

***Voluntary Madness*, by Norah Vincent**

A Book Review by Gayle Bluebird

Norah Vincent makes no apologies for her book, *Voluntary Madness*, nor should she. She writes as a journalist who voluntarily enters three different mental health settings, two of them hospitals, one a mental health alternative, describing what she sees, how it made her feel, and offering us her untouched, un-sanitized view of things. But, as a journalist, she does not omit telling us she also wrote as one who belonged (as she puts it) "in the bin", someone who was fragile and needed to belong somewhere shielded from her own depressive brink. And about that she is as honest as she can be. It all makes for a fascinating and enlightening book.

Most of her observations do not lead to any conclusions but to more questions, more in- flux observations, that, like a maze, has no real ending. When she describes her relationships to other ward mates (patients), for example, there are times she sees herself as a compassionate advocate, disdainful of impersonal nurses, but later she feels some degree of compassion for the nurses, as she painfully admits she abhors behaviors many of the patients exhibit. A flagrant and calculatingly rule breaker, she determines that some of the rules may be based on necessity. At times you wonder which person she is, patient or journalist, as when she describes herself, comically, rolling up toilet paper for shoestrings. She explains it as "passing time" in a place where time rolls slowly and unevenly.

If this wasn't a true story you would think you were reading a novel whose author, aside from being able to tell a good story, has an extensive vocabulary (I suggest having a dictionary by your side) and an uncanny ability to put most of her sentences in poetic form. Poetry that is sometimes unsettling; sometimes shocking, but always entertaining. Sometimes you are laughing at her irreverence but sometimes you want to say, "Norah, Enough!"

Where she begins is in a place called Meriwether, a hospital described as a "sinkhole" for the most despairing of characters, most of whom, she believes, do not have the ability to improve. Their delusions are locked in; they have no resources and seemingly never did. She never says exactly how they got there but you can't imagine that anyone signed themselves in voluntarily. Problem is there is nowhere else, at least that she can see, for them to be. When she gives them attention they flock to her with special requests as if she were the Underground Railroad for their favorite fixes, most often, McDonalds or M&M's. They are grateful in the immediate but shortly thereafter return for another hand-out or "fix."

She often gives people special names that identify something about them. You meet, Mr. Clean, Tracy Chapman, Street Kid; others with common names, Casey, Deborah, etc. Some people rarely interact with anyone, for example Sweet Girl, who either talks incessantly to herself, or is quietly covered up in sheets on her bed. Norah meets each person where they are at, but always respectfully, never in a demeaning way. Attention does not go unrewarded; even Sweet Girl comes up to her near the time when she will leave, to say, "I'll miss you." It is a rare breakthrough but significant.

You enjoy her stories about Mother T. Mother T (for Mother Theresa) is there because she cannot stop preaching, whether out on the street or on the ward; she believes herself to be the bride of Christ. You wish that she could just temper her beliefs a bit and keep her thoughts to herself, but as Norah concludes, "this is her way out of loneliness." When Norah goes to give Mother T a hug,

after she had been rejected by her family on a phone call, a nurse quickly calls out, “No Touching.” Norah sees the No Touching Rule as “gratuitous deprivation” closely linked to the lack of “engaged conversation”. She concludes that people rarely get treated as real human beings.

Norah leaves few stones unturned. She exposes the partnership between drug companies and psychiatrists determining that often psychiatrists know little more than what they have been told by a drug salesman. This leaves patients to their own devices; they learn through their own trial and errors what works, what does not, what unanticipated damaging side effects they’ve experienced; then through a human communication chain they share information with each other. Patients do not have rights to refuse; Norah finds this out when she refuses to take Lamictal, a mood stabilizer she had taken before. Despite Norah’s protests her doctor orders it anyway. Quite as we might expect, Norah decides to “cheek” it and tells us how she does it. Later she would pass on information to Casey who also tried to refuse. About mental illness, she has no idea where it comes from or whether it truly exists, but she comes to believe there is no scientific evidence to support the claim.

After leaving Meriwether, literally running down the street with a bag of her few belongings, she later signs in for a second stint, in a hospital in the Midwest. St. Lukes, mostly “middle class” “white”, is surprisingly comfortable where patients are treated with dignity, where ‘Menopausal Mommies’ (she calls them), shuffle papers in the admitting office and once again, you laugh at her wit. But the problem here is that patients, misfits, many of them drug addicts, do not mind leaving and coming back almost as if they were in a club eager to share their ongoing stories with each other. Norah doesn’t spare these compatriots her contrived names. Here we meet Teary Molly, Fridge, and Bunny Wags, among others. This place is all too perfect for quiet, rest, for making things better, but she questions whether people belong here or whether a little responsibility taking wouldn’t help. This place is too easy, perhaps.

When she sees her psychiatrist for the first time, Norah goes in with her usual “battleground mentality”, expecting the worst but finding there the exception- to- the- rule-psychiatrist, one who is a “shared decision maker” and who believes the patient knows best. She gets nods of agreement when she asks for more exercise and outdoor time. Her daily passes are approved. Her date for discharge is set. It turns out this Doctor (who is he? I wondered) had looked for a place to practice as a real Doc, not a shock or medicate Doc.

Leaving St. Luke’s was not quite as traumatic as Meriwether, but not as dramatic either. She experiences no pangs leaving the friends she made, nor does she wonder about their future. Only one, Karen, is expected to return to real life, in her opinion. You leave them easily as well, but your heart wants to go back to Meriwether where patients so badly needed attention.

Finally, you join her at her third observational post, this time at an alternative treatment program called *Mobius*. The journalist disappears here; the continued story would be her own personal quest for healing. In two weeks she experiences what is called “process therapy” that boils down to the belief that disorders of the mind are capable of correction when patterns of behavior are changed. Her daily schedule is rigid, consisting of exercise, den chi bon—a cross between tai chi, tai bo and a séance- meditation, study and practice of Buddhism, healthy diet, and therapists who don’t mind showing their own warts and humanity. While reluctant at first she decides to apply herself; she breathes in and out and exposes her history of sexual abuse which she learns not to dwell on but to be mindful of her feelings in the moment. Her therapist, Carol, tells her that there is nothing wrong with her. “Give yourself compassion,” she says. Norah tries and embraces the word TRY as her mantra with the belief that she can help herself only if she tries.

Her last section is titled a Continuum, which seems to indicate that she has no firm conclusions or recommendations though she indicates that hard work will work for anyone. I am not so sure. Everyone’s journey is different. One of the harshest statements in the book is her following statement made to support her thought that some people will never make it. “Why waste therapy

and resources on people who will actively resist?” she asks. “Why not medicate the bejesus out of people when medication is the one thing that requires no effort or willpower to have an effect?”

The above statement was shocking but equally disappointing is that she did not stop to acknowledge the friends she had made along the way to honor them. After all, their stories made this book memorable. It seemed to me that Norah had changed. Gone is her wickedly witty poetry, her clownish behaviors, her risk-taking and her caring for people she met in her travels. It is almost as if you could imagine her donning her gym clothes, checking her list for the day, and later in a business suit going to some meeting. She begins to sound like Dr. Phil.

Also disappointing is the fact that she didn't find our civil rights movement of ex-mental patients where people not unlike Mr. Clean, Teary Molly and Mother T, have made it and are living meaningful lives in recovery in the community. Many people who have “been in the bin” are going back there, but now for a different reason than Norah's. They are working as peer specialists sitting at tables where decisions are being made on mental health policy, providing peer support to people who are not as far along. Some of us believe people are worth saving and that the mental health system may be worth revising and reforming, whether in inpatient facilities, community mental health programs, or our own self-run ex-patient alternatives.

Well, I forgive her, for I love the book and highly recommend it, but I have two different recommendations different from hers: 1. It's okay to still get in the bathtub sometimes in a fetal position to get away from it all. and 2. Pulling ourselves up by our bootstraps, is not all what it takes. For some, like me, it's being cared about that counts!