He's Mine, All Mine

by Michael Gordon, Ph.D.

The doctors were far more enthusiastic about the disappearance of Jon David's hallucinations than was Jon David himself. Don't get me wrong, he wasn't proud of his regular flights into fantasy. He scoffed aloud at the psychiatrist who once tried to convince him that schizophrenia was a wonderful expression of individuality and creativity. Jon would have preferred to be a bit less creative and a lot more like his non-inpatient friends. He always figured that those touting the advantages of schizophrenia should spend a day or two in linen restraints.

He did have to admit that hallucinations were cheap and wonderfully compelling sources of entertainment. No movie could match them for their realism or suspense. No innovations in surroundings by sound or sharpenings of images could compete with their intensity of experience. They were vivid, totally immersing, and a boost to a battered ego, at least while they lasted.

As far as symptoms went, he felt he had done reasonably well with his uncontrollable warpings of reality. He considered them preferable to the misery of the depressed, the endless countings of the obsessive, the routine regurgitations of the anorexic, and gripings of the pathologically angry. While hallucinations had their disadvantages, he thought they had a certain character and artistic flair absent in many of the other disorders that plagued his co-residents in the medical center's inpatient psychiatric unit.

Just the other evening he had somehow convinced himself that he was Jesus Christ. Some of the other patients on the unit later told him that they found him walking

majestically down the linoleum corridor with a sheet toga-wrapped around his thin frame. He had stopped to explain to an aide that the sacred heart lay before her, when what lay before her was a red-globed exit sign. The water cooler transformed to the fountains of life and the steel fire door, incessantly nicked and scratched from passing carts and shuffled beds, emerged as the portal to eternity.

Ordinarily the day following a psychotic episode and the thorazine-induced return to the quotidian would be depressing for Jon. He'd be embarrassed and fatigued and stiff and disoriented and empty. If he had the energy, he would have been angry at the staff who talked to him like he was not just crazy but also severely retarded. He'd catch the knowing winks that flitted about the unit when he went to the day room for breakfast. He'd overhear one of the medical students whispering to an attendant something like, "Do you think I could get him to bless me before I take my board exams?"

Today was different, though. He felt strangely alive, invigorated, and pleased to be walking on solid ground rather than floating in the ethers of delusions. Jon didn't even mind the curdled yellow mound of liquid chunks that passed for scrambled eggs. He overlooked the glare of a new unit participant who spent most of the day muttering about the "'frickin government" tormenting him. No, Jon David felt an unmistakable optimism inflate the sagging of his pounded spirit.

You see, Jon David was in love. Not of the head over heels variant, but close enough for someone who still felt sore from where an overexcited intern had pumped him with medicine. And the object of his love stood broadly in the core of reality. She didn't need to be fabricated within the recesses of Jon's wildly out-of-control imagination. She sat right across from him in the dusty light of the day room.

If you maintained that an inpatient psychiatric unit wasn't the best place to meet the girl of your dreams, you'd be in good company. You'd probably advise Jon to cruise a local pickup palace or to increase his chances of coupling by attending the social functions at his church. I hear grocery stores are popular meeting grounds along with choral groups and music festivals. At least in those venues you have a slightly better chance of associating with someone whose grip on reality didn't depend on the supportive encouragement of a therapist or the chemical actions of pharmacological agents.

But that's not how it worked out for Jon David. Not that he hadn't tried those other strategies when he was sane enough to be in public without the close attentions of some unit recreation director or occupational therapist. He actually liked the people who would frequent those newly popular sports bars that encircled the sprawling room with countless satellite-fed TV sets showing all the planet's athletic events.

It took him a while to understand why he enjoyed that atmosphere so much. Then one evening it dawned on him that the overstimulation provided by all those cascading images and blurtings of sounds safely matched the scenes inside his head when he was out of it. At least with the sports bar you could just walk away. And the TV's picked up signals of real events and not those that were generated by forces less real than imagined.

So there sat Jon David admiring the object of his affections. And there sat Joan Wesley Griffith in all her mounded splendor. Why do I say mounded? Because when she sat in the white-veined orange plastic chair, her body took on a form not unlike a concoction of various sized bowling balls tented by the green blue fabric of the standard-issue pajama. The largest element of the assortment bulged from her midriff

and stretched the well-washed fabric to the end of its limits. Place a drop of water anywhere in the vicinity of where her navel might be and it would quickly follow a downward path. The same would happen with the orbs on her chest or the duckpin sized protrusions on her arms. From head to toe and really only in the physical sense, Joan was a well-rounded person.

Understand that she wasn't terribly obese and certainly not unsightly. He face, while also more circular than angular, was nonetheless what my female friends call "pleasant" and what my male friends term "not all that bad." Her eyes were her best facial feature, a deep green that came by that color without the aid of tinted lenses. Perhaps it was an outcropping of her reason for admission that Joan his her best feature. She wore either dated glasses with translucent pink frames or a pair of dark sunglasses even at night when just a few fluorescent lights sent a glow through the nursing station.

I suppose if you're an object of someone's affections it would be good to be aware of it, if for no other reason that you could decide whether you cared for that status. Not accustomed to that designation myself, it's hard for me to say for sure, but I'd certainly like to know if I were a warm vision in a passionate mind.

But Joan Griffith was far too locked up in her private thoughts to scan for admirers. Joan wasn't one to assume that men would find her alluring anyhow and, as best she could tell, torn hospital garb with faded black stenciling identifying the institution wasn't a routine offering at a Frederick's of Hollywood.

Some would argue whether Joan should even be on an inpatient unit. The precipitating events weren't nearly as dramatic as most in the unit's community. She hadn't appeared in the emergency room announcing her return from foreign planets, nor had she held police at bay for hours as she threatened hostages or called for a new

world order. No guns were involved, no knives either, nor young boys or old visions.

Joan had simply decided that life was far too sad and empty to warrant its continuation. Any review of her past experiences or future prospects led her to the conclusion that the pain of trying to overcome her passivity and shyness far outstripped whatever joys might have ensued. In her cost/benefit analysis of existence, she decided that the costs had won the day.

The intake worker, in a dash to be helpful, suggested that Joan's survival of the suicide attempt pointed to a will to live and a cry for help. Joan wasn't convinced. She thought it had much more to do with being misled by her equally pessimistic friend, Margaret, who swore that the ten pills were sufficient to end what Joan regarded as her life's version of a thumbs down movie.

Joan's inward focus remained undeflected for nearly an hour. Although unaware of it, she did pick at her food and shuffle her feet somewhat. But mostly she gazed ahead, too disinterested in reality to pay it much attention. Even Jon David's ardent beam of love failed to register on her psyche.

By 9:45 that morning, medication carts had been stowed and residents had been distributed to one activity or another. Jon David had already departed for recreational therapy and Joan was prepared for her first meeting with a therapist. By "prepared" I mean that an aide came over to tell her to show up no later than 10 in the large meeting room at the end of the hall. For reasons that were hard for Joan to discern, the aide put a special emphasis on the "no later" element of her instructions.

No stranger to therapeutic contact, Joan didn't give much thought to her impending meeting with yet another mental health provider. At most she wondered whether she'd be meeting with a male or a female, and perhaps a bit about his or her style. She'd about

had her fill of the desperately empathic Earth Mother sort and was nearing total expenditure of patience with the Carl Rogers wannabees. She wouldn't mind a therapist like the one she met with in Chicago many years ago: bitchy and somewhat provocative, yet nonetheless honest and supportive. It was a complex co-mingling of traits that somehow worked for Jon David's love object who didn't know she was a love object.

Close to the appointed time, Joan lifted herself off the day room chair and made her way down the corridor. Not so depressed as to be unaware of bladder pressure, she stopped at the ladies room for a few minutes of personal hygiene before journeying on to what was known as the "group room," for that's where daily group therapy took place. It was maybe 10:02 at the latest when she took a seat in another 1950's vintage armchair and faced the infamous Dr. Christopher Muldoon.

If you asked Dr. Muldoon to describe himself, he would quickly launch into a recitation of his achievements, most of which took on far greater value to him than they ever did to the rest of the world. And, trust me, the rest of the world was regularly treated with long accounts of his prowess in all manner of professional and personal pursuits. He touted himself as a specialist in working with those patients who were especially resistive to psychotherapeutic intervention. From his view, he succeeded where all others failed. His methods, he claimed, were scientifically sound and wholly unassailable.

To the rest of the community, Dr. Muldoon was an idiot of galactic proportions. Indeed, it was a matter of considerable debate whether Muldoon's incompetence was outstripped by his narcissism or roughly equaled by it. Most such discussions ended in a consensus that Muldoon's palpable ineptitude tempered not at all a finely tuned

capacity for soaring grandiosity. Even seasoned clinicians marveled at Muldoon's ability to distort utter failure so that it took on the glow of unparalleled success.

How, you wonder, could someone of such universally acclaimed incompetence come to serve on the faculty of a reasonably prestigious medical center? Aren't there filters in the system to prevent intrusions of the inept?

You'd think so, wouldn't you. To be fair, the sheer persistence required by higher education usually does weed out the unqualified. The abuse traditionally heaped upon students attracts more the obsessive and passive than the pompous and aggressive. But all rules have exceptions, and Dr. Christopher Muldoon was a prime example.

I could never explain to you within a zip code of credibility how a Christopher Muldoon ascended to faculty status. For a man whose present talents point more to the sale of used cars than the treatment of human mental afflictions, Muldoon must have earlier harbored a charm and humanity that subsequently abandoned him. I've seen it happen before. Some of the decent among us become irretrievably disfigured by the pains of career ascension and the attainment of authority.

I just offered you the kindest of theories for Muldoon's relative success. You should know that many others have been proffered. The most interesting involves contortionistic sexual talents and a dissertation adviser, but I'd prefer to keep this story marginally respectable and so will dispense with a detailing of what are largely bits of lurid presupposition.

Now a word or two about Muldoon's psychotherapeutic technique. While Muldoon spoke about The Method as if it were of his own creation, he was more the movement's disciple than its god. The originator was an Austrian ex-patriate by the name of Hans Hueler, a small but powerfully built gent who made Argentina his home -- although he

spent most of his time traveling to present workshops on his sure-fire cure for the psychologically fixated. It was at such a presentation that Muldoon jumped on the Hueler bandwagon like the proverbial hobo on a ham sandwich.

It bothered even some of his most ardent admirers that Hueler's vita was rather blank for the years 1939 to 1945. His uncanny likeness to a former German dictator was also upsetting to some of his followers. But, as love is blind, so is the admiration of sycophants.

What most appealed to Muldoon and the other Huelerites about The Method was its wholesale justification for the notion of therapist as unbridled sadist. It offered the already hostile a rationale for employing that hostility in a work setting that more commonly called for emotional neutrality, if not a smattering of caring and support. In the quest to help patients scale the walls of their towering defenses, The Method encouraged the therapist to launch unremitting frontal attacks on a patient's character and intentions. Screaming, swearing, and all manner of rudeness were carefully and systematically planned much as a demolition expert might place his charges. And all in the name of recovery.

Now back to the drama unfolding in the large group room. Dr. Muldoon sat rigidly in his chair and glared at Joan Wesley Griffith while a small cadre of trainees looked on. All the students appeared uncomfortable, for they had witnessed other interviews conducted by Dr. Muldoon and didn't like what they saw. One of the crew, a pale, thin-faced woman whose nervousness was legendary, made sure to place herself toward the rear of the room, just in case, like last week, she became sick to her stomach with distress.

Truthfully, not all the students were apprehensive. Jim DuPont, a handsome but

overly eager psychology intern, came to regard “The Method” as a much maligned but nonetheless seminal contribution to the field. His poor judgment and general incompetence were further documented by the admiration he exuded for one Christopher Muldoon. To those poor non-believers who cowered in the large group room, Jim DuPont was a fool’s fool.

Joan’s interest in the proceedings was just sufficient to motivate a desultory scan of the room. Having students in a session was quirky but no big deal. The tall, good-looking shrink looked irritated about something, but otherwise the situation seemed as expected. Her energy reserves were low enough that she let her eyes drop down to consider a small hole that was blooming on her right pant leg.

“You were late to your interview with me,” Muldoon barked sharply.

Joan looked up to encounter Muldoon’s cold stare. In no mood to tangle what she could only judge to be an asshole with a postgraduate degree, she responded evenly, “Sorry, Doctor, but I needed to visit the bathroom.”

Muldoon’s pursuit had only begun.

“You went to the bathroom to avoid having to work on your problems and confront me.”

“Actually, sir, I went to the bathroom because I needed to pee.”

“Is that what your life is like, just so much piss?” retorted Muldoon. “Is that what you’d like to do to me and all the other men you’ve hated in your life. Just pee all over them?”

As an occasional clerk in a pet store, Joan was not an expert in current trends in psychotherapeutic technique. But she was quite certain that Muldoon was being assaultive in his manner and that she didn’t appreciate it. Nonetheless, she persevered:

“Doctor, again, I’m sorry for being late. Do you think we could move on to

something else? Like how I'm feeling or how it is I'm sitting in a psychiatric unit?"

"You'd like that, wouldn't you." came the rhetorical response. "Sling some nonsense about your sorry life just so you could avoid facing up to your real emotions."

Joan was no different than most other depressed folk. When she got angry, she'd turn it against herself and become passive. She'd obsess about what she must have done wrong, finding it easier to blame herself than to muster the self-confidence to take on the truly guilty.

But this morning and for reasons she would never quite grasp, Joan behaved uncharacteristically. Rather than spiral down into a morass of self-loathing, Joan slowly rose in her chair and started to leave the room. From her point of view, it was annoying enough to be alive without having to waste time tangling with a jerk.

Muldoon shot out of his chair. "Young woman, you will sit down and deal with me, because you're tired of your crappy life."

Then she hit him. The blow that Joan delivered to Muldoon's cheek would have made a prizefighter proud. Powered by years of frustration and supercharged by an instant and intense distaste for The Method, it caused his head to recoil and blood to spurt from his nose and land on his well-tailored suit. The second punch knocked him out cold on the cocoa-brown industrial carpet. Dr. Christopher Muldoon was down for the count.

Momentarily stunned by her first-in-a-lifetime assertiveness, Joan looked up to see the students riveted to their seats and obviously fearful of her next move. Having nothing against them and wanting only to return to her room, Joan held up her arms and explained, "I'm sorry, but he's an asshole who probably deserved what he got long ago." She slowly turned and exited the large group room.

Inpatient psychiatric units operate like small communities in that word travels at lightning speeds from inhabitant to inhabitant. The only difference here is that the population is tiny and usually distorts the message even more than humans are apt to in normal settings. Within less than a minute, the word was out that Joan Wesley Griffith had decked Dr. Christopher Muldoon.

Had the recipient of Joan's right cross been anyone other than Muldoon, swift and decisive action would have ensued immediately. Burly male attendants would have swooped upon her and escorted her to a seclusion room that, yes, had padded walls. Untold pages of incident reports would have been written and filed. Staff meetings would be planned so that the issue of patient aggressiveness could be revisited.

But, in this special case, a whole different series of events unfolded. First, a small, impulsive cheer erupted in the nursing station. Each and every one of the unit secretaries and nursing attendants bore hatred both for Muldoon and The Method. To quote Shirley Jean, a wide and jovial attendant known for her shrieking laugh and deft sarcasm, "Finally one of these patients responded as anyone normal would to being insulted." There was wide agreement that Joan's psychological status and reality testing were ample.

Their enthusiasm naturally had to be tempered, for they didn't want to encourage patients to routinely take out staff. The attendant crew were even more fearful that the unit director, no fan of Muldoon's but nonetheless a firm believer in hierarchy, would catch a glimpse of the celebration. So the staff acted like the enslaved workers at a Nazi factory who had heard an explosion ignited by members of the resistance. Muted euphoria and laughing eyes all around.

The patients were far less restrained. Joan had acted out all of their fantasies when

it came to Muldoon and the Method. Many of the unit's inhabitants had already been subjected to his hostile intervention without realizing a pugilistic option for managing their discomfort. Most had just sat there glumly, counting the minutes until the interview was over. Now that a new winner had emerged from therapeutic combat, chants of the Rocky theme began to waft through the tiled hallways.

While admiration abounded for Joan Wesley Griffith, no one was more overwhelmed by straight-ahead infatuation than Jon David. He could barely restrain himself from tackling her in the hallway and expressing his ardor right then and there. But he was overheard to comment to one of the other patients, "Now there's a woman for you."

Through the entire hubbub, Joan Wesley Griffith sat cross-legged on her bed, thumbing through a four-year old copy of Reader's Digest. She was increasing her word power at the same time she was trying to figure out what had incited her. What mystified her most was the absence of guilt and remorse. She simply didn't feel swept away by the typical array of internal irritations. Joan had to admit that her recent therapeutic experience stood without equal in her life.

Joan's show of assertiveness and the ensuing celebrity raised her spirits to new heights. She soon noticed Jon David, found him cute and adoring, and so began an intense relationship. Within four days, and just short of her discharge, they consummated their love behind the sofa in the large group meeting room, not far from where the shot heard 'cross the unit had transpired. Even when not copulating, Jon and Joan spent every moment together, sometimes talking about their past and sometimes just staring off contentedly in different directions. When Joan's neighbor, who came for a brief visit, asked her why she'd want to fall in love with a schizophrenic, she just

turned and said, “He may be crazy, but he’s mine, all mine.”

You’re perhaps expecting that the rest of the story follows a Cinderella on Prozac trajectory. You know, Joan and Jon fall more deeply in love, manage to overcome their frailties to make a life for themselves. Jon works in a convenience store and Joan finds full-time employment at the mall making pretzels rolled in cinnamon or garlic. Through the support of a tight knit but equally frazzled cluster of friends, a small army of mental health providers and caseworkers, as well as an occasional, beneficent family member, they carve out a reasonable existence that includes a small apartment, a young child, and cable TV.

It just didn’t turn out that way at all, I’m sorry to say. Jon and Joan never met again after each was discharged. Upon her return to more normal environs and with a new-wave antidepressant helping to lift her spirits, Joan arrived at the conclusion that her chances of adjustment would improve immeasurably if she refrained from further contact with Jon. She did like him, for sure. But she decided that own personal burdens were sufficient to weigh against their union with another’s considerable impairments. Having experienced both gutter and glory within a brief episode, she decided that happiness most likely existed somewhere in between.

I wish I could also tell you that Jon, bolstered by his meaningful connection with another and empowered by her successful venture into assertiveness, tore himself from the grasps of psychosis. It just wasn’t meant to be. For many years he crossed back and forth over the borders of normality. He was uncannily resistant to all chemical intervention. Either they helped not at all or produced such side effects that the hallucinations were preferable. I happened to see him just the other day on my way to buy a bagel. He was selling pinwheels outside the ice cream store and singing selections

from Jesus Christ Superstar.

Before I end my account, you must learn what happened to Dr. Christopher Muldoon. Word got out and then was passed from admission to admission that he had a glass jaw that warranted cracking if he got out of hand. So many patients started taking shots at him that he decided an alteration of The Method was in order. He now only sees what few patients are referred to him if they sit inside an adjacent interview room and communicate with him by intercom. He claims that such an arrangement facilitates the transference and allows him to achieve even greater therapeutic success. While I haven' noticed any such improvement in outcome, I'd have to admit that Muldoon looks remarkably more comfortable nowadays.