

ASYLUM

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On a cool October night in 1997, my life was reduced to a two-inch lump of silt. My husband of eight years informed me, quietly but unflinchingly, that he wanted a divorce. My senses shut down, leaving me an unhinged caricature of Helen Keller. Everything became abstract, just outside the bounds of comprehension. I was too disoriented to ask if I'd heard him right. Yet, I knew some vestige of instinct told me that I had.

That fall, my therapist was on maternity leave. I wished she was there to swaddle and rock me—or at least convey that she would, had professional boundaries permitted. Still, being a therapist myself, and having an overwhelming desire to be her favorite patient, I was loath to disturb her. Instead I gathered my wits and ruminated on the positive aspects of suicide.

My mother and sister, having foreseen Jason's announcement, were already on crisis alert. Within hours they were whisking me off to Morristown Memorial Hospital, where I'd be put on round-the-clock watch. All I recall is wailing in the back seat of the car. Maureen remembers climbing over the front seat to be closer to me, putting my head in her lap and offering me a Starbucks chocolate-covered blueberry. She knew they were my favorite. Normally, I'd have devoured it. This time I passed.

Next was the timeless tedium of the psych unit's admissions process, and my outrage at having my nail clipper confiscated.

Here I was, one foot off a bridge, and all the nurses cared about was my manicure kit. I didn't expect this kind of bullshit from a mental health establishment. Really, did they think I'd try to clip myself to death? What an undignified, drawn-out affair that would be! What would they be commandeering next? My Q-Tips? Tampons? Whoever was in charge here, they had a lot to learn about the psyche of a compulsive woman scorned. They were going to force me to wade through the wreckage of my life with chipped polish. And yes, if I was there a week, it would surely chip. How would I bear it? The righteous entitlement of ownership followed. It was my goddamned clipper!

My mother knew I was right, but urged me to put the issue aside. Really, she said, the clipper was the least of my problems. Grumbling, I turned my attention to the institution I'd now be calling home. I'd been through this drill before, after a suicide attempt when I was sixteen, so I knew what to expect of the accommodations. The last time, there had been a small kitchen, well stocked with graham crackers and peanut butter, just two doors down from my room. A carpeted day room with worn couches, a TV and a jigsaw puzzle

in progress. I remembered well the sealed containers of cranberry juice, limited pay phone privileges and medication calls. These had all held a certain comfort. They hadn't lifted my misery, but at least they'd lent it structure.

I can't say I was glad to be at Morristown Memorial, exactly, but I did know I was in the right place. Here I could let loose and have the nervous breakdown to which I was entitled. (I've never been sure how nervous breakdown is defined, but I do know when I'm having one.) I wouldn't be responsible for preventing my suicide now. That was the nurses' job, and one I was tired of doing: the pay was horrendous, the hours grueling, and the boss erratic. In the psych unit, I could cry as long and as hard as I wanted and no one would look at me funny. Plus, I knew that being in the hospital brought my best talents to the fore.

I was an ideal psych patient. I was just nuts enough to fit in, but sane enough to contribute insightful comments in group therapy. I never put up a fuss about taking medication; having an addictive personality, anything in pill form was fine by me. I was content to pad around in slippers waiting for pet therapy, when I could pat a dog or coo at a rabbit. Especially impressive was my ability to relate to the other patients. I'd always had a cornucopia of problems—some diagnosable, others not—and thus had something in common with everyone. Naturally, there were exceptions: the acute psychotic who thought he was Jesus Christ (overbearing and preachy) and the woman who believed I was poisoning her food (standoffish). But for the most part, my assimilation was uncommonly smooth, and I cultivated gratifying peer relations in no time.

This was the first time I was a mental patient since becoming a therapist, though. This changed the complexion of things. I wondered how my clients would react if they knew their shrink felt at home on a psychiatric unit. They expected me to have my shit together, not be sleeping with bars on my windows. Rather than being honest about my absence I'd been forced to lie, using my pay phone time to claim I'd ruptured an eyeball and would be convalescing at home. I was beginning to resent that people expected me to be okay all the time simply because I was a therapist. The truth was, in my personal life, I was just muddling through like everybody else. Getting a master's degree and three years of postgraduate training hadn't taught me to avoid personal catastrophes, or how to rectify them. That was my therapist's job; she just hadn't fixed me yet. Hence, bars on my windows.

I also wasn't sure how to negotiate the conflicting roles of therapist and nut job. If being a psych patient could cast me from professional circles, it stood to reason that my day job could become a wedge between me and my unit compatriots. They might think I was a mole collecting data for a thesis, or that I expected special treatment from the nurses. This concern wasn't entirely baseless. I had a traitorous desire to shoehorn my way into staff meetings and leach sensitive information about them—anything they wouldn't disclose of their own volition. Then I could spend my afternoons analyzing their pathologies, rather than examining my part in the failure of my marriage. It didn't seem like much to ask; I had the proper credentials. Still, this was exactly the kind of behavior

that could put my popularity in jeopardy. And having been an outcast in high school, I viewed being well-liked as crucial to my recovery.

Fortunately, the unit psychiatrist—whose name was a collision of consonants and vowels that I never could pronounce—was a reassuring presence. He came to talk with me every morning, and put me on a new antidepressant. He had an Austrian accent. I grew fond of him and imagined I was being treated by Freud. Under his care, anxieties about my popularity receded into the background.

Equally helpful was hitting it off famously with my roommate. Ten years my junior, Vicky was a cocaine addict in her early twenties. She was broad shouldered and big boned. Solid. Her dirty blond hair was buzzed on top, longer on the sides and back. I couldn't tell whether she was wedded to flannel shirts and Timberlands or if they were her stock hospital ensemble. She would never have graced the swimsuit edition of *Sports Illustrated*, but her eyes—unlike my own, which I considered dirty dishwater gray—were a beautiful crystal blue. And her facial expressions intrigued me. They seemed to reflect either a vast mental abyss or an intellectual absorption with matters in parts unknown.

Vicky and I talked late into the nights about how we'd found ourselves in need of round-the-clock supervision. She confided that she was at risk of losing her children. Still, as many professional techniques as I employed, she refused to discuss the particulars. She preferred to distract me with talk of the inner workings of her mind, which she referred to as "The Dungeon."

"I think about lots of crazy shit," she told me, "but it all stays down below."

"Maybe you should talk about the things that are bothering you," I told her. "It might make you feel better."

Vicky moved a finger back and forth in the air, as if addressing a naughty child. "You're not gonna get me to blab. My stuff stays in The Dungeon."

As a roommate, I worried. I, more than anyone, could appreciate a good dungeon. Still, I felt Vicky would be better off focusing on her addiction and her kids. As we grew closer, I began to wonder if I might have overestimated Vicky's intelligence, or if cocaine had expunged facts and concepts integral to reflective conversation. I noticed that she sometimes struggled to express herself, her thoughts tumbling out in staccato dribs and drabs. Even her dungeon descriptions were lackluster, evoking a faint whiff of mildew at best.

Outside the room Vicky made the circuit, smoking with depressed middle-aged women on the patio, cavorting with young manic men in the lounge. Being in the social fray seemed to stimulate her brain activity. She became an animated jester, running her mitt-sized hand along her bristled scalp as she chortled and joked. Sometimes she tossed out a cheeky quip, belying her vacant persona. I felt oddly pleased, like a mother watching her bashful child perform Riverdance at a birthday party. The emotion was unfamiliar to me.

I wondered if it was common among psychiatric roommates or was symptomatic of something much deeper.

My puzzled pride wasn't the only turbulence wrought by Vicky's mischievousness. She was determined to rouse my laughter during group activities, when it was most likely to get me in trouble. Her antics undermined my rapport with the nurses and social workers, and it poisoned my relationship with the head of the recreation group.

Recreation group was intended to familiarize us with the concept of fun. The meeting was mandatory. Because most of us were suicidally depressed, some of us for years, there were clearly gaps in our ability to enjoy ourselves. To the hospital administrators, this was serious business. They couldn't turn us loose into society the way we'd come in, hanging on from day to day in our morose, hobbyless existences. It didn't look good for the hospital. They had to teach us to recreate. And they had to do it fast, before our insurance ran out.

The recreation group leader introduced herself with the sternness of someone understands the critical nature of her mission. She rolled a chalkboard to the center of the room, picked up a piece of chalk and began enumerating the physical, mental and emotional benefits of leisure activity. She suggested we take notes; we might need to refer to them in the future, in a moment of boredom or despair. The lecture was followed by a violently unexciting question and answer period, memorable mostly for its contagion of yawns. At this point, sensing she was losing us, the social worker was forced, against her nature, to adopt an interactive approach.

Staring us down one by one, she asked, "Who here can name something they like to do?"

There was restless fidgeting around the room.

The social worker placed a hand on her hip. "Come now, people. Speak up. This isn't a difficult question."

Silence. Someone coughed.

The leader stiffened, arched an eyebrow. "Am I to believe that not one of you has ever enjoyed an activity?"

The quiet grew profound. The leader clasped her hands in front of her chest, cleared her throat, and continued in a softer tone. "Well," she said, "let's see. Has anyone ever taken ballroom dancing lessons? Played miniature golf?"

No one in this group had ever staved off suicidal urges by going ballroom dancing or playing miniature golf. It had simply never occurred to us. Or, if it had, it had seemed like too much of an effort. The vision of untying a noose from around one's neck and heading out to a ballroom was completely unexpected. There were ill-concealed smiles

and chuckles around the room. At this point, group participation took a turn for the worse.

A seasoned addict, Vicky was the one patient who'd had more than her share of fun. Unfortunately, it was the wrong kind of fun. It didn't involve croquet mallets or geranium seeds. Rather, it was characterized by life-threatening overdoses and nights spent in jail. The moment presented her with her ultimate comedic opportunity. Bouncing in her seat, eyes bright and smile wide, she blurted, "I love ambulance rides!"

The hilarity of this burst upon me like a water balloon. I envisioned a coked-up Vicky chatting up an EMT as he strapped her to a gurney. Asking him about the most hair-raising calls he'd been out to; trying to bum a cigarette off of him, promising she'd never tell. And her excitement when the ambulance started to move! Asking the driver to turn up the siren, begging him to stop off so they could have a beer. "Come on, man, just one beer!"

This was the first thing I'd found funny in months, possibly years. The laughter pressing at the back of my throat had an irrepressible urgency that would not be denied. It sprung forth like a geyser, with snorts, hiccups and other indecorous noises—the kind of disruptive hysteria guaranteed to piss off any group leader. Even if I reeled myself in, it was already too late. The leader's expression had gone from stern to threatening; our relationship had been damaged beyond repair. For a minute I didn't know what would happen. Usually I was the group leader! The thought of getting into trouble in the nut house was funny—but it did kind of scare me.

As the days passed, Dr. Freud's prescription for a new antidepressant began to kick in. Thoughts of suicide ebbed. I grew bored with pet therapy and began craving Starbucks chocolate-covered blueberries. The day I made peace with my nails, I was declared fit for discharge. I gathered my clothes and, with a jumbled mix of fear and excitement, packed my bags. Wiping tears from my eyes, I gave Vicky a long, hard hug. A nurse patted me on the shoulder and accompanied me to the end of the hall. I walked out the door, into a bright autumn afternoon.

Once home, I had to make the transition from psychiatric case to functioning psychotherapist. Off came the hospital slippers; on went my black leather pumps. Before leaving the house to run my first group, I checked my reflection in the mirror, unsure which version of me would return my gaze. Each was equally represented: one with a crisp collar and clear eyes, the other with wayward blond curls that refused to conform. I took a deep breath and headed to the front door, grabbing my briefcase on the way. It was my most concrete symbol of professionalism; I clutched it tightly as I walked to my car.

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"Dierdre," I asked, "what were you feeling right before you picked up the drink?"

"I dunno." She looked away, then smiled. "Thirst, I guess."

Someone chuckled.

"Okay. But to be serious for a minute..."

"Her boyfriend's an asshole," Brynn quipped. "That's what her problem is."

Mary chimed in. "Yeah, you're not kidding."

More laughter. I cleared my throat. "A sense of humor is valuable in recovery, but insight into your addiction is just as important. So . . . can one of you give me an example of drinking or drugging to avoid uncomfortable feelings?"

"Like getting wasted because I stubbed my toe?" Brynn giggled. "That happened twenty times a day."

Damn that woman and her mouth. She'd be the death of me.

"I know this may seem funny to you all now. But . . ."

That's when I heard it. Pausing to listen, I cocked my head. The sound was distant, but unmistakable. With each minute, it grew louder. An ambulance, weaving its way through the streets of Livingston .

An unbidden smile stole across my face.