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

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

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

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

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

That is the whole purpose, after all. If you knew what was going to happen in the end, there would be no point in starting. Setting out to prove a point only colors the experience and then skews the results more than your inescapable subjectivity and prejudices already do. You have to leap. You have to be a bit reckless. Maybe more than a bit. Maybe a lot.

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

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

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

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

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

Somerset Maugham once wrote that quotation is a passable substitute for wit, and so for me, prurience was a passable substitute for something better. Imagination? Diligence? Insight? I don't know. I thought I was in a foreign country, and so, like every frisky tourist, whose intrusiveness is pure entitlement, I was curious about the customs—and possessive, too. I wanted these people to myself, to make them mine in word and sentence.

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

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

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

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

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

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

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

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

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

It began more than ten years ago when I first went to a psychiatrist complaining of persistently gloomy and vaguely suicidal thoughts. I was

in my late twenties, still working as a glorified secretary in a job that I was overqualified for and understimulated by. I had gotten to that age when all well-loved children of the upper middle class begin to discover that the world is not made for them, that all meaningful questions are rhetorical, and that the term "soul mate" is, at best, a figure of speech.

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

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

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

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

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

In fact, my brain was never quite the same after I zapped it with that first course of SSRIs. Those initial months on Prozac when I was thin-

thin and wildly productive and fascinated by everything and feeling every minute like I'd just been fucked—they didn't last and they never came again.

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

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

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

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

But even this didn't last.

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

So I ended up in the bin that first time, to do some serious recalibration. I was all used up. In the space of a few years, I went from being

just another twenty-something having a good old-fashioned life crisis to being a psychotropic junky.

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

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

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

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

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

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

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

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

They presented themselves at various hospitals across the United States, saying that they were hearing voices. They said that the voices were repeating the words "empty," "hollow," and "thud." They claimed to be suffering from no other symptoms and otherwise behaved normally. All eight were admitted, seven with diagnoses of schizophrenia, and one with a diagnosis of bipolar disorder. None of the staff was able to identify the pseudopatients as imposters during their stays, though a number of patients were reported to have done so.

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

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

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

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

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

The formal case against the leviathan has been made already, and is still being made in the courts and the newspapers. A number of people,

several of them professionals in the field, have written extremely well-documented exposés of psychiatry, psychiatric medications, the pharmaceutical companies, and the *DSM*. These books are far too seldom read, in my opinion.

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

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

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

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

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

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

BEDLAM

Meriwether

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

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

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

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

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

You could make a diagnosis on that basis alone, I suppose, if you were so

inclined. As an artifact, Exhibit A, this page would not work much in Nil's favor in court, or in a doctor's hands. Nor does it pasted in my notebook.

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

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

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

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

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

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

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

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

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

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

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

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

I had a history of depression with occasional mild hypomanic episodes, or so the diagnosis of my former private psychiatrist had indicated, but when I checked myself into Meriwether I was feeling good. Quite good, especially when you consider how scary it is to throw yourself

anonymously into what you can't help thinking of—per the liberties of one too many Hollywood movies—as the darkest heart of darkness in the concrete jungle.

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

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

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

I could have told them that I had slept with five people in the past day, heard the birds speaking Greek, sold my mother into white slavery and spent the money on dinner. Then they might have opted for Depakote, the big gun of mood stabilizers. But again, I wasn't ripe for that. I'd been on Depakote before. I had gained way too much weight, for one, and didn't trust what it would do to me. That wasn't the way.

But the things you say in psych wards can become a menu for drugs. You have to be careful. I wanted to keep drugs to a minimum, so I reported the virtual truth of my history. Depression, possibly bipolar. I was on

20 milligrams of Prozac, and hoping to get away with nothing more than a dose boost on that—the devil I knew—and maybe a sedative for the p.m.

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

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

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

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

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

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

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

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

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

"To check for TB," he said.

Oh, right. As you do.

In the middle of the night?

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

We were in the bowels of the hospital. There were no windows. No air but the recycled variety, wheezing through vents. No light but bright fluorescents, unforgiving and somehow worse than shadows. Had they not secured my valuables, I might well have made a run for it from radiology. But then, of course, they knew where I lived, and I felt sure they would have followed up if I had made for home in my mad rags.

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

But, God, it was a strong urge—run!

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

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

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

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

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

"You can't have that," she sighed, flicking her fingers to her palm impatiently. "Give it here."

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

Or was that the beginning of paranoia?

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

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

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

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

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

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

"Um . . . yes."

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

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

"Do you have a psychiatric history? Do you know your clinical diagnosis?"

"Yes and yes," I said, looking away.

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

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

This was one of those nutty hallmarks that began to make sense to me in there. Babbling. Boredom was a scourge and the enemy. You fended it off with anything, the brain leaping on word games for food: scrambles, iterations, puns. It was, oddly enough, a defense. Not so much the evi-

dence of a mind gone awry, as the ditch of a mind trying not to, like a verbal rocking that puts confusion to sleep, the language center calming itself, whistling a tune in the dark.

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

"I need a towel," the man grumbled ungratefully.

"Sorry. Just shampoo."

"Can't you get me a towel?"

"I'm a patient, too."

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

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

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

"Do you understand?"

"Yes."

"Sign here."

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

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

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

I looked at my wristband. White, with my name, date of birth, my age, too (for the lazy), and a code I couldn't decipher. MXE. Again, it seemed like the most natural thing in the world to play at breaking this code: methotrexate enema; maximal xenon eczema (a rash of computers; could be bad). But that's what crazy people supposedly do, right? See cryptograms everywhere. And when you are looking, you will find them.

It's like learning a new word. Someone uses it—"Esperanto," for example—and you say, "What the hell does that mean?"

They tell you, and you are amazed. "It was a language made up by linguists in 1884. It was supposed to be something that the whole world could learn, so that we could all speak to each other."

"Really? I've never heard that before."

"Haven't you?" they say. "How odd."

Then, as if by public consensus, it's everywhere. Someone brings it up in conversation. A newspaper article tells you it's in *Finnegans Wake.* And then, there in Meriwether of all places, where the TV was blaring above my head all day and evening, it was the daily double on *Jeopardy!* No joke.

"What is Esperanto?"

Fuck me. Don't tell that to the nurses.

I have my pet theories like everyone else. Madness as the extension of

sanity, the same propensities, only more so. A mental game gone too serious and scary, a dream we cannot wake from, or better, a somnambulist's midnight lack of sense running prime time and permanent in the day.

Maybe you, the normal man, walk into the kitchen in the wee hours and eat jelly by the tablespoon right out of the jar, and have no memory of it in the morning, only the weird evidence in the sink. Or maybe when you wake, you turn to your wife and say, "I had the strangest dream last night. I was flying in a tiger suit over Wall Street and your mother was there wearing a turban."

And she will nod at you understandingly, knowing the oddity and cogency of dreams. You get up and go to work, sit in board meetings. You are sane.

But a mad person will say the same thing in the middle of the day, all day long, and he will find it more convincing because unshakable after a shower and a cup of coffee. Is he wearing his subconscious on his sleeve, as he tells you (or usually himself, aloud) of tigers and turbans? Has his mind turned itself inside out, switched night and day, abstract expression and photo real?

Maybe our art is his life. Maybe he lives every day in the stream of consciousness we so admire in Joyce, with little breaks of coherence in between, the precise opposite of our daily grind, the stone-dry workaday that we relinquish so happily for a bit of science fiction fantasy on TV. Maybe the madman is a model of rationality in his dreams, while you are all over the map.

Breakfast came at eight. A small pack of raisin bran, a roll (processed "wheat" flour bleached to a fare-thee-well, with riboflavin, niacin, and God knows what else, preservative or homogenizing, chemically added back in), margarine, grape juice, and a four-ounce carton of milk. I was determined not to gain weight while I was in there, eating all that sugar and starch, and sitting all day. But I was equally determined to shit, daily if possible, so I downed the sugared cereal for fiber and passed on the

rolls and juice. For good measure, I managed to get another milk and cereal off an unclaimed tray and made quick work of that as well.

After breakfast I sat some more, and thought, and watched, and listened. I was already in despair of that place, which was itself collectively despairing. Even the people who worked there had given up. Perhaps they most of all. It was written all over them. The way they fell asleep in front of the TV during their shifts, the way they moved and operated, slowly and sighing, as if only with great effort. The way they talked to us, with the tone people reserve for the retarded and the elderly of whom no improvement is ever expected.

We were held together there, the attended and the attending, the lazy and the infirm, and choice did not really come into it anymore. The staff were there of their own accord, just as I was, though what does that really mean? That they had many other, more desirable employment prospects? I doubt it. That they went home at the end of the day? But to what? A furlough at best, and an all too brief one. To doughnuts and coffee and movies of the week, to the sustenance of empty lolling. What lives was that place really sustaining? What was done on the outside? More of the sleeping and eating and lassitude that we were all practicing in there?

We were a reflection of them and they of us. Hardly different in kind, though surely in quality? You go crazy the way your culture goes sane. We were getting fat, eating junk food and rotting our brains in front of the TV, popping pills to make us palatable, and our lives palatable to us, inanity everywhere and we a party to it, dumbly coasting.

Contempt. They felt contempt. That was it.

"You want what? A cup? A toothbrush?"

Sigh. Lumber, lumber.

"Just a minute."

I had gotten through my first night, and the morning and partial day thereafter. I had succeeded all too well in penning myself in. It was done.

I was committed. Not just to Meriwether, but to the first leg of my long year's journey to three psych wards.

I was scared and—oh, how the magic had worked in one night—I was depressed. More than depressed. Caged. A trapped, too cognizant animal, tiptoeing my way to the clogged toilet, over the foul floor of the women's bathroom on flagstones of piled paper towel. It was just about as bad as I had imagined, maybe worse because I was there, not imagining, but stuck firm in the hours that dragged on so harsh and idle.

I looked for comfort in the gurney that I got, finally, only an hour or two before they came to take me upstairs. I lay on it, and then couldn't, because I didn't want to be another one of those lumps lining the hallways.

It wasn't just that I didn't want to resemble the rest of them, lying, as they were, face to the wall. It was that I didn't want to become them, because I feared that lying with your face to the wall in that place could *make you into* a person who lies with his face to the wall in that place.

Or was it the other way around?

Did the people make the place, or did the place make the people? Did the fact that these people were mostly poor, or at least of modest means, and sometimes even homeless, turn the place into a zoo, or did the zoo turn the people into animals? I knew, even in just one night, that the latter was true. You become your environment, and you become what you are expected to be. The lower the standard, the lower the result. The ruder the treatment, the cruder, the more animal, the man.

But did causality move in the other direction, too? This seemed true as well, even in the outside world. Public places become disgusting because no one cares about them. They belong to no one, even though ostensibly they belong to all. And so they decline. People litter. People piss. They deface whatever they can reach, leaving all those grimy little marks of insignificance that add up to a slum. What is not yours is not your problem, and then it is everyone's problem, or eyesore.

Or bedsore.

Yes, I thought. It goes both ways. Viciously. We shit where we eat, and then we become shit where we are eaten. We write on the walls, and then the writing is on the wall.

I wore the flimsy johnnies and the Acti-Tred socks, and they wore me. Down and out.

I lost my pen to the nurse and learned to write legibly with a marker, in fat, loopy, childlike cursive just like Nil's.

I went in well and turned ill overnight.

I was, and I was becoming, a patient at Meriwether Hospital.

Still, let's not get too high-handed about all this. The insane are not sages of ill repute, or martyrs of an empire in decline, standing nobly outside or above its vices, crying into the wind. They are deeply and indicatively of their culture, our culture. They are not ennobled by their suffering. They are like the rest of us. And so was I. I responded to them just as the system and everyone else did, even if for a moment I convinced myself otherwise.

They were not, for example, immune to coveting possessions simply because they had none. If I gave, they wanted more. Always more. (How American.) And very quickly they ceased even to be grateful, becoming as entitled as the rest of us to our accustomed bounty. And when I gave, I became The Giver, the smarmy Samaritan who gets off on giving, the goody-good whom everyone admires, the blessed, kind answer to their prayers. And I began to loathe myself in this position, smiling beneficently, handing out my balms and prizes, graciously accepting thanks, and thinking all the while that God was working up one hell of a performance report for me that quarter. Cha-ching.

But for a while, before the saintly stand-up gal routine started to make me sick of myself, and before it made me want to bury my greedy, grasping fellow patients alive under a pile of McDonald's french fries—There! Choke on it!—I played the role. I made myself the wish granter of Ward 20.

As I lay there, listening to Ellen cry that night under her shroud, I felt so goddamned overwhelmed by guilty thankfulness for the unjust

accidents of birth that I resolved the next morning to make her happy, or at least backhandedly, gustatorily happy, the way a jailer grants the death row inmate a last meal and manages to feel magnanimous about it.

"If you could have anything to eat tonight for dinner," I said, "what would it be?"

"Fried chicken," she said. "And a Pepsi."

Ah, she was going to make this easy. How nice for me. I called my visitor for the evening and put in the order. I put in an order for Clean, too, who wanted cigarettes and McDonald's, and Mother T, who needed a Bible, though she was too resigned to ask for anything, and Deborah who wanted McDonald's too (they all did), as well as a *National Geographic.* By the end of my stay I was the delivery whore, passing out dollar burgers that I got by the half dozen, and fries, and sodas, and Hershey bars, and sticky buns and any other cheap sop I could think of or got a request for.

But before long, the predictable happened. It was like filling a bottomless cup. I gave Ellen her chicken and her Pepsi, and though she thanked me profusely, fifteen minutes later she flagged me down and said:

"You got anything else?"

This happened with everyone, to the point where I couldn't even eat my own snacks without rousing the scavengers. I'd have given away twenty candy bars minutes before, but the smallest rustle of a wrapper and they'd be on me.

"Have some?"

I hated myself for begrudging them, and felt like some kind of despicable closet pigger when I took to going into the bathroom to eat, coughing loudly to cover any suspicious sounds.

Finally, when I was taking my orders one day, and Kid asked for an iPod, I got the reality check I deserved. I decided this whole fellow man thing wasn't for me. There was just too much childish need for gratification and endless expectation of same. This was no solution. I was giving junk food to diabetics, recovering addicts, and sedentary near-vagrants whose meds were already well on the way to making them obese.

And all purely for the hit of pleasure it would give them and, more important, me.

The worst of it is that they came for me in other ways too. As soon as I extended my rubber-gloved helping hand to them, they grabbed hold. They latched on. They wanted to keep in touch on the outside. They wanted to be my friend. But I just wanted to help them from a safe distance and be rid of them. I didn't want their company. I was posing, or passing, but I didn't really want to know them. They were my subjects, and if I cared about them at all it was out of authorial self-interest and pity and moral vanity. Moral vanity being that great middle-class indulgence that makes us write checks to charities and do the right thing for the less fortunate, because doing so reinforces our fiercely guarded belief that we are good people. But when the less fortunate come banging on your door and your heart in real time, up close, blowing their not so fresh breath in your face, wanting to be a person instead of a project or a write-off, then your cherished little antibacterial ideals turn all squeamish and stuttery, saying "Well, but, . . ." "Yeah, but, . . ." and finally show themselves outright to be as vaporous and self-serving as they always were.

Where are the boundaries? What can help really mean? And isn't that why we leave it to the professionals, who, in turn, leave it to a lost cause, or to the pharmaceutical path of least resistance? Nobody wants to do the personal work. It's disgusting. What's more, it challenges—no, rakes up and scarecrows—every humanitarian illusion you have about yourself. It makes you know that at heart you are a little bit of a fascist like everybody else, thinking in the way, way back of your mind that wouldn't it really just be cheaper and better and utilitarian—now there's a word we can work with—to be rid of these people?

Yes, this is all very ugly—but so true. I don't want to know what's in your soul. Not really. And you don't want to know what's in mine. Keep back, we tell each other. Those are your problems, which is really just a polite way of saying, "Go starve somewhere else. You're ruining the view."

I couldn't do well by these people. Not that it was my job to do so, but

it felt like my obligation somehow. And maybe, for some of the same reasons, nobody else could do very well by them either. It was just too much. Too hard. Too late. The question is there all the time. What to do? I can denigrate the system, impugn it with all the progressive zeal that makes my brain twitter with self-satisfaction, and I might actually be right. The psychiatric emperor has no clothes. But I would be lying, or pruning the full picture, if I said I didn't see why that system fails the chronics and admit that I abandoned them myself.

You got tired of their ceaseless intrusions after a while, and in order to draw boundaries that they would respect, you had to be a little mean.

I was on the pay phone with my shrink one day, the one I had on the outside, when Clean started orbiting me like some kind of demented circus balloon. Per Dr. Balkan's instructions, I was trying to make an appointment to see someone when I got out. I was trying to explain how I'd landed in Meriwether without even so much as a by-your-leave, or a drowning wave, or some indication that I was in distress. I didn't want to put him in a sticky position by telling him that I was A-OK fine and doing research, so the conversation was odd and halting, with me trying to avoid direct answers until I got out and could explain the whole thing. I didn't need Clean leaning in every two minutes to bug me about when my visitor was coming and whether or not he'd have cigarettes.

"Norma?"

I put my finger to my lips and pointed to the phone.

"Oh, okay. I'm sorry, Norma."

He walked away.

Two minutes tops and he was back.

"Norma?"

Again the finger routine, more emphatic this time. Another apology, another departure, then another approach.

And finally from me,

"Fuck, Clean. I'm busy here. Can't you see?"

It made you feel bad, like you'd slapped a puppy. But it had to be done.

Callousness was one of the things that happened to you along with the other effects of being institutionalized. Callousness and, what? Xenophobia, I guess.

To wit: it is significant that while I was making that phone call to my doc, I was holding the receiver with a paper towel.

I know. You'd be justified in thinking that maybe I was getting classically obsessive-compulsive along with the rest of them, always thinking about germs. You would think so, that is, until you remember that each year alarming numbers of people contract fatal staph infections while in the hospital.

But that is not the whole truth, or maybe not even the half of it. Not the real point.

The point is, I held the receiver with a paper towel because I did not want to touch the things that my fellow patients had touched. That is the beginning of spiritual disgust. It starts in the body, in the nose, and moves to the skin, proverbially crawling, sliding first paper, then walls between itself and the unclean, then verminous other.

And once that had happened, and you could admit it to yourself, that's when you started to understand why the nurses were as grouchy as they were, and as distant and demeaning. They'd learned, as I had, first, that setting limits was paramount, but second and more shamefully, that good intentions were the casualties of contact—the same theoretically exalted human contact that I had started out so in favor of, and had seen soiled somewhere along the way.

Life at Meriwether was lived in patterns. Patterns of marked time and lost time, and doobie-do this, and doobie-do that.

The Yenta turned to me in the dayroom one afternoon and said:

"What month is it?"

"December."

He looked surprised.

"God, time is passing me by. The drugs make me so out of it I can't think straight. It's like waking up from a dream."

"So you don't know how long you've been here?"

"December what?"

"Fifth."

He counted on his fingers.

"Then, nineteen days."

"How did you get here?"

"From rehab."

"How does that work?"

"I was in rehab in this really dark and dingy place, and I just felt like hell. Really depressed. I was talking with my counselor in this glass-enclosed room and I made the mistake of telling her that I wanted to bash my head right through the glass. So they sent me over here to emergency with a bottle of antidepressants. While I was waiting to be checked in, I went into the bathroom and took the whole bottle at once. They kept me in the ICU for a couple of days, having convulsions and spasms and weird shit."

As expected, I learned a lot about madness at Meriwether. By madness I mean, of course, madness as we currently recognize and label it, or, more specifically, as I was able to observe it in Ward 20 at Meriwether Hospital. I can make no meaningful generalizations about madness per se. I don't think any of us really can. Even if madness as some definable entity can really be said to exist, which I don't think it can as yet, nonetheless, mad individuals are as singular as other individuals, even if they tend to have certain propensities in common (delusions, paranoia, despondency, mania, and so on).

Yet generalizations are unavoidable, and we all make them, usually in less than charitable ways. Like most people, I harbored strong prejudices, especially about psychotic people. But living in close quarters with Deborah, Sweet, Clean, Mother T, and the rest of them disabused me of many of those prejudices, even as it reinforced and engendered others.

For example, it may surprise you to know that I never felt unsafe in the ward.

Portrayals of "psycho killers" and stalkers in movies have conditioned most of us to believe that psychotic people are always violent, menacing, and dangerous. When a mentally ill person makes the news, it's usually because he has brained a pedestrian with a cement block or pushed someone in front of a subway train. Sick-flicks and tabloid cover stories have given us our picture of psychosis and made it a staple of our worst fears and nightmares.

Sometimes psychotic people will play into this warped preconception,

simply as a means of ridiculing our ignorance or deflecting the sting of our gawking eyes. Deborah did this when she cruised me so blatantly that first time in the hallway. And I allowed myself to be frightened by it. Looking back on it now, my reaction was as absurd as flinching when a clown says, "Boo."

Otherwise my fears in Meriwether did not stem from my fellow patients, but rather from the hulking, glowering institution itself, and the power it had over me.

The psychotic people I knew and lived with were more confused and disoriented than anything else. This may have been due in large part to the effects of the medication, but whatever the case, even at their most paranoid and fluent, they were more scared than scary. When they were exercised, it was more out of annoyance that nobody seemed to be listening to them or taking their wishes into account. I never worried about being in rooms alone with them. I never lost sleep thinking they were going to creep into my room and get me, and this wasn't, I can assure you, because I thought the nurses would get there in time.

They were as human as everyone else, of course. As selfish and petty and generous and witty, and most often, just as run of the mill. They were just as much a reflection of their class and culture as the average person on the street. They liked MacDonald's, iPods, M&M's, and TV. They were fat and fond of the same poisons that we all buy on every corner or in bulk at Costco. They didn't like being told what was good for them, and they didn't like being told what to do. But when they fell, they wanted to be picked up. They wanted to be saved and provided for, but made the minimum effort on their own behalf. I'd say that made them pretty normal.

None of this is to say that I came away from Meriwether with a sense that the psychotic people I knew were, in every way, just like everybody else. They were psychotic. There's no getting away from it. And I had to adjust my approach to them accordingly. When I spoke to them, I wasn't speaking to someone who processed information in socially common or

easily navigable ways. It was different, and often it was harder, more off-putting, and even unpleasant.

Still, something very strange happened in my mind as a result of these everyday interactions on the ward. This partial normalizing of crazy people in the bin had the opposite effect, too. It made normal people in the outside world seem crazier.

Instead of going back into the public sphere and luxuriating in all the confidence and like-mindedness that I could have and find in normal people, I actually approached strangers with a new reserve. I realized how stunningly naïve I had been to assume that most people I met were sane. Most of us do this. We presume people are sane until they prove otherwise. But, after Meriwether, it suddenly seemed a lot wiser to approach strangers as if they were nuts until they proved otherwise.

I was so struck by this reversal—by how sensible it seemed, and still does. I mean, really, what an astonishing trust we place in other drivers on the highway, in teachers and priests and parents and government officials, in the power of social norms. And how astonishingly often is that trust misplaced?

This will sound crazy, no doubt, but, after leaving Meriwether, it seemed patently clear to me that the vast majority of the crimes in the world are committed by normal people. Either that or insanity is a lot more prevalent and on the loose than we like to think.

Obviously, whether for good or ill, Meriwether bent my mind. Or the world. Or both. But it also taught me some interesting and rather more mundane things as well, things about the healthcare system, and about health insurance in particular.

When I presented myself at Meriwether, I told them that I had no health insurance. I was there to conduct my research, after all, and not because I really needed to be hospitalized. I didn't want the cost of my stay to be billed to my insurance company. But as it happened, because I had listed myself as having no insurance, the billing people at Meriwether took the

logical next step. They put in for Medicaid. That's when the computer did a search and kicked back the information that I did indeed have insurance coverage. When she relayed this information to me, I told the billing administrator that I didn't want a bill sent to my insurance company.

"Just bill me," I said.

Naturally, they didn't. Nobody who shows up in a public hospital is capable of paying the bill out of pocket. They sent the bill to my insurance company, and another copy to me.

For a ten-day stay at Meriwether, the grand total came to $14,276. That's $1,400 a day. You could get a king room at the Ritz-Carlton in New York City for that and still have plenty left over for exquisite food and a private nurse.

Soon after getting the bill I called my insurance company to explain the situation. I told them that I was writing a book about mental hospitals, that my recent billed visit constituted research, and that I wished to reimburse them for the full amount they had paid out.

I may actually be the first person in history to willingly attempt to reimburse an insurance company. You can imagine that the fine folks in the claims department didn't know what to do with me.

In fact, irony of ironies, they thought I was nuts. I'm not kidding. After making repeated calls to various departments, in an effort to make myself clear, I finally got a call back from a social worker. She explained, in the most delicate possible terms, that she had called expressly to determine if I was insane.

Apparently, it's not uncommon for genuinely compromised individuals to call their insurance companies and attempt to stop payment on claims. Such people don't offer to pay the claims themselves, but they attempt to dispute the claim, mostly because they adamantly deny that they needed to go to the hospital in the first place, but also because, having gone, they don't want their hospitalization to appear on their record. They don't think they're crazy, and they don't want other people thinking it either, or having evidence on paper to prove it.

Because I, too, had told the insurance company that I wasn't legitimately ill, I fell immediately into the "I didn't need to go to the hospital, even though they dragged me off ranting and raving" category.

It only made matters worse when I claimed to be a writer who was under contract to write a book. I offered to have the social worker call my publisher. I even said, "Just Google me, and you'll see." But this didn't seem to fly, and I can see why. You try not to sound like you're having delusions of grandeur when you tell people that you were on the *New York Times* best-seller list and appeared on *The View.*

"No, really."

To date, I have heard nothing more from the social worker or anyone else at my insurance company. I guess they didn't believe me.

Overall, Meriwether as an institution made me think. I didn't come away with answers, but I came away with a lot of questions, which is at least a place to start.

Just as surely as I took on the mentality of the patient at Meriwether, I couldn't help taking on the mentality of the staff and the whole system as well. I saw why it was broken down and dysfunctional. I saw where the resignation and dislike began, and I saw where they ended.

I had gone, in an amazingly short period of time, from being one of the downtrodden to being the queen of social justice, and finally to being the laissez-faire absentee activist who says, "Not in my backyard." It was a predictable route, and one that left me unsure of how to effect or even propose lasting change, even though I knew that places like Meriwether needed to change.

To be sure, spending time in Meriwether had made me more sensitive to the plight of the indigent mentally ill. I knew what it was like to be treated like an inferior person whom no one cares about, a person who is never expected to get well, or even consistently better, and so doesn't.

I saw that taking people out of their lives, pumping them full of drugs, offering them no real psychotherapy, and then sending them out again to

their old lives amounted to a revolving-door policy. They were bound, as so many of the patients I knew at Meriwether had been, to get arrested or committed again, and again.

But I also saw that working with people who behaved—I'm sorry to say this—like children could wear down your good intentions to a nub. What could you do with people who, when you tried to help them, often either tried to take advantage of you or allowed themselves to be infantilized by your efforts and made no effort to help themselves?

It wasn't Meriwether's fault, after all, if patients went off their meds or didn't go to follow-up appointments. I could understand why the meds were intolerable, and why these people's experiences with the mental health system hadn't left them wanting more, even on an outpatient basis. But I knew that these things were a recipe for relapse.

This is a classic public policy debate. What will work and what won't. The liberal will raise taxes to pay for places like Meriwether, assuage his conscience, and see the sorry results of inefficient bureaucracy and impersonal care. The conservative will ask the community, often the religious community, which is usually already in the business of dispensing charity, to take up the burden on its own, rather than fobbing off the unwanted on big government. But that is a burden that many do not want to take on: certainly not families and individuals. Charity may begin at home, or in the neighborhood, but that is where it can be hardest to sustain. As I had learned firsthand, developing relationships with people who are not only disturbed but quite often uncooperative, manipulative, and willfully irresponsible is a job that even people with an overabundance of fellow feeling often find too unrewarding, infuriating, and exhausting to perform.

Staying at Meriwether only inflamed this debate in my mind. I couldn't come down on either side. In a way, I had come down on both. But then I still had a lot more of the landscape to see before I would be in a position to make any sense of it.

I wanted to know, for example, if a private hospital would have more of value to offer a person in distress. I'd been to a private hospital before,

my first time around in 2004, but that, too, had been a big-city hospital, and I'd had what I was still open-minded enough to think of as the misfortune of getting stuck with a lousy doc. I still held out hope for better consults—and maybe nicer staff, and better food, and cleaner bathrooms, and who knew what other luxuries.

Besides, I was looking for a totally different clientele. At Meriwether, I'd had the public, urban, indigent, mostly black and Hispanic psychotic experience. I wanted to find a rural, middle-class, whiter than white private clinic, where I suspected depression would be much more common than psychosis.

I was also curious about what I'd find in a state that had gotten bad marks for its treatment of the mentally ill. On its Web site, the National Alliance on Mental Illness (NAMI) posted the results of a report they conducted in 2006, in which they graded all the states in the union on their treatment of the mentally ill. Almost every state received a C or below. I wanted to go to an institution in a state that had been given an F. There were eight to choose from, and, conveniently enough for my purposes, all eight were in very white parts of the country.

To make it official, I consulted census data and found a place with a population that was both small and 95 percent white. I did a little more research on the Web to find a private hospital in the area, and then I had my target. I packed a bag and booked a ticket, and that was that. I was on to Phase 2.

Or sort of. Something unexpected happened around that time; unexpected at least as far as this project was concerned. It wasn't unexpected when you consider prior experience.

I fell into a depression.

And why? Because I went off my meds.

Over the course of several weeks, I adjusted the 20 milligrams a day of Prozac that I'd been taking when I went into Meriwether and brought the dose down to 15 milligrams. Then 10. Then zero. It took a few more months before I hit the really rough stuff: to be exact, the three months between when I got out of Meriwether and when I made my trip to the bin

in the hinterlands. The timing was almost perfect. I started scraping bottom, and then I got on a plane to present myself at a hospital once more. This time I didn't really have to convince anyone that I was depressed. It was pretty clear, even to me.

There are really two reasons why I went off my meds. One good and one not so good.

The good reason was that, while doing some of the background research to write this book, I'd been doing a lot of reading about psychiatric drugs: how they were and are discovered or synthesized; how they're tested, marketed, and prescribed; and how little anybody really knows about what they're doing to our brains. The more I read, the angrier and more apprehensive I became about using them. Hence my reluctance to take anything at Meriwether.

I just didn't want to be dependent for the rest of my life on a drug whose effects neither I nor the professionals could understand or predict, and whose glowing reputation had been based almost entirely on the meticulous propaganda of the companies that were profiting hugely from its sale.

I wanted to find a way to do without drugs, and not to succumb without a fight to what I considered to be the drug company's and my doctor's less than disinterested suggestions that I needed them.

I thought that that was a pretty good reason to try to go off my meds. I still do.

The not so good reason was that I did it for the book. I did it because, as I have said before, my brand of journalism is immersive. You have to have the whole experience, or as much of it as you can. You can't just stand outside as an observer, the way I had in certain respects at Meriwether. The whole point is that you are not objective.

Besides, I had started this book because I went to the bin that first time for real. I had experience with mental illness, or distress, or whatever you want to call it. I was a subject, too. My own subject. I couldn't brush that aside or keep it discretely apart while I watched everyone else crawl through the tar pit.

But, without actually becoming depressed again, I couldn't really pull myself into the experience in retrospect. That's the thing about depression, I have found, and this is a great mercy under normal circumstances. When you're over it, when you're not depressed, it's really hard to remember exactly what it felt like when you were depressed. You can remember it as an idea. You can describe it analytically. You know you felt terrible, and you know you don't want to feel that way again. But you don't really remember the details, the quality of the suffering. But I wanted to be able to reexperience that, and then render that in real time, as it was happening, not after it had passed.

I know, I know. Stupid. But there it is.

And, for what it's worth, here it is.

So turn the page.