk, as he never quite crossed the line to warrant getting moved over to the locked unit. I was wary enough of him so that, when I had worked late one night and came home to a dark apartment to find the radio on, I was instantly sure that Reggie had somehow found out where I lived and was lying in wait. I actually dithered on the doorstep, trying to decide whether to go in or go out. Well, I had a little tiny place--one of those that actually had a bed that folded up into the wall--so it didn't take long to determine there was no one there, merely an old clock radio with an unfortunate new ability to turn itself on at random. Of course, reading The Boston Strangler while living alone may have played some part in this.

Hairy Guy

Just when you thought you'd seen it all and couldn't possibly be surprised by anything, something surprising walked in the door. I was admitting a guy in his 20's, with a big blond mane of hair, and was asking the million-and-one questions on the forms. Suicidal? Nope. Hallucinations? Not so you could notice. Attacks of one kind or another? Nada. He seemed so normal, I couldn't figure out why the doctor had sent him to be admitted. I was actually wondering if there'd been a mistake. As I was finishing the forms, I asked, "Is there anything else we ought to know that would help us?" "Nothing," he said, "except maybe my hair phobia." "Excuse me?" I said, suspecting I was being put on. But no. This
young man was terrified that the hair on his arms was falling out. At night, if you
would go into his room, you'd find paper towels lined up along both sides of his
bed--to catch any hair that might fall out during the night. The question might be:
how did he plan to put it back once he caught it?

Scary Guys of a Different Flavor

Bradley was the first time in my young life that I had been challenged by
the fact that you can like someone who does unlikable things. Mark was a young
musician and popular piano teacher. He played the piano beautifully, and was
happy to entertain on the open unit,. We'd take patients over when we could, and
I really liked the guy. Until I found out that he was going to go from Bradley to jail
because he had built a pornographic photo library of his young students before
admission. I admit it--I couldn't have been more shocked. I avoided him from then
on because I simply didn't know what to think or what to say. I mean, I could make
no end of allowances for people who were "sick," but what was this? Now, many
years later, while I have a better grasp of the reasons for this kind of thing, it can
still be hard to respond to those individuals with the objectivity that's required of
the job. Hopefully, though, I can now practice what I preach: that it's natural and
okay to have negative feelings; the trick is in not acting on them, but finding some
better "coping mechanism."

A couple other strategies I've used with some success are "your mind's
playing tricks on you" with psychotic patients who are frightened by seeing or
hearing things. "It's like a magic trick. You may not understand it, but you don't
have to be afraid of it." (Like I wouldn't be afraid if I saw or heard things that
weren't there!) And, if someone can't sleep because they're stewing about something, "turn your mind off like a light switch—then you can turn it back on in the morning." Come to think of it, I only remember that working once. Let's face it, I've resorted to "the more it hurts, the better it works" when a patient complained while I was giving a shot, and I'm sure nobody ever bought that.

Sex

Not surprisingly, sex in many forms played a part in the psych world. Miss Stock was an example at one end of the spectrum, Tawny at the other. And how fair was it to put Tawny away, at a fairly young age, for the rest of her life and expect her to desire no sexual life? I know of only one person, Amy, who got pregnant on the open unit—thankfully by her then boyfriend, now husband, on a visit. There were occasions, though... A couple was caught in bed once on the night shift and the staff bawled the guy out soundly, because the girl was too sick to actually be responsible, but he wasn't. He said, "But she was all in white and I thought she was an angel." Sure you did. I was happy not to be working that night. I was also happy not to be working when a slightly retarded married patient came back from being on a pass with her husband, sneaked in a bottle of booze and hid it. Then partied with two teen-age boys in the middle of the night in her room, which was down at the far end of the hall. These are the kinds of events that make the night staff wish they could chain everybody to their beds.

Another Amy moment, having nothing to do with sex but illustrative of bipolar disorder, occurred when a lab tech came on the unit early one morning. Amy, young and unpredictable, walked up to this lab tech and, for no apparent
reason, screamed right in her face. The tech turned dead white, dropped her tray, and ran off the unit. We didn’t get our labs drawn that morning, spent an hour cleaning up all the little broken tubes and such, and I’m guessing that particular lab tech moved on to work with nuclear reactors, or something else she considered less hazardous than psych.

Bipolar (manic-depressive) patients, like Amy, tended to get sexually charged up. We caught a honey of an older lady, as refined as could be, washing the back of a young male patient in the bathtub. And I was working with a pretty college girl as a tech one night when another of my favorite patients, James, found her attractive. James was, basically, drooling. I had to practically glue this girl to my side all night—just in case. The reason I liked James especially is that he kept on trying to live his life well. Like some of those with bipolar illness, it was hard to find the right amount of medication—not so little that he became manicky, not so much that he became toxic. It was a battle, and had been for the greater part of his life. James was intelligent and realized every moment what his illness had taken and continued to take away from him. Late one night I found him in the day room with a book and asked what he was reading. “The Dead Sea Scrolls,” he replied, nonchalantly. Okay, I was impressed.

It used to surprise me that so many psych patients had their biggest problems with sex and religion. There are always patients that the staff struggles to keep clothed. A return to more childlike, innocent times, do you suppose? One little lady liked to dance in the hall in the nude, and you could find a staff member chasing her down the hall with a blanket at any hour of the day or night. But, when you think about it, what are the areas in our society that have the most taboos? Surely that’s changing with the times? It would be interesting to know,
although I suspect sex, in one form or another, will always be high on the universal list of emotional problems. A classmate in nursing school had worked as a nurse's aide one summer and she claimed she had been given the advice that if a male patient got an erection while you were bathing him, you should thwack it sharply with a pencil. Well, that might solve the problem, but it might get you murdered on the spot! I'd like to tell you I was not that naive, but I basically just hoped the situation would never arise.

Suicidal Ideation (psych terminology for suicidal feelings)

The suicidal patients at Bradley were, almost without exception, new patients. The ones who'd been there forever either didn't care enough to bother any more or else had given up trying long ago. An exception, however, were those few patients who were getting better and would go out on week-end pass as a way to ease back into their home/family situations. I had no problem with this, but I did think one of the practices connected with it was about as dumb a thing as I'd ever heard. As a nurse would sign someone out for pass--literally, because the patient had to sign out and leave the particulars of where he was going and who was going to be responsible for him--she would say, "I need you to give me a commitment that you won't hurt yourself while you're gone." This struck me as a big joke because, if somebody was planning to kill him/herself, why not lie about it? After all, he/she wouldn't be around to hear "tsk, tsk." So I went along with it only because it was common practice at the time. Until Karen.

Karen, a middle-aged depressed woman, had been in the hospital many times. Then on pass one weekend she took an overdose of Tylenol, definitely an
I-want-to-die amount. Her son found her and rushed her to the ER, almost too late. She spent a dicey time in Intensive Care. When she finally recovered enough to come back to the unit, somebody asked her, "Why now? What happened while you were on pass that day?" "Well, nothing special happened, but they forgot to ask me for a commitment when I signed out," Karen replied. Who in hell would have thought.

One hospital suicide that impacted me occurred while I was a student working nights on a medical floor. An elderly man came up to the LPN and asked, "How often do you make rounds? It keeps me awake." She told him every 15 or 20 minutes and this gentleman, whose wife had died of cancer and who had just found out that he had it, waited until the next time rounds were made, then hung himself from the shower rod. I mention this only because it was an indelible lesson: never, ever, to tell a patient how often the staff checks on them. We say "often" or every two minutes or something vague. And then keep a heck of a good eye on anybody who's asking the question!

Another completed suicide that occurred during my student days was a fellow who'd come into the hospital depressed but was about ready to be discharged. He left the second-floor open unit and walked up the steps to the sixth floor, which wasn't a patient floor, and jumped out a window there. It was terrifyingly shocking because we, as psychiatric staff, like to think we can read people--and nobody had any idea. The guy had been sitting eating an ice-cream cone and laughing with other patients five minutes before. An individual may be in such a highly disturbed state, he convinces himself that suicide will have no repercussions. But it sincerely does. In this case, one young social worker on the unit simply could not get over this death, became very depressed herself, and, in
the end, left hospital work completely. For that matter, I have seen older people
still trying to deal with a parent’s suicide that may have happened 50 years ago.

You can only work in psych so long before some patient you’ve worked
with commits suicide. Sometimes it’s shocking and about breaks your heart. I
remember a nurse who’d been in psych forever coming up to me in a store and
saying, "Did you hear about so-and-so," an older chronic patient who had
suicided. Then, to my great surprise, she burst into tears. This is undoubtedly the
appropriate reaction. So why was I surprised? Many chronic psych patients
threaten and/or attempt suicide repeatedly. Some of these, after a time, tend to
carry an aura of inevitability. Not that a psych staff may not still feel badly when a
suicide occurs, but it’s just not a surprise. The young suicides, logically, are the
hardest to take. These may keep you awake at night, wondering.

There are times, though—l have to say it—when it’s not that sad. I say this
thinking of a guy nicknamed Blaze because he once talked a roommate at
another hospital into setting himself on fire. Blaze was the meanest guy I ever
saw, misery walking, and he had the world’s sweetest mother, so you just had to
wonder where things went so wrong. When word came around that he had
suicided, I don’t think anybody could entirely feel badly, except, undoubtedly, his
mother. Maybe, though, one should feel even worse about a life that’s not
mourned.

Suicidal ideation can’t be divined from the outside any more than any
other feeling. Which is something I’ve pointed out to patients who complain that
family or friends signed committment papers to put them in the hospital when they
swear they aren’t a danger to themselves. “Nobody can see what’s going on
inside your head. We can only go by your actions or by what you say. What you
said or did scared somebody who cares enough not to want to lose you.”

Someone who did announce his death in advance was an Asian fellow, Laotian or Cambodian, who told the evening staff that he was going to die at 4 in the morning--that night! Not that he was going to kill himself, just that it was his time to die. Well, this made me plenty nervous, because you just never know. It is said that people have been known to will themselves to death, although I can’t imagine what the mechanism would be for doing something like that--or was the guy planning to suicide somehow? I started running in to check on him every few minutes starting as early as midnight and by about 3, I was by his bed keeping vigil, just in case. He didn’t die, although he well might have if he’d waked up to see me hovering over him in the semi-dark, hands poised to plunge down on his chest. I was relieved when the night was over. He seemed like a sincere person; I doubt he said the whole thing just to get attention. But even if he didn’t, he did.

Another aspect of suicide involves what psych terms “gestures,” which are the proverbial cries for help. On a scale of “how serious was this,” a gesture is less than a suicide attempt, yet not to be ignored. I have had people threaten to suicide with a fork or with a safety-pin. You almost want to laugh at the vision of how long it would take to do major damage to yourself with a safety-pin. You’d likely die of old age first! But of course you don’t laugh, because the person is making a statement--and the next choice of weapon may be much more serious.

Do You Burn or Cut?

A frustrating side-issue to suicide is self-mutilation. Some people who self-mutilate (usually burning or cutting) never attempt suicide; sometimes the two
intertwine. One depressed patient, Jean, was hard, hard, hard to work with. She was in the hospital several times, each time for weeks, yet she never warmed up to anybody, never talked about anything significant. She was a brittle diabetic (meaning difficult to control), so it was no task for her to manipulate her blood sugar to put her life at risk at any time, which she did. Besides which, she would snatch up anything left lying loose on the unit (silverware, pens or pencils, pieces of food) and insert it into a bodily orifice. Urethral, vaginal, anal. To get the idea, imagine inserting a fork up your urinary tract.

We tried to be SO careful, but it seemed we still had to send her down to the ER every so often and we'd get these embarrassing calls: "Yep, she's got a paper clip and a spoon up there." She would never respond when asked why she did these things. I don't believe she thought they were going to kill her, so I suppose it was a twisted bid for attention—which, once again, worked! I think self-mutilation, the idea of hurting yourself to make yourself feel better, is even harder for most people to wrap their minds around than suicide, although that is the final self-mutilation.

Far From Quiet

The absolutely worst moment I ever had in psych—and that's saying something—may have involved suicide only in my head, but was violent. We had a giant of a guy and this was his first night there. In fact, he was just waiting for transport the next day by the sheriff's department to the state hospital. To give you an idea of his mental status, this fellow had attempted to rob a bank with a weed whacker. Well, he came up to the nurses' station in the middle of the night
wanting something—I can’t even remember what—that we didn’t have. So he started yelling and pounding on the door. We walked him to the quiet room, and he went, surprisingly, quietly enough. Then, when he’s inside, he hauls off and kicks the door with all his might. Huge guy, huge kick. I went to see if he was okay, couldn’t unlock the door, and about wet my pants. He’d jammed the damn lock! Frantically calling everybody in the building I could think of, we soon had the maintenance man and assorted techs, as well as, I think, the furnace guy and the head of engineering, who (whom?) they had awakened at home, and probably even the guy who came in early to fry bacon for breakfast, all working on the thing. There were a lot of guys buzzing around with tools. Accomplishing nothing whatsoever.

In the meantime, I was absolutely freaking out. Ordinarily, when we put patients in the quiet room, we used to put them in paper gowns (which was not really paper, but some kind of soft, tear-away material) and give them paper blankets, but we hadn’t done that because we (okay, I) didn’t want to agitate this fellow further and because he went in so calmly. Now, though, when I could catch a peek through the crowd around the window in the door, he was pacing around the room with his robe slung around his neck. I was literally moaning, because I was so afraid the guy was going to strangle himself with his robe and I wouldn’t be able to do a single thing but stand there and watch. I have never been that scared.

Eventually, they figured out that they had to take the pins out of the door hinges, but it was a huge project, I suppose because it had never been done since the door was hung originally. I was most certainly never more relieved in my career than when I saw that door come off. No question that it was nothing but
luck that gave a happy ending to that story, and no question that I made a hash of the whole situation.

**The Bad Night**

Another really bad shift involved a violent teenager named Sam. This kid was bound for an adolescent unit, but that unit had the great good fortune of being full, so we had to hold this cherub for a couple of days. Sam had a history of having attacked and injured more than one staff person at other facilities. I had admitted him the night before and things had gone okay. But when I came on this particular night at 11 p.m., I found that he and another smaller kid on the unit had made some sort of gesture during the evening shift of trying to take a female patient hostage using a pool cue. Do not ask me what that shift was thinking in not coming down on these two kids right away! Now Sam was in bed, but he was making statements that could be heard out in the hall about wanting to hurt somebody, wanting to run, wanting to do damage.

Well, I came on tired and crabby, because I’d had to stay up almost all day and had tried unsuccessfully to get the night off. I had with me that night a female tech and a male tech with a bad back. So I pretty much flew into action. I burst into the smaller kid’s room and marched him into one of the quiet rooms and told him in no uncertain terms that if I heard a peep out of him before morning I’d have everybody including the National Guard up there. Then I decided we’d restrain the threatening kid before the other shift took off, so we’d have enough people to lessen the chances that anybody would get hurt. Given his history, I had no intention of giving him a chance to do damage. We are theoretically
supposed to tell people that we're going to restrain them before we do it, but I wanted to catch this kid completely unawares, because I thought there'd be less chance of injury. So we burst in there and got the whole thing accomplished almost before he knew what was happening. And I felt totally vindicated when we found a piece of metal pipe under the mattress that this kid had managed to break off his bed.

Unfortunately, Sam then started to holler, which is not uncommon for people in restraints. But they usually give it up after a while when they get tired or hoarse. Not this kid. Sam yelled *all night* at the top of his lungs—literally and furiously! The doctor wouldn't let me give him any medication, because the adolescent doctor at that time only believed in medicating psychotic kids. If one of us would go in and try to talk to him, it would get worse. Basically, we just had to listen to him—and to the complaints of the other patients—through a long, long, headachy night.

We also got another admit that night, another acting-out kid, brought in by a couple of workers from an adolescent facility with no Quiet Rooms. I apologized to them for how things sounded, but there was really no help for it. it was like the first night in Hell. But listening to Kid #1 yell and rage and curse and threaten made Kid #2 as meek as a kitten—he probably thought we had Kid #1 hanging from the ceiling. It was an endless night. Maybe it was especially bad because one of the things Sam kept yelling was "I trusted you!" I mean, we got along fine during the time I admitted him, but that hardly seemed the basis for much trust. I didn't trust him! Still, if the kid was so distrustful of other people that our brief encounter led to feelings of trust, and then I rushed in there and clapped him in restraints without even talking to him first—okay, I felt guilty about doing that. Then
again, I could have gone in there to talk to him first and gotten bopped over the head with a metal pipe. I don't know--the whole thing just felt bad.

Stalking

Now stalking isn't always violent, but in terms of it being a scary kind of a phenomenon, it is. And you have to wonder if the potential for violence isn't always there. We had a young man, Jacob, mid-20's, with repeat admissions, one right after the other. He was stalking his ex-girlfriend, who wasn't afraid of him but was at her wit's end about what to do. Meanwhile, her parents were increasingly irate, so they took out a restraining order. Jacob would break it, the police would be called, and they'd bring him to us rather than jail--or sometimes before jail--because they were familiar with him. It seemed all the more puzzling because this was a really good-looking guy! You wanted to say "Just forget her and get a life!" Except that he'd already heard that from everybody--and it was just what he couldn't do. He'd get on the unit, disheveled from being cuffed and brought in, discouraged to be back, looking downtrodden, and darned if the first thing he wouldn't try to do was make a phone call to the ex! I think, in the case of a former mate or significant other, a person without much self-esteem must think: okay, he/she cared for me before, so if I just hang around long enough, I can make him/her care again.

Anyway, Jacob's admits suddenly stopped. As I said, this is one of the truly frustrating parts about psych--you get in on the beginning of a story, sometimes the middle, but very rarely on the end. You might sincerely wish to know what happens with a patient after discharge, but contact is not a good idea.
It's way too easily mistaken by the patient, and you can find yourself in some of those patient/staff quandaries I talked about before.

**Suicide and Pizza**

The opposite side of this coin is that patients wishing to come into the hospital for whatever reason--a warm bed for the night, a square meal when the disability check has run out--soon learn that "suicide" is the magic word. Which may account in part for psych staff becoming jaded. Although sometimes it's funny, like the "suicidal" guy who came into the ER, wanting to get admitted to psych, with two large pizzas under his arm, in case it was too late to get anything to eat in the hospital. Obviously, it's never a bad time for pizza.

Another fellow had his suicide note with him when he was admitted. Except it was book-length. He started it at home, trying to decide how to do the deed: "Okay, I've been thinking about this long enough. Today I'm really going to do it. Nobody will be that slightest bit unhappy to hear that I'm dead. Do I have enough pills to OD? But what if I get sick and then they find me and I've thrown up all over myself--ewww." Changed his mind about that and continued it in the park: "Why don't I just walk in front of a car? But what if I live and have to have my legs amputated? Is the duck pond deep enough to drown in? That little old lady would probably pull me out and then I'd just be embarrassed." Worked on it while he had lunch at a fast-food place: "Maybe if I eat fast enough, I'll choke--or maybe the grease will just kill me outright." Later he hit the mall, well, you get the idea. This went on for pages and pages until finally he gave the whole thing up and came to the hospital.
The suicide, in fact, that had the biggest impact on me occurred when I was still in high school. The wife of a teacher laid her head on the railroad tracks in our little town. Shocking, horrible, unbelievable! But with my great maturity and vast grasp of mental health, I remember saying, “But Mr. Jackson is so cute!” (i.e., so how could she be unhappy?) Now that makes me sick.

When I was first starting in the profession, I couldn’t imagine looking someone in the eye and asking if he was feeling like killing himself or somebody else. Now those questions are standard issue. But I still hate hearing affirmative answers. I hate suicide. All of us who work in psych do. It’s a waste of life, it seems preventable, and it feels like a failure (ours). I hope that some day there’ll be a vaccination.

And More Violence

As I said, I’ve known three murderers. One was a lady at Bradley who had stabbed her husband with a butcher knife during an argument. She supposedly had completely blocked it out, and it certainly appeared that way, as she was the life of the party. Always trying to organize games and crafts and, for heaven’s sake, sing-alongs for people whose main purpose in life was to attempt to avoid each other at all costs. There’s no question she would have won the Cheeriest Psychiatric Patient award. Another was an alcoholic in my home town, a completely mild little man, who went through “treatment” beaucoup times and finally did in himself and his wife when she’d had it with him. The third was a friend of relatives that we would visit when I was a kid. The wife suffered from a chronic mental illness and would do well for a time, then would either not take her
meds or would need a med adjustment and would do scary things. The husband would come home to find lighted candles under the beds. Or no furniture in the house. Or, worse yet, she would get paranoid ideas about her daughter and go after her with a knife. It went on for years until one day—and who knows what was the actual triggering incident—he killed her and then himself. It made a huge impression on me as a kid, the power of mental illness to affect not just one life, but many lives, like circles spreading from a raindrop on still water.

**Abused?**

On the subject of violence, sometimes you don't even have to wonder about its genesis. Listen to this admit:

*Was I abused? No, I wouldn't say I was abused.*

*Medical problems? Well, my knee gives me some trouble. Had surgery on it when I was a kid. My old man hit me there with the butt of a shotgun, knocked it all out of whack. I have some trouble with my jaw too. He cracked me there once when I lied, but he didn't mean nothin' by it.*

*What are my weaknesses? I try never to look weak. If the old man thought we were actin' weak, he'd make us put on a dress and go to school. That'll toughen you up in a hell of a hurry!*

*Yeah, the old man was a farmer. He and the old lady farmed the place alone until us kids got old enough to help. He was a bastard to her, though. One time he ran over her with the tractor. I don't know if I ever heard how it happened--guess she was just in the wrong place at the wrong time. He made*
her lay there in the field until he finished plowin'. Checked her out in between rows, I guess, to be sure she wasn't dead, but didn't turn off the tractor. He was proud of that when the story would get told—that he didn't turn off the tractor.

"Religious? Not so's you'd notice. The old man was supposed to be religious. He and the old lady brought some guy home with them from church one time—some guy that was supposed to be down on his luck and needed a place to stay. He helped with chores and stuff. Then one night, we'd just sat down to supper, this guy sneaks in with a gun and shoots some of us. Not everybody, but Ma and me and Judy. Not the old man, of course. The guy runs away and the place is a mess. Nobody was killed or nothin', but we're all bawlin' and bleedin'. The old man makes us get down on our knees right then and there in the broken dishes, everybody all bloody and snotty, and say thanks to God before he'd take us to the hospital. It's been hard to buy God much since then.

It sounds like I was abused? Believe me, Pa was a picnic in the park compared to his old man.
The Last Day--May 31, 1971

My last day. Where did the days disappear?

My once blindingly white shoes bore marks that were beyond what polish could cover. My pristine white uniforms had stains, some of which vaguely resembled, if you looked at them just right, combat medals. I could almost always understand what Magda was saying to me, or at least fairly often. I thought I saw, when I looked in the mirror, a different person.

Different? Different better? Certainly more cynical about what I was likely to accomplish in psych nursing than I'd been when I'd started the year. Possibly more wary of how much psych patients could take out of me emotionally. But better at accepting people as they are. Quicker to embrace deviations from the norm. Able to understand how individuals with none of those attributes regarded as necessary social skills could still affect others' lives. As an example, Marty, the burned lady, had never said a recognizable word to me in all the time I'd been at Bradley, but I was destined never to forget her. Or any of my lovely Little Old Ladies.

How many people did I help? Did I help any? I'd like my report card, please. You hope it's been a two-way relationship--that you helped at least some patients to feel better, while they helped you to be a more tolerant, more caring person. On balance, there were some patients I was afraid of, some I admired, some I absolutely couldn't stand, some I adored. Even those who never spoke cast a big shadow.

Mental illness is like a stone tossed into a pool--ripples spread out from the patient to the family, to those who work with them, to society in general.
None of us remains untouched. I had certainly questioned at times during the year whether I would stay in psych. Then something good would happen, like Ellen, who was painfully withdrawn into psychosis, might actually meet my eyes and smile a little, and I would vow to hang around until psychiatric treatment becomes so stellar the last psych unit goes out of business (hopefully any day now). Looking back from today's vantage point of 30 years later, psychiatry is a changed world—a wonderfully changed world. With very short hospital stays, often a day or two, staff has less attachment to patients, but also less concern about what will happen to them when they leave. Key words are "stabilize" and "refer," so we know patients are starting to improve, are on the right meds, and/or are hooked into some kind of therapy on the "outside."

Back at Bradley I'd learned more about chaos, unpredictability, and lack of closure than I'd ever wanted to. I'd begun to realize what a black hole mental illness must be, as victims find pieces of themselves disappearing: their dignity, control over their lives, the very sense of who they are. Possibly I'd started to grow up. And had learned that the mentally ill are real people, some of whom get into your gut and you can't get them out. That's one of the hazards. And one of the rewards.

I couldn't have been feeling more nostalgic that last day. Surely a great emptiness would be left by my departure? Then Mamma pooped on my shoe, Betty bared her teeth and snapped at me, Miss Lund pinched me good. Bradley appeared to be going to stumble on without me.
I need something but it was needed. It was something. I needed something but it was something. I need something but it was something.

I need something. I need something but it was something. I need something but it was something. I need something but it was something.

I need something but it was something. I need something but it was something. I need something but it was something. I need something but it was something.

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I need something but it was something. I need something but it was something. I need something but it was something. I need something but it was something.
I don't know
what's the matter
with you all
I want is for
you to leave
me alone
I don't need
anything just
stop
talking
you're annoying
me
this the
place where
I can just be
alone don't
know what's the
matter with
you
Ring, ring.

*Emotional Care Unit. This is the night nurse. May I help you?*

************

I saw Elvis at the grocery store. My brother says I’m crazy, but I did. What should I do about it? Should I call somebody?

************

My library books are missing.

************

I’m feeling suicidal and I have a gun, but I’m not going to tell you where I am.

************

I feel like I’m losing it. I smashed a bunch of beer bottles, I slapped my ex-boyfriend around, I drove through a bunch of red lights as fast as I could. No, I haven’t taken my meds for, oh, maybe two months. Do you think I should?

************

I maybe had one too many and I was in this alley, and I looked up and somebody had spray-painted a picture of Jesus on the wall. He spoke to me, man! He told me I was wasting my life. So I’m going to come in and get treatment. Tomorrow.

************

I’m calling about a former patient, Lola. Do you know her? I’m her boyfriend and I’m here with her right now. We just got home and she’s been drinking. She’s completely out of control. I thought maybe you could talk to her on the phone. Oh-oh, she’s got a knife. I’ll call back.
My dog disappeared. He’s all I’ve got. Could you pray with me?

I had quite a bit to drink. Okay, I’m drunk on my ass. But I still feel nervous. If I come in, will you give me a shot to put me to sleep?

I am absolutely coming unglued. Do something.

I can’t get my boyfriend to do anything. He won’t study. He calls in sick for work. All he wants to do is play computer games or play video games with his buddies and drink beer. If I bring him there, can you get him to straighten up?

I left there a week ago. How long am I supposed to keep this hospital bracelet on?

If I give you my Social Security number, can you help me find myself?

This is the ER. We’ve got a guy down here for you in restraints. High on something—absolutely out of his skull. He’s one bloody mess. Got a big lump on his head so we’re getting a scan. Friends took off, but said somebody pushed him out of a 3rd-floor window at a party.

What’s the best way to kill yourself? I’m not asking for me; a friend of mine wants to know.
Try to guess what I'm doing right now.

************

I was at this Stones concert, see. I'm their Number One fan and I follow them around the country, you know?

So I'm in the can and I'm just standin' there, waitin' for things to happen when--BLAM--there's God. He's this big dude, see, with a bushy beard and long white hair. And twinkly blue eyes like Santa Claus. But the dude's holdin' this big shotgun. And it's pointin' right at my chest!

Well, we just kind of stand there lookin' at each other. And I'm kind of like --what next? I mean, I'm cool, but I'm wonderin'. Then--BLAM--he blows me away.

It was a freak, I'm tellin' you. But at that exact moment I knew what I was supposed to be doin' with my life. It wasn't like I saw it written on the wall or somethin' like that. It was just there in my head. Well, I can't tell you what I'm supposed to be doin', because it'll only work if I keep it a secret. It's between my head and other people's heads. But I will tell you that I'm doin' it to you right now.

Can you feel it?

Don't be scared! It won't hurt a bit. . . .

************
LIKE NO ONE ELSE CAN

The lights come on in your apartment. 
You move around behind the shades. 
I sit and watch, imagining. 
The two of us in front of a fireplace. 
Sipping wine. Talking over the day. 
Do you have a fireplace? What wine do you like? 
I don't even know. 
Yet.

I've talked to you online! 
How incredibly easy it was to find you. 
You typing those words. 
Felt like your hands on mine. 
Of course you think I'm just another collector. 
You don't know me. 
You will.

I sent you pink roses. 
The thought of you opening the box, 
surprised, pleased. 
Touching their skin, breathing them in. 
Is driving me wild. 
I need to share these moments with you. 
I need more than pictures. 
Soon.

Couldn't sleep. 
Broke my own rule not to rush. 
Called you at 2 a.m. 
Wrong number. Sorry. 
Your voice, thick with sleep. 
Intoxicating. 
Dreamed of how it will sound 
on the pillow next to mine. 
Warmed the key in my hand. 
Patience.
I stood behind you in the elevator
as you were leaving work.
I smelled your hair.
My sleeve brushed yours.
I looked at that little heart-shaped mole
on the back of your neck.
Thought about pressing my lips to it.
Trembling, weak in the knees.
You felt nothing.
Yet.

It's destiny.
Don't be afraid.
I will love you
like no one else can.
THE SIGNING

Stephen King and I have a long and checkered past. However, until a couple of weeks ago, he might not have been able to say right off exactly who I was if you’d asked him. He knows now. My sons have always been big fans and, between them, own all of his books, which is how I got into The King Thing. I mean, I had tried to read *Pet Cemetery* to one of them when he was little, thinking it was about the death of a pet. Well, it was, I guess, but not the bury-it-in-a-shoebox-in-the-back-yard-and-have-a-little-funeral-service kind of thing. It, believe me, raised a lot of questions! So that put an end to Steve for me. Until one night a while back, not having anything that looked exactly thrilling in my bedside book pile, I wandered into one of their rooms and idly picked up a book. I felt like I’d stuck my finger into a light socket! I couldn’t believe I’d been missing out on this! The man can *tell* a story.

Now I read them hungrily, even though I find there comes a point in his books, generally about mid-way, when he sort of goes into hyper-space, and I fall away, murmuring, “Oh, Steve.” Interestingly enough, that seems to be exactly the point at which my kids tighten their seat belts and dig their heels in for the ride. I guess the gap rears its ugly head. . . . I have to admit my kids were horrified that I started reading their books. They seem to wear those disapproving looks a lot, even though, since their father took off, they claim not to be surprised at anything their mother does.

At any rate, when my older son graduated, I requested an autograph from Mr. King, and was more than pleased when he obliged with a few words (*Mike--Now all you have to do is find a job!--Stephen King*). Like the man doesn’t have
enough to write as it is? When I wrote back to tell him how impressed I was, I included just a line or so in critique of one of his Dark Tower books (Mr. King--you’ve said one of your characters has schizophrenia when, in reality, she has multiple personality). I mean, every author should know what his public is thinking, right? Since then, I just drop him a line whenever I read something of his, or whenever I talk with somebody about reading something of his, or whenever I read something of somebody else’s I think he should know about. I don’t hear much back, but he’s a busy man. So, anyway, you can see we’ve had things going on between us. I’m hoping he’ll agree to be one of my pall bearers, if that tells you anything. Not that I’m expecting to go anytime soon, but you just never know.

You can, then, imagine my delight when I read in the paper that Steve was going to be signing books in a nearby city. I canceled everything on my calendar for that day. (I’m betting even the President would call in sick to get Stephen King’s autograph!) I thought long and hard about what to wear. I mean, what would make a famous author sit right up and take notice, other than nothing, which I probably couldn’t pull off without the lose-25-pounds-by-next-Tuesday diet. And about what I would say when actually confronting someone who’d played such a big part in my life. I figure you’re only going to get a chance for one good sentence, so you’re looking for something pithy and unforgettable. I’ve always fancied myself as one of his plucky heroines, like Rose Madder, so maybe I could ask if he’d written any of them with me in mind?

That left worrying over how many books to get for autographs—he probably wouldn’t sign a couple of everything he’s ever written? Should I try to get him to sign old favorites, like Insomnia, or will his new book take off like a
rocket, leaving me to regret not having gotten that signed for my kids? Who, by the way, claimed to be too sick of hearing about the whole thing to go with me, but were, I suspect, worried that I would do something “weird.” Now I ask you, do I sound like a person who can’t be trusted to get a simple autograph? Anyway, you can see there were many logistics to be considered in this adventure. I have had books signed by an author before, but that poor schlemiel sat alone at a table at the front of a book-store for the entire hour I was mall-walking, and I didn’t see a soul stop and say a word to him. I think he would have gladly signed a hundred books by the time I got there, even, I’d guess, if they were by other authors!

Actually, since I’m working on a novel myself, I thought maybe I could ask Steve a thing or two about that. It’s about this aspiring actress, Birch Barque, who has to work as a stripper until she Gets her big break. And she finds herself mysteriously morphing into this housewife named Pandoraz Bachs. I mean, I hear Steve’s going to retire and somebody has to be the next Stephen King, right?

So anyway, by the time the grand day arrived, I was in a total state. Not to mention having bad hair. You’ve noticed, of course, that your hair only looks its absolute best on days that you’re not going to see anybody but the dog? (Unfortunately, I got a perm, looked like a giant puffball, and even the dog hid under the bed.) I arrived at the bookstore super early but, Ye Gods, there was a line half way to Hell and Texas. Oh well, at least that gave me a chance—actually, hours of chance—to try to pull my hair straighter and finish deciding what it was I was going to say, since I’d changed my mind about every five minutes for two weeks. I figured if I tried to say all the stuff I already told you, he probably wouldn’t sit and listen that long, even if we do have history together. But I absolutely didn’t
want to just say something like everybody else--I wanted to say something that
would make him glance up at me, look right straight into my baby greens, and
say, "Oh, it's you."

So I practiced and changed things and practiced, mostly in my mind,
although every once in a while a word or two would slip out (I'm your Number
One fan? No, probably not.) and people around me would look at me kind of
funny. But, WHO CARES! I am minutes away from meeting one of the most
important people in my life, and my head feels all bubbly like from champagne
and, if there were room, which there most decidedly is not, I'd break into a little
dance step and whirl around with abandon, like Ginger looking for Fred. I am
excited to bursting...

Okay, here we go, just three more people.

Two... One...

Finally, it's just Steve and me, face to face! But wait, he's not looking at
me--he's not gazing into my eyes! He's fiddling with his pen! Shaking it and
muttering. His pen has quit! An emergency I can help him with! "Oh, Steve," I cry,
"please let me give you a pen. I'd be so honored." And, looking lovingly at
Steve's strained smile, I dive into the pocket of my purse, fumble around, and
whip out a pen. And then watch, in utter frozen horror--in slow-motion--in living
color--while I pepper-spray Stephen King full in the face. He goes down and
people all around me go down and I go down, although my going down is
causd in great part by big guys in uniforms who have just tackled me.

Well, Steve writhes around on the floor for a while, and everybody else
weeps and moans and carries on. They cart us all off to the ER, although they
take Steve in an ambulance and me, handcuffed, in a squad car. Nobody will listen to me! Hey, it was an accident! It was supposed to be a pen, a plain old pen! I'd never even used that stupid spray. My son had wanted me to get rid of it because he was sure I'd spray myself in the face. I wouldn't dream of hurting Steve—we have a history! "Is he okay?" I keep asking frantically; "Is he okay?" I try every which way to get to see him in the ER, just so I can explain, but nobody is letting me anywhere near him. Finally, though, after much carrying on ("Steve, Steve," I moan over and over), it all seems to be getting straightened out. Since I have no record and the cops have called God and Everybody to check on me, they seem to start to relax. I can even hear occasional sniggering out in the hall. (Flake? Moi? They must be talking about somebody else.)

But I am only concerned about whether Steve is doing any sniggering, whether he'll ever have anything to do with me again? I enlist the nicest of the nurses to talk to him and, since I am purely distraught, she agrees. "He forgives you," she reports, "and he's not going to press charges or anything. He understands it was an accident. But, since he's a little nervous right at the moment and since getting pepper-sprayed is a far from pleasant experience, he is going to file for a restraining order, just to be on the safe side."

So there you have it--I ended up in the psych ward—"for observation." Do I look like somebody who needs to be "observed?" Am I the first person in history who ever had an accident? Okay, who ever maced somebody by accident? Okay, who ever maced a celebrity by accident? Anyway, I suspect there's a moral to this story—perhaps simply that macing someone you want to impress does, in its way, but it's not going to do a thing for your long-term relationship. Just the same, Steve now knows my name as well as I know his. (And I wanted to tell you my
story so that if I show up in his next book, you'll know it's me! I'm quite convinced that he'll relent and let me write him again soon. I mean, the man can hardly ignore history, right?
"Are you feeling suicidal?" the nurse asks.
 Absolutely not, I respond.
 I think of the knife, pure and cold as water in winter, under my mattress, waiting.

"Were you ever physically or sexually abused?" she asks further.
 Absolutely not, I reply.
 A cracked basement ceiling over a musty mattress flickers behind my eyes like an old
 black-and-white movie.

"Do you self-mutilate: burn or cut?"
 Absolutely not.
 They’re tucked carefully away, the secret marks that bring benediction like the first
 speed.

"Do you hallucinate? See or hear things that others don’t seem to?"
 Absolutely not.
 I don’t hesitate even a fraction of a second. The voices laugh.