

Three Spheres

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Linda Whitcomb: Initial Intake Notes

Ms. Whitcomb is a 37-year-old SWF who has had over 30 hospitalizations, all for suicide attempts or self-mutilation. She scratches her arms lightly when upset. Was extensively sexually abused as a child. Is now requesting outpatient therapy for bulimia. Ms. Whitcomb says she's vomiting multiple times during the day. Teeth are yellowed and rotting, probably due to stomach acids present during purges.

Client has been in outpatient therapy with over 70 (!) social workers, psychologists, and psychiatrists. She has "fired" them all because she cannot tolerate their limit setting. She has threatened to sue "at least eight, maybe more," because "they never gave me what I needed. They were a menace to the profession." Please note: Client has never carried through with any of her threats to sue. She does, however, demand complete access to her health care providers. Has a

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history of calling her therapists in the middle of the night, screaming that she needs to see them right away, and self-mutilating when her requests are refused.

During her intake and evaluation appointment, client presented as teary and soft-spoken. She wore large hoop earrings and much makeup. She said she believes she has gout and asked to be prescribed medication for it. Became belligerent when refused. Possibly this client is delusional, although she was fully oriented to all three spheres—person, place, and time—knowing who and where she was, and demonstrating capacity to locate historical figures in their appropriate periods. Proverb interpretation: somewhat concrete. Serial sevens: intact. RECOMMENDATION: psychological testing; 1x weekly behavioral therapy to address eating disorder; possible admission as an inpatient if she cannot get bulimia under control.

“So who wants to take the case?” Dr. Siley, the director of the outpatient portion of the unit where I work, asks. He folds the initial intake evaluation from which he’s been reading back into its green file.

None of the other clinicians offer. A woman as outrageously demanding and consistently suicidal as this one is would add a lot of pressure to anyone’s job. Ellen looks away. Veronica busies herself with the pleats on her skirt. The staff room stays quiet.

“What about you?” Dr. Siley says, looking in my direction. He knows my numbers are down. My job description states I’m responsible for seeing at least twenty outpatients, in addition to the chronic schizophrenics in the residential program.

“Well,” I say, “she sounds like a lot of work.”

“Who isn’t?” Veronica says.

“Why don’t you take her then?” I say.

“I’m full,” Veronica says.

“And you aren’t,” Dr. Siley adds, pushing the file across the table toward me.

The phone rings six, maybe seven times, and then I hear a tiny voice on the other end—“Hello,” it whispers, and I announce myself, the new therapist, let’s make an appointment, look forward to meeting you, here’s where the clinic is, in case you forgot—

“Can’t,” the voice weeps. “Can’t can’t.” I hear the sound of choking, the rustle of plastic. “Ten times a day,” the voice says. “Into thirty three-gallon bags. I’ve spent”—and sobbing breaks out over the line—“I’ve spent every last penny on frozen pizzas. There’s blood coming up now.”

“You need to be in a hospital then,” I say.

“Oh please,” the voice cries. “Put me in a hospital before I kill myself. I’m afraid I’m going to kill myself.”

I tell her to sit tight, hang on, and then I replace the receiver. I know the routine by heart. I call 911, give the ambulance company her name and address, tell them there’s no need to commit her because she said she’d go willingly. Next they’ll take her to an emergency room and after that she’ll be placed on an inpatient unit somewhere in this state. She can’t come into our own program’s inpatient unit because she’s neither schizophrenic nor male, the two criteria for admission. She’ll stay wherever she is put anywhere from three days to four weeks, enough time, probably, for her to forget I ever called, to forget she ever wandered into the clinic where I work. At the hospital they’ll likely set her up with an after-care psychologist affiliated with their own institution, and he, or she, will have to deal with what sounds like her enormous neediness. And I, lucky I, will be off the case. Or so I think.

Two days later a call comes through to my office. "Ms. Linda Whitcomb tells us you're her outpatient therapist. Could you come in for a team meeting next Monday afternoon?"

"Well, I don't even know her, actually. I was assigned the case but before I could meet her she had to be hospitalized. Where is she?"

"Mount Vernon. I'm her attending psychologist here. Would you be willing to meet with us regarding her after-care plans?"

Mount Vernon, Mount Vernon. And suddenly, even though it's been years, I see the place perfectly all over again, the brick buildings, the green ivy swarming the windows. The nurses who floated down the halls like flocks of seagulls, carrying needles in their beaks. My heart quickens; a screw tightens in my throat.

"Mount Vernon?" I say. Of all the hundreds of hospitals in Massachusetts, why did it have to be *this* one? And another part of me thinks I should have been prepared, for eventually past meets present; ghosts slither through all sealed spaces.

"Look, I don't know the woman at all," I repeat, and I hear something desperate in my voice. I try to tamp it down, assume a professional pose. "I mean," I say, "the patient, although technically assigned to me, has not begun a formal course of psychotherapy under my care."

A pause on the line. "But *technically*," the voice retorts, "she is under your care, yes? You have some sort of record on her? Your clinic agreed to take the case?"

"Yes," I say. "Well . . . yes."

"Next Monday then, one o'clock, Wyman—"

"Two," I interrupt bitterly. "Wyman Two."

"Good," she says. "We'll see you then."

What else can I do? Technically, I *have* been assigned the case. But this isn't any longer about the case; my hesitations now don't have to do with Linda Whitcomb and her stained teeth,

but with ivy on the brick, the shadow of a nurse, a needle, the way night looked as it fell beyond the bars and the stars were sliced into even segments. I remember looking out the windows on Wyman Two; I remember Rosemary swallowing her hidden pills, how she danced the Demerol onto her tongue and later sunk into a sleep so deep only the slamming cuffs of a cardiac machine could rouse her. Liquid crimson medicines were served in plastic cups. The rooms had no mirrors.

But the reflections came clear to me then, come still in quiet moments when past meets present so smoothly the seams disappear and time itself turns fluid. Sometimes I wish time stayed solid, in separable chunks as distinct as the sound of the ticking clock on my mantel right now. In truth, though, we break all boundaries, hurtling forward through hope and backward on the trail made by memory.

But what else can we do except reach, except remember? What else can I do, having been assigned this case? I will go in, go down. Go back.

American culture abounds with marketplace confessions. I know this. And I know the criticisms levied against this trend, how such open testifying trivializes suffering and contributes to the narcissism polluting our country's character. I agree with some of what the critics of the confessional claim. I'm well aware of Wendy Kaminer's deep and in part justified scorn for the open admissions of Kitty Dukakis, who parades her alcoholism for all to observe, or for Oprah, who extracts admissions from the soul like a dentist pulls teeth, gleefully waving the bloodied root and probing the hole in the abscessed gum while all look, without shame, into the mouth of pain made ridiculously public. Would it not be more prudent to say little, or nothing, to hold myself

back like any good doctor, at most admitting some kind of empathic twinge? For what purpose will I show myself? Does it satisfy some narcissistic need in me—at last I can have some of the spotlight? Perhaps a bit, yes? But I think I set aspects of my own life down not so much to revel in their gothic qualities as to tell you this: that with many of my patients I feel intimacy, I feel love. To say I believe time is finally fluid, and so are the boundaries between human beings, the border separating helper from the one who hurts always blurry. Wounds, I think, are never confined to a single skin but reach out to rasp us all. When you die, there's that much less breath to the world, and across continents someone supposedly separate gasps for air. When—Marie, Larry, George, Pepsi, Bobby, Harold—when I weep for you, don't forget I weep as well for me.

I have to drive out of the city to get there, down forty miles of roads I've avoided for the past eight years. Where there was once farmland, horses spitting sand as they galloped, wide willow trees I sat under when the nurses let me out on passes, there are now squat square houses dotting the hills. But the building's bubbled dome rises unmistakably over a crest as I round the corner, floating there in the distance like a glittering spaceship, looking exactly the same as it did almost a decade ago. Walking back from passes, I would see that domed bubble, that silver blister bursting against a spring sky, and I would count *one, two, three*, getting closer, my heart hammering half with fear, half with relief. Safe again. Trapped again. Safe again. Trapped again—

And I have the same heart in the same socket of chest, and it hammers like it used to and I find myself thinking the same words *safe again, trapped again*. My palms sweat on the steering wheel. I remind myself: I am *not* that girl. I am *not* that girl. I've changed. I've grown. I am now a psychologist who over the years has learned to give up her Indian print sundresses and bulky

smocks for tailored skirts, who carries a black Coach leather briefcase. How often, though, I've marveled at the discrepancy between this current image of me and the tangled past it sprang from. Sometimes I've imagined shouting out in staff meetings, in front of all my colleagues who know me as a spunky, confident doctor, how often I've wanted to say, *Once I too . . .*

And what I would tell them goes something like this. On five separate occasions, spanning the ages from fourteen to twenty-four, I spent considerable portions of my life inside the very hospital whose graveled drive I am now turning into. Until what could be called my "recovery" at twenty-five or so, I was admitted to this institution on the average of every other year for up to several months. And even today, at thirty-one years old, with all of that supposedly behind me, with chunks of time in which to construct and explain the problems that led me to lockup, I find myself at a loss for words. Images come, and perhaps in the images I can illuminate some of my story. I am five years old, sitting under the piano, as my mother, her face a mask of manic pain, pummels the keys. Beneath the bench I press the golden pedals, hold them all down at the same time so our house swells with raw and echoing sounds, with crashing crescendos and wails that shiver up inside my skin, lodging there a fear of a world I know is impossible to negotiate, teetering on a cruel and warbling axis. And later, lying in my bed, she murmurs Hebrew while her fingers explore me and a darkness sprouts inside my stomach. A pain grows like a plant and when I'm twelve, thirteen, I decide to find the plant, grasping for its roots with a razor blade. Stocked solid with the romance of the teenage years, with the words of the wounded Hamlet and the drowned Virginia Woolf, whom I adored, I pranced on the lawn of my school, showing off the fresh gashes—Cordelia, a dwarf, a clown, Miss Haversham. I loved it all. I wept for the things inserted into me,

the things plucked out of me. And I knew, with the conviction of adolescence, that pain confers a crown. I was removed to the hospital, then a foster home, then the hospital, again and again. Later on, in my late teens and early twenties, I starved myself, took pills to calm me down, wanted a way out. And finally I found one, or one, perhaps, found me.

I am not that girl any longer. I tell that to myself as I ride up the hospital's elevator. I *found* some sort of way into recovery. But I know, have always known, that I could go back. Mysterious neurons collide and break. The brain bruises. Memories you thought were buried rise up.

I rise up in the elevator and the doors part with a whisper. Stepping off, I find myself face to face with yet another door, this one bolted and on it a sign that says: ENTER WITH CAUTION. SPLIT RISK.

And now I am standing on the other side of that door—the wrong, I mean the right, side of the door, and I ring the buzzer. I look through the thick glass window and see a nurse hustle down the hall, clipboard in hand. I recognize her. Oh my God, I recognize her! I hunch, dart back. Impossible, I tell myself. It's been over eight years. Staff turnover in these places is unbelievably high. But it could be her, couldn't it? And what happens if she recognizes me? My mouth dries and something shrivels in my throat.

"Dr. S?" she asks, opening the door. I nod, peer into her eyes. They're the blue of sadness, thickly fringed. Her lips are painted the palest sheen of pink. "Welcome," she says, and she steps back to let me pass. I was wrong, I've never seen this woman in my life. I don't know those eyes, their liquid color, nor the voice, in whose tone I hear, to my surprise, a ring of deference. Doctor, she

actually calls me doctor. She bends a bit at the waist, in greeting, acknowledging the hierarchies that exist in these places—nurses below psychologists, psychologists below psychiatrists. Patients are at the bottom of the ladder.

With a sudden surge of confidence, I step through. The reversal is remarkable, and for a second makes me giddy. I'm aware of the incredible elasticity of life, how the buckled can become straight, the broken mended. Watch what is on the ground; watch what you step on, for it could contain hidden powers and, in a rage, fly up all emerald and scarlet to sting your face.

And here I am, for the briefest moment, all emerald, all scarlet. "Get me a glass of water," I imagine barking to her. "Take your pills or I'll put you in the quiet room."

Then the particular kind of dense quiet that sits over the ward comes to me. Emerald goes. Scarlet dies down. I am me again, here again. I grip my briefcase and look down the shadowy hall, and it's the same shadowy hall, loaded with the exact same scents, as it was so many years ago. The paint is that precise golden green. The odor is still undefinable, sweet and wretched. Another woman comes up, shakes my hand. "I'm Nancy," she says, "charge nurse on the unit."

"Good to meet you," I say. And then I think I see her squint at me. I've the urge to toss my hair in front of my face, to mention a childhood in California or Europe, how I've only been in this state for a year.

"We're meeting in the conference room," Nancy says. Clutching my briefcase, I follow her down the corridor. We pass open doors and I hold my breath as we come to the one numbered 6, because that was my bedroom for many of the months I stayed here. I slow down, try to peer in. Heavy curtains hang, just as they used to, over a large, thickly meshed window. *There are the stars*, I want to say, for in my mind it's night again, and

someone is rocking in a corner. Now, in the present time, a blond woman lies in what used to be my bed. On that mattress swim my cells, the ones we slough off, the pieces of ourselves we leave behind, forever setting our signatures into the skin of the world. As she sleeps, my name etches itself on her smooth flesh, and my old pain pours into her head.

And just as we are passing her by completely, the woman leaps out of bed and gallops to the door. "Oh Nancy," she keens. "I'm not safe, not safe. Get my doctor. I want my doctor."

"Dr. Ness will be up to see you at four," Nancy says.

Suddenly the woman snarls. "Four," she says, "Dr. Ness is always late. Always keeps me waiting. I want a new doctor, someone who'll really care. A new doctor, a new—"

Her voice rises and she sucks on her fist. "Stop it, Kayla," Nancy says. "Take your fist out of your mouth. You're twenty-nine years old. And if you want a new doctor, you'll have to bring it up in community meeting."

Kayla stamps her foot, tosses her head like a regal pony. "Screw you," she mutters now. "Screw this whole fucking place," and then she stomps back into her bed.

When we're a few feet beyond the scene, Nancy turns to me, smiles conspiratorially. I feel my mouth stretched into a similar smirk, and it relieves yet bothers me, this expression toward a patient. "Borderline," Nancy says matter-of-factly, giving a crisp nod of her head.

I sigh and nod back. "They're exhausting patients, the ones with borderline personalities." I pause. "But I prefer them to antisocials," I add, and as I say these words I feel safe again, hidden behind my professional mask. I am back on balance, tossing jargon with the confidence of a Brahmin in a village of untouchables. There is betrayal here, in what I do, but in betrayal I am finally camouflaged.

Of all the psychiatric illnesses, borderline personality disorder may be the one professionals most dislike to encounter. It's less serious than, say, schizophrenia, for the borderline isn't usually psychotic, but such patients are known for their flamboyant, attention-getting, overly demanding ways of relating to others. Linda, according to her intake description, is surely a borderline. Such patients are described with such adjectives as "manipulative" and "needy," and their behaviors are usually terribly destructive, and include anorexia, substance abuse, self-mutilation, suicide attempts. Borderlines are thought to be pretty hopeless, supposedly never maturing from their "lifelong" condition. I myself was diagnosed with, among other things, borderline personality disorder. In fact, when I left the hospital for what I somehow knew would be the very last time, at twenty-four years of age, I asked for a copy of my chart, which is every patient's right. The initial intake evaluation looked quite similar to Linda's, and the write-ups were full of all kinds of hopeless projections. "This young woman displays a long history marked by instability in her interpersonal and intrapsychic functioning," my record read. "She clearly has had a long career as a mental patient and we will likely encounter her as an admission again in the future."

I recall these words now, as we enter the conference room, where several other nurses and doctors sit around a table with a one-way mirror on the far wall. I scan their faces quickly, praying I look as unfamiliar to them as they do to me. I don't recognize any of the people in here, and I'm hoping against hope they don't recognize me. Still, even if we've never met, I feel I know them somehow, know them in a deep and private part of me. "Ta-da," I have the angry urge to shout out, bowing to the bearded psychiatrist at the oval's head, standing arms akimbo, twirling so my skirt swells out. "Here I am," I'd like to yell, "yes

sireee, encountered again. Guess who you're looking at; guess who this is. The Borderline! And sure enough, folks, I *did* mature out, at least a little. . . ."

But of course I won't say such a thing, wouldn't dare, for I would lose my credibility. But the funny thing is, I'm supposedly in a profession that values honesty and self-revelation. Freud himself claimed you couldn't do good analytic work until you'd "come clean" with yourself in the presence of another, until you'd spoken in the bright daylight your repressed secrets and memories. Freud told us not to be so ashamed, to set loose and let waltz our mothers and fathers, our wetness and skins. Training programs for psychologists like me, and the clinics we later work in, have as a credo the admission and discussion of countertransference, which by necessity claims elements of private conflict.

At the same time, though, another more subtle yet powerful message gets transmitted to practitioners in the field. This message says, *Admit your pain, but only to a point. Admit it but keep it clean. Go into therapy, but don't call yourself one of us if you're anything more than nicely neurotic.* The field transmits this message by perpetuating so strongly an *us versus them* mind-set, by consistently placing a rift between practitioners and patients, a rift it intends to keep deep. This rift is reflected in the language only practitioners are privy to, in words like *glossolalia* and *echolalia* instead of just saying *the music of madness*, and then again in phrases like *homicidal ideation* and *oriented to all three spheres* instead of *he's so mad he wants to kill her* or *he's thinking clearly today, knows who, what, and where he is*. Along these same lines, practitioners are allowed to admit their *countertransference* but not the *pain pain pain the patient brings me back to, memories of when I was five, your arms my arms and the wound is one*. No. To speak in such a way would make the rift disappear, and practitioners might sink into something overwhelming. We—I—hang

on to the jargon that at once describes suffering and hoists us above it. Suddenly, however, here I am, back in an old home; lowered.

I recognize the conference room as the place where, when I was fourteen, I met with my mother and the social worker for the last time. My father had gone away to live in Egypt. My mother was wearing a kerchief around her head and a heavy bronze Star of David wedged between the hills of her breasts. Years later, seeing the mountains of Jerusalem, cupping the scathing sand of the desert, hearing the primitive wails of the Hasidim who mourned the Temple's destruction, I would think of my mother's burning body, a pain I could never comprehend.

This is the conference room where she, unstable, prone to manic highs and depressive lows, shot through with a perpetual anxiety that made her hands shake, this is the same conference room where she told me she was giving me over to the care of the state, giving me up to become a foster child. "I can't handle you anymore," she'd said to me, spit at me. "I no longer want you with me."

I bow my head in deference to something I cannot name, and enter the room. Things are screaming inside me and my eyes feel hot. Nancy introduces me all around and I take a seat, pull out a notebook, try to act as calm and composed as possible. "The patient Ms. Whitcomb," the bearded psychiatrist begins, "is not able to make good use of the hospital. She's an extreme borderline, wreaking havoc on the unit. We suspect her of some factitious posturing as well." He pauses, looks at me, clears his throat. I smile back at him but my mouth feels uncoordinated, tightness at its corners. I won't cry, won't cry, even though in the one-way mirror, in the crisscrossing of the creamy branches

beyond the ward's windows, I see my mother again, her face coming to me clearly, her eyes haunted with loneliness and rage. I feel her fingers at my breasts and flinch.

"We think," a social worker named Miss Norton continues, "that we'll be discharging her in a matter of days, as soon as we get her stabilized on some meds. We take it you'll be picking up her case on an outpatient basis. Any ideas of how you'll work with her?"

I nod, pretend to make some notes on the pad. As my voice rises through my throat, I'm surprised at how smooth it sounds, a sleek bolt of silk. "Lots of limits," I say. "We know borderlines do well with lots of limits. This is the only context in which a workable transference can begin."

The bearded doctor nods. In the tree, my mother tongues her teeth and wind lifts her lovely skirt, embroidered with fragile flowers. And then she is not my mother anymore, but a little girl whose legs are white, a single ruby scar on scrubbed knee. And while part of me sits in the conference room, part of me flies out to meet this girl, to touch the sore spot, fondling it with my fingers.

For I have learned how to soothe the hot spots, how to salve the soreness on my skin. I can do it so no one notices, can do it while I teach a class if I need to, or lead a seminar on psychodiagnosis. I can do it while I talk to you in the evenest of tones. "Shhhh," I whisper to the hurting part, hidden here. You can call her borderline—call me borderline—or multiple, or heaped with post-traumatic stress—but strip away the language and you find something simple. You find me, part healthy as a horse and part still suffering, as are we all. What sets me apart from Kayla or Linda or my other patients like George, Marie, Pepsi—what sets me apart from these "sick" ones is simply a learned ability to manage the blades of deep pain with a little bit of dexterity.

Mental health doesn't mean making the pains go away. I don't believe they ever go away. I do believe that nearly every person sitting at this oval table now has the same warped impulses, the same scarlet id, as the wobbliest of borderlines, the most florid of psychotics. Only the muscles to hold things in check—to channel and funnel—are stronger. I have not healed so much as learned to sit still and wait while pain does its dancing work, trying not to panic or twist in ways that make the blades tear deeper, finally infecting the wounds.

Still, I wonder. Why—how—have I managed to learn these things while others have not? Why have I managed somehow to leave behind at least for now what looks like wreckage, and shape something solid from my life? My prognosis, after all, was very poor. In idle moments, I still slide my fingers under the sleeves of my shirt and trace the raised white nubs of scars that track my arms from years and years of cutting. How did I learn to stop cutting and collapsing, and can I somehow transmit this ability to others? I don't know. It's a core question for me in my work. I believe my strength has something to do with memory, with that concept of fluid time. For while I recall with clarity the terror of abuse, I also recall the green and lovely dream of childhood, the moist membrane of a leaf against my nose, the toads that peed a golden pool in the palm of my hand. Pleasures, pleasures, the recollections of which have injected me with a firm and unshakable faith. I believe Dostoevsky when he wrote, "If man has one good memory to go by, that may be enough to save him." I have gone by memory.

And other things too. Anthony Julio wrote in his landmark study, *The Invulnerable Child*, that some children manage to avoid or grow out of traumatic pasts when there is the presence in their lives of at least one stable adult—an aunt, a neighbor, a teacher. I had the extreme good fortune to be placed in a foster

home where I stayed for four years, until I turned eighteen, where I was lovingly cared about and believed in. Even when my behavior was so bad I cut myself in their kitchen with the steak knife, or when, out of rage, I swallowed all the Excedrin in their medicine cabinet and had to go back to the unit, my foster parents continued to believe in my abilities to grow, and showed this belief by accepting me after each hospital discharge as their foster child still. That steady acceptance must have had an impact, teaching me slowly over the years how to see something salvageable in myself. Bless those people, for they are a part of my faith's firmness. Bless the stories my foster mother read to me, the stories of mine she later listened to, her thin blond hair hanging down in a single sheet. The house, old and shingled, with niches and culverts I loved to crawl in, where the rain pinged on a leaky roof and out in the puddled yard a beautiful German shepherd, who licked my face and offered me his paw, barked and played in the water. Bless the night there, the hallway light they left on for me, burning a soft yellow wedge that I turned into a wing, a woman, an entire army of angels who, I learned to imagine, knew just how to sing me to sleep.

At a break in the conference, a nurse offers me a cup of coffee. "Sure," I say, "but first the ladies' room." And then I'm off, striding down the hallway I know so well, its twists and turns etched in subterranean memory. I go left, then right, swing open the old wooden ladies' room door, and sit in a stall.

When I come back, the nurse is ready with a steaming Styro-foam cup. She looks at me, puzzled, as she hands me my hot coffee. "You've been here before?" she asks.

My face must show some surprise, for she adds, "I mean, the bathrooms. You know where they are."

"Oh," I say quickly. "Right. I've visited some of my patients on this ward before, yes."

"You don't have to use the patient bathroom," she says, smiling oddly, looking at me with what I think may be suspicion. "We don't recommend it," she adds. "Please use the staff bathroom, through the nurses' station."

"Okay," I say. I bend my face into the coffee's steam, hoping she'll think the redness is from the rising heat. Of course. How stupid of me. What's she thinking? Can she guess? But in a way I *am* one of the patients, and she could be too. I'm not ready to say it yet, though, weak one. Wise one. This time, memory has led me astray.

The conference resumes. I pay little attention. I'm thinking about the faux pas with the bathroom, and then I'm watching the wind in the tree outside the window. I am thinking about how we all share a similar if not single pain, and the rifts between stalls and selves is its own form of delusion. And then I hear, through a thin ceiling, wails twining down, a sharp scream, the clattering of footsteps. I sit up straight.

"Delivery rooms," the social worker says, pointing up. "We're one floor under the maternity ward."

I smile and recall. That's right. Wyman Two is just one floor of what is an old large public hospital. The psychiatric unit we're on has always been wedged between labor rooms upstairs and a nursery downstairs. When I was a patient I could often hear, during group therapy or as I drifted into a drugged sleep, the cries of pushing women as their muscles contracted and in great pain their pink skins ripped, a head coming to crown.

"Why don't you meet with Linda now?" the psychiatrist says, checking his watch and gathering his papers. Everyone stands,

signaling the end of the conference. "You can take one of the interview rooms," Nancy, the charge nurse adds. "They're nice places for doing therapy, comfortable."

I nod. I've almost forgotten about Linda and how she is the reason for my return here today. Now I walk with the rest out of the conference room and Nancy points down the long hall. "There," she says, her finger aiming toward a door on the left. "The third room. We'll bring Linda to you." And then, to my surprise, Nancy fishes deep into her pocket and pulls out a large steel ring of keys, placing them in my hand. They're the same keys, I know, from all those years ago, keys I was not allowed to touch but which I watched avidly whenever I could, the cold green gleam and mysterious squared prongs opening doors to worlds I didn't know how to get to. Keys, keys, they are what every mental patient must dream of, the heart-shaped holes keys fit into, the smart click as they twist the secret tumblers and unlatch boxes, velvet-lined and studded with sea jewels. Keys are symbols of freedom and power and finally separateness. For in a mental hospital, only one side has the keys; the others go to meals with plastic forks in their fists.

Slowly, I make my way down the hall to the interview room, stand outside the locked door holding the key ring. It feels cool, and I press it to my cheek. A hand there once, feeling me for a fever, stroking away my fear. Bless those who have helped.

A woman who looks far older than her thirty-seven years is now making her way down the hall. Stooped she is, with tired red ringlets of hair. As she gets closer I see the dark ditches under her eyes where years of fatigue and fear have gathered. I would like to put my finger there, sweep away the microscopic detritus of suffering.

"Linda," I say, and as she comes close to me, I extend my

hand. "Hello," I say, and I can hear a gentleness in my voice, a warm wind in me, for I am not only greeting her, but myself.

We stand in front of the locked interview room and I fumble for the correct key. I start to insert it in the lock, but then, halfway done, I stop. "You," I say to my new patient, Linda. "You take the key. You turn the lock."

She arches one eyebrow, stares up at me. Her face seems to say, *Who are you, anyway?* I want to cry. The hours here have been too long and hard. "You," I say again, and then I feel my eyes actually begin to tear. She steps forward, peers closely, her expression confused. Surely she's never seen one of her doctors cry. "It's okay," I say. "I know what I'm doing." And for a reason I cannot quite articulate at the moment, I make no effort to hide the wetness. I look straight at her. At the same time, for the first time today, my voice feels genuinely confident. "Take the keys, Linda," I say, "and open the door."

She reaches out a bony hand, takes the keys from me, and swings open the door. The interview room is shining with sun, one wall all windows. I've been in this room, too, probably hundreds of times over the years, meeting with the psychiatrists who tried to treat me. I shiver with the memory. Ultimately it was not their treatments or their theories that helped me get better, but the kindness lodged in a difficult world. And from the floor above comes the cry of a protesting baby, a woman ripped raw in birth. She is us. We are her. As my mother used to say, rocking over the Shabbat candles, chanting Jewish prayers late, late into the night, "Hear, O Israel. The Lord is God, The Lord is one, and so are we as a people."

She would pause then, her hands held cupped over the candlesticks. "We are one," she would repeat to me after a few moments, her strained face peering at me through shadows. "As a people we are always one."

Sometimes I miss her.

My patient and I sit down, look at each other. I see myself in her. I trust she sees herself in me.

This is where we begin.

ON "Three Spheres" BY LAUREN SLATER

"'Three Spheres' was one of those pieces that was pushing at me and pushing at me, and when I finally allowed its exit from the interior of my head to the white light of the page, it was pretty much fully formed. That's always a treat, a rare occurrence," writes Lauren Slater.

First published in *Creative Nonfiction* 3, *Emerging Women Writers*, "Three Spheres" became the final essay in *Welcome to My Country*, Slater's first collection of essays. It is the most self-revealing of those essays: the others tell the story of Slater's practice as a psychologist in Boston, but in "Three Spheres" Slater directly addresses her own recovery from a debilitating psychological illness and the impact her recovery has had on her practice of psychology.

Slater thinks "Three Spheres" emerged in such a polished form because of the urgency of questions she had been asking herself for quite some time about her recovery. Writing "Three Spheres" helped her formulate answers and taught her that there's more where "Three Spheres" came from. "I have learned, from the writing of this piece, that there are questions about myself yet to be answered, scenes yet to be rendered," she said.

When she began writing "Three Spheres," Slater was not conscious that she had so many questions; she just wanted to write a story about her illness and recovery.

"In the original conception of the essay, I wanted to capture

the complexity of my own 'mental illness,' its niches and caverns, the twists of its corridors," she said. She discovered while confronting "the white light of the page" that she wanted to be more specific about some aspects of her own story, more general about others.

"The essay is a bit more general when it comes to the detailing of my own personal history—my relationship with my mother, the trajectory that led me into foster homes—than I originally intended. However, the subjects of my own illness and the routes I have traveled toward health are broad and in many ways still mysterious to me, a subject sheathed still in some fog. I'm not sure a twenty-page piece could accommodate so large a topic as this one might be were I to fully unravel it."—Lee Gutkind